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MEDICAL CHRONICLE.

VOL. VI.]

OCTOBER, 1858.

[No. 4.

ORIGINAL COMMUNICATIONS.

ARTICLE IX.—*Ovarian Dropsy. Treatment for Radical cure by Injection of Tinctura Iodini Co.* By F. D. GILBERT, M.R.C.S.L., Hatley, E. T.

I had during the last part of the winter and through the spring of 1857 attended Miss M. A. Turner, aged 18, of very evident scrofulous diathesis; suffering, when I first saw her, in consequence of a recent and neglected attack of measles, with urgent pulmonary symptoms threatening phthisis. As spring advanced, the disease gradually yielded to treatment, and by the middle of June I considered her convalescent, she having much improved in all respects. The cough subsided, the catamenia reappeared, appetite and bowels regular, and she had increased in weight pretty regularly at the rate of about two pounds per week for four or five weeks. Was sent for to see her again in September, in consequence of the appearance of a small tumour appearing in the iliac region. Found the patient apparently well, much fatter, and in every way looking better than when I had last seen her. She complained of no pain in the tumour, and said her mother had no business to have sent for me, as she was quite well. She would not allow any exposure. I therefore left without prescribing or giving any decided opinion on the case. Being in the neighbourhood about a month later, called in to see her, and found her less unwilling to permit an examination, as she began to fear the "bunch" was enlarging. Made an examination, and found a tumor, about half the size of a large hen's-egg, a little below the right ovary, evidently, deeply seated and not easily handled, as it seemed, on attempting to lay hold of it, to recede and almost disappear. The girl having become pretty fat, rendered the case even more difficult to diagnose. Lying on her back, or partly on her back and partly on her left side, caused it to recede. Had occasionally complained of pain

in the back and lumbar region. Catamenia normal; no cough; general health good. Gave a guarded diagnosis. Considered it either a case of incipient ovarian enlargement, or one of psoas abscess. Owing to the apparent good state of the general health, inclined to consider the ovarian disease as most probable, though rather staggered by the occasional pain in the back and regularity of the menses. Prescribed no medicine, but recommended special care as to the preservation of the general health, and promised to see her again in a month. Saw her again in November. Tumour enlarged to size of half a goose-egg, or nearly so, as far as could be judged, as it was difficult yet to isolate it. It felt very hard. Diagnosed ovarian disease. General health pretty good, but patient rather thinner and had not very good appetite. Prescribed potassii iodid gr. iij., infusi gent. ʒj. ter de die. Recommended the patient to go, as soon as the winter roads were established, and see Dr. Worthington of Sherbrooke, and obtain his opinion on the case. She saw Dr. W. the beginning of January 1858, who agreed with my diagnosis, and concurred in my prescription, wishing however to add the use of the compound iodine ointment locally. I saw the Doctor soon afterwards, and told him I thought it would be advisable to continue the medicinal treatment for some time, in hopes to arrest the disease, in which he fully concurred; but I expressed the intention,—if the patient were willing, as I believed she would be,—in case of the medicinal treatment failing, to attempt the extirpation of the tumour, provided it increased so much as to render it certain there would be no other means of saving the patient, and requested Dr. W.'s assistance, which he promised to afford.

Saw the patient January 24th. Found the tumour enlarging slowly, and I fancied softening. Continued treatment. Feb. 3d, saw her again. Tumour somewhat larger, and fluctuation I thought perceptible. Feb. 20th, saw her again, and was somewhat surprised by the appearance of a soft tumour, or, more properly speaking, an enlargement of a portion of the upper arm (left), apparently attached to the bone and surrounding tissues,—not very large, probably about an inch in diameter. The ovarian, or supposed ovarian tumor apparently about stationary. March 1st, ovarian tumour about the same; swelling on arm considerably larger, and having a good deal the appearance (particularly owing to its attachment to the bone and surrounding parts) of medullary sarcoma. If so, then in all probability the supposed ovarian disease was the same. Was a good deal concerned, but considered it best to continue the treatment as before, and wait some further development. March 24th, found the ovarian tumour still stationary, but the swelling on arm much en-

larged, and *looking* if possible more threatening, the vessels showing very plainly all over it, and having the peculiar shining, almost semi-transparent, appearance of sarcoma. On feeling it, however, I fancied I could decidedly perceive a fluctuation; though I have seen first-rate London and Parisian surgeons occasionally deceived in this respect in medullary sarcoma. Determined at all events to clear up the mystery, I used an exploring-needle, and was well pleased to find all my uneasiness had been caused by a scrofulous abscess. Made an opening with a lancet, and discharged about 8 ounces of the usual sero-purulent and flocculent matter, and the swelling at once collapsed; and though it had not altogether ceased discharging till July 1st, it has never given any further trouble.

April 12, ovarian tumour considerably larger, and fluctuation more apparent. Spoke to the patient about an operation, which she at once determined to have performed, and wished it done forthwith. Advised her to wait till it was large enough to tap; as in case the fluid was contained in a single sack, I now determined to attempt its radical cure by injection of tr. iodinii co., instead of extirpating it. The tumour continued increasing till June 24th, when it had attained the size of a child's head. Fluctuation quite apparent; general health somewhat impaired, but on the whole pretty good; menses regular; a slight areola round the nipples.

On this day, in company with Dr. Worthington and in full accord with his views of the case, decided to tap the tumour, and, should we succeed in emptying it, try injection; otherwise we went prepared to extirpate it. On tapping, succeeded in fully evacuating the contents, amounting to 38 ounces of viscid albuminous fluid. When fully evacuated, injected \bar{z} vj. tinctur iodinii co. (Ph. Londinensis), which did not cause nearly as much pain or unpleasant symptoms as I had been led to imagine it would. The patient expressed it as a sensation similar to having too much pepper in the mouth. Enjoined strict adherence to the supine, recumbent posture, and gave morph. acetatis gr. $\frac{1}{4}$. June 26th, found the patient quite restless; no appearance of iodium, but a good deal of inflammation and tenderness in the tumour, which was rather larger than before tapping; pulse 108, rather wiry; bowels not moved; some peritoneal tenderness; opening firmly closed. Prescribed hydrargyri chloridi gr. iv., sodæ sub-carbonatis 3 ss. statim; spirit lotion over the abdomen, and determined, if inflammation continued as high on the morrow, to reopen the tumour.

27th, bowels moved freely but gently; pulse 92, softer; tenderness much abated; tumour more flaccid and not so large; continue spirit

lotion. 28th, to my surprise, tumour burst at trocharral opening about half an hour before my arrival, and discharged nearly a pint of fluid, partly purulent and partly similar to the original contents of tumour, somewhat tinged and strongly tainted with iodine. Pulse 90, soft; patient rather weak; some difficulty in passing urine; ordered broth rendered mucilaginous by rice, &c., and other more generous diet, and prescribed quinx̄ disuiphatis gr. j., æth. nitr. ℥j., acid. sulph. dil. M. iij., aqua destill. ℥ i. 4ta quaque hora. 30th, Tumour has ceased discharging since previous afternoon; was somewhat larger and rather tense; pulse 98, rather harder; some more tenderness, a piece of cellular tissue sticking out of the opening. Took hold of it with forceps, and gradually withdrew a pretty large string about 5 inches long, when the contents of the sac gushed out, nearly a pint, much more purulent than before, and in the course of my visit I extracted two more pieces of partially decomposed cellular tissue, which I supposed to be the lining membrane of the tumour. Patient expressed herself much relieved, and now very comfortable. July 2d, Discharge continues, with occasional short stoppages, caused by the opening being obstructed as before; almost entirely purulent; pulse 90, soft; bowels regular; appetite pretty good. Removed several portions of cellular tissue. July 5th, Removed more cellular tissue. Discharge less, altogether purulent; tumour scarcely tender, bears handling well, feeling hard and about the size and shape of a tea-saucer, supposing it to have no or very little concavity. All symptoms favorable. May sit up a little, wearing a firm but not very tight bandage with compression over the tumour. Continue tonic and generous diet. July 10th, all progressing favorably. Able to walk about the house, though quite weak yet. Discharge less, altogether purulent; tumour manifestly decreasing; bowels regular; pulse 88. Continue tonic, &c. July 14. Much the same; gradually convalescing. Moved home in a carriage, (she had been brought to her brother-in-law's house to be some miles nearer me). From this date the tumour rapidly disappeared, with the exception of a fistulous canal $5\frac{1}{2}$ inches long. Aug 10, Injected fistulous canal with ethereal tr. iodine. Aug. 17th, ditto. 24th, Entirely healed. Can detect not the slightest vestige of tumour, with the exception of a hard ridge somewhat smaller than a cedar drawing-pencil, about 5 inches long, in the place where the fistulous canal had existed. Patient's health very good, and gaining strength and flesh rapidly. Sept. 8, Hardness almost entirely disappeared. Consider her well, but, as a precautionary measure, recommend her taking the following prescription for some months: potassæ iod. gr. iij., inf. gent. co. ℥ i. ter die.

ART. X.—*Notes of Three Cases of Poisoning.* By A. GRANT, M. D., attending Physician General Protestant Hospital, (Ottawa.)

Opium being one of the agents most frequently used as a means of destroying life, and the following case being an illustration of recovery from a large quantity of that drug, I have thought proper to furnish the subjoined report, which adds one more to those extraordinary instances where life, amidst circumstances the most adverse, has been preserved.

Mrs. ———, aged 30, florid complexion, robust habit of body, and generally in the enjoyment of health.

August 5th, 1858.—From some circumstances, rather mysterious, this party procured *two ounces of laudanum*, and in the presence of her servant, poured the contents of the bottle into a small vessel, then added about two table-spoonfuls of cold water. Both being actively mixed, she swallowed the whole and quietly composed herself in bed. The servant, not knowing the strength of medicine or what might result from such a quantity, left the room to perform the ordinary duties of the house.

Three hours and a half having elapsed, the husband, who had been from home returned, and shortly afterwards discovered what had taken place in his absence. Upon entering the room, found her sleeping in an unusual manner, and being alarmed attempted to arouse her. After much difficulty, succeeded in obtaining the information that she had taken a bottle of laudanum, this interrogatory being instantaneously followed by relapse into a profound sleep. No motion of body, skin pale, cold, and bathed in perspiration, breathing slow but silent, and the eyes closed as if in natural sleep.

The husband being a man of sound judgment, administered milk in large quantities until copious emesis was produced. Upon my arrival an hour afterwards, obtained the above history. At this period patient could be aroused without much difficulty, but again slumbered away as usual. Skin warm and still covered with sensible perspiration, pupils much contracted, and the conjunctival mucous membrane congested. Pulse small and quick, but regular, tongue dry, and lips somewhat parched, respiration silent but accelerated. Ordered ℞ Pulv. Ipecac gr. xii, Ant. Tart. gr. ¼; Aquæ puræ ℥i instant. A few moments having passed, vomiting again set in and continued about two hours. Applied a mustard cataplasm to the calf of each leg and ice water to the head.

9 P. M., six hours afterwards, could now be aroused with ease, skin hot and moist, pupils moderately dilated, vomiting continues at short intervals. Patient ordered to be made walk during the entire night, and to have ice water constantly applied to the head, and occasional drink.

11½ P. M. Being much improved as to her present condition and future prospect, I returned home.

7 A. M. Has been kept on foot during the greater part of the night. Entire subsidence of all narcotic symptoms. Suffers from head-ache and slight gastric derangement. Ordered ℞ Ol. Ricini ℥i *instante*.

5 P.M. Thorough evacuation of the bowels, head relieved, skin moist, pulse regular, eyes natural except slightly increased vascularity of conjunctiva. From this date improvement was marked, and at the expiration of three days her health did not appear to suffer from any inordinate action.

The smallest fatal dose of tincture in any adult that I find recorded is two drachms. (Taylor on poisons p. 208.)

Within the last few weeks two cases of accidental poisoning have come under my notice. One from Fly Powder, taken by a child 2½ years old. As it occurred shortly after a meal and the quantity taken was small, the circumstances were favorable; however, vomiting as a result of the poison having taken place in a very few moments, attended by faintness and depression, and tending to continue at short intervals, I found it necessary to administer a mixture of milk and albumen. This being continued at intervals, produced a very decided and beneficial effect. The vomiting gradually subsided, and next morning the child appeared perfectly recovered, only evincing by his external aspect that the system had recently been subjected to some action beyond the normal state of affairs.

M. V., ætat 2 years, swallowed a strong solution of caustic potassa, which had been placed unknowingly within her reach. The mouth, tongue, pharynx, and upper portion of larynx and œsophagus suffered primarily from its violent alkaline action.

Oleum Olivæ was administered *ad libitum*, thus neutralizing the alkali and causing the expulsion of saponified material. Laryngitis having set in, was opposed by active antiphlogistic treatment; however, a very decided false membrane formed. For the first four days the child expectorated a tenacious and adhesive secretion, and at the termination of the fifth day, after a severe attack of coughing, this false membrane was removed. It appeared thin and tolerably firm, passing in a degree the mould of the mucous membrane of the upper and posterior part of the larynx. Here the improvement was even greater than after the disappearance of the mechanical effect of the tumefaction of the loose tissue of the glottis.

From this date the restlessness, intense dyspnoea and jactitation of body gradually subsided. Each succeeding hour tended to remove the exist-

ing anxiety of the child's parents by marked subsidence of mucous irritation, and an evident return of the digestive process.

REMARKS.—How strangely man is constituted, how perfect in his formation, yet the inherent power the different organs entering into his constitution, have of repelling extraneous influences, appears involved in much obscurity. Opium being not sufficiently stimulant in its primary action to overwhelm the stomach, as enormous quantities of alcohol may do, and produce almost instantaneous death without directly reaching the brain, it must in a great measure be governed in its remote action, by the precise condition of the stomach at the period of its reception. When the absorbent power of the stomach has been diminished, and its nervous sensibility weakened through long continued stimulation, it must then be more sluggish in its action, particularly after accustomed stimulus has been suddenly checked. Such is the case in delirium tremens, and therefore the stage anterior to it has a proportionate inability. In health certain constitutions bear large quantities of opium, when others shrink from the smallest portion.

To investigate the various modifying conditions would be beyond the object of the present remarks, but I would merely add that in the first described, a sluggish and inactive stomach from sudden abstraction of accustomed stimulation, tended much to modify the rapidity of absorption.

ART. XL.—*Contraction of the Pupil as a Symptom of Thoracic Tumour.* By M. F. COLBY, A.M., M.D., Stanstead.

I observed in a late number of the *Chronicle* some remarks on the contraction of the iris as a symptom of thoracic tumour or enlargement. As evidence that this symptom cannot always be relied upon, I wish to call attention to the case of the late Dr. N. of Derby, Vt., my first preceptor. For several years before his death there was noticed a gradually increasing contraction of the pupils of the eyes. He was at last obliged to use glasses of great magnifying power. There was no pain of the head or discoloration of any part of the eye. Toward the close of life he was subject to periods of loss of consciousness, which were of short duration, until the time of his death, at which period he remained in a state of unconsciousness for three or four days, without stertor or much arterial excitement.

Post Mortem.—Brain normal, but somewhat congested. Pituitary gland enlarged to the size of a large chestnut, pressing upward the optic nerves before and at the point of division. The nerves at this point appeared stretched and flattened. Thorax.—Lungs, evidence of recent

congestion, and there were several points of adhesion, apparently normal, to the costal pleura, the result of a severe pleurisy in the early part of life. When well, he had often told me that he had these adhesions.

It appears to me, that, in cases like those reported in the *Chronicle*, as much may be attributed to local capillary congestion from the impaired state of the respiratory function, as to any direct pressure on the sympathetic nerve within the chest.

REVIEWS.

ART. VIII.—*Epilepsy and other Convulsive affections, their Pathology and Treatment.* BY CHARLES BLAND RADCLIFFE, M. D., Physician to Westminster Hospital, etc. Second edition, revised and enlarged. London: Jno. Churchill, New Burlington Street, 1858. pp. 383.

An idea has been cherished by many minds that without a correct pathology there can be no proper treatment of disease. For unless an exact understanding exists concerning the nature of a given case, its management cannot be safely undertaken with any prospect of benefit to life, or escape from impending evil. A statement so fair, so plausible, is liable, as experience too frequently shows, to carry away, by its so-called common-sense power, the popular assent, and evade the scrutiny of its own merit, be this real or fictitious. We plead for our frankness, and look to the support of candid observers, in unhesitatingly declaring that this idea is no better than a chimera. Were it true, one of two alternatives must follow, either that we have not yet reached the proper treatment of disease, our pathology being incorrect, or that the pathology being found, our treatment continues unsettled. Either supposition necessarily follows from the consideration of the occurrences of everyday life. There, practice and theory—performances and principles—are sadly at an issue; strange contradictions and wild inconsistencies abounding in rich profusion, as nobody can deny. Men are found entertaining the most opposite opinions upon some common subject, and yet in practice a strong similarity, or positive identity marks the means which each brings to the relief of his patients. Men, again, there are, favored with a unity of scholastic views, who, when the season arrives for their practical application or employment, adopt and pursue sanitary measures the most strongly differential in intention as well as in operation.

These remarks are borne out by the subject now under review. What is Epilepsy? The general principles of *power* and *debility*, *tone* and of

atony are equally appealed to, and in spite of antithetical capacities each is chosen as the grand interpreter of the question. Speculators must differ, begin by shades and end in extremes of hypotheses. Whether the consideration be restricted to the nervous, or the arterial, or the muscular system, the same wide deviation appears.

In the example before us, the brain has been perhaps more often selected as the locale of the disorder than any other organ. Dr. Todd of London considers that during the paroxysm it is either in whole or in parts "in a highly polarized state," and when this reaches a certain extremity, or fulness of tension, the nervous power is discharged in such a way as to give rise to the phenomena of the fit. This, to our mind, is clearly inculcating power, the accumulation of which provokes the seizure, and the exhaustion of which naturally ends it. Our author, however, takes an entirely opposite view of the case; to his eye all is *debility*. He thus expresses it in the following passages, which we have selected:—

"Interrogating the nervous system from a mental point of view, the facts will scarcely warrant the idea that epilepsy is connected with anything like over-action of the nervous system. On the contrary, everything seems to point to a state which is the very opposite of this." "The action of the brain and of the nervous system generally, is reduced almost to zero at the time when convulsion is brought about."

Relative to the condition of the arterial circulation, there is, as we have said, the same antagonism of expression between power and debility in the *modus operandi* of the epileptic agency. The encephalic vessels have been commonly found post-mortem engorged, and this state of repletion readily suggests the prepossession of additional force as the active cause in determining upwards the over-accumulation. We believe that Parry taught that all the phenomena were consequent upon arterial determination to the cerebral masses, and that the impulse of the momentum, morbidly augmented by the active influences of such vascular distention, was, bona fide, the proximate source of the paroxysm; and more recent inquirers have adopted a somewhat analogous theory, distinguished at furthest by a slight modification or increased refinement. Our author, however, is not of this party. In broad contradiction to their persuasion, he boldly says:—

"It would seem, then, that the phenomena connected with the vascular system, are altogether opposed to the idea of arterial excitement in epilepsy. It would seem, indeed, as if the spasms, as well as the loss of consciousness and sensibility, were connected with a deficiency of arterial blood; for, in the first place there is a state closely approaching to syncope, and in the next place a state of positive suffocation, or arrested arterialization of the blood."

Necessarily, this is a fact which cannot be established by direct evi-

dance. The condition of the meningeal and cerebral arteries, whatever it may be, is but of short continuance. It would soon terminate in a state of venous remora; for during the persistence of the attack the circulation is becoming more and more sluggish, the blood is growing darker and darker, the left side of the heart impels forwards comparatively little blood, while the chief stress is borne by the veins. And after death it would only be in conformity to established custom to find the arteries empty, or, as the ancients incautiously fancied, carrying air. Nevertheless there is one strong circumstance which tends to substantiate the position assumed by our author; it is what he denominates in the above selection as "a state closely approaching syncope." In another place, under the head of "history," he defines it in these words:—

"There is a sign which is very difficult to catch, and this is the death-like pallor which overcomes the countenance immediately before the fall. M. Trousseau called attention to this sign in a recent lecture at the Hotel Dieu in Paris, as one which is diagnostic of epilepsy; and since this time I have seen it in all the instances, now amounting to twenty-one, in which I have seen the fit from the very beginning."

Connected with this obvious sign, he conceives there is a concurrent failure in the supply of blood to the great nervous centres. But this is by no means a necessary sequitur; for pallor of the surface, though indicative, as in the ague fit, of retrocession of blood from the capillaries of the general integument, is also an evidence of accumulation of blood in internal parts, or viscera, plus the normal proportion by the amount repelled from without. Nor is his position strengthened by referring the instantaneous loss of consciousness and sensibility to the local anæmia described, for these effects are the well-known results of opiate narcotism or coma, or cerebral plethora, where, so far as we know, no one has yet been venturesome enough to deny that venous congestion existed in full degree. That the cerebral circulation is actually in this be-laboured state, has been a point long since made out in the morbid anatomy of epilepsy. Esquirol and others describe, as intimately connected with it, a "sanguineous plethora" of the vessels within the head, and even our author is constrained to confess that—

"No doubt the veins of the brain and head generally are congested from a very early moment."

He, however, insists upon it being posterior to the inception of the paroxysm, for he adds—

"But there is a moment antecedent to this, in which the death-like paleness of the face—in many cases at least—is a sufficient proof that the veins were emptier than usual before they became congested."

Here again we must append *not necessarily*—because the history of narcotic poisoning reveals to us the concordance of a ghastly face and a congested brain.

The very limitation to congestion, admitting this has been agreed upon, renews the old question about power and debility. It may be due to either. Which is the efficient cause in epilepsy? Our author inclines to the last named. A similar opinion was entertained by Mr. Solly of London, and we are rather astonished at finding no allusion to it in the work under notice. Mr. S. ingeniously supposed that the fullness of the veins proceeded from deficient contraction of the muscular coat of the capillaries of the brain; and when it is remembered it is an explanation offered about an event which is sealed to human observation, we may admire its applicability, while we refrain from placing in it implicit confidence.

So in like manner the distinction is preserved as to the existent state of the muscular system. The late Dr. Marshall Hall, as perhaps is well known, devised a singular theory to account for the epileptic seizure; and one which, from its pretensions to simple exposition upon something like principles as easily comprehensible as those of mechanics, was likely to ingratiate itself into the confidence and acceptance of not a few of his readers. He gave it the classic name of *trachelismus*; and his hypothesis was, that the blood was prevented returning from the brain by the spasm of certain muscles in the neck. Here again was power, and that too of a most effective character. His notion has been impugned by Romberg and others,—as we think our author might have advantageously informed those who consult him. R. says—and he is an authority of great weight—that no proof is given that such compression is really effected by the spasm of the cervical muscles; and, among other instances of an opponent kind, refers to the abortive forms of epilepsy, which are remarkable in consequence of the prevalence of psychical disturbance, while scarcely any convulsive action is manifested. Our author holds opinions different to those generally accepted on the subject of muscular contraction, and they fully warrant the extension of the prevailing idea of debility to their peculiar condition during the epileptic fit. It was conceived that the muscles were over-stimulated by being irritated with too large a supply of nervous influence. Our author, however, takes up an opposite interpretation. According to him,—

“Irritation, however brought about, acts by exhausting and not by stimulating. It is not that these muscles are more supplied with nervous influence. It is that they are less supplied with this influence. . . . It would seem indeed as if the disposition to muscular contraction were most antagonised where the largest amount of nervous influence was supplied to the muscles.”

It will not appear astonishing to hear, after reading this extract, that Dr. Radcliffe maintains, as was just said, different opinions upon the subject of muscular contraction to those generally entertained. He opens the lock with a key of singular construction. The first part of the present volume, comprising 135 pages, is devoted to the physiology of muscular motion, and is principally intended to establish the following proposition:—

“Muscle contracts, not because it is stimulated to contract by nervous influence or electricity, or any other so-called stimulus of contraction, but because something has been withdrawn from the muscle which previously prevented the free action of molecular attraction.”

His purpose is rendered still more evident in the following statement. He undertakes to prove—

“That muscular contraction is not produced by the stimulation of any property of contractility belonging to muscle.”

And with this he also extends his remarks to several collateral topics. In handling this matter he gives a copious exposition of the experiments and deductions of Dr. Du Bois-Reymond, who is also amenable to the charge of similar dissent from the recognised opinions concerning muscular function.

The foregoing plainly exhibits that the characteristic phenomena of epilepsy will be interpreted differently by various observers according as the bias of their judgment inclines them to consider power or debility as the essential influence in action. Participating in the frequent applications made of the same fundamental principles to other diseased states, it is not to be expected opinion should be undivided as to its nature, or, in other words, as to its pathology. Until all minds can take the same view of the elements of vascular disturbance, there is no probability for assuming they will agree upon those referring to the more occult disorders of the nervous system. Until pathologists agree in deciding whether inflammation be power or debility, the like terms will be promiscuously applied to the solution of the mystery of epilepsy. And a sufficient reason for our saying so is, that both inflammation and epilepsy stand as representatives of disease generally; for concerning the latter, there prevails the same uncertainty as to whether it (disease) be power or debility, and, necessarily, the diversity of belief must pervade the example that is for the time the reflection, of the features of disease in general, in the interruption of health, departure from the normal state, invasion of morbid phenomena, and progress in diseased changes.

It is pleasant now to turn from this glorious uncertainty in Pathology to treatment—the next object of the book under review. Here experi-

ences becomes the guide and immature reasonings are displaced. Here the business is not what we might think would be serviceable, but, on the contrary, with what has been found out to be efficient. And if our author should not bring forward anything, either of novel indication or peculiar in appliance, he only thereby lends additional confirmation to the evidence which induced us to say, at starting, that the idea, of a correct pathology being necessary to a proper treatment, was simply a chimera. Were it otherwise, we should expect that, in the face of so much novel pathology, there should be a corresponding revolution in the treatment. But he justifies our sentiment, and we find that he deals with epilepsy much in the same way and with the same implements as others who have different pathological conceptions.—In the class of drugs he places the oxid of zinc first, and descends to an analytical examination of Herpin's avowed success with it. After this, he, in turn, mentions ammonio-sulph of copper, nitrate of silver, iron, quinine, turpentine, valerian, naphtha, &c. These, it will be perceived, are just the agents a practitioner, looking at the disorder through the lens of power, would select,—in short they are the means commonly resorted to. It does not follow, as experience shows, that tonics like these must be necessarily contraindicated where power is supposed to characterize the proximate cause of the disorder; for the morbid elements of the part may be in power, while the constitution at large is in debility. The error formerly entertained was to distribute power over too large a sphere, and consider the affected organ as involved in a part of a general power everywhere dispersed. Accordingly, as our author properly remarks,

“It is now no longer the habit to bleed, either by the lancet or by leeches. It is now no longer the habit to distress the bowels by purges, or the stomach by emetics.”

But this abandonment of depletion, it will be observed, has not been attended with an accompanying abandonment of doctrine, for practitioners give them up and still hold to their old ways of thinking about the nature of the malady.

As the title declares, the volume is, also, on other convulsive affections than epilepsy. These occupy four chapters, and are entitled Tremor, Simple Convulsion, Epileptiform Convulsion, and Spasm,—each is examined in its history, pathology, and treatment. The history is first general, then special, in reference to the different modifications or phases of each.

In bringing these remarks to a close, we may mention our object has been principally to awaken an interest in Dr. Radcliffe's work, feeling persuaded that it is one, the study of which will recommend itself to every individual who is in search of the latest information upon the

highly important subject of which it treats. It is, moreover, written in an agreeable style, which renders it much more readable than the hum-drum, formal compositions that abound in medical literature; while it displays throughout abundant evidences of ingenuity and talent in the mode and matter of its discussions.

ART. IX.—*A Manual of the Practice of Medicine.* By T. H. TANNER, M.D., F.L.S., Author of a Manual of Clinical Medicine and Physical Diagnosis, &c. &c., Licentiate of the Royal College of Physicians; late Physician to the Hospital for Women, &c. &c. First American, from the third Revised and improved London Edition. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson & Son. Quebec: Middleton & Dawson. 1858. Pp. 393.

It would seem as if a necessity existed for works of the character of that now noticed; for it must be upon some such persuasion that so many have already appeared and passed through, in some instances, so many editions. The obligations are best known to two classes of the profession, who happen to be those most likely to be in search of book-learning. The first is the hard-worked student, who, too frequently from choice, devotes himself to an attendance upon an excessive number of classes, and leaves but fragments of his time for reading; the other, the physician in active practice, who, desirous of keeping up or perfecting his clinical knowledge, is constrained to consult the only-sized book that is adapted to the little rest and less recreation he enjoys. To such as these, a volume, like Dr. Tanner's, which gives the whole cycle of medical affections in the smallest allowable space,—which affords the greatest possible amount of information in the smallest possible amount of print,—is considered a desideratum. Compared with the original issue of Hooper's Physician's Vade-Mecum, inasmuch as it belongs to the same class of works, it contrasts very strongly, and with a manifest favor in behalf of the progress of the science and art of medicine. Dr. T., we also think, has exhibited a much greater share of originality of description and observation than is commonly met with among the authors of similar manuals. These evidences are especially conspicuous under the heading of Treatment, where we find him referring to the most modern opinions entertained on the subject of Therapeutics, and giving his view of them, together with the latest remedial suggestions, and the experience he has personally had of them. As an instance, we may cite the opening section on Inflammation, where the reader will be gratified by finding the present controversy on Inflammation and its treatment briefly, but

instructively, handled.—After concluding his account of the special diseases, a large collection of Formulæ, extending through 56 pages, is appended; and the volume is terminated by a classified list of mineral springs,—a statement of the proportions of active ingredients in some important preparations,—a table showing the quantity of acid required to decompose $\text{O}i.$ of certain alkaline salts,—freezing mixtures,—and an index.

ART. X.—*The Physician's Visiting List, Diary, and Book of Engagements for 1859.* Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson & Son. Quebec: Middleton & Dawson.

The Physician's Visiting List has now become one of the established institutions of the profession, thanks to the excellent caterers of Philadelphia, who every year afford this substantial proof of their consideration for the convenience of the toil-worn doctor. It is unnecessary, therefore, for us to enter upon its description; but while we experience its benefits, we cannot conclude without strongly advising others, whom we wish to participate in them, to lay out yearly \$1 in the purchase of a copy. Before the twelve months expire they may find they have been saved many a dollar by being reminded, through its memoranda, of calls or engagements that otherwise might, in the pressure of business, have been lost in the nothingness of oblivion.

CLINICAL LECTURE.

Tonics and their Administration. By Dr. GULL, Guy's Hospital.
(*Medical Circular.*)

GENTLEMEN.—I wish to speak to-day, in form of clinical lecture, of a subject that—to use a common expression—has been weighing on the mind of myself and more than one of you for some weeks; it is, What may be the nature of the “general debility” that has been so prevalent during August, this summer, in almost all our patients in this hospital? I told you in the wards I should take the first opportunity I could to enlarge on this point, and strive to explain its value or signification.

We have passed through a curious phasis of belief in the Medical Schools, that purging and bleeding were necessary to stop inflammation, and now we are fluctuating towards the opposite extreme, or all travelling on an opposite road. It is now thought that the chief diseases are due to debility, and inflammation must be stopped by stimulants. It was

at the confluence of such logical cross-roads, Lord Bacon set up his crucial instances, or finger-posts, or crosses to direct inquirers. That case which occurred to us this week is a case in point. I said I thought it softening of the brain, to be treated by generous diet and stimulants, but it turns out, on the post-mortem table, a case of sthenic inflammation. I told you at the time of the autopsy I should make some observations on stimulants and their value in cases of debility. I will make a few observations on this term "debility," as I know it quite falls in with your wishes, as expressed in the wards. Does this debility really and positively exist, or is it a cloak for our ignorance? We hear it said every day, "What did he die of?" "Oh, general debility!" I believe the term is a lazy one; it is an indefinite term, it is a negative term, and so it is a dangerous term for us to use. Do we find in the dead-house any disease that Dr. Wilks could term, pathologically, "general debility?" Certainly not! Now, a negative thing is one of the most difficult things possible to establish, or to argue about. I find diseases of the circulating system especially connected with what is called general debility; then, again, I meet patients sent to me dying of this general debility,—but I find albumen in their urine; this directly weakens them. I find in another that he has decided urea in his blood; some change going on in his system, for which I advise change of air, and he gets well. A lady called on me yesterday, suffering from "general debility," but I detected that she had been suffering from a "miasm;" in two other cases I found the general debility to arise from slow poisoning by lead. Dr. Addison was so struck by this asthenia, or debility, that he was led to examine all the organs very closely, and only then found the supra-renal capsules diseased—this disease probably interfering with the ganglionic nerves and function of healthy blood! You will not be long in practice, depend on it, when you will be consulted about general debility—the cause of which you must find out for yourselves, if you intend to remedy it. It may have its seat in local pleurisy or consolidated lung, and your patient becomes weaker on any extra exercise having been taken. The existence of such a disease leads to errors of circulation, or sanguification, with which, no doubt, you are all familiar. But in whatever mode the disease is caused, I wish especially to fix your attention on the fact that the disease will be presented to your notice as what the French call *malaise*, but patients term general debility. "Only cure them," they will say, "of this general debility and sense of sinking, and they are sure they will get well." This is why sea air is so useful in August or September.

What is strength, or life? A child is comparatively weak, or not strong, as compared with an adult, but we do not call that debility; the

tissues that exist may be in full activity, but the tissues, *quoad* function, are not yet fully developed. Old people, again, are weak, but here the tissues are debilitated, or becoming worn out. I do not think in adult people all the tissues are changed every seven years, as popularly believed to be the case. Now, I should ask, especially in adult patients, What is strength? and you at once see it is a very complex thing. When the patient advancing in years says he is suffering from general debility, you will probably find also some local disease re-acting on his organism. Our tissues represent to us curious and beautifully elaborate parts in a state of vital "tension." A spring of a watch and its wheels are elaborate, but of no use till the spring be placed in a state of tension. Food (and vegetable food especially) supplies the something we call tension, but in the healthy capacity of each patient to exhibit or sustain this tension, consists his strength; in a word, the power of assimilating food through all its different stages. Now, we know that the impure, close air of cities in August and September is very unhealthy, whether from absence of oxygen, or from the vegetable world being in abeyance as regards its function of absorbing sewage gases, we do not know; but the impure close air of London—in August especially—keeps the spring unbenumbed; children especially do not take their food, and debility with them becomes very prevalent, with diarrhœa, &c.

I am often reminded (in practice) of an excellent observation also, by my friend Mr Hilton; he says: "If limbs remain not used, they waste away—thus, by contracting the muscles; this very functional activity necessitates their nutrition." Now, amongst young ladies, in private practice, you will find the limbs and muscles remain not used; their tissues do not waste enough, and they may be actually debilitated or weak, because they appear so strong! Wants of tissue and nutrition, by some wonderful law, go together. Exercise in the open air also gets rid of *excreta* that lurk in the system and cause debility. Lying in bed is a very common cause of debility—a proper waste of tissues does not go on.

Patients often come to you also with some obscure but active inflammation in the chest—a common cold or influenza—and they invert the old rule, as they "feed a cold, but starve a fever." They are wretchedly debilitated, though, perhaps, taking beef steaks or porter. You prescribe for such cases a saline with antimony, and vegetable diet, and mild starvation for a few days, and they will grow strong, which they would in vain strive to do previously by taking food that was never assimilated. In the same way, you may have good nutrition, but too much exertion of muscle and waste of tissue, as in the very poor class of patients that

come to hospital. Lying in bed is a cause of debility, as I have just said; hence, surgeons put on starch bandages in fractures, and send such poor patients into the air. If you find in a patient a very irritable nervous system, you will have also waste going on, waste even during sleep. Excessive exercise also will waste the muscles, but proper or moderate exercise strengthens them. In London, one finds both extremes—one set of people all idle or sedentary, especially patients of the upper classes, or of the female sex; their general debility is cured by prescribing exercise. They tell a good story of Dr Jephson, who used to cure his delicate lady patients at Leamington, by taking them out in a carriage,—but, suddenly, something happening which obliged the debilitated patients to walk back over a rough road, three or four miles. We have, then, patients also of the other extreme, who are “walked off their legs” by the toil of business. A few glasses of wine, or a little bark and ammonia does much good in such cases as tonics. You see at once, therefore, that it is a tedious process to find out if a patient owes his or her debility to waste of “tension,” or diminished “tension,” or whether you are to over-rest or to over-exercise. Sleep too, I may tell you (at least, healthy sleep), very much depends on healthy waste of tissues and their normal reparation.

Now, about tonics. You naturally will say, What about quinine? Muller says, we know of no “direct tonics.” I believe, also, there are no tonics but those which wind up the “tension” of our tissues. Whatever will do that has, for all practical purposes, been regarded as a tonic. Well, iron and quinine are the favourite tonics, but in some cases a purgative would be a better tonic, so as to act on the liver; in some other cases, wine is a direct tonic, or food. A gentleman recently came to me suffering under “general debility.” I saw at once his liver was the diseased part. Some small doses acted, as I call it, as a direct tonic. In another case of debility, I detected “Bright’s disease,” with intense debility. Well! we “snuffed the candle.” The flame thickening, and dull from excess of effort, tissue was changed by one or two doses of elaterium into the cheerful glow of comparative health; elaterium here I call a tonic. We took away what prevented the tension of the vital forces, and the elaterium produced a state of strength; in short, acted as the very best sort of tonic. We may scientifically vary our medicine, but I call them all “tonics,” as establishing the normal “tension” of the constitution adapted to health.

In the recent “blood-letting controversy,” or discussion as to the nature of what is called inflammation, almost everything turns on the meaning of the terms “debility,” or asthenic power, active effusion in

inflamed parts, or sthenic power, &c. &c. Want of power or debility, is even oftener seen in surgery than medicine—as exhibited in want of “tension” of the system to carry patients through a formidable operation, and the subsequent reparation of the injury. Surgical erysipelas, for instance, is a disease of debility, and wine one of the chief remedies. In the daily practice of medicine, I find wine to be our almost single direct tonic, and to act as a food, or, at all events, to economise food. I agree with the views of Dr. Todd on this subject. Of course, wine is only adapted to some cases, such as wasting fevers, or surgical cases for instance. Wine stops debilitating diseases like erysipelas, &c. Exercise may be a tonic. Iron may act as a tonic, or even minute doses of strychnine. But if you will apply the observations already made, you cannot be at a loss to find why they are tonics, and the best kind of tonics.

I have done enough to-day, however, if I have indicated a certain line of thought for you to follow. I could have wished that I could offer you something more of the vast number of facts bearing on this subject, and leading to this doctrine of debility depending on want of vital tension in the animal tissues. “It is not wings, but rather lead and weights,” says Lord Bacon—(“non pluma sed plumbum potius et pondera”)—that the human understanding wants; something to restrain its tendency to leap and fly at once from particular facts to universal principles.” You must not, therefore, from a few facts take these principles for granted till you have calmly worked them out for yourselves, in the practice of the wards of the hospital, if the subject is left with you in a fragmentary or imperfect shape—observed once of a lecture by Mr. Astan Key in this theatre—it is with the intention that you may go over it yourselves, and fill in the outline. One thing is, at least, quite certain—that the Medical Schools are passing out of the old doctrine of heroic blood-lettings and antiphlogistics; and the treatment by stimulants of this “general debility,” of which I have spoken, has become a reigning fashion. Still, as I said already, the term “general debility” is a negative term, a lazy term, an indefinite term, except we examine it below the surface, and prescribe accordingly.

THERAPEUTICAL RECORD.

New Local Application in Erysipelas.—M. Anciaux speaks in high terms of the following application for erysipelas and some other cutaneous affections:—Alum reduced to impalpable powder, 30 parts; white precipitate, 1 part. Rub up well together, and place the powder in a bottle, and then add from 90 to 100 parts of glycerine. Shake the bottle until the mixture assumes a creamy

consistence, and repeat the shaking whenever the application is about to be employed.—*Druggist's Circular*.

On the Comparative Action of Chlorate and Iodate of Potash.—In a late discussion in a French medical society, M. Demarquay announced that he had made some comparative experiments upon the action of chlorate and iodate of potash in mercurial salivation and ulcerated stomatitis; and he found that, although the first of these salts exercises a well-known and powerful effect upon the bucco-pharyngeal membrane, yet its operation is inferior to that produced by the iodat,—one gramme of the iodate producing more prompt and satisfactory results than four grammes of the chlorate.—*Ib.*

New Remedy.—Dr. Barnes, of the "Dreadnought" and Metropolitan Free Hospitals, has extensively tested the restorative and curative powers of phosphate of zinc, a new remedy introduced by him within the last two years, in the treatment of epilepsy and other nervous affections, resulting from cerebral exhaustion. He gives one case of epilepsy, as a type of many others, in which the prescription was, phosphate of zinc four grains, dilute phosphoric acid twenty minims, tincture of bark half a drachm, three times a day. Cure.—*Ib.*

Vaccinating with a Magnetised Needle.—Prof. Beka states that since 1856 hundreds of children have been thus vaccinated, with scarcely any failures occurring. The point of the needle is well saturated with the magnetic fluid before practising the vaccinations, which are then performed in the usual manner, a single magnetisation serving for many vaccinations. It is quite surprising to observe the rapidity with which the vaccine virus is absorbed when the needle is thus prepared.—*Presse Med. Belge*.

Tannin in Chronic Bronchitis.—M. Berthel, a celebrated French physician, recommends the following mixture in cases of bronchitis of long standing:—Take of tannin, three grains; extract of belladonna, three quarters of a grain; extract of conium, two and a half grains, infusion of senna, three ounces; fenel water and syrup of marshmallows, of each an ounce and a half.—*Ib.*

Chlorate of Potash in Scrofulous Sores.—M. Bouchut employs with great success a solution of this substance (3j. ad ℥iij. aquæ) as a local application to external sores in scrofulous children. He has also found it highly useful in arresting the progress of ulcers supervening upon the employment of blisters, as also in ulcerated chilblains.—*Journal of Practical Medicine, June*.

PERISCOPE.

Treatment of Dysentery by the Administration of large doses of Ipecacuanha, by Mr Docker.

"I have tested this medicine in cases of every kind and degree. Out of upwards of fifty cases of dysentery I lost but one (in former years the mortality ranged from ten to eighteen per cent.); and in the instance in question death was caused by abscess in the liver; the primary disease had been not only cured, but very thoroughly cured, as I shall hereafter

show. I must observe that I had at one time been in the habit of prescribing ipecacuan in the small doses recommended by Mr. Twining; but so ineffective was it when thus administered—excepting in cases of no great severity, wherein other medicines answered as well, *without* the inconvenience of nauseating—that I had long ceased to employ it. On resuming the use of ipecacuan, I gave it in doses ranging from ten to ninety grains; rarely less than twenty grains. The larger quantity was given in urgent cases only, the ordinary dose being a scruple or half drachm. The action of these large doses is certain, speedy, and complete, and truly surprising are sometimes their effects. In no single instance has failure attended this medicine, thus employed. I am not, of course, sufficiently sanguine to expect that it will effect a complete cure in an immense majority of instances.

“In all constitutions, robust as well as delicate, under all circumstances, the result is the same. In the very worst case, when the strength of the patient is almost exhausted, after the whole range of remedies has been tried in vain, the disease running its course swiftly and surely to a fatal issue, ninety grains of ipecacuan have been given, and forthwith the character of the disease, or, I should rather say the character of the *symptoms* has been entirely changed; for the disease itself is literally cured, put a summary stop to, driven out. The evacuations, from being of the worst kind seen in dysentery, have not gradually, not by any degrees, however rapid, changed for the better; they have ceased at once, completely. There has been no inclination even to stool for twenty-four or thirty-six hours, the patient all the time in a state of delightful ease and freedom from pain; then at last, without aid of any kind, a perfectly natural, healthy evacuation, all irritation, pain, and tenesmus having at the same time entirely ceased.

“Nor is there the disposition to relapse so common in acute dysentery. I have not observed what may be termed a true relapse in any instance. If the patient contracts dysentery again, he does so *de novo*. All that remains—the medicine having cut short the disease—is for the patient to recover strength; and this quickly follows, without any extraordinary care as regards diet and regimen, so indispensable and requiring such nicety of management in convalescence from dysentery generally. The usual necessity, moreover, for after-treatment, in the shape of a long course of astringents, &c., is in most cases entirely obviated, a few doses of some vegetable tonic being all that is needed.

“It may be asked by what means the stomach is enabled to retain such large doses of an emetic substance. The course I have generally adopted is as follows:—In the first place, a sinapism is applied over the

region of the stomach, and simultaneously a draught given containing a drachm of laudanum. Half an hour after, when the sensibility of the stomach has been, by the action of the opium and counter-irritant, as much as possible diminished, and the patient's attention is occupied with the sinapism or by conversation, the ipecacuan is administered—generally in a draught sometimes in the form of pill or bolus—and the semi-recumbent posture steadily maintained. In a considerable proportion of cases, the medicine is not rejected, or it is at least retained long enough to enable it to do its work. If necessary, I repeat it till the stomach does retain it. I never yet have been obliged to give it in the form of enema. Where so considerable a dose as sixty or ninety grains has been administered, I in general wait ten or twelve hours before giving another. Should the bowels, however, not meanwhile have acted, a repetition is not generally required. I ought here to mention that I begin the treatment of dysentery in most cases, with an emetic—always with a thorough clearance of the bowels.”

An article on *Aneurism at the Root of the Neck* treated by pressure on the carotid and sub-clavian trunks is published in the 'Lancet' by Mr. EDWARDS of Edinburgh. This gentleman had previously reported the details of the case in which his treatment had been successful; the patient having recently died he now reports the autopsy. The examination showed that this was a case of subclavian aneurism cured by pressure beyond the sac.

A case of Spasmodic Asthma in a Child Five Years Old. By GEO. McC. MILLER, M. D., of Brandywine Village, Del.

ON the 7th of August, at 10 o'clock, P. M., I was called to see S. P., a little girl *æt.* five years, who, as the messenger said, "could scarcely get her breath." Upon entering the room and glancing at the patient, it struck me that the case was one of pure uncomplicated asthma—an opinion which was fully substantiated by careful inquiry and examination. Distressing dyspnoea, wheezing respiration, anxious physiognomy, restlessness, an urgent desire for fresh air, and all the other characteristic features of the asthmatic paroxysm were distinctly exhibited. According to her mother's testimony, she had been subject to these visitations for several years—in fact from her infancy. Her attacks occurred almost invariably at night, and usually in a sudden manner, although sometimes heralded by croupy symptoms.

I administered to the interesting little patient two doses of *viu.* ipecac, \mathfrak{ij} each, with an interval of fifteen minutes. Shortly after taking the

second dose she vomited freely, and then breathed more comfortably. I directed fifteen drops of tinct. lobelia to be given her every hour until her difficulty of breathing should entirely disappear. On my second visit, the following day, she was playing and romping in the yard with her companions, and declared herself quite well.

It is noteworthy that the father of this patient was subject to asthma, so that she labored under an inherited predisposition to the disease.

The interesting point of this case is the early age at which it occurred. Of course the case is not *unique* in this respect; for such early attacks of asthma are occasionally seen. I report it merely as one of the *rarities* of medical experience.—(*Medical and Surgical Reporter.*)

Cholera Infantum. By N. C. REID, M. D., Philadelphia.

Many years practice and close observation inclines me strongly to the opinion, that the theories, and practice consequent thereon, as promulgated relative to this so-called *disease*, are far from being correct. It is proper that I should here premise that Cholera Infantum and Summer Complaint are in my estimation two separate and distinct conditions of the system.

My deductions are that Cholera Infantum is simply an atonicity of the sympathetic plexus or nervous centres induced by the oppressive influence of a highly negative electrical atmosphere.

Should the atmosphere be oppressively warm, sultry, *calm*, and negate electrically, for an hour or two, hundreds of infants will be seized with this atonicity. Rice water emesis and dejections will follow, and in a few hours, should this atmospheric condition persist (unless relieved,) the patient will have paid the debt of nature. If the exhaustion has produced collapse, should a positive atmospheric condition ensue, the tenacity of life is so great in infancy, that nature may rally, and attempt a restoration, mostly to be followed by cephalic effusion, to protract their suffering.

The treatment pursued by me accords with my theory, viz:

Acidulated ice water, sponging of the surface of the body, diluted brandy a teaspoonful, containing *gt. i. vel. ij*; of the following—℞. strychniæ, *gr. ¼*. acidi sulph. aromat. *f ʒ i. solve.*

After every emesis or dejection, as soon as the stomach will bear it, essence of beef in small quantities: the river air, if possible; if not, keep the patient in the open air, rather than the house, and as the mother must be more or less affected by the same condition, and her mind agitated and distressed, thus vitiating the lacteal secretions, total prohibition of the breast until convalescence has been established. Seventy-eight

cases, (a large number of them among the very poor of the Third Ward) were treated in this manner in my practice during the last summer, and the deaths were but three.

Diarrhœa or Summer Complaint as contra-distinguished from Cholera Infantum.—There exists, particularly among the poor, the very pernicious habit of cramming their suckling infants with what is called "table food." The physician remonstrates in vain. Grannies and mothers are wiser than he, and not only persist, but the mothers must themselves partake of all the unripe fruits and vegetables with which the markets at the season abound, so to ensure as it were at least the suffering, if not the death of their beloved idol. This may appear harsh, but is nevertheless true. Many suckling mothers, if not a large proportion, not only keep bad hours, but suffer their tempers to become rampant, and either recline in excessive lassitude or indulge in excess of exercise. Now each and every one of these habits vitiates or poisons the lacteal secretions, and yet none hesitate an instant should the infant cry, to supply this vicious nutriment. These causes, coupled with the depressing atmospheric condition, together with the irritation of teething, must naturally produce an atonic condition of the stomach, wholly unfitted by nature for the herculean tasks it is daily and hourly called upon to perform. From the debility of the organ thus produced, it becomes distended with undigested aliment and flatus, the assimilating organs refuse to perform their action, fever follows as a matter of course, preceded frequently by, or accompanied with convulsions—a symptom never present in Cholera Infantum.

Nature at this period, attempts a relief, and either a profuse secretion of the mucous membrane or exosmosis ensues; Hypercatharsi, and perhaps emesis supervene to rid the stomach and intestines of the incubus which depresses them; but the *ejecta* is not *rice water*, but undigested food, "green slimy mucous" and acrid secretions.

The slightest attention to these preliminaries unerringly point to the *modus operandi* of assisting nature to recover or re-establish a healthy tonic action of the digestive organs.

My general treatment is to clear the primæ viæ of irritants, say an ipecac emesis followed by—℞. ol. ricini, f ʒ ij, vel. iij., ol. caryophyllæ gt; (a smaller dose gripes without producing the desired effect,) and after its action, which is generally two stools, I prefer giving ℞. Magnes. sulph. ʒ j., aq. sumpfor f ʒ j., opii. gtt. viij., aq. font. q. s. a ut. ft. mist. f ʒ iv. s. a teaspoonful every two hours.

When the liver refuses to supply its quota, fel. bovin inspiss., gr. ʒ ter die will suffice until the torpidity ceases, which may be roused by gt. i.

or ij. acidi sulph. dilut. in vini gallici dil. every two or three hours, (not calomel to increase stonicity.)

Let the aliment be essence of beef, chicken-water or jellies, hematosin dried and compounded with sugar and capsicum: no farinaceous articles of any kind, and total abstinence from the breast, but if these articles should be rejected by the stomach, and milk become necessary, let it be cow's milk, fresh, with a solution of gum or gluten to prevent a too firm coagulum.

If there be no fever and the skin presents a moisture and the stools still have a watery character, I direct a few grains of gallic acid and pulv. cinnam. vel. c. caryophyl. to be given after each defecation, until these become of a pasty consistency.

If tormina from flatulency, an enema of ol. tereb. et lac assafut., the stimulating and sedative effects generally quiet the little sufferer.

When the gums are dry, hot and swollen, I lance freely and bathe with some soothing lotion, say tr. opii. camph. or Godfrey's cordial applied with the fingers frequently.

Under such treatment if the mother carries out my instructions. I never have a chronic case, but if called to a chronic case, unless the brain exhibited unmistakable signs of congestion or meningitis and strabismus be present, I should pursue the same course of treatment.

In many unpromising cases of tabes mesenterica, I have been gratified with the return of health to my patient that was certainly unlooked for, but even in these cases the variation only consists in exhibiting, after having by the usual treatment relieved the primary condition of the digestive apparatus, and persevering in the aliment already described. A powder containing ℞. Hydr. prot. iod. gr. ʒ, Doveri pulv. gr. i. vel. ij. acidi gallici gr. ij., ol. caryoph. gtt. ss, sacch. alb. gr. v, to be taken at bed time, so as to calm and relieve the child for the night, and giving the acidi sulph. dil., vel. arom., with vini gallici during the day, and depending on these medicaments and hygiene to assist nature in her efforts, have been crowned with success.

Where by injudicious meddling with nature's efforts encephalic symptoms ensue, we must treat them as we find them. If congestion by the exhibition of terebinth and potassa, revulsents, etc., leeches to the temples or over the petrous bones—particularly on the appearance of *strabismus*, cold douche, &c. If meningitis supervene we must be governed by circumstances. One of the most certain is to re-excite the discharge per anum, and the warm douche every hour to the head will produce a much more happy effect than the cold, for the reason that the rapid evaporation of the caloric succeeding each bath would cool and relieve the head.—(*Idem.*)

2. *Dislocation and Reduction of the Crystalline Lens.* *The Brit. and For. Medico-Chirurg. Rev.* gives from the *Moniteur des Hôpitaux* the report of a case by M. Mahieux. The patient was a farmer, aged sixty-five, who, twenty years since, lost his right eye, without any apparent cause, became affected and vision was not clear, a veil appearing to conceal the upper part of any object. After a year, suddenly a condition of nyctalopia came on, and in certain positions, objects could not be perceived. "On examination, the lower part of the anterior chamber was found occupied by the opaque and quite moveable lens, its upper border rising a little above the centre of the pupil. The tremor of the iris characteristic of synchysis was also present. A lens that had remained so long without undergoing diminution in size was not likely to undergo absorption, but although its extraction would not be difficult, it would be a serious operation to risk in a man who had but one eye, and who still saw enough to guide himself about. It was determined, therefore, to attempt the reduction of the lens, or rather its passage into the posterior chamber. The patient was laid on his back, and the Sulphate of Atropine was dropped several times into the eye, motion being imparted to the lens from time to time, in order to direct the lens from iris. This gradually passed into the posterior chamber, and when the patient stood up, the upper part of the lens was alone perceived in the lower hemisphere. Next day the patient had recovered his vision completely, except that there were some muscæ volitentæ observed. A bright light now pained instead of preventing vision. The report only comes down to a fortnight after the reduction, when the pupil was found to be normal in its action, the iris continuing tremulent." (*Idem.*)

3. *Traumatic tetanus treated with Opium.* From a paper read by Dr. C. K. Winston, of Nashville, Tenn., before the State Medical Society at its last annual meeting, we obtain this *resume*.

"Tetanus is a disease of the spinal nerves followed by spasm of the voluntary muscles to which they are distributed."

It may arise from an injury or general causes. In infants it is called trismus nascentium. That species, treated of in this paper results from injuries. It does not depend on any peculiarity of the wound, yet more frequently follows laceration. "It may occur during suppuration, but most frequently in the opposite condition, or when the wound has healed, sometimes weeks afterwards." It commences with unpleasant feelings about the neck, a difficulty in turning, or opening the mouth. These continue, and permanent contraction ensues. Gradually, all the voluntary muscles are involved, and in addition, we have regular spasms, with

excessive pain, generally from contraction of the diaphragm. These continue and increase in violence, till death, which generally occurs in about ten days. The spasms are excited by touching the surface, as a stream of cold air on the parts, and even the lighting of a fly on the face. In the intervals the patient is easy, and may sleep.

The pulse is natural, the secretions are not disturbed, and all the organic functions are performed regularly. The intellect is unimpaired.

"It seems to me that in the treatment of this disease, the mind of the practitioner is not sufficiently impressed with the importance of directing our remedies steadily to what I conceive to be the only point in the case." The only diseased action, to subdue irritation of the nerves of the spine. Control this, and the spasms are relieved. Opium is his remedy, and the modes of treatment he determined to risk all on opium. He relates three cases in detail.

Case 1. A negro boy, aged eighteen; had been severely whipped, and ran away, laid two nights in a cold barn. When found, he had tetanus; jaws clenched; voluntary muscles permanently contracted; clonic spasms every few minutes; opisthotonos. Washed off his body, and treated with sweet oil. Gave half a grain of sulphate of morphia every hour till the spasms were controlled. These subsided as soon as he was brought under the action of the morphia. When in six hours, the spasms returned, gave one grain of morphia, and gradually increased to three grains every four or six hours, and daily inunction with the oil for eighteen days, when he recovered. During this time, the bowels acted well, and narcotism did not ensue. The inunction was resorted to, from the idea of the oil lessening the sensibility of the skin.

Case 2. A negro, aged thirty; chancer on penis, and when heated went into the river. Seized that night with tetanus. More violent than the former. Acted as in the other case, and in fifteen days he recovered.

Case 3. An infant, aged five days; very violent spasms every few minutes. Gave tr. opii. camph. five drops, increasing five drops every hour. Fifteen drops controlled the spasms. This was repeated every two or four hours, increasing till half a tablespoonful was used by the mouth. Tr. opii. was substituted on the third day, and gradually increased to nine drops by the mouth, or twenty by the rectum. Spasms being shortened by slapping the face and chest with a wet cloth. The spasms subsided on the seventh day, and the child recovered.

In addition, he would in future "apply a paste of the extract of belladonna along the spine, daily, and in obstinate cases, blister the spine and apply morphia or belladonna along its extent."

(Medical & Surgical Reporter.)

A Case of Natrophagia.—Related by Dr. BOCKH, Crown Physician, in Bonn.

Mr. Titz, formerly an apothecary, now a stock-jobber, sixty-two years of age, enjoyed excellent health during early life, and up to 1840. About this time, he became subject to daily emesis, which lasted to 1842, at which time he had become very much emaciated and bedridden. He now underwent treatment at Hamburg, with very great relief; but it was not long until the vomiting returned to its former distressing extent. The substance ejected was dark mucous coffee-grounds looking stuff, sometimes decidedly bloody, and very sour. The emaciation now became very great indeed.

Mr. Titz, from the fall of 1842 to the beginning of 1843, took daily a half ounce of bi-carbonate of soda, and from the year 1843 to 1854, daily, one whole ounce of the same substance, with complete relief to the vomiting. He sometimes took the salt with a little water, but ordinarily he chewed or swallowed the dry crystal. The taste became quite tolerable, in fact agreeable. He took the ounce in three portions, either shortly before or immediately after eating. It was for a quarter of an hour followed by eructations of carbonic acid gas.

In a few days after beginning, in 1842, to take the bi-carbonate, all the symptoms began to improve. The vomiting and acid eructations ceased, the appetite returned, the digestion became good, defecation regular and faeces natural in appearance, the patient assumed the entire appearance of good health, and in a few months complete health was restored. Jocundity and rotundity took the place of his former meagreness and melancholy.

In 1854, Mr. Titz stopped the use of the soda; soon he felt weight in the epigastrium, and experienced flatulency, acid eructations, somnolence, weakness, yawning, asthma and rheumatic pains. He was for several weeks treated by different physicians, most of whom attributed his symptoms to the inordinate use of soda. He grew worse, until, in despair, he resumed the bi-carbonate of soda, from six drachms to an ounce daily. From this time forward he improved, until, in a short time, every symptom had vanished, and up to this time Mr. Titz has enjoyed uninterrupted good health.

When he goes on a journey, and for a few days neglects his soda, the symptoms begin to make their appearance, to be entirely dissipated by a return to the remedy in full doses. It is necessary that at least six drachms or an ounce be taken daily to have the proper effect. His habits now are very regular. He rises at seven o'clock, takes his bread and coffee, dines at one o'clock, with a good appetite, taking afterward

a glass of wine or beer, sleeps an hour, goes out walking, in the afternoon drinks a cup of coffee, mingles in society of evenings, takes a glass of wine or beer, sups, goes to bed at ten o'clock evening, and sleeps soundly till morning.

Mr. Titz is robust and healthy, of blooming countenance, strong in muscle and corpulent. His digestion, notwithstanding the extraordinary use of his soda, is good; his bowels are regular; the urine is alkaline; clear wine color and without sediment, ferments upon the addition of acid, and contains a great deal of bi-carbonate of soda.*

The lungs are perfectly sound. There seems to be some deficiency in the left auriculo-ventricular valves of the heart, which, however, causes no embarrassment. Pulse, sixty-five to the minute. The liver, spleen, kidneys, none of the abdominal organs, give any sign of disease whatever. In fact, Mr. Titz, for a person of his age, is a model of unexceptionable health. His four children, all grown, are also healthy. If, in consequence of an omission of his accustomed wine or beer, his appetite becomes poor, a somewhat large dose of the soda sets all things right with him in a few hours.

This brief history of a very singular case possesses several points of interest. We may from it, I think, draw a useful lesson, and have our views enlarged in regard to physiological processes.

If it were true that alkaline mineral waters are a cure for obesity, that alkalis destroy the fat, Mr. Titz should be very much emaciated, instead of being so fat and lusty.

It is said the long use of alkalis deprives the bones of chalk. If this were true, Mr. Titz should have been cartilaginous before this time; but we find, that after fifteen years' use of soda, his osseous system is strong and firm. Also, if it is necessary for the gastric juice to be acid for complete digestion, what an enormous quantity of acid must the stomach of Mr. Titz secrete.

I should have been very glad to have entered into a series of research with Mr. Titz, in order to ascertain the effects of soda upon the organism, more particularly the secretions, but he would run no farther risk of effects which the withdrawal of the soda from him seemed invariably to produce; and to ascertain its precise influence, it was indispensable to withdraw it for some time. An analysis of the blood would also have been exceedingly interesting to me, but it was impossible to procure any for the purpose.

* It would have been interesting to ascertain whether the faeces did not contain the bi-carbonate of soda, but Mr. Titz would not give me an opportunity to experiment on them.

Although it was not in my power to develop this case in all its important aspects, I hope the foregoing account of it may not be altogether profitless.—*Chicago Medical Journal*.

Report on Obstetrics. (From the New York Journal of Medicine.)

1. THE FŒTUS IN UTERUS.

1. *W. T. Savory*.—*An experimental inquiry into the effect upon the mother of poisoning the fœtus* (June, 1858).—Although the question, as to the possibility of transmitting poisons through the fœtal vessels of the cord to the maternal blood, seemed to be settled in the negative by the experiments of Magendie, many physiologists still believe, that the fœtal blood commingles with the general mass of the mother's blood; it inoculates her system with the qualities of the fœtus; and that, as these qualities are in part derived by the fœtus from its male progenitor, the peculiar constitutional vices of the latter are thereby so engrafted on the system of the female, as to be communicable by her to any off-spring she may subsequently have by other males. And as, moreover, the nature of Magendie's experiments appeared to Dr. Savory objectionable, he followed another method, which was crowned with affirmative results. His general plan was as follows: By opening the abdomen and uterus to expose and isolate a living fœtus; then to inject into it, with the least possible violence, some substance capable of ready absorption, and the operation of which is marked by obvious and unmistakable effects; great care being taken that no trace of the substance came into direct contact with the maternal tissues. The fœtus, thus injected, was placed in a condition most favorable for the continuance of the circulation, and symptoms of the operation of the poison upon the mother were carefully noted. The poison Dr. Savory selected was twenty-four grains of strychnia, dissolved in seven drachms of distilled water, by the addition of one drachm of acetic acid. The subjects of his experiments were dogs, cats, and rabbits. Five experiments are reported, from which it seems that proof is no longer wanting, of the direct and rapid transmission of matter from the fœtus to the mother through the blood in the placenta.

2. *G. Schmidt*.—*Remarks on the origin and practical value of the so-called navel-string souffle* (*Scanzoni's Beiträge z. Geburtskunde, etc.*, B. 3. 1858).—The opinions of the different authors, who have paid attention to this interesting phenomenon, being divided as to its true seat and nature, Dr. Schmidt feels justified in the publication of five instances of navel-string souffle, perceived before the child was born, out of 500 obstetrical cases, all of which were thoroughly examined with the stethoscope.

Case 1.—The child was born in a state of asphyxia, and could not be revived. The post-mortem was performed by Prof. Virchow, who found a decided hypertrophy of the right ventricle of the heart, insufficiency of the valvula mitralis et tricuspidalis, and a disposition of several red gelatinous corpuscula on both valves.

Case 2.—When the head of the child was born, the navel-string was found twisted around the neck twice, and so strong, that the vessels of the neck were compressed, in consequence of which, the face had a cyanotic color. The child died after a few short inspirations.

Case 3.—The sounds of the foetal heart were heard clear and distinctly, immediately before the rupture of the amnion. When the water had been discharged, a prolapsus of the umbilical cord was discovered, upon which the head of the child was pressing with considerable force. Auscultation applied at this moment, discovered not the former sound of the foetal heart, but instead a souffle, which disappeared as soon as the prolapsed string was removed into the cavity of the woman.

Case 4.—The sounds of the foetal heart were accompanied by a strong souffle. Still, when the child was born, the navel-string was not twisted round the neck; the child was healthy, and the sounds of his heart found in good order.

Case 5.—Instead of the first sound of the heart a souffle was detected by auscultation. When the head was born, the umbilical cord was found tightened around the neck. The child was asphyxiated, and it was half an hour before it could be declared out of danger.

From an analysis of these cases, Dr. Schmidt comes to the conclusion, that the so-called umbilical souffle may take its origin: *a.* From diseases of the foetal heart. *b.* From circumvolution of the umbilical cord around the neck of the child. *c.* From other compressions of the navel-string depending upon the position of the child.

In regard to the practical value of the funic-souffle, Dr. Schmidt, is of opinion, that its presence, in most cases, indicates danger to the life of the child.

II.—PREGNANCY, LABOR AND PUERPERAL STATE.

1. *Dr. Allen on dystocia, in consequence of perfect ossification of the foetal head (New Orleans Medical News and Hospital Gazette, 1857).*—Among the causes which may prevent an easy confinement, the early ossification of the foetal sutures is rarely met with. Still, at times, this incident alone is sufficient to demand the use of perforators for delivery. An instance of this kind is recorded by the author, where, after a series of strong pains for twelve hours, the head did not move onwards, though

there was no hindrance from any part of the pelvis. Neither a fontanelle nor a suture was to be recognized, and perforation was resorted to, which operation, however, was attended with a great many difficulties, because of the unusual density of the cranial bones. The delivery was at last effected with the aid of the forceps. The examination of the corpse showed that the head was in a condition similar to that found in grown persons, and the bones as hard as stone.

2. *Dr. Clay on an important form of intractable vomitus during the last months of pregnancy* (*The Midland Quarterly Journ.*, Oct., 1857.)—The different remedies usual against obstinate vomiting are very often without the least benefit, because its causes are only imperfectly known. Therefore, Dr. Clay calls the attention of the profession to one of its causes, which he had occasion to observe three times. This is an increased painfulness of the neck and mouth of the uterus, in consequence of inflammatory action. The slightest irritation of these parts, causes the most violent vomiting, which stops as soon as the irritation is removed. Therefore he recommends such a position of the patient, that the head of the fœtus is prevented from pressing upon the uterine neck, and, if necessary, the application of leeches for subduing the inflammation. This treatment proved perfectly successful in the three cases recorded.

3. *H. Bennet on hemorrhagia during the first months of pregnancy* (*Lancet*, Jan. 1858). The cause of bleeding in the first months of pregnancy, is very often the consequence of chronic inflammation and ulceration of the womb. Therefore, it is necessary to apply the speculum in causes of this nature. If on the contrary, the cervix uteri is found free from inflammation, and the bleeding goes on unconnected with uterine contractions, it is very probable that a mole or hydatids are present. Hemorrhages, if connected with chronic inflammation during pregnancy, have generally a good effect upon the diseased condition of the womb, in lessening the state of congestion. Dr. Bennet is of opinion, that in all cases of returning catamenia during pregnancy, the uterine orifice is the seat of inflammatory ulcerations, so that the bleeding cannot be properly called a menstrual one. Therefore, a woman who believes herself in the family way, notwithstanding the continuance of her courses, is very likely not so, if, after careful examination, the cervix is healthy.

3. *D. A. Pagenstecher on the lacerations of the vagina during labor* (*Wochenbl. d. Zeitschrift. der k. k. Gesellsch. der Aerzte zu Wien*, 1857. No. 46).—Dr. P. is of opinion, that the vagina is lacerated during parturition, in many instances; an accident which in most instances escapes

detection, while the wound unites of itself, during childbed. Three cases are reported, in which the perforations of the vagina were discovered by mere accident.

Case 1.—After an easy forceps operation, a rupture was found running across the anterior wall of the vagina, close by the neck of the uterus, through which several fingers could be introduced, and advanced up to the body of the womb. Four days afterwards, the edges of the wound were scarcely as large as a sixpenny piece, and were found perfectly healed after the first week.

Case 2.—After a forceps operation for contracted pelvis, Dr. P., when endeavoring to remove the afterbirth, detected a laceration of the vagina, close behind the cervix, through which the fingers could be introduced into the spatium Douglasii, where they touched portions of the intestinal tube. When the placenta had been taken away, the uterus was pulled down into a small pelvis, in order to bring the edges of the wound together. Not the least accident was observed after this injury, and all was healed up in a short time.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

SHORTER ATTENDANCE AT COLLEGE.—Students who have received copies of the Annual Announcement of the Medical Faculty of the University of N. Gill College will have noticed that the academic study formerly required of them will in future be abbreviated. It having been resolved, that, instead of exacting attendance upon lectures during four winter sessions, three such periods should hereafter be allowed as sufficient for the completion of the necessary qualifications. The curriculum remains unaltered, the same courses, and in equal number, as heretofore, will be demanded; the only difference being in the length of time over which the student has the privilege of distributing them. The term of study also continues of similar duration with what it was before the present change, proof of four years devoted to the attainment of his profession, still being required from the candidate for graduation,—the real distinction being, that one of these need not necessarily be passed at College. The certificates to be adduced will be, that four years have transpired, or the fourth year is about ending, since the commencement of his medical studies; and that, during this time, three winter ses-

sions have been passed at this College or some other recognized University. Properly speaking, this alteration is no new arrangement, for the antecedent regulation which compelled an extra session's attendance was but of comparatively modern date, and, previous to its adoption, the rule was that which is now to be enforced; the practice is, therefore, but a return to the original one first carried out by the Faculty. They have had experience of both methods, and must be allowed to be the best judges of the propriety or not of the course pursued. In reverting to the old term, it is well known that under the plan that has been displaced the attendance during the years it was in force was large, as attested by the aggregate number of matriculants, indeed, upon the average, more progressive than before it came into vogue, or under the three-year scheme. The average attendance for the two past years has been 90, while the average for the five immediately preceding years is 63, exhibiting an augmentation in favor of the former to the extent of nearly 50 per cent. We are not prepared to state precisely what the relative attendance was before the lapse of these periods that have been specified, but we believe we are safe in saying it was not so great as the numbers above indicate; the figures have been quoted to establish the fact, that, under the four-year plan, the attendance was a progressively increasing one. The main feeling which probably actuated the decision under notice was a desire to assimilate the qualifications required for graduation with those demanded by other Universities elsewhere, and particularly in Canada. Representations were made to the Faculty that her Institution was the only one in the Province which required the extra year or fourth session of Collegiate study; and the desirability of having a unanimous rule on this important point, by her concurrence with general custom, could not be concealed. Had McGill College continued, in the face of such considerations as these, to maintain her additional session, making it strictly obligatory as she had done before, her conduct might have appeared in the eyes of strangers to have savored of a disposition to usurp supremacy in stringency over other Universities; but so far from being able to put this improper construction upon it, as appears by this last procedure, she, it must be confessed, is taking away the barriers which many, desirous of being honored by her degree, would otherwise have experienced; and so favoring, by every allowable act on her part, the passing of all who would enrol themselves with her graduates. The boon thus conferred is in strict keeping with another concession made by the same body, when she permitted the student to undergo his examination in two parts and upon separate occasions; both evidencing her earnestness to lessen, as far as legitimate, the difficulties in the way of

the medical student in his patient career through the initiation of his future profession. And we shall be disappointed if this last admission does not meet with as equal an approbation as the previous one has received, and become, like it, speedily popular. The rule of three years, it may be furthermore remarked, is of course not a necessary one, as far as limiting in an absolute and unalterable way the time of Collegiate study. While the student may, if he please, come up for examination when it expires, he may, on the other hand, wait as much longer afterwards without doing so as he desires,—improving himself with one or two, or as many more sessions as he prefers. We have been given to understand that the change will take effect from the ensuing session, and be of general applicability,—permitting all who then attend, that are competent, to participate in the favor which is offered.

ANNUAL ANNOUNCEMENT OF THE TORONTO SCHOOL OF MEDICINE.—

The Toronto School of Medicine, in affiliation with the University of Toronto, opens the winter session with a large stock of able Lecturers, who have already given proof of their competency to discharge the onerous and responsible duties of experienced teachers of medicine. Students attending it have the benefit of the Toronto General Hospital and the Toronto Lying-in Hospital open to them upon the payment of a fee, which is \$8 for six months in the case of the former, and \$5 for the same period in that of the latter. Clinical Lectures will be given at the General Hospital during the winter by the Lecturers on Anatomy, Surgery, and Obstetrics. The requirements for the degree of M. D. are nearly the same as those at McGill College, with a few exceptions, as one course of six months Therapeutics and Pharmacology, instead of two courses on Materia Medica and Dietetics; two courses of six months on Physiology, instead of two courses on Institutes of Medicine; and a course of three months Practical Chemistry, not required at McGill College; and six months Clinical Lectures on Medicine and Surgery, instead of two courses three months of Clinical Medicine and the same of Clinical Surgery as at this University. To our mind, in all these points of difference the Toronto School is unquestionably wrong, excepting perhaps in the one relative to Practical Chemistry. For the degree of M. D. the chief requirement is the fact of having been an M. B. for the space of one year; a Thesis is now also exacted, which was not necessary in the instance of admission to the first degree. The fee for the courses is the same as at McGill College, except Anatomy, which is \$16, Chemistry \$5, and Medical Jurisprudence \$6. The Medical Staff is composed of

the gentlemen whose names here follow, with those of their respective chairs:—Drs. Hodder, Obstetrics; Aikins, Surgery; H. H. Wright, Medicine; Richardson, Surgical Anatomy; Bethune, Descriptive Anatomy; Bovell, Institutes of Medicine; Barrett, Medical Jurisprudence; Ogden, Materia Medica; J. Workman, Psychological Medicine; and Rowell, Demonstrator of Anatomy. As auxiliaries are Professors Croft, Chemistry and Experimental Philosophy; and Hincks, Botany,—both at University College.

CIRCULAIRE DE L'ÉCOLE DE MÉDECINE ET DE CHIRURGIE DE MONTREAL.—We have received the circular of the above Incorporated School of Medicine, from which we learn that the approaching Session will be the sixteenth of its existence, and that it is at present in a flourishing condition. We agree perfectly with the School, in the sound advice given to its *élèves*, that is of great importance to themselves that they should attend lectures for three or four instead of two Sessions:—

“L'École désire appeler l'attention des élèves sur les avantages certains qu'il y a pour eux de ne pas s'en tenir absolument aux exigences de la loi qui réclame deux sessions de cours; en commençant à suivre les cours dès la première année d'études, les élèves se forment bientôt à l'esprit l'observation, et au goût du travail, outre qu'ils profitent ainsi d'instructions médicales pendant quatre années consécutives sans plus de frais que lorsqu'ils commencent à suivre les cours à leur troisième et quatrième année.”

Beside the Hotel-Dieu Hospital and Hospice Ste. Pelagie, as means of instruction, the School possesses

“Un Musée contenant un grand nombre de pièces pathologiques et de préparations anatomiques d'une grande valeur, et acquises à un prix élevé, expressément pour l'usage des élèves de l'École. La Bibliothèque contient quelques ouvrages d'un grand prix. Le Cabinet de matière médicale renferme une riche collection, parfaitement complète et bien classée.”

MORE EXCHANGES.—We have to acknowledge, since our last, the receipt of the following new exchanges:—

1. The *Savannah Journal of Medicine*. Edited by S. S. SULLIVAN, M.D. and JURIAH HARRISON, M.D., Professor of Physiology in Savannah Medical College. Associate Editor, R. D. ARNOLD, M.D., Professor of Theory and Practice of Medicine in Savannah Medical College. Bi-monthly; Savannah, Georgia.

This serial contains 71 pages of reading matter, and is particularly

interesting, as reflecting the state and progress of Southern Medicine. Its original table bears a goodly and numerous assortment of viands for the bookworm, which are all tempting in title, and merit a full discussion.

2. *New York Medical and Pathological Journal*. Edited by WM. W. HADLEY, M.D. Published for the New York and Brooklyn Medical and Pathological Society. Pp. 31—vol. 1—No. 1. One dollar a year. Monthly.

This undertaking has been embarked in the so-called "Medical Reform" cause, with which matter we have neither lot nor part. All our sympathies are with what the Editor calls "Old School Medication"; and we are too far on in the vale, having too much of the "old fog" in us, to be trotting after the tom-fooleries that rise and fall about us.

3. *Nashville Monthly Record of Medical and Physical Science*. Edited by DANL. F. WRIGHT, M.D., Professor of Physiology and Pathology, and RICHD. O. CURREY, M.D., Professor of Medical Chemistry and Medical Jurisprudence,—both of Shelby Medical College, Nashville, Tenn. Nashville, Tenn. Vol. 1—No. 1. Monthly. \$2 per annum.

The Journal above expressed is a highly respectable one, and is published at a remarkably low rate,—64 pages of reading matter being furnished every month for the small sum before named. It is got up in excellent style, and forms a remarkably neat periodical. It is the product of fusion between the Memphis Medical Recorder, and the Southern Journal of Medical and Physical Science; "both of which Journals have, from unavoidable circumstances, for a brief period suspended their issue."

5. *The Maine Medical and Surgical Reporter*. Conducted by W. R. Richardson, M. D., and R. W. Cummings, M. D., Proprietors. Published Monthly at \$3, in advance; Portland, Maine.

The first number of this well conducted journal appeared in June last, and is in every respect creditable to the enterprising city in which it is published. It gives us great pleasure to copy the following highly complimentary notice of Dr. Tewksbury, whom, judging from our personal knowledge of the worthy Dr., we are convinced, is fully deserving of the warmest encomiums that his friends can possibly bestow on him:—

"The beautiful and commodious building recently constructed by the United States Government near this city, for a Marine Hospital, is, we are pleased to learn, about to be occupied under the supervision of Dr. Samuel H. Tewksbury. His appointment to the superintendance of that institution cannot fail of giving very general satisfaction. In the inauguration of a new Hospital, energy, enthusiasm, industry and business talents are as indispensably requisite as professional acquirements and knowledge. These, Dr. T. possesses in an unusual degree, and we know few medical gentlemen who have devoted themselves so thoroughly to

their profession as he has, or would make a better use of a position at the head of a hospital for the advancement of medical knowledge.

"This institution is intended, we understand, for the accommodation of all invalid seamen in the State; so that when fairly in operation its wards will be nearly filled. Maine furnishes a greater number of American sailors to our merchant marine than any other State in the Union, and a very large portion of the patients not foreigners, in the Marine Hospitals at Chelsea and New York, are natives of this State. These will in future seek treatment here whenever it is possible. That the establishment of such a hospital in Portland will have an important bearing on the progress of medical science among us, no one can doubt who is at all conversant with the facilities afforded in those institutions for carefully watching the effect of remedies, and controlling the circumstances which modify and influence medical and surgical treatment, and the opportunities there given for correcting or verifying diagnoses by post mortem examinations. Pathological anatomy as a science owes its existence to this latter fact. No man will better appreciate, or more earnestly improve these advantages than Dr. Tewksbury."

CRIMINAL ASSAULT BY A DENTIST.—We copy from the "Montreal Herald" the following particulars relating to the trial of a well known dentist of Montreal, who has been found "guilty of an attempt to commit rape, with a recommendation to mercy," at the Criminal Term, now being held in this city. We forbear, for the present, making any remarks on the case:—

"Dr. John Horatio Webster was placed at the bar charged with having, on Wednesday last, the 22nd September, committed a criminal assault on Luisa Chandler, wife of Mr. James Nichols, of this city.

The complainant, Mrs. Louisa Nichols, was examined by Mr. Monk, Q.C.:—I am the wife of Jas. Nichols, and reside in Fortification Lane. On Wednesday last I went to the Surgery of Dr. Webster in Notre Dame Street; I wished to have the pattern of my mouth taken. I went to the surgery about half-past ten o'clock. Before I entered the surgery I remained for a time in the waiting-room. There were two ladies in the surgery when I first entered the waiting-room. The prisoner was called in to speak to me; I then gave him some gold leaf, which he was to use in operating on my teeth. At the same time, I asked him if he could look at my mouth then; he told me to wait a little, and he would be glad to examine it. I remained accordingly, but not more than five minutes elapsed till he again came into the waiting-room, to show the two ladies down stairs. A gentleman then came in. Dr. Webster then asked me to wait about half an hour longer, till he would operate upon this gentleman. I consented. After this, three ladies and a gentleman came in; they were friends of Mrs. Webster. Shortly after, the gentleman already mentioned, left the surgery. The Dr. told me to enter; in the

meantime he went into the waiting-room; the prisoner followed me in a few minutes. I stood close to the dental chair, and he examined my mouth. I asked him if he thought it necessary to remove a stump of an old tooth. He said he thought it would be well to take it out; the new teeth would do for life; the stump only cause irritation of the gum. I said if it were necessary to take it out it would be better to have no new teeth. He replied in the negative, and said I ought to take chloroform. He said also, that, under the use of chloroform, he could extract it in five minutes. In the operating chair Dr. Webster administered the chloroform. I did not consent immediately to inhale the chloroform. About five minutes elapsed from the time he proposed till I took the chloroform. During this interval I told him chloroform would make me sick. He replied that I had better take it; it would not influence me very long. This was all that was said. He applied the chloroform by means of a cloth. I took chloroform about four months before, and what he administered was the same substance. I did not become immediately insensible. It was about half-past ten o'clock when I went into the waiting-room; about a quarter to twelve when I entered the surgery. After taking the chloroform, the first thing I remember was his bringing the forceps to extract the tooth. I said to him, "Have you not taken it out yet?"—he said "No;" he then administered some more chloroform. I did not perceive how he administered the chloroform, but I felt myself inhaling it. I then became unconscious. At length I became partially conscious. I saw I was not in the chair, but on the sofa; the sofa was not very far from the chair. When I became conscious I saw that the prisoner was sitting along with me on the sofa. When I first became conscious, I felt the pressure of the prisoner's body; (the witness then went on to state to the Court—an improper interrogation he had directed to her—the indications by which she was aware that the prisoner had taken criminal liberties; ultimately she said she heard a bell ringing.) I then threw my limbs off the sofa, and said to the prisoner, "I wish you would send for my husband." I again became unconscious, and felt very sick at the stomach. The next circumstance that I recollect was that the prisoner was sitting beside me on the sofa, and had his hand in an improper position, and that he had placed mine in the same. I then asked him to get a cab to take me home. He said I would be unable to proceed. He then said he had got the wax hot to take an impression of my mouth, and that that was the time to take it. I said nothing. He then carried me from the sofa to the chair, but I was still partially unconscious. He brought the wax, and took the impression of my mouth. While doing this I had not quite recovered my consciousness. When he

had taken the impression of my mouth, the bell rang, or some one called, and then he left me. I sat still and vomited considerably; at length I got upon my feet; the prisoner opened the door communicating between the waiting-room and the surgery, and allowed me to pass out. He followed behind me coming down stairs. Passing through the waiting-room, I saw that there were three gentlemen there; on leaving, he told me he would have the teeth ready by Friday, if not, he would send me word. I then went home. All this occurred on Wednesday, the 22nd of this month. The second time I came to consciousness, I felt the weight of the prisoner on me. I feel confident of this fact. [Witness proceeded to detail her reasons for this assertion. They were unfit for publication.] She went on—I have no doubt at all that the prisoner was in this position; but at the same time I was not sufficiently conscious to perceive the state of my clothes. He did not extract the stump of my tooth; it is yet in my mouth. When he gave me the chloroform it was with the intention of drawing this stump. He assigned as a reason for not extracting the stump, that he had not gas enough in the chloroform. He administered the chloroform three times. I have already stated, that during the period of consciousness I was lying on the sofa, he sitting on the sofa beside me, and his hand on a certain part of my person. I have now stated all that I recollect. On arriving at my own house, I spoke to my husband. I told him that I would not again go to Dr. Webster's; because I thought that he was a nasty, dirty old fellow. When I perceived the prisoner in the condition I have already mentioned, I recollect pushing him with my hand as well as I could. When I went home I perceived my under-clothes were very wet. I became aware of this circumstance before I left the prisoner's office. I thought it was my own urine, and attributed it to the fact that I had been greatly pulled about. When I first took the chloroform I was sitting on the dental chair; when I became conscious I was on the sofa. I do not know how I was removed.

Cross-examined by Mr Devlin.

About four months ago I took chloroform. It was administered by the prisoner. I was then getting my mouth prepared for a new set of teeth. I took no chloroform before or since until this last occurrence. The first time I took it I was accompanied by my little daughter. My stomach then grew sick; but my clothes were not wet at that time. On Wednesday last, when the prisoner brought me into the surgery, he did not lock the door communicating between it and the waiting-room. The door might have been partially open. When I was in the waiting-room, Miss Webster was there; she was neither reading a book nor

playing the piano; she was talking to a friend. When I entered the dental chair, I took off my bonnet and shawl and placed them on the sofa. The prisoner told me to take them off. While I was disrobing he went to get the chloroform. At the time I went into the dental chair I heard no voices in the waiting-room. There is another door leading from the surgery into the laboratory or workshop; it was not wide open, but was partly open like the other. It was not then open enough to enable me to look into the workshop. I saw no young man in the workshop when I went into the surgery; but when I was prepared to come away I did. The person I then saw was talking to a little boy; the taller of the two was standing opposite the door at the far end of the workshop; the little boy on a bench, the tall young man was standing there talking, I suppose; I don't know what he was doing. I don't recollect if I spoke to the tall young man.

Rowland Webster, the young man alluded to was brought forward, and recognised by the witness. A boy was brought forward also, but she was not certain of his being the boy to whom she alluded.

Cross-examination continued: I might have heard the tall young man ask me if I were sufficiently strong to proceed home. I did not hear this young man call the prisoner from the waiting-room to see me before I left; but he might have done so. Before I left, the Dr. was called into the waiting room; I was in the dental chair at that time. I do not remember having asked the Dr. to give me chloroform. Both these doors were partly open when I sat down on the chair. I think what relieved me of the weight of his body was the ringing of the bell. At the time I was partially unconscious. I did not feel this pressure a second time; I did not feel the weight more than a second; he was then called away by the bell I think; the weight was instantaneous; I was unconscious from the time I entered the chair till I felt myself upon the sofa; at least I was partially so. I felt the prisoner's hand in an improper position upon my person, but I did not see it. I did not see my own hand in a similar position on his. The first thing I saw on opening my eyes was the prisoner adjusting his clothes. I felt but did not see him sitting on the sofa beside me. I swear that the person who sat beside me on the sofa was not the tall young man.

Mr. Devlin—By what means can you tell that?

Witness—Must I answer this question?

Mr. Devlin—Yes.

Witness—I can say without doubt it was not the young man; because I heard the Dr. speak, I heard him speak when he was addressing to me improper interrogations; but I think I said nothing except wishing

that my husband were there. With a great effort I was enabled to say as much as this. I made no effort to shout to any one in the next room. [The Witness gave this answer after much hesitation.] When I said to the prisoner that I wished Mr. Nicols was there, I was lying on the sofa on my side. I did not open my eyes. I made an effort to get off the sofa, and threw my legs out; he had got off before this to answer to some one who called or rang for him. I did not then call for assistance. When the prisoner then left me, I neither saw the tall young man nor the boy. Passing out of the waiting-room, I did not tell the gentleman there that I had been abused. I spoke to no one in the house about what had happened. I made no promise to come back on Friday. I was carried back into the dental chair a second time, but I did not see the young man or boy. The sofa on which I was lying is within a few feet of the workshop door, but I never measured the distance. When I came home I told my husband that the prisoner was a dirty, nasty old fellow. This occurred on Wednesday. My husband wrote to the prisoner on the same night. On Saturday we laid the facts before Mr. Counsel. I had communicated with a lady friend of mine, Mrs. Laurie, about the abuse I received. I don't know why my husband and I did not immediately go before a court instead of waiting till Saturday. It was the Doctor, and not the young man who showed me down stairs. When I first visited Dr. Webster in April last this young man, Webster, was present watching the effect of the chloroform administered. I swear that I had no conversation on Wednesday last with the young man Rowland Webster. On the day in question the prisoner did not say that he was unwell. I was forty-one years of age last August. In the surgery of the defendant no one assisted me to dress. I reached home; I remained about the house all day. I had no friends at my house that evening. During the interval between Wednesday and Saturday my husband and I were talking about the abuse I received; we were talking of it all the time. I told some friends. When I took chloroform in April last, Dr. Webster told me that it caused me to cry and fight. I don't recollect if I were told that it produced any other peculiar effect. Last Wednesday, when talking these circumstances over with my husband, I had a perfect recollection of all that occurred. I did not fully remember everything till the next day, Thursday. I sent my under-dress to a Doctor for examination; the name of the medical man is Dr. Fenwick. The articles were a chemise and a cloth; the latter I wore for a certain object. I did not take it off in the surgery, but the prisoner managed to place his hand underneath the cloth, though it was wet and soiled, but not removed from the place where I myself put it. I have not heard what

is the result of the examination of the cloth. When sent to the Doctor it was not much soiled. When on the sofa, this cloth was laid on in the same position as I had placed it in the morning. I said that I believed the prisoner had effected his purpose, though this cloth was tied on. I told this to my husband.

Mr. Devlin.—Did you not swear that the cloth, when you got up off the sofa, was in the same place as when you lay down?

Witness—Of course it was; where else would it be?

Cross-examination continued—I believe he violated my person.

Mr. Devlin—How long did he take to effect his purpose?

Witness—I don't know.

Mr. Devlin.—Did you not swear that the pressure was instantaneous.

Witness—Only at that time.

Court—You may go down.

James Nichols, husband of the last witness, examined by Mr. Monk,
Q. C.—

Witness—My wife told me Dr. Webster was a villain. She explained to me the reason of this assertion, but not till about two o'clock in the morning; she then told me he had violated her person; she told me he was aided in his design by chloroform. I saw when she came in that she was labouring under great excitement. On Friday morning, having been made acquainted with the details, I laid the case before Mr. Rose.

Cross-examined by Mr. Devlin—When she came home I gave her some brandy and water to revive her; she eat a little rice-pudding afterwards.

Mr. Devlin—I now leave it to the court if it is necessary to go upon a defence. I think the Court will say there is no evidence to lay before the Jury on part of prosecution.

Mr. Monk—What has been brought out in the cross-examination is, I think, sufficient.

Court—Penetration has not been proved; and the Jury cannot go upon the belief of a woman while under the influence of chloroform. You will therefore, Mr. Devlin, take up the case as if it were one of attempt at assault; the question of rape must involve penetration or emission, but neither has been proved. So you need not address the Jury as if your client were indicted for capital felony; that has not been at all proved.

Mr. Tate, architect, examined by Mr. Devlin—in company with Mr. Brown I examined the rooms of Mr. Webster. It would require some amount of force to shut the door leading from the laboratory to the consulting-room; the lock was on that side of the door which was within the laboratory.

Mr. Monk objected to the evidence of descriptions.

Mr. Devlin said he wanted to prove by the plans of the apartment he then had in court that the door between these rooms was so situated that the person working in the laboratory could see from his bench what was taking place in the surgery.

(The plan of the apartments were sent up to the court.)

Court—Have you got the measurement of the rooms.

Witness—Yes. (The witness was here directed by the Court to take the plan of the apartments to the Jury, and explain their length and dimensions, etc., with the position of the doors, but not to say anything about the arrangement of the furniture.)

The witness complied.

Examination continued—If the door were partially opened, any one working in the laboratory, unless he turned his back, must see what is going on in the surgery; and hear also, as the place is so small.

By Mr. Monk—I examined the apartments yesterday. I don't think any of the furniture was removed.

Rowland Webster examined by Mr. Devlin.—I am a cousin of the prisoner's, and have been engaged with him learning his profession, since December last. In the month of April last I saw the prosecutrix in the surgery; she came to have teeth extracted. On Wednesday last, I saw her in the same place. I was melting gold that day; using a forge for the purpose. I saw the Dr. give her chloroform. He then made an attempt to extract the tooth. I saw her when she was taken from the chair and when she lay down on the sofa. This was after twelve. When she lay down the Dr. went into the parlour. There were some persons there; but I don't know who they were. From my place in the laboratory I could see the sofa. I had no conversation with her till she was about to go home. She asked me if I thought she were strong enough to go home. I then called the Dr. from the parlour. He told her she had better lie down again if she did not feel strong enough to go home. The Dr. went back to the parlour; she then put on her bonnet, and the Dr. came in again and told me to see her out. I swear I was the person who escorted her down stairs. From the time she came in till she left, I saw nothing occur to her. Since last December, the door between the laboratory and surgery was never closed; there is no lock nor key for it. There were people in the parlour when she came in and when she went out. There was a gentleman in the chair before she occupied it. From the time she came in till she left, I swear she was not insulted by the prisoner.

By Mr. Monk.—I am there every day. The door between the laboratory and surgery is always open. Mrs. Nichols came into the surgery about half-past eleven. That was the first time I saw her that day. There were some patients inside when she came. I do not know when she arrived. During the time Mrs. Nichols was in the surgery the door was about half open. I was in the laboratory all the time, for I had to keep the fire of the forge alive all day. I only left the laboratory when she prepared to go home, about half past one o'clock. I was melting gold in the forge during the time she was in the surgery. I began this labour at ten o'clock, and worked at it for about three hours; then I began to melt zinc till three o'clock. The chloroform was administered

about ten minutes after she entered the dental chair. She then lay down upon the sofa for the remaining hour and forty minutes. I did not see her or watch her all the time she was on the sofa. When she walked from the chair to the sofa she was under the influence of chloroform.

Court—Is it customary to give chloroform in the presence of witnesses?

Witness—Sometimes.

Court—Did you see it administered?

Witness—Yes.

Court—What is the longest time you have found females remain under the influence of chloroform?

Witness—An hour.

Court—Where are they placed?

Witness—On the sofa.

Court—How do they get there? Does the prisoner carry them?

Witness—He leads them, or they walk themselves.

Court—Does he leave a patient to remain an hour under the influence of chloroform, without looking at the state in which they are?

Witness—I don't think he does, sir.

Court—Would he see them four times in the course of an hour?

Witness—Yes.

Court—How often did he visit Mrs. Nichols during the time she was under the influence of chloroform?

Witness—He did not visit her at all.

Court—Did you ever know any other female remain an hour and a half under the influence of chloroform and know the patient to be unattended?

Witness—No.

Court—Why was it done in this instance?

Witness—I don't know.

Court—You attend upon women who take chloroform to have teeth extracted?

Witness—Sometimes.

Court—You may go down.

Mr. Jas. Goodrich examined by Mr. Devlin—I once took my wife to the prisoner, and she inhaled chloroform to undergo an operation. During the remainder of the day she was under the strongest impression that she had been taken into a room and violated, and continued to hold the conviction, though I told her I was by her side all the time and had my finger on her pulse.

Mr. Monk—She thought she was violated?

Witness—Yes.

Mr. Monk—And whom did she accuse?

Witness—If the truth must be told she supposed it was Dr. Webster; and it was with great trouble that I disabused her mind of the idea. She was under the influence of chloroform for about ten minutes.

Dr. W. Nelson examined—I have known the defendant for 16 years. I was about the first in Montreal to use chloroform. It produces the most contrary effects in different individuals. I once operated on a woman who had a tumor. I got the loan of an apparatus to administer

ether; I received it from Dr. Webster. The patient took ether, and I removed a tumor of seven pounds weight. The woman for two days held the opinion, though many of her neighbors were witnesses of the operation, that I abused her. The witness related one or two other incidents to shew the peculiar effect of ether and chloroform. The Dr. then went on to state his high opinion of Dr. Webster; how he had recommended him as a dentist to some of the ladies of an hospital connected with the Seminary; and introduced him to his own patients in the city. He was thunder-struck when, on Sunday, he heard that Dr. Webster had been charged with such an offence, because he never knew or heard anything which could effect the character of that gentleman.

Dr. Jones was examined by Mr. Devlin to show the effects of chloroform. I have known ladies use language, when under the influence of chloroform, that they would blush to hear at any other time. They were most respectable ladies; the language was awful; where they got the language I don't know. [A laugh.]

Court—How do you account for this woman lying an hour and a half under the influence of chloroform.

Dr. Jones—To say the least of it, it was gross neglect. Medical men may leave a patient under the influence of chloroform, but then a nurse is placed beside them. A person may be as long under the influence of chloroform as this complainant, but it has not come to my knowledge.

Daniel Webster, a youth of about fourteen years of age, was examined by Mr. Devlin.—I am a week in Montreal to-day; I came to Dr. Webster's to see my brother, Rowland. I don't know if the complainant was the woman I saw in Dr. Webster's surgery on the 22nd instant. I think it was she. About twelve o'clock she lay down on the sofa. About half-past one my brother went down stairs with her. My brother and I were in the work-shop all the time she was on the sofa. The woman called him in once and he went in. Afterwards she went down stairs with him.

James Nichols, the husband of the complainant, here came into the box and produced the letter which he sent to the prisoner on hearing of the conduct of the latter towards his wife. It was as follows:—

September 22.

"Dr. WEBSTER—I was much pained and surprised at the account of your vile conduct towards my wife while she was unconscious and helpless under your professional care. I have no words to express my sense of such conduct, and will await a legal exposure. In the meantime you need not proceed with the teeth, as my wife will not again place herself in your power.

JAMES NICHOLS.

The following was the reply:—

"I am surprised to receive such a note from you. My reputation is too well established to be affected by anything. There is not the slightest foundation for such a complaint, as my laboratory was constantly open, with no less than three persons in it all the time, and as many more waiting in the room for their turn." The remainder of the letter was occupied with reference to \$14 which the prisoner owed Mr. Nichols for gold leaf, and it went on to say that the writer expected better treatment from Mr. Nichols. The letter bore no signature.

Justice AYLWIN then charged the Jury, explaining carefully the case in regard to the offence the prisoner had to answer.—namely, attempt to commit rape, or assault. The learned Judge explained that the charge of rape had been discarded in an early part of the trial; and impressed upon the Jury, with much solicitude, that the question they had to decide was whether, taking the evidence of the prosecutrix in all its particulars—taking into consideration the position which the prisoner held and the risk to be run if, under his circumstances, he should endeavour to violate the persons of females; whether, looking at everything, he was really guilty of an attempt to commit rape or even an assault. His Honour, in conclusion, remarked on the singular conduct of the husband of the female, and observed that it was extraordinary he sat down to write a letter on the night of Wednesday, waited an answer by mail on Thursday, and took no steps till Friday; having invited the Jury to this and other facts, the learned Judge concluded by advising the Jury, if they entertained a doubt to give the benefit of it to the prisoner at the bar.

The Jury retired at six o'clock, and, after an absence of about three hours and a half, brought in a verdict of "Guilty of an attempt to commit rape, with a recommendation to mercy." The decision seemed to take the Court by surprise.

Mr. Devlin—Are the jury individually agreed?

One of the jury, Yes.

Mr. Devlin—Then to-morrow morning I will make a motion in arrest of judgment.

APPOINTMENTS.

SECRETARY'S OFFICE,
Toronto, 2nd October, 1858.

His Excellency the Governor General has been pleased to make the following appointments:

John Lirzars Lizars, Esq., Associate Coroner for the United Counties of Huron and Bruce.

David Tucker, Esq., M.D., Associate Coroner for the County of Ontario.

Thomas Reynolds, Esq., M. D., to be an Associate Member of the Medical Board for Upper Canada.

Edward Von Cortland, Joseph Garvey and William Milliken, Esquires, Physicians and Surgeons, to be a Board of Examiners of Applicants for Militia Pensions for the County of Carleton.

License to John R. Flock, of Oakville, Esq., M. D., to enable him to practice Physic, Surgery and Midwifery in Upper Canada.

BUREAU OF AGRICULTURE AND STATISTICS,

His Excellency the Governor General has been pleased to grant Letters Patent of Inventions, for a period of *fourteen years*, from the date thereof, for the following persons, viz. :—

John Addison, of the City of Hamilton, County of Wentworth, Machinist, to "A Wooden Spring Mattress for Beds."—Dated 13th July, 1858.

Alfred Marsh, of the Township of Windsor, County of Essex, Gas Engineer, for "An Improved Gas Generator."—Dated 26th July, 1858.

Hardy Gregory, Lithographer, and Robert W. S. Dunstan, Merchant, both of the City of Hamilton, County of Wentworth, for "A Cooling, Warming, Dust-Preventing, and Air-Distributing Ventilator."—Dated 26th July, 1858.

Joseph Wra, of the City of Montreal, Undertaker, for "A New Method of Constructing Coffins to Prevent Infection."—Dated 21st August, 1858.