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Natural Hist. Society

THE

# BRITISH AMERICAN JOURNAL

OF

# MEDICAL & PHYSICAL SCIENCE.

EDTED 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.] JULY, 1848. [No. 3.

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ALEX. URQUHART.

August 2.

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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.

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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'CULLOCH, 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.

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THE

# BRITISH AMERICAN JOURNAL

OF

# MEDICAL AND PHYSICAL SCIENCE.

VOL. IV.] MONTREAL, JULY, 1848. [No. 3.

## ART. XIV.—CASE OF SEVERE CONCUSSION FROM A FALL, WITH SUBSEQUENT EXTRAVASATION ON THE SPINAL CORD. DEATH IN THIRTEEN MONTHS AFTER THE INJURY.

By A. HALL, M. D.,

Physician to the Montreal General Hospital, Consulting Physician to the University Lying-in Hospital, &c.

On the 17th May, 1847, about 11, p.m., while engaged in matters of importance in my own house, with Dr. Arnoldi, junior, I was hastily summoned to visit Mr. W. F., of Hamilton, C. W., who had, a few minutes previously, fallen on a stone-paved yard, from a gallery about fourteen feet in height, and was then stated to be insensible. He had lain in the yard for several minutes, until his non-appearance in the house, and the sound of heavy breathing, attracted attention to the circumstance. In consequence of the contiguity of Mr. Isaacson's house, in which the accident occurred, Dr. Arnoldi accompanied me, and in the kitchen, into which he had been brought, we found Mr. F. laboring under every symptom of concussion, and surrounded by several gentleman, occupied in endeavours to remove his clothes. We had him immediately carried into bed in an upper room, and the further process of removing his clothes was undertaken by Dr. Arnoldi, while I returned home for the necessary materials to dress any wounds which might have been caused by the fall. In the meanwhile, the symptoms of the concussion gradually diminishing, *he voluntarily moved his legs;* and, by the time that a trifling scalp wound, which was situated on the left parietal protuberance, had been dressed, his consciousness had so far recovered as to enable him to speak. At this period, he complained of no particular pain; and, after a most rigid and careful examination, not the slightest trace of fracture was any where detectable, nor was there any other lesion apparent save the scalp wound already noticed. With injunctions as to regimen, we left him for a second examination on the ensuing morning. Mr. F. was an exceedingly well developed, healthy young man, a merchant, of regular habits, and aged about 23. Having transacted his business in the city, it was his intention to have returned to Hamilton the following morning. The accident occurred while crossing a gallery, the rails of which had been carried away by a heavy fall of snow a short time previously, a circumstance of which he had been informed.

May 18. Patient seen at 6, a.m. Had slept a little during the night. The following symptoms now presented themselves: Pulse 90, full and soft; conscious; recollects nothing of the occurrence of the preceding night; general soreness of the whole body, with inability to move both inferior extremities; power over superior perfect; respiration normal; no headache; titillation of soles of the feet causes retraction of the legs, from reflex action; tenderness of the spine, between last cervical and fifth dorsal vertebræ; scalp wound gives pain, and scalp generally tender; difficulty in moving left hand and fingers. On examining arm, found contusion on left olecranon, along the ulna, and back of wrist joint and hand. In these latter places, incipient ecchymosis. Evidence of contusion, manifesting itself by tenderness, and ecchymosis on sacrum and left ilium at the posterior third of its crest. A renewed most careful examination disclosed no evidence of fracture, either of the vertebral column or extremities. An evaporating lotion was prescribed for the head and arm; leeches to the superior dorsal vertebræ; a common cathartic powder to be taken immediately, and as the paraplegia seemed dependant on spinal extravasation, I placed him forthwith on small doses of calomel and tartar emetic, alternating the medicines every two hours, for the double purpose of obviating arterial excitement, which there was the strongest grounds for apprehending, and inducing absorption. At 10, a.m., pulse increased in rapidity, but not altered in its character; slight fever; thirst; no operation from powder; marked priapism, with great desire to make water, but inability to pass it. Paralytic condition of the legs more complete. The catheter was introduced, causing no pain or irritation, and relieved him of about ℥x of water, of normal appearance. An enema was ordered, to assist the cathartic. 1, p.m., Mr. F. was seen in consultation by Dr. MacDonnell, and I will quote the symptoms now present, as extracted from that gentleman's note book:

["May 18, 1847. I was called into consultation by Dr. Hall, on the case of W. F., Esq, aged 23, of strong healthy constitution, and well developed muscular system, who had fallen from a height of about fourteen feet. He had lain in the situation in which he had fallen for about three or four minutes, when he was discovered, in a senseless condition. When Dr. Hall saw him, he presented the usual symptoms of concussion, and on examination, a slight wound was discovered on the scalp, the edges of which were readily brought together. There were also noticed on various parts of his body, slight contusions. Dr. Hall treated him whilst in this state in the usual manner, and next morning he discovered that there was some tenderness corresponding to the junction of the cervical with the dorsal vertebræ, but in no situation was there the least positive evidence, either of fracture or dislocation, although there was complete

loss of power and sensation of the lower extremities, from the hips downwards, paralysis of the bladder, and involuntary escape of fœces. The penis was in a state of priapism, but there were no seminal emissions, nor tympanitis. The power of motion and sensation were perfect in the upper part of the body, and there was not the least paralysis of any of the muscles supplied by the cerebral nerves; his intellect was unimpaired. The introduction of the catheter gave him no pain. On the feet being pricked or tickled, reflex motion of the limb was induced."]

The enema had operated twice; patient sensible of the operation, but expressed himself as unable to control it. The tenderness of the spine not diminishing, the leeches were re-applied, bleeding freely; the other treatment persevered in. The diagnosis of the case was, after a careful consideration of all the circumstances, defined as follows: Concussion of the brain and spinal cord, with subsequent extravasation between the last cervical and 6th dorsal vertebræ, with the possibility of an osseous lesion in the same region, of which, however, there was no positive proof. We were not insensible to the consideration, that laceration of the spinal cord to some slight extent might also have taken place. Regarding the case as one of great moment and danger, we advised that his friends at Hamilton should be notified of his situation without delay. Mr. F. was visited at 3, 8, and 11, p.m., at which latter time it was again requisite to have recourse to catheterism.

May 19. Patient seen repeatedly throughout the day. Symptoms without any alleviation. Fever increased, and pulse 110, small, yet still soft. A large blister was applied to the upper dorsal vertebræ, and an anodyne pill of hyoscyamus was prescribed at bedtime.

May 22. Superadded to the symptoms already detailed, there is now another—severe pain at the neck of the bladder, induced by the introduction of the catheter, which requires to be used every three or four hours. To obviate the frequent recourse to the instrument, the attempt was made to let it remain after introduction, but the pain and irritation excited proved so intense, as to demand its prompt withdrawal. The necessity for its so frequent introduction, seemed to be due to the irritability of the bladder, excited by the presence of even a small quantity of urine in it. In consequence of the insomnia, and as no head symptoms presented themselves, the anodyne was changed, and composed of the acetum opii as its chief ingredient. The calomel and tartar emetic were still persevered with.

May 25.—At the request of his brother, who arrived from Hamilton, Dr. Nelson saw the patient this day, in consultation with Dr. MacDonnell and myself. He was again most carefully examined, but with the same negative results, as regards fracture, as obtained on previous occasions. The views entertained of the case were fully acquiesced in by this gentleman, and in the plan of treatment pursued he entirely concurred.

May 26. Early this morning, Mr. F. was removed to the residence of an intimate friend, the fatigue of which he bore well. The general train of symptoms still continued unaltered. The constitutional effects of the mercury having exhibited themselves in ptyalism, this medicine was discontinued, as was also the tartar emetic, and with the view of still promoting absorption of the supposed extravasation, he was placed on the iodide of potassium in five grain doses, repeated every four hours during the day.

June 1. From the 26th to the present date, there was little alteration in the case. Symptoms of myelitis began now to manifest themselves, indicated by renewed tenderness in the region of 2d and 3d dorsal vertebræ; flying pains extending down the arms, and to the head; the hoop sensation round the chest, &c. These were combated by recourse to the tartrate of antimony, conjoined with sedatives, and free counter-irritation over the painful vertebral region. The pain of his head, which he described as commencing at the occiput and darting rapidly to the frontal region, was of the most agonizing character. Concomitant with this alteration of symptoms, the urine began to alter in its quality; mucus in considerable abundance was mixed with it, as withdrawn by the catheter; and although he did not complain much when pressure was exerted in the suprapubic region, yet there could be no question of the existence of a slight cystitic affection. Catheterism now proved frequently exceeding painful, and not unusually a work of considerable difficulty, in consequence of the violent spasmodic action of the sphincter. I will pass over the reports of several days, until that of

June 8., when I find the following train of symptoms. Patient worse, and apparently sinking. Pulse 136, small and weak; frequent attacks of darting pains through the head, commencing, as before, at the occiput; difficulty of breathing, with frequent sighing; sensation of tightness across the chest, with darting pains through that region; occasional pains in both shoulders; shooting pains down his legs; had scarcely slept any during the night, although he had taken three doses of the anodyne (each dose contained aceti opii ℥xv); is restless, anxious, and fretful; had several involuntary motions during the night, the effect of a cathartic pill, followed by an enema. In consultation with Dr. MacDonnell and Dr. Nelson this evening, it was decided to put him on stimulants, and sherry wine was prescribed. This was done with the sole view of sustaining him until his brother's arrival, who was notified of the patient's state by telegraph. At this time we believed him to be sinking rapidly. The iodide of potassium was discontinued, and the blistered surface of the back having healed, tartar emetic ointment was ordered to be rubbed freely in.

June 9. Since the exhibition of the wine, the pulse has fallen in frequency, and improved slightly in volume. The pains shooting down the arms have ceased, but those of the head continue. He now suffers acute pain in the knees, on the slightest attempt at flexing the legs. It is necessary to notice that, during this period of his illness, stimulating applications had been frequently and freely applied to his legs, such as mustard frictions, hand-rubbing, &c. &c., and enemata had been employed as frequently as circumstances demanded. The exhibition of ordinary laxative medicines failed in the desired object, apparently in consequence of the paralyzed condition of

the muscular coat of the intestinal canal, and the operation of the enemata was attended with the same signs of involuntary action as before.

June 13. Symptoms still progressing more favourably; Mr. F. was placed on iodide of potassium again and strychnine—the medicines alternated every two hours. From this period until the beginning of July, nothing of any importance occurred worthy of special notice. The counter-irritation to the back was still kept up, and the medicines just noticed steadily persevered in. The paraplegic symptoms continued unaltered. Muscular twitches were complained of in the legs, but especially the right one, at the knee—the slightest attempts at flexing either inducing them. The respiratory movements became of a more normal character. Necessity compelled, as before, a frequent recourse to the catheter, never less than three, but most frequently four times a day. The introduction of the instrument was almost always attended with the same spasmodic action of the sphincter vesicæ, experience demonstrating that unless the operation was rapidly performed, the spasms set in severely, causing excessive pain, and the maintainance of the instrument in situ was yet found a matter of impossibility, in consequence of the excessive irritation which it engendered. Pus was now constantly seen in the urine, and followed the last drops of it when withdrawn. The urine was of a highly offensive ammoniacal odour, and crystals of triple phosphate were detected in it by the microscope. Priapism still continued a prominent symptom. On the 16th June, recourse was had to galvanism, which was continued for several days, without any other marked effect than the induction of rapid muscular twitches, causing excessive pain. The use of this agent was therefore intermitted. The appetite appeared to be but very slightly affected. The diet permitted was generous, as there appeared to be nothing of any moment contra-indicating it; but he, nevertheless, emaciated. A singular symptom had gradually developed itself, an inability to grasp or seize between the thumb, and index and middle fingers. This was undeniably due to defective innervation of the median and radial nerves; and proved a symptom still further serving as a guide to the proper location of the seat of actual injury at the time of the accident. Whether a consequence of the exhibition of the iodide of potassium or the strychnine, about the 30th June the secretion of urine became abundant; and, concomitant with this alteration of secreting action, there was a diminished excretion of mucus and pus globules in it: the ammoniacal odour became also less.

I consider it entirely unnecessary to follow the case steadily from day to day through the long period of time during which he was under my care. It will have been observed that I have, in the reports already given, followed this rule, noting only those periods when new symptoms developed themselves. I pass then on to the middle of July, when we noticed for the first time a slowly but gradually commencing contraction of the flexor muscles of the leg. Notwithstanding this condition of the muscular system of the extremities, it was still deemed advisable to have recourse to galvanism, oily inunctions, and frequent extensions during the day. The slightest attempt at extension caused acute pain. Bed sores in the sacral region had some time previously to this commenced, requiring the greatest care and attention, by pads, the application of nitrate of silver in solution, &c. &c. to alleviate.

Œdema of the feet and ancles now commenced, but his pulse, nevertheless maintained its regularity and its fullness; his appetite continued unimpaired; and although he continued the iodine, we found it necessary occasionally to intermit the strychnine, and place him during those periods on a mineral tonic, which was either a mild preparation of iron, the sulphate of zinc, or oxide of silver. About the end of July, feeling himself equal to the exertion, although there was little remission in the more prominent symptoms, we raised him to a semi-recumbent position in his bed; and about the middle of August we got him out of bed and comfortably seated in an arm chair, in which he remained nearly a whole morning. The tonic flexion of the legs, however, had by this time increased considerably; and the pain caused by a similar change of position, was such as to prevent its future repetition. At this time the irritability of the bladder had apparently so far diminished, as to permit the retention of the catheter during the night. The desire to pass water was always followed by excessive pain, which appeared to be a consequence of a violent muscular effort of the bladder itself, and was quite involuntary. Occasionally the propulsive effort was effectual in evacuating a portion of the contents of the bladder, even when the catheter was not introduced, and it remained as long, apparently, as any quantity of urine remained in the viscus. Mr. F. continued in this state without any alteration of symptoms, and under a treatment varied according to circumstances, but ever based on the indications, until the 23d of September, when I accompanied him to Hamilton, and placed him under the care of Dr. John Mackelcan of that city.

November 2. Received from Dr. M'K., a letter containing the following report of the case to that period:—

EXTRACT.

Hamilton, Oct. 29, 1847.

My Dear Sir,—I have delayed longer than I intended to give you an account of Mr. F.'s progress since you left him here. Two or three days after he arrived here, he was troubled with frequent nausea and vomiting, and the enemata produced little or no effect, a small quantity of very hardened fœces only passing. On examination per anum, I found the rectum filled with a mass as large as a cricket ball, and on removing that, with some difficulty, two similar masses successively descended into the rectum, which were also removed, when the enemata passed into the colon without difficulty, and relieved the bowels efficiently. The sickness then ceased, and his health, which had been a good deal shaken by this state of things, gradually improved. He is now gaining strength, his pulse varying from 72 to 80; his urine more abundant and of better quality, but still passed only by spasmodic action of the bladder. Indeed, I believe the bladder never empties itself properly, and that the partial expulsion of the urine takes place only when the bladder is distended, by which it is stimulated to a violent effort, which expels as much of the urine as gives temporary relief, but that, partaking of the paralysis, it is unable to accomplish a regular and natural contraction. I have passed the catheter several times immediately after four or five ounces have been expelled by a spasm, and have drawn off eight or ten more. His lower extremities are still as much contracted as ever, and he suffers a good deal of pain in the right one, particularly about the patella. There is no œdematous swelling of the feet, but I cannot perceive any material increase of the power of

voluntary motion. I have contented myself with carefully regulating the bowels, giving the Spt. æther. nit. with hyoscyamus and strong camphor mixture, and at night the acet. opii., gradually diminishing the dose, as I think so much opium must be injurious to him, and calculated to prevent the return of nervous energy, unless the loss of that power depends upon mechanical injury of the spinal cord, when, of course, the use of opium could do neither good nor harm.

(Some remarks here follow, having reference to a water bed for Mr. F.)

I shall report to you any interesting features which may occur in Mr. F.'s case.—I am, &c.,

JOHN MACKELCAN

Dr. Hall, Montreal.

*Report of case of Mr. W. F., after his arrival in Hamilton, four months subsequent to his accident.*

By J. MACKELCAN, M.D., Hamilton.

A few days after his arrival, affected with nausea and occasional vomiting, the nurse reported that the enemata, which had been exhibited twice a week, did not act efficiently; administered them then myself with a patent apparatus, instead of the common syringe which had been previously used; found great resistance to passage of enema, and slight effect from it. Examined abdomen externally, and felt hardened fœces throughout whole course of colon; made then examination per rectum, and found it impacted with fœces, which were removed by manual operation, after which copious evacuations were produced by enemata; the colon was thus thoroughly emptied, and the vomiting ceased. The appetite then returned, and the patient continued to improve in flesh and strength for three months; his pulse fell from about 90 to 72; his urine improved in quantity and quality, and the bladder acquired the power to expel its contents; the catheter has not been passed since the first month of residence here, and during that month only occasionally. The action of the bladder was, however, throughout peculiar; it was termed a "spasm" by the patient; it came on suddenly, and with scarcely any power of retaining its contents. During the three months above mentioned, the voluntary power in the left lower extremity improved, and sufficient was acquired on the right to lift the foot from the bed; the contraction of the lower extremities was also gradually yielding to gentle extension and friction. The general treatment during this period consisted of relieving the bowels by enemata on alternate days, and an occasional aloetic purgative, gradually diminishing the quantity of opiate which the patient had been accustomed to take when his sufferings were greater; he also took spt. æther. nit. and tinct. hyos. in camphor mixture three times a day. Shortly before Christmas, 1847, unfavourable symptoms again appeared; loss of appetite, nausea, and vomiting came on, with furred tongue, and were not relieved by medicines intended to improve the digestive organs. On again examining the abdomen carefully, a firm tumour was found occupying the right lumbar region, in front of the kidney of that side; considering that it might again be impaction in the colon, which the enemata had not reached, more copious quantities of fluid were injected, but without effect upon the tumour and its position; its feel, some tenderness on pressure, and the symptoms produced, led me to the suspicion that a renal calculus had formed of considerable size, and that the prognosis was decidedly unfavorable. The pulse strength declined, and he rapidly lost flesh, with little hope of benefit; iodine frictions were used, and after a short time the tumour diminished, and was reduced to the feel and situation of a somewhat enlarged and indurated kidney.*

Bed sores now again made their appearance, and spread rapidly in the sacrum, the ischia, and left trochanter, with deep sloughing.

The nausea and vomiting ceased, but the appetite never returned to any extent, nor did the patient ever regain flesh. Finding that no expedient which could be adopted benefitted the bed sores, a water bed was obtained from New York, and then only the sloughing was arrested, and granulation commenced. The purulent discharge was very great, and a month before his death large quantities of pus mixed with blood, and of most offensive odour, passed per anum for days in succession, and the pulse which had for some time been rising in frequency until it reached 120, became jerking, and there were frequent profuse perspirations. During this period, also, the contraction of the lower extremities returned, and gradually became worse, until the left thigh lay along the side of the abdomen, and the right knee almost rested on the axilla, while the heel was drawn against the nates. The right limb was less contracted, but he suffered much pain in the groin of that side; and during the whole of his illness he complained of much pain in the right sciatic nerve, greatly aggravated by laying on that side, and accompanied sometimes with severe pain in the right heel. †

His sufferings were so great during the last two months, that he could not be moved for several days together, and the accumulation of pus under him greatly aggravated the bed sore on the sacrum, and no doubt led to that state of the parts which was found after death.

The reflex action of the spinal marrow was at all times easily excited, and especially during the last four months; the slightest movement of the bed-clothes producing painful twitching of the lower extremities.

He died June 6th, having sunk rapidly during the previous 24 hours.

Hamilton, June 20, 1848.

* The autopsy showing the kidney to be but moderately enlarged, and the calculi small; of what nature was the greater part of the enlargement? Could it have been urine detained in the tubes and cavities of the kidney, by the calculus, which just fitted the pelvis, and thus obstructed the water?

† Soon after the patient's arrival in Hamilton, I suspected that a transverse fracture of the lower part of the sacrum had occurred at the time of the accident, and that the apex being pressed slightly inwards, especially towards the right side, it had united at a very obtuse angle. I considered this as of no other importance than as probably accounting for the constant pain in the course of the right sciatic nerve, as should the fracture be in the line of any of the anterior foramina of the sacrum, which was the part most likely to give way, the root of that nerve might be interfered with. Had such an occurrence taken place, of course nothing could have been done to replace the bone. The post mortem examination failed to illustrate the point, as the lower part of the sacrum was destroyed by caries commencing across the line of the 4th anterior foramina.

Mr. F. died on the 6th June, 1848, and, through the kindness of Dr. Craigie of Hamilton, I have been furnished with the following report of the post mortem examination, 26 hours after death:

The spine being the original seat of injury, was first examined. The extensor muscles on each side of the spinal column were much wasted and in a state of fatty degeneration; the spinal canal was opened from the second dorsal vertebra to its sacral extremity; a considerable quantity of adipose matter was found between the theca vertebralis, and tendinous lining of the canal; the veins of the latter were turgid, and the theca presented no morbid alteration. On opening the theca, a quantity of slightly reddish serum escaped, and that part of the medulla spinalis, opposite the two last dorsal vertebræ appeared enlarged (quite filling the theca) and indurated, and its vascularity greater than any other portion. From thence downward (being that portion when the cord separates into bundles of nervous fibres), the bulk was much diminished, not nearly filling the theca, and the substance was flaccid. No morbid alteration was discoverable in the tendinous sheath of the canal, except the venous turgescence before mentioned, and no displacement or fracture of any of the vertebræ.

On opening the abdomen, the viscera generally were healthy, the intestines empty, and the ascending colon contracted. The right kidney exhibited disease; it was enlarged, surrounded with dense adipose substance, and, on being laid open, was found to be of a pale yellow colour, with scarcely any healthy structure remaining: its pelvis was of a dark colour, and filled with a calculus, and there were several smaller calculi in the infundibula. Pus was also found in these cavities. The contents of the pelvis were then removed: the bladder was much contracted, containing pus, and its mucous membrane of a dark leaden hue. The rectum was distended into the form of a pouch, the cellular substance around it much indurated and containing pus. The pubis having been removed, and the ligaments in front of the right sacro-iliac symphisis divided, the handle of a scalpel passed between the bones for half an inch without difficulty, and moderate force separated them, and their opposing surfaces were denuded of cartilage. On the left side the union was closer; but, after the division of the ligaments, it also was separated, but on the application of greater force than was used on the right side, and the cartilaginous covering of the surfaces was present.

A large bed sore occupied the region of the sacrum, the prominent parts of which were denuded, and its two lower sections, as well as the os coccygis, were destroyed by caries. The tuberosities of the ischia were also denuded by bed sores, and likewise the left trochanter major.

The body generally was much emaciated, and the lower extremities œdematous, particularly the right, and much contracted.

(Signed,) John Mackelcan, M.D.
William McCargow, Surgeon.

Hamilton, June 7, 1848.

We were present at the examination of the body of Mr. W. F., and concur generally in the above report, with, however, the following exceptions. We know nothing of "the original seat of injury." Injury of the spinal marrow was suspected, but so far as that was examined, none was found. The lower part of the spinal marrow and cauda equina are preserved, for the satisfaction of those interested. Time did not permit of the examination of the cervical portion of the spinal marrow and medulla oblongata.

We could perceive no difference between the two sacro-iliac sychondroses. The right was more easily torn open than the left, in consequence of the longer lever power, it having been first opened. Their surfaces, when exposed, appeared and felt exactly the same.

No mark of fracture, displacement, or injury of any of the bones of the pelvis could be detected, other than caries affecting the sacrum.

(Signed) W. G. Dickenson.
W. Craigie.

June 22. Received this day from Dr. Mackelcan, the kidney and lower part of the spinal cord of the deceased. The kidney was surrounded with a considerable quantity of fat, was larger, and its texture seemed more indurated, than natural. The pelvis contained a calculus of large size, and there were removed from it and the infundibula about twenty smaller ones. The calculi were examined, both microscopically by Dr. MacDonnell, and chemically by myself. They were found to be composed, exclusively, of triple phosphate, and in this respect the case affords no exception to the rule which seems to connect the phosphatic urinary deposits with spinal disease.

The part of the spinal cord received, extended from about the 10th dorsal vertebra downwards. It was slit open by Dr. MacDonnell, in the presence of Dr. Mount and myself, and was subsequently examined by Drs. Arnoldi, Nelson, Campbell, and Sutherland. It was ascertained to demonstrate unequivocal evidence of ramollissement for about one inch and a half downwards from its superior cut margin. How far above the 10th dorsal vertebra this ramollissement extended, it is impossible to say, in the absence of proof, but I have not the slightest doubt that, had the portions of the spinal cord, between the last cervical and sixth dorsal vertebræ, been examined in the same manner, a similar abnormal condition would have been detected there also; this having been the seat of the original tenderness, and in which every symptom, at a very early period, indicated myelitis to have existed.

The existence of "adipose" matter along and exterior to the theca, is not only an exceedingly anomalous deposit in such a situation, but naturally suggests the inquiry how far it might have been due to the suspected extravasated blood, absorption of the red particles having taken place, leaving the fibrine, which had subsequently changed into adipose tissue. And such a change would be in strict accordance with what has been observed with reference to fibrinous tissue in the contiguity of degenerated nervous structure. The fatty degeneration of muscular tissue (observed also in this particular case,) supplied by, and in the neighbourhood of, nerves, whose structure has become impaired by disease, has been frequently noticed, and the adipose matter deposited exteriorly to the theca would indicate the operation of a similar modifying agency on the fibrine deposited in the neighbourhood of the diseased cord.

One thing now must strike forcibly even the most careless reader—the complete verification of the diagnosis, made nearly thirteen months previously;—and in concluding this part of my subject, I cannot forbear expressing to Drs. Craigie and Dickenson my grateful acknowledgments for the trouble which they incurred on my account, in being present at the post mortem examination of the deceased, and in superintending its various stages to see that due and impartial justice was rendered to an absent brother practitioner.

And here I would most cheerfully have terminated my remarks, had not circumstances originated out of the case which have forced upon me an imperious but most unpleasant duty. Linked together in the pursuit of similar objects, practitioners of medicine constitute a brotherhood, between every member of which there should exist no rivalry, but of the most honourable kind; whose errors,

if committed, should be viewed by its members in the most charitable light; and the reputation of each individual most carefully cherished. The assassin's weapon can scarcely produce a more dangerous wound than the envenomed tongue of the detractor, which may effect its purpose in many different ways. The physician lives upon his reputation; strike at that reputation, and you rob him of that—his good name—"which makes him poor indeed." The personal advancement of the detractor, as the cherished object of pursuit, may be successfully attained; but that success cannot be permanent which is achieved by such unholy means; it will soon flag and fail, because unsustained by the only sure support—an acquaintance with his profession, tact and readiness in applying its resources, and the due fulfillment of every moral and religious obligation. While in other cases I have freely opened the pages of this Journal for the vindication of professional character, when unworthily assailed, I may be pardoned if circumstances compel me to have recourse to the same means in vindication of my own. I desire, however, to avail myself of no undue privilege. The answer of the party implicated, shall have free insertion, no matter what its nature, no matter how complete its repudiation of the act of its author, which, for the honour of the profession, I sincerely hope it may prove.

I will now proceed with the details, and in the first place I will observe, that a difficulty occurring in the settlement of my claim for professional services rendered to Mr. F. when in Montreal, which were, to those who knew their nature and extent, of the most harassing description, and which were very inadequately requited, Mr. F. in a letter to me dated Hamilton, Nov. 12, 1847, stated —"I am happy to inform you that I am and feel much better. My general health is good; and, were it not for the unfortunate position my legs were placed in in Montreal, I might now, Dr. Mackelcan assures me, have been walking about on crutches. Dr. Mackelcan has discovered that my hinch-bone is considerably injured, and that the small bones of my sacrum are smashed to pieces, which facts seem to have escaped your notice." My answer to this communication was, after an authenticated copy of it had been retained, a return of the letter by next post; while, in a note alluding to it addressed to the gentleman in whose house he had resided in Montreal, and dated November 16, I remarked, "That the imputation *of most questionable character* on the professional skill of Drs. MacDonnell, Arnoldi, Nelson, and myself, was to me a matter of less consequence than the idea that one for whom," &c. &c. The original, or a copy of this note, is, I believe, now in possession of Mr. F.'s late partner.*

On the 18th Nov., 1847, I received a private letter from an old and esteemed fellow-student, dated Hamilton Nov. 14. This letter observes—"As there are various reports here respecting your treatment of Mr. F., unfavourable to you, I wish you would give me a history of the case; that is, the nature of the disease, what parts are injured, and how injured, so that I may be enabled to explain to his brother, or any other party interested, the treatment he has received at your hands, should you desire it. I consider it my duty to write to you, as an old friend, in case any thing should eventually transpire that you might require to take notice of." An answer was returned to this, giving substantially the diagnosis of the case as detailed in the early part of this paper, and to which this gentleman has been, since Mr. F.'s decease, requested to give publicity.†

On the 25th March, 1848, in a letter received from a medical friend in Hamilton, I have the following observation—"You were not four hours from Hamilton before he (Dr. Mackelcan) found fault with the legs being drawn up."

Several letters again allude to the fact, that the difficulty experienced in the settlement of my claim for professional services, was due to Dr. Mackelcan's most unprofessional interference in the matter. One letter most explicitly states, "that had it not been for Dr. Mackelcan's interference, your account would have been long ago adjusted."

I have already published Dr. Mackelcan's letter to me dated October 29, and it will be observed that he is silent in it as relates to the detected fracture of the sa-

* The note from which the following is an extract, was put into my hands by Dr. MacDonnell. It was written by the late Mr. F.'s brother, Mr. E. J. F., now in Hamilton, to Dr. MacD. The note is dated Hamilton, Nov. 12, 1847:—

"I am happy to say my brother has been a great deal better for the last ten days, much better than he has been since the accident occurred. His bowels are now in a healthy state. His bladder much better: passes water more freely, in large quantities and not accompanied by spasms; his appetite is very good, and he seems to relish what he eats. There is no doubt his general health has very much improved since he came up here. His limbs are somewhat better: the greatest difficulty seems to be in stretching them, but I think Dr. Mackelcan will overcome that in time, as he has already partially succeeded. I regret to say that Dr. Mackelcan has observed, what seems to have escaped the observation of yourself and Dr. Hall, viz., *that there is a piece of the hinch-bone broken off, and the small bones of the sacrum smashed to pieces*, which I am very much afraid may retard his recovery.—I am, &c., E. J. F.

(The italics are the writer's own.—A. H.)

† Having written for a copy of this letter, dated Montreal, November 20, 1847, the medical gentleman to whom it was addressed has kindly sent me the original, from which I make the following extracts:—"My opinion, however, frequently expressed to Mr. F. himself, his brother I think, and others of his friends, was, that a fracture did probably exist; but, if any where, then about the lower part of the cervical vertebræ, and this idea based exclusively on the symptoms which prevailed. Paralysis, however, rapidly came on, and continued for a length of time, giving rise to the idea that extravasation had taken place on the cord due to laceration or rupture: certainly there was severe spinal concussion: but, excepting the probability of fracture of the spine, there was no evidence of such a state detectable on the most careful manipulation; and this, too, by three of us (excluding Dr. Arnoldi, who first saw the case with me,) every one of whom were anxiously looking for it. *I need not say that we might have been mistaken*, but this I will say, that it is more likely that we were all right," (*and so the event has proved.*) In another part of the same letter I remarked that "one of the strongest arguments in favour of the disease being above the 6th dorsal vertebra, and below the origin of the phrenic, is the priapism which he (Mr. F.) had for the three or four weeks subsequent to the accident, and the absence of all derangement of respiration." Again, "I feel perfectly satisfied of the correctness of the opinion which I formed of Mr. F.'s case; and it strikes me that Dr. Mackelcan has placed himself in very equivocal circumstances, if he has originated the rumours, and I can hardly think they could have received any substantiality without the assistance of his *very mobile tongue*."

crum, injury to the ilium, or other improper treatment, all circumstances of which his duty should have prompted a communication with me, before even hinting them to Mr. F. His end, however, would not have been gained by this too honest act.

I will only lastly observe, that rumours of my alleged mismanagement of this case, based upon Dr. Mackelcan's remarks, had reached me as being current in Toronto, and matter of conversation even in the hotels at Hamilton; while more than one person, even in this city, had addressed me on the subject. Dr. Mackelcan's diagnosis of the case would thus appear to have had most extensive circulation, and this to the prejudice of all who were concerned in the case in this city, but of myself especially. But now, how stands the case?—that Dr. Mackelcan has been most grossly wrong, and that we have been right, almost to the letter—a fact, however, for which I would have taken no credit, in so simple a case as the preceding, had it not been for the circumstances which I have been reviewing. Dr. Mackelcan's critical acumen, however, has travelled widely through this Province, and he has, doubtless, received great credit for detecting, *five months after the receipt of injury, a fracture of the sacrum which never existed.* He must, therefore, pardon me if I aid still further in circulating his brilliant diagnostic tact, and expose him to the admiration of the profession of this continent and Great Britain, as the brilliant surgical luminary which shines in the firmament of Hamilton, and for the possession of which, the inhabitants of that city can scarcely feel themselves sufficiently grateful. When I recall to mind the circumstances which transpired at Hamilton in December 1846, the result of which was, that the Hamilton Gazette, December 31, 1846, contained the public announcement of the profession of Hamilton to decline professional intercourse with Dr. McK., in consequence of unprofessional conduct, I fear much that the practice pursued by Dr. Mackelcan towards his brother practitioners is a systematic one; and the present instance of like misconduct towards myself will demonstrate, both to him, and to all others who strive to acquire a reputation by the same means, that it is a dangerous one, and liable to recoil upon the aggressor with a tenfold retribution.

Montreal, June 22, 1848.

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## Art. XV.—REPORT OF MEDICAL CASES OCCURRING IN THE TORONTO GENERAL DISPENSARY.

By James Bovill, M.D.

### Case I.—Hypercrinia.

Jerry Ryan, æt. 6 years, a native of Ireland, and an immigrant of the last year, his father and mother both alive, healthy, and have escaped fever; none of the inmates of the house have had any sickness. Ryan is a strong, well-made boy, of clear complexion, dark hair and eyes; he looks to be fully 8 years old. He was admitted as a patient at the Dispensary on December 16, 1847. His mother states, that about a fortnight ago he first complained of being ill, suffering from pain in the right iliac region and lower part of bowels, and over the kidneys; there was vomiting and severe headache, with heat of skin. His bowels being very costive, she procured sulph. mag., and administered two full doses before the bowels acted. The boy obtained no permanent benefit from the medicine, as there now set in a painful diarrhœa, accompanied by tenesmus and tormina, particularly around the umbilicus. There was also persistent headache, occasional increase of fever, and he passed but little urine, sometimes not "a table spoonful in the day." Neglecting to seek medical advice, the little patient became much distressed, and the diarrhœa assumed rather a dysenteric character, At this stage of his illness, he became a Dispensary patient. He was lying in a small room, covered up with a quantity of old clothing and rags, the place filled with smoke, and crowded with inmates; skin hot, dry and shrivelled, face flushed, tongue foul, having a brownish fur in centre, with red edges, dry. Pulse 100, and easily compressed, stomach occasionally irritable, particularly after drinking even a very small quantity of liquid. Bowels had been moved very many times in the last 18 hours. On examining the abdomen, the viscera did not offer to the touch any evidence of increase of volume along the whole tract of the small intestine; pressure gave pain, particularly manifest over the ileum. The evacuations frequent, small, tinged with blood, or consisting principally of dark blood and mucus; secretion of urine very scanty indeed; frontal headache. He was ordered to have

A large poultice applied over the abdomen, and repeated when it cooled.
℞ Hydrg. submur. gr. ½.
Pulv. ipecac. gr. j.
Acet. Plumbi. gr. j. ft. pulv.
One every 6th hour.
Barley water or arrowroot diet.

On the 17th, passed a much quieter night; bowels only moved three times since yesterday evening; no blood in the two last evacuations, which were coloured with bile, and passed with less effort. Pulse 90, compressible. There is still much uneasiness on pressing the abdomen; skin warm, but not so parched as yesterday; tongue more moist, but yet foul. Urine has increased in quantity, having passed within the last six hours two ounces, rather high coloured. Took the arrowroot with some appetite.

Continue poultices and powders as before.

20th. Great improvement since last report. Pulse 80; skin still feverish, but softer to the touch; tongue not so dry, but has a white fur on centre; bowels moved four times in twenty-four hours; evacuations loose, but containing feculent matter; no blood. Urine passed since last evening to 2 o'clock, p.m., ¾ of a pint; no headache.

℞ Pulv. ipecac. gr. i.
Sodæ. carb. gr. j.
Hydr. c. creta, gr. j.
Pulv. ipecac. co. gr. j. ft. pulv.
One every 6th hour.
Liament. sapon. c. Liq. ammon.
To be applied over the abdomen.

23d. There had been manifest improvement since the report of the 20th, and the boy appeared to be fast ap-

proaching convalescence. There had been a change of weather, and although his mother had been cautioned of the danger which would result from exposure to either damp or cold, he was suffered to go out of his room into the wet and muddy street under the plea of evacuating the bowels. On the evening of the 21st he was seized with high fever, pain in the abdomen, and delirium; the bowels had not been moved once since the evening of the 20th, and he had passed but a small quantity of urine. On the 22d he did not seem so unwell, and he had less fever; his bowels were moved once, the evacuation being small and clay coloured. When called to see him on the 23d, there was considerable distension of the abdomen, which, on percussion, gave every indication of the accumulation of liquid in the peritoneal sack; tongue dry, and red at edges; the skin was parched, and felt very dry; complained of great dryness of mouth and fauces; not more than two ounces of urine passed during the night and morning.

A turpentine and oil enema directly, and

℞ Hydrg. submur. gr. ij.
Pulv. rhei. gr. vii. ft. pulv.
To be given immediately.
℞ Spt. æther. nit. m. xxx every 3d hour, in a little sugar and water.

24th. Has passed a restless night; the enema acted on the bowels, producing two fecal evacuations; skin very dry; has passed about a quarter of a pint of pale urine; in other respects the same.

℞ Inf. digital. ℥vii.
Nitr. potass. ℥iv.
Spt. juniper. ℥iii. ft. mist.
A table spoonful every 3d hour.

27th. The kidneys having acted very readily and copiously, the abdomen was considerably reduced in size, with improvement in other respects. There was no heat of skin, and pressure over the bowels was borne without complaint.

Continue mixture.

28th. A return of fever; tongue dry; pulse 100, small, but tight; he is very much excited, and speaks in a loud authoritative manner; when addressed, is pert but rational in his answers; abdomen flat, perfectly soft, and free from pain; is very anxious to quit the bed; some injudicious person gave him yesterday some soup and mutton, of which he partook greedily; head hot; pupils not very sensitive to light, and having a tendency to dilatation.

A blister to be applied to abdomen directly, and to have
℞ Hydrg. submur.
Pulv. jalap.
—— rhei.
—— scammon. aa gr. iij. in a little tea directly.

29th. Has been raving continually the whole night; passed but little urine; the bowels have been moved three times, but not until an enema had been administered; patient very heavy this forenoon, lying for the most part on his back, breathing deep and sonorous; is very fretful when raised; pulse 120, small; the blister has risen well, and is discharging.

A turpentine enema directly.
℞ Hydrg. submur. gr. j.
Sacch. alb. gr. iii.
Pulv. antim. tart. gr. ½, ft. pulv.
Repeat mist. digital. as formerly.

31st. The medicine has acted freely on his bowels, and the kidneys have secreted a good quantity of urine; the nights of the 29th and 30th were passed with some refreshing sleep; still delirious, but less irritable than before; pupils much dilated; seems to be quite deaf; tongue cleaner than it has yet been; pulse 86; the blistered surface has discharged freely.

Continue powders as before, every 6th hour.

Without continuing the daily reports, we may remark in conclusion, that by attention being constantly directed towards maintaining a soluble state of the intestinal evacuations, Ryan was restored to health.

*Remarks.*—M. Andral, in his "Pathological Anatomy," observes, "There are several kinds of causes which favour the accumulation of fluids in the different serous cavities, and in the areola of the cellular tissue. Those most efficient in the production of dropsy are, 1st, A degree of stimulus or irritation of the organ where the dropsy is formed.

"2. The sudden disappearance of another dropsy.
"3. The suppression of certain secretions.
"4. Various alterations in the blood.
"5. Obstacles to the venous circulation.
"6. Lastly, dropsy is sometimes found accompanying certain states of cachexia, in which none of the conditions above enumerated can be positively discovered, but in which they may nevertheless with some probability be supposed to exist."

The case under consideration clearly must be referred to the second and third order of causes. Cases of ileitis not unfrequently present themselves to our notice, and by the incautious observer are mistaken for ordinary cases of intestinal irritation, sometimes of dysentery, and, as I shall presently point out, for renal affection. Dr. Stokes, the distinguished Professor of Physic, Trinity College, Dublin, has drawn the attention of the profession to the symptom very constantly present, of "non-secretion of urine and pain in the region of the kidneys;" this symptom, in combination with evident ones of intestinal irritation, has enabled me in two interesting cases to diagnosticate the affection when it had been previously overlooked. On reviewing in my mind all the peculiarities in the case of Ryan, the diagnosis of the ileitis was arrived at, and the treatment directed with the hope of preventing the further progress of the disease. The amelioration which had taken place in the condition, gave assurance of a successful issue, until exposure to cold and damp produced the evil effects which resulted in the sudden arrest of the alvine discharges and accumulation of fluid in the peritoneal sac. The learned author, to whom reference has already been made, remarks on this, "that the slightest irritation is just as effectual in producing a serous flux as the most intense. It is sometimes established after the sudden suppression of a profuse sweat. The impression of cold and moisture on the skin of individuals who had been previously exposed to a high temperature, is likewise not

unfrequently followed by a copious serous flux from the intestines. Another case in which this flux sometimes occurs is when a dropsy suddenly disappears, and a fluid similar in appearance to the dropsical effusion flows from the surface of some mucous membrane. In this way I have seen the sudden absorption of a hydrothorax, followed by an abundant serous discharge from the mucous membrane of the air passages; and an ascites replaced by an intestinal flux, which seemed to consist of a prodigious quantity of watery fluid." In the case of Ryan, we have the arrest of secretion from the great eliminating surface of the intestines, followed not by a "flux," but by a secretion and retention of fluid in the great peritoneal cavity; the fluid which morbid diseased action had been throwing off having been checked by exposure of the body to cold, nature required it should be removed from the circulation, and failing to effect this by any one of the outlets, it was lodged in a shut sac. The object sought was to direct this accumulation to one of the natural passages, and aid the peritoneum in throwing off the effused liquid; the kidneys and the intestinal canal seemed to afford the best and safest course through which to direct the fluid, therefore an attempt was made to rouse the intestinal mucous membrane to a performance of this office. Observing, however, on the following day, that the kidneys seemed to indicate a channel through which the fluid may be passed off, a combination of diuretic medicines was administered with very marked effect. So soon, however, as this benefit had been secured, the patient was seized with a new and alarming train of symptoms, indicative of a translation of the morbid action to the membranes of the brain. Here, again, attention was had to the arousing of the renal and intestinal surfaces, for the purpose of relieving the congested brain, and happily with singularly good effect. Andral has reported a very interesting case of the kind, in which a patient laboured under organic disease of the heart, and in whom the sudden disappearance of ascites was followed by all the usual symptoms of a most violent attack of apoplexy which proved quickly fatal, and on opening the body the following appearances were presented: The peritoneum did not contain a single drop of serum; *not the slightest vestige of hæmorrhage* was to be found in the brain, but the ventricles were all enormously distended by a clear serous fluid which existed in such prodigious quantity, that the roof of the lateral ventricles was considerably raised, and conveyed when touched an evident sense of fluctuation. In the circumstances in which Ryan was thus found, it may be asked why he was not blooded? To this it is answered, that the boy was not only not in a condition to bear the abstraction of blood, (being a badly fed and neglected immigrant); but that the invasion of the cerebral organs was not so extremely rapid as not to allow time in which an endeavour might be made to produce a reversion either to the bowels or kidneys. With this end in view, stimulating enemata were thrown in, and a surface of irritation and discharge also opened up on the abdominal surface by means of blistering. Dr. Stokes and Graves have both pointed out that the first effect of a blister is to stimulate the organs beneath it; hence the injurious effects resulting from their application in the earliest stages of inflammatory affection of the lungs and heart, and therefore advantage was taken of this action to awaken the dormant energies of the abdominal viscera, hoping to induce secretion, and in failing to effect this, then to gain by the common action of blistered surfaces, viz., the evacuation of serum. It is highly important in these cases, carefully to be on the watch for even the slightest efforts which may be naturally made to throw off the disease; the slightest moisture around the alœ of the nose, palms of the hands, or indeed on any part, should be seized as a guide to our treatment; the least increase of action, on the part of the kidney taken advantage of, in order that by assisting and following nature, we may aid in restoring the balance of health which has been disturbed. In the West Indies, I have on many occasions witnessed the occurrence of effusion into the peritoneal cavity, consequent on the arrest of diarrhœas, and had always observed that the gradual removal of the effusion was best effected by paying strict attention to the condition of the digestive organs and kidneys, and acting on them mildly, rather than by hasty and intrusive measures exhaust and weary the system; there we are less liable to changes or variations of temperature, and patients have better opportunities of throwing off disease than have the same class in the variable climate of this continent or in Europe.

Toronto, May 10, 1848.

## Art. XVI.—CASE OF PLEURO-PNEUMONIA, FOLLOWED BY GANGRENE OF THE LUNGS.

By Hector Peltier, M. D., Edin.

Mr. M., aged 51, had been addicted to hard drinking for many years, and I was informed, had, when residing at L'Assomption, ten years ago, an attack of inflammation of the lungs, for which he had been treated at that place. Since that period, he has suffered from most excruciating pains in his chest; so much so, as to compel him to intermit his ordinary occupation, and, dragging out a miserable existence, became eventually a burden to his family. For a short time previous to this present attack, he was comparatively healthy, and cheerful. He had, however, cough, and abundant purulent expectoration.

I was called to see him for the first time in December, 1846. After examination, I was convinced that there was no hope of recovery. The following physical signs were observed: On the left side, I detected a cavern in the superior and anterior part of the lung; there was here marked *gargouillement*. On the right side, there was crepitant râle, pectoriliquy, and, at the same time, metallic tinkling, which induced me to believe that there was a communication with the pleura. The symptoms accompanying the physical signs were, an intense fever at night, with rigors, sleep disturbed by frightful dreams, occasional diarrhœa, and profuse sweating. There was abundant

purulent expectoration, as much as a pint a day; a constant fixed pain was complained of, at the level of the right mamma, between it and the sternum. The breath possessed a disagreeable and fœtid odor.

Having little else to do, my treatment was merely palliative, consisting of emollient draughts, syrups, chocolate, tea, wine; at bed time, a cough mixture, principally composed of paregoric. Fifteen days before his death, which took place on 22d January, 1847, a pulsating tumor appeared over the seat of pain. It was red, hot, and fluctuating, increased during coughing. I refrained from opening it, convinced, as I was, that it communicated directly with the lung. Dr. Nelson was called in consultation, by the patient's desire. The Dr's opinion agreed with mine, that of leaving the opening of the tumor to nature, on account of the extreme weakness of the patient. This tumor opened itself four days before his death. This opening gave passage to pus, mixed with parcels of gangrenous lung, which had a most suffocating smell.

The patient died on the 22d January, 1847. On the 23d, I made the post mortem examination, assisted by my friend, Dr. Boyer. We found at the right side, at the point where the opening of the tumor was, a strong adhesion of the pleura to the ribs. The margin of the sternum, and cartilages of the third and fourth ribs, were destroyed by ulceration. The whole of the right lung was gangrenous, and adherent posteriorly, and on the side, to the ribs, from which it was impossible to separate it; on the left side, there existed a cavern, that could contain a middle sized apple, filled with pus. The pericardium was hard, of a yellowish white color, thickened, and gave the appearance of parchment. It contained several ounces of pus. The heart was round, but enlarged. The liver was also enlarged, but, otherwise, presented no morbid appearance whatever, contrary to what is found in men of intemperate habits.

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*Remarks respecting the perforation of the thoracic parietes, as the result of diseases of the lungs or of the pleura.*

In cases where there has been previous adhesion of the double coating of the pleura, a purulent, tuberculous, gangrenous accumulation, may, by degrees, perforate the pleura, without causing any effusion in its cavity, or in the muscular, aponeurotic, cellular, or cutaneous tissues, and open itself externally, as was observed in the case reported.

Gangrene of the lung is more frequently observed between the age of twenty and sixty years, than in infancy and old age. Although it has been observed to affect persons of a strong constitution, and in robust health, it attacks, in general, those of an opposite condition, such as those who are weakened by night watchings, debauchery, sorrow, protracted illness, and especially by excesses in strong alcoholic liquors. These general causes are sufficient to bring on, originally, gangrene, but more often this disease makes its appearance during the course of an affection of the respiratory apparatus, or during one of those affections that invade the whole economy.

The symptoms that are observed, in general, are the sudden failing of the strength, bringing the patient to the utmost prostration; the fœtor of the expectoration; its greenish colour, nauseous breath, hectic fever, and cachexia.

Phlegmonous tumours, which appear on the outside of the thoracic parietes, after the spontaneous perforation of the costal pleura, should be opened at an early period; and if such opening do not permit a free outlet to the liquid, it would be necessary to extend the incision to the pleura, to prevent the detachment of the soft parts to a too great extent, and also to prevent a secondary suppuration, which the patient's strength might not stand. This affection has always a fatal termination. However, Laennec and Lawrence give five or six successful cases, which have been proved by the cicatrization of the ulcers, when examined post mortem. According to these authors, medical art had nothing to do with the cure.

Gangrene of the lungs is often the consequence of pneumonia—as shown by the case I have reported—of tubercular phthisis, and of pulmonary apoplexy.

Montreal, May 20, 1848.

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## Art. XVII.—IMMIGRANT FEVER AT ST. CATHARINES, C. W.

By T. Mack, M. D., St. Catharines, C. W.

The Board of Health for this Town did not consider it necessary to provide Medical Relief for sick and indigent Immigrants previous to the 28th June, 1847, when I was employed to attend them in their habitations, scattered along the banks of the Welland Canal, between this place and Thorold. It was soon found indispensable to erect a temporary shelter, as many unfortunate creatures were exposed to the damp, chilly night-air, with no covering but the scanty clothing they possessed. This step was vigorously opposed by a portion of the inhabitants, who were in dread of infection; and the members of the Board of Police, who constituted the Board of Health, afraid of incurring popular disfavor, delayed, and thus prolonged sufferings of the most deplorable nature, until the President of the Board humanely afforded a site upon his own land, and under a guard of Constables to prevent the demolition of the buildings.

Shanties, capable of containing about 40 patients, were constructed.

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|---|---|
| There were treated in this Hospital from 12th July to 5th November, | 150 cases |
| Of which there died, | 17 |
| Previous to the opening of the Hospital, as extra patients, | 31 |
| Of whom there died, | 5 |
| Subsequent to the closure, as extra patients, from 6th November to 1st January, 1848, | 107 |
| The number of deaths, | 10 |
| Total number under treatment, | 288 |
| Sent to Toronto, | 4 |
| Result not ascertained, | 10 |
| Died, | 42 |
| Discharged cured, | 232 |

The cases treated were chiefly Fever; next in number were Dysentery; a few of Remittent Fever; one of Dilatation of the Ventricles; Phthisis and Pneumonia. They were often patients who had been under treatment at one of the lower stations for relief. The fever was characterised by the very early approach of collapse, or by intense sensorial disturbance, sometimes similar to Delirium Tremens, requiring constant watching and restraint to prevent them from leaving their beds. The pulse was extremely frequent, often rising to 160; cases the most hopeless rallied surprisingly at even the eleventh hour; in one, where deglutition had ceased, brandy, quinine, and soup, were plentifully administered by the stomach-pump and enemata, with the happiest result. I had the misfortune to contract the disease in my own person, and my recovery was considered almost miraculous by the kind medical friends who were most assiduous in their benevolent attention; in this case the delirium was very violent and complicated, with convulsions, the constitutional effects of Mercury proving highly beneficial. One case of congestive typhus was admitted, the subject, an able-bodied man, could barely totter to his bed when his mind became unsettled, and he died with convulsions in about six hours. The sinuses and vessels of the dura mater and brain were engorged with dark blood, much fluid in the ventricles, the substance of the brain not softened, the lungs were not collapsed, not crepitous, the pulmonary structure of the inferior lobes was not discernible, resembling a dark sanguineous clot, and breaking down when gently manipulated—from incisions in the superior portions exuded a frothy mucus, mixed with blood—the auricles were filled with dark fluid blood, and the left ventricle of the heart contained a small fibrinous clot—the liver and spleen were congested and enormously enlarged—the gall bladder empty, and the mucous membrane of the greater curvature of the stomach was congested. One patient who had been employed in the coal mines, expectorated a large quantity of carbonaceous matter. Another miserable creature was brought in with both feet slightly frozen—mortification ensued immediately. He recovered from the fever, and a line of demarcation being established at the lower third of both legs, one was amputated; but he could not be prevailed upon to submit to the removal of the other at the same time: after the lapse of eight days, he inhaled one drachm of chloroform, and the remaining leg was taken off without his manifesting any signs of sensibility, until the introduction of the sutures for uniting the flaps. Fergusson's operation was performed in the middle of the leg, and he is now quite embonpoint, and rejoices in a pair of sound, plump stumps. Crystallized nitrate of silver proved valuable in the cases of dysentery; Revulsants were useful, but the most guarded application of sinapisms was sometimes followed by superficial sloughing. A correct view of the pathology of this fever indicates the prompt use of stimulants, as the *Sheet Anchor*, Brandy, Ammonia, Camphor, Quinine and Yeast, were chiefly employed in the early stages. Saline diaphoretics with morphine, (*cautiously*) mild emetics and hyd. cum. creta, ice internally, and externally to the shaven scalp, and frequent ablutions to remove the filth and exterminate the pediculi with which they were always covered when first admitted. Calomel was inadmissable. In one case I saw extensive caries of the inferior maxilla follow slight salivation from repeated doses of the chloride, and the patient sunk; but the inhabitants who were attacked with typhus bore this drug well, and its constitutional effects were always followed by decided improvement. Ulceration commencing in the ileum and increasing to the rectum, was found in the intestines of the fatal cases of Dysentery.

St. Catharines, 9th May, 1848.

## Art. XVIII.—BEAUPORT LUNATIC ASYLUM.

By A. H. David, M.D., Montreal.

We availed ourselves of the opportunity afforded by our attendance at the meeting of the College of Physicians and Surgeons held at Quebec, the other day, to visit this excellent Institution, and are happy to be able to add our testimony to all we have ever heard in its favour. The building is well adapted for an Asylum—it is of the shape of the letter L—its wards are capacious, lofty, and well ventilated, and are heated by a hot air apparatus, and are remarkable for their perfect cleanliness. The situation of the building is that exactly to be desired for such an Institution; it stands on an elevated rock, about four miles from Quebec, commanding in front a view of the St. Lawrence, and on the other sides a view of the magnificent scenery for which the country surrounding Quebec is proverbial, and which is, unquestionably, calculated to give pleasure to every mind, whether sane or insane. The building is of stone, but the wood work in the interior is very coarse and common, from the fact that it was not originally intended for any such noble purpose as that to which it is now put.

At present there are about 130 patients receiving the benefit of this excellent Institution, all of whom seemed to be happy and contented—several were occupied digging in the garden attached to the building—some engaged washing, others sewing, some writing, and one amused several by playing the Violin; indeed, all were engaged or amusing themselves as their wayward fancy inclined. And here, we must observe how much we were struck with the kind and affection-

ate manner towards his poor patients of the friend (one of the attending physicians) who accompanied us —the hearty shake of the hand—the pinch of snuff from his box—the pleasing answer to one or two who asked for their discharges—the promise to attend to the little requests of others—all show the zealous and enlightened Physician reaping the reward of his kind treatment, by the confidence reposed in him by his patients, and the influence he has over them. He silently admitted us into each ward with his own little key, and it was with much emotion we beheld the inmates, although taken by surprise, jump with delight beaming in their inanimate countenances at his approach—as he was not attending at the time, his visit was unlooked for—giving the result of good management, for "cleanliness, hope, and satisfaction" prevailed. All the locks in the establishment are similar, and each attendant has but *one* small brass key which fits every lock, so there is no jingling of keys, and the doors open and shut without any noise, thereby preventing any patient being alarmed or agitated by these noises, as we have observed in other similar institutions. The resident Physician was attending to his duties as Secretary to the College of Physicians and Surgeons at the time of our visit. His house is at a short distance from the Asylum, but in the grounds, which are very extensive. The Medical Board consists of Drs. Morrin, Douglas, and Fremont, one of whom visits daily for three months, and all three meet there twice a week, by which means they are not only perfectly conversant with all that transpires, but become intimately acquainted with the peculiarities of each case. The mode of dieting is well arranged, it is plain and simple, and similar on similar days of each week. The only punishment, if we may so term it, allowed for any patient who may become violent or refractory, is the cold water *douche*. The males occupy one side of the building, and the females the other, and the idiotic are separated from the maniacal; both sexes meet at their meals, but at different sides of the large dining room, and, also, once a week, when the tables are removed from this room, and the inmates dance to the music of the fiddler before alluded to, under the watchful care of the attendants. Our stay was so limited, we were not able to obtain any statistical information with sufficient accuracy for publicity; but we do express a hope, to have from the Medical attendants themselves, the full details of the number admitted and discharged, relieved or cured, with all particulars since the opening of this valuable Institution.

Montreal, May, 1848.

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## Art. XIX.—CASE OF INTUSSUSCEPTION IN A HORSE.

By G. Turner, V. S., Montreal.

If you do not think it derogatory to your valuable *Medical Journal* to notice communications of cases affecting that noble animal the Horse, I shall be pleased by your inserting the following:

In the early part of May last, I was called on to attend a chesnut horse, five years old, of ordinary stature, then labouring under an inflammation of the parotid and submaxillary glands. This affection is vulgarly termed by the French "La Gourme," and is identical with mumps in the human species. In this case the inflammation ran on rapidly to healthy suppuration and every thing bid fair for a speedy recovery. When about the tenth day this animal assumed a very strange appearance and the movement of his limbs became very uneasy, or as we term it, he was suddenly affected with great stiffness in his legs. This could not easily be accounted for, inasmuch as he had the enjoyment of a first-rate new stable, which is well aired, and the weather had during his whole illness been very temperate and even warm. To be sure, he had not left his stall since the first day of his being taken ill, but that could not account for this new feature in the case. However, he was ordered a little walking exercise, after which he seemed to improve and to feed as usual. In the evening of the same day, he again became very stiff, and on applying my hand to the inside of his thighs, I found his flexor muscles hard and cramped—the circulation did not appear in the least affected —wherefore, I simply ordered hard rubbing and a warm antispasmodic beverage. Instead of finding him better the next morning, he was much worse, and had been kicking and rolling during the greater part of the night. The spasms now seemed to have extended to the bowels, whereupon, I had him removed to my own premises and placed in a large well ventilated box, where he was copiously bled, clystered, treated with powerful antispasmodics internally, and epispastics externally. Prostration now set in rapidly, and he ultimately died, thirty hours after the first appearance of the spasmodic symptoms, in a strong convulsive struggle. A post mortem examination was made at the Montreal dog-kennel, on the same day, in presence of the owner, my neighbour Mr. Mason, and two medical gentlemen of the first standing in their profession.

On opening the abdomen, the intestines, generally, were congested, and here and there exhibited very dark patches. Fluid to the amount of a gallon or two of a clear serous character was effused into the peritoneal cavity—all the glandular organs were in a perfect state and free from congestion—one portion of the ileum appearing more extensively congested and distended than the rest, was cut open, when a considerable quantity of serum escaped, and an intussusception was discovered. This fully accounted for the unyielding character of the symptoms—but what was our astonishment when, on examining the intussuscepted portion, we measured not less than sixteen feet four inches of the intestine composing it.

The above case is of valuable practical importance, showing the suddenness with which spasms of the extremities may be transferred or extended to the bowels; also, that in the horse as in the human subject, such an affection does run its course to a fatal termination in the same period of time, and before the setting in of inflammation. Such a state of the intestine, would, in the human subject, cause, and incessantly keep up vomiting: but in the horse, it is known that the pecu-

liar conformation of his stomach forbids this ever occurring,—wherefore, the deceptive character of this disease in the horse is very great, and the more so when we further take into account the usually large contents of the colon, which keeps unloading itself either spontaneously, or by back raking. In short, we have in the horse no other symptom indicative of intussusception but such as may accompany ordinary colic, and as this latter is very common to this animal, the veterinary surgeon has to be very much on his guard in not mistaking the one for the other, for although it be admitted that the treatment for colic is applicable also to intussusception, hemust not consequently infer that the necessary treatment of the latter is always applicable to the former.

Montreal, May 30, 1848.

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ART. XX.—1. *The Elements of Medical Eminence; an Introductory Address delivered before the Class of the Medical School of Maine, March* 15, 1848. *By* EDMUND R. PEASLEE, A.M., M.D., *Professor of Anatomy and Surgery.*

2. *Valedictory Address to the Graduating Class of the Philadelphia College of Medicine, March* 3, 1848. *By* HENRY GIBBONS, M.D., *Prof. Institutes and Practice of Medicine.*

1. Dr. Peaslee's address is a concisely and well written essay, on a subject affording an interesting field for investigation, and demanding tact in its management. The author has exhibited the latter, and has perfected an admirable lecture on a subject of vast importance to every young practitioner. Medical eminence and reputation are shown to be two very different things; and it is too true a fact, that hundreds of practitioners are well satisfied with having acquired the latter, or won a small degree of it, forgetting that in striving to obtain the former, the latter must inevitably follow, and possess more than ephemeral existence. The attainment of medical eminence is justly attributed to a thorough medical and good general education, as its indispensable and true basis, superadded to which there must be conduct, guided and controlled by moral and religious principle.

2. In demonstrating the eclectic character of the science of medicine at the present day, Dr. Gibbons tersely exposes the follies of many of the pseudo-systems which are now fashionable. Not a small portion of the lecture is taken up with a denunciation of alcoholic fluids; and we are certainly not prepared to agree with the author in all that he has said respecting them. From the evil consequences traceable to an injudicious employment of them in certain cases of dyspepsia, the author has drawn a vivid and highly wrought picture, which a non-professional reader might apply generally; and how far the doctor's prudential rule, viz., "Prescribe them in serious cases only, when no other remedies will answer the purpose," could be carried out, if, as he afterwards says, "The Materia Medica would lose nothing by the complete annihilation of vinous and fermented liquors," becomes a question of no very difficult solution. We do certainly admit that alcoholic fluids have been very frequently too indiscriminately employed, even by medical men, in the treatment of diseases; but with the better developed pathology of the present day, the cases requiring them have become more restricted, and they are consequently much less used, but still, occasionally demanded as imperiously as any other article of the Materia Medica. The Doctor, among other remarks, makes the following observation—"The monstrous frauds that are practised in the manufacture of alcoholic drinks, presents another objection to their medicinal use. Vinous and fermented liquors are more particularly the subjects of adulteration and imposition. They are rarely what they pretend to be. If any other article of the Materia Medica were proved to be as commonly adulterated and impure as the various forms of alcoholic liquors, it would be banished at once and for ever from medical practice. And yet many of our learned professors and distinguished practitioners will dose their patients from day to day, and from month to month with these uncertain compounds; often, beyond a doubt, administering in this way, even in critical cases of disease, tobacco, cocculus indicus, and strychnia!!" We think the Doctor's zeal has here outrun his discretion. The practitioner is supposed to prescribe his articles of the purest quality, and to assure himself of such. We have no hesitation in stating that alcoholic fluids *can* be obtained pure. But what is the article of the Materia Medica which is not adulterated? How much of *real* scammony enters into the ordinary compound colocynth pill? Is the Doctor perfectly assured that his opium is genuine; that his iodide of potassium contains no carbonate, or that his red precipitate is not mingled with brick dust or oxide of lead? If the Doctor's advice be sound, then these articles, with a host of others, should be expunged from medical use, because imitations or fraudulent adulterations are not uncommon. The Doctor's reasoning is by no means good. The medical man, like the artificer, is bound to know the quality of the tools with which he works; and the means of ascertaining these adulterations and impurities constitute an important and elementary part of his education. As long as avarice prompts to fraud, so long will these adulterations continue: our Materia Medica would dwindle to a nonentity, if the author's reasoning was assumed as an axiom, and its inference legitimately followed up. In the lecture the author has displayed a good deal of imagination. We only wish that it had been elicited by some other theme more suitable to the occasion than that which occupies the conclusion of his otherwise excellent address.

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ART. XXI.—*Summary of the Transactions of the College of Physicians of Philadelphia, from December,* 1847, *to March,* 1848, *inclusive.*

This volume, to a person resident so far from the theatre of action as Canada, possesses less interest than the preceding volume. The only paper of moment which it contains, is the annual report on epidemics and meteorology, by Dr. Moore. The other parts of the volume are occupied with the details of routine business. It contains, however, a tariff of the Philadelphia Fees,

which it may prove a matter of curiosity to know. We therefore extract a few of the items:—

| | | | |
|---|---|---|---|
| For each visit, or for advice at office | $1 | a | $2 |
| When detained, for each hour | 3 | | |
| For written opinion, or advice to patient | 5 | a | 20 |
| Night visit | 5 | a | 10 |
| First consultation visit | 5 | | |
| Each subsequent visit, as such | 2 | | |
| Each visit of attending physician, when in consultation | 2 | | |
| Consulting visit during night | 10 | | |
| Country visits, $1 for every mile, &c. | | | |
| For health certificate | 5 | | |
| For vaccination | 5 | | |
| For re-vaccination | 2 | a | 5 |
| For accouchement | 10 | a | 40 |
| For application of the forceps | | | 10 |
| For turning | 10 | a | 40 |
| For Embryulcia | | | 20 |
| Practitioners to attend patients after accouchement, for 9 days, without additional fee, unless serious ailment occurs. | | | |
| Reduction of fracture and first dressing | 10 | a | 20 |
| " Luxations | 10 | a | 30 |
| " Old luxations | | | 50 |
| Lithotomy | 100 | a | 300 |
| Amputation of leg or arm | | | 50 |
| Cataract | 75 | a | 150 |
| Extirpation of tumours according to importance | 10 | a | 100 |
| Hernia | 50 | a | 100 |
| Hare lip | 20 | a | 50 |
| Fistula in ano | 20 | a | 50 |
| " Perineo | 50 | a | 100 |
| Hæmorrhoids | 20 | a | 50 |
| Hydrocele, palliation cure | 5 | a | 10 |
| " Radical cure | 20 | a | 30 |
| Catheterism | 1 | a | 2 |
| " in cases of obstruction | 10 | a | 20 |
| Reduction of hernia by taxis | 10 | a | 50 |
| Examination per vaginam or anum | 5 | a | 15 |
| Introduction of seton, or forming an issue | | | 5 |
| Paracentesis abdominis | 10 | a | 20 |

"It is recommended that in all cases of gonorrhœa or syphilis, a retaining fee of from $10 to $20 be required in advance, the subsequent charge being graduated according to the attendance on the case."

The fees of the profession in this city are considerably below those of the profession in Philadelphia.

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ART. XXII.—*History, Description, and Statistics of the Bloomingdale Asylum for the Insane. By* PLINY EARLE, M.D., *Physician to the Institution, &c. New York: Egbert, Howey & King.* 8vo. *Fol.* 136.

In the publication now before us, Dr. Earle has given us an account of the origin and past progress of the Bloomingdale Asylum for the Insane. The corner stone of the present beautiful building, known under the above designation, was laid on May 7, 1818. It was completed in 1820, and opened for the reception of patients in June 1821. The management is vested in a committee of six, appointed by the board of governors, reports of management being read at each monthly meeting of the Board, to which the Committee is subordinate. From the opening of the Institution to December 1844, a period of twenty-three years and a half, 293 patients received treatment, and the volume is chiefly occupied by the detail of circumstances connected with the cases, and the method of medical and moral treatment pursued. The mortality, calculated upon the mean or average number of patients annually resident in the Institution, seems to us uncommonly low; the mean annual per centage of deaths of both sexes being placed at 10.65.

The work furnishes evidence of considerable labour, and from the minuteness of particulars, and the care displayed throughout, will add considerably to the author's reputation, which is already recognised as that of one of the most diligent enquirers of the day in this department of medical science.

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ART. XXIII.—*Memoranda on Anatomy, Surgery, and Physiology, forming a Pocket Companion for the Young Surgeon, or for Students preparing for Examination. By* MARK NOBLE BROWN, Surgeon, *corrected by an American Physician. New York: Samuel S. & William Wood.* 1848. 12*mo. Pp.* 325.

We have examined this work, and find it, what it professes to be, a useful companion to the general practitioner, in refreshing his memory with important particulars of anatomical, physiological, and surgical science. The plan of the work is characterised by conciseness, yet clearness, and will be found useful on many occasions in saving time, an object of moment, by obviating a recourse to works of more minute detail. As a work of convenient and ready reference, we recommend it to the general practitioner.

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ART. XXIV.—*Ophthalmic Memoranda, respecting those Diseases of the Eye which are more frequently met with in practice. By* JOHN FOOTE, F.R.C.S.L., &c. *New York: Samuel S. & William Wood.* 1848. 12*mo. Pp.* 131.

This work partakes much of the same character as the last. We have examined it, and find it to be what its name implies, merely a memorandum book. Although fitted for a student whose mind is stored with the principles of treatment in ophthalmic diseases, it is better adapted for the desk of the general practitioner, who may obtain from it, in most ordinary cases, a ready resolution of his doubts. Although in most of the diseases enumerated, the means of diagnosis are made sufficiently clear, yet with reference to cataract, and its diagnosis from amaurosis, not the slightest notice is taken of Sanson's catoptric test. We are the more surprised at this, as we consider it a most valuable diagnostic test, and by no means estimated by surgeons generally at its intrinsic value. We have noticed a few errors of trivial character, but none of such a nature as to prevent us from recommending the book to the notice of the profession.

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ART. XXV.—*Materia Medica and Therapeutics. By* MARTIN PAYNE, A.M., M.D., *Professor of the Institutes of Medicine and Materia Medica in the University of New York, &c. New York: Samuel S. & William Wood.* 1848. *Small* 8vo. *Pp.* 411.

Works upon materia medica are abundant, and we

do not perceive that the author of this one has done the "state any" material "service," by adding it to the number already existing. As a text-book to the students in attendance upon his lectures, it is not without its advantages, but, to the distant practitioner, it is almost worse than useless, from its meagreness of therapeutical detail, which is attempted to be obviated by referring the reader to the author's works, the *Medical and Physical Commentaries*, and his *Institutes of Medicine*. There is scarcely a page in which reasoning is attempted without such references. In the sphere, and under the circumstances mentioned, we do not question, however, its utility.

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ART. XXVI.—*The Obstetrical Remembrancer, or Denman's Aphorisms on Natural and Difficult Parturition, the Application and Use of Instruments. Augmented by* MICHAEL RYAN, M.D. *First American, from the Ninth London Edition. With Additions, by* THOMAS F. COCK, M.D., *Visiting Physician to the New York Lying-in Asylum. New York: Samuel S. & William Wood.* 1848. 12mo. *Pp.* 258.

This is a very valuable little work to the general practitioner, and, in its details, is *pari passu* with the existing condition of obstetrical science. We have read it with pleasure, and consider that it would constitute a most acceptable companion to every country practitioner, whose opportunities of consulting works of more minute detail are not always convenient. We can only refer to it in terms of praise. It is a complete practical guide.

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## MIDWIFERY.

*Hooping Cough.*—From a Lecture on the Diseases of Infancy and Childhood, delivered at the Middlesex Hospital. By CHARLES WEST, M.D., Physician-Accoucheur to, and Lecturer on Midwifery at, the Middlesex Hospital, and Senior Physician to the Royal Infirmary for Children.

It is a peculiarity of the affection which we are now studying, that much of the suffering, and almost all the danger that attend it, are the result, not of the disorder itself, but of some complication that supervenes during its course.

Some days ago I mentioned to you that a state of extreme irritability of the lining of the air tubes is one of the characteristics of early childhood. To this are due the attacks of catarrh which children often experience while teething, and the cough which, wholly independent of exposure to cold, comes on as the result of sympathy with irritation in some distant viscus. This high degree of susceptibility, however, is not confined to the bronchi, but is possessed in the young subject by the whole tract of mucous membrane; diarrhœa often accompanies catarrh or alternates with it, and in the course of inflammation of the lungs the patient's life is sometimes jeopardied, or his death hastened, by the supervention of an intractable looseness of the bowels.

*Diarrhœa*, though comparatively seldom fatal, is frequently a very troublesome complication of hooping-cough, and if it continues, it greatly reduces the strength of a child, and interferes with the employment of some of those means to which otherwise we might have recourse. It sometimes sets in with the preliminary catarrh, and abates as that subsides, but in other cases it harasses the patient at intervals during the whole course of the affection. It is, however, when it supervenes in the course of an attack of hooping-cough, which has already attained considerable severity, that it should excite our chief solicitude. It does not, indeed, in the majority of instances, betoken the supervention of disease in the intestines, but is one of the forms of constitutional disturbance that attend upon a congested state of the brain, or it indicates the advance of serious mischief in the lungs. I have, indeed, seen diarrhœa become the most prominent symptom in a case of severe hooping-cough, the bowels being for days so irritable, that their action was excited by the slightest article of food or drink, while the abdomen was exquisitely tender; and yet when death at length took place, unusual redness and prominence of the Peyerian glands were the only morbid appearances in the intestines, while the signs of intense bronchitis and inflammation, which in some parts had advanced to suppuration, were discovered in the lungs.

An *irritable state of the stomach*, with occasional *vomiting*, are symptoms almost constantly observed at some period or other in the course of hooping cough. In cases of a mild character, they usually occur only when the cough has reached its acme, and vomiting succeeds to none but the severest fits of coughing, while it is one of the earliest symptoms to cease as the severity of the disease declines. Sometimes, however, very distressing nausea harasses the patient, and efforts to vomit not only follow the paroxysms of coughing, but are excited by food or by the blandest fluid. I have already warned you of the serious import of this symptom in many instances, and have called your attention to it as being frequently one of the earliest indications of cerebral mischief. In some few instances I have observed it come on very early in the disease, and subside by degrees as the cough assumed a distinct paroxysmal character, just as is the case sometimes with a nervous dyspnœa. Sometimes it continues to be a troublesome though almost a solitary symptom of disturbance of the nervous system, the cough not being severe, nor the child's health at all seriously impaired; and twice it appeared to be the result of a state of extreme irritability about the fauces, so that the cough, which hardly ever occurred at other times, was immediately excited by any attempt at deglutition, and the effort to cough terminated almost directly in vomiting. Nausea and vomiting are sometimes associated with general intestinal disorder and diarrhœa; at other times there is equal evidence of disorder of the digestive organs in a constipated state of the bowels, a red tongue, with perhaps numerous small aphthous ulcers about the mouth, or in the large quantity of frothy mucus rejected by the stomach at each effort to vomit.

Before leaving the subject of the complication of hooping-cough, I must notice the relation that appears to exist between it and two of the *eruptive fevers*, namely, *measles and chicken pox*. It has been thought, indeed, by some writers, that there is no connexion between these diseases other than that of their accidental association; but my own experience would lead me to incline to an opposite opinion, which is likewise entertained by several high authorities. In 13 out of 100 unselected cases of hooping-cough that occurred between the autumn of 1843 and that of 1845, measles or chicken-pox came on during the course of the cough, or hooping-cough appeared immediately on the decline of one or other of these affections. The latter seems to be the more common occurrence, for in 8 of the 13 cases measles were the prelude to hooping-cough, and once it was preceded in the same way by varicella. The mutual relation of these diseases is a subject that calls for strict investigation, and but little weight can be attached to numbers so small as those which I have just adduced. I think, however, that you will do well to bear in mind, that the occurrence of any one of these diseases during the epidemic prevalence of another, probably increases the liability of the child to become affected by that which is epidemic, and that an exacerbation of the fever of hooping-cough, and the appearance of more serious illness than the local symptoms would account for, may very possibly be due to the approach either of measles or varicella. Like other intercurrent febrile and inflammatory affections, both measles and chicken-pox often produce a temporary abatement of the paroxysms of hooping-cough, and sometimes cure the disease altogether. In this, however, there is nothing constant, for hooping-cough often appears not to be in the least modified in its character by the supervention of the other malady; while in some cases the complication adds to the mischief in the chest, and increases the patient's suffering and danger.

Although there are many important points of analogy between hooping-cough and some of the exanthemata, yet in nothing is the difference between these affections more apparent than in the uncertain duration of the former, in the exacerbations which take place during its course either causelessly or from very slight

occasions, and in the actual relapses that sometimes occur after apparent cure. It is a matter of considerable difficulty, in the case of a disease so protracted in its course as hooping-cough, to make even an approximation to a correct estimate of its *duration*. In 25 cases, however, I had the opportunity of watching the patients from the time when the cough first assumed a paroxysmal character, or the hoop first became audible, until the final cessation of all cough. From this small number of observations I should be disposed to estimate the average duration of hooping-cough at 10 weeks, of which period nearly 2 weeks* would be occupied by the preliminary catarrh, for 4 weeks the cough would present the characteristic hoop, and the cough would continue for about the same period to occur occasionally, gradually losing its paroxysmal character, though exposure to cold, or any trivial cause, would suffice to bring back the hoop, and to restore to the paroxysms of the cough all their former intensity. So long as any cough continues, even though very occasional in its occurrence, and though the hoop have entirely ceased for many weeks, the patient cannot be regarded as well; while the neglect of proper hygienic precautions may protract the duration of the cough for between three and four months—an occurrence by no means unusual among the poor. I have on several occasions treated the children for hooping cough during spring, in whom the hoop has disappeared, and the cough almost ceased, in the warm months of summer, but on the approach of autumn has returned with nearly its former intensity. In other cases hooping-cough contracted in the early part of autumn has returned during the prevalence of the cold March winds, or a casual catarrhal seizure has been followed by a recurrence of all the signs of severe hooping-cough. These relapses of hooping-cough frequently set in with considerable severity, the paroxysms of cough being very frequent, and the hoop loud and often repeated, but if treated judiciously they are much more amenable to remedies than is the first attack of the disease.

A true *recurrence of hooping-cough* after the disease has been perfectly cured is at least as unusual as the occurrence of measles or small-pox twice in the same subject. Only one instance of hooping-cough affecting the same patient more than once has come under my notice. In that case the patient was a girl aged 7 years, who when 3 years old had very severe hooping-cough, which lasted for several weeks, the paroxysms of cough being frequent, and the hoop loud and frequently repeated. In March, 1845, hooping-cough being then epidemic, she experienced a return of the disease in a very severe form, and continued to suffer from it until the end of June.

But little more remains to complete the history of the disease, except that we notice briefly the *circumstances under which it comes on*. It is essentially an affection of childhood, few children escaping from it, while more than half of the cases of it occurs before the completion of the third year. After the age of five years its frequency rapidly diminishes, and after ten it becomes so extremely rare, that out of 815 cases in which I noticed the patient's age, I find but seven in which it exceeds 10 years.† The occurrence of the disease appears to be influenced to a considerable degree by sex as well as age; and, as is the case with a large number of the non-inflammatory disorders of the nervous system, females suffer from it in a considerably larger proportion than males. Of 108 cases of hooping-cough at the Children's Infirmary, 55.4 per cent occurred in females, only 44.6 per cent in males; although the total number of female children to the total number of males among my patients at the institution was as 49.1 to 50.9.

Age and sex exert an evident influence on the mortality of the disease as well as on its prevalence, both being greatest in early childhood, though hooping-cough does not seem to be so formidable before the commencement of dentition as it is while that process is going on. Female children are not only more liable to the affection, but it proves more fatal to them than to boys in the proportion of about 3 to 2.*

Hooping-cough is a disease of all climates, and though more frequent in the cold than in the warm months of the year, yet its epidemics break out at almost all seasons. The epidemic of 1841–2 reached its acme in the months of December and January; while in the year 1845, cases of hooping-cough were by far most numerous in the months of June and July. Though little influenced by the season of the year, the outbreak of an epidemic of hooping-cough seldom, if ever, takes place suddenly and altogether without warning. Sometimes, as already mentioned, it succeeds to an epidemic of measles, but still more frequently it follows an unusual prevalence of catarrh, which gradually assumes a paroxysmal character, and puts on the characters of hooping-cough. In a similar way epidemic hooping-cough sometimes resolves itself into simple catarrh; the signs of disturbance of the nervous system by degrees disappearing, and the cases presenting the indications of mere bronchial irritation.

The question whether hooping-cough is a contagious disease, has long since been set at rest by a general answer in the affirmative. How long it retains this character is an inquiry to which it is not possible to return any very precise reply; but so long as a child who has suffered from hooping-cough continues to cough at all, even though only once or twice a day, I should be unwilling to restore him to the society of children who have not already had the disease. All children are not equally susceptible of the contagion, and infants under six months old appear to be especially ndisposed to receive it, either by association with other children or as the result of atmospheric influence. If carefully kept from contact with other children, infants of tender age will very often escape during the general prevalence of hooping-cough; and in nearly half of the cases of hooping-cough that I have met with in infants under six months old, other children in the family had suffered from it for a week or ten days before the infants showed any symptom of it.

You may expect, perhaps, that before I pass to the consideration of the treatment of hooping cough, I should say something

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* The estimate of the duration of the catarrhal stage is deduced from the observation of 55 cases, and the exact period of its continuance was 12·7 days. Of the 25 in which the total duration of the cough from the occurrence of the first hoop was noted, 11, or nearly half, showed a duration of 8 weeks; and the duration in the remaining 14 cases varied from 4 to 12 weeks.

† Of the above 815 cases,

| | |
|---|---|
| 40.7 | per cent. occurred during the first 2 years of life. |
| 55.7 | " " 3 " " |
| 80 9 | " " 5 " " |
| 97.9 | " " 10 " " |

The subjoined table shows the proportion borne by these hooping cough cases to cases of all diseases at the same age, which occurred during the same period at the Children's Infirmary.

Cases of hooping cough constituted 7.5 per cent of all cases occurring under the age of six months.

| | |
|---|---|
| 8.7 | from 6 to 12 months. |
| 8.5 | " 12 " 18 " |
| 7.0 | " 18 " 2 years. |
| 10.4 | " 2 " 3 " |
| 12.9 | " 3 " 4 " |
| 11.0 | " 4 " 5 " |
| 9.4 | under 5 " |
| 7.6 | from 5 to 10 " |
| .8 | " 10 " 15 " |

* The subjoined table shows the age at which death took place in 27 fatal cases of hooping-cough.

| | | | | | | |
|---|---|---|---|---|---|---|
| 0 | under 6 months. | | | | | |
| 4 | between 6 " | | and 1 year. | | | |
| 6 | " | | 1 " | and 2 | years. | |
| 5 | " | | 2 " | " 3 | " | |
| 2 | " | | 3 " | " 4 | " | |
| 5 | " | | 4 " | " 5 | " | |
| 1 | " | | 5 " | " 6 | " | |
| 2 | " | | 6 " | " 7 | " | |
| 1 | " | | 7 " | " 8 | " | |
| 1 | " | | 10 " | " 11 | " | |

This result tallies very closely with that afforded by the Fifth Report of the Registrar-General, from which it appears that the deaths from hooping-cough in London were to the deaths from all causes in the proportion of

| | | | | | |
|---|---|---|---|---|---|
| 5.6 | per cent. | under 1 | year | old. | |
| 10.6 | between | 1 | and | 3 | years. |
| 10.2 | " | 3 | " | 5 | " |
| 5.0 | " | 5 | " | 10 | " |
| ·8 | " | 10 | " | 15 | " |

Of the 27 cases that came under my notice, 16 occurred in female, and only eleven in male children; and the mortality under 10 years of age from hooping-cough is to the total mortality at that age in London in the proportion of 8.9 per cent among female, and 6.1 per cent. among male children.

about the *morbid appearances* to which it gives rise, and about the essential nature of the affection. I know, however, of no morbid appearances peculiar to this disease, nor do I think that much would be gained by a disquisition on its seat, or on the occult cause of its symptoms. It is through the medium of the lungs or of the brain that death takes place in nearly every instance of fatal hooping-cough, and almost all the structural lesions of importance are found in one or other of these organs. The vessels of the brain and its membranes are often found overfilled with blood, though even in cases where death has taken place in convulsions, or has been preceded by a comatose condition, these appearances are sometimes much less marked than might have been expected, and occasionally are altogether absent. Softening of the cerebral substance, or other indications of inflammatory action, are very seldom met with; increased vascularity of the organ, with perhaps a small quantity of fluid in the ventricles, being almost the only morbid appearances in the encephalon.

It is but seldom that the lungs are found free from disease, though they present no structural changes that can be regarded as characteristic of hooping-cough. The mucous membrane of the bronchi is generally injected; sometimes it is intensely red, while an abundant secretion of thick mucus occupies the cavities of the air tubes, and their calibre is much increased. This dilatation of the bronchi, which sometimes is very remarkable, arises from inflammation of the air-tubes, just as it does in ordinary bronchitis, and is not due, as has been erroneously supposed, to the violence of the child's respiratory efforts. The emphysematous condition of the lung, which is likewise observed in some cases of fatal hooping-cough, has been referred to the same forcible attempts at inspiration. MM. Rilliet and Barthez,* however, have observed, with great justice, that the supposed violence of the inspiratory efforts during hooping-cough is altogether a mistaken assumption; for the efforts made during the paroxysm of coughing are expiratory; the lungs during a severe seizure being almost emptied of air, while in the inspiratory efforts that succeed, the air at first does not penetrate beyond the larger bronchi, and is long before it again freely permeates the pulmonary vesicles. My own experience fully confirms the statement of these gentlemen, that emphysema is found only in those cases of hooping-cough in which it has been complicated with bronchitis or pneumonia; so that it is to these secondary affections, rather than to the hooping-cough itself, that the dilatation of the pulmonary vesicles is to be attributed. But, although the tendency of the paroxysms of hooping-cough is to prevent, rather than to induce emphysema, the forcible expiratory efforts which characterize them favour the occurrence of that collapse of the lung to which on a former occasion I directed your attention: and few cases of hooping-cough terminate fatally in which you will not find after death a more or less considerable portion of lung in this condition. It may be simply collapsed, resuming its natural appearance readily when inflated, or the bronchial tubes may have been the seat of inflammation, and be more or less filled with puriform mucus, when the characters of vesicular bronchitis will be superadded to those of mere collapse or carnification, and air will permeate the organ very imperfectly, or not at all. It cannot be necessary to describe again those other changes which may take place in carnified lung, and which end in the infiltration of pus into its tissue, or in the formation of vomicæ, since I treated fully of this subject a few days ago.†

I do not dwell on other appearances in the chest, such as pleurisy and lobar pneumonia, which are much less often met with, and which have none other than a perfectly casual connection with hooping-cough; but I must notice one morbid condition alleged to have been frequently observed, and which is of the more importance, since it has served as the foundation of a theory of the disease. The pneumogastric nerve has been discovered by various observers redder than natural, and in some cases swollen and softened—appearances which have been regarded as indicating that it had been the seat of inflammation. Even those observers, however, who have noticed this condition, appear to have met with it but seldom, while others have sought for it in vain in a large number of cases. Professor Albers, of Bonn,* states, that, having examined the bodies of 47 children who died of hooping-cough, he found the nervi vagi perfectly healthy in 43. In 3 the vagus of the right side, and in 1 that of the left side, were slightly reddened; but this redness corresponded to the side towards which the body had been inclined, and in no respect differed from what is observed in the bodies of plethoric persons, and of patients who have died of typhus fever. Out of 18 examinations of the bodies of children who have died of hooping-cough, it has only once happened to me to observe any alteration in the appearance of the vagus, though my attention has been directed to it on every occasion. In this instance both nerves seemed to be of a decidedly redder colour than natural, although they were not otherwise altered. We are, I think, warranted in concluding that an appearance so frequently absent cannot be one of much moment, that it is probably a post-mortem alteration, and that certainly it is not a phenomenon which can be adduced in support of any particular hypothesis as to the nature of the affection.

I have endeavoured to describe to you the symptoms of this affection, to make you acquainted with the circumstances under which it occurs, with the course that it usually follows, and with the chief dangers that threaten a child while suffering from it. It now remains to examine the *treatment* which may be best calculated to mitigate its severity, and to ward off or overcome the dangers that attend it.

There are few diseases for the cure of which specifics have been more eagerly sought after, or more earnestly recommended, than for that of hooping-cough; neither is there anything unreasonable in the expectation that a remedy may some day or other be discovered which shall cut short its course with as much certainty as quinine arrests an intermittent fever, or which shall render the constitution insusceptible of its poison as infallibly as chicken-pox preserves from variola. At present, however, no such remedy has been discovered; and, though the severity of an attack of hooping-cough, or its duration, varies greatly in different individuals, during different epidemics, or at different seasons of the year, yet we are unable, by any medicinal agents, to produce effects such as in these cases flow from causes quite beyond our control.

For the present, then, the treatment of hooping-cough must be conducted in accordance with the ordinary principles of therapeutics, and we shall study their application best by examining in succession the course which in each stage of the disease it will be our duty to pursue. The *first stage* of hooping-cough is distinguished, as you know, by catarrhal symptoms, with some degree of febrile disturbance, and a cough, which gradually assumes more and more of a paroxysmal character, until at length

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* Lib. cit., vol. ii., page 217.

† It would be unjust to leave this subject without calling the reader's attention to the excellent account of collapse or carnification of the lung contained in Dr. Alderson's paper on the Pathology of Hooping-Cough, published in the year 1830, in vol. xvi. of the Medico-Chirurgical Transactions. In this paper he not only describes very correctly the anatomical characters of this condition, which had merely been indicated by previous observers, and speaks of it as a state different from pneumonia, which MM. Rufz and Gehshard did four years later; but he also suggests an explanation of its occurrence, which the recent researches of MM. Bailly and Legendre prove not to have been far from the truth.

It may be well to quote two passages from this paper:—"In many other (cases) I have invariably found the same appearances, uncomplicated with any evidence of pleuritic inflammation. In the lower and posterior portions of the lungs the structure was rendered very firm and dense; the portions which were the subject of this change, exactly defined by the septa; of a dull red colour, devoid of air, sinking instantly in water, and thin slices undergoing no change by ablution. The individual lobules were more dense than in hepatized lungs, and the cellular membrane between them, retaining its natural structure, conveyed to the touch the same sensation that is felt on touching the pancreas." ....."I apprehend that the appearances detailed differ from those found in peripneumony. In hooping-cough the lung is always dense and *contracted*, as if the air had been expelled; and, from the throwing out of the adhesive matter, the sides of the air-cells had been agglutinated together, while in hepatization the lung is less dense than in hooping-cough, and is rendered more *voluminous* than in its natural state."—p. 90-91.

* Quoted by Aberle, De Tussi Convulsivâ, 8vo. Vindobonæ 1843, p. 45.

it returns in well-marked fits, and is attended by a distant hoop. In the majority of cases the treatment of this first stage of hooping-cough must be just that of an ordinary catarrh. The child must remain in the house, and it is desirable that it should be confined to its own apartments, both of which should be maintained at a temperature of 60°, so that when it leaves the day for the night nursery, it may not, as is too commonly the case, enter a colder, atmosphere, and thus have the irritability of the bronchi increased, and the severity of the cough aggravated. If these precautions be carefully observed, and the diet be light and unstimulating, but little medicine is needed beyond what may be required to keep the bowels regularly open. If the cough be at all troublesome, a mixture may be given, containing small doses of the Vinum Ipecacuanhæe and solution of tartar emetic, with a few drops of laudanum, or of the compound tincture of camphor,—medicines that I should advise you always to use in preference to the syrup of poppies, the strength of which is very variable, and its action uncertain. If, as is sometimes the case, the child should wheeze a good deal, this symptom will be much relieved by the administration of an emetic of ipecacuanha every evening, or more frequently if necessary. It is not always, indeed, that either much care or much medicine is needed; and if hooping-cough come on in a perfectly healthy child, in whom the process of dentition is completed, and during the warm months of summer, strict confinement to the house may not be necessary. Usually, however, care in this stage is very important, and will do much towards mitigating the severity of the subsequent course of the disease, while no precautionary measure is of so much moment as the preservation of the child from fluctuations of temperature, and from damp as well as cold.

When the first stage of hooping-cough has passed into the *second*, in which the disease assumes its characteristic features, the condition of the patient must still determine whether any remedies are to be employed, and must likewise influence their selection. It sometimes happens that the cough and hoop are very slight, and the paroxysms but few in the course of the day; and, under such circumstances, medicine can well be dispensed with. If the paroxysmal character of the cough be well marked, and the fits of frequent occurrence, but the child in other respects ails little, much benefit will accrue from the use of the hydrocyanic acid. It may be given by itself, diffused in a little distilled water sweetened with simple syrup, and I usually begin with a dose of half a minim every six hours for a child nine months old. This remedy sometimes exerts an almost magical influence on the cough, diminishing the frequency and severity of its paroxysms almost immediately, while in other cases it seems perfectly inert, and, again, in others, without at all diminishing the severity of the cough, it exerts its peculiar poisonous action on the system, so as to render its discontinuance advisable. I have never but once, however, seen really alarming symptoms follow its use, though I have employed it in many hundreds of cases. In that instance I gave one mimim of hydrocyanic acid every four hours to a little boy two years and a half old. He had hooped for four days before he came under my care, and was then suffering from rather severe cough, and considerable dyspnœa. He took the acid for four days without any effect being produced either on his system generally or on the cough; but at the end of that time, after taking each dose he uttered a cry, became quite faint, and would have fallen if not supported. This result having followed three or four times, the child's mother discontinued the medicine, and, of course, I did not resume its employment. Similar, though less severe, symptoms were produced by the same medicine in the sister of this child, a little girl of five years of age, but in neither instance was the severity of the cough in the least mitigated by it. Though no other instances of the kind have come under my notice, I always give a caution to the parents to diminish the dose of the medicine, or even entirely to discontinue it, if the child appear faint, or dizzy, or bewildered, after its administration; and I never persevere with the use of the acid if it do not give a very decided earnest of good within three or four days after its exhibition.

In many instances, although the severity of the cough may be greatly relieved by the hydrocyanic acid, it yet does not enable us entirely to dispense with other remedies. If there be much wheezing at the chest, an emetic of ipecacuanha should be given once or twice a day, in order to free the air-passages from the mucus which collects, often in very considerable quantity, and thus tends, by the obstruction it offers to the free admission of air, to favour the occurrence of carnification of the lungs. The degree to which the child suffers from the accumulation of phlegm in the bronchi must determine whether the emetic be given once or oftener during the day. If it be given but once, the evening should be the time selected for its administration; and, after the air-tubes have been thus relieved, the child will often rest well, instead of passing, as it otherwise would do, a restless night, disturbed by dyspnœa and frequent fits of coughing. In other instances the cough is unattended by much secretion, the child scarcely wheezes at all, and, even after a severe paroxysm, rarely vomits, and never ejects more than a small quantity of phlegm; but when night comes on, the cough grows very distressing by its frequent return, even more than by the severity of the paroxysms. When this is the case, a small dose of Dover's powder, or of Dover's powder and the extract of hemlock, often seems to soothe this irritability of the air-tubes, and diminishes the frequency of the cough. If there be a good deal of febrile disturbance, if the cough be hard as well as violent, if it seem to occasion pain, and be unattended with expectoration, while in the intervals of the paroxysms a frequent short hacking cough distresses the child, and generally diffused rhonchus is heard throughout the lungs, the hydrocianic acid may be advantageously combined with small doses of tartar emetic, or of the Vinum Ipecacuanhæ. In other cases, if the existence of considerable drowsiness, with a flushed face, becoming livid during the fit of coughing, and the suppression of the previously distinct hoop, betoken the presence of cerebral congestion, the application of a few leeches to the head will not only greatly relieve these symptoms, but will also diminish both the frequency and severity of the cough, and prepare the way for the more effective employment of the hydrocyanic acid.

Counter-irritation to the chest and spine is a popular remedy for hooping-cough, in which many non-professional persons place great confidence, while they employ it through all the stages of the disease. I do not think that you will in general gain much by the employment of counter-irritation until the disease has begun to decline, though it is then often of much service. There are, however, some circumstances under which counter-irritation may be advantageously resorted to, even before the affection has attained its greatest degree of severity. The attacks of dyspnœa which sometimes occur during the increase of the disease are often much relieved by a mustard-poultice to the chest; and if, as occasionally happens, these attacks return, though with varying severity, almost every night for several nights together, the application of a mustard poultice to the chest, and the immersion of the lower part of the body in a hot bath, on three or four successive evenings, may be of service. In cases of this kind, too, the daily friction of the chest and spine, with an embrocation of soap liniment and the tincture lyttæ, so as to keep up a slight degree of redness of the surface, is often beneficial; or that popular remedy, Roche's embrocation, may be used, if the parents of the child fancy, as they often do, that it is possessed of some specific virtue.

As a general rule, blisters to the chest are not desirable remedies in young children; but if the cough should be frequent, hard, and painful, or if, in connexion with the evidences of congestion of the brain, the cough be suffocative and the hoop suppressed, much good often results from their application. They must not, however, be allowed to remain above four or six hours upon the skin; neither is it desirable to attempt to keep them discharging, on account of the very troublesome sores which they sometimes produce. For the same reason, too, I do not advise you to employ inunction of the tartar emetic ointment, although this proceeding was once highly recommended, and very generally adopted, as a remedy for hooping-cough.

Attention to maintain a warm and equable temperature around the child, to prevent the stomach becoming disordered by unsuitable food, and, to avoid constipation, will in many instances suffice to conduct a child in safety through the second stage of hooping cough. If the severity of the cough, or the condition of the child in other respects, seem to call for more decided interference, your motto in the selection and employment of remedies must be "*ne quid nimis*," and especially must this be your guide in the management of those complications which often render hooping-cough so dangerous a disease.

In no case is it of more importance to bear in mind this caution as to the danger of over-treating a patient who suffers from hooping-cough, than when, at the commencement of the second

stage of the disease, a sudden increase of fever, and the supervention of a state of permanent dyspnœa, seem to announce to you that active inflammation has attacked the lungs or air-tubes. It is quite possible that such may be the import of the symptoms, but it is at least as likely that they result from disturbance of the nervous system. In such a case, then, I would advise you to allow nothing but the positive evidence of auscultation to lead you to resort to free depletion and the use of large doses of tartar emetic,—remedies to which you might feel disposed at once to have recourse. If you feel in doubt, remain for some time with the child, watch it carefully, auscultate it more than once during your visit, and repeat your visit every two or three hours,* rather than resort at once to measures which, powerful either for evil or for good, may, if unwisely employed, destroy the life they were intended to save.

Example teaches louder than precept, and you may learn a useful practical lesson from the following history :—

A little boy, about two years old, had had slight catarrh for a fortnight, and towards the end of this time it was thought that he had hooped once or twice, though very slightly. He ailed but little, and had had none other than domestic remedies during this period; but one night, without any apparent cause, he became very feverish, his cough grew worse, and his respiration very hurried. On this account he was depleted freely by leeches, and calomel and antimony were given in large doses for two days, though without any considerable diminution of the dyspnœa. When this treatment was first adopted, it was thought that air entered one lung but scantily; but on the evening of the second day both lungs admitted air equally well, although a good deal of mucous râle attended the respiration. On the morning of the third day, the child's face was flushed, and looked much oppressed, his lips were rather livid, his respiration was extremely hurried and irregular; he coughed little, but his cough had a suffocative character, and was not attended by a distinct hoop. The hurried respiration was supposed to indicate the continuance of graver mischief in the lungs than was apparent on auscultation, and antimony was accordingly given in emetic doses. It did not produce much sickness, and the respiration diminished but little in frequency during its employment. On the fourth day the child still breathed very hurriedly, and its inspirations varied from 40 to 60 in a minute, without there being any obvious cause for these great changes in its frequency. On the fifth day the breathing increased in rapidity, while the pulse began to lose power; and not only had the antimony ceased to exert any emetic power, but squills and ipecacuanha failed to induce vomiting. Active measures were suspended towards the evening of this day, and a grain of Dover's powder, given every six hours, somewhat diminished the hurry of the breathing, but it was discontinued after the third dose, on account of the gradually deepening drowsiness of the child. The child, however, still continued heavy and oppressed, the cough became more frequent and more suffocative, the breathing more rapid and more irregular. On the morning of the seventh day, a fit of coughing terminated in convulsions, and from that time until the morning of the eighth day, when the child died, they were extremely violent, frequent in their return, followed by carpopedal contractions, which did not subside in the intervals between them, while after each convulsion the respiration became most distressingly hurried and irregular. After a time the breathing grew constantly laboured, the face became of a deep livid colour, the hands were clenched, and the wrists bent upon the fore-arm, the spine was drawn slightly backwards, and sensation was quite abolished. At length a slight convulsive movement passed across the face, and the limbs relaxed in death. Permission was not obtained to make a post-mortem examination.

Other cases have come under my notice, in some of which I fell into the errors against which I have just tried to warn you; in some I saw the patient too late to rectify the mistake which others had committed, while in some the right course of treatment adopted from the first was followed by success. In a case such as I have related, the want of correspondence between the general symptoms and the auscultatory signs should have deterred from the copious depletion and the free use of calomel and antimony in the first instance, while it still further contra-indicated the employment of antimony in emetic doses subsequently. Two or three leeches to the head, when the serious symptoms first came on, would probably have relieved the congested brain, the tepid bath would have soothed the irritability and diminished the fever, and hydrocyanic acid would, most likely, have been of service in quieting the hurried breathing. If much febrile disturbance had still continued, small doses of ipecacuanha, antimony, and hyoscyamus, might have been tried, the antimonial not being given in such doses as to exert any very considerable depressing influence on the system. A stimulating liniment to the chest and spine should have been used several times in the course of the day, and any sudden access of the hurried breathing should have been met by the application of a mustard-poultice to the chest.

The difficulties of diagnosis are sometimes rendered smaller, and the right course of treatment more obvious, by the occurrence of occasional carpopedal contractions, or of momentary strabismus from the very commencement of this nervous dyspnœa; or in other cases by the absence of any auscultatory signs of mischief in the chest, such as could for a moment lead you to refer the hurried breathing to disease going on in the lungs.

Even when acute bronchitis really exists, you must not forget the peculiar impress which hooping-cough stamps upon it. You must bear in mind the impediment to the due aeration of the blood which each fit of coughing occasions, and the influence on the nervous system generally of the imperfect decarbonization of the circulating fluid; how it heightens the irritability of the spinal system, thus exciting the hurried and irregular breathing, and rendering the child peculiarly liable to convulsive seizures. If active interference, therefore, be necessary, you would abstract blood very cautiously, while you would employ nitre, ipecacuanha, and James's powder in small doses, as a febrifuge and expectorant, rather than attempt to bring the child rapidly under the influence of antimony. At the same time, however, the peculiar tendency to obstruction of the air-tubes, and consequent collapse of the lungs, which characterizes hooping-cough, would lead you to endeavour to keep the bronchi free, by the administration, once or twice a day, of an emetic of ipecacuanha. You would employ liniments, mustard-poultices, or blisters to the chest, to combat any exacerbation of dyspnœa; and if the paroxysms of cough were severe, you would combine hydrocyanic acid with your other remedies. If the powers appeared to be on the decline, and the child neither expectorated with the cough, nor rejected much phlegm by vomiting, although the bronchi were loaded with mucus, you would at once discontinue antiphlogistic measures, and have recourse to the decoction of senega, with ammonia and squills, while you endeavour by a nutritious diet to support your patient's strength.

The time allotted to this lecture will not enable me to do more than just indicate the main points to which your attention should be directed, and I must now pass on to notice briefly your conduct in the *third stage* of the disease. It is now that the cough diminishes in frequency and severity, that the hoop grows less loud and less constant, and that any signs of constitutional disturbance that had existed before by degrees disappear. When the disorder runs this favourable course, no medicine is needed, and but few restrictions beyond such as the avoidance of damp and cold requires. Change of air generally expedites the cure, and if the opportunity offers, and the season of the year be favourable, it should never be neglected. There are many instances, however, in which medical treatment in the decline of hooping-cough is of very considerable service. It sometimes happens that the bronchi continue loaded with secretion, which is either expectorated, or rejected by vomiting in very considerable quantities after each fit of coughing, while the skin is cold, the tongue moist, and the pulse soft and rather deficient in power. In this condition, alum, long a popular remedy in hooping-cough, is often of much service, diminishing the secretion, arresting the sickness, and rendering the cough much less frequent. It may be given in doses of gr. iij. or iv. every four or six hours for a child of a year or eighteen months old. This remedy, indeed, may sometimes be used with advantage, even before the disorder has began to de-

* I cannot refrain from directing the attention of the junior practitioners to the anecdote which Dr. Cheyne relates (at page xvii. of the introduction to his work on Hydrocephalus) of the very different results that followed the practice of two army surgeons, one of whom visited his patients, during the prevalence of an epidemic disease, twice, the other four or five times daily. The moral which Dr. Cheyne drew from the tale, though obvious enough, is not sufficiently borne in mind by many who undertake the treatment of children's diseases.

cline, if the condition be such as I have just referred to, namely, fever being absent, and the bronchial secretion very abundant, even though the cough is violent. In other cases in which the cough continues violent after the other symptoms have abated, and in which, though there is no superabundance of secretion in the air-tubes, yet the attacks of cough often end with the rejection of a considerable quantity of mucus from the stomach, and loss of appetite and general dyspeptic symptoms are present, the hydrochloric acid is often of much service. It has been recommended as a specific against hooping-cough, in doses of from 3ij. to 3vj. daily, but I have never employed it in other than moderate doses, such as it would be administered in under other circumstances.

If the cough continue frequent, and the hoop loud, while the only signs of constitutional disturbance are those of mere weakness, iron will generally put a stop to it sooner than any other remedy. If, however, there be a degree of feverishness, or of gastro-intestinal disorder, which for the present contra-indicate the use of iron, Battley's Liquor Cinchonæ may be given with great advantage, in combination with small doses of hydrocyanic acid; while every attention must, of course, be paid, by mild alteratives, and other appropriate means, to improve the condition of the digestive organs.

It is probably unnecessary to enter into further details, to specify minutely the diet that a convalescent requires, or to refer to the utility of liniments to the chest, or the occasional benefit of anodynes at night.

There still remain numerous remedies that have a more or less well-merited reputation in cases of hooping-cough. I must content myself with having pointed out to you the kind of weapons that under different circumstances must be employed; and must leave to you the selection of the one whose form and size may, on different occasions, seem to you most fitting. The armoury is large enough to yield you an ample choice.—*Lon. Med. Gaz.*

## MEDICAL JURISPRUDENCE.

*Report of Civil Cases tried at the Dalhousie Assizes.—Kelly* vs. *Van Cortlandt.*—Before Mr. Justice Macaulay, and a Special Jury. This was an action on the case brought to recover damages from the defendant for unskilfulness and negligence, by the defendant, a surgeon, in the setting of the plaintiff's leg, which had been broken, whereby the leg had become crooked. The declaration contained two counts; one, alleging the unskilfulness—the other, negligence. The plea was the general issue of not guilty. Mr. Robinson, in opening the case, remarked to the Jury, that the conduct of the defendant towards the plaintiff had been brutal; that through the defendant's carelessness and want of skill, the plaintiff—a man depending upon his daily labor for the support of himself and a numerous family—had been rendered a cripple for life, and incapacitated from earning his bread. In support of this statement, he (the learned Counsel) should prove, that the course of treatment of the plaintiff's fractured leg, which the defendant had adopted, was not that prescribed by surgical writers of the highest repute. The fracture was one of the two bones forming the inferior portion of the leg, technically called the *tibia* and *fibula.* The defendant, in setting the leg, had applied but one splint, and *that* a *short* one; whereas the most eminent surgeons of the day, in works from which he should read extracts to the Jury, had recommended the use of two or more long splints. The defendant had placed the plaintiff's leg upon an apparatus called the "Amesbury Apparatus," which would be proved not to be properly constructed, the instrument being neither stuffed nor padded. And that the defendant had not paid that attention to the plaintiff, which the circumstances of the case required. In conclusion, the learned gentleman remarked, that the plaintiff's poverty was such, that he had been obliged to avail himself of a humane provision of the laws, and bring this action *in forma pauperis.*

James Swain, Junior, was then called and examined. Witness knows the plaintiff and the defendant; recollects plaintiff's leg being broken sixteen or eighteen months ago. The leg broken was the right leg; it was broken across the shin. The plaintiff lived two miles from Bytown; witness and his brother-in-law went to fetch the defendant, who is a surgeon residing and practising in Bytown. Witness did not go into defendant's house; witness' brother-in-law went in. Saw defendant at the plaintiff's house the night of the day on which the leg was broken. Witness cannot say whether the defendant set the leg that night; the leg was bound up when witness came into the house; saw the leg after it had been set by the defendant; saw the splint used by defendant; cannot say what was the exact size of splint, it was longer than the Counsel's hand; witness saw but one splint, it was not long enough to reach from the knee to the ancle; the leg was laid on a crooked board; witness cannot say whether the board was scooped or not; the leg was strapped to the board across the knee and toe; witness is quite sure there were two straps; there was a cloth under the leg. Witness never saw but one splint, it looked like a lot of little pine sticks stuck together on canvass.

Cross-examined.—Witness knows a man named Cook—is witness' brother-in-law; he went with witness for defendant to come to plaintiff when his leg was broken. Witness and Cook started for defendant a little before dark; it was after dark when witness and Cook got into Bytown. Defendant passed witness in a train going to plaintiff's house; defendant had got to plaintiff's house and bandaged the leg before witness arrived there. Witness had helped to cut the boot off plaintiff's leg, before he went for defendant. Plaintiff's leg was broken by a tree which he was felling, falling upon it; there was a wound in one side of the leg, and also in the shin; witness thought the bone was sticking out of the shin, the wound on the side of the leg seemed a flesh wound; Witness was present when the defendant put the fractured leg upon the apparatus—some kind of cloth was put between the leg and the apparatus; witness paid no attention to what defendant was doing, until defendant called witness to assist him. Witness saw the leg afterwards bandaged; the bandage used was of cotton torn into strips (like bandage produced); there was something between the leg and apparatus; the bandage covered the wound on the side of the leg; the leg was fastened to the apparatus; there was a foot-board on the apparatus; the foot was strapped to the foot-board; heard defendant tell plaintiff and his wife that they must be quiet, and not meddle with the leg; heard defendant say, too, that no spirits should be used by plaintiff on any account. Defendant also told plaintiff, that if he suffered much pain, the bandage might be loosened which fastened the leg to the apparatus. The apparatus used by the defendant, was like the Amesbury apparatus produced; there was something between the leg and the apparatus. After the leg was bandaged, witness saw defendant stuffing part of an old shawl between the leg and the apparatus. Witness heard defendant warn plaintiff not to drink; immediately after defendant left plaintiff, and before the defendant could have got home, plaintiff drank whisky; cannot say how much; does not remember defendant using a thread from plaintiff's nose to toe, to see if the leg was straight. Defendant told witness how to use such a thread; the leg appeared to be straight. A few days after the leg was set, witness, at the request of the plaintiff, loosened the bandage at the toe, and shifted the leg, turning it round. Plaintiff was constantly shifting the leg, and turning about; heard defendant abuse plaintiff for doing so; heard defendant say that if plaintiff would persist in meddling with the leg, it would be a bad job. Plaintiff lay in a sort of a bed; he lived in a shanty, the floor of which was loose; there were

a couple of boards under the foot of the bed, which used to move. Witness heard defendant say to plaintiff, that as long as he lay there he would not get well. Defendant said, he would endeavour to get plaintiff into the hospital; never heard any conversation between plaintiff and defendant about the payment of defendant's bill. Witness seldom went into plaintiff's house, that he did not see the leg moved. The apparatus was slung to the roof of the shanty by witness' red belt, to prevent the broken bones being displaced by the shaking of the floor—one end of the apparatus was on the bed, the other towards the roof. Witness himself tied the knot in the sash; witness afterwards sent for his sash, but could not get it; witness subsequently took the sash away, and slung the leg with a piece of rope; witness did not see defendant move plaintiff from bed to floor. Witness saw defendant three times at plaintiff's house; on each occasion defendant put leg to rights. On every occasion, defendant remarked that the leg had been moved, and was growing crooked. Witness thinks that he himself shifted the position of the leg as much as twenty times at plaintiff's request; saw defendant strap plaintiff's foot to foot-board; this strap used to be loosened by witness before the leg was loosened. Plaintiff told witness, that Dr. Hill had been called in, and that he (Dr. Hill) said, that the leg was not knit; this was after defendant gave up the case. Saw plaintiff several times drink whisky; Heard defendant forbid plaintiff to drink whisky; the night after the defendant was first called in, plaintiff drank whisky out of a cup or tumbler. Witness used frequently to have a glass of whisky at plaintiff's shanty, has seen plaintiff's wife treating people to whisky; saw the leg after it had been shifted, in such a position that the toes were on the foot-board of the apparatus, and not the heel. Witness always told plaintiff, that if the leg was not let alone it would be crooked. In answer to a question from Mr. Robinson, a Juror, it was not more than two months from the time that the leg was first set, until Dr. Hill was called in.

Re-examined by Mr. Robinson, Counsel.—The plaintiff used to have the leg shifted to ease the pain. Plaintiff often complained of great pain. Witness was not present at defendant's last visit; was not bye when defendant moved plaintiff from bed to the floor; cannot tell what time elapsed between defendant's last and Dr. Hill's first visit; while defendant was in attendance, cannot say he ever saw plaintiff drunk or the worse of liquor. Plaintiff was very low; heard plaintiff complain of the leg being cut through. There was blood under the leg; cannot say what cloth was under the leg; thinks it was a piece of an old red shawl; cannot say how long defendant was in attendance; heard defendant say, he paid plaintiff five visits. Several weeks after defendant's first visit, Dr. Hill came; has seen plaintiff since; he is obliged to use crutches. Plaintiff has no property; he is a labouring man; never saw a broken leg before.

By Mr. Hervey.—When defendant first put the leg on the apparatus, he put two sorts of cloth under it; the many tailed bandage did not quite come to the knee.

James Swain, the elder—this witness, so far as his testimony went, corroborated the evidence of the preceding witness.

Annie Cook—was often in the plaintiff's shanty whilst his leg was broken, saw it the first night it was broken, saw it set; saw defendant put a splint on the leg; cannot tell what the length of the splint was. It did not reach from the knee to the ancle; there was padding between the leg and the apparatus; the padding was composed of a piece of old handkerchief. Witness often heard plaintiff complain of pain. There was a wound in the under part of the leg; cannot say how often defendant visited plaintiff.

Cross examined by Mr. Hervey.—Witness lives in the neighbourhood of plaintiff; was present when defendant first dressed the leg; a day or two afterwards, the leg was put on the apparatus; heard defendant say that plaintiff should be quiet; heard defendant ask, if plaintiff drank liquor; he was answered, yes, a little; defendant then said, that plaintiff must not drink any, on any account. Witness remained in the shanty all the first night after the leg was broken. Defendant's orders were not obeyed; liquor was brought into the shanty. When the liquor came into the house, plaintiff took some; cannot say how many times plaintiff drank, but he drank once at any rate. He drank out of a tumbler; witness seldom went to plaintiff's house without seeing him drinking. Witness is sister to James Swain the first witness. When at plaintiff's house, frequently saw the leg shifted by witness's brother and husband; defendant was not then present, people shifted leg by plaintiff's orders. The leg was fastened to the apparatus below the knee, and at the toes; saw a piece of worsted shawl stuffed at the angle of the apparatus between it and the leg. When plaintiff had the leg moved, he had the bandages, which bound the leg to the apparatus, loosened. When plaintiff felt pain, he had his legs fixed as he liked. The bandages were removed and put on again before the leg was moved; the foot was strapped to the foot-board. There was a cut on the inside part of the leg, which was caused by the same injury, which broke the leg. The leg, witness thinks, was broken across the shin; the wound appeared to be above the place where the bone was broken. Defendant used a splint, cannot say how long it was, did not see more than one. Witness thinks the splint was first placed on the outside of the leg. When witness subsequently saw it, it was on the shin; when witness saw the leg in the apparatus, it was slung to the roof of the shanty. Witness lives close by the plaintiff, saw him very frequently.

The first time witness saw the leg, after it was put on the apparatus, it was strung up to the roof of the shanty by a sash. The sash was taken away by witness's mother, and the leg slung by a rope. Plaintiff's wife in his presence told witness that defendant came there, and found fault with them for removing the leg, and that defendant was anxious to get plaintiff into the hospital; knows that the shanty had a bad roof; the bed shook when any person trod upon the floor.

Re-examined.—There was a bandage below the knee at the ancle, and below the toes; never saw defendant at plaintiff's but once. The leg was broken on Ash Wednesday, 1847.

By Mr. Hervey.—Heard plaintiff state that Dr. Hill said, that bone was not knit when he came.

Dr. Hill examined by Mr. Robinson.—Witness attended plaintiff, thinks he was called in, in latter end of May, or beginning of June. He was given to understand it was nine weeks since the accident; examined the leg; it was a fracture of both bones; there was considerable angular deformity; there was a slough under the heel, and under each ham string, also a sore over the angular extremity of the bone, which witness thought had been produced by pressure, but from the evidence of the witnesses, which witness has heard, he now thinks it might have been a compound fracture. Saw a splint, 8 inches long, and four inches broad. Witness thinks it was not a proper splint; it was of no use in witness's opinion; the leg was not united, when witness saw it, but was uniting; the natural process of the union of fractures is, first, the formation of a substance like jelly, next gristle, then cartilage, and lastly bone. When witness was called in, the bone was so far united, that witness was unable to make it straight; saw the apparatus now produced, at the plaintiff's; it had then no tail-board. Witness has a similar apparatus; does not consider the apparatus produced properly constructed; the sloughs were caused by the hinge. Witness would consider

an apparatus like that produced, with lateral splints, a sufficient apparatus for a fractured leg. The slough was produced by the insufficiency of the instrument, the want of stuffing would not make the leg crooked. It is the custom of surgeons to pad the apparatus. Witness has had experience as a surgeon in London; stuffing an old shawl between leg and apparatus may be sufficient. Witness never saw sloughing from the ham strings in a case like this before; has seen sloughing of the heel in long cases. The heel having less vitality than other parts, is more likely to slough; thinks that the defendant's instrument is correct in principle, but not correctly constructed, but it would not, if there were lateral splints used, make the leg crooked; but it would in witness's opinion cause a good deal of unnecessary suffering. The splint witness saw, would not answer as a lateral splint. When plaintiff became witness' patient, found him obedient. The number of visits a surgeon should pay to a patient with fracture depends entirely on the circumstances of the case; witness should have visited plaintiff three times the first week, and twice the second week. If in town, he should visit him every day. If a patient with fracture indulged too freely in whisky, inflammation would ensue, and would interfere with the uniting process. Plaintiff is a cripple; does not think he will ever be able to get his living again.

Cross examined by Mr. Hervey.—The apparatus is not as complete as witness has seen in a London hospital, or as witness' own apparatus; but with lateral splints, it would be sufficient. Fractures are divided into simple and compound; a simple fracture is a fracture without any laceration of the soft parts; a fracture is called compound when the broken bones protrude. Either a compound or simple fracture may be comminuted. There is no other species of fracture but these. Witness was of opinion, when he first saw the plaintiff, that the fracture had been a simple one, and that the wound was caused by the pressure of the splint, the centre of the splint was then over the wound. Supposing the wound had been caused by the falling of a tree, witness would have extended splint over it. Witness considers the use of a many-tailed bandage proper practice; the use of the apparatus with lateral splints and many-tailed bandage, with proper attention, would be correct treatment; the object of fastening the foot to the footboard of the apparatus is to prevent any shortening of the leg. There was no shortening of the leg in this case. Witness calls a fracture, where there is a wound of the soft parts, and no protrusion of bone, a simple fracture. Spasmodic action causes in some cases distension, in witness' practise, has seldom seen a case of fracture not requiring frequent alteration of position. Witness has given patient's attendants permission to relax the bandages, and to raise or depress the leg in the event of the patient being in great pain; but has never given them a *carte blanche* to do so; rest is to be preferred. It is more difficult to prevent deformity of the leg in oblique than in transverse cases of fracture. When the limb is moved, the bony matter sometimes becomes absorbed. At all events, the deposition of it is prevented. Fracture of the thigh bone has been caused by muscular contraction, but never in young persons; muscular contraction does not cause fracture of the lower leg, but of the thigh only. When witness went to plaintiff first, he succeeded in moving the bones about one inch. Witness did not think it necessary to rub the edges of the bone together, which is correct practice. Common splints were sufficient. If the patient's attendants took the apparatus and pitched it away, without the medical attendant's advice, they would do it at their own risk. The single splint, which witness saw, was tied on by two pieces of ribbon. Plaintiff was lying on his bed on his back, when witness saw him first; the floor of the shanty was very defective. Witness sat on a two legged stool, and used often to tumble backwards from the unevenness of the floor; never knew a case of fracture, where the spasmodic action was such as to thwart every exertion of the surgeon; it will never last sufficiently long to do so; it may last a week. Drinking a little whisky would not produce the injury plaintiff has sustained. Surgeons have often to compete with whisky. If a patient with fracture were to drink whisky, it would excite him, and so do injury, especially at first. Witness considers it the preferable practice, to put the splints on at first unless there is a good deal of inflammation. It is the practice of some eminent surgeons to allow inflammation to subside, before the application of the splints. The late Mr. Liston was one of the best of modern surgeons; his practice is good authority. Witness also considers Sir Astley Cooper and Bransby Cooper good authority; witness has never read Ferguson, but should consider him good authority. Surgeons may differ in their mode of treating fractures. Would not use a short splint, even if it were recommended by surgeons of eminence. Witness knows that Sir Benjamin Brodie is living, has never seen him, does not know how he treats ununited fractures, is aware of no difference of opinion as to the use of long or short splints; considers short splints as worse than useless; always uses long splints; knows Lawrence of St. Bartholomew's hospital, is one of the best surgeons London can produce. If Lawrence recommends the use of short splints, witness would think it good authority, but nevertheless would not follow, but would still prefer the old fashioned plan of long splints.

Re-examined by Mr. Scott.—Cannot account for the angular deformity of the plaintiff's leg by the moving described. Want of union may result from constitutional causes. Would, if plaintiff had complained of great pain, have considered it necessary to remove the bandages, or have given the attendants directions to do so. If a patient suffers pain, it is absolutely necessary to remove the bandages to give ease. Never treated a fracture that did not require various modifications. It would have been attended with danger to plaintiff, if witness had used more violence, than he did, in attempting to unite the bones. If witness had had the treatment of plaintiff's case, and had got union in six weeks, he would have been satisfied, if not until twelve weeks, he would have been disappointed. Witness considers, that the case was in such a state when witness was called in, that plaintiff's leg was positively deformed. Witness is a member of the Royal College of Surgeons of London; has walked the hospitals. Sir William Blizzard, Mr. Goldwise Andrews, and Mr. John Scott, were the surgeons of the hospital where witness studied; never saw deformity, such as that of plaintiff's leg, where the case had been in the hands of a surgeon. When witness was called in, the defendant's apparatus was sent back, and he was desired not to come again. Witness has no doubt, but that if this case had been treated differently, if there had been sufficient attention on the part of the surgeon, the case would have resulted differently. Witness saw nothing in plaintiff, from which he could infer that he was a restless patient. After witness was called in, always found plaintiff a tractable patient. Witness applied lateral splints. A great deal of unnecessary pain would be caused a patient by want of stuffing of apparatus and excessive tightness of bandages. Witness does not consider, that the stuffing of a piece of old shawl between the leg and the apparatus, after the leg was placed in it, would be sufficient padding.

By Mr. Hervey.—Does not consider two folds of blanket sufficient padding; but the want of padding would not make the leg unite crooked. The apparatus is usually constructed with a hole for the heel, so as to allow the heel to project, but even with this, witness has seen the heel slough; never saw sloughing of the hams before the plaintiff's case. Defendent is a member of the Royal College of Surgeons of London, and has a well deserved reputation throughout this town and its neighbourhood.

By Mr. Scott.—When witness saw the state plaintiff's leg was in, he did not attribute it to unskilfulness in treatment, for Dr. Cortland's skill is so well known that the public would laugh at such a thing, witness rather attributed it to negligence.

Dr. Achille Beaubien, examined by Mr. Scott.—Is a Licensed Surgeon, has in course of study and practice seen fracture of limbs; saw plaintiff, his leg was not then healed, it was nearly cured; from the appearance the fracture was a simple one; if witness had had such a case, he would have considered there was no difficulty in curing it. The leg was badly treated, whether from unskilfulness or negligence witness cannot say; if witness was called in to heal a fracture such as that plaintiff had, he would first put the bone in a position and then put on long splints; the instrument witness generally uses is a box, being a double inclined plane with sides, the sides of the box are equivalent to lateral splints; if witness were to use the apparatus produced, he would use lateral splints, from the knee to the ancle; would not use the apparatus in the state it is now in, having put the limb in a box like that described by witness, or put on splints; witness would leave patient, but would return to examine the leg in twenty-four hours, when he would remove the bandage and examine the fracture. In the case of a healthy man, it would be necessary to do this every day or two, for a few weeks. It often happens in cases of fracture, that patients are dissipated and restless. The effect of drinking whisky would be to increase inflammation, and cause restlessness, but it would not of itself make the leg crooked. Witness would not use short splints, thinks them more injurious than useful; if witness was close by the patient, he might use short splints. If witness had to place a leg upon the apparatus produced, would first pad the joint, then apply splints, and place a pad under the leg and at the heel; if witness was called into a case like plaintiff's, where callus had formed, could not say whether it would be safe to break the leg and reset it unless he saw the case; witness has seen cases like this, but never saw one turn out so badly.

Cross Examined by Mr. Hervey.—The success of a Surgeon's treatment of a fracture depends a good deal on the conduct of the patient; if the patient was to move the bandages, witness would throw up the case. Many-tailed bandages have been used by eminent Surgeons. Fractures are divided into compound, simple and comminuted; where there is a wound with fracture, and the wound is not caused by the protrusion of the bone, but by an external injury, the fracture is called a simple fracture with complications; if the wound was a bad one, and it would not be possible to use a long splint without covering the wound, a short splint must necessarily be used. Considers quiet necessary in cases of fracture; restlessness retards the union of the bones, by prevenring callus from being formed, and by producing inflammation and irritation. The process of union of fractured bones, is a deposition of lymph, produced by inflammation, which afterwards becomes callus; restlessness causes displacement, but not absorptions of adhesive matter—both ends of the bone become displaced—the muscles often become contracted in cases of fractures.

The muscles which would contract, so as to shorten the leg, in cases like this, are the flexor muscles; and there must also be contraction of the *extensor longus*, and *extensor proprius*. *The flexor carpi radialis* is not in the leg. To a question as to whether the *complexus* muscle had anything to do with the mascular action in the leg, witness refused to give an answer. If witness had a case of fracture of the leg or thigh, he would compare the fractured leg with the other, to see if it was of the same length, as well as to see if it were of the knee, or of the crest of the *ilium*. The process is called the superior spinous process of the straight; would measure from the *pubis* to the heel; would measure to the knee, on the out-side, muscular action produced deformity, such as plaintiff now has. Witness has read of the thigh bone being broken by spasmodic action; if witness had an elderly or debilitated patient with fracture, would give him nourishing food, Port Wine and tonics. Witness has read only Sir Astley Cooper and Dewitt on Surgery; considers them both good authority: has heard of Sir Benjamin Brodie; considers him good authority. Witness has never read Braithwait.

By Mr. Scott.—Witness does not think it necessary to qualify him to set a broken leg properly, that he should be able to answer questions about the names of muscles.

John Alexander Sturgeon, examined by Mr. Scott.—Witness is a Master of Arts, and Doctor of Medicine, of Trinity College Dublin; is also a Graduate in Medicine of Edinburgh. Witness has healed fractures; considers there is no difficulty in curing a simple fracture; would prefer the apparatus produced, if it were cut away at the heel, and the joints were padded; witness never saw a case of sloughing at the ham strings. An old master of witness', Dr. John Macintosh, of Edinburgh, used to say, "that in cases of sloughing at the hips, both the nurse and surgeon should be turned off." To set a simple fracture, the first step is to get the bones in their proper places; this must be done by fatiguing the muscles, if the bones override; the next step is to keep the bones in their proper places. Witness would prefer long splints; agrees with Dr. Hill. The formation of callus in a healthy adult is in the course of from two to six weeks. If callus has formed, it would be unsafe to straighten the leg by violent pressure. If a simple fracture turns out as this has done, there must be something wrong in the treatment of the case; but witness desires to be understood, as not applying this to the Surgeon. Witness thinks, that as long as the Surgeon's apparatus remains in a patient's house, the patient belongs to the Surgeon.

Cross examined by Mr. Hervey.—A Surgeon should be an autocrat with his patients; his orders should be implicitly obeyed. There are other means to straighten the leg-bones besides those used by Dr. Hill. Sir Astley Cooper would most likely have used pulleys. Witness considers the use of whisky, or other stimulants, improper in cases of fracture. If at every visit the Surgeon found, that what he had previously done had been undone; witness would not be surprised at the case going wrong. The interference of non-professional persons is very annoying to the Surgeon. Supposing there to be a simple fracture of both bones of the leg, with a wound caused not by any protrusion of the bones, but by an external injury; witness would not consider either long or short splints improper, but would prefer to pad the wound so as to take off the pressure, and use a very long splint, making the *pelvis* the point of attachment. Considers Sir Astley Cooper, Liston, Ferguson and Lawrence, all good authorities. Witness was a pupil of Mr. Liston's. Witness has seen Braithwait's Retrospect. If Lawrence recommends short splints, witness would consider it good authority for their use. Under the circumstances of the plaintiff's case, witness would consider a long splint on the outside, and a short splint on the inside of the leg sufficient.

This was the plaintiff's case.

Mr. Hervey moved for a non-suit, on the ground that there was no evidence to shew any negligence or unskilfulness on the part of the defendant; but on the contrary, the evidence of the plaintiff's own witness went to show that the defendant paid proper attention.

His Lordship ruled that there was sufficient evidence to go to the Jury.

Mr. Robinson, a Juror, addressing the Court, said, that the Jury had made up their minds, and were prepared to give a verdict for the defendant without hearing the defence; but two gentlemen of the Jury who, it appeared, had not, through mistake, been consulted, objecting,

Mr. Hervey proceeded with his address.

The learned Counsel remarked, that as the plaintiff's Counsel had not attempted to sustain the charge of unskilfulness, he should consider the defence as confined to the charge of negligence; and as to that, the Jury had heard from the mouths of the plaintiff's own witnesses, that the defendant had treated the plaintiff with care and attention rather than otherwise. After commenting upon the evidence with his usual ability, the Counsel read extracts from the works of many surgical writers of distinction, to shew that the use of short splints was correct. In conclusion, the learned gentleman said, that the result of the case was of the highest importance to his client, whose professional character and reputation were at stake.

Dr. Newton examined by Mr. Hervey.—The works read by Mr. Hervey are good medical authority. When witness sets a fracture, expects the patient to follow his orders. When a fracture is once set, the limb should not be touched except in cases of swelling. Witness would not permit non-professional persons to meddle with a case of his. If witness found a patient of his disregarding his directions, he would give him up.

Cross-examined—Mr. Scott.—Witness is a graduate of the Quebec Medical Board. It is one year since witness passed his examination. Witness studied four years. The proper mode of treating fractures is first to reduce fracture, and then to apply splints. If there is a wound near the fracture, the short splint is used to keep the wound uncovered, so that it may be readily dressed. The apparatus witness has usually seen used in cases of fracture of the leg is called Amesbury's apparatus; it is usually padded. Witness has never seen sloughing of the hamstrings, but has seen sloughing of the heel. Witness does not think that the pressure of the apparatus would cause sloughing. If witness found a patient of his neglect his orders, witness would give him up. In the beginning of a case of fracture, witness would consider it necessary to see the patient every day or two. The *extensor* and all muscles contract. Witness thinks if the patient in this case had attended properly to the surgeons directions, there would have been no bad results.

Re-examined.—It might have been possible when Dr. Hill was called in, to have straightened the leg.—Supposing a formation of callus, making the leg crooked as in this case, witness would apply gradual and not active pressure.

By Mr. Scott.—Witness has seen a case where a leg which was crooked, had been straightened by gradual pressure after cartilage had formed.

Joseph Robichaud examined by Mr. Hervey. Witness is a physician and Surgeon, resident and practising in Bytown. If witness had a patient, who did not obey his directions, witness would give him up. If witness was to forbid a patient to use spirits, or to move the leg, he would expect the patient to obey him. Witness heard medical authorities read. Witness's opinion coincides with these authorities. If the patient is very restless and the ends of the bones are displaced, the glutinous matter is absorbed. Where there is a wound of the soft parts with a fracture, it is a matter of opinion as to whether the wound should be covered by the splint or not. Witness would not cover the wound with the splint. In this case witness would have put a long splint on the outside, and a short splint on the inside. If the patient had disobeyed witness, he would have had nothing more to do with him.

Cross-examined by Mr. Scott.—If the fracture were properly set, five or six visits to the plaintiff would, in witness's opinion, be sufficient.

This evidence closed the case for the defence.

Mr. Scott then replied, after which his Lordship charged the Jury, who retired for about a quarter of an hour, and then came into Court with a verdict for the defendant.

*Reporter's Note.*—His Lordship having stated in his charge to the Jury, that there was only evidence of one splint, Defendants' Counsel stated, that from the witnesses, having as reported in his Lordship's notes, continually made use of the word *splints*, he was under the impression, that there was no doubt, but that more than one splint was used, as was really the case. To remove all doubt upon the subject, he had called the person who assisted Dr. Cortlandt in the operation, but he was out of Court at the time. He had since returned, and if required, he would state, in most positive terms, that two splints had been used.—*Bytown Gaz.*

## MISCELLANEOUS.

### GENERAL AND MEDICAL INTELLIGENCE.

Thirty-six medical men have been elected to the French National Assembly. Among these we notice the names of Buchez, Recurt, Trelat, Gerdy, and Trousseau. M. Buchez has been elected president of the assembly, and M. Recurt one of the vice-presidents.—The *London Medical Gazette*, April 21, contains the report of a coroner's inquest, on the body of Mary Elphick, with the analysis of the stomach and its contents, by Dr. Taylor, of London, after twelve months interment. The arsenic was distinctly traced, but it had not been converted into the sulphuret. Reinsch's test was the means of detection employed on the occasion.—Professor Sharpey has addressed a letter to the *London Medical Gazette*, in reference to the retirement of Professor Cooper from the chair of surgery, and animadverting on his reasons, Professor S. states, that his secession may be, to a certain extent, due to the appointment not having been given to Dr. Morton, Mr. Cooper's son-in-law. We think the university has acted rightly, and if, in all other appointments, nepotism is as little favoured as in this case, the school must command general approbation.—The *Dublin Medical Press* announces, that in the last session of the English Parliament, the petitions presented in favour of a new medical bill, amounted to 41,682, and the signatures to 98,969. The *London Medical Gazette* remarks on this, that each physician in the United Kingdom must have sent in two petitions, and signed *his name five times to each!!*—In a work on the Falsifications of Food, by Mr. Mitchell, the following strange story is told: Mr. Crulier, inspector of police, having purchased some bread, submitted it to analysis, and was astonished to find traces of mercury. A second and third analysis yielded similar results. Inquiry was made at the baker's, and it was found that one of the workmen had been labouring under a frightful disease requiring its use, and *the mercury existing in the bread had proceeded from the arms of the man in question!!* "Credat Judæus Apella, non ego."—It has just been decided, in a case before the French courts, that a medical practice is not an article which can be made the subject of a legal sale; and this judgment has been confirmed by an appeal to the court above.—To the widow of Marsh, the inventor of the process of detecting arsenic, which goes by his name, the Council of Ordnance at Paris has granted a pension of £20 per annum.—Professor Syme has resigned his appointment in University College, London, and has applied for his old professorship in Edinburgh, yet vacant. His reason is, the dissensions caused in the college by his nomination to the office vacated by the death of Mr. Liston. Prof. Cooper has preferred charges against Mr. Sharpey and Mr. Quain, to the council of the college, which the council has declined to entertain, in consequence of misconception on the part of Mr. Cooper.—Since the revolution in Paris, the Academy of Sciences has almost ceased its sittings; the *Comptes rendus* have dwindled away; and the *Gazette Medicale* and *L'Union Medicale* have partaken of the general decadence, and contain little else than medico-political and medico-military matters.—Dr. Geronimi has been appointed to the chair of clinical medicine in the University of Parma, vacated by the death of Prof. Tommasini.—The chair of clinical surgery in the University of Padua has been conferred on Dr. Cotta, surgeon to the hospital at Lodi.—*Asiatic Cholera:* This disease still prevails in the neighbourhood of Constantinople, at Marmara, and Scutari. Sixteen miles from Constantinople, no less than 145 cases had terminated fatally. At latest advices, two cases had occurred at Aleppo. Reports

say that it has broken out again at Nijni Novgorod, and at Moscow. In the first of these towns, 22 cases and 12 deaths occurred during the three weeks preceding May 1st. No announcement of its progress westward. The following particulars are of interest, It appears from official returns, that during last year 300,000 persons had been attacked, and about 100,000 persons had perished in Russia. In certain towns in Russia, comprising a population of 411,245—21,295 persons had been attacked, of whom, 11,361 died, the number attacked being 1 to 19.5 of the population. In nearly the same towns, but with a smaller population, 395,229, the number of sick in the former visitation in the year 1830-31, was 15,559, of whom 9018 died, the number of sick being then 1 to 19.6 of the population. The late course of the disease in Russia has been, in all respects, similar to its course in 1830-31.—*London Medical Gazette, May* 26.—The *Medical News and Library* (Philadelphia) having concluded the republication of Todd's and Bowman's Physiology, as far as it has issued from the press, has commenced the republication of Dr. West's Lectures on the Diseases of Infancy and Childhood, extracts of which have already appeared in our pages. The physiological work will be continued at a future period.—We observe in the *Southern Medical and Surgical Journal* for April: that a lady in Macon (Ga.) while subjected to etherisation for the extraction of a tooth, suddenly recovered her hearing. This occurred several months ago, and the perception of sound still remains perfect.—There are now thirty-six missionary physicians engaged in the work of civilising and converting the heathen world. Of this number, a large proportion is from the United States.—Several cases have lately occurred in this city, both in hospital and private practice, in which the anæsthetic properties of chloroform have been brought successfully into play; not one instance of injurious consequences has, as far as we are acquainted, occurred here or in Quebec.—The medical class of the University of Pennsylvania, out of respect for Dr. Chapman, the Professor of Medicine, has had his portrait taken by Sully, in the best style of that distinguished artist. It has since been presented by the class, with appropriate ceremony, to the Wistar Museum of the University, and placed alongside of those of Physic and Dewees, the former, but deceased colleagues of Prof. Chapman. This must have proved a gratifying tribute to his zealous exertions, extended over so many years.—Our friend, Dr. W. R. C.'s *light* is *darkness*, nothing of the kind wanted has been visible from him since our last. We are not impertinent, but only impatient. —The State of Pennsylvania has authorised the homœpathic college in Pennsylvania to grant diplomas. The Thompsonians have now a fair chance. Let them try it.—The property left by Liston is stated to have amounted only to £1000, exclusive of what resulted from the sale of his effects.—The number of wounded patients received into the civil and military hospitals of Paris during the late revolution, amounted to 638.—The *Boston Medical Journal* says that a galvanic ring mania is quite epidemic in New England. They not only cover their fingers and necks with them, but their toes are not exempted from their application.—Thompsonianism appears to be on the decline in the state of New York. The *New York Thompsonian*, the only paper advocating the pretensions of that humbug sect, has been discontinued, and the editor states, that the sect was never before at so low an ebb as at present. He thinks, however, that there is still vitality enough "to put on the steam of everlasting truth," and "set in motion again the car of medical reform."—At a late meeting of the Connecticut Medical Society, resolutions to the following effect was laid on the table for consideration: "That as it has been customary to render medical services to clergymen and their families gratuitously; and as it is believed, that, as a class, their education, intelligence, and moral standing considered, they do more than any other class to embarrass the legitimate influence of the medical profession; therefore, resolved, that we adopt the practice of charging clergyman the same fees as other citizens, except in cases of misfortune and inability." We presume this is a specimen of the *lex talionis* in consequence of their undisguised countenance of quacks and quack medicines; but we do not consider the object of the resolutions as particularly dignified.—A concours for the chair of surgery has just terminated in Paris. Amongst the competitors were MM. Vidal, Maigaigne, Robert, Maisonneuve, Chassaignac, and Laugier; the last of whom was the successful one.—Dr. Dill, of Dundas, C. W., has been arrested on suspicion of the murder of a man named Thompson, missed from that town some time ago. He was the last person seen in his company. Dr. D. was, at the latest accounts, still in gaol, being unable to obtain bail. Dr. Dill formerly practised in Quebec; and, to the inhabitants of that city, was *very generally* known.—The *Western Standard*, published at Sandwich, C.W., contains "a fee bill established by the Detroit Sydenham Association." The fees demanded are much similar to our own.—The mortality among the immigrants this year is very little. Very few cases have appeared at the Quarantine establishment at Grosse Isle. The Provincial Government, forgetting the maxim, "*omne ignotum pro magnifico*," prohibited the publication of the admissions into hospital. They have since repented of their order, and the result has been the announcement of an insignificant number of admissions.—*Health of the City.*—Montreal is healthy. The chief diseases are infantile ones at present. Scarlatina is prevalent, and cases of rubeola are not unfrequent. Hooping-cough is seen in many families. We have heard of a few cases of typhus; but on the whole, we consider the town healthy.—We have been favoured by a friend with the narrative of the successful exhibition of a poisonous dose of foxglove (digitalis) in a case of dropsy. It was taken from the *Manchester Guardian*. The lady, who had been confined to her bed for 18 months, recovered. The dose was administered by an old woman; and is another proof of the fact, that "fools rush in where angels fear to tread." Had a medical man exhibited the dose prescribed by the woman, he would have been convicted of murder, in the event of an unfortunate issue; but an old woman, under similar circumstances, would have been leniently dealt with.

THE

# British American Journal.

MONTREAL, JULY 1, 1848.

## LICENTIATES OF THE MEDICAL BOARD, C.W.

(*Continued from Vol*, 3—*page* 314)

| | | |
|---|---|---|
| David Farrar | April 15, | 1848 |
| William H. Wilson | April 15, | 1848 |
| John Phelan | April 22, | 1848 |
| George Holmes | April 29, | 1848 |
| William Scott | April 29, | 1848 |
| Edward Hipkins | May 6, | 1848 |
| Rodger Kingdon | June 10, | 1848 |
| John Duff MacDonald, Surgeon, R.N. | June 24, | 1848 |

## LICENTIATES OF THE COLLEGE OF PHYSICIANS AND SURGEONS, C.E.

| | | |
|---|---|---|
| John Rolph Lee, M.D. | May 20, | 1848 |
| William Wright, M.D. | May 20, | 1848 |
| John Williams, M.D., L R.C.S.E. | May 20, | 1848 |
| Alexander Leslie, M.D., M.R.C.S.L. | May 20, | 1848 |
| Terence Weatherhead Smythe, M.D. | May 20, | 1848 |
| John Wheeler Hall, M.D. | May 20, | 1848 |
| Thomas Christie, M.D. | May 20, | 1848 |
| Leonard Lepallieur, M.D. | May 20, | 1848 |
| Pierre Fermin Longpré, M.D. | May 20, | 1848 |
| William Henry Brouse, M.D. | May 20, | 1848 |
| André Seguin, M.D. | May 20, | 1848 |
| Joseph Backhouse Culver, M.D. | May 20, | 1848 |
| Josiah Grey Whitcomb, M.D. | May 20, | 1848 |
| Josiah Sanford Brigham, M.D. | May 20, | 1848 |
| Peter Henderson, A.M., M.D. | May 20, | 1848 |
| Robert Palmer Howard, M.D. | May 20, | 1848 |
| Edouard Francois Painchaud, M.D. | May 20, | 1848 |
| William Monsell | May 20, | 1848 |
| Henry Going | May 20, | 1848 |
| Frederick Alexander McDougall | May 20, | 1848 |
| Peter Perry Piercy | May 20, | 1848 |
| Henry Wayne Nelson | May 20, | 1848 |

| | | |
|---|---|---|
| Louis Boudria dit Matavet | May 20, | 1848 |
| Francois Xavier de Salles Laterriere | May 20, | 1848 |
| George Billington | May 20, | 1848 |
| Matthew Patrick Burns | May 20, | 1848 |
| Henri Liboire Hazen | May 20, | 1848 |
| Henri Auguste Miville de Chene | June 17, | 1848 |
| Joseph Rene Beaulieu | June 17, | 1848 |
| Louis Eusebe Bardy | June 17, | 1848 |
| George E. Fenwick, M.D. | June 17, | 1848 |
| Thomas Coke Alcorn | June 17, | 1848 |

*The Detroit Sydenham Association.*—We are happy to find from receipt of a number of the *Western Standard*, published at Sandwich, C. W., that there exists a medical society in the Western District. We would be most happy to receive their proceedings from time to time, for publication, if we were put in possession of them. In the mean time, we publish the tariff of fees established by the Association in question, for that section of the Province, and we take occasion to contrast it with something of the same kind noticed in another column.

*Fee Bill Established by the Detroit Sydenham Association.*

| | | |
|---|---|---|
| Verbal advice | $1 | to $5 |
| Letter advice | 3 | 5 |
| Visit and prescription | 1,50c | |
| Visit without Medicine | 1 | |
| " Consultation | 5 | |
| " after do | 2 | |
| Night visit, 9 p m. to 7 p.m. | 2 | 3 |
| Visit beyond City limits, | 1,50c | |
| " distant, per mile | 1 | |
| " to Windsor | 2 | |
| " to Vessels in stream | 2 | 5 |
| 1st visit in contagious disease and others when personal danger is apprehended | 2 | 5 |
| 2nd visit and others in do | 2 | |
| Vaccination | 2 | |
| Advice at office with or without medicine | 50c | 1 |
| Advice at office, called up at night | 1 | 2 |
| Detention per hour | 1 | 5 |
| " per day | 5 | 15 |
| Applying Leeches | 50c | 2 |
| Introducing Catheter | 1 | |
| Ordinary case of midwifery | 10 | |
| Extraordinary do | 15 | 30 |
| Bleeding | 50c | 1 |
| Cupping | 1 | 2 |
| Inserting Seton | 1 | 2 |
| " Issue | 1 | 2 |
| Scarifying eye and puncturing ædematous swellings | 1 | 3 |
| Applying splints and other dressings from time to time as in coxalgia | 2 | 5 |
| Capital operations, as amputation of large limbs, Lithotomy, Trepanning, and extirpation of tumours | 25 | 100 |
| Operation for fistula in ano | 5 | 25 |
| Tapping for Dropsy | 2 | 5 |
| Reducing fractures and dislocations of large bones | 5 | 25 |
| Amputation of fingers and toes, and extirpation of small tumours | 5 | 10 |
| Reducing luxations and fractures of small bones and stitching recent wounds | 2 | 5 |
| Case of Gonnorrhœa | 10 | 25 |
| " of Syphilis | 20 | 40 |
| Operation for strangulated Hernia | 50 | 100 |
| " on the eye | 10 | 50 |
| Operation for Hare lip | 5 | 10 |
| Reducing Hernia | 2 | 10 |
| Making post mortem examination at Coroner's inquest | 10 | |

We, the undersigned, consider the above tariff reasonable, and adopt it as the guide in our professional charges.

P. McMULLEN, M.R.C.S.L.,
J. A. VERAIS, M.D.,
E. B. DONNELLY, M.D.

Sandwich, 21st June, 1848.

*Dr. White and his Tariff.*—"To what base uses may we return," was Hamlet's reflection over Yorick's skull; and such also was our reflection when we thought of the fall experienced by the man who was in constant consultation with the Queen's physician, and others the most eminent in London. Twenty years' practice in London, and intercourse with the best of the profession, have put into Dr. White's head strange notions of etiquette. The whole matter savours strongly of humbug; and, although we reprobate the quackery displayed by the subjoined advertisement, we cannot but admire the modesty of Dr. White, in estimating his services, of his own accord, at their proper value, while our own judgment would rate their intrinsic worth, at something like 100 per cent less. The following is the precious morceau, to let him see that we are disposed to check all violations of professional etiquette, by exposing those who commit them :—

Dr. WHITE, in announcing to his friends and the public, a Tariff of the charges he henceforth purposes to adopt, begs, first, to mention the motives which compel him to a course that, in any other place and under any other circumstances, would be deemed unprofessional. Upon his resolving to enter into the practice of his profession in Picton, (which he had previously done in England for 20 years, in a populous neighbourhood near London, and in constant consultation with the Queen's physician, and others the most eminent in London,—after having studied under Mr. Abernethy and Sir Astley Cooper, and of course respecting in its full the etiquette of the profession,) he could have no other wish than to charge agreeably to the tariff of Prince Edward District, which was put into his hands by the profession, and (excepting in cases modified by the prevailing practice, so far as he could ascertain) was induced to follow.

To his regret as well as surprise, however, Dr. White finds that the most exaggerated reports of his charges have, to his prejudice, been so assiduously put forth, as to require on his part an effectual contradiction, thereby rendering them less liable to injure his increasing and respectable practice. He, therefore, now begs to submit what will at once and for ever put a stop to any misunderstanding of his terms, viz.,

| | Credit price. | Cash price. |
|---|---|---|
| | 1s. 3d. | 1s. 3d. |
| Visits, | 6 | 4 |
| Powders, | 6 | 4 |
| Small Box of Pills, | 6 | 4 |
| 6 Pills, | 9 | 6 |
| 12 do | 1 3 | 1 0 |
| 24 do | 2 6 | 2 0 |
| Quinine Mixture, dose, | 8 | 6 |
| Other do | 6 | 4 |

Journeys during the day, 1s 3d per mile.
Do after sunset, 2 6 do
And every other charge equally moderate.

Dr. White is also about to commence attending families for a fixed annual sum, which will be regulated according to number and circumstances.

Dr. White feels assured that those gentlemen of his profession who have been accustomed to adhere to professional etiquette, will at once see the necessity which has compelled him to adopt the above course in self-defence.

Picton, June 1st, 1848.

*Semi-Annual Report of the Lunatic Asylum, at Beauport, from the 1st April, to the 30th September, 1847, inclusive.*

| | Male | Fem. | Total |
|---|---|---|---|
| On the 31st March, 1847, there were remaining in the Institution,..... | 61 | 54 | 115 |
| Admitted from 1st April, to the 30th Sept. 1847, | 18 | 12 | 30 |
| Total treated during the above period,..... | 79 | 66 | 145 |
| Male Fem. | | | |
| Discharged, recovered,..... 6 8 | | | |
| Ditto, improved,..... 4 2 | | | |
| Unimproved,..... 3 0 | | | |
| Removal to the Hospital in consequence of an injury,..... 1 0 | | | |
| Died,..... 2 2 | 16 | 12 | 28 |
| Remaining on the 30th Sept. 1847,... | 63 | 54 | 117 |

A. Von Iffland, M. D.
Resident Phy.

## NOTICE TO CORRESPONDENTS.

*Dr. Coderre's communication has been received. From its length, and the late period at which it came to hand, 27th ult., its admission into this number is an impossibility.*

*Several letters from Correspondents have been received also. Notice of Dr. David's communication "on the Beauport Lunatic Asylum," was omitted by accident last month.*

*Capt. L., Toronto.—This gentleman's request has been complied with, and advantage was taken of a private opportunity to forward what was desired. If received, an answer will be in sufficient time when the next Meteorological Report is posted.*

*Dr. Howard's paper has been received while going to press.*

*The continuation of Dr. Von Iffland's paper is still unavoidably postponed.*

## OBITUARY.

At the latter end of May, John Rolph Lee, Esq., M.D. This promising gentleman lately graduated at M'Gill College, and was on his return homewards, when in crossing the Grand River at York, the canoe upset, and he was drowned.

Suddenly at Windsor, N. S., the 4th ult., Francis Carten Pike, Esq., Surgeon, a native of Hampshire, England, aged 64 years.

At St. Louis, Kamouraska, on the 23d ult., Thomas Horsman, Esq., M.D., aged 63 years. Mr. Horsman was born at Swinton, parish of Markham, Yorkshire, England. His father, a wealthy farmer, gave him a liberal education, and apprenticed him to the celebrated Dundas, then apothecary to George the Third. A short time after he emigrated to the United States, whither he followed an elder brother. Little satisfied with the national habits of our neighbours, to which he could not conform, after a sojourn of less than two years, he quitted the United States for Canada, a little before the war of 1812. He studied at Quebec with the late Dr. Francis Blanchet, who had him appointed Surgeon during the last war and placed over an hospital. In 1815 the hospital being closed, Dr. Horsman removed to Kamouraska, where his professional services, his sensibility, and above all his charity towards the poor, gained him the esteem and confidence of all.—*Quebec Mercury*

On the 29th ult., at Coté St. Paul, Dr. William Dunlop, aged 57, late M.P.P. for Huron, C. W. Dr. D. was the first lecturer on Medical Jurisprudence in Great Britain; and we will take some notice of the varied life of this veteran in a succeeding number.

## BOOKS, &c., RECEIVED.

The Medical Practitioner's and Student's Library.

No. 1. The Principles and Practice of Midwifery, by David H Tucker, M.D., Professor of the Principles and Practice, &c., with numerous illustrations. Philadelphia: Lindsay & Blakeston.

No. 2. Elements of General Pathology, by Alfred Stillé, M.D., &c. Philadelphia: Lindsay & Blakeston. 1848.

Hastings on Yellow Fever. New York: Sam. S. & W. Wood.

## MONTHLY METEOROLOGICAL REGISTER AT MONTREAL FOR MAY, 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, | +47 | +64 | +53 | +55.5 | 29.92 | 29.71 | 29.66 | 29.80 | | | | Fair | Fair | Rain |
| 2, | " 50 | " 60 | " 50 | " 55.- | 29.62 | 29.55 | 29.53 | 29.57 | | | | Rain | o'erc'st | Fair |
| 3, | " 47 | " 68 | " 54 | " 57 5 | 29.50 | 29.42 | 26.46 | 29.46 | | | | Fair | Fair | Fair |
| 4, | " 52 | " 69 | " 60 | " 60 5 | 29.48 | 29.57 | 29.55 | 29.53 | | | | Fair | Fair | o'erc'st |
| 5, | " 55 | " 71 | " 63 | " 63.- | 29.51 | 29.42 | 29.42 | 29.45 | | | | Rain | Fair | Fair |
| 6, | " 66 | " 78 | " 69 | " 72.- | 29.47 | 29.41 | 29.41 | 29.43 | | | | Fair | Fair | Cloudy |
| 7, | " 68 | " 74 | " 57 | " 71.- | 29.39 | 29.31 | 29.37 | 29.36 | | | | Fair | th & rn | Fair |
| 8, | " 55 | " 65 | " 53 | " 60.- | 29.41 | 29.53 | 29.54 | 29.49 | | | | Fair | Fair | Fair |
| 9, | " 48 | " 67 | " 54 | " 57.5 | 29.61 | 29.55 | 29.58 | 29.58 | | | | Fair | Fair | Fair |
| 10, | " 49 | " 57 | " 46 | " 53.- | 29.54 | 29 56 | 29.57 | 29.56 | | | | Rain | Shwrs | o'erc'st |
| 11, | " 38 | " 43 | " 44 | " 40.5 | 29.41 | 29.28 | 29 27 | 29.32 | | | | Rain | Rain | Cloudy |
| 12, | " 40 | " 62 | " 52 | " 51.- | 29.30 | 29.38 | 29.40 | 29.36 | | | | Fair | Fair | Cloudy |
| 13, | " 52 | " 66 | " 50 | " 59.- | 29.43 | 29.39 | 29.42 | 29.41 | | | | Fair | Fair | Rain |
| 14, | " 43 | " 47 | " 46 | " 45.- | 29.46 | 29.59 | 29.72 | 29.59 | | | | Rain | Rain | Cloudy |
| 15, | " 49 | " 67 | " 54 | " 58.- | 29.82 | 29.68 | 29.61 | 29.70 | | | | Fair | Fair | Rain |
| 16, | " 52 | " 67 | " 53 | " 59.5 | 29.54 | 29.57 | 29.64 | 29 58 | | | | Cloudy | Fair | Fair |
| 17, | " 53 | " 69 | " 58 | " 61.- | 29.63 | 29.61 | 29.58 | 29.61 | | | | Fair | Fair | Fair |
| 18, | " 62 | " 80 | " 68 | " 71.- | 29.62 | 29.54 | 29.57 | 29.58 | | | | Fair | Fair | Fair |
| 19, | " 69 | " 82 | " 71 | " 75.5 | 29.61 | 29.50 | 29 49 | 29.53 | | | | Fair | Fair | Fair |
| 20, | " 53 | " 76 | " 67 | " 64.5 | 29.49 | 29.52 | 29.52 | 29.51 | | | | Rain | Fair | Fair |
| 21, | " 56 | " 67 | " 58 | " 61.5 | 29.49 | 29.47 | 29.44 | 29.47 | | | | Fair | Rain | o'erc'st |
| 22, | " 55 | " 68 | " 57 | " 61.5 | 29.56 | 29.55 | 29.59 | 29.57 | | | | Fair | Fair | Fair |
| 23, | " 52 | " 70 | " 56 | " 61.- | 29.70 | 29.68 | 29.67 | 29.68 | | | | Fair | Fair | o'erc'st |
| 24, | " 43 | " 62 | " 60 | " 52.5 | 29.59 | 29.46 | 29.50 | 29.52 | | | | o'erc'st | Rain | Cloudy |
| 25, | " 58 | " 77 | " 57 | " 67.5 | 29.56 | 29.47 | 29.67 | 29.57 | | | | Fair | Fair | Fair |
| 26, | " 54 | " 66 | " 58 | " 60.- | 29.65 | 29.60 | 29.71 | 29.65 | | | | Fair | Fair | o'erc'st |
| 27, | " 56 | " 72 | " 61 | " 64.- | 29.82 | 29.79 | 29.79 | 29.80 | | | | Fair | Fair | Fair |
| 28, | " 65 | " 79 | " 64 | " 72.- | 29.89 | 29.87 | 29.81 | 29.86 | | | | Fair | Fair | Fair |
| 29, | " 71 | " 85 | " 69 | " 78.- | 29.70 | 29.42 | 29.42 | 29.51 | | | | Fair | Fair | th.&rn |
| 30, | " 70 | " 83 | " 62 | " 76 5 | 29.38 | 29.26 | 29.51 | 29.38 | | | | Fair | Fair | Fair |
| 31, | " 47 | " 55 | " 41 | " 51.- | 29.44 | 29.49 | 29.57 | 29.50 | | | | Rain | Fair | Cloudy |

Therm. { Max. Temp., +85° on the 29th
Min. " 38° " 11th
Mean of the Month, +61°.

Barometer, { Maximum, 29.92 In. on the 1st.
Minimum, 29.26 " 30th.
Mean of Month, 29.546 Inches.

MONTHLY METEOROLOGICAL REGISTER AT H. M. MAGNETICAL OBSERVATORY, TORONTO, C. W.,—MAY, 1848.

*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 24h | 7A M | 3 P.M | 10 P.M | Mean of 24h | 7A.M. | 3P.M | 10 P.M | Mean of 24h | 7 A.M. | 3 P.M. | 10 P.M. | | |
| 1, | 29.683 | 29.567 | 29.568 | 29.572 | 42.2° | 46.0° | 39.0° | 42.3 | .201 | .267 | .225 | .233 | .75 | .87 | .95 | .87 | E. by N | Calm. | Calm. | — | Dens ovrcs Raing slghtly fr 1 till 7 pm |
| 2, | 29.512 | 29.451 | 29.445 | 29.453 | 41.8 | 52.7 | 40.8 | 47.0 | .247 | .289 | .221 | .254 | .94 | .74 | .87 | .80 | Calm. | S. | Calm. | 0.105 | Generally overcast Hazy |
| 3, | 29.443 | 29.374 | 29.425 | 29.421 | 51.0 | 63.8 | 44.8 | 52.0 | .312 | .297 | .239 | .265 | .85 | .52 | .81 | .71 | Calm. | S. S. E. | Calm. | — | Clear till 8 am Day, light passing cluds |
| 5, | 29.306 | 29.245 | 29.390 | 29.325 | 60.0 | 69.4 | 55 8 | 60.2 | .417 | .456 | .371 | .407 | .82 | .64 | .85 | .80 | Calm. | E N E | E. N. E. | — | Clr till 10 am dps of rn pm L't 9 to 11 pm |
| 6, | 29.429 | 29.382 | 29.409 | 29.442 | 59.4 | 70.4 | 61.0 | 58.3 | .425 | .502 | .396 | .388 | .86 | .69 | .76 | .77 | Calm. | S.S.W. | S. by E. | not ap | Am Clr Sq'ls of wd S't rn T'r & l't pm |
| 7, | 29.363 | 29.359 | — | — | 55.2 | 68.2 | — | — | .357 | .428 | — | — | .84 | .90 | — | — | N.W. | S. | —— | .025 | Partially clear Distant thunder pm |
| 8, | 29.620 | 29.530 | 29.506 | 29.540 | 45.8 | 56.6 | 50.8 | 50.2 | .186 | .214 | .201 | .211 | .60 | .47 | .54 | .59 | Calm. | S. by W. | Calm. | .090 | Slight rain, 6 to 8 am Day cloudy |
| 9, | 29.536 | 29.484 | 29.487 | 29.494 | 51.9 | 56.6 | 48.6 | 51.8 | .235 | .288 | .311 | .286 | .62 | .64 | .92 | .77 | Calm. | NbyW 2.0 | Calm. | — | Gen cl'd Hazy Halo round moon 8 am |
| 10, | 29.487 | 29.420 | 29.357 | 29.396 | 47.6 | 51.4 | 48.3 | 50.1 | .276 | .289 | .263 | .278 | .85 | .69 | .79 | .78 | Calm. | S. E. | N. by W. | .215 | Cloudy Fog 4 and 5 am |
| 11, | 29.263 | 29.295 | 29.343 | 29.314 | 45.8 | 48.0 | 47.8 | 47.5 | .270 | .262 | .166 | .214 | .89 | .80 | .51 | .65 | N. by W. | N. by W. | N.N.W. | .235 | Constant slight r'n till 5 pm D'ly o'reas |
| 12, | 29.444 | 29.440 | 29.464 | 29.445 | 44.1 | 53.8 | 40.0 | 44.5 | .164 | .207 | .162 | .169 | .57 | .50 | .66 | .58 | N. by W. | N. by W. | Calm. | .060 | Gen clear A few clouds round hor Fine |
| 13, | 29.385 | 29.200 | 29.456 | 29.435 | 38.0 | 45.8 | 41.6 | 40.0 | .172 | .224 | .209 | .196 | .75 | .73 | .81 | .79 | Calm. | NWbyW* | NbyW.3.5 | not ap | D'ly o'reast R'g heavily fr 9 am till mr |
| 14, | 29.701 | 29.762 | — | — | 49.6 | 56.4 | — | — | .200 | .159 | — | — | .57 | .31 | — | — | NbyW 2.0 | NNW.2.0 | —— | .435 | Clear and unclouded Very fine |
| 15, | 29.856 | 29.632 | 29.545 | 29.647 | 46.3 | 50.2 | 45.8 | 48.9 | .188 | .230 | .279 | .256 | .60 | .63 | .91 | .76 | Calm. | E. S. E. | Calm. | — | Clr till 5 am Day cld Rg fr 3 pm till mdt |
| 16, | 29.592 | 29.616 | 29.653 | 29.624 | 52.1 | 57.6 | 48.2 | 50.8 | .339 | .345 | .262 | .307 | .88 | .75 | .79 | .82 | Calm. | S S W | N E by N | .230 | Densely overcast Clouds and haze |
| 17, | 29.688 | 29.614 | 29.611 | 29.638 | 51.8 | 64.2 | 49.2 | 53.9 | .308 | .369 | .292 | .313 | .81 | .63 | .85 | .77 | Calm. | S. by E. | Calm. | — | Mostly clear Auroral light from 9½ pm* |
| 18, | 29.686 | 29.617 | 29.585 | 29.632 | 58.0 | 72.9 | 56.0 | 60.5 | .391 | .393 | .328 | .368 | .83 | .49 | .75 | .73 | Calm. | S. S. E. | Calm. | — | Aur light till 2 am Day clear Very fine |
| 19, | 29.616 | 29.546 | 29.482 | 29.506 | 57.6 | 69.2 | 48.5 | 62.1 | .399 | .489 | .449 | .470 | .87 | .71 | .93 | .87 | Calm. | S. S. W | Calm. | — | Cl'dy Th'rstorm fr noon to 4 pm vived lit heavy rn & large hailstones dur stor |
| 20, | 29.469 | 29.431 | 29.452 | 29.423 | 58.3 | 67.3 | 57.2 | 63.1 | .459 | .587 | .445 | .524 | .96 | .91 | .97 | .92 | Calm. | S. by E. | Calm. | .380 | Mostly clouded Showers am and pm |
| 21, | 29.418 | 29.334 | — | — | 57.6 | 60.6 | — | — | .447 | .473 | — | — | .96 | .91 | — | — | Calm. | E. N. E. | —— | .255 | Dense clouds & haze Slight r'n dur day |
| 22, | 29.438 | 29.464 | 29.489 | 29.470 | 54.7 | 61.2 | 53.4 | 53.8 | .299 | .364 | .306 | .348 | .71 | .68 | .76 | .77 | N. N. E. | S. by E. | N N E | .180 | Slight r'n till 2 am Day mostly clouded |
| 23, | 29.517 | 29.440 | 29.325 | 29 393 | 54.6 | 59.2 | 57.9 | 56.3 | .337 | .346 | .285 | .323 | .81 | .70 | .60 | .73 | E by S | E. N. E. | E. 1.5-3. | — | O'cast all day Slight r'n 11 am till noon |
| 24, | 29.258 | 29.366 | 29.448 | 29.384 | 54.0 | 73.0 | 56.8 | 60.6 | .387 | .442 | .375 | .413 | .95 | .55 | .82 | .80 | Calm. | W. S. W. | Calm. | .200 | T'str 1 till 4 am Clr fr 5 pm Aur lt 10 pm |
| 25, | 29.509 | 29.465 | 29.562 | 29.534 | 57.0 | 76.3 | 55.4 | 61.3 | .400 | .446 | .275 | .367 | .88 | .51 | .63 | .69 | Calm. | W. | N. by W. | — | Mostly clouded Clear spaces |
| 26, | 29.640 | 29.642 | 29.737 | 29.696 | 53.9 | 65.0 | 51.6 | 56.1 | .264 | .296 | .232 | .271 | .65 | .49 | .62 | .61 | Calm. | N. | N N W | — | Gen clear A few passing clouds Fine |
| 27, | 29.850 | 29.757 | 29.776 | 29.745 | 52.4 | 65.7 | 52.1 | 58.3 | .295 | .334 | .314 | .353 | .76 | .55 | .81 | .75 | Calm. | E by S | Calm. | — | Light c'ds till 3 pm Clr from 4 pm Fine |
| 28, | 29.810 | 29.741 | — | — | 64.2 | 70.1 | — | — | .402 | .467 | — | — | .69 | .65 | — | — | E. | E. | —— | — | Afew light c'ds am Afternoon clear Fin |
| 29, | 29.572 | 29.375 | 29.410 | 29.439 | 63.0 | 73.0 | 59.2 | 63.0 | .472 | .605 | .425 | .471 | .84 | .77 | .87 | .82 | Calm. | S W by W | Calm. | — | C'dy T'storm 7 to 11 am H'lst & hv r'n |
| 30, | 29.360 | 29.422 | 29.518 | 29.459 | 58.8 | 58.9 | 49.0 | 54.1 | .357 | .228 | .209 | .234 | .74 | .45 | .61 | .56 | Calm. | NWbyW† | W. N. W. | .110 | Clear & unclouded Very fine day |
| 31, | 29.642 | 29.624 | 29.614 | 29.636 | 45.2 | 55.2 | 43.7 | 48.3 | .173 | .149 | .232 | .186 | .58 | .34 | .83 | .58 | WNW 1.5 | N. 3.0 | Calm. | — | A few pas c'ds Very fine Aur lt fr 9 pm |
| Mean | 29.528 | 29.473 | 29.492 | 29.4961 | 51.6 | 60.7 | 50.6 | 53.74 | .304 | .304 | .288 | .311 | .78 | .63 | .78 | .74 | | | | 2.520 | *17th 9h 55m p m Very large & brilliant meteor in N W |

Highest Barometer, 29.861 at 6 a.m. on 15th. } Monthly
Lowest do. 29.110 at noon on 13th. } Range 0.721
Highest Temperature, 78°.0 on 25th, 4 pm } Monthly
Lowest do. 31°.2 on 12th, at 4 a.m. } Range 46.8
Mean Max. Therm., 62.97—Mean Min. Therm., 41.43.
Mean Daily Range, .. 18°.54
Extreme Daily Range, 31° .5 from 3 pm on 7th to 3 am 8th and from 4 pm 25th to 5 am 26th
Warmest Hour, 1 pm, Mean temp., 60.93 } Differ., 15.93
Coldest do, 4 am, do, 45.05 }
Explanatory notes will be found at the foot of all the Registers of 1845, 1846, or 1847.

Proportion of Wind from each Quarter—

| | | | |
|---|---|---|---|
| N.W. | 130 | Total, | |
| S.W. | 76 | Winds, | 377 |
| S.E. | 93 | Calms, | 271 |
| N.E. | 78 | | |
| | | Obser., | 648 |

Mean force of the Wind, 0.30 lb
Maximum force, 5.5 lbs on 31st, at 1h 40m pm.
Greatest Day's Wind, 30th.—Mean Press., 1.10 lbs.
Least do. 1st. " 0.04 lbs.

| Temperature for May. | | | | | Rain. | | Wind. | | |
|---|---|---|---|---|---|---|---|---|---|
| Year. | Mean. | Max. | Min. | Range. | No. Days. | Inches. | Winds. | Calms | Mean force. |
| 1840, | 54.2° | 76.4° | 31.2° | 45.2° | 9 | 4.150 | | | |
| 1841, | 51.1 | 78.0 | 26.5 | 51.5 | 11 | 2.350 | 203 | 109 | 0.35 |
| 1842, | 49.8 | 74.2 | 27.3 | 46.9 | 7 | 1.275 | 216 | 96 | 0.53 |
| 1843, | 49.73 | 79.8 | 29.2 | 50.6 | 5 | 1.570 | 407 | 241 | 0.52 |
| 1844, | 54.22 | 78.4 | 28.7 | 49.7 | 14 | 5.670 | 331 | 263 | 0.30 |
| 1845, | 50.23 | 77.8 | 27.8 | 50.0 | 8 | 2.300 | 434 | 211 | 0.55 |
| 1846, | 55.77 | 79.7 | 33.1 | 46.6 | 9 | 4.375 | 353 | 271 | 0.46 |
| 1847, | 54.55 | 72.1 | 26.7 | 45.4 | 12 | 2.040 | 321 | 303 | 0.29 |
| 1848, | 53.74 | 73.0 | 31.2 | 45.8 | 13 | 2.520 | 377 | 271 | 0.30 |

Explanatory notes will be found at the foot of all the Registers of 1845, 1846, or 1847.

MAGNETIC DISTURBANCES.—MAY 17th, 19h to 21h, slight, 31′.3 of decl. 18th, 13h to 16h, slight, 41′.1 declination

*Wind on the 13th 2.0, †30th, 3.0

## ECOLE DE MEDECINE DE QUEBEC,

*Incorporée en* 1845, *par un Acte de la Législature du Canada*, 8 Victoria, ch. 80.

LES diverses Classes ci-dessous désignées s'ouvriront le 15me Mai 1848 et dureront six mois.

| | |
|---|---|
| L'Anatomie générale et descriptive par le - - - - - - | Dr. JACKSON. |
| Les Accouchements, maladies des femmes et des enfants - - | Dr. PAINCHAUD. |
| La Pratique de la Médecine - | Dr. SEWELL. |
| La Pratique de la Chirurgie - | Dr. DOUGLAS. |
| Les Institutes de Médecine, (Physiologie, &c.) - - - - - | Dr. BARDY. |
| La Jurisprudence Médicale - - | Dr. FREMONT. |
| La Matière Médicale et Pharmacie | Dr. NAULT. |
| La Médecine Clinique - - | Dr. SEWELL. |
| La Chirurgie Clinique - - | Dr. BLANCHET. |
| La Chimie - - - - - | N. AUBIN, Ecr. |

Les Eléves de cette Institution auront l'avantage de suivre la pratique de l'Hopital de la Marine et des Emigrés qui admet pendant la saison de l'été, année commune, au moins 1500 malades, sur le nombre desquels on peut compter entre 4 à 500 cas de Chirurgie, necessitant un grand nombre d'opérations majeures.

P. M. Bardy,
Secrétaire.

Québec, 13 mars 1848.

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## SURGICAL INSTRUMENTS.

THE Subscribers have constantly on hand a large assortment of superior Surgical Instruments of the best Sheffield manufacture, consisting of:—

| | | |
|---|---|---|
| Complete Pocket Cases, of various sizes | | |
| Eye Instruments in Cases | | |
| Midwifery | do | do |
| Cupping | do | do |
| Amputating | do | do |
| Lithotomy | do | do |
| Dentist's | do | do |
| Dissecting | do | do |
| Postmortem | do | do |

With every variety of Instruments usually required.

An additional supply received per vessels this season.

—AND—

Genuine Drugs, Chemicals and Apothecaries Ware.

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S. JONES LYMAN & Co.,
Chemists and Druggists,
Place D'Armes.

Montreal, May, 1848.

## QUEBEC SCHOOL OF MEDICINE,

*Incorporated by Act of the Provincial Legislature of Canada*, 8 Victoria, Cap. 80. (1845.)

THE following Course of LECTURES will commence on the 15th day of MAY next, and be continued six months:—

| | |
|---|---|
| Anatomy (general and descriptive), | Dr. JACKSON. |
| Midwifery, and Diseases of Women and Children, . . . . | Dr. PAINCHAUD, Sr. |
| Practice of Medicine, . . . | Dr. SEWELL. |
| Surgery, . . . . . | Dr. J. DOUGLAS. |
| Institutes of Medicine (Physiology, etc.). . . . . | Dr. BARDY. |
| Medical Jurisprudence, . . | Dr. FREMONT. |
| Materia Medica and Pharmacy, | Dr. NAULT. |
| Clinical Medicine, . . . | Dr. SEWELL. |
| Clinical Surgery, . . . | Dr. BLANCHET. |
| Chemistry, . . . . . | N. AUBIN, Esq. |

Students attending the above Classes will have the advantage of following the practice of the Marine and Emigrant Hospital, and of seeing performed many of the most important Operations in Surgery; that establishment receiving, in ordinary years, during the season of navigation, upwards of 1500 patients, of whom not less than from four to five hundred are Surgical cases.

P. M. BARDY, *Secretary.*

Quebec, 13th March, 1848.

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## NATURAL HISTORY SOCIETY.

IN conformity with a Resolution passed at a General Meeting of the Society, on MONDAY, the 28th ult., notice is hereby given, that THREE MEDALS will be awarded for the Best ESSAYS on the following subjects:—

FIRST CLASS—TWO MEDALS.

Subject; Any Branch of the Natural History of Canada

SECOND CLASS—ONE MEDAL.

Subject: Any Branch of General Natural History not comprehended in the first class.

The Essays to be forwarded to the Secretary, on or before the 1st of July next, under an anonymous signature, and accompanied with a sealed note, containing the name and address of the writer, which notes shall only be opened in the cases of the successful Essays.

Competitors are requested to note the class to which they desire their Essays to belong.

The successful Essays to remain the property of the Society. The others to be returned to their authors if so required.

The Essays to be in either French or English.

CHAS. HENRY PAYN, M.D.,
Rec. Sec. of N. H. S.,
21, Great St. James Street, Montreal, C. E.

March 4, 1848.

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## MEDICO-CHIRURGICAL SOCIETY.

THE next Monthly Meeting of this Society will be held at the Rooms of the Mechanics' Institute, on Saturday Evening, July 8, at 8 o'clock P.M.

Hector Peltier, M.D.,
*Secretary.*

Montreal, July 1, 1848.

# MEDICAL JOURNALS,

## Published by RICHARD and GEORGE S. WOOD No. 261 Pearl Street, New-York.

### THE BRITISH AND FOREIGN MEDICO-CHIRURGICAL REVIEW,

AND JOURNAL OF PRACTICAL MEDICINE.——*Published Quarterly, at $3 per Annum.*

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### ADDENDA TO THE MEDICO-CHIRURGICAL REVIEW,

OR QUARTERLY RETROSPECT OF AMERICAN PRACTICAL MEDICINE AND SURGERY:

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### THE ANNALIST: A RECORD OF PRACTICAL MEDICINE IN THE CITY OF NEW YORK.

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