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ART. XXVI.—ON THE TIME REQUIRED TO PRODUCE DEATH BY A FATAL DOSE OF MEDICINAL HYDROCYANIC ACID.

By S. C. SEWELL, M.D.,

Lecturer on Materia Medica, University M'Gill College, &c. &c.

My attention has been attracted to this subject in consequence of a fatal case having occurred in my practice lately. A *resumé* of the history of some of the more remarkable instances of fatal, and nearly fatal cases on record, will be necessary to elucidate the interest attached to this point. In the case of the seven Paris epileptics (1228), where a very concentrated acid was used (the half-ounce potion contained 18½ grs. pure acid), some lingered as long as twelve minutes before life was entirely extinct; but the first who swallowed it was dead in three minutes. The first time that the life of a prisoner depended upon a solution of the question under consideration, occurred at the Lancaster Assizes, held in April, 1829, when Freeman, an apothecary's apprentice, was arraigned for the murder of Judith Burwell, his master's servant. She was pregnant by him, and was found one morning dead in her bed. An ounce phial containing three drachms of prussic acid, corked, and wrapt in paper, was found alongside of her. The body was in a composed position, the arms folded over the trunk, and the bedclothes drawn smoothly up to the chin. Had the deceased time to perform all these actions after drinking the poison out the narrow-necked phial? Messrs Macaulay, Paget, and others, in consequence of experiments performed on the lower animals, decided in the negative. Dr Christison, in the first edition of his work on Poisons, said that his experiments accorded with theirs; but, in the second, that it was probable that prussic acid frequently took a longer time to act than was generally supposed, and that the probability in this case was that it had done so, and that it had been taken voluntarily by the deceased, because the prisoner had to pass through the room in which his master and mistress slept, to gain access to the girl's room, and must have opened and shut three doors without noise. My opinion is, that she took it voluntarily to produce abortion, for which she had made preparations the night before, and that, if Freeman had anything to do with it, he provided her, for his own purposes, with the poison, telling her that it

would cause miscarriage. Mrs. Latten died in twelve minutes from taking a drachm and a half of medicinal acid. In Dr. Geoghegan's case, the patient took two drachms of prussic acid (Dub. Pharm.), and experienced no effect for *two minutes*. He subsequently fell into violent convulsions, and was saved by applying sesquicarbonate of ammonia to the nostrils. In the July number of the London Medical Gazette, is quoted Mr. Godfrey's case of "a man 44 years of age, who, after taking half an ounce of Scheele's acid, walked ten paces to the head of the stairs, descended the steps, seventeen in number, and then proceeded, rather quickly, to a druggist's shop, forty-five paces distant, where he had procured the acid, entering the shop in his usual slow and easy manner, and asking for 'more of that prussic acid,' before he became evidently affected by the poison which he had swallowed. In this instance, at least *five minutes* must have elapsed, from the time of swallowing the poison, before death took place." This case is quoted as introductory to the report of a coroner's inquest, which took place at Worcester on the body of Mr Benjamin Shepherd. The substance is as follows:—Mr S. went into Mr. Stringer's (druggist) shop, and purchased ʒij "prussic acid, Scheele's strength, and, asking if any one was in the back room, and, being answered in the negative, walked in there, saying to the druggist, "I want a word with you." Stringer followed him within *two minutes*, and found him sitting on the sofa, and the phial of prussic acid empty on the table before him. Stringer said, "Good God, Shepherd, you have not been taking that?" Deceased replied, smiling, "No, no, it is all right—take no notice—give me your hand old fellow." Witness went up to him and the deceased added, "God bless you—its all right—take no notice." Witness went for Mr. Griffith, surgeon, but, not finding him, returned with Mr. Pierpoint, who, with witness, tried to administer *ammonia as an antidote* to the prussic acid, and a futile attempt was made to produce vomiting. The stomach pump was sent for, but arrived after death had taken place. Before leaving this case, I must comment upon the means employed to save Mr. Shepherd. Mr. Pierpoint and Mr Stringer should have known that, by administering ammonia, they would have formed the hydrocyanate of ammonia, nearly, if not quite, as ener-

getic a poison as the prussic acid; and that ammonia or the sesquicarbonate applied to the nostrils, acts usefully by stimulating the nervous system, and the heart's action, until the poison has exhausted its violence, and not as an antidote. Secondly, attending on vomiting, and the stomach pump was doubly useless, inasmuch, as had they evacuated the stomach, they would have been no nearer saving their patient, and they thereby lost precious time which might have been employed in using more efficacious means. As an antidote, a solution of the sulphate of iron, or a dilution of the Tr. Fer. Mur. would have been as effectual as an antidote can be in a case of poisoning by this acid. The application of chlorine water or sesquicarb. ammonia to the nostrils, and cold affusion to the spine, would have comprised all that is known to be of value in the treatment of such unfortunate cases.

My patient had been for a long time hypochondriacal, and had frequently threatened to destroy himself. During the day of the fatal event, he repeatedly told his relations that he would be dead by nine that night; but, as he had frequently said the same thing, no attention was paid to it. At six in the evening, he purchased an ounce phial of Prussic acid, Scheele's strength, and, on his road home, shewed it to several persons, saying that he would soon be dead, and invited them to his funeral. At seven in the evening, he took leave of his friends in a gay, smiling manner, and going up to his room, sent for Mrs. ———, shewed her the poison, and said that he would be dead in two minutes. She snatched at the phial, but he drew it playfully away, turned her out of the room, and locked the door. She, thinking that he was jesting, as he had frequently done the same thing before, went to her own house, next door, which communicated through the yards. About a minute after, he unlocked the door and cried out, "Come to me quick, I am dying." A relative, very much alarmed, called to the servant man in the yard, who ran up stairs and found him lying on his back on the sofa with his legs crossed, insensible, and snoring. In a few moments, Mrs. ——— arrived and found him in the same state. I arrived there in twenty minutes. He was then dead, and presented the appearance of profound slumber; the legs crossed, the arms by his sides, and eyelids firmly closed. I applied Liq. Am. Fortissim. (a strength made for portability by manufacturing chemists) to the nostrils, and cold affusion to the occiput and spine. I considered him dead, but employed the remedies in the event of a possibility of there being some remaining sparks of life. The eyes were much more brilliant than during his life, and con-

tinued so the next day; the face was livid, and lips very blue; the muscles were all flaccid, and exhibited no tonicity, except a little in the legs at the end of twenty hours. No sectio was permitted. The phial, containing a drachm of prussic acid, was on a table, ten feet from the sofa, with a wine glass upset and broken alongside, done by the deceased in the hurry of putting it on the table. After having employed my remedies, I applied my nose to the deceased's mouth, but could detect no smell of prussic acid. The remaining acid was thrown out by the servant, so that I could not ascertain its strength; but I feel certain that it was acid of the strength of over three per cent., which is the usual strength of medicinal acid imported into this country; and, since the use of ground glass stoppered phials to put it up in, it always reaches here unimpaired in quality. In the present case, seven drachms of medicinal acid, containing about twenty-one grains of pure acid, were swallowed. The friends think about a minute elapsed before he unlocked the door; but more must have passed, because Mrs. ——— had time to go to her own house and busy herself in household affairs before the alarm was given. It is probable that he did not give the alarm until he found the acid working on him; at any rate, he walked from the table to the door, and unlocked it after taking the poison, called for assistance, and, then walking to the sofa, stretched himself on it. *He had no convulsions.* Previous to the occurrence of the above cases, it has been held that, where prussic acid causes death slowly, convulsions come on after a notable interval, and, where it acts speedily, no convulsions ensue, but death follows with such rapidity as to allow of none but the *simplest* actions, and those performed with rapidity. From a review of the two cases extracted from the London Medical Gazette, we must allow the truth of the following inferences as to the action of hydrocyanic acid on the human body:—

1st, Hydrocyanic acid is modified in its operation on the human frame, both as to time and phenomena, by the idiosyncrasy of the individual.

2dly, That it *not unfrequently* is slow in manifesting its poisonous influence, allowing time for the performance of various complicated actions, and yet may destroy life without producing convulsions.

3dly, That Judith Burwell could have performed the various actions attributed to her after swallowing the prussic acid, and have been found in the position stated by the witnesses in the trial of Freeman.

Montreal, September, 1847.

ART. XXVII.—SULPHUR RAINS.

By H. Croft, Professor of Chemistry, King's College, Toronto.

In the last number of your Journal, I noticed a communication, signed J. H. L., on the subject of the so-called sulphur rains, which have been seen in Toronto during the last few years. Your correspondent makes a very useful remark with regard to the periodical return of the phenomenon; but at the end of the paper he states that the yellow deposit is supposed to consist of pollen, and that further observations are required to confirm this fact.

Perhaps the few following remarks on some of the most important investigations on this subject may not be altogether uninteresting to some of your readers, as explaining a phenomenon so frequently observable in this country:

It was believed in former, and even in comparatively recent times, that the yellow substance often found on water after heavy rains, consisted of flowers of sulphur; but Scheuchzer observed that the substance which fell at Zurich in 1677 and 1653, could not be this body, as on being burnt it did not give off any sulphurous odour. Scheuchzer ascribed the substance to the pollen of the red pine; Elsholtz to that of *Lycopodium clavatum*. But Schemieder has shown that it may be derived from a variety of plants; he believes that in March and April it may be ascribed to the alders and hazels; in May and June, to the pines, junipers, and birch; and in July, August, and September, to *Lycopodium clavatum*, *Typha angustifolia*, and the different kinds of *Equisetum*. It has been noticed, that near forests through which a strong wind is blowing, that portion of the land lying in the direction of the wind became covered with the yellow powder. In 1761, there was a heavy fall of it at Bordeaux, covering the ground to the depth of two lines. The members of the Academy of Sciences of Paris convinced themselves that the deposit consisted of the pollen of several species of pine.

A sulphur rain, (or rather pollen rain) was observed at Copenhagen in 1804. The deposit consisted of the pollen of *Lycopodium*.

No real sulphur rain has yet been observed, although it might possibly occur in the neighbourhood of volcanoes.

To the above extracts, from Kauntz' Meteorology, vol. 3, I would add a few words with regard to the yellow powder which fell in Toronto this summer. Having examined it under a powerful telescope, I convinced myself of its being the pollen of pines. I found that the figures corresponded exactly with Bischoff's plates, representing the pollen of the *Pinus*

strobis (white pine.)—Bischoff's *Terminologie Table* xxxiv.

As is well known, the pollen grains are, in general, simple in form; but it occasionally happens that two or more grow together, and thus produce complicated forms. Such is more particularly the case with pollen grains of the *Abietinæ*, which consist of a large granule, with two vesicular formations attached to it at each end. These abortive pollen grains may be removed by soaking in oil of turpentine, and then rolling between glass plates; they do not appear to have any contents, but to consist of a simple membrane, covered with a kind of net-work, while the centre granule is perfect. In the early stages of the formation of pollen, all the granules are equal in size, and of the same structure, and as they increase, one is perfected at the expense of the other two, which, however, remain attached to it.—Megan's *Phlanzon Physiologie*, Bk 3.

The yellow substance, therefore, which was observed at Toronto, consisted of the pollen of the *Pinus strobis*, (white pine) or *Pinus resinosa*, (red pine) mixed probably with small granules of the pollen of other plants.

Toronto, August 16, 1847.

Some Account of the Lethæon, or Who is the Discoverer?

By EDWARD WARREN. 3d Edition, revised and enlarged. Boston, 1847. 8vo Pamphlet, pp. 88.

Facilis descensus Averni is admitted on all hands, but the road to fortune and to fame is most usually found rugged and difficult. The application of the vapour of ether to relieve the pain of surgical operations, was a happily conceived idea. The world at large bore tribute to its merit, and while desirous of conceding to the discoverer the full honour which was his due, the strange anomaly was witnessed, that the strongest efforts were made to monopolise under a patent, what promised to become one of the greatest boons to suffering humanity, and to limit its use, unless sordid feelings were previously gratified. An honourable fame appeared a matter of less moment, than a well filled purse; and if the former has not been fully attained, it is to be ascribed to the avaricious feelings, which at first prompted a limitation of the use of the discovery, against which an indignant profession unanimously uplifted its voice, and in its successful endeavour to crush an unworthy monopoly, necessarily curtailed the amount of honour which, under other circumstances, would certainly have accrued to its original promoters. It is certainly painful to us to be compelled to record this short epitome of a portion of

the history of the Lethæon, as it was called by the patentees, but it is, nevertheless, our duty.

No sooner was the discovery announced, than rival competitors for the honour soon exhibited themselves. These were chiefly Mr. Morton and Dr. Jackson, of Boston, and Dr. Wells, of Hartford. The pages of the Boston Medical and Surgical Journal, have contained a great deal of correspondence advocative of the claims of these rival parties; and Mr. Warren, in the pamphlet before us, satisfactorily enough establishes the claims of Mr. Morton. We much regret, however, to perceive so much bitterness displayed towards Dr. Jackson; and we must confess that we are not a little surprised, that a gentleman in Dr. Jackson's position, should have exposed himself to the charges advanced, and apparently proved, in the pamphlet before us. Possibly Dr. Jackson may have not a little to urge in extenuation, if not in justification, of his connexion with the proceedings.

Triumphs of Young Physic, or Chronothermal Facts.
By WILLIAM TURNER, Esq., A. M., M. D., Late Health Commissioner of the City and County of New York; Member of the New York Medical Society; American Editor of the Principles of the Chronothermal System of Medicine, &c. &c. New York, 1847, 8vo pamphlet, pp. 29.

This is a pamphlet destined to advocate a species of quackery under the name of Chronothermalism, which, according to Dr. Dickson, its originator, consists in a "periodicity of movement of every organ and atom of all living bodies, and the intermittency and unity of all diseases, however named, and by whatever produced. To these," says Dr. D., "I added a third, the unity of action of cause and cure, both of which involve change of temperature. Such is the ground-work of the Chronothermal system, so called from *Chronos*, time or period, and *Therma*, temperature, heat. This I gave to the public in 1836." This wonderful discovery, invested still in mysticism, is further elaborated by Dr. Turner, whose pamphlet chiefly serves to announce to an unfortunate misguided public, the ill effects of old and antiquated practice, and the astonishing, nay, marvellous cures effected by the new one, immeasurably transcending Homœopathy, and all other paths, in this particular.

It is a matter of surprise to us, that individuals who relinquish the regular walk of professional career, and embrace every opportunity for attacking its doctrines and its advocates, should still so hanker after its honours as to parade them on all occasions. It

tends to prove, despite their pretensions, that they still see something "good in Nazareth;" and the pamphlet furthermore confirms us in the opinion, that there is no species of quackery too absurd, but will secure some countenance from lawyers and divines.

Observations on Aneurism, and its Treatment by Compression. By O'BRIEN BELLINGHAM, M. D., Edinburgh, Fellow of, and Professor in, the School of the Royal College of Surgeons in Ireland; Licentiate of the Royal College of Surgeons of Edinburgh; and one of the Surgeons to St. Vincent's Hospital. London: John Churchill, 1847. Pp. 181. 12mo.

This little volume, from the perusal of which we have derived much gratification, is a well-timed addition to the stock of surgical literature of the day; and serving most materially to place the treatment of aneurism on a more rational foundation, will revive a practice, which was fast falling into disuse. After sketching the rude attempts of the earlier advocates of the method, and noticing the plans which they employed to attain their object, the author proceeds to point out the advantages which compression possesses over the ligature in a majority of cases; and propounds what we certainly consider the most rational theory of the *modus medendi* in such cases yet offered. Dr. Bellingham's views on this point are thus detailed:

"When it was considered absolutely necessary for the success of compression, that such an amount of pressure should be applied as was almost certain to produce sloughing of the part, and very certain to occasion intense pain and suffering; and when, in addition, this was to be prolonged through five successive nights and days, (as in the case reported by Mr. Guthrie, which I had quoted), we can readily understand why patients refused to submit to it, and we can easily account for the disrepute into which the practice fell, and for the unwillingness of surgeons to adopt this treatment, in preference to the simple operation of placing a ligature upon the femoral artery. It would, however, appear that it is not at all essential that the circulation through the vessel leading to the aneurism should be completely checked, but rather the contrary: it may, perhaps, be advantageous at first, for a short period, by which the collateral circulation will be more certainly established; but the result of this case, if it does no more, establishes the fact, that a *partial current through an aneurismal sac will lead to the deposition of fibrine in its interior, and cause it within a few hours to be filled and obstructed, so as no longer to permit of the passage of blood through it.* Pressure, so as altogether to obstruct the circulation in an artery, must necessarily be slower in curing an aneurism, as it must, in some measure, act by causing obliteration of the vessel at the part to which the pressure has been applied; whereas a *partial current through the sac enables the fibrine to be readily entangled in the parietes of the sac in the first instance, and this goes on increasing until it becomes filled;* the collateral branches having been previously enlarged, the circulation is readily carried on through them."

Our own high opinion of the value of Dr. Bellingham's observations on this important subject, is in nothing more manifested, than in the free use which we have made of his papers, as originally published in the Dublin Medical Press, and of which the volume

before us is the collection. The most practical of these papers have already appeared in our columns ; and although this circumstance necessarily limits our notice of the work, we cannot conclude without presenting to our readers the following summary of the author's views on the subject :—

" 1. The arteries to which compression is applicable being far more frequently the subject of aneurism than those to which it is inapplicable, compression is calculated to supersede the ligature in the great majority of cases.

" 2. The cure of aneurism by compression upon the artery between the aneurismal sac and the heart, according to the rules laid down here, is accomplished by the gradual deposition of the fibrin of the blood in the sac, until both the latter and the artery at the part are completely filled. The process is in fact exactly similar to that by which nature effects a spontaneous cure of aneurism.

" 3. Such an amount of pressure as would cause inflammation and adhesion between the opposite sides of the artery at the point compressed is never required.

" 4. The pressure should not be so great as to interrupt the circulation in the artery at the point compressed ; an essential agent in the cure being that a current of blood should pass through the sac.

" 5. Compression by means of two or more instruments, one of which is alternately relaxed, is much more effectual than by any single instrument, and in many instances the pressure can be maintained by the patient himself.

" 6. The treatment of aneurism by compression does not involve the slightest risk to the patient, and if persevered in cannot fail of effecting a cure.

" 7. A cure of aneurism effected by compression, according to the rules laid down here, must necessarily be permanent ; and in every case in which a cure has been accomplished, the patients have remained well subsequently.

" 8. The femoral artery remains pervious after the cure at the point at which the pressure had been applied, and no morbid change of any kind is to be detected either in the artery or vein at the site of the compression.

" 9. When a cure is effected by compression, the vessel is obliterated only at the seat of the aneurism, and the artery at this part is eventually converted into an impervious ligamentous band.

" 10. Compression effects the cure of aneurism by more simple and safer means than the ligature, while it is applicable to a number of cases in which the operation is contra-indicated or inadmissible.

" 11. Compression is not necessarily a more tedious or more painful method of treating aneurism than the ligature, while it is much more certain, more likely to be permanent, and is free from all danger.

" Compression, according to the rules laid down here, has little analogy with the old method which went by this name ; and in fact has no greater resemblance to it than the Hunterian operation had to the operation for aneurism which it superseded."

Proceedings of the National Medical Conventions, held in New York, May, 1846, and in Philadelphia, May, 1847. Philadelphia, 1847. 8vo. Pp. 175.

The above truly valuable digest of the proceedings of the two Conventions of the medical profession of the United States, has been for some time before us. The reports upon a majority of the matters submitted to them, are of what may be termed local interest, but nevertheless highly instructive in their hearings ; and from the high tone characterising their composition, bear evidence of mental refinement on the part

of the authors, and solicitude for the objects advocated or dwelt on. The report of the Committee on Medical Ethics, strikes us as being a peculiarly valuable one, conceived in a most happy spirit, embracing almost every topic included in the wide range of ethics. This report, with the code based upon it, is of more general moment ; and with the view of enjoining upon the profession in this Province its adoption also, we take the present opportunity of presenting it to them :

Report of the Committee appointed under the 6th Resolution, adopted by the National Medical Convention which assembled in New York, in May, 1846.

6th. Resolved,—That it is expedient that the Medical Profession in the United States should be governed by the same code of Medical Ethics, and that a committee of seven be appointed to report a code for that purpose, at a meeting to be held at Philadelphia, on the first Wednesday of May, 1847.

Committee.—*Drs. J. Bell, I. Hays, and G. Emerson, Philadelphia ; W. W. Morris, Dover, Del. ; T. C. Dunn, Newport, R. I. ; A. Clark, N. Y. ; and R. D. Arnold, Savannah, Ga.*

INTRODUCTION TO THE CODE OF MEDICAL ETHICS.

Medical ethics, as a branch of general ethics, must rest on the basis of religion and morality. They comprise not only the duties, but also the rights of a physician : and, in this sense, they are identical with Medical Deontology—a term introduced by a late writer, who has taken the most comprehensive view of the subject.

In framing a code on this basis, we have the inestimable advantage of deducing its rules from the conduct of the many eminent physicians who have adorned the profession by their learning and their piety. From the age of Hippocrates to the present time, the annals of every civilized people contain abundant evidences of the devotedness of medical men to the relief of their fellow-creatures from pain and disease, regardless of the privation and danger, and not seldom obloquy, encountered in return ; a sense of ethical obligations rising superior in their minds, to considerations of personal advancement. Well and truly was it said by one of the most learned men of the last century : that the duties of a physician were never more beautifully exemplified than in the conduct of Hippocrates, nor more eloquently described than in his writings.

We may here remark, that, if a state of probation be intended for moral discipline, there is, assuredly, much in the daily life of a physician to impart this salutary training, and to insure continuance in a course of self-denial, and, at the same time, of zealous and methodical efforts for the relief of the suffering and unfortunate, irrespective of rank or fortune, or of fortuitous elevation of any kind.

A few considerations on the legitimate range of medical ethics will serve as an appropriate introduction to the requisite rules for our guidance in the complex relations of professional life.

Every duty or obligation implies, both in equity and for its successful discharge, a corresponding right. As it is the duty of a physician to advise, so has he a right to be attentively and respectfully listened to. Being required to expose his health and life for the benefit of the community, he has a just claim, in return, on all its members, collectively and individually, for aid to carry out his measures, and for all possible tenderness and regard to prevent needlessly harassing calls on his services and unnecessary exhaustion of his benevolent sympathies.

His zeal, talents, attainments, and skill, are qualities which he holds in trust for the general good, and which cannot be prodigally spent, either through his own negligence or the inconsiderateness of others, without wrong and detriment both to himself and to them.

The greater the importance of the subject and the more deeply interested all are in the issue, the more necessary is it that the physician—he who performs the chief part, and in whose judgment and discretion, under Providence, life is secured and death turned aside—should be allowed the free use of his faculties, undisturbed by a querulous manner, and depending, angry, or pas-

sonate interjections, under the plea of fear, or grief, or disappointment of cherished hopes, by the sick and their friends.

All persons privileged to enter the sick room, and the number ought to be very limited, are under equal obligations of reciprocal courtesy, kindness, and respect; and, if any exception be admissible, it cannot be at the expense of the physician. His position, purposes, and proper efforts eminently entitle him to, at least, the same respectful and considerate attentions that are paid, as a matter of course and apparently without constraint, to the clergyman, who is admitted to administer spiritual consolation, and to the lawyer, who comes to make the last will and testament.

Although professional duty requires of a physician, that he should have such a control over himself as not to betray strong emotion in the presence of his patient, nor to be thrown off his guard by the querulousness or even rudeness of the latter, or of his friends at the bedside, yet, and the fact ought to be generally known, many medical men, possessed of abundant attainments and resources, are so constitutionally timid and readily abashed as to lose much of their self possession and usefulness at the critical moment, if opposition be abruptly interposed to any part of the plan which they are about devising for the benefit of their patients.

Medical ethics cannot be so divided as that one part shall obtain the full and proper force of moral obligations on physicians universally, and, at the same time, the other be construed in such a way as to free society from all restrictions in its conduct to them; leaving it to the caprice of the hour to determine whether the truly learned shall be overlooked in favour of ignorant pretenders—persons destitute alike of original talent and acquired fitness.

The choice is not indifferent, in an ethical point of view, besides its important bearing on the fate of the sick themselves, between the directness and sincerity of purpose, the honest zeal, the learning and impartial observations, accumulated from age to age for thousands of years, of the regularly initiated members of the medical profession, and the crooked devices and low arts, for evidently selfish ends, the unsupported promises and reckless trials of interloping empirics, whose very announcements of the means by which they profess to perform their wonders are, for the most part, misleading and false, and, so far, fraudulent.

In thus deducing the rights of a physician from his duties, it is not meant to insist on such a correlative obligation, that the withholding of the right exonerates from the discharge of the duty. Short of the formal abandonment of the practice of his profession, no medical man can withhold his services from the requisition either of an individual or of the community, unless under circumstances, of rare occurrence, in which his compliance would be not only unjust but degrading to himself, or to a professional brother, and so far diminish his future usefulness.

In the discharge of their duties to society, physicians must be ever ready and prompt to administer professional aid to all applicants, without prior stipulation of personal advantages to themselves.

On them devolves, in a peculiar manner, the task of noting all the circumstances affecting the public health, and of displaying skill and ingenuity in devising the best means for its protection.

With them rests, also, the solemn duty of furnishing accurate medical testimony in all cases of criminal accusation of violence, by which health is endangered and life destroyed, and in those other numerous ones involving the question of mental sanity and of moral and legal responsibility.

On these subjects—Public Hygiene and Medical Jurisprudence—every medical man must be supposed to have prepared himself by study, observation, and the exercise of a sound judgment. They cannot be regarded in the light of accomplishments merely: they are an integral part of the science and practice of medicine.

It is a delicate and noble task, by the judicious application of Public Hygiene, to prevent disease and to prolong life; and thus to increase the productive industry and, without assuming the office of moral and religious teaching, to add to the civilization of an entire people.

In the performance of this part of their duty, physicians are enabled to exhibit the close connection between hygiene and morals; since all the causes contributing to the former are nearly equally auxiliary to the latter.

Physicians, as conservators of the public health, are bound to

bear emphatic testimony against quackery in all its forms; whether it appears with its usual effrontery, or masks itself under the garb of philanthropy and sometimes of religion itself.

By an anomaly in legislation and penal enactments; the laws, so stringent for the repression and punishment of fraud in general, and against attempts to sell poisonous substances for food, are silent, and, of course inoperative, in the cases of both fraud and poisoning so extensively carried on by the host of quacks who infest the land.

The newspaper press, powerful in the correction of many abuses, is too ready for the sake of lucre to aid and abet the enormities of quackery. Honourable exceptions to the once general practice in this respect are becoming, happily, more numerous, and they might be more rapidly increased, if physicians, when themselves free from all taint, were to direct the attention of the editors and proprietors of newspapers, and of periodical works in general, to the moral bearings of the subject.

To those who, like physicians, can best see the extent of the evil, it is still more mortifying than in the instances already mentioned, to find members of other professions, and especially ministers of the Gospel, so prone to give their countenance, and, at times, direct patronage, to medical empirics, both by their use of nostrums, and by their certificates in favour of the absurd pretensions of these impostors.

The credulous, on these occasions, place themselves in the dilemma of bearing testimony either to a miracle or to an imposture: to a miracle, if one particular agent, and it often of known ineffectiveness or slight power, can cure all diseases, or even any one disease in all its stages; to an imposture if the alleged cures are not made, as experience shows that they are not.

But by no class are quack medicines and nostrums so largely sold and distributed as by apothecaries, whose position towards physicians, although it may not amount to actual affinity, is such that it ought, at least, to prevent them from entering into an actual, if not formally recognized, alliance with empirics of every grade and degree of pretension.

Too frequently we meet with physicians who deem it a venial error, in ethics, to permit, and even to recommend, the use of a quack medicine or secret compound by their patients and friends. They forget that their toleration implies sanction of a recourse by the people generally to unknown, doubtful, and conjectural fashions of medication; and that the credulous in this way soon become the victims of an endless succession of empirics. It must have been generally noticed, also, that they, whose faith is strongest in the most absurd pretensions of quackery, entertain the greatest scepticism towards regular and philosophic medicine.

Adverse alike to ethical propriety and to medical logic, are the various popular delusions which, like so many epidemics, have, in successive ages, excited the imagination with extravagant expectations of the cure of all diseases and the prolongation of life beyond its customary limits, by means of a single substance. Although it is not in the power of physicians to prevent, or always to arrest these delusions in their progress, yet it is incumbent on them, from their superior knowledge and better opportunities, as well as from their elevated vocation, steadily to refuse to extend to them the slightest countenance, still less support.

These delusions are sometimes manifested in the guise of a new and infallible system of medical practice—the faith in which, among the excited believers, is usually in the inverse ratio of the amount of common sense evidence in its favour. Among the volunteer missionaries for its dissemination, it is painful to see members of the sacred profession, who, above all others, ought to keep aloof from vagaries of any description, and especially of those medical ones which are allied to empirical imposture.

The plea of good intention is not an adequate reason for the assumption of so grave a responsibility as the propagation of a theory and practice of medicine, of the real foundation and nature of which the mere medical amateur must necessarily, from his want of opportunities for study, observation, and careful comparison, be profoundly ignorant.

In their relations with the sick, physicians are bound, by every consideration of duty, to exercise the greatest kindness with the greatest circumspection; so that, whilst they make every allowance for impatience, irritation, and inconsistencies of manner and speech of the sufferers, and do their utmost to soothe and tranquilize, they shall, at the same time, elicit from them, and the persons in their confidence, a revelation of all the circumstances

connected with the probable origin of the diseases which they are called upon to treat.

Owing either to the confusion and, at times, obliquity of mind produced by the disease, or to considerations of false delicacy and shame, the truth is not always directly reached on these occasions; and hence the necessity, on the part of the physician, of a careful and minute investigation into both the physical and moral state of his patient.

A physician in attendance on a case should avoid expensive complications and tedious ceremonials, as being beneath the dignity of true science and embarrassing to the patient and his family, whose troubles are already great.

In their intercourse with each other, physicians will best consult and secure their own self-respect and consideration from society in general, by a uniform courtesy and high-minded conduct towards their professional brethren. The confidence in his intellectual and moral worth, which each member of the profession is ambitious of obtaining for himself among his associates, ought to make him willing to place the same confidence in the worth of others.

Veracity, so requisite in all the relations of life, is a jewel of inestimable value in medical description and narrative, the lustre of which ought never to be tainted for a moment, by even the breath of suspicion. Physicians are peculiarly enjoined, by every consideration of honour and of conscientious regard for the health and lives of their fellow-beings, not to advance any statement unsupported by positive facts, nor to hazard an opinion or hypothesis that is not the result of deliberate inquiry into all the data and bearings of which the subject is capable.

Hasty generalization, paradox and fanciful conjectures, repudiated at all times by sound logic, are open to the severest reprehension on the still higher grounds of humanity and morals. Their tendency and practical operation cannot fail to be eminently mischievous.

Among medical men associated together for the performance of professional duties in public institutions, such as Medical Colleges, Hospitals and Dispensaries, there ought to exist, not only harmonious intercourse, but also a general harmony in doctrine and practice; so that neither students nor patients shall be perplexed, nor the medical community mortified by contradictory views of the theory of disease, if not of the means of curing it.

The right of free inquiry, common to all, does not imply the utterance of crude hypotheses, the use of figurative language, a straining after novelty for novelty's sake, and the involution of old truths, for temporary effect and popularity, by medical writers and teachers. If, therefore, they who are engaged in a common cause, and for the furtherance of a common object, could make an offering of the extreme, the doubtful, and the redundant, at the shrine of philosophical truth, the general harmony in medical teaching, now desired, would be of easy attainment.

It is not enough, however, that the members of the medical profession be zealous, well informed and self-denying, unless the social principle be cultivated by their seeking frequent intercourse with each other, and cultivating, reciprocally, friendly habits of acting in common.

By union alone can medical men hope to sustain the dignity and extend the usefulness of their profession. Among the chief means to bring about this desirable end, are frequent social meetings and regularly organized societies; a part of whose beneficial operation would be an agreement on a suitable standard of medical education, and a code of medical ethics.

Greatly increased influence, for the entire body of the profession, will be acquired by a union for the purposes of common benefit and the general good; while to its members, individually, will be insured a more pleasant and harmonious intercourse, one with another, and an avoidance of many heartburnings and jealousies, which originate in misconception, through misrepresentation on the part of individuals in general society, of each other's disposition, motives, and conduct.

In vain will physicians appeal to the intelligence and elevated feelings of the members of other professions, and of the better part of society in general, unless they be true to themselves, by a close adherence to their duties, and by firmly yet mildly insisting on their rights; and this, not with a glimmering perception and faint avowal, but, rather with a full understanding and firm conviction.

Impressed with the nobleness of their vocation, as trustees of

science and almoners of benevolence and charity, physicians should use unceasing vigilance to prevent the introduction into their body of those who have not been prepared by a suitably preparatory moral and intellectual training.

No youth ought to be allowed to study medicine, whose capacity, good conduct, and elementary knowledge are not equal, at least, to the common standard of academical requirements.

Human life and human happiness must not be endangered by the incompetency of presumptuous pretenders. The greater the inherent difficulties of medicine, as a science, and the more numerous the complications that embarrass in its practice, the more necessary is it that there should be minds of a high order and thorough cultivation, to unravel its mysteries and to deduce scientific order from apparently empirical confusion.

We are under the strongest ethical obligations to preserve the character which has been awarded, by the most learned men and best judges of human nature, to the members of the medical profession, for general and extensive knowledge, great liberality and dignity of sentiment, and prompt effusions of beneficence.

In order that we may continue to merit these praises, every physician, within the circle of his acquaintance, should impress both fathers and sons with the range and variety of medical study, and with the necessity of those who desire to engage in it, possessing, not only good preliminary knowledge, but, likewise, some habits of regular and systematic thinking.

If able teachers and writers, and profound inquirers, be called for to expound medical science, and to extend its domain of practical application and usefulness, they cannot be procured by intuitive effort on their own part, nor by the exercise of the elective suffrage on the part of others. They must be the product of a regular and comprehensive system,—members of a large class, from the great body of which they only differ by the force of fortuitous circumstances, that gives them temporary vantage ground for the display of qualities and attainments common to their brethren.

JOHN BELL, M. D.

Code of Medical Ethics, adopted by the National Medical Convention, held at Philadelphia, in May, 1847.—Chapter 1.—of the duties of Physicians to their patients and of the obligations of patients to their Physicians.

1. *Duties of Physicians to their Patients.*—A Physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention and fidelity. They should study, also, in their deportment, so to unite *tenderness with firmness, and condescension with authority*, as to inspire the minds of their patients with gratitude, respect and confidence.

2. Every case committed to the charge of a physician should be treated with attention, steadiness and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honour. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by him except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy, by courts of justice.

3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease,—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

4. A physician should not be forward to make gloomy prognostications, because they savour of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patients timely notice of danger, when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may soothe the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquility of the most resigned, in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to all pecuniary consideration.

6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

7. The opportunity which a physician not unfrequently enjoys of promoting, and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

II. Obligations of Patients to their Physicians.—The members of the medical profession, upon whom are enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

2. The first duty of a patient is, to select as his medical adviser one who has received a regular professional education. In no trade or occupation, do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

3. Patients should prefer a physician, whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician, for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions, of those he attends, is more likely to be successful in his treatment; than one who does not possess that knowledge.

A patient, who has thus selected his physician, should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful

and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude the details of his business nor the history of his family concerns.

6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses, who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

7. A patient should, if possible, avoid even the *friendly visits* of a physician who is not attending him,—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for those are of such a character, that no mere pecuniary acknowledgement can repay or cancel them.

Chap. 2.—Of the Duties of Physicians to each other, and to the Profession at large.

1. *Duties for the support of professional character.*—Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity, and honour, to exalt its standing, and to extend the bounds of its usefulness. He should therefore observe strictly, such laws as are instituted for the government of its members;—should avoid all contumelious and sarcastic remarks relative to the faculty, as a body; and while, by unwearying diligence, he resorts to every honourable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labours, brought it to the elevated condition in which he finds it.

2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminence, is a duty every physician owes alike to his profession, and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies for which no professional man should be unprepared, a steady hand, an acute

ye, and an unclodded head may be essential to the well-being, and even to the life, of a fellow creature.

3. It is derogatory to the dignity of the profession, to resort to public advertisements or private cards or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints or suffer such publications to be made;—to invite laymen to be present at operations,—to boast of cures and remedies,—to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument, or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself, or of others. For, if such *nostrum* be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in way to promote the use of them.

II. *Professional services of physicians to each other.*—All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who by the ties of consanguinity is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice, on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honourarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

III. *Of the duties of physicians as respects vicarious offices.*—The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

IV. *Of the duties of physicians in regard to consultations.*—A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honours of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognised by this association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

2. In consultations no rivalry or jealousy should be indulged; candour, probity, and all due respect should be exercised towards the physician having charge of the case.

3. In consultations the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such farther inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions or prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But such variation and the reasons for it ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him, at the next consultation.

5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing and under seal*, to be delivered to his associate.

6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

7. All discussions in consultation should be held as secret and confidential. Neither by words or manner should any of the parties to a consultation assert or insinuate that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants,—they must equally share the credit of success as well as the blame of failure.

8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen, that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire, and if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consul-

tations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

10. A physician who is called upon to consult, should observe the most honourable and scrupulous regard for the character and standing of the practitioner in attendance: the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out, which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practised by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favour of families and individuals.

V. *Duties of physicians in cases of interference.*—Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made; no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

3. The same circumspection and reserve should be observed, when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances, and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

4. A physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case or been regularly notified that his services are no longer desired. Under such circumstances no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor, and regard for truth and probity will permit; for it often happens that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

6. It often happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances courtesy should assign the patient to the first who arrives, who should select from those present, any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates, should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

8. A physician, when visiting a sick person in the country, may be desired, to see a neighbouring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no farther than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some de-

gree, the common funds for its support, when fees are dispensed with, which might justly be claimed.

10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

VI.—*Of Differences between Physicians.*—1. Diversity of opinion, and opposition of interest, may, in the medical, as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a court-medical.

As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

VII. *Of Pecuniary Acknowledgments.*—1. Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honour to adhere to these rules with as much uniformity as varying circumstances will admit.

Chap. III.—*Of the Duties of the Profession to the Public, and of the Obligations of the Public to the Profession.*

I. *Duties of the Profession to the Public.*—1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens: they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions—in relation to the medical police of towns, as drainage, ventilation, &c.—and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labours for the alleviation of the suffering, even at the jeopardy of their own lives.

2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice, on subjects strictly medical—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a post-mortem examination, it is just, in consequence of the time, labour and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

3. There is no profession, by the members of which, eleemosynary services are more liberally dispensed, than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain public duties referred to in section 1 of this chapter, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment: But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influ-

ence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

II. Obligations of the Public to Physicians.—1. The benefits accruing to the public directly and indirectly from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications;—to make a proper discrimination between true science and the assumption of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

PRACTICE OF MEDICINE AND PATHOLOGY.

A Case of Delirium Tremens induced by the inordinate Use of Tobacco.—By Wm. A. Gordon, M.D., of Harrisburg, Mo.—Last spring, while on a visit to my relations in the southern part of Kentucky, I met with the following case of delirium tremens. The patient, aged 71 years, had been smoking tobacco to great excess for a number of years. At length, a short time before I saw him, he resolved to abandon the use of it altogether. The day on which he formed this resolution he smoked, in quick succession, nine cigars, which was followed by considerable nausea and giddiness for three days. These symptoms then passed off and his health for a short time seemed better than usual; but after this brief interval he fell into a lethargic state from which he was with difficulty aroused. This condition was succeeded by the symptoms of a true delirium tremens. He was wakeful, agitated, talkative, and alarmed at imaginary objects around his bed. His pulse was about 85 a minute, full but soft; countenance dejected with a wild confused look; skin cold and moist; bowels constipated; tongue moist and slightly coated.

I am not able to report the termination of this singular case, as I left the neighbourhood soon after I saw the patient, but as having a physiological interest, I will mention two phenomena which were reported to me in connexion with it.

1st. The patient previous to this attack had been hard of hearing. While labouring under it his hearing became excellent.

2d. He had also laboured under some difficulty of speech, for a number of years, owing to what seemed a partial paralysis of the tongue. When the derangement of the cerebral system came on, he recovered the use of his tongue and was able to speak distinctly and rapidly.—*Western Journal of Medicine and Surgery.*

Variola, Vaccinia, Varioloid, and Varicella.—Dr. Koesch, the author of any essay published under the above title, concludes:—

1. That cow-pox is nothing more than small-pox, transmitted to the cow by contact.
2. That persons who have been effectually vaccinated may, in some rare instances, contract dangerous small-pox.
3. That small-pox after vaccination is, in the great majority of cases, of trifling severity.
4. That the rarity and mildness of small-pox are in proportion to the recency of the vaccination.
5. That small-pox seldom appears after the age of thirty, but is not always less severe when it does so.
6. That the majority of the vaccinated are entirely exempt from small-pox, even though exposed to contagion.

7. The identity of variola and varioloid is demonstrated by their phenomena, development, and by the results of contagion or inoculation.

8. That varicella is in no wise connected with variola, but in a perfectly distinct disease.

9. That vaccination is the only mode of exterminating small-pox.—*Medical Times.*

Hydrocephaloid Disease, from Lectures on the diseases of Infancy and Childhood, published in London Medical Gazette, Sept. 10, 1847, by CHARLES WEST, M. D., Lecturer on Midwifery at, and Physician Accoucheur to, Middlesex Hospital, &c. &c.—Closely connected with a state of atrophy of the brain, is that condition which is induced if the organ be somewhat suddenly deprived of its usual supply of blood. Even in the adult, a profuse loss of blood is followed by extremely severe head-ache and by various other cerebral symptoms. In the child, whose brain needs for the due performance of its functions, a proportionably larger quantity of blood, the symptoms that follow its excessive loss are of a corresponding gravity. Often indeed they present a striking similarity to those which betoken inflammation of the brain; a fact implied in the name of the *hydrocephaloid disease*, by which Dr. Marshall Hall, who was among the first to call the notice of the profession to this affection, has proposed that it should be designated.

“This affection,” says he, in his admirable essay on the subject,* may be divided into two stages: the first that of irritability; the second that of torpor. In the former there appears to be a feeble attempt at reaction; in the latter, the powers appear to be more prostrate. These two stages resemble in many of their symptoms the first and second stages of hydrocephalus respectively.

“In the first stage the infant becomes irritable, restless, and feverish; the face flushed, the surface hot, and the pulse frequent; there is an undue sensitiveness of the nerves of feeling, and the little patient starts on being touched, or from any sudden noise; there are sighing and moaning during sleep, and screaming; the bowels are flatulent and loose, and the evacuations are mucous and disordered.

“If, through an erroneous notion as to the nature of this affection, nourishment and cordials be not given, or if the diarrhoea continue, either spontaneously, or from the administration of medicine, the exhaustion which ensues is apt to lead to a very different train of symptoms. The countenance becomes pale, and the cheeks cool or cold; the eyelids are half-closed; the eyes are unfixed and unattracted by any object placed before them, the pupils unmoved on the approach of light; the breathing, from being quick, becomes irregular, and effected by sighs; the voice becomes husky, and there is sometimes a husky, teasing cough; and eventually, if the strength of the little patient continue to decline, there is a crepitus or rattling in the breathing; the evacuations are usually green; the feet are apt to be cold.”

In early infancy, symptoms of this kind sometimes succeed to premature weaning, especially if that be followed by an unsuitable diet, but afterwards they generally succeed to some definite attack of illness, either exhausting in itself, or for the cure of which active measures had been necessary. It is important, too, to bear in mind that they are not equally apt to come on in the course of all diseases, but that those in the early stages of which considerable cerebral irritation has existed are much more likely to assume the characters of

* Republished in his work *On the Diseases and Derangement of the Nervous System*. 8vo. London, 1811. Chap. v. Section iii. It can scarcely be necessary to refer to Dr. Gooch's paper, “On Symptoms in Children erroneously attributed to Congestion of the Brain,” for another most graphic account of this disorder.

this spurious hydrocephalus when the bodily powers are exhausted.

There is no disorder in which the two conditions of considerable sympathetic disturbance of the brain, coupled with rapid exhaustion of the vital powers, are so completely fulfilled as in infantile diarrhoea, and in no other affection do we meet with such frequent or such well-marked instances of the surpervention of the hydrocephaloid disease.

It is not long since a previously healthy boy, aged 18 months, was brought to me suffering from vomiting and diarrhoea, which had existed for three days previously. After treatment had been continued for two days the purging ceased, but the child seemed to have a distaste for all nourishment, and refused both milk and arrow-root, and the mother made but few attempts to overcome this repugnance, so that for 24 hours, the child took hardly any thing except water, and barley water, and those in small quantities. On the afternoon of the 5th day the child became faint, and seemed so feeble during the night that the mother became much alarmed, and came again to me on the morning of the 7th day. The child's face was then sunken and very anxious; it lay, as if dozing, with half closed eyes; breathing hurriedly; suddenly waking up from time to time in a state of alarm and restlessness, and then in a few moments subsiding into its former condition. The skin was dry, but cool; the extremities were almost cold; the lips were dry and parched, and some sores had collected about the teeth; the tongue was dry, red, and glazed, and coated in the centre, and towards the root with yellowish fur. The pulse was extremely feeble. There was very great thirst. The bowels had not acted for twelve hours.

I ordered the child a tablespoonful of equal parts of milk and barley water every half hour, with the addition of fifteen drops of brandy every hour, and directed that some strong veal broth should be prepared and given every two hours. At the same time, a draught containing 10 grains of aromatic confection, half a drachm of the compound tincture of bark, and six drops of sal volatile, was given every three hours, and a grain of Dover's powder was directed to be taken at bed-time.

Within six hours after the commencement of this treatment the child began to improve; it slept tolerably well in the night, and the next day was lying tranquilly in bed, looking about and smiling cheerfully. The extremities were warmer and the skin had lost its harshness; the tongue was no longer dry, and the pulse had increased in power. The stimulants were gradually withdrawn; no further bad symptom came on and the child was soon convalescent.

It is of great importance rightly to interpret the meaning of the symptoms which attend the first stage of this affection, and to discriminate between the cerebral disturbance of approaching exhaustion, and that which implies the existence of real mischief in the brain.

A little girl was seized with diarrhoea on Aug. 8th, which at first was severe, but soon yielded to treatment, and she was again convalescent, when, on the 15th, vomiting and purging returned with great violence, and were attended with much febrile disturbance. On the following day she was still worse in all respects, but was not brought to me again until the 17th. She then looked exceedingly ill, her face was sallow, but with a flush on each cheek, and her eyes were deeply sunk. She lay in a half dozing state with her eyelids half closed, and the eyeballs turned upwards, so that nothing but the sclerotics was visible; but from this condition she awoke frequently and suddenly in a state of great alarm, and looking as if she were about to have a fit of convulsions. Her skin was hot and very dry; Her pulse was frequent, but not strong, and there was some subsultus of the tendons of the wrist. The abdomen was rather tympanitic; the tongue red, coated with white mucus; the

thirst was great, the vomiting very frequent, and the bowels acted two or three times in the course of an hour, the evacuations having the appearance of dirty water.

The child was immediately placed in a tepid bath; an enema containing five drops of laudanum was next administered, and the abdomen was covered with a large bran poultice. The extreme irritability was almost immediately relieved by the warm bath, and still further soothed by the enema. The bowels ceased to act so frequently, and the stomach began to bear small quantities of barley water and other drinks, which were given cold. In a few hours the imminent danger had passed away, and the child recovered in the course of a few days.

If, in a case of this kind, you fall into the error of regarding the cerebral symptoms as the signs of active disease, and withhold the Dover's powder, or the opiate enema that might have checked the diarrhoea and soothed the irritability while you apply cold lotions to the head and give the child nothing more nutritious than barley water in small quantities, because the irritability of the stomach which results from weakness seems to you to be the indication of disease in the brain, the restlessness will before long alternate with coma and the child will die either comatose or in convulsions.

But it is not only in the diarrhoea that errors of this sort may be committed. The early stages of pneumonia are often attended with so much sympathetic disturbance of the brain, as to throw the other symptoms into the background. The child vomits, it refers all its sufferings to its head and possibly has an attack of convulsions almost at the outset. You not unnaturally assume the case to be one of cerebral congestion and treat it accordingly with free local depletion. On the next day the indications of disordered respiration are more apparent; you think your former diagnosis was incorrect, and probably apply more leeches to the chest to combat the pneumonia you had overlooked. The urgency of the symptoms may be relieved by these means, or, if this be not the case, still the reaction will diminish with the diminished power, and the child for a short time seems to suffer less. But soon the restlessness of exhaustion comes on, and then follow the soporose condition and apparent coma; you condemn yourself for having overlooked the cerebral mischief, of which you fancy that you now have most convincing proof, you renew your antiphlogistic measures, to arrest, if it be not too late, this imaginary hydrocephalus, and your patient dies.

Something of the same kind, too, may happen in cases where the brain has really been congested and where the depletion which you practised somewhat too freely was in reality indicated, though to a smaller amount. The restlessness and heat of head may have been diminished by your treatment, and the bowels may have been relieved by the purgatives you administered. In a few hours, however, restlessness returns, though not to so great a degree as before; the child moans sadly when awake; and this suffering state alternates with a drowsy condition, while the stomach, irritable before, now rejects every thing almost as soon as swallowed, though the child still seems eager for drink. The previous arrest of very similar symptoms, though but for a few hours, by active treatment, seems to you to indicate the propriety of continuing the same plan, nevertheless the drowsiness deepens into coma and the child dies of hydrocephalus, as you suppose,—in reality of the *nimia cura medici*.

"Forewarned, forearmed," says the old proverb. When head symptoms come on in the infant, do not judge of their import simply from the present condition of the child, but ascertain its previous history. Learn whether any other members of the family have had hydrocephalus, or been consumptive. Inquire whether this infant has thriven at the breast, or whether it has for some time been drooping; if already weakened, ascertain on what it is now fed—whether signs of declining health soon followed on the change of diet

while it throve as long as it was suckled. Ask what signs of disorder of the bowels there have been, and observe at what times the vomiting comes on; whether only after sucking or taking food, or whether efforts to vomit occur when the stomach is quite empty.

In a case where the symptoms of cerebral disturbance, and those of disordered respiration come on almost at the same time in a previously healthy child, and so alternate with each other as to render your diagnosis difficult, you will do well to remember that pneumonia often sets in with much sympathetic disorder of the nervous system, and that the disease is much more likely to be seated in the lungs, than in the brain. In most cases auscultation will enable you to decide the question, and if once you accustom yourselves to listen to a child's chest as invariably as you would look at its tongue or count its pulse, you will but seldom have to reproach yourselves for the uncertain diagnosis, and the vacillating treatment into which in cases of this description you will otherwise be too often betrayed.

In a child suffering from diarrhoea, you will be prepared to meet with sympathetic disturbance of the brain, and will not allow the occurrence of its symptoms to deter you from adopting the treatment which the diarrhoea requires. If doubt cross your mind as to their signification, and you fear lest mischief be really going on in the brain, it will usually suffice to watch the symptoms closely, in order to detect a want of correspondence between them, which would not exist if true cerebral disease existed. Attention to this point will guard you from error during the stage of excitement, as well as that of exhaustion and stupor, which simulates the last stage of hydrocephalus.

Under no circumstances are mistakes more easily committed, and never are their results more mischievous than when real congestion of the brain has been somewhat overtreated and the consequent symptoms of exhaustion are supposed to be those of advancing disease. In such a case, however, it would usually be observed that great faintness had been induced by the first depletion, and that the quiet which succeeded it was that of exhaustion as much as of mitigated suffering. If so, the returning restlessness would probably be the index of the feeble power of the brain, no longer adequate to the performance of its wonted functions, rather than the evidence of active disease of the organ. Nor would the history be the only safeguard from error, but the fontanelle sunk below the level of the cranial bones, instead of being tense and pulsating, the cool surface, and the pulse presenting no other characters than those of frequency and feebleness, would all point to the real nature of the case. You do not need to be told that to deplete under such circumstances would be to destroy your patient—that food is needed, not physic. The sunken powers of life are to be rallied; and as their strength returns, the functions of the brain will again go on harmoniously.

Although the diagnosis of this affection is sometimes attended with difficulty, the rules for its prevention and its cure are happily very simple. Bearing in mind the possible supervention of the hydrocephaloid disease, you would never keep an infant from the breast, nor put a young child on a spare diet for several days, without most absolute necessity; you would pay especial attention to its food, if the disease from which he suffers be like diarrhoea, such as interferes directly with its nutrition. Again, you would not trust depletion of a young child, especially if suffering from head affection, to a nurse, but would yourselves exercise the supervision of it. And lastly, in the treatment of every disease you would at once suspend the antiphlogistic measures that you had previously been adopting, and resort to the use of stimulants and tonics so soon as any of the symptoms we have been examining make their appearance.

The state of general restlessness and irritability that attends the early stages of exhaustion is often greatly soothed

by the tepid bath, continued for not more than five minutes, for fear of further depressing the infant's powers. While you secure a free access of air, too, you must be extremely cautious to maintain the room at a sufficient temperature; for the power of generating heat is diminished in a very remarkable degree in young animals who, from any cause, are insufficiently nourished. The irritability of the stomach is best overcome by giving nourishment in extremely small quantities,—as a dessert spoonful of ass's milk for an infant or of veal tea for an older child, given by little and little every half hour. If the symptoms have succeeded to weaning, a healthy wet nurse should, if possible, be at once obtained; but as the effort to suck seems sometimes to exhaust the child, and, probably, thereby to favour vomiting, it is sometimes better at first to give the nurse's milk by a teaspoon. If the exhaustion be very great, and a state analogous to coma impending, a hot mustard bath is sometimes serviceable in rousing the child, while, at the same time, a few drops of sal volatile, or of brandy, may be given every few hours. It is desirable, however, to suspend the use of the more powerful direct stimulants so soon as it can safely be done, though a nutritious diet will be necessary for some time. Tonic medicines likewise, are often of much service, few of which are preferable to the extract of bark, which, dissolved in carraway water, mixed with a few drops of the tincture, and well sweetened, will be taken very readily by most children. The addition of a little milk to the medicine when taken, further covers any unpleasant taste.—*London Medical Gazette.*

On the Employment of Tartar Emetic in Phthisis, and of Mercury in the vomiting which occurs during Pregnancy. By C. E. BAGOT, M. D.—For upwards of a year I have been using tartar emetic in all stages of phthisis pulmonalis, and can bear testimony to the opinion of M. Bernardeau, as to its great value in the treatment of this formidable disease; but I feel very sceptical as to the possibility of curing the complaint in this uncertain climate by the administration of it. However, as a palliative in the third stage, I believe it to be invaluable; and the physician will find it a most useful adjunct to other treatment in the very commencement of the disease, when there is local dulness on percussion, with congestion, and a bronchitic state of that portion of the lung, accompanied by cough and slight fever. The usual effects of it when given in the third stage are,—the quantity of expectoration becoming daily less, the pus being coughed up with much less difficulty, thereby giving great relief; the stinging pains in the chest sometimes entirely disappear, the tongue cleans, the chills, hot skin and perspiration, are so much diminished as to give foundation for calling the medicine a specific for the hectic fever; the pulse becomes softer and fuller, but seldom less rapid; the bowels much more regular, and it is well worthy of remark, during the careful administration of the tartar emetic, that far from acting as an irritant upon the mucous membrane of the intestines, it will generally be found that there is much less irritation and purging than in cases treated by other means. It may be also observed, that, from the chest symptoms being so much relieved, the necessity for counter-irritation of all sorts is I may say entirely done away with, to the great comfort of the patient. It is due to my very intelligent friend, Mr. Thomas Archer, of Mount Pleasant Square, to mention that he first proposed the use of it to me as a specific in phthisis as far back as a year and a half ago, it having struck him that the benefit experienced by patients in consumption from the use of emetics, was not so much from the emetic action, as from a specific principle contained in the emetic.

The mode in which I usually administer it is in pill, which will be found more desirable than a solution, as the patient can bear larger doses, and it is much less liable to produce vomiting or irritation of the bowels; besides the large quantity of liquid exhibited, as recommended by M. Bernardeau, is not at all desirable. In pill it may be administered for a commencement in doses of one-twelfth to one-twentieth of a grain, in combination with a quarter to sixth of a grain of hippo (?), and three grains of white poppy, or extract of hop, gradually increasing the dose to one sixth of a grain of tartar emetic in combination with one grain of hippo (?),

"every third or fourth time." The stomach becomes reconciled to it in a very short time, and when the use of it has been long continued, the fondness of the patient for his pill becomes very remarkable. We cannot expect that an invalid will receive the same benefit in this climate from the use in any medicine in phthisis, which he might in a more southern latitude, where, from the great mildness of the air, it is very possible that absorption of tuberculous matter might take place as soon as the morbid process of deposition received a check; but even in this country, where such beneficial results have been obtained, the remedy is worth a trial. The use of it requires careful watching.

"In June 1846, I was requested to visit Mrs. Furlong, then residing in Sandwich place; she told me that she was one month pregnant of the seventh child: that she had for the previous fortnight been suffering from constant nausea and vomiting, which had reduced her strength very much, but she was still able to attend to her household duties. I succeeded after a few days by the usual routine practice, in quieting her stomach so far that she did not suffer more than the generality of pregnant women. I then lost sight of her for nearly six weeks. At the end of that time I was again called on to see her: the following was her statement:—She had been as I left her for about a fortnight, when from some indiscretion in diet, the vomiting had returned, gradually becoming worse, until at last she had to remain entirely in bed from weakness and exhaustion. She had now been fourteen days in bed, during which time she had had incessant vomiting; she could not swallow the smallest quantity of either liquid or solid, even American ice included, without its being immediately rejected by the stomach. She was reduced nearly to the state of skin and bone; her pulse was feeble, and she was scarcely able to move in bed; she had not the least constitutional disturbance, neither pain or pressure in the epigastrium, nor hot skin, nor headache, nor quickness or sharpness of pulse; in fact, it seemed to me to be one of those cases of vomiting occurring during pregnancy from some mysterious sympathy with the uterus which has heretofore but too often entirely baffled the efforts of the most experienced physician. It is needless for me to occupy space by describing my treatment, which principally consisted of the most powerful sedatives, including morphia, acetate of lead, ice, prussic acid, &c., together with blisters over the stomach, enemas, &c., none of which, however, produced the slightest effect, and she was gradually sinking, when, ere resorting to the practice so highly recommended in extreme cases, viz: that of producing abortion, I resolved on trying calomel, with the intention of bringing her system under the influence of mercury if possible, having used it before in vomiting depending on a peculiar state of irritation in the uterus of an unmarried woman. I prescribed it for her three grains every third hour; at first it was partly thrown up, but I persevered in it, and in about twenty-four hours it affected her mouth, acting like a charm. The vomiting entirely ceased, and her appetite immediately returned. I kept her for some days under the influence of the mercury, and after this she scarcely ever had the slightest nausea, and at the proper time was delivered of a fine healthy child, thereby proving that there does not exist any foundation for the popular prejudice against the use of mercury in pregnancy." (?) I may mention that this woman suffered very much from sickness during her former pregnancy.—*Dublin Medical Press.*

Nature and Treatment of Sea Sickness.—By F. WILLIS FISHER, M. D.—First, the sickness produced by the sea, by riding in carriages, by swinging, are all phenomena of the same nature, determined essentially by the influence exercised on the circulatory march of the blood in the movements that the body undergoes under these different circumstances. Second, this influence has its principal in diminishing the ascending force of the excitatory liquid in the aorta and the arteries branching from it; from this results a hyposthenic state of the brain by anemia or hypohemia. Third, the insufficient excitation of the cerebral organ determines, by sympathy, spasmodic contractions of the diaphragm, vomitings—which have a particular tendency to reconvey the blood which is wanting towards the nervous centre. These efforts are a crisis which takes place in a conservative end. They manifest themselves not only in a sea sickness, but in many other circumstances where the brain becomes suddenly deprived of its normal supply of blood; for example, in persons not affected by phlegmasia, who are bled.

Treatment—There are two orders of means to be employed. The first consists in removing one's self as much as possible from the cause, i. e., from the motions of the vessel, in remaining in a recumbent position, in a hammock suspended without sensible friction at its points of attachment. The second has for an end to combat the effects of the cause on the organism. It acts especially to this end in stimulating the circulatory function by all the agents susceptible of increasing its energy. Thus, a tonic regimen, active corporeal exercise for some days preceding embarkation. At sea, if the weather permits, one ought to keep on deck, in the breeze, make large inspirations, walk quickly until he perspires or is fatigued; or, better still, to engage in some hard exercise, even with the sailors in working the vessel. Hard work, that which requires great muscular effort, is the surest prophylactic against sea sickness. The girdle has also its advantages in contributing to force the blood towards the head, and perhaps in seconding the contractile force of the heart. Before the manifestation of the nausea, warm and exciting drinks are favorable. Thus coffee, tea, with the addition of a little brandy, may give a greater disposition to resist it, in stimulating the circulation and maintaining a diaphoretic state of the skin. Among the medicines, those which have an analogous effect on the economy may be administered with advantage, such as opium, saffron, acetate of ammonia, &c. When the sickness is declared, recourse is only to be had in the palliatives; lemon, exciting aromatics, relieve some persons; also the horizontal position, especially with the head low, in a hammock or bed suspended like a compass. But if one wishes to shorten the duration of the nauseous influence of the sea and diminish the tribute he must pay to a nautical acclimation, he must struggle with all his energy against the tendency to inaction.

Therapeutic employment of Sea Sickness.—A cause which determines in the economy so great a commotion as sea sickness, without leaving any unhappy consequences, as a therapeutic agent merits more attention than has been given it. M. Pellarin thinks that it may be possible to obtain from it valuable results in many acute and chronic affections. This observation was familiar with the ancients. We read in Pliny, "Vomitings, produced by the motion of a vessel, act as a salutary remedy in many diseases of the head, eyes, chest, and in all affections for which hellebore is given." In more modern times, Esquirol and Blanche have judiciously advised its employment in cases of recent mania. But in the few attempts that have been made, there has happened, what might have been easily foreseen, from the true theory of maritime nausea, that the maniacs, highly excited, have not been affected by sea sickness, whilst the physicians who accompanied them have been a prey to it during the whole voyage. From the knowledge already acquired of the nature and etiology of sea sickness, there seems nothing in the way to second, to aggravate voluntarily its influence in a curative end. Even an apparatus might be made to produce all the effects of rolling and pitching, without the necessity of a sea voyage. By reason of the powerful sedative and hyposthenic influence of sea sickness, may we not draw from its employment the greatest advantages, not only in acute cerebral affections, but also in certain pneumonias, pleurisias, and, finally, in a great number of inflammatory diseases?—*Bust. Med. and Surg. Jour., July 28, 1847.*

SURGERY.

A Case of Schirrous Tumour removed from the neck of a lady, whilst in the Mesmeric state. Communicated by W. R. GIST, M. D., of Jackson, Mississippi.—(Having been long acquainted with both the reporter of this case, and the consulting physician, and knowing them to be men of high reputation and unquestionable veracity, we cheerfully give place in our Journal. We have recently conversed with Dr. Langley, and he confirms every thing stated by Dr. Gist.—F.—*Edr. N. O. M. & S. Journal.*)

Subject.—Mrs. Matthews, aged 40 years, slender, rather delicate, but of ordinary health, nervo-phlegmatic temperament, and mother of eight children.

I had been consulted frequently during the last four years about a small tumour which she had, and which was located over the lower half of the parotid gland, on the left side and

just behind the angle of the inferior maxillary bone. It was, when I first saw it, about the size of a hazlenut, but had increased very much within the last six months, and was, at the time of the operation, about the size of a nutmeg, but with a base much broader and very firm in its attachments. Dr. W. S. Langley and myself had long since pronounced it cancerous. It was now very painful, and in every respect seemed about to assume its malignant form. The ordinary remedies had been tried without any benefit, nor had we any hope that we could effect a cure by the use of medicine.—We therefore advised exsection as the only possible remedy that could avail any thing; we also informed her husband, Col. Matthews, that even this was a doubtful remedy.

Mrs. M. consented to undergo the operation, but she had all the horror of the knife that a delicate female could have, and requested me to mesmerize her, informing me at the same time, that she had been mesmerized some years ago by her brother. The following is the result:

June 25th, 1846, I visited Mrs. M., caused her to be seated in the parlour, and succeeded for the first time in putting her fully under the magnetic influence in about ten minutes. I let her remain so for about a half-hour, and then demagnetized her. She now said she felt pleasantly, only a little drowsy and fatigued.

This was repeated on the 27th and 29th, and with the same success, every time being more easily put under its influence.

July 2nd. I met Dr. Langley by previous agreement; my patient now was much agitated, as she suspected that we were intending to operate, yet she was afraid to ask. I, however, soon succeeded in getting her to take a seat, and in five minutes had her *completely insensible*. Col. Matthews now asked in Gen. Clark and lady, Chancellor Cock, and Mr. G. Boddie, who were close by the house of Gen. Clark. In the meantime my student, Mr. Dismukes, brought in my instruments, and all was ready for the operation.

Dr. L. now examined the pulse and found it 80, respiration 15, skin soft, countenance placid and serene. I proceeded to the operation by grasping the tumour in my left hand, raising it, skin and all, as free from the muscles as I well could, and plunged a sharp pointed bistoury under the centre of the tumour, carrying the knife out below, cutting away of the entire skin and cellular substance, together with a small portion of the muscular fibres. Dr. L. then seized the integument with a tenaculum, and I completed the operation by carrying the knife and removing the same attachments of the upper half. It bled freely; we consequently waited some time before we could satisfy ourselves that we had removed all of the diseased fibres. This being done, I closed it by the interrupted suture, making three stitches, and completed the operation by applying the ordinary dressing, occupying in all about fifteen minutes.

Dr. Langley now counted the pulse again, and found that it had not changed one beat in the minute; neither had the respiration changed, nor was there, during the whole operation, *the least sign of pain; not even the contraction of a muscle or change of countenance; all was placid, calm and serene*. Having removed the instruments, cleared away the bloody cloths, &c., I proceeded to arouse her. In a few minutes she was fully awake. When she first came to herself, I said some trivial thing on purpose to divert her mind from the wound, she laughed and seemed quite disposed to pass a joke with me. Her attention was now called to the tumour by one of the company, who asked her "if her neck hurt her?" She seemed perfectly astonished, and asked me if I had performed the operation. I told her that I certainly had. She then, for the first time, remarked that "she believed her neck did smart and burn a little." *She said that she had not the slightest consciousness of pain or any sensation during the operation; nor could she realize it until she saw the tumour itself. The wound healed kindly; much*

more so than we expected, and is now, *nearly twelve months since the operation*, entirely well. There is no sign of disease returning, either at the same or any other location.

This case is interesting on two accounts; the first is, it shows that the timely removal of a schirrous tumour does give a chance for a final cure; this is the only reason that the case has not been reported before. The other is, *that it is as clear a proof of the truth of animal magnetism as the mind can wish*. I can conceive nothing wanting, connected with the whole matter, that could have made it more satisfactory. The patient herself, a lady of the highest respectability, and wife of the Auditor of Public Accounts. The spectators, among whom were Gen. Clark, State Treasurer, and Chancellor Cock, and George Boddie, all looked on with anxiety, expecting every moment to see her jump up, for *she was not confined*, yet they were delighted to see such perfect success; and every one would swear to the truth of this statement if necessary.—*New Orleans Medical and Surgical Journal, Sept. 1847.*

Ulceration and Stricture of the Rectum, and Excrescences around the Anus. From Clinical Lectures published in London Medical Gazette, by Casar Hawkins, Esq., Surgeon to St. George's Hospital.

Among many subjects worthy of your attention, are the ulcerations and diseases which take place at the lower end of the bowels: a good number of these cases have lately come under my care, which I have grouped together, forming a series of cases, which I intend to bring before your notice. First, then, you may meet with some cases in which there are tumours and excrescences about the anus, but no disease within the bowels; secondly, there are others in which disease exists in the bowel, but there is no external disease; whilst, thirdly, you may have some cases in which there is disease both within the bowel and external to it. The first case that I shall bring before you illustrates the first class of these diseases. Mary Anne Patten, *æt. 25*, servant, was admitted May 5. The notes say—There are a few warts, covered by true skin, situated near the anus on each side, not of very large size; there is no discharge from them; she has no other complaint, and they have existed five months. Was ordered a rhubarb draught, and the lead lotion was applied. On the 9th some of the warts were tied, and some others excised. On the 15th the remainder were removed, and she went out cured two days afterwards. When you have cases such as these, in which no specific origin can be traced, in which they are nothing but simple warts, the peduncles being accessible, they are easily removed by the scissors and ligature, as in this case, or by various local applications, and you see in this case that in a fortnight the disease was cured.

But in the next place you have cases in which the disease is situated all around the margin of the anus, sometimes independent of internal disease, but arising from some specific cause; and sometimes with internal disease also, as in the following case of Jane Gilmore, *æt. 22*, admitted March 10th in the Buton Ward. She has condylomata at the margin of the anus, which are very painful, and from which there is a good deal of discharge; they have existed for seven or eight months, and they came eleven months after she had primary syphilis; she has pains in her legs; there is a small ulcer on the inside of her cheek, and another on the tip of her tongue. The condylomata are very large, and partly external and partly within the sphincter. There is a good deal of constriction of the rectum just within the sphincter, as was ascertained by passing the finger. The exact origin of the disease seemed somewhat doubtful, but it is more probable from the history that they commenced externally, and proceeded back into the gut. These structures are probably a modification of diseased skin, which may arise from various causes, most frequently from the natural secretion becoming morbid, as in gonorrhœa and syphilis, in which complaints warts and condylomata are very frequent; the secretions not improbably passing from the vagina, running down between the clefts of the nates and anus, irritating the skin, and thus giving rise to those diseased structures which in the former case were simple warts, but in this were probably produced by the poison of syphilis. On the 5th of April the condylomata were removed with curved scissors; they were about one inch in breadth and length, and situated all around the anus. She

was put under the influence of ether, which was successful in relieving the pain; there was some hæmorrhage, which soon ceased. She left the hospital a month afterwards, the whole of the surface having healed, but was not perfectly level with the surrounding skin. In this case care was taken not to remove more of the surrounding skin than was necessary, on account of the greater degree of contraction which would take place around the anus, some having existed prior to their removal; a kind of troublesome stricture being caused just within the sphincter by this contraction.

The next case is the exact reverse of this; it is that of Elizabeth Mount, æt. 21, admitted the 5th of May. There is slight stricture of the rectum, with occasional purulent discharge from the bowel; there is a crop of condylomata at the margin of the anus, probably produced by the discharge, and the skin around looks very inflamed; there is an abscess (apparently) situated very near the anus, in which fluctuation can be felt very plainly; one labium is very much swollen, but there is no discharge from the vagina; had figurs three weeks before, but has not had any return since; sweats a good deal occasionally; has a good deal of pain in the hypogastrium; and cannot pass the motions without great pain; the fæces are always scybalous; the condylomata have existed for ten months. Here, then, the condylomata do not seem to depend, as in the last case, upon any external disease proceeding inwards, but upon disease existing within the bowel, the discharge inflaming skin around, and causing great thickening between the anus and the bowel. It is very important in all these cases to examine the interior of the bowel, and it is a frequent occurrence to find disease within, first pointed out by the inflammation and ulceration and formation of excrescences that is going on externally. On some occasions the bowel has not been examined, when, if it had been so, the disease would have been discovered, and would have saved the patient endless trouble and distress. In one case a woman came under my care, whose sister had died of diseased rectum, and who was naturally alarmed by some excrescences formed in herself around the anus, and by a degree of constipation which only allowed her to pass evacuations from the bowels once a month, when the menstrual excitement produced some action of the rectum. Her surgeon had cut off some excrescences, of course without relief, because on examining the bowel, which he had not done, I found a very bad stricture, which I diluted by bougies, and which she kept open for many years by passing them for herself. In this case of Mount the abscess burst, but she went out of her own accord before she was properly cured, nothing having been done for the condylomata.

The ulceration which takes place internally independent of external disease, is shown in another case:—John Malony, æt. 60, admitted under Dr. Nairne, 7th of April, with rheumatic gout; was transferred to me on the 26th, for an ulcer of the leg, and discharge from the rectum, which he has had for the last eight months; it came on after cholera. The disease, which was situated here in the interior of the bowel, caused ulceration, which was very considerable; the man was likewise in a bad state of health; an injection was used, made of the decoction of starch, with twenty minims of the balsam of copaiba; something similar to our green dressing of the hospital for external ulcers; a morphia draught was also given: under this treatment the discharge ceased. He has not been examined very lately; the ulceration probably, however, has not quite ceased. You may do a good deal by this internal treatment, sometimes also by a few drops, thrice daily taken by the mouth, with liquor potassæ, and by remedies which act more particularly on the lower end of the bowel, as, when the ulceration is quiet, the confection of black pepper; this was ordered for the last patient, and frequently heals up small ulcerations. You may give it in doses of ℥ij. to ʒj. o. n. for three or four weeks together. Some ulcerations are more troublesome, and last longer, and then these means are not always sufficient, even though the strictest attention may be paid to the general health of the patients. In some cases small doses of the liquor arsenicalis, three, to five drops, three times a day, given with some other tonic, may be beneficial. Perhaps arsenic is especially useful, like the pepper, by its local effect, for it affects the rectum as well as the stomach in whatever way it is given, e. g. if a solution of arsenic is injected into the veins, it irritates both these parts; if, however, it is given with bark or some other tonic, it is at times very beneficial in some cases of ulceration of the rectum. You must also apply local applications by means of the speculum, caustic in substance, the red wash, or by introduc-

ing a bougie, covered with lincn, on which some mercurial ointment is smeared. If under this treatment the ulcer still remains troublesome, and gives rise to great straining and irritation, you must resort to entire division of the sphincter, so as to relieve those symptoms by preventing all irritation arising from lodgment of fæces about the ulcers, and from the action of the muscles of the part. This treatment is, however, seldom necessary; but in obstinate cases it may be resorted to. I mean in obstinate cases confined to this part of the bowel; of course it can be of no use where the disease is more extensive. Here, for instance, is a portion of the intestine of a patient [exhibiting a preparation] who was admitted under Dr. Wilson in January, 1845, where there was great diarrhoea from the extensive ulceration that was going on. He suffered for a long time, his bowels were always acting, and the great trouble he caused not only to himself but his friends and the nurses of the hospital, preyed so much on his mind, that a few days after his admission he cut his throat, causing a fatal wound, of which he died in two days. The wound inflamed and suppurated, and after death there was found an extensive purulent effusion in the mediastinum behind the sternum, inflammation of both lungs, with hepatization, the result of recent inflammation. In the post-mortem examination of this case, the small intestines presented nothing remarkable, but the whole of the large intestine, from the caput coli to the anus, was extensively ulcerated, and of a dark purple colour in patches. In the caput coli the disease existed in a few separate ulcerations, surrounded by large portions of mucous membrane, but still proceeding down to the muscular fibres, which in some places even here were laid bare. In the transverse colon and remaining part of the intestine, the ulcerative process had nearly destroyed the whole of the mucous membrane, leaving as it were only small islands of it. The membrane was softer and more pulpy than natural; the circular fibres of the intestine were extensively laid bare, and its coats were in many places so thin that they gave way on being removed for examination. I need hardly say that when so extensive a disease as this takes place, the patient's recovery is hopeless, not only from the considerable discharge, but from the hæmorrhage which takes place; emaciation and hectic comes on, and the patient generally sinks under it.

But we now arrive at another part of our subject: if the ulcerations are small, they may heal up; if large, however, they are, as we have seen, generally fatal. Now, when an ulcer heals up, the cicatrix which remains being smaller than the original wound, contraction is the result; if, then, a circular tube similar to the rectum ulcerates, the cicatrization taking place causes contraction of the tube, and thus a stricture or narrowing of it is produced; sometimes the ulceration only partially heals, and you have a stricture, but chronic inflammation and ulceration go on, the stricture yielding from time to time during the time the ulceration is considerable, and contracting again as it heals, till at last a greater contraction takes place, and the passage of fæces is totally prevented. Here is a preparation from a patient who died of phthisis, in which a portion of small intestine which had been ulcerated became healed, and contracted for nearly an inch to the size of a quill or little more. Here is another portion from the same patient, in which the contraction is still greater, producing stricture of the sigmoid flexure of the colon, and several others existed in this patient, all arising from simple ulceration and not from malignant disease. Thus, then, may fatal contraction be the result of simple ulceration of the bowel at any part, but it is chiefly in the rectum that you meet with it; it is the most frequent by far of the cases which are called stricture of the bowel; real hardening and growth of the coats of the bowel is in fact very rare, more so even than malignant disease of the rectum; scirrhus of the rectum does not, unfrequently take place, however, and possibly exists in the next case I shall bring before you, that of George Jackson, æt. 36, groom, admitted May 5, with several large pen- dulous condylomata, some an inch long, situated near the edges of the anus, and there is a good deal of hardening and constriction of the skin between the excrescences and the anus, as well as of the rectum itself, from ulceration, extending as far as the finger can reach, giving something of the feeling of scirrhus. Bowels never act without medicine or an injection, which he is frequently in the habit of using; his motions are never larger than a tape, and he has a pain in passing them; matter, occasionally mixed with blood, passes at the same time. Has lost flesh lately. Has had constant hacking cough, with yellow ex-

peccation, for the last two years, but it has become more violent during the last six weeks: the disease of the rectum is of three years' standing. He has had a good deal of riding, and attributes much harm to a long ride, quickly performed, to Rome. These drawings and preparations show us the ulcerations of the intestines occurring in patients affected with phthisis, and others in which there is dysentery and piles, independent of any affection of the chest. In this case of Jackson the disease is very bad; it is almost impossible to pass the finger through the contraction, preventing almost the passage of the fæces, and showing how dangerous must be the consequence if any solid body is retained, which is swallowed and not digested, and being unable to mould itself to a proper form, may, by its stoppage, totally prevent the passage of the fæces, and hence cause death. On the 7th, some opium and colocyth were administered. On the 21st, six days afterwards, the notes say—health improving; motions slimy, but containing no pus mixed with them; a bougie, covered with lint and dipped with the solution of the nitrate of silver, to be passed every other day. In some cases much good can be done by passing bougies; it requires, however, great care, and you must proceed cautiously every other day or every third day, in some cases just passing it only, and then removing it; in others, it may remain for half an hour, or one or two hours. If you proceed carefully in this way, the parts become in time relaxed, and the patient's life may be considerably prolonged by it. A woman, Jane Anderson, æt. 27, married, was admitted April 7th, Princess' ward, with stricture of the rectum, and discharge of a purulent character; the end of the finger cannot be passed through the stricture, which arises from contraction following ulceration. She was confined seven years ago, and had piles afterwards, which were tied; she has had stricture and discharge from the rectum ever since; the disease was nearly cured, till five weeks ago, when she caught cold, and since then the symptoms have returned: there are no piles at present. In this case, no doubt, the piles were the result of pregnancy—a frequent occurrence. The bougie in this case was used, and was productive of much benefit. On the 22nd the notes say—the bougie was again passed, to be left in for an hour; improving. On the 24th was much better, and she went out much relieved on the 28th. You have also seen another case somewhat similar to this, and relieved in the same manner, which occurred in a patient of much greater age. She was 58, and admitted the 12th of last month. There was stricture of the rectum about two inches from the anus; cannot pass her motions without great pain, nor unless she takes medicine; they are not larger than a quill; she has frequently a purulent discharge from the bowels. She has had stricture for twelve months, and was in the hospital about six months ago, under Mr. Keate, when bougies were passed, which gave great relief; she has had many children, but not for many years; cannot assign any reason for the disease. There is a fistulous opening on the posterior part of the crest of the ilium, which leads to the dorsum illi; on the finger being introduced into the anus, there was found to be a stricture scarcely admitting the point of the finger, with much ulceration and contraction of the bowel: bougie to be used. On the 19th a large rectum bougie was passed, and retained for two hours. On the 21st she went out of her own accord.

The great difficulty in these cases is to make patients attend to themselves after their discharge from the hospital, the stricture in all cases being so likely, if neglected, to return; they should use a bougie themselves, which will prevent any obstruction, and they may preserve their lives for years. In the next place the ulceration may not be confined to the mucous membrane of the bowel only, but may communicate with the parts around. In the urethra, as you know, it is common for an abscess to take place external to the canal, the ulceration passing through all the structures of the urethra; so also with ulcerations within the bowel, it may go through all the coats, and give rise to inflammation and abscess in the surrounding cellular membrane; or sometimes there is a long narrow fistula communicating with the bowel by only a very small opening; or sometimes fistulae form in various directions, communicating with the bowel or with each other in a tortuous manner, and opening even at some distance from the anus, as you may see in this preparation. In any case in which you may be consulted for fistula, make an examination of the bowel, and if you find considerable ulceration, and the fistula is connected with it, whether there is stricture or only such extensive ulceration without contraction, it is better

not to operate, as the incisions will seldom heal, and the operation is not without danger. If the fistulae are quietly discharging, they give little trouble, and it is better to leave them to themselves; try to relieve the stricture or the ulceration first, and then, if the patient's health becomes restored, you may operate, and sometimes with success. If there are fistulae connected with extensive disease, you may, however, be obliged in some cases to do something to prevent confinement of pus. In cases of such extensive sinuses connected with the cellular tissues as these drawings shew you, and collections of pus are forming, you are obliged to open them, or else the abscesses may extend further into the pelvis. The pus of these abscesses is not of a healthy character, and unless evacuated foul ulceration takes place; this spreads, goes up the sides of the bowel, and peritonitis is a frequent consequence from extension of the ulceration, sometimes even within the peritoneal cavity; secondary abscesses also often frequently take place: but the same reasons operate to prevent your meddling with them unnecessarily, for you may frequently see patients die in three or four days after from cellular inflammation and peritonitis, or ten or twenty days after the operations from absorption of pus and secondary abscesses.

Here is another case, in which the disease has been of fifteen years' standing, the patient having been recently admitted, but having also been under my care a year ago. "Katherine Kelcher, admitted March 22d, with stricture of the rectum, of fifteen years' standing. There is one stricture an inch and a half from the anus, and another about an inch higher up, according to her statement, both following ulceration." I do not think, however, that there is more than one circular contraction. "Bowels have not acted for eleven days; great discharge of matter from the anus, as much as half a pint in the course of the day, causing great pain. Was in the hospital four years ago under Mr. Keate, and then obtained a good deal of relief by a bougie being frequently passed. She again came under me in the summer of 1846, and went out in a bad state of health, the stricture having been divided previously. She became much better in her general health after leaving the hospital, and continued so until two months ago, when she could pass nothing by stool, except after taking great quantities of drastic purgatives, and then suffered great pain in passing her evacuations, which were never larger than a quill. She has had rigors and sweats for the same period. She attributes the disease to neglect during labour fifteen years ago; but she had, previous to that period, suffered from habitual constipation, which she had neglected."

The disease in this case may arise, then, from habitual constipation, or the labour she attributes it to, and to which many women attribute the first occurrence of the disease; and pregnancy is not unlikely to be the origin, from the obstruction to the passage of the fæces, caused by the distended uterus. The rigors and sweats were signs of pus forming, and from the large quantity which she passes, there must be a large suppurating surface. But we find, in addition, on the 3d of May, five weeks after her admission, she said she felt something give way; she having had previously sweats and great pain in the back, and about a quarter of a pint of pus was suddenly passed by the bowel,—an abscess, in fact, connected with the bowel, having burst, which is liable at any time to be blocked up, and, consequently, to produce most dangerous symptoms. It is not improbable that it was situated at the left side of the pelvis, connected with the disease which existed two years ago, and with what was then done for her. In some cases, where the stricture is very much contracted, it may be divided with advantage by the introduction of a probe-pointed bistoury, the bougie being by this means allowed to pass more easily. I did this in Kelcher when she was last in the hospital; but the incision was followed by inflammation and suppuration in the cellular tissue, and an abscess formed, which shewed itself on the left side of the abdomen, in the iliac fossa. She was, of course, very ill; but I was absent at the time, so that I did not myself see it, but I understand she was relieved by its bursting into the rectum. I subsequently employed bougies, and she left the hospital, as we have seen, much relieved till two months ago, when the same or another abscess formed.

The abscess formed in this case was liable to very dangerous consequences if it had not discharged itself by opening into the rectum; but there is always great risk from the ulceration and destruction of parts in the sinuses which form about the rectum,

which ultimately give rise to fatal inflammation of the peritoneum. A case came under my care last year which shewed one danger attending such sinuses—namely, actual perforation of the peritoneum. A patient, 34 years of age, admitted the 11th of March, 1846, with pendulous tumors and ulcer of the rectum, having, in addition, piles, which bled; has great difficulty in passing her motions, and bearing-down pains in the region of the uterus. There is a stricture of the rectum about two inches from the orifice, with much thickening of the parts around, the effect of which can be felt from the vagina; the mucous membrane of the anus is in an ulcerated state.

20th.—Has complained of continual bearing-down pains, followed by shiverings.

23d.—Increased pain.

26th.—Much pain in the bowels, with rigors.

30th.—Pains not so continual, but at times very severe; bowels confined for the last five days; discharge profuse.

April 3d.—Had an injection administered, since which the pain in the abdomen has much increased.

4th.—The abdomen is more painful; abdomen tense; continued sickness. 11 p. m. died.

Post-mortem appearances.—Abdomen tympanitic. When cut into, a large quantity of air escaped from the peritoneum, but no mark of decomposition existed about the body. The cavity of the peritoneum contained a large quantity of puriform fluid, and the convolutions of the small intestines, especially those that were found in the pelvic region, were united in various places to each other by recently effused lymph. The sigmoid flexure of the colon was very much dilated, and filled with large masses of hardened feces. The mucous membrane of this part of the gut was for the greater part destroyed, the muscular tissue being laid bare; these appearances existed also in the whole of the rectum; but here in many places the muscular fibres were dissected off, and large sinuses ran in between them and the cellular tissue of the pelvis, which was thickened and condensed. At the lower part of the rectum, but out of the reach of the finger, there was a strongly marked contraction, scarcely admitting of the passage of the index finger, where the coats of the gut were much thickened. The cellular tissue around the gut was thickened and condensed, and the uterus and rectum were firmly united to each other with a long sinus communicating between them with the gut. A probe, passed from the gut into the sinus, penetrated into the cavity of the peritoneum by a small ulcerated opening with dark margins; the cellular tissue around the anus was enormously thickened, as well as the skin in the neighbourhood. Most parts of these tumors owed their origin to piles; but some of them appeared to be a simple thickening and condensation of the skin and cellular tissue; the thickening appeared to depend upon chronic inflammation, and not scirrhus disease.

It was seen that the probe passed into the peritoneal cavity, the peritoneum having probably ulcerated, and at last gave way, just as it does sometimes in ulceration of the small intestines when no lymph is thrown out, and adhesion does not take place. Perhaps, however, when the injection was used, some little force was employed, which ruptured the ulcerated portion, and thus inflammation of that cavity was set up by a small portion probably of the contents of the gut passing into it. This shews the great danger that exists in all cases where the disease is of much extent of fatal peritonitis by contiguity, or by perforating ulcer, or by violence.

I have thus brought before you twelve cases—forming a series, and in fact—illustrating some of the diseases to which this part of body is very liable.

FORENSIC MEDICINE.

Observations on the Effects of Hydrocyanic Acid, on Animal Life; by T. NUNNELY, Esq., F. R. C. S. E., &c.

Volition and power of voluntary motion may be retained after a fatal dose.—“Upon one most important practical question these experiments are quite decisive, and fully confirm the report which have been made of the length of time during which not only consciousness, but perfect volition and entire control over voluntary motion, may be retained after a dose of hydrocyanic

acid, sufficiently large to prove fatal within a few minutes, has been taken. In some few instances, the action of the poison was so expeditious as to prevent almost the slightest exhibition of voluntary motion; but in the majority of dogs, and other warm-blooded animals, about twenty seconds elapsed before any symptoms were manifested: and this space of time, in a man, would allow of several actions being done, as the corking of a bottle, and placing it in the pocket or upon a shelf—the possibility of which has been much doubted. In several of the dogs, a much longer interval intervened, during which they gave no indication of having had any hydrocyanic acid; thus the time which elapsed before any decided symptoms of poisoning were shown in five examples, was fully sufficient to have permitted a man to have performed many voluntary actions, and to have not only put away any thing which could have revealed the nature of what he had taken, or how he had taken it, but also to have passed a considerable distance from the place where he had swallowed the poison;—while a still more remarkable retention of consciousness and power was seen in one dog, which went down three or four steps of some stairs, saw that the door at the bottom was closed, and came back again; in another which went down, came up, and then went down again, the whole flight, a steep winding staircase; and in a third, which retained sufficient vigour to jump over one of the dogs, and then actually leaped completely across the open top of the staircase. In another dog, to which the acid was given by the rectum, fully two minutes elapsed before the symptoms set in, and it was not until a further period that voluntary motion was lost, yet the animal died in thirty-seven minutes; while in a few, but only a few instances, as No. 60, where the effect was almost immediate, yet the dose was not sufficient to destroy life.”

Local effects of hydrocyanic acid.—“The acid acts locally as well as generally. This is seen not merely by its producing vascular congestion, but also by the decided effects upon the nerves of the part. Thus when it is dropped into one eye of an animal, the pupil of the eye is sooner, and to a greater extent dilated, than that of the other; and when the acid is administered by the rectum or the vagina, both hind legs are sooner affected than the anterior portion of the body. But that the acid does not directly paralyse muscular fibres, when locally applied, is shown in the experiment upon the frog, No. 108, when a drop of acid applied upon the heart itself acted as a stimulant, inducing a quickened action—possibly any other fluid would have done the same. Had, however, the acid been a direct sedative, such an effect would not have continued for so long a time; and, perhaps more decidedly still, in the cat, No. 96, where three drops were put upon the heart, without arresting its motion.”

Quantity of acid required to destroy life.—“There is no fixed quantity of acid which will invariably destroy life. The boundary between the dose which is hazardous or even will destroy life, and that which may be taken with impunity, is very slight and indefinite—dependent upon individual and probably varying circumstances. The same creature is, I apprehend, liable to be seriously affected by a dose which, at another time, would produce but little effect. This, indeed, appears to be fully proved by the varying effects produced upon the cat, No. 141 bis, by exactly the same doses of acid. The more vigorous the animal, *cat-ris paribus*, the larger is the quantity which may be taken. The stomach being full of food lessens the effect of the acid, probably by its mixing with the acid, and thus preventing the poison coming into such ready contact with the mucous membrane. At this period there is also more vigour in the system, whereas an empty stomach allows the immediate contact of all the acid at once, and at hungry animal possesses less power of resistance. It was owing to the stomach being nearly filled with food recently taken at breakfast, that I think may fairly, at least in part, be attributed the long continuance of life after swallowing of so large a quantity of hydrocyanic acid, as there is every reason to suppose was taken by the person whose case is reported in the Provincial Medical and Surgical Journal for July 23, 1845. The age of the animal, I am quite satisfied, makes a material difference. The foregoing experiments, I think, fully prove that a much smaller dose of the acid is fatal in young animals than in old, and that almost in direct proportion to the youth of the creature is it speedily and fatally brought under the influence of a smaller dose of the acid. Several of the experiments would, however, shew that this must be taken with some limitation, for it would appear that the very young animal is actually less susceptible—requires a larger dose

of the acid to destroy it—than does one of the same species a little older. This is so curious a fact, that, were there not sufficient evidence to support it, we should feel much inclined to doubt it. Is it to be regarded as another proof of the approximation of the young of the higher species to the adult of the lower?"

Influence of the degree of concentration of the acid.—"The degree of concentration of the acid has no very material influence over its action. The dogs to whom a diluted acid was given were quite as speedily and violently affected as those to whom acid of Scheele's strength was administered. Indeed, I am inclined to think, from observing the action of the concentrated acid, containing twenty-five per cent of real acid, that a moderate degree of dilution renders the action of the acid more speedy, probably from bringing it at the same instant into contact with a larger surface. Certainly the foregoing experiments show, that dilution, to a considerable extent, does not weaken the action, if it does not rather accelerate it."

Relation between the rapidity of the effects of the poison and the quantity taken.—"The action of the acid is not proportionately speedy to the quantity taken. The difference between the rapidity in the effects of a large dose of the acid and one which is so small as to be barely sufficient to destroy life, is certainly well marked, but this is not the case between two doses each of which is capable of destroying life with moderate rapidity: as, for instance, suppose forty minims of Scheele's acid will kill a dog within four minutes, it does not follow that eighty minims or two drachms would do so in two minutes or in one. Hence, when called to a person poisoned by hydrocyanic acid, we cannot, merely from the length of time he has survived, or the evidence of the symptoms, determine any thing with certainty as to the degree of concentration or dilution of the acid, nor, except within wide limits, much as to the absolute quantity taken."

Effects of the acid when applied to mucous membranes.—"The poison acts with almost, if not absolutely, equal rapidity and certainty, when applied upon a mucous membrane, as the conjunctiva, the rectum, or the vagina, as when swallowed. A knowledge of this fact may be of the utmost importance in a medico-legal examination, as it would not be difficult, either by force or cunning, to introduce into the vagina or rectum, or put upon the eye, a sufficient quantity of the acid to quickly destroy life—a mode of administering the poison which a murderer who had sufficient acquaintance with its properties is not unlikely hereafter to adopt. Many experiments prove that the action of the acid upon the lungs, when air impregnated with it is breathed, is not only rapid but certain in its effects, and forms one of the easiest modes of exhibiting it—one which it would be very easy to employ, but most difficult after a few hours to detect, as the odour being so diffusible, is very soon dissipated."

Occurrence of the "death-shriek."—"Much has been said in some recent trials as to the death shriek, as it was then termed, in persons who are suffering under a poisonous dose of hydrocyanic acid. Though it is now generally admitted that the shriek does not uniformly occur in man, it does not appear to be so generally known that this is also the case with animals. The foregoing experiments will, however, show that, so far from the shrieking being characteristic of death by hydrocyanic acid in dogs (and I may also add in other animals, as rabbits, mice, cats), it occurs in only half the number of cases, and in not more than one-third, if quite so many, very loudly; but when it does occur, the cry is of so peculiar a kind, and so indicative of severe distress, as to give an idea of consciousness on the part of the animal of impending death—as though it felt that its condition was such as to render all assistance unavailing; it is different from anything I have heard in any other condition of dogs or other creatures, and is, I think, when present, characteristic of the poison."—*London Medical Gazette.*

Alleged Rape perpetrated on a Female while under the influence of Ether.—That which had been suspected as a probable result, on the introduction of a new narcotizing agent, has, according to the *Gazette Medicale*, actually occurred in Paris. Last week a female went to a dentist to have a tooth extracted. He advised that it should be stopped; and, to avoid the pain of the operation, recommended his patient to inhale the vapour of ether. What passed while the female was under the influence of the vapour may be inferred from the following facts:—The young fe-

male was observed to leave the dentist's house about three hours after she had entered it, in a very disordered state. This attracted the attention of her employer, who could not account for her long absence. The injured party, notwithstanding the stupefying effects of the ether, retained some recollection of what had passed, and, from some words which fell from her, suspicion was immediately excited. She was examined by a physician, who reported that her person had been violated. The dentist has been arrested, and is about to be prosecuted for the offence.—*Med. Examiner.*

MISCELLANEOUS.

Burnett's Disinfecting Fluid.—The Chloride of zinc in solution, it appears from a parliamentary document which has just been issued, has been employed extensively as a disinfectant in dissecting-rooms, the wards of hospitals, and in the Royal navy, and, according to the reports which we have seen, has been eminently successful in effecting the objects for which it is designed. The medical officers at Hasler Hospital state that it has been used in that hospital in the close stools of patients affected with dysentery, in the water-closets and cess-pools, and also in the wards, when the air was tainted by purulent expectoration or discharge from sores, with the effect of immediately removing the disagreeable odours. It has also been used in surgery with good effect, in removing the smell of putrefying animal substances, and the odour of dead bodies under inspection: when employed as a dressing to ulcers, it removes the disagreeable smell of purulent matter, and, in the proportion of one part of the clear solution to eighteen of water, it preserves subjects of natural history from putrefaction, and in a fit state of anatomical inspection, after more than a year has elapsed. A similar testimony in favour of the solution of chloride, is borne by the assistant surgeon of the Marine Hospital at Woolwich, who adds, "the great advantage which the chloride of zinc possesses over other agents employed for a like purpose, is, that it removes the disagreeable effluvia, without leaving one little less offensive in its room, and may therefore be made use of wherever this effect is required—in private as well as public buildings, in the sick bed chamber no less than in the crowded ward. The method adopted at this hospital is to supply each of the wards with a bottle of the diluted solution, which the nurses have directions to use whenever occasion may require, besides sprinkling it over the floors before the morning and evening visits are made."

Its utility in the dissecting-room is confirmed by the statements made by Mr. Bowman, Dr. Sharpley, Mr. Partridge, Dr. Murray, and Dr. V. Pettigrew, who concur in asserting that in a proper degree of dilution its success is complete, and that it appears to preserve the colour and texture of the parts very admirably. It has, further, the very important advantage of not acting on the steel instruments employed, being in this respect equal to alcohol. Dr. Methven especially mentions an instance in which the solution corrected advancing putrescence, and enabled him to dissect during July. He believes, further, it will be the means of saving many valuable lives, which are annually lost by wounds received in the course of dissection, as, while dissecting this putrid body, he cut himself several times, and once received a punctured wound, without any bad consequences arising. Mr. M'Bain, of the "Mastiff," adds his testimony "to the rapid and perfect effects of the chloride of zinc solution upon animal matter in a state of putrefaction. Having frequently opportunities of dissecting or examining large fish, &c., cast on shore, whilst undergoing decomposition, the task has been occasionally any thing but agreeable, for want of a convenient power to destroy the putrefactive process. The chloride in these acts like magic; and as a great practical agent over one of the most important conditions of animal and vegetable matter—namely: putrefaction, it stands unrivalled." Its influence on board ship, in annihilating the offensive smell of bilge water, and in sweetening between decks, is shown by the united evidence of captains, surgeons, and masters in the royal navy. Among other vessels, it was used on board the "Victoria and Albert" royal yacht, to remove a more than ordinary stench of bilge water, and other offensive odours, with the most complete success. The surgeon states that she has remained comparatively sweet ever since, and when a bilge-water smell is occasionally perceptible, a slight application of the fluid

removes it: The solution has also been used for very disgusting privies, &c., effluvia from which it quickly neutralizes.

Mr. Henderson, the surgeon to the dock-yard at Portsmouth, employed the fluid in a severe case of open cancer, the factor from which was intolerable to the patient and attendants: this it destroyed so long as the dressings were kept moist therewith. Professor Quain has used it, he says, in the treatment of sloughing tumours with beneficial result, and he has no doubt it will supplant the chloride of lime and soda altogether in the removal of fetid odour. Mr. Gibson, surgeon of the "Euridice," employed it in a case of angry ulcer, in the proportion of one part to four of water. An eschar was the result, the separation of which left the ulcer in a healthy condition.

Several naval and other medical men have employed it as a disinfectant in hospitals, and on board ship, the general result being a marked diminution in the rate of mortality. Dr. Lindsay, Dr. Cronin, and Dr. Connor, of Cork, all bear testimony to its beneficial effects. Mr. Verling, surgeon of the "Vengeance," thus speaks:—

"Having used the chloride of zinc rather extensively on board Her Majesty's ship 'Vengeance,' whilst employed in the conveyance of troops, I think proper to report to you the result thereof. We carried the first battalion of the forty-second regiment, consisting of about 700 men, women and children, from Malta to Bermuda. Measles had prevailed epidemically in the regiment previously to their embarkation, but we received none on board labouring under the disease yet after being ten days at sea, several cases occurred simultaneously among the soldiers, and on the 1st of April, having been then a month at sea, the disease appeared among our own people, ten cases occurring on that day, and from that day to the fifteenth of the month, when we arrived at Bermuda, fresh cases were almost of daily occurrence, either among our own people or the troops. On getting rid of the troops, which we did at Bermuda, my attention was of course specially directed to every means whereby the contagion could be destroyed.

Cleanliness and ventilation were duly attended to, and every part of the ship where the sick had been, after being cleaned and aired, was sponged well over with the solution of chloride of zinc several times. Than the result nothing can be better; the disease totally ceased, no fresh case occurring after. On our passage from Halifax, with the 60th regiment on board, the weather was so bad, and the ship working so much, that it was quite impossible to open any of the lower-deck ports, on which deck the whole of the people lived, troops as well as our own people, for eight days; the air throughout the deck was exceedingly vitiated with every mixture of noxious smell, but the free use of the chloride of zinc tended, in a most surprising manner, to do away with the bad smell; so much so, that the surgeon of the regiment came to me to get some to use in the part of the ship where the ladies of the officers were. The effect of the chloride of zinc is most obvious in correcting all bad and offensive effluvia; and from the sudden and surprising manner in which the measles disappeared after its use, is not, I think, too much to say, that it must have been instrumental in decomposing the miasma, or state of the atmosphere in the ship, which tended to the generation of the disease."

From all these statements, then, it is clear that the solution of the chloride of zinc is a powerful agent in neutralizing noxious gases, and in arresting the progress of decomposition. Sir W. Burnett has therefore rendered, by its discovery, a great benefit to suffering humanity. On board ship, its influence in removing the offensive odours from bilge-water can hardly be too highly estimated, while its action in sweetening the wards of hospitals, and destroying noxious and infectious effluvia, seems to be equally evident.—*London Lancet.*

Homœopathy.—The following case of administering powerful drugs in large doses under the guise of homœopathy, is noticed in the *Medical Gazette* as having recently occurred in London:—

"A lady who had been attended by a highly respectable general practitioner, recently consulted a homœopathic physician, who has acquired some celebrity in the fashionable quarter of the metropolis, for his skill in treating and curing diseases by infinite small doses. She received from him four small white powders, with explicit directions, (now lying before us,) one to be taken

every other night,—each powder being numbered, and the night on which it was to be taken, as well as the mode of taking it, being particularly specified,—"all dry on the tongue." No. 1 was swallowed according to order, and the patient was soon afterwards seized with great sleepiness, stupor, and other alarming symptoms indicative of the action of a powerful narcotic. These effects were followed by diarrhœa. The patient was alarmed, and instead of looking upon the result as an indication of the beneficial working of homœopathic powders, or as a means of curing her of any latent scepticism respecting the efficacy of infinite small doses, she was prudent enough to return to her old medical friend, to whom she handed the remaining powders with the directions. This gentleman, suspecting that they contained some active narcotic, caused them to be submitted to a chemical analysis. We have now the report of this analysis before us, and of it we shall make the following abridgement. The powders were numbered 2, 3, and 4. They were similar in appearance, except that No. 3 was somewhat whiter than the other two: there was nothing to indicate that they were of different composition; and as they were to be taken the same way on alternate nights, this could not possibly be suspected.

"Although there was no great dissimilarity in bulk, the powders were very unequal in weight. No. 2 weighed 3.4 grains; No. 3, 1.5 grains; No. 4, 2 grains. No. 2 was found, upon analysis, to consist entirely of calomel and morphia, the morphia forming no less than *one grain*. No. 3 contained no morphia or calomel, nor any mineral or other substance, but merely *sugar of milk*. No. 4 was composed of calomel and morphia, the morphia amounting to one half grain."—*Prov. Med. and Surg. Journal.*

Homœopathy—Accidental Death.—A coroner's inquest was held in Stockport on the 18th of July inst., on the body of Martin Van Sicker, who came to his death on Friday last, under the following circumstances: He called upon Dr. John H. Philip, a Homœopathic physician, for some pills for a pain in the side, &c. Dr. Philip gave him two vials of pills, one containing 24, the other 32 pills, with written directions to take one three times a day; and if it produced any burning pain, then to take but half of one at a time. It seems, from the testimony on the inquest, that Van Sicker's illness was feigned, and that there was an understanding between him and Dr. Schermerhorn, of Stockport, that he should get the pills, and take them, for the purpose of ridiculing Dr. Philip and his medicine. Dr. Schermerhorn assured Van Sicker that he need not be afraid to take the whole lot, as they would hurt no one. Accordingly, Van Sicker took the whole of the pills, under the advice of Dr. S., and the result was his death about one o'clock the next morning. Dr. Philip testified that he was called on the night of the 16th, by Dr. Schermerhorn, who wished him immediately to go and see deceased. Dr. P. told him it was useless, if he had taken the whole of the medicine he sent at once, as it would produce death. According to the testimony of Dr. Witbeck, of Hudson, the deceased came to his death by taking an over-dose of strychnine and arsenic pills. Accordingly, the jury found that he came to his death by taking the medicine contrary to the direction of Dr. Philip.—*N. Y. Annalist, from Kinderhook Sentinel.*

Medical Reform in France.—A most important question, which has for some months past excited a large share of public attention, is the *Medical Reform Bill*, the discussion of which commenced in the Chamber of Peers on the 5th of June. Since any measure calculated to affect the interests of the Medical profession in France cannot but be interesting to the profession in the United States, I have thought a brief analysis of the more prominent features of the bill, together with some notice of the existing laws in relation to the practice and teaching of medicine in France, might justly be considered as coming within the promise of your correspondent.

Notwithstanding that France may be said to have taken the lead in medical reform for the last ten years, at least, it was not until the *Congrès Médical*, formed of delegates from among the medical practitioners of all parts of the kingdom, which assembled in Paris last November, the number of about five thousand, that the numerous abuses were made known to the government, and assurance given by the Minister of Public Instruction that he

would bring in at the earliest period a bill to relieve the wrongs against which the medical body had so long perseveringly remonstrated.

Concerning the medical regulations established in March, 1803, to which additions and amendments have been made at different periods, by Royal ordinances and by the Council of Public Instruction, I will endeavour to give the leading points, avoiding, as much as possible, unnecessary details.

The medical body, as now constituted, consists of Doctors in Medicine, and *officiers de sante*; the former graduates of one of the three universities of Paris, Strasburg, or Montpellier, and entitled to practice in any portion of France, while the latter an inferior grade, are merely examined by medical juries and can only practice in the department in which the examination was passed.

In order to become a candidate for the former grade, M. D., the person must produce his act of birth; the consent of his father or guardian, if he be under twenty-one years of age; a certificate from a civil authority of good moral character, together with one or two minor requirements; and finally the diploma of Bachelor of Letters and Sciences, though the latter is dispensed with when the aspirant desires merely to become an *officier de sante*. The period of study for the title of M. D., is four years, during which time the candidates take out sixteen inscriptions, as they are called, which are but certificates of attendance upon the prescribed courses, submit to five examinations, and defend a Thesis, at the cost of one thousand francs, and the price of the diploma being one hundred francs, the combined cost of the whole amounts to eleven hundred francs. The subjects of the examinations may thus be enumerated—

1st examination.—Anatomy and physiology, dissection, the candidate being required to make some designated anatomical preparation in the dissecting rooms in six hours, relative to which he is asked questions.

2nd Examination.—Internal and external Pathology with operations.

3rd Examination.—Natural History, Physics, Chemistry, and Pharmacy, the candidate replying demonstratively to the questions addressed to him on chemical substances and medical plants.

4th Examination.—Medical Jurisprudence, Materia Medica, and Therapeutics.

5th Examination.—Consists 1st, in a composition in Latin or French upon a medical or surgical question, the subject of which is determined by lot. 2d, in the examination of one or more patients in some one of the hospitals, after which they deliver their diagnosis and the treatment which they consider should be adopted. The thesis is required after this last examination. The subject is chosen by the candidate.

Thus, you perceive the first, second, and fifth examinations and the latter part of the fourth, are eminently practical.

The *officiers de sante*, as I have remarked, are not required to have the diploma of Bachelor of Letters; they undergo three oral examinations, the first, on Anatomy; the second, on the Elements of Medicine; and the third, on Surgery and Pharmacy. *Officiers de Sante* are prohibited from taking the title of doctor; though through a strange oversight in the law, they may with impunity assume the appellation of "*medecin*," given in common to doctors, *officiers de sante*, and *veterinaires*. The new bill proposes to remedy this. *Officiers de sante* are not allowed to perform important surgical operations, except under the superintendence of a doctor of medicine. The penalties which may be at present enforced against persons practising illegally, are: a fine of from one hundred to one thousand francs against any individual practising as a doctor; and a fine of from twenty-five to five hundred francs against those practising as *officiers de sante*. In case of a second offence, the fine may be doubled, and the offender imprisoned for a period not exceeding six months.

This is the curriculum of medical studies for these two degrees, and the state of the medical profession under the present system.

In the new bill the leading points relate—

1st.—To the two classes of practitioners, doctors of medicine and *officiers de sante*.

2d.—To the repression of illegal practice.

3d.—To foreign physicians who desire to practice in France.

The bill proposes the suppression of the *officiers de sante*, who

are to be replaced by graduates in medicine who, for a fixed salary, are to give gratuitous medical attendance upon the poor. The Congress demanded this clause by an immense majority, and as Count Bengnot styled in his report, it may be truly said to be: "*la disposition capitale de la nouvelle loi*." Relative to the second point, the illegal practice of medicine, the new law declares that any person practising the healing art without having graduated in one of the French Faculties, or without a duly legalized authorization from the French Government, shall be liable to imprisonment for a period of not less than six months, and not exceeding two years; for the second, imprisonment, the minimum period of which is two years, and the maximum five years. A clause at first inserted in the bill, but which has been modified by the committee, provided that all medical men, who might incur the slightest punishment of the simple correctional police, should be deprived of their right to practice. This, as you may well suppose, excited almost universal disapprobation, and certainly, knowing as every Frenchman does for how every trivial offence one may be punished by that not always perfectly just tribunal, the correctional police, not without reason. On the third point, namely, the practice of foreign medical men, it is proposed by the new law that no foreign physician shall be authorized to practice in France, unless it shall be previously decided by the Royal Council of Public Instruction, that his diploma is equivalent, as an attestation of length of studies and respectability of the university which conferred it, to that granted by the French Faculties. Further, the authorization may be restricted to a certain locality, and confined to a limited period, and is always revocable at pleasure. They are amenable in the same extent as French practitioners to the present laws concerning punishments, and will be in the same degree to any that may be hereafter established. Concerning foreigners who desire to take the degree of Doctor of Medicine in the French Faculties, the diploma of Bachelor of Letters of some university, whose degrees are considered equivalent to those of France, is required. And doctors in medicine or surgery, graduates of foreign faculties who desire to obtain the same grade in one of the faculties of France, of which, as I have before remarked, there are three, are required to undergo all the trials of the *doctorate*; that is to say, the five examinations and the thesis. They must previously address a request to the Minister of Public Instruction in order to obtain the inscriptions, which are allowed in the proportions of two thirds of the time spent in foreign universities. Thus, to obtain the sixteen inscriptions equivalent to the four years of study necessary for the doctorate, he must show by certificates that he has studied six years in these universities. The price of the diploma is the same as though he were an inhabitant of France, that is one hundred francs.

The Faculties of France may be said to consist 1st, of Professors of the Faculties of Medicine who lecture on the various branches of medical science; 2d, *agreges* or assistant professors; and 3d, of *professeurs particuliers*, or private medical teachers. Professors, assistant professors, and private teachers are all nominated by *concours*. According to the present system doctors in medicine are allowed to contend for any vacancy that may occur in the professorships, and the consequence is that *concours* are incessantly going on, and the host of competitors is often very disproportioned to the importance of the places sought. Thus, last year, there were two vacancies for the situation of surgeon to the hospitals at Paris. There were thirty-two candidates, and the *concours* lasted five months. The new law proposes to allow only *agreges* to be eligible.

Notwithstanding the herculean labours of the medical profession of France in the field of pathological anatomy, while they have laid the medical body throughout the world under lasting obligations and given them an enviable and just celebrity, attracting pupils from every quarter of the civilized globe; notwithstanding the magnificent bequest of Dupuytren of \$40,000, for the establishment of a chair of morbid anatomy, a bequest, the spirit of which has been so zealously carried out by the indefatigable and earnest M. Orfila, there is much yet remaining to be done. The new law acting upon this principle provides for the formation of laboratories, in the faculties and secondary schools, where the student will be forced, by frequent *post-mortem* examinations, to acquire that knowledge of organic lesions which is now deemed so essential a part of the education of the intelligent and accomplished physician.—Dr. Yandell's Notes on Medical Matters and Medical Men in Paris; from the Western Journal.

MATERIA MEDICA AND CHEMISTRY.

On the Antidotes for Arsenic.—Riegel has found that it requires more oxide of iron to precipitate the whole of the arsenic contained in a solution, than is stated by Guibourt. When less than 7 parts of dry sesquioxide in form of hydrate was employed, arsenic could be detected in the liquid by sulphuretted hydrogen, with more than 10 parts the precipitation was complete. In order to precipitate arsenious acid at least 12 parts are required. When the arsenious acid is combined with an alkali, it is not completely precipitated by the hydrate oxide alone. Reigel recommends the use of peracitate of iron mixed with the oxide. One part of arsenious acid requires, for precipitation, 18 parts of anhydrous magnesia, in the form of hydrate. The author prepares it by precipitating 100 parts of crystallized sulphate of magnesia with 50 parts of caustic potassa,—the precipitate is washed, pressed, and preserved under water. In administering it, the best plan is to mix it with a solution of the sulphate, as it then acts both on the free acid and on alkaline arsenite.—H. C.

Preservation of Leeches.—M. Roder, apothecary at Leuzburg, suffered great loss from an epidemic among his Leeches in 1845; all the usual means of preservation, such as charcoal, honey, sugar, &c., failed, and he then determined to try the effects of chlorine. To forty-eight ounces of water, three, four, or at the utmost, five drops of aqua chlorinii were added, the leeches were immersed in this mixture for ten or fifteen minutes, the liquid was then poured off and replaced by pure water. This treatment, which it was not found necessary to repeat, preserved the leeches. The same effect would probably result from the addition of a few drops of muriatic acid, which would neutralize any ammonia that might have been developed, and which is well known to be most destructive to leeches. In fact, leeches thrive exceedingly well in the acidulous water of boggy districts, which is impregnated with a small quantity of crenic, and perhaps of acetic acid. A small quantity of sulphuric acid (five or six drops to twelve ounces of water) proved efficient in another epidemic; the water thus acidulated was immediately replaced by pure water, and the disease immediately ceased.—Arch. de Pharma.

THE

British American Journal.

MONTREAL, NOVEMBER 1, 1847.

THE FATE OF THE PHYSICIAN.

We extract the following from the columns of our esteemed contemporary, the *New York Annalist*:

"Another Physician, Dr. D. B. Hall, died yesterday—this is the fourth."—*New Orleans paper*.

Such are the brief, cold terms in which the public are told that Medicine is offering up victim after victim, on the altar of professional duty.

Where are now the Hydropaths, Homeopaths, Root Doctors, and the whole legion of quacks? They are silent—they have probably fled to seek in some place of safety for dupes and victims. And where are now the flippant sneerers at the uncertainty of medical science—the "Doctors' quarrels"—"the Doctors' bills"—"the Doctors' rapacity?" Silent all! no voice is heard to breathe a word of reproach or ridicule. No! no! the talk now is, "Our physicians are labouring, dying." Such is the fate of Medicine and medical men. In the hour of suffering, or of danger, they are sought out with eager zeal and rewarded with garrulous gratitude; but let that hour pass, and the danger, and he whose skill averted it—the suffering, and he whose toil made it tolerable—are alike forgotten, and the public turn from their long-tried physician, and give the reward which he has so

dearly earned, to the ignorance, the impudence of the nostrum-vender, or the new-system-man.

And what is our duty when thus treated? *Go onward! Look upward! Go onward!* the path of duty is before you. *Look upward!* the reward is on high.

Yes, and probably such it ever will be. Victim after victim is offered at the shrine of duty. In very many instances the public may mourn the loss of esteemed and valued members of society, whose lives are thus forfeited, in their labour of doing good. But their wives and families!—What of them? The heroism of the soldier in the day of battle is everywhere acknowledged and proclaimed. If, perchance, a merciful Providence has protected him in the fight, his country strives to do him honour; but, should the alternative arrive, a due provision is made for the family, which, in defending a nation's honour, has been deprived of its only protector. And why should it be otherwise with medical men, whose lives are forfeited in staying pestilence, in battling with a malignant disease, everywhere prostrating our citizens, and numbering thousands among its victims, and but for whose exertions those victims would be multiplied, and distress assume a thousand fold more aggravated aspect. Is not the heroism of the physician greater? His chances of preservation and immunity from the attack of a prevailing contagious disease, are infinitely less than those of the soldier. Few, very few, of the winged messengers of death reach their destined object; while the physician is compelled almost to exist in an atmosphere highly impregnated with poisonous miasm; and in the discharge of a most important but imperious duty, which his obligations forbid him from betraying, in innumerable instances pays for his devotion with his life; and this in a ratio so immeasurably greater than in the former instance, that the value of life in the medical profession is far lower than in almost any other. During the imported fatal fever which has ravaged this country, we have had to deplore the decease of many valued members of the profession. Our present number adds three more to the list; one of whom, an early and intimate friend, whose loss is deplored by none more than by ourselves. Their "reward" is certainly "on high," and "their works do follow them."

Advance of the Asiatic Cholera.—The London Medical Gazette, October 1, announces the steady advance of this disease. It had reached the interior of Europe, and was extending in a north-westerly direction. Several cases had occurred at Charkov, in North-

western Russia, and at Kiev, a large town on the Dneiper, on the frontier of Poland, and about six hundred miles, W. by S. of Warsaw. The authorities of Warsaw were preparing hospitals, and a lazaretto. The mortality from it is not given.

Jury of Matrons.—This ridiculous relic of antiquity has been again revived. A woman, named Mary Ann Hunt, having been convicted at the August session, at the Old Bailey, for murder, pleaded pregnancy in arrest of execution of her sentence; on which Mr. Baron Platt ordered a jury of matrons to be empanelled, to try whether the prisoner was "quick with child or not." Their verdict was, that she was not; whereupon the law was ordered to take its course. The sooner that this blot on our code of Jurisprudence is removed the better. The question submitted to the judgment of old women under these circumstances, is one which can only be properly settled by medical men, not unfrequently calling forth the exercise of a sound judgment and practical skill. The worse than folly of trusting the solution of such a question to such a jury, was clearly demonstrated in the case of a woman, who had been convicted at the Norwich Lent Assizes, 1832, for murder, who pleaded pregnancy in arrest of execution. The jury of matrons, in this instance, also, brought in a verdict of "not quick with child." This woman having been examined afterwards by medical men, it was found that she had actually passed the period of quickening, and she was delivered of a living child four months afterwards. It is a singular anomaly, that women, who are continually blundering on these matters with reference to their own persons, and consulting medical men for solutions of their own doubts, should not only undertake to pronounce opinions on the matter in the cases of their neighbours, but be permitted by the law to assume a trust of such responsibility.

Provincial Medical Board.—The first meeting of the Board of Governors of the College of Physicians and Surgeons, as the Provincial Medical Board, was held, pursuant to notice, on the 26th and 27th ult., on which occasion a large number of candidates presented themselves for examination. Out of about twenty who thus presented themselves, fourteen were remanded to their studies; and of four who came forward to pass their preliminary classical examination, two only were permitted to enter upon the study of Medicine. The Bill under which the Board is constituted is of itself

amply sufficient to sustain the honour and integrity of the profession, and if the members of that Board be but true to the important trusts confided to them, and will persevere in the same strict path of conduct just adopted, we venture the prediction that before long the Profession in this Province will rank high in point of intelligence, and will make itself respected, by numbering only, among its members, men thoroughly competent to the discharge of all their important relations to society. This important fact must be, and we trust has been, now firmly impressed upon the minds of candidates for Provincial license, that an intimate knowledge of their profession will be expected from them, and that while their pupilage lasts, *they must study*. We can see no reason why medical men, in this Province, should be let loose upon society with a minimum amount of knowledge, or with less than is required in other countries, as has been too frequently the case hitherto.

Present to Dr. Barrett, 77th Regiment.—It gives us unfeigned pleasure to record in this Journal the presentation of an elegant pitcher to Dr. Barrett, assistant surgeon 77th Regiment, by the inhabitants of St. Johns, as a tribute for his professional services during the late visitation of typhus fever in that city; we state that it gives us unfeigned pleasure; for the whole circumstances are exceedingly honourable to all parties. It is the first instance of the kind which has arrived at our knowledge as having occurred in the Province, and it must be both a pleasure and a pride to the citizens of St. Johns, that they have been the first to recognize the value of gratuitous professional services. The following circumstances attending the presentation, we copy from the *Morning Courier* of the 14th October:—

The piece of plate, a magnificent pitcher, weighing fifty-nine ounces, and holding five bottles of champagne, was manufactured in New York, and is of very chaste and elegant workmanship, richly engraved with scroll work and some Canadian scenes on its base chased in bright relief on a frosted ground, and bore the following inscription:—

"Presented to WILLIAM BARRETT, Esq., A. B. and M. D., Assistant Surgeon H. M. 77th Regiment, by the Citizens of St. Johns, Canada East, as a token of their esteem and gratitude for his benevolent and gratuitous professional services during the fatal malady which afflicted that town in the summer of 1847."

The pitcher was presented to Dr. Barrett yesterday afternoon, at Wood's Railroad Hotel, St. Johns, in the presence of the gentlemen of the presentation committee and several other citizens. Mr. Seymour, in presenting the address and the piece of plate in the name of the subscribers, observed, "That though I

was hardly necessary, it might not be altogether improper to allude for a moment to the circumstances which had brought together so many of his fellow townsmen on an occasion so delightful. They all knew that during the past summer their locality had been visited by a disease, to the fatal severity of which the numerous mourners in every part of the colony bore sad testimony. This disease had carried off its victims from every class in society, and deprived the community of many men of striking worth, whose loss it now deplores. In the midst of those trying circumstances, when men's hearts failed them for fear, the resident physicians discharged their onerous duties with a zeal and fidelity which exhausted their strength and obliged them to have recourse to aid from sources which could not with propriety be called their own. One benevolent heart at once responded to the call, and they were assembled there that day to acknowledge his kindness and usefulness in actions which spoke louder than words."

We give below a copy of the address and Dr. Barrett's reply, and have only to say in addition, that before the gentlemen departed from the hotel, the pitcher was filled to the brim with some capital champagne, in which Dr. Barrett's health was pledged with a degree of affectionate warmth which shows in what a high position his humane and skilful labours have placed him in the estimation of the people of St. Johns:—

To WILLIAM BARRETT, Esq., A. B. and M. D., Assistant Surgeon of Her Majesty's 77th Regiment of Foot.

Dear Sir,—On behalf of the citizens of St. Johns, the undersigned embrace the present opportunity to express the respect and gratitude which your conduct, during the sickness which prevailed among us to a fearful extent has excited.

The important services you have rendered in attending upon the sick of all classes, and the peculiar nature of your office having alike placed you beyond the reach of any pecuniary compensation, it is hoped that the accompanying cup will not be considered a remuneration for professional services, but rather as a faint expression of the gratitude and esteem which your disinterested benevolence has elicited from all classes of this community.

In conclusion, we beg you will do us the justice to believe that your departure from St. Johns is deeply and generally regretted; and although the separation will prevent further personal manifestation of regard, our best wishes accompany you in all the varied walks of life, through which you may be called to pass.

Bidding you an affectionate farewell, and commending you to a kind Providence,

We remain,
Dear Sir,

Your obedient Servants,

(Signed)

JASON C. PEARCE,
W. D. LINDSAY,
R. WIGHT, M. D.,
J. M. GILLES,
J. DELAGRAVE,
M. WHALEN.

F. D. WOOD,
G. ESINHART,
JOHN ROSSITER,
H. WISE,
W. COOTE,
CHAS. SEYMOUR.

St. Johns, C. E., 13th October, 1847.

REPLY.

Gentlemen,—In reply to an Address so flattering and complimentary from the citizens of St. Johns, accompanied by this costly and splendid testimonial, with which they have been pleased to present me, as a token of gratitude and esteem for the trifling services which I felt it a duty to render to the many sick emigrants and others in the village, during the illness of the estimable Medical Officer who resides among you, as far as the discharge of my own professional engagements would allow me, I have to

offer you my most heartfelt thanks, and beg you to convey the same to them, being fully persuaded that they have thus conferred the most distinguished honour to which any man can aspire, upon one by whom it was unmerited and unexpected.

Although your exertions have snatched many from the jaws of death, to stand forth as living monuments to your praise, it would be unpardonable in me did I not take this opportunity of bearing my humble testimony to the numberless acts of extreme kindness, the liberality, and genuine charity manifested by all ranks, without distinction, to those sufferers from a strange land: who had no claims but those of humanity, and from whom no return could be expected, not only in providing food, shelter, clothing, and the various physical comforts of which they stood in need, but, in many instances, not shrinking from discharging the more menial offices.

Moreover, at the time when the spirit of voluntary contributions prevailed universally on this Continent, but especially in these Provinces, towards relieving the distress existing in Ireland and Scotland, be it remembered, that your village came forward with a zeal not surpassed, and, in proportion to its size, with an amount not exceeded.

The knowledge of these facts, derived from public records, as also private observation, had been a sufficient recompense for services rendered almost exclusively to my own countrymen, without such additional marks of your esteem and generosity to myself personally, of which I must always feel proud, and for which, while to all, individually and collectively, I would conclude with the hope of your being ever assured that your prosperity and advancement are my earnest desire, I can but offer the expression of my sincere, cordial, and unqualified thanks.

The Disinfecting Fluids.—Experiments testing the value of these fluids have been, and are still being, prosecuted at the Marine Hospital, Quebec, under the supervision of the medical officers of that institution. The results, as to the superior value of either, as yet, are not quite apparent. We have no doubt that both are equally beneficial in mitigating offensive odours, although we must confess that our confidence in them cannot extend to any disinfectant influence, which it is especially stated that Ledoyen's fluid possesses, if we may be permitted to judge from Dr. Southwood Smith's letter. Something in the shape of a disagreement, at the least, appears now to have arisen between Dr. Stratton and Mr. Ledoyen, if we may judge from the letter of the latter, in a late number of the *Quebec Mercury*. By the time that our next number appears, we will be enabled to say more on the subject.

ABSTRACT OF MINUTES OF PROCEEDINGS AT THE MEETING OF THE GOVERNORS OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

A meeting of the Governors of the College of Physicians and Surgeons of Lower Canada was held, on the 26th ult., in accordance with the resolution passed at the meeting held at Quebec on 25th September last, when were present—Drs. Arnoldi, Sen.; Morrison; Badgley; Kimber; Valois; Bardy; Hall; McCulloch; Arnoldi, Jun.; Marsden; Landry; Bibaud; David; and Gilmour.

Dr. Arnoldi, Sen., President of the College, took the chair.

Dr. Bardy called the attention of the President to the fact, that, according to the lists, (certified by the scrutineers appointed at the meeting of 15th September last) of the votes taken, there appeared to be five gentlemen who each had the number of 36 votes, and moved a resolution to the effect, that the President decide by his casting vote which four of the five following gentlemen, Drs. Campbell, Charlebois, Hall, Sutherland, and Tavernier, each having 36 votes, should be the Governors. Dr. Hall, being one of those who had 36 votes, requested permission to retire before the motion was put.

On the motion being put, it was carried *nem. con.*, on which Dr. Bardy moved that the President decide immediately, in accordance with the foregoing resolution, which was unanimously agreed to.

In exercising his right of giving the casting vote, in compliance with the resolutions of this meeting, the President stated he felt less hesitation in striking Dr. Charlebois' name off the list of Governors, from the fact, that he had heard from different sources it was his intention of resigning; and, therefore, he declared Drs. Campbell, Hall, Sutherland, and Tavernier, as the four Governors, to complete the number 15 for the district of Montreal.

Drs. Campbell and Hall were then introduced to the meeting, and took their seats as Governors.

Dr. Morrin regretted much he had to announce to the President and Governors the death of two of the Governors for the district of Quebec, Drs. Noel and Racey, and proposed that Drs. Von Island and Marmette be declared the Governors to replace the two deceased, which motion passed *nem. con.*

Dr. Badgley then proposed, seconded by Dr. Marsden, the following motion, which passed unanimously:—“That this meeting having heard with deep regret of the death of two of the Governors (Drs. Noel and Racey) for the district of Quebec, recommend, as a mark of respect to their departed colleagues, that the members of the College do wear mourning for the space of one month, and that notice of this resolution be published in the organs employed by the Secretaries; and further, that an expression of sympathy be transmitted to the families of the deceased gentlemen.”

It was then *Resolved*, That the President of the College be requested to summon a meeting of the MEMBERS of the CORPORATION, to take into consideration and adopt a Code of Rules and Regulations for the government of the College, to be held in Quebec on the second Tuesday of May next (1848), and that a committee, consisting of Drs. Nelson, Badgley, Lebourdais, David, Hall, Holmes, and Valois, be appointed to examine the by-laws passed at the meeting in Quebec previous to their being submitted to the general meeting, and that they put themselves in correspondence with the following committee for the same purpose in the district of Quebec—Drs. Morrin, Bardy, Landry, Douglas, Blanchet, Sewell, and Von Island.

Drs. Holmes, Tavernier, and Sutherland, entered at this stage of the proceedings.

It was then *Resolved*, in accordance with paragraph

xiv. of the act, that the fees payable by candidates be as therein fixed.

The President then left the chair, which Dr. Nelson, Vice-President, then assumed.

It was unanimously *Resolved*,—“That none but licensed practitioners be admitted to witness the examinations at this meeting.”

The following gentlemen presented diplomas from the University of McGill College, and were recommended for license, after certifying upon oath that they had duly received the same—viz., Drs. John Fisher, Wm. Mayrand, Samuel B. Schmidt, P. W. Dease, and George E. Fenwick. Mr. Chas. Lafontaine, A. P. LaRue, and Elie Lacerte, M.D. having been found qualified after due examination, were also recommended for license. Mr. Chas. Toupin was admitted to the study of Medicine.

The meeting then adjourned till next morning, Wednesday, 27th. The same Governors present.

It was *Resolved*, That the President of the College, with the Vice-President and Secretary for the district of Montreal, do wait upon the Provincial Secretary to request that the licentiates of the College be licensed for the Province of Canada, in accordance with the Act 4 and 5 Vict. Chap. 41, instead of for the Province of Lower Canada only, as heretofore; and that the certificates of this Board be issued in conformity therewith.

The Secretary read a certificate, and presented a diploma, from Dr. Brouse; but as the gentleman was not present, the Board was of unanimous opinion it could not grant him a license, as it could not enforce clause 2, paragraph 10, of the Act of Incorporation.

Messrs. Roger D'Aoust, L. E. Dubord, and John Rottott, were duly examined, and having been found qualified, were recommended for license; and Mr. George Leclere was admitted to the study of Medicine.

The meeting then adjourned.

A. H. DAVID, M.D.,
District Secretary.

Montreal, October 28, 1847.

CORRESPONDENCE.

To the Editor of the British American Journal.

Hatley, September 11, 1847.

Sir,—In your last number I find the Medical Bill as it now stands, and I really cannot perceive why the numerous quacks, who so long have infested the country, should continue to exist in that capacity, provided the medical profession be only true to itself, and will combine for the purpose of protecting its own and the public interest.

My object in writing is for the purpose of proposing, through the influence of your Journal, an act of liberality, which, if the Board of Governors are justified, in a by-law, to perform, would, I believe, give very general satisfaction. What I should wish proposed is, that all parties having practised with States, or other diplomas, in Lower Canada, previous to the passing of this act, should be permitted, within three or six months from the passing of the act, to present themselves for examin-

ation before the Provincial Medical Board, without any previous study, &c., as enjoined by the act.

Should the Board of Governors not have this power, the measure, I am sure, would be one giving such universal satisfaction, by showing that the profession is not actuated by petty motives of self-interest, but is anxious to protect the public from the baneful practices of really incompetent persons, that I feel confident, on a proper representation being made to the Governor General, in Council, such power would, for the once, be granted them.

I should also feel obliged by your giving your opinion, as to whether *all* those names incorporated in the act are justly entitled to practise, notwithstanding some of them never previously had any license so to do, being merely petitioners for the act; or whether clause the third, regarding registration, will prevent them.

As my own, with no doubt a number of other names, through the mistakes of parties in town, have been omitted from the petition, and consequently from the act of incorporation, would you be kind enough to state, in your next Journal, the earliest day, and readiest mode, in which our names may be enregistered, &c.

I am well aware you can, by noticing these subjects in your own language, give much greater force to them than by publishing this letter. I should feel obliged, therefore, by your making what use you please of this communication.

I beg to apologise for troubling you with so long a letter, as perhaps the same ideas may have suggested themselves to you, and to subscribe myself,

Your very obedient servant,

F. D. GILBERT, M.R.C.S.E.

(Press of matter excluded Dr. Gilbert's letter from our last number. We insert it now, however—and not too tardily—with pleasure. We will endeavour to reply to his interrogatories. 1st, With reference to illegal practitioners: as the subject was under discussion at the late meeting of the Board of Governors, we may observe that the law being explicit on this point, information (free of expense) is requested of the names and residences of all such persons, to be sent to either of the District Secretaries, and action will be speedily taken in the matter. We hope soon to record some convictions. 2d, Parties under the circumstances alluded to by our correspondent, have only to present themselves for examination. 3dly, The act only incorporates the members of the "medical profession in Lower Canada." Those who hold no licenses, which in accordance with the act previously in force, were a *sine qua non*, are not members of that profession, and they would require to form that membership, before they could presume to any of its privileges, of which this is one. The third clause alluded to by Dr. Gilbert would certainly operate against them; but, in our opinion, to a less extent than the violation of rights, by possessing no legal claim to membership. Their position, in this latter case, is "*falsus ab initio*," and can, therefore, secure no immunity or privilege. 4thly, No enregistration of new members can take place until after the members of the corporation have formed rules and regulations. In conclusion, we profess to no legal attainments; but we

have endeavoured, we conceive, to interpret the act in accordance with its plain and obvious import.—Ed.)

OBITUARY.

In this city, on Sunday, the 12th September, at his mother's residence, in Beaver Hall Square, Doctor Edward S. Barry, aged 27 years, eldest son of the late Rev. John Barry, Wesleyan Methodist Missionary.

On the 5th October, at St. Antoine de Tilley, aged 48, J. B. Isaac Noël de Tilly, M. D., Seigneur of St. Antoine, formerly Member of the Legislative Assembly for the County of Lotbinière, and one of the Governors of the College of Physicians and Surgeons of Lower Canada.

At Chambly, on the 24th ult., after a short illness, Gabriel Aymond, Esq., M. D., aged 41 years.

At Fredericton, N. B., on the 5th October, of Typhus Fever, Frank Andrews, Esq., Surgeon 93rd Regiment.

On the 14th instant, at his father's residence, Thorold, C. W., of typhus fever, contracted while temporarily discharging the duties of house Surgeon at the Montreal General Hospital, Dr. Charles Keefer, aged 23 years.

At Quebec, on the 25th instant, of typhus fever, John Racey, Esq., M. D., aged 38 years, one of the Governors of the College of Physicians and Surgeons of Lower Canada, Physician to the Marine Hospital, Lecturer on Anatomy in the Incorporated School of Medicine of Quebec, and formerly Professor of Surgery, in the University of McGill College, Montreal. During the prevailing fearful disease, which has now added him to its already long list of victims, Dr. Racey was noted among his medical brethren for the untiring zeal and assiduity with which he prosecuted the arduous duties of his profession, and for a kindness and gentleness of manner which soon enabled him to win his way to the hearts and affections of his patients; by a large circle of whom, and a larger of friends, his premature death will be much and sincerely regretted.

At St. Andrews, Argenteuil, on the 20th instant, of phthisis, John Pyke, Esq., M. D., aged 36 years, second son of the Honourable George Pyke, late one of the Judges of the Court of Queen's Bench, for the District of Montreal.

BOOKS, &c., RECEIVED SINCE AUGUST.

- Boston Medical and Surgical Journal. July 28, Aug. 4, 11, 18, 25, Sept. 1, 15, 22, 29. Oct. 6, 13, 20, 27.
 The Medical News. August, September, October.
 The Annalist. August 1, 15. Sept. 1, 15. October 1, 15.
 Missouri Medical and Surgical Reporter. June, July, August, September.
 The St. Louis Medical and Surgical Journal, Vol. V. Nos. 1, 2.
 The Southern Medical and Surgical Journal. August, September, October.
 New Orleans Medical and Surgical Journal. July, October, Buffalo Medical Journal. August, September, October.
 Western Lancet, September number not received.
 Western Journal of Medicine and Surgery. Vol. VII. complete. Vol. VIII. 1, 2, 3.
 The Medical Examiner. August, September, October.
 The American Journal and Library of Dental Science. Sept. not received.
 The Southern Journal of Medicine and Pharmacy. Sept.
 The American Journal of Science and Arts. September.
 The American Journal of the Medical Sciences. October.
 The New York Journal of Medicine. July, September.
 The American Journal of Insanity. Vol. IV. Nos. 1, 2.
 The London Medical Gazette. July 9, 16, 30. August 6, 13, 27. September 10, 17, 24. October 1.
 Dublin Medical Press. July 21, 28. Aug. 4, 11, 18, 25. September 1, 8, 15, 22, 29.
 Braithwaite's Retrospect of Medicine. January to July, 1847, London.
 New Jersey Medical Reporter. Vol. I. No. 1. October.
 The American Medical Almanac for 1848.
 N. B.—The Western Lancet, September, has not reached us, nor has the American Journal and Library of Dental Science for Sept., and the only numbers of the Illustrated Flora, edited by Dr. Newman, which have come to hand, are Nos. 2 and 3, and these many months ago. We beg to call Dr. Newman's attention to this.

BILL OF MORTALITY for the CITY of MONTREAL, for the month ending SEPTEMBER 30, 1847.

DISEASES	Male.	Female.	Total.	Under 1.	1 & under 3	3-5	5-10	10-15	15-25	25-35	35-45	45-55	55-75	75 upwards
	EPIDEMIC OR INFECTIOUS,	1	2	3	1	1	1	2	6	13	15	18	17	7
Small Pox,.....	53	38	91	4	4	4	2	6	13	15	18	17	7	1
Fever,.....	20	13	33	3	2	1	1	1	7	3	2	5	7	1
Dysentery,.....	5	3	8	6	1	1	1	1	1	1	1	1	1	1
Convulsions,.....	9	11	20	12	8	1	1	1	1	1	1	1	1	1
Dentition,.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
DISEASES OF BRAIN AND NERVOUS SYSTEM,	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Apoplexy,.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Paralysis,.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Hydrocephalus,.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Concuss. of Brain,.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Congest. of Brain,.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Delirium Tremens,.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Tetanus,.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
DISEASES OF RESPIRATORY ORGANS,	8	5	13	2	1	1	2	3	1	2	2	2	3	1
Consumption,.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Bronchitis,.....	22	19	40	28	7	3	2	1	1	1	1	1	1	1
Diarrhoea,.....	2	1	3	1	1	1	1	1	1	1	1	1	1	1
Dropsy,.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
DISEASES OF ABDOMINAL VISCERA,	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Enteritis,.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Worms,.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Disease of Liver,.....	2	6	8	1	1	1	1	1	1	1	1	1	1	1
OTHER CAUSES AND DISEASES, AND DISEASES NOT SPECIALLY DESIGNATED,	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Debility,.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Childbirth,.....	1	2	3	3	1	1	1	1	1	1	1	1	1	1
Still-born,.....	6	8	14	10	4	1	1	1	1	1	1	1	1	1
Marasmus,.....	14	11	25	6	3	1	2	2	4	2	2	2	3	1
Other Causes,.....														
Total,	153	122	275	77	32	12	10	7	26	25	25	28	27	6

Besides the above, there were buried in the city cemeteries, 89 Immigrants,—of whom 47 were males and 42 females. Of this number, three died of Fever, 49, being 25 males and 24 females; of Dysentery 12—6 males and 6 females; of Diarrhoea 8—5 males and 3 females; of Consumption 7—2 males and 5 females; of Small Pox 2—1 male and 1 female; of other diseases 11—8 males and 3 females. At the ages recorded in the Table, there died under 1 year, 12; 1 and under 3, 7; 3 to 5, 11; 5 to 10, 2; 10 to 15, 16; 15 to 25, 18; 25 to 35, 10; 35 to 45, 8; 45 to 55, 4; 55 to 75, 1.

MONTHLY METEOROLOGICAL REGISTER AT MONTREAL FOR SEPTEMBER, 1847.

DATE.	THERMOMETER.				BAROMETER.				WINDS.			WEATHER.		
	7 A.M.	3 P.M.	10 P.M.	Mean.	7 A.M.	3 P.M.	10 P.M.	Mean.	7 A.M.	Noon.	6 P.M.	7 A.M.	3 P.M.	10 P.M.
1.	+52	+72	+60	+62.	29.73	29.69	29.68	29.70				Fair	Fair	Fair
2.	"61	"77	"62	"69.	29.71	29.70	29.75	29.72				Fair	Fair	Fair
3.	"64	"82	"60	"73.	29.62	29.54	29.61	29.59				Fair	Cloudy	rn.&th.
4.	"51	"64	"59	"57.5	29.75	29.76	29.74	29.75				Fair	overcast	Fair
5.	"53	"76	"70	"64.5	29.62	29.39	29.39	29.47				th.&rn.	Rain	Rain
6.	"57	"65	"56	"61.	29.66	29.75	29.77	29.73				Fair	Fair	Fair
7.	"59	"71	"58	"65.	29.89	29.86	29.82	29.86				Fair	Fair	Fair
8.	"65	"77	"69	"71.	29.78	29.74	29.59	29.70				Fair	Fair	Fair
9.	"70	"66	"64	"68.	29.55	29.63	29.75	29.64				Rain	Rain	Fair
10.	"53	"67	"59	"60.	29.87	29.96	30.10	29.98				Fair	Fair	Fair
11.	"53	"68	"57	"60.5	30.08	30.03	29.91	30.01				Fair	Fair	Fair
12.	"59	"67	"62	"62.5	29.85	29.75	29.67	29.76				Rain	Rain	Rain
13.	"61	"66	"48	"63.5	29.56	29.51	29.50	29.52				Rain	Rain	Fair*
14.	"49	"54	"45	"51.5	29.62	29.65	29.68	29.65				Rain	Rain	Rain*
15.	"45	"57	"48	"51.	29.70	29.67	29.70	29.69				Rain	Fair	Fair
16.	"44	"58	"51	"51.	29.72	29.70	29.71	29.71				Fair	Fair	Fair
17.	"47	"60	"49	"53.5	29.74	29.75	29.77	29.75				Fair	Fair	Fair
18.	"50	"69	"53	"59.5	29.76	29.72	29.75	29.74				Fair	Fair	Fair
19.	"55	"70	"56	"62.5	29.74	29.71	29.66	29.70				Fair	Fair	Fair
20.	"55	"66	"57	"60.5	29.60	29.54	29.50	29.55				Fair	Fair	Fair
21.	"59	"65	"55	"62.	29.48	29.48	29.57	29.51				Fair	Fair	Fair
22.	"51	"64	"54	"57.5	29.72	29.72	29.72	29.72				Fair	Fair	Fair
23.	"58	"53	"47	"55.5	29.69	29.70	29.77	29.72				Fair	Sh'w'rs	Cloudy
24.	"42	"57	"48	"49.5	29.80	29.77	29.78	29.78				Fair	Fair	Fair
25.	"42	"63	"50	"52.5	29.77	29.78	29.77	29.77				Fair	Fair	Fair
26.	"46	"64	"53	"54.5	29.76	29.78	29.75	29.76				Fair	Fair	Cloudy
27.	"54	"63	"57	"59.	29.61	29.43	29.34	29.46				Fair	Sh'w'rs	Cloudy
28.	"56	"65	"54	"60.5	29.33	29.32	29.36	29.34				Fair	Fair	Fair
29.	"53	"60	"44	"56.5	29.38	29.35	29.37	29.37				Rain	Rain	Fair
30.	"47	"56	"45	"51.5	29.40	29.42	29.43	29.42				Rain	Sh'w'rs	Fair

THERM. { Max. Temp., +82° on the 3d.
 { Min. " +42° " 24th and 25th
 Mean of the Month, +59°.5 [With high wind.]
 BAROMETER, { Maximum, 30.10 Inches on the 10th.
 { Minimum, 29.32 " " 28th.
 Mean of Month, 29.67 Inches.

