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THE
BRITISH AMERICAN JOURNAL.

ORIGINAL COMMUNICATIONS.

ART. XLIV.—*On the treatment of Chronic Hydrocephalus, by the Iodide of Potassium.* By JAMES LISTER, M.D., C.M., Belleville, C.W.

It will be the object of the following pages to shew the advantages of a mode of treatment of the disease in question, which has not yet been noticed by systematic writers on the Practice of Medicine; and if alluded to in some medical publications, has not had the importance attached to it which, in the opinion of the writer, it certainly deserves.

As the present paper is written with a practical object, it will not be deemed necessary to enter into a lengthened description of the history, causes, frequency, symptoms, prognosis, and diagnosis, of Chronic Hydrocephalus; these are known to every medical man, and will therefore be passed over.

The disease is one which manifests itself in a clear and palpable manner; and the return to a healthy state shews, in an equally marked way, the powerful influence exerted by the remedial agent recommended.

A short review of some of the remedies which have been in traditional use, will first be made, and I shall then proceed to show the superiority of the method of treatment above alluded to.

“The internal remedies by which most good appears to have been effected, and from which therefore most is to be hoped, are diuretics, purgatives, and above all, mercury, which is believed by many to have a special and powerful influence in promoting absorption. Conjointly with these the abstraction of small quantities of blood from the head, by means of leeches, has been found beneficial.” So writes Doctor Watson on the subject, and after giving two cases of the disease where a peculiar method of administering crude mercury in conjunction with fresh squills and manna, was found useful, alludes to the mechanical remedies of bandaging and tapping.

The above extract it is believed contains the names of most of the remedies in ordinary use among medical men, and if to the list just mentioned, counter-

irritation to the scalp, iodine, and cod liver oil given internally, be added, we have nearly the sum total.

1st. Diuretics.

With regard to remedies of this class, it is my firm conviction, from some little experience in the treatment of the disease, that given *simply* they are utterly useless. Whenever any benefit has appeared to have been derived from them, it will be found that mercury in some form has been administered with them, and has been the real cause of the temporary improvement.

In a case mentioned by Dr. H. Bennett, diuretics were given after paracentesis had been performed, and seems to have been used merely with a view of meeting a diminution of the quantity of urine passed, which invariably followed the operation. Of course under these circumstances they may have been of service as adjuncts to the previous tapping, but it has yet to be proved that they exercise any perceptible influence upon the progress of the disease. The only reason indeed which can be given for their use, is the analogical one, if one may coin an expression, that as they have been very serviceable in other dropsies, they ought to be of use in dropsy of the brain.—How unfortunate it is that nature will not listen to reason.

2nd. Purgatives.

I now pass to a most important class of remedies, and one which has been proved to have been of great benefit at various times. At the very commencement the disease, I have often remarked an amendment follow the use of an active aperient; and the temporary improvement noticed during the whole course of the disease, as a result of the free action of the bowels, is too familiar to all practical men to be further enlarged upon.

But although there is a favourable change for a time, I fear that it cannot be said that the continued use of purgatives is at all likely to cure the disease. It must be borne in mind that the subjects of chronic hydrocephalus, are seldom free from a scrofulous taint, and that they do not bear depletion well. Any long continued drain upon the system, would in the opinion of the writer, tend to increase the accumulation of the fluid in the cavity of the skull, instead of diminishing it. It is also to be remembered that the majority of cases of the disease are found in the young, and a course of cathartic medicine cannot be used with them for a long time with impunity.

The mercurial purgatives are those which I have used with the most advantage, but I confess I have employed them only with the intention of paving the way for the iodide of potassium.

Mercury. I have had no experience of the effects of the treatment by crude mercury and manna. Different preparations of this mineral seem to be the favourite remedies for chronic hydrocephalus. Almost every author who writes on the subject, speaks in very high terms of the valuable effects of calomel. The objections to this plan of treatment appear to be that it cannot be persevered with for a sufficiently long time, and the system is left in a very debilitated state, even should it prove partially successful. In all the cases of the disease that have come under my notice, the scrofulous element has been marked, and I felt unwilling to push the employment of the remedy as far as others

have done. In some cases where it was used, the emaciation produced by it was very great, and the effect upon the disease, though decided, was not sufficient to warrant one in persevering. I fear that this may appear a summary way of disposing of a medicine which has always had enthusiastic admirers, but I can only say that after giving it, what I considered, a fair trial, I have for many years discontinued its use, and now only employ mercurial preparations occasionally as purgatives. That mercury has a powerful effect in promoting absorption, no one can doubt; but this is not the only object to be aimed at in the treatment of the disease under discussion. A constitutional taint has to be guarded against, which is constantly manifesting itself in a number of ways, and which I believe can only be successfully eradicated in early years; and at the same time a languid assimilation of nourishment has to be stimulated. I fear that mercury will never prove adequate to this three-fold task.

Leeches. However useful the abstraction of blood may be in acute inflammation of the brain, I have never seen a case of dropsy of the brain even benefited by leeching. As cases have been adduced by authors to the contrary, I can only look upon the alleged benefit, as resulting from the counter-irritation caused by the leech bites. When used conjointly, with other remedies, I suspect they have been applied as mere routine.

Mechanical Remedies. Bandaging, or compression by other means, may be of use as an adjunct to the internal treatment by the Iodide. By itself I cannot think that it is likely to succeed, although several instances have been quoted to the contrary. Of course it can only be employed when the enlargement has reached a certain limit and has become stationary; and before the skull is ossified.

The method of treatment I am endeavouring to recommend, can be put in practice at any stage of the disease.

Tapping the Skull, has been successfully performed in a very great number of cases, but the number of patients who have had the operation performed unsuccessfully is I fear nearly as large.

I have never seen a case which required it, as under the free use of the Iodide of Potassium internally, and the Tincture of Iodine to the scalp, at the commencement of the disease, the enlargement has been checked, and though in many cases it remains stationary for some time, it has never in my experience failed to yield to the remedy.

The other remedies may be briefly discussed. Iodine has occasionally been given, but it is a difficult thing to induce children to take it, and is very apt to disagree with the stomach.

In conjunction with iron, I should think it most likely to prove useful, but have not yet had an opportunity (or rather have not seen the necessity) of using it.

Counter-irritation to the scalp, is a very valuable addition to the treatment, but I fear without the Iodide internally would not prove of much use.

Cod Liver oil I have also seen of use, and from the scrofulous nature of the disease, I should be inclined to give it a trial in the absence of the more powerful remedy I am bringing to notice.

The occasion on which my attention was first called to the powerful effect of the Iodide of Potassium in curing chronic hydrocephalus, was to me, a young practitioner, ardently watching for every opportunity to rise to a conspicuous place among my medical brethren, one of intense gratification. The humble cottage and the pauper patients, (mother and child) are as freshly imprinted on my memory now after a lapse of six and twenty years, as they ever were; and though my services were gratuitous, I can look back on the treatment of that pauper mother and her Idiotic infant with the most heartfelt satisfaction. On being called to visit the persons who are the subject of these remarks, I found the mother labouring under idiopathic Tetanus, and on opening the door a most violent tetanic spasm was induced. I had to wait till the poor creature was temporarily released from the fit, to ascertain the exact nature of her case, during which time I may remark, the poor infant fell helpless from its helpless mother's arms to the floor. This happened before I had time to rescue it, and while I was intently watching the poor mother's agony.

The child was fearfully emaciated. I looked on it as beyond human help, and hoped that death might terminate its sufferings. My attendance on the mother continued four and five times daily for several days, till I had the satisfaction of establishing her health, when other duties called for thought and action elsewhere. After some months, a young medical friend, House Surgeon to the North Devon Infirmary, England, called my attention to the idiotic child, and said he regretted I had not treated the child while the mother was under my care; remarking, that on the recovery of the mother, the child was brought to the Infirmary, and under the steady and continued use of the Iodide of Potass internally, and Tincture of Iodine to the scalp, was restored to perfect health. In my long, and I hope not useless professional career, I have had that case as a guiding star, and it has never led me astray, nor deceived me; and I thank God, through its instrumentality, I have been the humble means of restoring to many a heart-broken mother her offspring, not only snatched from an untimely grave, but what was a far greater affliction, from the vacant unrecognising stare of idioty, and implanting reason firmly on its throne.

Since I first began the employment of the remedy, I have met with and treated fifteen cases of the disease. (No deaths have occurred from the disease itself.) One of the patients died of typhus fever at eleven years of age, and the other a considerable time after the treatment of her case by me, of whooping cough. I think this will compare favourably with any method of treatment recommended by authors.

I shall now adduce four cases of the disease in evidence, selected as being more marked in my memory, and as having occurred within the last ten years. In 1855, in the spring of the year, I was requested to visit I. G——, aged ten months; the father was a man of extremely irregular habits, and the mother's disposition was irritable to a degree. The disease had made its appearance at the date of teething, and had advanced to a very considerable length when placed under my care. The frontal suture was open, fontanelles remarkably tense and enlarged, the forehead projected over the eyebrows. The mental faculties were very dull, the child remained in a languid, listless state, and at

times great irritability was manifested; the digestive functions appeared to be feebly performed, and the lower extremities remarkably undeveloped; great emaciation of the body and pallor of the face were conspicuous. The disease was advancing rapidly on my first seeing it, and the weight of the head made the child unwilling to raise it.

The treatment was commenced at once by giving a mercurial purgative, and after the bowels had been well acted on, two scruples of the Iodide of Potassium to six ounces of water sweetened with syrup, of this mixture one teaspoonful was given every four hours during the day. The hair was cut very close, and Tincture of Iodine painted over the whole surface of the scalp once every day. It required great resolution to enforce this part of the treatment, as the child appeared to suffer from it. This treatment was strictly and resolutely adhered to for about a month, when the first positive signs of amendment began to appear. There was less of the lethargy and heaviness noticed, the legs became more developed, and the infant made successful attempts to move them. The change, however, was very gradual; after a time the appetite improved, the pallor gradually wore off, and the emaciation became less marked. The appearance of the head was remarkable, the size did not appear to diminish very much, but ossification began to take place in the fontanella and membrane between the sutures. The further progress of the disease was completely arrested, the face filled out, intelligence returned to the features, and in twelve months from the commencement of treatment the child was perfectly well. Some little deformity yet remains from the disease, having been allowed to proceed so far without treatment, the head is larger than in other children of her age, and the forehead more projecting. The child is now as well, active, and lively, as other girls of her age, and her intelligence just as acute. It would be difficult to show a more clearly marked case of cure.

The second case occurred in 1856. The child, a boy, was two years old when first seen. In this case the enlargement was not so well marked at the forehead and occiput as in the other; ossification had taken place, but the head was much larger than in other children of his age. Convulsions had set in, and marks of pressure such as squinting, rolling of the eyes, even very evident loss of power in the legs, the child being unable to walk or even stand alone, and appeared uneasy unless it could find a rest for its head; face very much flushed, and eyes injected. The mother stated that the child suffered very much while teething, and had disturbed her rest so constantly that she gave large and continued doses of Godfrey's Cordial, to procure sleep. This pernicious practice had unquestionably a great share in inducing the disease. The mother appeared much distressed at the prospect of the child being a confirmed idiot, and readily promised to persevere in the treatment recommended, in spite of the advice of officious neighbours, which is the curse of country practice.

Two smart purgative doses of calomel and scammony were given each week for about one month, or till the flushed and congested state of the face and head was removed; at the same time the Iodide of Potassium was given, and some time after the scalp was painted with Tincture of Iodine; in six months this child was perfectly restored, was able to run about, and is now a strong robust boy.

The third case occurred about five years since. L. S——, a female infant, apparently healthy at birth, had an attack of jaundice. (It may be here remarked that several other infants of this family suffered from the same disease.) The father, a man of intemperate habits, and broken down constitution, the mother, an American, of leucophlegmatic temperament. The scrofulous taint is strongly marked in all the children. At four months old enlargement of the head was noticed, and the case came under my care. The usual symptoms of the disease were present, the fontanelles open widely, frontal suture unclosed, great weight of the head, and very marked want of development of the lower extremities; convulsions occurred, and the child's eyes were persistently directed downwards, and constantly rolling from side to side; appetite not much impaired, but bowels much constipated. In this case calomel was largely used as a purgative, but in spite of its employment the disease advanced until the Iodide of Potassium was freely given. The favourable change that took place after its administration was very gradual; but none the less marked; the child in about nine months recovered perfectly from the disease, and is now healthy and strong. Even at this date the head is large for the age of the child, but intelligence is perfect and the lower extremities are well developed, not differing from other children in this respect.

The fourth case occurred last year: On the 10th July an infant was brought to me with every appearance of the disease. It lay moaning in its mother's lap, incessantly moving its head from side to side, and unwilling to be touched. The body was robust in this case, and apparently well nourished, but the enlargement of the head well marked; the parents had the scrofulous diathesis; the same loss of power over the lower extremities was noticed; age ten months. The eyes had a vacant idiotic look, and squinting existed to some extent. The same treatment was enforced, and the child brought to the surgery at intervals of six weeks. The last time the mother was here, in March, the infant had regained the power over his lower extremities, was running about and playing; and the face had assumed the appearance of returning intelligence; ossification had taken place, and the fontanelles were closed. The case, though very much improved; is still under treatment, and I have no doubt will terminate as those already given have done, in complete recovery.

I am aware that the treatment I have been endeavouring to lay down has been occasionally practised, but I do not think it has been patiently carried on for many months, as in the cases given; and I think I may with perfect justice claim the merit of being the first to carry it out to great extent in Canada. Of its advantages the cases given have spoken; by its use the effusion has disappeared, and strength has been imparted to the enfeebled body; as already stated, I have not met with an unsuccessful case; compared with those destructive means of mercury, the application of leeches, and the hazardous *dernier resort*, tapping,—I think it will stand out in relief as a rational mode of cure.

LONDON CORRESPONDENCE.

No. IX.

When I concluded my last letter, the annual meeting of the British Medical Association was on the eve of being held in London. The College of Physicians, with the greatest liberality, threw open their princely mansion to the Association, and for four days, viz., on the 12th, 13th, 14th, and 15th, a stir was witnessed which has not been before equalled in the annals of this venerable College. A large number of members from all parts of the country assembled with the twofold object of seeing the Exhibition and attending the meeting of the Association. The great advantage of these meetings is that it brings together annually from all parts of Great Britain a number of persons who would otherwise have no chance of becoming acquainted with one another, and it encourages such kind and friendly feelings that makes the whole thing most agreeable. The country members of the Association have invariably shown so much hospitality wherever the meetings have been held, that this time the Metropolitan members were determined not to be behind hand in the same good work. The consequence was, that each day of the meeting a magnificent collation was spread in the great hall of the College, which obviated the necessity of resorting elsewhere for the mid-day pabulum to keep up strength; and every evening of the first three days, dinner parties were given to all who came up from the country by their brethren in London, so that not a single gentleman was left uncared for. On Tuesday, the first day, the President, Dr. Burrows, (one of the physicians to St. Bartholomew's), delivered the opening address, which was listened to with great attention. In the evening a conversazione took place at the College of Surgeons, attended by some thousands. It was a decided success, and pleased everybody, for the three museums, library, and other rooms were thrown open and brilliantly illuminated, the company being received by Mr. Luke, the President. This is the first time since the foundation of the College that such an entertainment has been given, and it is to be hoped that it may become an annual thing as at the College of Physicians. Besides hosts of objects of scientific, literary, pictorial, and living interest, the refreshments were on such a scale as no one could cavil at. Ice-cream in profusion, and wine *ad libitum*, were the most approved of, and, the way the former disappeared, was, to the non-professional mind, quite a caution.

Next day a number of papers of general interest were read, but the address in Medicine, delivered by Dr. Walshe, took everybody by surprise. It was a truly eloquent one, and drew forth frequent raptures of applause. It, in common with all the other addresses and papers has been published in the medical journals, and to them I must refer such of your readers who may wish to enjoy the treat of reading them. To my mind, hearing is better than reading them, but those who have not heard *must* read them. A soiree was given at the College of Physicians, not so numerously attended as the one at the sister College the night previous, but still very much crowded. The visitors were received by Dr. Watson, the President. The associations of the College of Physicians are of the most deeply interesting kind, because in the upper gallery of the library are preserved all of Harvey's original dissections illustrating the discovery of the

circulation of the blood; and all of Dr. Baillie's preparations which formed the ground work of his famous Pathological Anatomy. Then as to the books, the collection is marvellous in the older authors, especially the classical. Everything about the place has an air of aristocratic dignity of which the Fellows and Members feel justly proud.

On the third day the address in surgery was delivered by Mr. Paget, and was given *extempore* without a note before him, and without one moment's hesitation from first to last. His *real* oration showed what memory can do. And I may here say, *en passant*, that those Canadians who have bad memories and would like to improve them, should come to London and get them sharpened up by Dr. Pick, whose system of teaching by the association of ideas is unrivalled, and most completely successful in a few lessons. Dr. Pick is brushing up the memories of all the most thoughtless, I was going to say in Britain, but at any rate in the large cities. He has had many noble ladies and gentlemen under his care for the purpose.

The principal event of the fourth day was Dr. Sharpley's address in Physiology, not in any way inferior to the others, but marked by the learning and vast information at the command of the author. It will indeed well repay perusal. The meeting was brought to a close by a public dinner, and the announcement that the next annual meeting would be held at Bristol, which I hope to attend (D.V.)

I may observe that the present meeting was the thirtieth, and Sir Charles Hastings may well feel proud of the success and stability of what he founded thirty years ago. If the meeting at Bristol should prove as pleasant as it was at Canterbury (an account of which I gave in a former letter), or as it has been in London, then we shall have no reason to be discontented.

There are two men whose names will be long remembered and cherished by the profession, men who have worked and toiled for their benefit, which time will fully recognize: they are the late Thomas Wakley and Sir Charles Hastings. It is to be hoped that the latter may long live to enjoy his honors and the respect of his brethren. In Mr. Wakley, the profession have lost a champion who will be remembered in ages yet to come. Those who enjoyed his acquaintance and his friendship, as did the writer, have lost a friend not easy to replace, and produced a blank not to be filled up in a generation. The circumstances of the death of Mr. Wakley, at Madeira, whither he had gone to improve his health, are too recent and too well known to the profession all over the world to permit of recapitulation. But I will say this, that if any one deserved a monument, it was he. Those who knew him and what he had done, would reply, that his name alone is sufficient in itself to form a monument more enduring than all erected with the toughest and most compact granite. It is truly so.

A child born without a head is something unusual, and for the moment startles the accoucheur before ushering it into the world. Brainless children exist in number in our museums, but headless urchins are a *rara avis in terra*. Yet there is one preserved in the museum of Guys. The other day I saw the indefatigable Dr. Dickson anatomizing one in the museum of St. George's hospital, and as it struck me as something strange, I will describe it for the benefit of the Canadian accoucheur. The child was a twin; its fellow is alive and hearty, and

perfectly formed in every respect. The headless urchin was stout and plump, with œdema of the upper extremities, and a hernia at the umbilicus. There were five fingers on the right and four on the left hand; and four toes on the right and five on the left foot. Between the shoulders the skin was smooth and free from any opening to mark the site of the neck; lower down, however, in front of the chest corresponding to the middle of the sternum was a small opening, through which protruded a tongue. Subsequent dissection showed this to be the termination of the œsophagus which gave attachment to the tongue. The spiral marrow terminated in the middle of what would have been the cervical region, as there were three or four cervical vertebræ, but not forming any part of a neck. There were no lungs, heart, or liver; the diaphragm extended to the upper part of the chest, which contained only a little cellular tissue. There was no communication between the œsophagus and spinal marrow. The body had been entirely nourished by the umbilical vessels, which, instead of going to the liver, for there was none, divided into branches supplying the different parts of the body: the umbilical arteries supplied the venous blood, whilst the veins carried the arterial. There was a separate placenta for each child. On reference to certain marks, it appears that this singular state of things is by no means unique, for it has been observed before. In Dr. Macdonnell's (of Montreal) brochure on Empyema, which ought to be learnt by heart by every careful student, there is reference to a monster which he dissected, with absence of both lungs; but not a headless child.

A noteworthy feature in this and other countries is the establishment of Acclimatisation Societies, which seem to be thoroughly appreciated by the public. The one that creates some stir from the activity of its members is that of Melbourne, Australia. The Society has sent Mr. Edward Wilson the sum of £500 to be employed in England in the promotion of the objects of the Society, which it appears is extending its operations in various countries. It has often occurred to me that a society of this kind might do an immense amount of good in Canada, especially in preventing the ruthless destruction of such animals as the Moose Deer, which will in a few years become almost wholly extinct in certain parts of the country. Why is the Moose not domesticated as in Lapland? I just throw out the hint, and possibly some influential and active-minded person may take up the subject.

I see by the annual announcement of the McGill University, that the degree granted by the Medical Faculty is Doctor of Medicine and Master of Surgery. Unless this is specially stated in the joint diploma no graduate can add after his name the letters M.D. and C.M. The McGill degree is the same as that of the University of Paris, which confers upon the possessor the Doctorate of Medicine and Surgery, permitting him to add M. D. and C. after his name. No graduate then who has the latter degree can *legitimately* claim to be a Doctor of Medicine and Master of Surgery, and it is for the purpose of having this set to rights that I refer to the subject in this place. As one of your old graduates (of 16 years standing) who possesses the degree of Doctor of Medicine and Surgery, I shall henceforth use the symbols, when the spirit seizes me, of M.D. and C. If, however, there should be any bye-law of the college which allows of the old gra-

duates to dub themselves Master in Surgery then I shall endeavour to meet its requirements, by styling myself a Master of Surgery as well as of Arts. I may remark that in this country the degree of M. C. is quite distinct from the M. D.

I here take the opportunity of requesting those who give letters of introduction to medical men in London, whose practice is chiefly of a consulting nature, to tell the bearers of the letters *always* to call in the *mornings*, between 10 and 1.

Attention to this will save them much trouble. Indeed persons have called upon me in the afternoon, and have written letters to say how deeply they regretted finding me absent, and have concluded by saying that *if I wished to see them*, their address was so and so!!! If this has happened in my case, so has it in others.

So many McGill graduates have been in London, that I almost forget their names. I have seen Dr. Church, Dr. Pickup, Dr. Bache, Dr. Austin, Dr. de Bonald, and many others.

I intended to say something about the Great Exhibition, but shall reserve it for my next letter; but I will remark that I made some enquiries in relation to the Pneometer of Dr. de Bonald, and learned that it was carefully and minutely examined by the Jury of the Class to which it belongs, and whilst they acknowledged the ingenuity of the inventor, they could not see its general practicability, and hence no medal was awarded.

London, 2nd September, 1862.

PARIS CORRESPONDENCE.

I mentioned in my preceding letter the curious case of the pupping of two dogs afflicted with Hydrophobia at the Veterinary School of Alfort. After the death of the mothers, which, notwithstanding their malady, had been fostering their little ones with the greatest affection, the puppies were carefully watched, in order to ascertain whether they would be exempt or not from Hydrophobia. All the little ones have since died, one by one, of slight Convulsions, and refusing all nourishment. The question of the possibility of hereditary Hydrophobia, therefore, still remains unanswered.

As doubts may arise in the minds of some of your readers on this subject, I think it right to offer the following explanation:—The puppies certainly refused all nourishment and were slightly attacked with *convulsions*, but it would in my estimation be too much to assert that this last named circumstance was the cause of their death. The question concerning the possible existence of hereditary Hydrophobia is considered to still remain undecided: 1st. Because the mere fact of the little animals refusing nourishment is no conclusive proof of Hydrophobia, the same symptoms being common to many affections. 2nd. Because no mention is made of the existence of other symptoms, such as, for instance, uneasiness at the sight of mirrors or shining objects when submitted to them; and 3rd. Because death is most frequently attended with convulsive motions, while on the other hand even real convulsive fits—in themselves no conclusive proof of Hydrophobia—might in this instance be explained by the circumstance,

that the puppies had been deprived of their mother's milk, the natural food at so tender an age.

Dr. Ozanam, in an important article, speaks of the anæsthetic properties of carbonic acid mixed with air. It is well known that carbonic acid produces asphyxia when inhaled in a state of purity; Dr. Ozanam, by mixing three parts of it with one part of atmospheric air, renders it innocuous. He describes his manner of applying it in the following case. Having to open a large tumour requiring incision to the depth of several inches, he complied with the request of his patient, a young man, who asked to be rendered insensible. The mixture above stated was accordingly introduced into an india-rubber bag capable of containing about $5\frac{1}{4}$ gallons; a long flexible tube, communicating with the bag by a stop-cock, and terminating in an opening applicable to the mouth and nostrils, was then adapted to the patient's face, but so as to allow of his inhaling atmospheric air along with the mixture. The stop-cock was then opened, the bag compressed, and the inhalation commenced: Anæsthesia was produced at the end of about two minutes, and during this time two remarkable phenomena were observed, viz., an acceleration of the action of breathing, and an abundant perspiration on the face. The surgical operation was performed without the slightest indication of pain on the part of the patient, the insensibility was therefore complete. Dr. Ozanam caused the inhalation to cease, and it was only then he applied the bistouri for the last time. This cut was felt by the patient, but the pain was extremely moderate, and the return of sensibility took place without any difficulty.

M. Flourens communicates some extraordinary facts concerning the brain, partly resulting from his own experiments. He quotes several instances, recorded in history, of cures effected, in cases in which the brain received serious injuries; among them that of a young officer in the time of the Fronde, whom Cardinal Mazarin had always refused to promote on the plea "that he had no brains." In one of the engagements of those stirring times, this young man received an enormous wound on his head. The surgeon in whose hands he was, astonished at the quantity of brain which issued from the wound, preserved it in spirits, and subsequently, after this patient had completely recovered, showed it to him. "Oh!" exclaimed the latter, "pray, send that to the Cardinal, to prove that I have more brains than he is aware of." Another case mentioned was that of a young man of 16, who had been struck by a stone on the left parietal bone. As the bone did not present any appearance of fracture, the treatment employed by the surgeon Lapeyronie, was of the simplest kind. But on the 25th day, the patient's right eye began to grow weak, and three days later its power of vision had ceased, the patient himself being in a state of absolute prostration. Lapeyronie made several incisions on the skull which he trepanned three times; the dura mater was relieved of a few splinters which pressed upon it, after which he opened it, and a quantity of purulent matter issued forth. Immediately the prostration ceased, and the patient recovered his eye sight, and the complete use of his other senses. At the end of two months he recovered his health entirely, although he had lost a considerable quantity of brain. M. Flourens then recalls to mind several experiments of his own on animals, which

he deprived in some cases of one lobe, and in another of both lobes of the brain, the animal living upwards of a year after the operation; it had however lost all its senses, and was reduced to the state of a mere automaton. In another instance the whole cerebellum was extracted, the animal lived more than a year after the loss, but never recovered the regularity of its movements, being reduced to a permanent state of apparent drunkenness. M. Flourens next proceeded to describe certain new experiments of his, in which he introduced leaden bullets into the brain of rabbits and dogs. The bullets were placed on different points of the upper region of the encephalon, on the lobes, and the cerebellum. The bullets left to the action of their own weight, penetrated by degrees into the substance of the brain, and ultimately stopped at the basis of the cranium. The passage it opened through the substance soon closed and healed; and if the bullet was not too large, none of the regular functions of the animal were disturbed, and it suffered no inconvenience whatever.

A physician at one of the Paris hospitals has just cured a case of *Delirium Tremens* brought on by excessive drinking, by the singular remedy of subjecting the patient to the constant influence of the vapour of spirits. The plan is not new, having been long used in Sweden to radically cure drunkenness. The persons addicted to drink are shut up in a cell, and all the food supplied them is impregnated with brandy. At the end of four or five days they become completely disgusted with the taste and smell, and they come out radically cured: The slightest smell of spirit at last makes them shudder with terror. *Similia similibus curantur.*

Dr. Brochard, alluding to the frequency of surdo-mutism among children, issue from marriages between relatives, treated of some time ago, as your readers may recollect, by Dr. Bondin, gives some further facts confirming the latter's views. He states that in the course of the last 15 years, the deaf and dumb institution of Nogent le Rotron has received 55 children born deaf and dumb. But of these, 15 were born of first cousins, and one of parents issued from first cousins. He adds that at La Ferté-Mesnard, in the Sarthe, there is a family of eight children born of first cousins, four of whom are deaf and dumb from birth; a singular circumstance connected with them being this, that the birth of a deaf and dumb child was regularly followed by that of a child in full possession of all its faculties. This family is very poor, but out of the 15 cases of Nogent-le-Rotron, 11 belonged to wealthy families, and 5 to day-labourers in comfortable circumstances. Out of the 5 two are only children; one, a very intelligent girl, is also affected with hemeralopia or blindness after sunset. The others have brothers and sisters that hear and speak perfectly, except one, whose sister is deaf, and another whose brother is born deaf and dumb. In all the preceding cases the parents are well constituted, and nothing but the circumstance of consanguinity can have led to the birth of imperfectly organised children. Combining these results with those previously stated by Dr. Bondin, it appears that in marriages within the limits of consanguinity, the births of deaf and dumb children are in the proportion of from 25 to 30 per cent. Dr. Brochard also quotes the opinion of the director of the Institution of Nogent-le-Rotron, who says that, to the best of his knowledge, the other institutions of the kind in

France present the same proportion of children, born of relations, as his own establishment.

On this subject of consanguinity, M. Isidor, a gentleman well known to the literary world, replies to Dr. Bondin's arguments in so far as his community is concerned. He states that the Jewish population of Paris amounts to 25,000 souls, which, he affirms, does not comprise four deaf and dumb in all. Dr. Bondin, he thinks, greatly exaggerates the frequency of consanguineous marriages among the Jews: the Mosaic law, indeed, permits marriages between uncles and nieces, but the civil law forbids them, and dispensations are not easily obtainable. As to marriages between cousins, they are everywhere allowed, and the Jews therefore do not monopolise them. 100,000 Israelites of all France could scarcely furnish from 12 to 15 deaf and dumb. M. Isidor receives with incredulity Dr. Liebreich's statement of the existence of 27 deaf and dumb for every 10,000 souls at Berlin, as well as Mr. Elliotson's assertion that no country offers more instances of squinting, stammering, &c., than England. Those assertions, according to M. Isidor, are not founded on well authenticated facts.

M. Sanson publishes an article relating to consanguinity amongst animals. M. Sanson, far from confirming Dr. Bondin's view of the effects of consanguinity, endeavours to show from the English stud-book, that the circumstance in question has always been favourable to the physical development of the progeny. *Flying-Childers*, for instance, one of the most famous thorough-bred horses on record, was the brother of his maternal great grand-sire, and so on about a number of celebrated horses. Passing from the horse to the horned cattle, M. Sanson shows that the best bulls on record were the result of consanguineous intercourse. The small Breton race, of the department of Morbihan, remarkable for its vigour, and for the rich milk it yields, is generally propagated by consanguinity. Sheep, pigs, and fowls offer similar instances. Hence, M. Sanson concludes that consanguinity, since it does not lead to disastrous consequences in domestic animals, is not likely to be injurious to the human race, and that Dr. Bondin's statistics must be regarded with caution. To this argument, I believe it might be replied that the disastrous effects of consanguineous marriages seem to bear particularly upon the organs of hearing and speech, more especially important to the higher organisation of man. No one denies that a child born of consanguineous parents may grow as fat and muscular as any other, or that its hair may be as silky as that of others or more so; but will it not be deprived of speech and hearing? This is what no arguments, founded on the observation of cattle, can answer.

The *Journal des Connaissances Médicales* publishes some curious remarks, by Dr. Caffé, on hoarseness. A sore throat, having its seat in the larynx, is often followed by a partial loss of voice, which it is very difficult to remove. Singers and public orators are frequently attacked with sudden and obstinate hoarseness. When Napoleon I. returned from Elba, he was seized with this affection but a few hours before he had to reply to the harangue of the municipality of Lyons. His physician, Dr. Fourreau de Beauregard, prescribed the following potion:

Liquid ammonia,.....	10 drops.
Syrup of Crysimum,.....	45 grammes.
Infusion of blossoms of the lime tree,...	90 “

(To be taken in one draught.)

It produced the desired effect immediately, and was afterwards known by the name of “Imperial potion.” The late Dr. Bennati, of Paris, physician to the Italian Theatre, who himself possessed one of the finest voices known, and lost his life in consequence of injuries received from an unmanageable horse, used to prescribe the following gargle for hoarseness:

Water,.....	250 grammes.
Alum,.....	6 “
Diacodon syrup,.....	60 “

(To be used every half hour.)

Dr. Bennati's voice was so remarkable that Professor Majendie requested Dr. Caffo, who had dissected the body, to favour him with his larynx, which he subsequently made the subject of one of his best lectures at the Collège de France. A lady, on the other hand, had one of his teeth set in a ring, which she constantly wore ever afterwards. Bennati's skull was deficient in diploe, and the external table was therefore all one with the internal one; its structure was foliaceous, an anatomical arrangement common to all singing birds, and the cause probably of the numerous fractures of skull which lead to his death. When a public man is affected with sudden hoarseness just at a time when he *must* speak, the impediment may be removed by the application of a mustard plaster around the neck, and another at the base of the breast. In chronic hoarseness, Dr. Graves recommends a gargle composed of 3 grammes of Tincture of Guinea pepper, and 145 of a decoction of bark, to be used five or six times a day; at the same time the front part of the neck is frequently rubbed with the following liniment:—Camphorated oil, 24 grammes; Croton oil, 8 grammes. Of this compound, 6 grammes are to be used daily, until a confluent eruption is produced, when it is suspended until after the desquamation. The drinking or inhalation of the effluvia of sulphureous springs is also useful.

About two years ago, Dr. Churchill, of Paris, advocated the use of the hypophosphites of lime and soda in cases of incipient consumption, or at least of a tendency to that disease. His theory rests on the following principle:—That one of the essential conditions of phthisis consists in the want or undue waste of oxydizable phosphorus in the animal economy; and that, consequently, the disease may be prevented by administering a due amount of that element. Since then Dr. Churchill has been actively engaged in collecting facts in support of this certainly very plausible theory, and the results of his observations now form the subject of an interesting series of papers published in the *Medical Circular*, under the title, “The proximate cause of consumption and its specific treatment by the hypophosphites.” Of the 24 cases hitherto described, there is not one but relates to consumption in the third stage successfully treated by the hypophosphites, a fact which goes far to establish the efficacy of the new remedies, and would perhaps acquire greater value, were some of the negative cases also described. A statistical comparison of the successful with the negative cases

would, I think, be extremely valuable in determining to what extent the hypophosphites may be relied on in a disease in which so many remedies have hitherto failed.

W. N. C.

Paris, August 19th, 1862.

[We regret to say that we much fear that one of our correspondent's letters, to which he makes evident allusion in the commencement of the present one, has not reached us, thus accounting for the void in our last issue, in this respect. We regret the loss, as the letters are both interesting and instructive. Ed. B. A. J.]

REVIEW DEPARTMENT.

ART. XLV.—*A Manual of Medical Diagnosis; being an Analysis of the Signs and Symptoms of Disease.* By A. W. BARCLAY, M.D., Cantab. and Edin., F. R. C. P., Assistant Physician to St. George's Hospital, &c., &c. Second American from the second and revised London edition, Philadelphia: Blanchard and Lea; Montreal: Dawson, Brothers; 1862, 8vo., pp. 451.

The work before us was first published in 1857, and a second edition was called for during the subsequent year, while the volume we are now noticing is the American edition of that second revised London one. The mere fact that in the course of a few months a second edition should be demanded by the Profession, proves the intrinsic excellence of the Author's labors.

To recognise the distinctive characteristics of some special disease, and thence to apply the treatment adapted to the individual case through which the functional or organic changes may be alleviated if not controlled, is the especial daily task of the physician; and while the facility with which this diagnostic duty is discharged elevates the physician among his brethren, because all are not equally gifted, yet in all cases the mental work by which it is performed, whether by synthesis or exclusion, constitutes without the least *hyperbole* the most difficult, yet the most important of his daily obligations. Hence it is that from ignorance of the true import of some especial symptom, mistakes in diagnosis are so frequently made; and hence also the exceeding value of what we might term an educated experience; and we believe we could illustrate this proposition by no more striking example than in the frequency with which a severe pain, referred to the knee in a scrofulous subject is treated by local derivative applications to that part, whereas the *font et origo mali* was located in the hip, an error in judgment not detected, and the faulty diagnosis not ascertained, until a dislocated hip joint and flexed leg proclaim it to the world unmistakeably.

The value of the work before us may thus be estimated, and to the junior members of the profession, and to students, we could scarcely indicate a volume presenting to them greater claims to their attentive consideration.

We think it impossible to give a clearer idea of the author's intention and meaning than in quoting the following from his introduction :—

All true diagnosis is ultimately based upon inductions separately framed out of clinical and pathological investigations and experiments. By careful and repeated observation, we have succeeded, with every appearance of truth, in associating certain phenomena observed during life with particular lesions found after death ; and these form the first step in our progress. Sound principles have advanced exactly in proportion to the number and the accuracy of these conclusions, because there are many conditions which we are not yet, and perhaps never shall be, able to associate with any appreciable change in structure ; and to them we must apply by inference the truths which have been taught in other instances by direct observation. In so far as we are able correctly to interpret symptoms, and to trace out in connection with them a real change of structure or of function which affords an adequate explanation of their presence, in so far are we prepared to form a correct diagnosis. It is not the province of this branch of study to elucidate the *modus operandi* of the change ; but, assuming these principles as true, our especial work is to learn to group symptoms together, and to analyze them separately in such a manner that we may be able to apply to them a scheme already supplied to our hand, which shall in some way account for their existence. It is by the nature of this assumption that rational medicine is distinguished from empiricism. The latter equally seeks to group symptoms together, and to assign to each group the most suitable remedies ; but the theory or scheme which it furnishes is not based on scientific principles. In the application of the theory to the case under observation, the two are exactly analogous. A comparison is to be instituted between the probable results of the supposed malady and those presented by the particular case, and their correspondence serves for the verification of the hypothesis. In short, it is the deductive process of reasoning applied to the elucidation of morbid phenomena. We gather together in the best manner we can the fragmentary evidence of symptoms, and we apply to it the known laws of causation taught by the theory of disease.

The correctness with which this process is performed depends on a variety of circumstances. In the first place, it will be greatly influenced by the amount of evidence. This evidence has to be sought, and therefore much will depend on the manner in which the investigation is conducted. Without method, some portion of it is sure to be overlooked or forgotten ; with a bad method, the information presents itself in such a form as makes the inference of truth a matter of difficulty. The plan adopted in this volume is one which, on close consideration of the subject, has most commended itself to my own mind ; but each person will probably be disposed to modify it so as to suit his own habits of thought.

In the second place, the correctness of the conclusion must very greatly depend on our assigning the true value to each portion of the evidence, especially if the group of symptoms be a very complex one. We still form our judgment from the aggregate, but we know that one part is much more trustworthy and more important than the remainder. One single symptom even may, by its presence or absence, turn the balance of evidence in favor of one disease, or exclude another ; but this view of its importance in connection with the whole group, of which it is but a part, is very different from the error already pointed out of regarding any sign as " pathognomonic." On this point correct general knowledge of disease can alone give precision to our judgment ; but it is also the province of a work on diagnosis to assign in some measure to each symptom its relative value.

In the third place, the verification of the result wholly depends upon the accuracy of our knowledge of the theory of disease. The evidence of symptoms properly arranged leads us so far in the right direction for discovering its true seat and nature ; but it does no more than point out a number of requirements

with reference to particular organs, or to the system at large, which any disease must be known *à priori* to fulfil, before we can admit it to be that which exists in the case before us.

From these considerations, I think it must be evident that the more numerous and the more simple the symptoms are on which we have to decide, the more certain must be our diagnosis.* * * * *

In studying disease, it is manifest that attention to one symptom only cannot lead to truth, since the causes of its production may be various; but when a greater number are considered, and are found to harmonize together, the possibility of the whole group being produced by one or other of several causes becomes necessarily very greatly diminished. When the symptoms present are obscure or uncertain, it is much more difficult to trace them back to their true source than when they are clear and intelligible. But yet we must remember that even after we seem to have arrived at a correct result from the comparison of two or more definite symptoms, yet if other important phenomena which ought to be found on closer search are absent, we must have committed an error in observation, and the opinion formed ought only to be persisted in when this exact correspondence can be traced, or good reasons can be assigned for the existence of an exception. Hence it sometimes happens that future examination of the same case, by bringing to light new symptoms, may oblige us to discard an hypothesis framed on insufficient premises: indeed, we must often suspend our judgment altogether, till the progress of the case has determined the actual from which the disease is about to assume.

Another point must also be kept in view in diagnosis. Diseased action in the body is often very complex, and the phenomena present may not be all reducible to the results of one form of disease, or a morbid condition of one set of organs; it may, on the contrary, be compounded of the effects of several causes acting together. And not only in such a case are the single effects associated together and intermingled with each other, but the product is a combined effect of the compound cause, in which the direct symptoms of each separate lesion are modified or neutralized by one another. It is, therefore, necessary to distinguish between symptoms uniformly associated with certain conditions and those which are merely accidental; these, again, must be divided into phenomena, which, though not essential, are more or less directly connected with the morbid state, and those which are wholly independent of it. And having collected all the evidence which the case affords, if it appear sufficient to establish any hypothesis, we have yet to make sure that no other condition of disease is present that might give a different interpretation to some of the symptoms; and still more, when it is unsatisfactory or contradictory, must the examination be careful and extensive in order to discover the causes of this imperfection, and the associations which modify or suppress those symptoms which each would display if acting alone.* * * * *

While thus studying diagnosis, let it not be forgotten that though our first aim be to arrive at a correct conclusion regarding the disease under which the patient is labouring, our ultimate object is to restore health. Therefore, while combining symptoms in our own mind to give unity to the whole, we must ever have regard to anything they may teach us concerning the condition of the patient.

Thus, for example, in any case which may at first sight be regarded as one of the simplest examples of that state to which the much-abused term of inflammation is applied, however, clear the evidence in favor of inflammation of any particular viscus, we must not act upon this knowledge alone, but must take into consideration the signs of strength or weakness, of increased or depressed vitality, which accompany it. This oversight is probably the most prolific source of many a hasty and ill-formed assumption, based on insufficient grounds. The self-evident symptoms alone are considered, other phenomena are too often disregarded, sources of fallacy are overlooked, and a diagnosis is pronounced to which

the whole course of the disease is made to bend. Of necessity erroneous hypotheses are admitted in order to reconcile the evident discrepancy between the progress of the case and the supposed nature of the malady. Faith in treatment is shaken, because a false opinion once formed, remedies cannot be employed in a manner conducive to the recovery of the patient. In the end, the student becomes a fanciful speculator in place of a sober physician. He finds the aimless impotence of quackery as successful as his own misguided efforts, and follows the fashion of the day in homœopathy, hydropathy, the abuse of the speculum, &c., to say nothing of the errors into which some have fallen in the introduction of specific modes of treatment, when their position and their knowledge had given promise of better things.

After these introductory observations, we have only to remark that each possible symptom of a disease is treated of in detail, and its true diagnostic value assigned to it, in thirty-five chapters, in which the whole subject is exhausted.

Writing in the most emphatic sense, we know of no more valuable work which the senior student of medicine, or the junior practitioner of it, could read; and indeed there are none in the senior rank of the profession to whom its careful study would not be productive of great advantage. If we mistake not, it is the only work of the kind in the English language with which we are acquainted; and while we thank the author for his truly valuable production, we cannot too strongly recommend its careful study to the parties whom we have indicated, as a treatise on the phenomena which are daily occurring to the physician, and which are continually calling into exercise his highest mental capabilities.

We need hardly say that the volume is produced in Blanchard & Lea's usual style.

ART. XLVI.—*A Year Book of Medicine, Surgery, and their Allied Sciences, for 1861.* Edited by DRs. HARLEY, JONES, HEWITT, MR. HULKE, and DR. SANDERSON, for the New Sydenham Society. London, 1862, 8vo., pp. 553.

The New Sydenham Society is unquestionably deserving of, even if it has not already fully obtained, the best wishes of the profession, for the judiciousness displayed in its published works of valued authors, quite a number of which are in our libraries, which we could scarcely have seen except for its energy.

The "Year Book" is the *original production* published under the auspices of the Society, and bears most thoroughly out the object contemplated by the Society in its composition, viz., to furnish to the English physician, what had been effected years before on the European continent, especially among the Germans, a concentration, as it were, of the medical literature of the year.

The present volume is a decided advance upon its predecessors, from the fact of its being not only more correct, as far as we have been enabled to judge, but also from the fact of the increase of its contents. It is in reality a full epitome of every paper possessing the least intrinsic excellence, whether culled from European or American observation, and therefore must prove to the lecturer or the physician who seeks further information on a particular point, a most invaluable guide to the sources of the information which he is seeking.

We cannot in too strong terms recommend a subscription to this Society on

the part of our Canadian brethren. We feel assured that they will not repent of their act, but will regret that they had not been members from the commencement, as the annual subscription would have already secured to them a most valuable selection of works, constituting of itself a library of no equivocal value.

PERISCOPIC DEPARTMENT.

MEDICINE.

REMARKS ON ALBUMINURIA, MADE BEFORE THE NEW YORK ACADEMY OF MEDICINE.

By A. CLARK, M.D., Prof. of Practice and Pathology.

Again, the frequent dependence of Bright's disease on hypertrophy and valvular disease of the heart has been referred to. The nature of this dependence needs explanation, at least to my own mind. It occurs, as will be seen hereafter, much more frequently with hypertrophy alone, or with hypertrophy and mitral disease, than with obstruction at the aortic opening. This may be saying no more than that enlargement and deformities of the mitral valves are in themselves more common than disorders of the aortic valves. But it occurs with obstructive changes in the latter valves occasionally. This would seem to preclude the supposition that the secondary renal affection arises from crowding the kidneys with blood through the increased size and strength of the left ventricle. Still, the point has not yet been studied with the care which will authorize us to say that our data are positive and reliable. But there are grave nervous disturbances in hypertrophy and valvular disease, as seen in the irregular occurrence of palpitations and dyspnoea. It is possible, then, that this nervous agitation may be reflected upon the nerves of the kidneys, as it is upon those of the lung. The kidney affection cannot, in the present state of our knowledge, be referred to an unnatural condition of the blood; for such unnatural condition has not been demonstrated, and there are no symptomatic evidences of it up to the time when the complication usually occurs. Thus, then, we must say that hypertrophy and chronic valvular affections of the heart are frequent causes of Bright's disease; and we cannot at present explain satisfactorily the mode in which one organ acts on the other.

It is perhaps equally difficult to explain the mode in which pregnancy produces Bright's disease. The theory that it depends on the pressure of the gravid uterus upon the abdominal aorta below the origin of emulgent arteries, and the consequent surcharge of the kidneys with blood, though sustained by the authority of Rayer and Litzmann, has not the full support of experiments. Mr. Robinson (*Med. Chir. Trans.*, vol. xxvi., p. 74) found that in tying the abdominal aorta below the emulgents in two rabbits, only one of them secreted albuminous urine, and the quantity of albumen in that one was but small. I have not seen the report of Frerich's rehearsal of the same experiments, but it is stated (*Brit. & For. Med. Chir. Rev.*, April, 1852, p. 244) that he arrived at the same results. This is not a very solid foundation for an hypothesis, and yet it may give color to the opinion, especially when it is remembered that the animal which furnished the albuminous urine only lived ten hours, and the other was killed in forty minutes, while the uterine pressure, if it exists, lasts for months. But the well-known gastric and mammary sympathies of pregnancy demonstrate a wide range of nervous relations, and suggest the theory of reflex

nervous action. Nor is the idea that the kidney changes depend on the changed condition of the blood excluded. For it is claimed that this fluid in pregnancy contains more water, fibrine, and colorless globules, and less of albumen and red corpuscles, than in other normal conditions. It may be, as Frerichs supposes, that the mechanical obstruction to the circulation and the altered condition of the blood co-operate together in producing the kidney disease. Thus do the explanations differ, though albuminuria has been recognised as a frequent attendant on pregnancy, and puerperal convulsions as dependent on albuminuria since the first was announced by Rayer, and the second by Lever.

The albuminuria of phthisis pulmonalis occurs in the later stages of the tuberculous affection, when the blood has already undergone grave changes, and it is certainly not impossible that the congestion and renal lesions may depend on this unhealthy state of the circulating fluid. But, on the other hand, the lungs have usually already suffered fatal erosion. The nervous sympathies have often been extensively and painfully invoked. That the innervation of the kidneys should be modified by what in this discussion has been called reflected or reflex influences, should not be surprising. A parallel influence, though in the opposite direction, is sometimes very marked. When the peritoneum becomes covered with tubercles, and tubercular peritonitis is well established, the lungs are so far deprived of their usual sensitiveness that large excavations may be formed in them, and yet the alarm-bell is never once sounded; there will be no cough from first to last.

Regarding the diseases of debility and cachexias that induce Bright's kidney, they perhaps act through the changed condition of the blood. It seems to be very generally admitted by physiologists that there is no state of the circulating fluid so favorable to its ready transit through the vessels as its normal state, that is, as when it possesses all its constituents in due proportion. "It is an important physiological and pathological law," says Johnson (p. 248), "that the blood, in order to circulate freely through the capillaries, must be in a normal condition, and that any departure from its healthy composition is associated with more or less of impediment and retardation in the capillary circulation." Assuming the truth of this proposition, though it has been proved of certain unnatural conditions only, we find a reason for embarrassed circulation in every part of the body during the continuance of a cachexia, and in the kidney especially, when this circumstance is aided by some other agency operating upon these organs. But I must confess that this kind of reasoning is very unsatisfactory; and were it not that a study of possible influences sometimes leads us to truth, or excites further inquiry, I should not have taken the time to consider this somewhat extended series of hypotheses.

Among the external agencies which are usually enumerated as capable of producing Bright's disease are cold, alcoholic drink, and diet. The important influence which the temperature and the secretions of the skin exert upon the kidneys, is a part of every man's personal experience. Nothing illustrates this more strikingly, or more appositely to our present purpose, than the experiments which suspend the cutaneous secretions. Carpenter (*Manual of Physiol.*, Para. 746) states that when the exhalant action of the skin is completely checked by the application of an impermeable varnish, the temperature of the body falls, and in a short time fatal results ensue. I had an opportunity of witnessing this experiment last winter at the College of Physicians and Surgeons. Dr. Styles, to aid his teaching, had the fur of a rabbit removed, and covered the skin with a coating of collodion. In an hour or two the urine was albuminous, and the animal survived only a short time. Carpenter adds:—"A partial suppression by the same means gives rise to febrile symptoms and to albuminuria." The opinion is universal that it is exposure of the surface of the body to cold air which produces the dropsy, and other symptoms of Bright's disease, after scarlatina. That this belief is well founded in the main, I do not doubt. At least, so much

as this is true. The predisposition exists, or rather the disease has commenced through the influence of the scarlet fever; and as that affection subsides, the renal disorder is disposed to subside—but the cold renews the congestion, and kindles into a blaze the smouldering fire. That this is the correct view is rendered highly probable by the occurrence of scarlatinal dropsy in children who are most carefully and prudently protected from the cold. Such a case occurred in the practice of Dr. Stephen Smith last winter. Not a breath of cold air had touched the body of this child. The rooms were large, and all the time kept at a temperature of 70°. During her convalescence from the exanthem, she had the range of these rooms, and never left them. Her clothing, also, was carefully looked to. Yet this child did not escape. Then, too, that there are other influences at work besides the cold would be inferred from the fact that the dropsy, when it occurs, has its time, occurring after an interval nearly as definite as the period of the eruption itself. Still, that cold and diminished exhalations from the skin have an active agency in producing both the acute and chronic forms of Bright's disease, can hardly be doubted.

As to diet, its influence is traced with more difficulty, and I have little to say about it. That the ingestion of an excess of albuminous food should be followed by albuminous urine is hardly a fact in point, for that sort of albuminuria is not Bright's disease. That certain other articles of food, vegetables, for example, should cause the urine to be albuminous for a few hours, has been, in some instances at least, explained by the further study of the cases. Bright's disease had already commenced, but the urine was not albuminous, except when the kidneys were excited by something which operated unkindly upon them. If any article of wholesome food has the power to cause chronic disorganization of the kidneys, I think it is yet to be demonstrated. If scanty and innutritious or unwholesome food produces Bright's disease, it is probably because of the unnatural condition of the blood which such food induces.

Regarding alcoholic drinks, it appears to me that their power to produce Bright's disease, in either of its forms, has been greatly overstated. There is a conviction in the minds of many physicians that this affection is a badge of intemperance. How wide this is of the truth may be partly seen from what has been already said. The opinion seems to have arisen from the fact that the renal disorder has been chiefly studied in hospitals, where a large proportion of the patients are found to have been intemperate, whatever may be their actual disease. I do not mean to deny that alcoholic drinks are among the causes of this affection. It is undoubtedly true that they have great power in exciting the kidneys to action, and these organs eliminate from the system certain of their constituents. It is probably true also that they disturb that "definite composition of the blood," which Poisenille found necessary to insure healthy secretion. It may be that they "impede the circulation" in the kidneys. It is certain that they are capable of much mischief, and that many hard drinkers have Bright's disease. But it is not true that any particular form of this disease depends on them alone. I would especially oppose the notion of Goodfellow, that the fibrous kidney is in any but the very loosest sense the "spirit kidney." He says (p. 190 and 192) of the fibrous and hobnail ("granular") kidney: "this alteration is very commonly seen in both these organs (kidney and liver) in old drunkards, especially and almost exclusively those who take the raw spirit, or spirit mixed with only a small quantity of water." He holds that the form of disease produced by beer, etc., is "a mixed kidney, something between the large white kidney which we see after scarlatina and the true granular (hobnail) kidney, with more or less fatty deposit both in the tubes and in the interstitial tissue." This distinction may be well founded in its application to kidneys in which disease is caused by spirits only, or by beer only. In this country none are habitually intemperate on beer alone; we have, therefore, no opportunity of verifying the latter statement. But if it is to be inferred that any form of Bright's disease

is produced by alcoholic drinks, and cannot be produced by other causes, or is only rarely produced by other causes, then I am sure the statement is without foundation. Hardly less than this would justify the application "spirit kidney." Of many small fibrous kidneys found at post-mortem examinations in *private practice*, I cannot now recall one that occurred in the person of a spirit drinker. Two cases, for example, occurred in the practice of Dr. Watts, in the same street and in houses nearly opposite each other. In each of these, the kidneys were both small, one of them in each instance not exceeding one ounce and a half in weight, and hobnail (granular). Dr. Watts will bear me witness that they were both temperate men. One of them indeed, a man fifty-eight years of age, had never tasted intoxicating drink of any kind from his childhood. His mother was alarmed by the effects of some gin given him in his infancy, and as he grew up, she exacted a promise from him that he would never, in all his life, taste intoxicating drinks—a promise which he had, according to his own statement and the united testimony of his family, religiously kept. Yet a post-mortem examination disclosed not only fibrous and contracted kidneys, but also fibrous degeneration or cirrhosis of the liver. Dr. Bulkley saw this case, and will confirm this statement. I cite these cases, not as medical curiosities, but as instances in a class of cases which is far from being small, in my experience. If I may step out of my proper path for an instant, I will add that excluding hospital practice, I believe that at least one half the cases of fatal cirrhosis that I have met with have been in persons who were either abstinent or strictly temperate in the use of alcoholic drinks.

ON THE TREATMENT OF SUSPENDED ANIMATION UNDER THE INFLUENCE OF CHLOROFORM.

By WILLIAM MARCET, M.D., F.R.S., ASSISTANT-PHYSICIAN TO THE WESTMINSTER HOSPITAL, ETC., ETC.

IN the *Medical Times and Gazette* for July 20, I offered a few remarks on the phenomena attending the accumulation of vapors of chloroform in the blood, and insisted on the importance of watching the state of the respiration as well as that of the pulse during the exhibition of this anæsthetic agent. The number for October 28, of the same Periodical, containing two new cases of death from chloroform, I may be perhaps allowed to return to this subject, my present object being suggest a mode of treatment in these cases which to my knowledge has not yet been proposed; and considering the failure which has nearly constantly attended every attempt to restore animation suspended by an overdose, or under the influence, of chloroform, the following suggestions will be most probably of interest, and also, I trust, of practical utility.

It has frequently occurred to me that, in many instances, the final cause of death from chloroform was owing, not only to its anæsthetic properties, but also partly to spasm of the glottis. I do not mean, however, that the passage of the vapor of chloroform through the glottis and larynx has the power of causing an involuntary closure of the glottis; and I cannot agree with Dr. Black, of St. Bartholomew's Hospital, who states, "Any concentration of the vapor of chloroform which can be breathed is safe: any condition of dilution which causes the patient to cough or hold his breath is dangerous, and if persevered in for half a minute, may be fatal." I believe a spasmodic closure of the glottis to take place occasionally from the action of the chloroform which has been absorbed into the blood, and that this obstacle to the admission of air into the lungs, taken in connection with the narcotic or anæsthetic effect of the chloroform circulating in the blood, has been in some, perhaps many, cases the actual cause of death. Should this view be correct, it will follow that if air be allowed to enter the lungs by means of tracheotomy, or by opening the glottis with a trachea-tube, or any

other operation which will effect the same purpose, life will in such cases be saved.

It may be inferred that spasm of the glottis takes place occasionally under the influence of chloroform.

1st. Because several substances possessing anæsthetic properties are positively known, when present in the blood, to have given rise to closure of the glottis.

2nd. Because the symptoms of death from chloroform are consistent, more or less, with death from sudden asphyxia.

3rd. Because the post-mortem appearances after death from chloroform may be accounted for by assuming that death has taken place from asphyxia.

In the three following cases, spasmodic closure of the glottis resulted from the presence of alcohol, carbonic acid and sulphuretted hydrogen in the blood, the physiological properties of these three substances being allied to a certain extent to those of chloroform; and in two of the instances under our consideration, life was obviously saved by tracheotomy.

A very interesting case is reported in the volume of the *Medico-Chirurgical Transactions* for 1837, entitled, "Case of Recovery from the Insensibility of Intoxication by the Performance of Tracheotomy. By George Sampson, Esq." The patient, aged 31, was brought to Mr. Sampson's house in a state of complete insensibility after drinking freely of beer, and more than a pint of brandy; all voluntary motions had ceased for at least four hours. The stomach-pump being used, drew off between three and four pints of fluid, the greater part of which appeared to consist of brandy. Every means of exciting vomiting was afterwards vainly applied; the man became more comatose, his countenance turgid, and breathing more and more difficult; the pulse grew fainter, and was at last scarcely perceptible. He was then removed to the Infirmary, and a consultation was held with the other medical attendants, who arrived in the course of half an hour; at that time every appearance indicated the rapid approach of death, and there was no ground to justify a reasonable hope of recovery. It occurred to Mr. Sampson when standing by the patient's bed-side, that the extreme difficulty of respiration was owing to the existence of "collapse of the glottis," and with this view of the case, he strongly urged that a trial should be given to the operation of tracheotomy. The operation was accordingly performed, without loss of time, by Mr. Andrews. The trachea was no sooner opened, than the distension of the veins about the head and neck subsided, the violent efforts of the respiratory muscles ceased, and in about half an hour regular and easy respiration through the wound was freely established. At the same time the pupils became slightly sensible to the stimulus of light, and the pulse returned to the wrist. He continued quiet during the night, but had no return of consciousness till the following morning. The case proceeded very satisfactorily, and the wound being healed in about three weeks, the patient was discharged cured.

This case is particularly interesting, for the analogy between the physiological action of alcohol and chloroform has been quite satisfactorily demonstrated by Messrs. Lalleman, Perrin, and Duroy. Like alcohol, chloroform acts first on the brain, then on the spinal system, and finally on the sympathetic; the brain exerts a certain power of concentrating within its tissue both chloroform and alcohol; the period of excitement produced by chloroform, is not unlike that of alcoholic intoxication; and insensibility equally results when a sufficient dose of alcohol or chloroform has penetrated into the circulation.

If alcoholic poisoning is positively shown to have threatened life from asphyxia owing to spasm of the glottis, I see no reason why death from chloroform should not be due occasionally to the same phenomenon.

The two other cases I have to report have come under my own observation.

One of them was an instance of secondary asphyxia, from spasm of the glottis, after immersion in the Serpentine during the skating season. The patient, a middle aged man, had been entirely under water, but on being taken out, respi-

ration turned, and continued comparatively free until placed in a warm bath when he suddenly exhibited alarming signs of asphyxia, obviously from spasmodic closure of the glottis. A few minutes later the patient was removed to a bed when several similar attacks occurred, one of them still more severe than the first. He recovered in the course of some hours.

This is an instance of spasm of the glottis produced by an accumulation of carbonic acid in the circulation. The gas in question possesses anæsthetic properties, and is so far allied to chloroform.

The third case is one of equal interest, although the subject of the observation was a dog. About two years ago, when engaged in injecting an aqueous solution of sulphuretted hydrogen into the external jugular vein of a dog, I observed that the animal's respiration, instead of becoming somewhat deeper, as usually happens during this operation, began to fail, and shortly afterwards ceased, without there being the slightest struggle or apparent symptom of asphyxia from the closure of the glottis. I immediately prepared to have recourse to artificial respiration by means of an instrument I have invented for that purpose. In order to insert a tube into the trachea, I incised this organ, when immediately, to my surprise, the animal commenced breathing through the opening. After a few minutes free respiration and sensibility returned, and the animal recovered perfectly. It is obvious that, in the present instance, the respiration had been arrested by closure of the glottis, and the animal was dying from asphyxia; had not tracheotomy been performed, the dog would certainly have died with every symptom of syncope. This case, which I report from memory, was witnessed by many of the pupils of the Westminster Hospital. It shows two interesting facts:

1st. That the presence of an excessive quantity of sulphuretted hydrogen in the blood may cause death from spasm of the glottis; and, 2nd. That on those occasions death takes place without the struggles or convulsions so peculiar to impeded respiration. Consequently, in cases of death from chloroform, the absence of convulsion is no proof that there exists no mechanical obstacle to the free admission of air into the lungs.

The symptoms of death by chloroform are consistent with those of asphyxia.

Dr. Snow's book contains a very interesting case of death from chloroform, with symptoms of asphyxia, which was communicated by Dr. Solly to the *Medical Gazette*. This case (No. 12) bears directly on the subject of the present communication. The patient, a porter, aged 48, and apparently in perfect general health, was submitted to chloroform for the removal of a toe-nail. The anæsthetic vapors were administered by means of an inhaler; after the operation had been performed, and being still insensible, the patient's face became dark, his pulse small, quick, but regular, respiration laborious; his neckerchief was removed and chest exposed to fresh air from a window near to the bed, cold water was dashed on his face, the chest rubbed, and ammonia applied to the nose. After struggling for about a minute, he became still, the skin cold, pulse scarcely perceptible, and soon ceased to be felt at the wrist. Immediately on the appearance of these symptoms artificial respiration was commenced by depressing the ribs with the hands and allowing them to rise again, until the proper apparatus was brought, when respiration was kept up by means of the trachea tube and bellows, and oxygen gas introduced into the lungs by the same means. Galvanism was also applied, but to no purpose.

Dr. Snow considers there is some obscurity about the above narrative, which I have given as nearly as possible in the same words as those used in the report; in his opinion the symptoms exhibited would be inconsistent with death from chloroform. It appears to me, however, that this is clearly a case of asphyxia from spasm of the glottis under the influence of chloroform, and I cannot help believing that had treacheotomy been performed at the time when artificial respiration was commenced, the patient would have been saved. If most cases of

death from chloroform are not attended with evident signs of asphyxia, still this is no argument in favor of the absence of spasm of the glottis, for it must be remembered that poisoning by chloroform is a complex phenomenon which results from excessive anæsthesia producing a tendency to paralysis of the muscles, and an action on the heart predisposing to death by cardiac syncope; any spasmodic closure of the glottis occurring under these circumstances would, it may be anticipated, cause sudden death without the recurrence of convulsions, or struggles for breath.

The post-mortem appearances in cases of death from chloroform do not preclude the idea of death from asphyxia; indeed in cardiac syncope, which is according to Dr. Snow the fatal termination of poisoning by chloroform,—“If the blood have not been displaced by artificial respiration or other causes, the right cavities of the heart and the adjoining great veins will be found filled with blood and the lungs will in many cases be more or less congested. The appearances, in short, will be very much the same as in asphyxia by privation of air which ends in a kind of cardiac syncope.” Nothing can be more in favor of the view I am advocating. It must be well understood that I do not consider every case of fatal poisoning by chloroform as owing to spasm of the glottis, and there is every reason to believe that in some instances death takes place from paralysis of the muscles of respiration, in others from cardiac syncope, or from a simultaneous occurrence of both these effects.

If it be admitted that death from chloroform be occasionally owing to spasm of the glottis, then the importance of performing tracheotomy in these cases, and adopting some means of allowing air to enter freely through the wound, will be readily understood. It must be remembered that the cases on record of recovery from suspended animation owing to an overdose of chloroform are very few, and, as a rule, it may be considered that, after the respiration has ceased, and the pulse become hardly perceptible at the wrist, death is inevitable. Under these circumstances, any means apparently available should be adopted. The operation of tracheotomy ought to be performed as soon as possible after the respiration has stopped, and the patient assumed that livid countenance known in these cases to precede death: the loss of every second diminishes the chance of saving life. Artificial respiration, if possible, must however not be neglected, and should be carried on before, during, and, if necessary, after the operation of tracheotomy has been performed. Artificial respiration is of great importance in connexion with death from chloroform; and I am at present busily engaged inquiring into this subject.—*Medical Times and Gazette.*

THE INDIAN REMEDY FOR VARIOLA.

Some time since we noticed the new remedy for variola in use among the Indians of Nova Scotia. We derived our information of its virtues from a notice of it in one of our foreign exchanges. In England it had attracted so much notice as that its virtues were to be thoroughly tested. At a recent meeting of the Medical Society of Nova Scotia, held at Halifax, the subject was discussed, and a resolution passed to the effect that there was not “any reliable data upon which to ground any opinion in favour of its value as a remedial agent.”—*Med. and Surgical Reporter.*

TREATMENT OF EAR-ACHE.

In numerous cases of ear-ache, I have used the vapor of chloroform with perfect success. I take a common tobacco-pipe, place a wad of cotton in the bowl, then drop eight or ten drops of chloroform upon it, and cover with another wad of cotton; place the stem to the affected ear, then blow into the bowl; the chloroform vapor is carried into the ear, and the pain almost instantly ceases.—*Journal of Materia Medica.*

THE
British American Journal.

MONTREAL, SEPTEMBER, 1862.

TRIENNIAL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS
OF LOWER CANADA.

After considerable delay, we are enabled to give publicity to the proceedings at the Triennial Meeting of the College, held at Melbourne on the 9th July last. If there is one event in connection with it at which the large majority of the Profession of the Lower Province will be pleased, it is that of the elevation of Dr. Marsden, of Quebec, to the Presidency,—a position which we think most emphatically his due, less on account of his abilities, than as a recognition of the value of his unwearied services in promoting the best interests of the Profession, in every possible way, for upwards of a quarter of a century, services which deserve a far higher acknowledgment. As a proof, however, of the good wishes of the Profession in his favour, he may certainly accept this mark of estimation. There was another gentleman whom we would most cheerfully have seen obtain the honour; but we feel persuaded that even he will acknowledge that if long unswerving labour in furtherance of the best interests of the Profession in Lower Canada,—and we know of no one who in this respect has toiled more unremittingly, both voluntarily and officially,—deserves a reward, the old adage, "*palmas qui meruit ferat*," is one whose principle is not to be disregarded.

MELBOURNE, E. T., 9th July, 1862.

At a triennial meeting of the College of Physicians and Surgeons of Lower Canada, held this day at Melbourne, in conformity with a resolution adopted at the last triennial meeting, and called by public advertisement, were present:— Drs. Hall, Scott, Howard, Brigham, Smallwood, Foster, Robillard, Boyer, Lemieux, Sewell, Munro, Cowan, Landry, Jackson, Marsden, Gibson, Jones, Turcot, Sutherland, Weilbrenner, Smith, Blanchet, Gilbert, Peltier, Johnson, Brooks, Worthington, Bibaud, Tessier, Trestler, Tassé, Russell.

A. Hall, M.D., President of the College, took the Chair.

The minutes of the last triennial meeting were read and approved.

Dr. Peltier, the Secretary for the District of Montreal, read a lengthy and interesting report of the proceedings of the College during the past three years.

Whereupon Dr. Marsden moved, seconded by Dr. Smallwood, "That the report be received, and printed in both languages for the use of members."

Dr. Smallwood read a report on the advantages of establishing a Medical Benevolent Fund, in connexion with the College, for the benefit of indigent and superannuated members of the College, and their families.

Dr. Sewell then moved, seconded by Dr. Jackson, "That the report on the Medical Benevolent Fund be received, and laid over until the new Governors be elected."

Reports were also read from special committees on "the female practice of midwifery," and on "a Royal Charter for the College,"—the former of which was adopted, and the latter permitted to lie upon the table for further consideration.

Dr. Marsden rendered an account of the mission with which he was charged by the Board of Governors in May last, to the Executive Government, on the subject of the petitions to the legislature of Moyses Metivier and Charles Fortier, in the following report:—

"That in compliance with instructions from the College at the last May meeting, he placed himself in communication with the executive government on the subject of the Bills before Parliament to license Moyses Metivier and Charles Fortier.

That he was referred to the Committee on Private Bills in the Provincial Legislature, then sitting, before whom he appeared twice, and having explained the state of the laws of the College in reference to the position of the petitioners, the Committee resolved to reject the petition of Charles Fortier, but to pass a bill to enable Moyses Metivier to present himself for examination before the College; but that this case was not to form a precedent, a majority of the Committee being of opinion that such interferences with the powers of the College were improper, and calculated to lower the character and standard of the medical profession."

The thanks of the College were voted to Dr. Marsden for the zealous and efficient discharge of the duties confided to him.

Dr. Marsden, on behalf of the Committee appointed to prepare a biographical sketch of the late Joseph Morrin, Esq., respectfully reports: "That your Committee has not been unmindful of the duties confided to them, but from unavoidable circumstances have not been able to complete their labours, and ask leave to report progress, and make their final report at the next meeting of the College to be held in Quebec.

Dr. Landry, one of the Secretaries, laid before the meeting a letter from Messrs. O'Halloran and Baker, advocates, retained by Dr. Brigham on behalf of the College, to prosecute Mr. A. B. Bradley for practising medicine contrary to the law which governs the practice of physic, and asking £9 3s. 4d. for costs and disbursements in an action lost by the College.

After some explanations by Dr. Brigham, it was proposed by Dr. Marsden, seconded by Dr. Smallwood, and resolved: "That the amount of the account of Messrs. O'Halloran and Baker, now presented, be paid from the funds of the College."

Dr. Landry called the attention of the College to a similar demand made by Messrs. Lelievre and Angers, relative to an action brought some years since for and in the name of the College, which demand had been submitted to the Governors, and payment refused. He contended that the two cases were analogous, and ought to be treated by the same rules of justice. He therefore proposed, seconded by Dr. Smallwood :

“That the amount of an account presented some years since by Messrs. Lelievre and Angers, for actions brought by them in the name of the College, be paid.”

This motion, after a somewhat lengthy discussion, was lost on division.

Dr. Marsden then moved, seconded by Dr. Weilbrenner, “That the next triennial meeting of this College be held in the town of Three Rivers, in that district.

Dr. Scott, seconded by Dr. Brigham, proposed in amendment,—

That the future triennial meeting of the College of Physicians and Surgeons be held alternately at Montreal and Quebec, and that the next meeting take place in Montreal.

After considerable discussion this motion in amendment was lost on a division, and the original motion in favor of Three Rivers was carried on the same division, consequently the next triennial meeting of the College will take place in Three Rivers.

The College next proceeded to the re-election of several medical gentlemen who were desirous of becoming members of the College, when after having complied with the usual formalities, the following gentlemen were admitted :

Drs. Worthington, Tessier, Chevretils, Hingston, Fenwick, Dufresne, and Stevens.

The meeting then proceeded to the election of thirty-six governors to replace an equal number of retiring officers, and who will compose the Provincial Medical Board for the next three years. The president called for the proxies, of which a number of members were the bearers, and of which the following is a list:

Dr. A. G. Fenwick,	.....Three Rivers,	.....By G. R. Fenwick.
Dr. Wright,	.....Montreal,	.....By Dr. Sutherland.
Dr. Picault,““
Dr. Fraser,““
Dr. Campbell,““
Dr. J. P. Russel,	.....“	.....R. H. Russel.
Dr. J. Chamberlin,	.....F——	.....Brigham.
Dr. C. Fremont,	.....Quebec,	.....J. O. Sewell.
Dr. J. Wolff,““
Dr. P. D. Moffatt,	.....“	.....A. Jackson.
Dr. C. Brown,	.....Dunham,	.....Gibson.
Dr. L. Tetu,	.....River Ouelle,	.....Landry.
Dr. A. T. Michaud,	.....Kamouraska,“
Dr. J. E. Coderre,	.....Montreal,	.....Bibaud.
Dr. W. Forrest,	.....St. Clair,	.....Marsden.
Dr. E. Boudreau,	.....Baie St. Paul,“
Dr. A. Von Iffland,	.....Grosse Isle,“

Dr. Marsden then proposed the following gentlemen, who were named by the President to act as scrutineers: Drs. Smallwood, Scott, Bibaud, Lemieux, and Russell, being a member of each university or school, and an independent member from each of the districts of Quebec and Montreal.

The meeting adjourned for some time to enable the scrutineers to discharge their task without interruption, and met again at about 3 P. M., when the president declared the following gentlemen elected governors for the ensuing three years, viz.:

For the City of Montreal.

Drs. Peltier, Munro, Jones, Scott, Boyer, Sutherland, Robillard, Howard.

District of Montreal.

Drs. Smallwood, Weilbrenner, Tassé, Brigham, Turcot, Chamberlin, Foster.

For the City of Quebec.

Drs. Russell, Marsden, Fremont, Robitaille, Landry, Tessier, Blanchet, Jackson.

District of Quebec.

Drs. Von Iffland, Tetu, Marmette, Boudreau, Michaud, Forrest, Charest.

For Three Rivers and District of St. Maurice.

Drs. Fenwick, Smith, Chevrefils, and Drs. Glines, Gilbert, Johnson.

On the result of the election being declared the meeting adjourned, and the newly elected governors met to elect their officers.

Dr. Hall, the late president, whose term of office had just expired, rose and addressed the meeting which was composed in a great measure of old members, and in a neat and appropriate speech thanked them for the uniform and cordial support which they had ever given him in the chair, and claimed the same for his successor, when he called Dr. R. H. Russel to the chair, *pro tem*.

The meeting was then requested to vote for a President, Dr. Jones acting as scrutineer; when there being a large majority of votes in favour of Dr. Marsden, that gentleman was declared to be the President of the College and of the Board of Governors.

The President-elect having assumed the Chair, and briefly returned thanks for the honor conferred upon him, the meeting proceeded to elect two Vice-Presidents, one for Quebec, and the other for Montreal. For the district of Quebec the majority of votes was in favour of Dr. Von Iffland, who was elected Vice-President for the second time. For the district of Montreal, the vote was equal between Drs. Munro, Scott, and Sutherland. The President being called upon to give the casting vote in case of ties, gave it in favour of Dr. Sutherland, who however declined the honor, whereupon the President declined to exercise his privilege again, but called on the meeting for a new ballot, which resulted in the election of Dr. Scott as Vice-President for Montreal.

When the ballot for Secretaries was about to be declared, Dr. Landry, who had filled that office for the district of Quebec for several years, rose and requested such persons as intended to vote for him not to throw away their votes, as he could not again accept the charge. The ballot resulted in the election of Drs. Peltier and Russell as Secretaries of the College.

Dr. Jones was unanimously re-elected Registrar and Treasurer, and the meeting adjourned.

(Signed) J. E. S. LANDRY, M.D., *Secretary*.

(A true copy and translation from the Minutes,)

W. MARSDEN, M.D., President Col. P. & S. L. C.

NOTICE TO MEDICAL STUDENTS.

We have been requested to intimate to students of medicine who purpose attending the ensuing winter session at the McGill University, or the Montreal School of Medicine, that Dr. Larocque, 11 St. Dominique street, can accommodate two gentlemen with board, &c., and that he will associate with it a supervision of their professional education.

We have been also requested to notify, that Mr. L. Mauny, Surgeon, 20 Union Avenue, is prepared to undertake the preparation of medical students for their classical examination. Mr. Mauny is we believe, thoroughly well qualified for the duty which he thus assumes.

COLLEGE OF PHYSICIANS AND SURGEONS LOWER CANADA.

The next semi-annual meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada, will be held at Quebec on the 14th of October ensuing, at 10 A. M. Candidates for Provincial License are required by the laws of the College to hand in to the Secretaries, Dr. Peltier, of Montreal, or Dr. Russell, of Quebec, their credentials, a fortnight at least before the meeting, and at the same time comply with the necessary rules in that behalf.

To the Editor of the British American Journal.

SIR,—An editorial article in your July number, headed, “The Marine and Emigrant Hospital, Quebec,” contains the following:—“But we repeat what we stated in our last number, that Dr. Landry’s ‘clinical lectures’ should be considered as perfectly distinct from his bed-side observations, and the students in forcing an admittance to the former, completely forgot what was due to themselves and to Dr. Landry, who announced to them that the visit was over, requesting his clinical class to follow him into an adjoining ward, for the purpose of delivering his clinical lecture.”

I should not have troubled you or your readers on this subject, had the facts been, as stated by you, but even you, Mr. Editor, have been misled by the suppression of facts, and the perversions contained in Dr. Landry’s letter of the 6th of July, which appeared in the same number of the Journal, and in justice to me, I request you will relieve me of the odium of having “forced an admittance” into a private or any other ward in the hospital, as Dr. Landry did not deliver his “clinical lectures” in an adjoining ward, but in a public ward, at the bedside and in the hearing of the patients, at the regular hour of visit.

I have the honour to be,

Sir, your obedient Servant,

Quebec, Sept. 20th, 1862,

JOHN WM. BLYTH.

[We regret much if we have made any mistake in the matter to which the preceding correspondence alludes; but as Mr. Bligh believes so, we give him the necessary space to rectify the error. We, assuredly, had no motive for adopting either side of the controversy; and what is more, so far as this Journal is concerned desired to take none. As we have objected to re-open our pages to a continuance of a controversy of a personal character between the parties concerned, it must be considered that this admission of an error on our part will close it.—Ed. B.A.J.]

EDITORIAL SUMMARY.

Medical Missions.—For twenty years past a society of medical men in Edinburgh has been engaged in educating and sending forth medical men as missionaries to foreign parts. In the United States these associations exist on a much more extended scale, and their labours have been crowned with marked success. Advantage was recently taken of the meeting of the Medical Association in London, to organize a similar association for England. The initiative was taken by the holding of a public meeting at St. James' Hall on the 9th ultimo in London, Mr. Grainger in the chair, to which the members of the British Medical Association were invited. A brief address was made by David Paterson, Esq., a medical missionary to Madras, and committees were appointed to carry out the plan.—*Dublin Medical Press.*

BOOKS, &c., RECEIVED.

- A PRACTICAL TREATISE ON THE DISEASES OF THE HEART AND GREAT VESSELS, INCLUDING THE PRINCIPLES OF PHYSICAL DIAGNOSIS. By Walter Hayle Walshe, M.D., F.R.C.P., &c. A new American from the third revised and much enlarged London edition. Philadelphia: Blanchard & Lea. Montreal: Dawson Brothers. 1862. 8vo. pp. 420. Price
- A MANUAL OF PHYSICAL DIAGNOSIS, BEING AN ANALYSIS OF THE SIGNS AND SYMPTOMS OF DISEASE. By A. W. Barclay, M.D., Cantab. and Edin., F.R.C.P. Second American from the second and revised London edition. Philadelphia: Blanchard & Lea. Montreal: Dawson Brothers. 1862. 8vo. pp. 451. Price \$2.
- A YEAR-BOOK OF MEDICINE, SURGERY, AND THE ALLIED SCIENCES FOR 1861. Edited by Drs. Harley, Jones, Hewitt, Sanderson, and Mr. Hulke, for the New Sydenham Society. London, 1862. 8vo. pp. 553.
- REPORT OF THE SURGEONS OF THE NEW YORK OPHTHALMIC HOSPITAL FOR THE YEARS 1860-61, WITH THE ANNIVERSARY ADDRESS. By G. L. Kurnan, A.M., M.D. New York, 1862.

BIRTHS, MARRIAGES, AND DEATHS.

BIRTHS.

- In Berlin, on the 17th instant, the wife of Dr. Bolby, of a daughter.
 In Hamilton, on the 20th instant, the wife of Dr. A. Morson, of a son.
 In this city on the 3rd instant, the wife of Dr. Reddy, 33 Little St. James Street, of a son.

MARRIAGES.

- At Cookshire, on the 23rd August, by the Rev. E. J. Sherrill, William Henry Mannix, Esq., of Bury, to Catherine Fanny Bompas, second daughter of George Joseph Bompas, M.D., of Cookshire.

DEATHS.

- At Saratoga Springs, on the 14th August, Robert Howard, Esq., aged 64 years, father of Robert Palmer Howard, M.D., of Montreal.

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT MONTREAL IN AUGUST, 1862.

By Archibald Hall, M.D.

Day.	DAILY MEANS OF THE							THERMOMETER.		WIND.		RAIN AND SNOW.			GENERAL OBSERVATIONS.
	Barometer reduced to 32° F.	Temperature of the Air.	Relative Humidity.	Ozone.	CLOUDS.		Maximum read at 9 P. M.	Minimum read at 7 A. M.	Its general Direction and Force from 0 Calm to 10 Violent to Hurricane.	Rain in 24 hrs read at 10 A. M.	Snow in 24 hrs read at 10 A. M.	Total rain and melted snow.			
					Amount.	General description.									
1	29.936	71.2	61.8	0.100	0.10	0	74.0	63.5	N.N.E.	0.10					
2	29.947	75.3	60.8	.62	6.5	1.0	82.0	65.0	S.W.	1.0					
3	29.971	75.4	61.4	.63	2.5	2.0	82.0	65.3	E.	0.6				Au. Light. Sheet lightning in E. at 11 p.m.	
4	29.915	79.5	66.0	.65	1.5	2.0	87.8	69.0	S.S.W.	1.0				Aurora with streamers.	
5	29.914	77.8	65.7	.68	3.0	3.0	87.8	69.6	S.W.	1.6	Inap.	Inap.			
6	300.54	70.7	62.3	.66	2.0	1.0	77.7	63.6	N.	1.3					
7	300.85	71.2	54.0	.59	2.0	9.3	79.5	62.9	S.	2.6					
8	29.748	75.4	67.4	.80	5.5	4.0	81.2	65.3	W.	1.0			0.57		
9	29.528	78.5	68.8	.76	8.5	6.0	86.3	70.9	S.W.	0.57			0.05	Thunderstor. at 5 & 10.15 am.	
10	29.574	73.8	61.8	.68	5.0	0	83.4	63.4	S.S.W.	1.0	0.02		0.02		
11	29.857	74.6	61.9	.67	4.5	3.0	81.2	64.2	S.	1.0					
12	29.827	74.1	60.1	.65	7.0	2.0	83.4	63.6	N.W.	3.0	0.02		0.02	[in S.E.] Thunderstorm—Lightning	
13	30.054	67.5	49.5	.54	4.5	2.0	74.0	56.5	S.W.	2.3				Fine Aero. with Streamers.	
14	29.834	68.6	57.0	.69	7.5	3.0	72.2	59.0	S.S.W.	2.3					
15	29.837	67.1	52.5	.64	7.0	6.0	72.5	61.6	W.	1.3	0.19		0.19		
16	30.150	60.9	47.8	.63	3.5	5.6	73.4	54.5	W.	2.0					
17	30.240	66.8	53.9	.66	5.0	2.3	74.5	54.8	S.W.	1.0					
18	30.024	69.6	60.1	.73	8.5	6.6	75.0	55.0	S.	2.3					
19	29.950	70.4	66.4	.64	4.5	0.6	76.4	60.0	S.W.	2.0	Inap.	Inap.		Aurora with Streamers.	
20	30.017	72.1	55.1	.58	6.5	4.0	80.2	60.8	W.N.W.	1.6					
21	30.089	65.3	61.8	.76	5.0	4.6	71.3	58.5	N.E.	2.3	0.35		0.35	Comet.	
22	29.981	67.0	61.8	.84	8.5	9.3	76.9	57.0	S.S.W.	1.0	0.08		0.08	Lightning in E. at 7 p.m.	
23	29.977	60.3	61.2	.77	6.5	6.6	69.5	56.2	W.N.W.	2.3	0.31		0.31		
24	30.305	58.7	46.2	.66	5.5	0.6	65.8	44.9	S.W.	1.6	Inap.	Inap.			
25	29.984	68.0	49.9	.54	5.0	3.6	77.5	48.8	S.W.	2.6					
26	29.797	72.5	62.2	.72	7.5	10.0	76.0	67.5	W.S.W.	1.3					
27	29.870	66.9	59.9	.61	8.5	8.3	73.7	60.0	E.N.E.	1.3	0.04		0.04		
28	29.644	68.3	60.2	.69	9.5	7.3	71.6	61.8	N.	1.5	0.03		0.03	Dist. light in E & S. Aurora	
29	29.884	60.3	47.5	.67	7.5	3.0	70.3	57.0	W.N.W.	0.07			0.07	Aurora with ft. Streamers.	
30	30.136	60.2	44.1	.57	6.5	0.0	70.4	49.6	S.W.	2.3				Auroral light.	
31	29.916	67.5	52.3	.62	6.0	0.3	77.3	52.6	S.W.	2.3					
S's															
M's	29.926	69.5	56.8	.671			75.9	60.0						1.78	

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT TORONTO IN AUGUST, 1862.

Compiled from the Records of the Magnetic Observatory.

Day.	DAILY MEANS OF THE				THERMOMETER.		Dew Point at 3 P. M.	WIND.		RAIN AND SNOW in 24 hours, ending at 6 A. M. of next day.			GENERAL REMARKS.	
	Barometer reduced to 32° F.	Temperature of the Air.	Relative Humidity.	Amount of Cloudiness.	Max. read at 6 A. M. of next day.	Min. read at 2 P. M. of same day.		General Direction.	Mean Velocity in Miles per hour.	Rain.	Snow.	Total rain and melted Snow.		
														Ozone in 24 hours ending 6 A. M. of next day.
1	29.613	72.7	71.7	0-10	81.1	69.0	0	S. 63 W.	6.14		0.10			
2	29.615	71.8	73	4	79.8	66.4	64.0	S. 63 E.	3.71	0.005			Thunderstorm.	
3		Sun	day	6	79.5	65.4	75.0	S. 63 E.	5.33					
4	.5383	77.23	79	6	84.0	63.9	75.0	S. 63 E.	8.93				Constant lightning at night.	
5	.5880	70.17	79	7	79.8	70.2	64.9	S. 64 W.	7.60	Inap.				
6	.7722	66.80	70	7	75.5	53.5	59.5	S. 70 W.	5.03	.010				
7	.6733	69.65	81	4	76.5	63.0	68.0	S. 39 E.	4.64	.310				
8	.4107	79.08	79	4	89.5	70.9	78.0	S. 54 W.	7.20	Inap.				
9	.3777	73.73	76	5	84.6	71.5	67.0	N. 70 W.	10.05	.017			Faint Aurora.	
10		Sun	day		76.2	60.3		N. 75 E.	4.46					
11	.4922	71.33	79	4	79.8	58.6	71.0	S. 89 W.	6.00	.050			Moderate Thunderstorm.	
12	.6772	67.88	59	1	79.0	59.6	52.5	S. 49 W.	10.60					
13	.7712	63.15	68	4	79.4	55.3	59.0	S. 5 E.	3.99				Auroral arch and Streamers.	
14	.5163	62.17	88	4	69.2	56.2	63.0	S. 77 W.	5.19	.355			Ground fog at 9 p.m.	
15	.6573	61.10	61	5	69.5	52.2	45.0	N. 49 W.	4.92					
16	.8962	58.80	73	2	68.8	52.5	55.0	N. 65 W.	4.52					
17		Sun	day		70.8	46.0		South.	3.92					
18	.6830	64.42	76	6	74.0	53.5	64.5	N. 8 E.	4.76	.270			Thunderstorm at 2 p.m.	
19	.6509	64.97	72	3	75.0	54.2	63.0	S. 43 E.	3.23					
20	.6818	68.57	73	3	79.0	55.5	65.0	N. 59 W.	4.64					
21	.6222	68.85	78	7	74.8	65.0	66.0	S. 81 E.	5.00	.334				
22	.4085	68.80	81	8	79.2	63.0	68.0	S. 79 W.	7.35	.480			Thunderstorm during forenoon heavy.	
23	.6570	62.55	64	1	75.3	58.8	49.0	N. 25 W.	9.49					
24		Sun	day		62.0	48.4		N. 65 E.	5.79					
25	.6782	66.07	70	5	75.8	49.0	61.0	S. 42 W.	3.62	.033				
26	.5042	72.68	74	5	84.0	63.6	65.5	S. 79 W.	5.23	.250				
27	.4817	67.28	89	10	71.5	64.2	68.0	S. 67 E.	4.05	.305				
28	.4068	69.45	80	4	78.0	64.0	64.0	N. 60 W.	9.57				Auroral light and Streamer	
29	.6810	61.00	64	1	71.0	56.2	57.0	N. 27 W.	7.44					
30	.8477	57.43	63	2	67.0	42.8	51.0	S. 13 W.	2.65				Hoar frost First recorded.	
31		Sun	day		69.2	46.2		S. 36 E.	5.49	.697				Heavy Thunderstorm even
S's														
M's	29.6161	67.60	74	5	76.11	53.22	62.77	N. 78 W.	5.96					3.109