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THE

BRITISH AMERICAN JOURNAL

OF

MEDICAL & PHYSICAL SCIENCE.

EDITED BY

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

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

VOL. IV.] NOVEMBER, 1848. [No. 7.

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Communcations on Scientific subjects and Books, &c., for review, to be addressed to the Editor: on all other matters connected with the Journal, to the Publisher: in either case, Post-paid—No communications for insertion in the succeeding number will be received after the fifteenth of the month.—From his rule there will be, in future, no departure.

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

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

Montreal, 9th February, 1847.

Montreal, February 10th, 1847.

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

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

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

M. M'CULLOCH, M. D.

Montreal, 10th February, 1847.

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

Yours very truly,
GEO. W. CAMPBELL.

To Alex. Urquhart, Esq.

Montreal, 10th February, 1847.

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THE

BRITISH AMERICAN JOURNAL

OF

MEDICAL AND PHYSICAL SCIENCE.

VOL. IV.] MONTREAL, NOVEMBER, 1848. [No. 7.

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

By JAMES BOVELL, M.D.,

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

(*Continued from page* 145.)

Besides the awful scourge which the whole tribe of insects frequently become to man, cutting off every green thing that grows on the face of the earth, reducing, in one night, whole fields teeming with plenty, to mere desolate wastes; it is the opinion of some very intelligent minds, that one of the prime causes of the unhealthiness of a place is frequently associated with their presence, since the decomposition of their dead bodies, mingled with that of decaying vegetable matter, must tend to generate or heighten the poisonous malaria. We find, if history is to be believed, that the decay of the dead bodies of insects alone, have, from their putrid stench, so vitiated the atmosphere as to create frightful disease and death to the human race. St. Augustine, mentions a plague to have arisen in Africa from the destruction of innumerable swarms of insects, whose bodies being mingled with sea-water, on the shore of which they had been cast, generated a pestilence from which 800,000 men perished in the kingdom of Massinissa alone, and many more on the territories bordering on the sea. Italy, as mentioned by Mouffit, suffered both in man and beast from a similar cause. At different times, we know as matter of truth, that the West India islands have been terribly afflicted by the pestilential increase of insects, and which existed in such vast hordes, as to render the utmost precaution necessary for the preservation of the lives of infants, and even cattle were frequently very severely injured by these tormentors, their eyes being perfectly destroyed. Ligon, in his history of Barbadoes, in giving its natural history says: "The next of these moving little animals are ants or pismires; and these are but of small size, but great industry, and that which gives them means to attain this end is, they have all one soul. If I should say, they are here or there, I should do them wrong, for they are everywhere; under ground, where any hollow or loose earth is amongst the roots of trees; upon the bodies, branches, leaves, and fruit of all the trees; in all places without the houses and within; upon the sides of the walls, windows and roofs without, and on the floors, side-walls and ceilings within; tables, cup-boards, beds, stools—all are covered with them, so that they are a kind of ubiquitaries. Messrs. Kirby and Spence, inform us, that about 70 years ago, the Formica Saccharivora completely put a stop to the cane cultivation by making its nest under the roots of the plant, which so injured it as to render it quite unproductive. Their number was incredible. They descended from the hills like torrents, and the plantations, as well as every path and road, for miles, were filled with them. Many domestic quadrupeds perished in consequence of the plague. Rats, mice, and reptiles, were an easy prey to them, and even the birds, which they attacked whenever they alighted on the ground in search of food, were so harrassed as to be at length unable to resist them. Streams of water opposed only a temporary obstacle to their progress, the foremost rushing blindly on to sudden death, and fresh armies instantly following, till a bank was formed of the carcases of those that were drowned sufficient to dam up the waters and allow the main body to pass over in safety. Even the all devouring element of fire was tried in vain; when lighted to arrest their route, they rushed into the blaze in such myriads of millions as to extinguish it. Those that thus patriotically devoted themselves to death for the common good, were but as the pioneers of the advanced guard of a countless army, which by their self-sacrifice was enabled to pass unhurt. The entire crops of standing canes were burnt down, and the earth dug up in every part of the plantations; but vain was every attempt of man to effect their destruction, till in 1780 it pleased providence at length to annihilate them by the torrents of rain which accompanied a hurricane most fatal to the other West India islands," and among these Barbadoes suffered the most severely. The tempest was, however, much more terrible and severe than the authors seem to believe, for it was only but little inferior to the one that laid waste Barbadoes in 1831. This very hurricane that swept away such innumerable swarms of insects, so depurated, at the same time, the island, as to render it for a period remarkably healthy. The effects, however, were not so lasting apparently, as those which followed our last visitation, which makes me attach great weight also to the improvement in our social condition. But the presence of insect life, even in a much more circumscribed scale, has given rise, not unfrequently, to severe maladies, the origin of which, at the time, was perfectly unaccountable; hence we cannot but believe that the continued unhealthiness of those wooded islands, depends as much upon the increase or decrease of insect life, at times, as on any other cause, and there can scarcely be a doubt but that many diseases are caused by them—of this we have some proof. In India, during the season in which the fruit called

"mango" is eaten, opthalmia in the neighbourhood of the groves was prevalent for some time—the fruit bore all the blame as the cause of the disease, until at length it was discovered to be the result of irritation produced by the presence of an exceedingly small black fly, called the eye-fly. In the case of a woman mentioned by Turner, the juice ejected by a spider produced violent swellings of the lips, soreness of the tongue, and opthalmia. Very many cases are recorded of insects passed from the bowels of persons who must have swallowed the eggs either by inspiration or in their food, notwithstanding Vogel's doubts on the subject. Dr. Barton, in the fifth volume of the American Philosophical Transactions, relates an extensive mortality which was produced among those who had partaken of the honey collected in the neighbourhood of Philadelphia. The American Government was excited by the general distress—a minute inquiry into the cause of the mortality ensued, and it was satisfactorily ascertained that the honey had been chiefly extracted from the flowers of Kalmia latifolia. At this time, in Barbadoes, and in all the West India islands, our beautiful and valued groves of cocoa-nut trees are being rapidly destroyed by a small but beautiful insect: it was quickly discovered that the fruit of a tree which had been attacked was injurious, producing severe diarrhœa, although there was no means of showing or supposing how the insects could have effected the water contained in the nut. My friend, Professor Thomas, is so impressed with this belief in the injurious presence of insect life, that he suggests that the introduction of the common frog, which took place a short time ago, has been productive of good, by destroying vermin as food.

The night of the 10th of August, 1831, is green in the memory of every inhabitant, and none can ever forget the miseries of the eventful morning of the 11th, when the darkness of despair passed away but to unfold to the eye a scene of horror more like that presented by a hard contested battle field on which there had been carnage and slaughter. Deprived of their habitations, and exposed to the inclemencies of the weather, many were delighted to sleep beneath the shelter of rude huts or of boards, packed one against another, and the wounded and disabled were thankful when such accommodation could be afforded them. The cathedral, in the city of Bridgetown, was thrown open for the reception of the wounded, and for several days the surgeons were fully occupied in operating; and what was the result of those operations? unfortunately, at a time of such bitter affliction, a statistical account could not be kept of the cases; but the fact is sufficiently notorious, that there was a singular immunity from secondary dangers, and a disposition in wounds to heal kindly. It is even more remarkable, that many who had laboured under diseases before the event were freed from them as by a charm. Many children came to their birth during the raging of the tempest, and both they and their mothers did well. Sixteen years have nearly elapsed since that awful visitation, and its depurating effects are still apparently in operation,—for it may, without any exaggeration, be said, that Barbadoes is now one of the most healthy places on the face of the globe; for even that disease for which the island obtained an unenviable notoriety, viz., elephantiasis, is scarcely seen among the rising generation, and promises to be extinct with the death of the present generation; such was Barbadoes in the year 1847, as contrasted with the years prior to the hurricane of 1831.

The act of emancipation which liberated the African race, and restored to them the rights of man, removed that immediate and selfish care which is bestowed on articles of property, but it could not withhold that protection and sympathy which Christianity demands should be exercised towards every member of the human family.

The private hospitals attached to the various plantations, and which were very comfortable, and, in general, well furnished, being part of the appurtenances of slavery, were peremptorily abandoned by the newly emancipated, notwithstanding endeavours were made to induce the people to accept of medical aid and attendance free of expense to them. As a consequence of this refusal, it became necessary to provide some general asylum for the sick poor. At the suggestion of the Medical Society, a general hospital was proposed to be erected—the plan was determined on, and supported by the influence of several worthy individuals—a subscription was set on foot, an hospital erected by private munificence, and hitherto, in a great measure supported by the same means. The "General, Hospital" was opened on the 1st of July 1844. The building, of itself an ornament to the town, is situated in a cool and populous part of the city of Bridgetown, and affords accommodation to 80 patients,

The rules and regulations are drawn up in accordance with those of the British institutions, and the whole establishment is under the superintendence of trustees and committees.

As it will tend to illustrate the progress of our infant institution, we purpose to give some of the quarterly tabular returns of cases furnished to the Board of Directors.

In the first instance but few females availed themselves of the benefits of the institution; since, however, its value has become more apparent, they too begin to seek its accommodation, and to be eager for admission within its walls.

It is generally supposed that a very great prejudice exists amongst our peasantry against post-mortem examinations, but as yet we have encountered no difficulties of the sort, but find, on the contrary, a very laudable desire on the part of relatives and friends to be correctly informed of the "real cause of death," as they express it.

Table A,—Showing the number of in-door patients admitted, died, and discharged monthly, from the 1st of July to the 30th of September, 1844.

Admitted.	Number.	Died.	Discharged.
July	31	1	4
Aug.	15	2	11
Sept.	40	2	26
	86	5	41

Remaining in hospital 40.

Table B,—Showing from what parts of the island and from what countries patients came.

The parish of	St. Michael	22,	in	July
—		13,	—	August
—		25,	—	September
—	St. Joseph	3,	—	July
—		2,	—	September
—	St. George	2,	—	July
—		2,	—	September
—	Christ Church	2,	—	July
—		2,	—	September
—	St. Thomas	1,	—	August
—	St. Peter	1,	—	September
—	St. John	1,	—	September
—	St. Philip	1,	—	September
—	Foreign	2,	—	July
—		1,	—	August
—		3,	—	September
	Total	86.		

Most of the foreigners were sailors from the merchant vessels lying in Carlisle Bay.

The parish of St. Michael furnished a larger number of patients than either of the others, but it must be borne in mind that the city of Bridgetown is in this parish, and that many of the poor, properly belonging to the country districts, assemble in town, where they may more readiiy obtain alms or employment. Discharged seamen and soldiers and sailors, belonging to vessels in the harbour, also contribute to swell the number registered as of St. Michael. Perhaps the parishes of St. Joseph, St. Philip, and St. Andrew, have really a much greater proportion of sick. In these places there are many poor white peasants who are in a state of great moral and physical destitution—badly fed, and incapable of exertion from their anæmic condition; many of them, at the ages of twenty and twenty-five, are only boys and girls, nature being protracted by their extreme physical degeneracy. Dr. Cutting had under his care a lad of the age of twenty-two, who had no one sign of puberty, all his feelings and manners were quite childish, and the organs of generation were not more fully developed than a boy's at six years of age. In a tropical climate, where nature is universally precocious, this is rather surprising, but as this arrest (?) of development is not observed in any other class, we may justly ascribe this apparent anomaly to deficiency of nutriment. These people eat but little animal food, and being near the coast, they are mostly fishermen—the quantity of fish, however, which they catch, is insufficient to support them, either if consumed by their families or sold; more frequently this scanty produce of their labour is exchanged for spirits, which, with the sweet potatoe, constitutes their sole diet.

Table C,—Classification with regard to sex.

Males.	Died.	Females.	Died.	
28	0	3	1	July
12	2	3	0	August
30	2	10	0	September
70	4	16	1	

Table D,—Classification with regard to colour.

White.	Coloured.	Black.		
5	8	18	31	July
4	2	9	15	August
11	5	24	40	September
20	15	51	86	

Table E,—Showing the numbers admitted between the ages of

13	and	20,....	10
20	—	30,....	23
30	—	40,....	22
40	—	50,....	16
50	—	60,....	10
60	—	70,....	 3
70	—	80,....	 2
		Total,....	....86.

Surgical operations performed during the quarter

July.—Two amputations below the knee; one at tarso-metatarsal articulation; one of penis.

August.—Two operations for cataract; one phymosis; one tarso-metatarsal articulation; two amputations below the knee.

From the 1st of July to the 30th of September, five patients died. One from extreme emaciation produced by sloughing of the genitals. August—one from extreme injury to the pelvis; one from abscess of scrotum and sloughing. September—one from palsy, and one from typhoid fever.

Meteorological Register for the year 1844, showing the monthly range of the Barometer and Thermometer, and also the quantity of rain that fell monthly, as shown by the rain-guage kept in the parish of St. Philip, by Col. Bryan T. Young, M.C.P.

A. D. 1844.	Barometer in degrees.		Thermometer in degrees		Rain Gauge in inches.
	Max.	Min.	Max.	Min.	
January.....	30.09	29 85	82	72	3.1.100
February...	30.06	29.82	83	72	4.22.100
March.....	30.08	29.80	83	73	1.67.100
April.....	29.98	29.84	83	74	10.69.100
May.....	30.00	29.85	84	74	8.17.100
June.....	30.06	29.88	84	74	8.1.100
July.....	30.04	29.88	84	74	5.17.100
August.....	30.04	29.85	84	74	6.91.100
September.	30.04	29.82	85	75	6.05.100
October....	30.04	29.82	85	75	3.34.100
November.	29.96	29.78	85	74	11.82.100
December..	30.06	29.78	82	72	5.39.100

71.45 100 Inches Quantity for the year.

N.B.—This table was kept in the parish of St. Philip, fourteen miles from the city of Bridgetown.

Sir Robert Schomburgh gives the following results for 1844:—"The number of deaths amounted in England generally to 1 in 45; in the Isle of Wight to 1 in 58; in London to 1 in 39; in Bristol to 1 in 32; in Liverpool (parish) to 1 in 29. In the whole monarchy of Prussia, in 1843, to 1 in 34.80, and in Pomerania, the healthiest province of that empire, to 1 in 44.10; in Naples the range of mortality was 1 in 34; in Wurtemberg 1 in 33; in Paris 1 in 32; in Nice 1 in 31; in Madrid 1 in 29; in Rome 1 in 25; in Amsterdam 1 in 24; in Vienna 1 in 22.5, and in Barbadoes it is no doubt underrated if merely assumed at 1 in 66."—*Page* 75.

A METEOROLOGICAL REGISTER, FOR MAY, 1848,

Taken at "Fairfield" Estate, in the parish of Saint Philip, fourteen miles due east of the city of Bridgetown. Elevation, one hundred and twenty-five feet above high water mark at the Crane Bay, by SIR ROBERT HERMAN SCHOMBURGH'S calculation.

Lunations and Phases of the Moon.—Phillips' Almanack.

New Moon, 3d day at 3h. 16m. morning. | Full Moon, 18th day at 12h. 42m. morning.
First Quarter, 9th day at 10h. 57m. night. | Last Quarter, 25th day at 7h. 47m. night.

Date.	Mean Temperature. Barometer. 9 a.m.	Barometer. 3 p.m.	Fr. Therm. in Shade. 9 a.m.	Fr. Therm. in Shade. 3 p.m.	Solar Radiation.	Dew Point.	Wind.	Rain in Decimals. Day.	Rain in Decimals. Night.	Remarks and Observations.
Monday 1	29.98	29.90	79	82			E.		5	Morning cloudy, noon clouds and sun, evening cloudy, night rain.
Tuesday 2	29.97	29.87	81	82			var. E. to S. E.			Cloudy and o'rcast the major part of day, with light variable winds tending to S., evng. & night cloudy
Wednes. 3	29.98	29.87	80	82			E.			Clear with fresh breezes, night fine.
Thursday 4	29.98	29.88	81	83			ditto.			Ditto, ditto.
Friday 5	29.99	29.89	82	83			S. E.		5	Clear, with light breezes, night showers.
Saturday 6	29.94	29.88	82	83			S.			Ditto, ditto, night burr'd Moon, heavy fall of dew.
Sunday 7	29.89	29.83	81	82			S. E.			Clear and sultry, night close.
Monday 8	29.88	29.85	82	83			ditto.			Cloudy, hazy and o'rcast, with nearly a calm, night
Tuesday 9	29.89	29.83	81	82			var. S. E. to E.			Cloudy, with light breezes, night cloudy. [murky.
Wednes. 10	29.92	29.85	81	83			var. S.E. to N.E.			Light winds with murky clouds, night overcast.
Thurs. 11	29.96	29.89	80	81			N. E.		6	Cloudy and overcast, without a gleam of sunshine, fresh breezes, night rain.
Friday 12	29.95	29.87	81	81			ditto.			Much the same as yesterday, night damp.
Saturday 13	29.92	29.84	80	81			ditto.		38	Clear, with fresh breezes, night repeated showers.
Sunday 14	29.88	29.85	80	82			ditto.			Ditto, ditto, night excessively damp.
Monday 15	29.92	29.85	81	83			ditto.			Clear, with strong winds, n'gt beautf. clear moonli't
Tuesday 16	29.92	29.84	81	82			N. E.		25	Ditto, ditto, night heavy rain throughout.
Wednes. 17	29.90	29.86	78	80			E.	55	4	Showers through the day and night.
Thurs. 18	29.86	29.82	78	80			var. N.E. to S.E.		5	Overcast and gloomy, with high winds, night cl'dy, with light drizzles. [night rain.
Friday 19	29.95	29.90	80	83			N. E.		20	Cl'dy and o'rcast with occasion. gleams of sunshine,
Saturday 20	29.98	29.91	80	81			ditto.			Same as yesterday, night fine and mild.
Sunday 21	29.98	29.92	80	82			ditto.			SUN ENTERS GEMINI. Clear, with passing fleecy clouds, and fresh breezes, night clear.
Monday 22	29.96	29.88	80	81			ditto.			A. M. overcast, P.M. clear, night damp.
Tuesday 23	29.92	29.88	80	81			ditto.		8	Clouds and sun, night rain.
Wednes. 24	29.96	29.90	80	82			E. N. E.		5	Cloudy with light wind, noon bright, with strong wind, evening cloudy, night rain.
Thurs. 25	29.98	29.91	81	83			N. E.	10	13	Morning a shower, noon bright, ev'ng & night rain.
Friday 26	29.98	29.90	80	81			ditto.			Fair and fine, night mild.
Saturday 27	29.98	29.90	80	81			N. N. E.			Delightful balmy morn, noon clouds and sun, ev'ng and night fine.
Sunday 28	29.95	29.88	81	82			var. N. to S. E.	22	44	Morning clear, noon o'rcast, evening sudden change of wind to S. E., with rain, night soaking rains.
Monday 29	29.92	29.88	78	79			var. S.E. to N.E	30	2.10	Showers at intervals through the day, heavy rains nearly through the night, which filled the ponds.
Tuesday 30	29.90	29.87	79	79			S. E.		94	Cloudy and overcast, night rain.
Wednes. 31	29.96	29.91	76	77			var. N. E. to S.	26		Morning clo'dy, noon rain, ov'ng cl'dy, night damp.
					15°	74°		1.43	6.62	
									1.43	
									8.05.100	Inches for the Month.

Barbadoes, Fairfield, June 1, 1848. (*To be continued.*) BRYAN T. YOUNG.

ART. I.—THE IRISH IMMIGRANT FEVER.

By FRS. BADGLEY, Esq., M.D.

(*Continued from No. IV, page 92.*)

It now only remains, in concluding my remarks upon this fatal disease, that I should submit to your readers an outline of the plan of treatment adopted by myself and those of my professional friends in this city, who entertained the same opinions which I did, as to its pathology. The happy or infelicitous result observed from the employment of any remedy, or class of remedies, in the treatment of a disease, is generally considered a pretty safe and certain criterion of the correctness of the pathological views adopted by the practitioner in regard to it; and although it may be urged, with reference to this disease, as it has been, and ever will be in the case of many other anormal conditions of the body, that opposite systems of treatment have been found to be equally efficacious, and have been followed by an equal amount of cures, yet, it appears to me, that in all such instances, it will be discovered, after a rigorous and can-

did examination into the essential facts connected with these cases, either that the apparently opposite remedies have acted in bringing about precisely the same end; or that the inefficient remedies or *infinitesimal* doses of medicine employed, have had the effect of not interfering with the operations of Nature herself, in the removal of the diseased action, or have permitted the system to combat successfully against "the tendency to death," induced in it by the materies morbi. How stood the matter in regard to *this* particular disease? By many it was looked upon as a *fever*, in the broadest and most ordinary acceptation and meaning of that phrase; the disease was recognized under a soubriquet, a name which, to them, involved the necessity for, and demanded the existence of, a sthenic condition—a state of erethism. Bleeding, general or local, antimonial and other emetics, sedative doses of calomel in the early stages, followed by antimonials, mercurials, and salines, later, and stimulants for the *forlorn-hope*, appeared to be the treatment based upon their pre-conceived opinion of the nature of the malady; by many, again, no particular reasoning at all was employed as to its entity, and, consequently, its treatment consisted simply in combating, or, I should rather say, prescribing for symptoms as they presented themselves. If there be any truth in the assertion, that medicine is an inductive science; if there be any value in employing the Baconian rule in the exercise of the medical art; if any reliance is to be placed in the appearances found after death, as indicating the structural lesions which organs have undergone in consequence of diseased action having occurred in them; if guided by these post-mortem appearances and a proper knowledge of physiology, any dependence can be placed upon the modum operandi of particular causes, in inducing those alterations of function which constitute the outward evidences of internal organic derangements, or, as they are generally called, symptoms of a disease; if our present knowledge of animal chemistry and microscopical anatomy be worth anything, then must we admit, that all those forms of disease to which the cognomen of fever is given, are not necessarily and identically the same; and that many diseases which show the same outward and visible signs, are inwardly most decidedly dissimilar, and demand totally different treatment. The original cause and source of this disease, the circumstances which fostered its extension, the means of its propagation, its manner of first attacking the system through the blood, the material of the body's nourishment, by coming in contact with so large a volume of it, and in such a situation as the lungs, then attacking the entire vascular system, and subsequently its effect on the nervous system, the impossibility of the occurrence of the due metamorphosis of the blood, the consequent absence of any approach to inflammatory or *itic* action, as proved by the post mortem appearances, and the effect of avoiding any depressing remedies on the one hand, and affording, on the other, merely the means of *keeping in life*, while the influence of the poison upon the blood was being exhausted, by the daily operations of every integral tissue of the body placed in altered circumstances; as regards air, temperature, food, rest, cleanliness, &c.; all these were potential arguments to the minds of the party to which I belonged, that it was *not an ordinary fever*; could not be *treated* as a fever generally is; and that disease should not be treated simply by the name accorded to it by nosologists. Based upon the foregoing considerations, our indications of treatment, or management, were—1st. To support organic life, while the poison which had entered into and affected the mass of the blood, was being gradually got rid of by Nature's own efforts. And 2ndly. To obviate any complication or evidence of special organic derangement, or functional disturbance, that might manifest itself, either as a direct effect of the deteriorated condition of the blood *per se*, or a sequence of its action upon a previously anormal condition of any particular tissue or organ.

In fulfilling, then, the former of these indications, we were influenced throughout by the reasons already enunciated. Unpossessed of any agent that could at once neutralize the action of this special poison, which rendered the blood incapable of the vital metamorphic processes of nutrition, in its widest acceptance, our object was to introduce into the circulation (by means of digestion) nutrient particles, which, if even partially absorbed, would have the effect of supporting life—of obviating "the tendency to death." With this view, the *so considered* stimulants were prescribed, in combination with nitric acid, or nitro-hydrochloric acid; the latter preferred by some, on account of its free chlorine; the former by others, because it was thought possible that its nitrogen and large quantity of oxygen might yield to the defibrinated blood, elements necessary to the formation of azotised, and the more oxydised protein compounds. I say defibrinated blood, because its albumen and corpuscles were demonstrably present in the urine, and, undoubtedly, might also have been found in the parenchyma and tissues of the different organs, eventually giving rise to many, if not all, of the complications or sequels observed in and after this disease. At the outset, we generally preferred prescribing such a medication to the advising of *food*, properly so termed, because digestion being a simple act of solution, we felt confident that liquid materials were, in a physical condition, the best adapted for easy and immediate absorption; we did not, however, lose sight of the benefit to be derived from diet, and, accordingly, its most nourishing descriptions were freely ordered, and all in the liquid form. With the exception of emetics of mustard, remedies of this description were never prescribed, nor were cathartics found of use—the bowels usually acting spontaneously; when they did not, and it became necessary to make use of such a remedy, the compound tincture of senna, in doses of an ounce every hour, until the desired effect was obtained, was employed; diaphoretics and febrifuges were not even thought of. In a word, in uncomplicated cases, the treatment consisted entirely in supplying to the blood materials whence the genesis of the tissues might be effected, and whence the constituents of the organism might be derived and elaborated; materials which, conveyed by the coronary arteries, might restore to the heart its normal contractility and full strength; might, by the vasa vasorum, impart to the arteries and the capillaries, (venous as well a

arterial) their tonic elasticity and power of resistance; in short, might, in establishing perfect assimilation, ensure health's restoration. It gives me much satisfaction in being able to state, as a result of this mode of treatment, that out of upwards of fifty cases of this disease occurring among physicians, medical students, captains and engineers of steam-vessels, emigrant agents, and nurses, (all of whom, it must be conceded, had been abundantly exposed to the contagion, the positive proof of which was afforded by the severity of the symptoms which they presented) who were treated by two of my colleagues and myself, in private practice, not one death took place.

In the management of those cases, in which complications manifested themselves, while we maintained the same general plan of treatment, having a single eye to the amelioration of the blood's condition, the re-establishment of the due metamorphosis of this fluid, and the production of those emanations or new products consequent upon this process, we employed, I say, conjointly with the remedies above mentioned, those appropriate for the visible alterations of function and structure, which were occurring in the respective organs affected. I conceive it unnecessary, in a general view, such as this, to detail the particular and minute treatment of individual complications; moreover, the valuable space of your journal and my own avocations will not sanction it at present.

In conclusion, I will now lay before your readers some extracts from the valuable but scarce work of F. Simon, on Organic Chemistry, as well as from other authors, in support of the opinions maintained throughout my preceding articles on this disease, and which, coupled with a careful consideration and comparison of the phenomena which were presented to my colleagues and myself, during its prevalence last year, led us to the conclusions which I have now published, both as to the nature of the malady and the treatment best adapted for it. With the universal admission of the susceptibility of the blood to be directly acted upon by poisons introduced into it, the arrest of its healthy metamorphic operations, consequent upon this, and the substitution of disordered or anormal functions (for the blood, being an integral tissue of the organism, must be, and is invested, in a healthy condition, with appropriate functions, which will be perverted, deranged, or destroyed under disease), and this, I consider, was the condition of the blood in this disease, to which Simon gives the generic apellation of Spanæmia, one of the characters of which is, "deficiency of fibrine, corpuscles, and proper salts." Simon thus describes the physical characters of spanæmic blood: "It is very fluid, sometimes of a dark, violet, or bright colour; usually coagulates imperfectly, sometimes not at all; the clot is small, soft, diffluent, and neither covered with a true nor false buffy coat; the serum is generally of a bright yellow colour, sometimes dark yellow or having a red tint—the specific gravity considerably diminished." The chemical characters, according to the same author, are, "Diminution in the amount of fibrine and corpuscles; the amount of residue of the serum either normal or diminished; the proportion of water higher than in healthy blood; the amount of salts in the serum sometimes normal, sometimes diminished." Again, in speaking of "Typhus petechialis putrodus, yellow fever and plague as varieties of spanæmic blood disease," the following remarks are made: "The blood in these diseases is described as watery, very poor in fibrine, and of a dark colour: if any clot be formed, it is diffluent and very soft; the serum is frequently of a deep yellow or brown red colour, partly from the colouring matter of the bile, and partly from dissolved hæmato-globulin. It possesses a very peculiar smell, which probably differs in each disease. It is by no means improbable, that this smell may be produced by a volatile salt of ammonia."

"Schonlein has directed attention to the formation of a peculiar gas, which escapes with the blood in the post mortem examination of such patients, on opening the large vascular trunks, and which is probably developed in the blood, during the last stage of the disease."

"Chomel also speaks of the development of a gas in the interior of the veins." In quoting from Balard and Rochet's Observations on the Plague, they say: "It (the blood) frequently has a peculiar smell, but *never* the buffy coat."

It has been stated, in the course of these papers, that no *truly* inflammatory action was set up in the course of this disease, that the semblances of it were due—first, to the condition of the blood; and secondly, to that of its containing vessels; and that effusions of either the coloured or colourless constituents of the blood took place into particular tissues, cavities, or upon particular surfaces. Mark the description given by Dr. H. Bennett, in the 16th vol. of *Braithwaite's Retrospect*, extracted from the *Dublin Medical Press*, Oct. 20, 1847, of the result of 63 post mortem examinations made by him in Edinburgh in 1846 and 1847. Exudation existed every where, and in favourable localities assumed a peculiar character, for which Dr. B. proposes the name of typhous deposit. He thus describes it, "The typhous deposit consists of a yellowish or flesh coloured exudation, sometimes passing into a brownish colour, from the admixture of more or less blood. Its minute structure varies in different situations—in the lungs, spleen, and intestinal canal, it contains, at an early stage, a number of roundish or irregularly shaped corpuscles. They are about the 100th of a millimetre in diameter; contain several granules, with a nucleus about the 500th of a millimetre in diameter; they are conjoined with numerous granules and molecules, which become more abundant as the process of softening advances. In the mesenteric glands, a higher degree of cell formation takes place. Cells are formed about the 50th of a millimetre in diameter, containing from two to six, and sometimes even more nuclei, which become very distinct, with thick edges on the addition of acetic acid, whilst the cell wall is partially dissolved. The same cells may occasionally be seen in the *elevated typhous deposits of the intestinal glands.* Sometimes the only appearance observable in the deposit, is that of numerous molecules

and granules mixed with blood corpuscles." Does not this explain what I noted as to the intestinal glands in my post mortem examinations? Dr. B. attributes to this deposit the anormal hapatization of the lungs, which he noticed in 15 cases. This condition of things, I consider due to the change produced by the poisoning upon the albumen of the blood, for, according to Simon, this constituent is the main formative agent of globulin, by which the blood corpuscles or vesicles containing the colouring matter or hamatin of the blood and the nuclei, which are analogous in nature to fibrine, are formed. In proportion then to the loss of vitality and tonicity in the blood vessels, their nourishment, as well as that of the heart itself, being cut off by the poisoned blood in the interior of their walls, so would there be more or less abundant exudation of the thinner portions of this fluid, until, at length, it would escape in entirety. Albumen, as well as blood corpuscles, were found in all the quantities of urine subjected to the microscope, and the usual tests of coagulability by my colleagues; and in one examination, Dr. Fraser also found a spermatozon. I asserted no hypothesis then, in saying, that genuine inflammation was not present in this disease, even although Dr. Bennett, in explaining his idea of the pathology of the typhus fever, as seen in Edinburgh, remarks, "That the fever having been produced by a peculiar miasm or poison, which induced a primary alteration of the blood, "*local inflammations* were set up in particular organs, and that the exudation attending it, (query, them?) instead of presenting the usual appearances and undergoing the usual transformations, *became modified so as to constitute the typhous deposit.*" In accounting for the sanguineous exosmosis, "which is by no means rare" in diseases depending upon this description of blood, Simon says, "It has been asserted, that the deficiency of fibrine and corpuscles renders the blood liable to exude through the walls of the vessels. It is clear, however, that the colouring matter cannot escape through the walls of the capillaries, unless such a change takes place as to render the hœmato-globulin soluble in the liquor sanguinis, since perfect corpuscles are not capable of passing through the uninjured walls of the vascular system. Such a condition of blood and vessels occurs during menstruation as well as in typhus petechialis." He thus accounts for the phenomenon, "*The hœmato-globulin becomes soluble in the liquor sanguinis, in consequence of a deficiency in the due proportion of salts and an excess of water.*" These are all the remarks which I conceive it necessary to make in reference to the proofs in confirmation of certain pathological positions, which I assumed, relative to this disease, as connected with the effects of the poison upon the blood belonging to the systemic heart, and which induced me to say, that the blood was deficient in fibrine, corpuscles, and proper salts; that the effusions were not those of sthenic action, nor the hæmorrhages, nor the morbid deposits found after death; that the active and normal metamorphosis of the blood did not take place, and that the apparent paradox "of the existence of death during life" presented itself. These are all fully confirmed by the sequelæ of the disease, where, as in influenza, months, and I might almost venture to predict, years have been, and will be, required for the restoration of the healthy condition of the blood, its protein constituents, the containing vessels, and the heart.

Art. LI.—CASE OF GLOSSITIS.

By W. Marsden, M.D., Quebec.

Having had two cases of that uncommon, afflicting and dangerous disease, "Glossitis," in the course of my practice, I forward them to you, hoping you will find them sufficiently interesting to give them a place in your journal; and that they may tend to throw some additional light on the pathology of this alarming affection, especially as the results were, in neither of these cases, exactly like any reports that I have yet met with.

Case 1.—Miss Lemire, of Grand St. Esprit, æt. 13, called on me at about 11 o'clock a.m., on Wednesday the 10th of July, 1844, with a swelled tongue. She was of healthy appearance, full and regular habit of body, sanguine temperament (rather lymphatic), and had not yet menstruated. The history of her case was, that she was walking out on the previous evening in the night air, without bonnet or shawl, and that, just on retiring to rest for the night, she felt slight pain in the tongue which quickly increased in intensity, and became lancinating; followed by swelling, which also continued to increase during the night, and until the time that she called on me. Her appearance was now peculiarly distressing and her counteuance expressive of the greatest anxiety and pain. Her tongue protruded some distance beyond the teeth, both laterally and at the front; and her breathing was almost entirely carried on through the nose. The teeth were upwards of half an inch apart, and the tongue entirely filled the cavity of the mouth. The tongue presented a remarkable appearance of glossiness, redness, and hardness, and was coated with viscid mucus.

My reading being fresh on this subject, I immediately suspected the nature of the case, although I had never seen one before, and resolved on the mode of action at once: which was effected in less time than I can describe it, and was followed by the most happy results.

Having got the person who accompanied her to secure her head, I opened her mouth as wide as possible, by depressing the lower jaw, and introduced a scalpel along the upper part of the tongue upon its flat surface, and then turning it upon its edge, I cut my way out, by making a deep full incision into its most elevated part—completely from its base to within less than half an inch of its apex. This incision was immediately followed by a considerable discharge of albumen or coagulable lymph of about the colour and consistence of calf's-foot jelly, together with about an equal quantity of blood. Her breathing at once became easy and natural, and the tongue returned within its natural and ordinary bounds. She spoke, almost immediately, with surprising distinctness, expressing her grateful acknowledgments for the speedy and effectual relief she had obtained; and she replied, in answer to my interrogatory, that the pain of the operation was comparatively trifling. After washing the mouth for some time with warm water, to encourage the bleeding, if possible, she returned home without adopting any other remedia

means, and I did not see her again until the following Sunday, four days after, when the only trace of her sufferings that remained, was a slight mark along the surface of the tongue, a little to the right of the raphe, looking like another raphe, but not the slightest trace of swelling remained. I will now report the other case and reserve my further remarks until I have done so.

CASE 2.—Miss M———, ætatis 18, daughter of R. M——, Esq., of the Commissariat Department, was attacked with swelling of the tongue, on Saturday evening, the 9th of July, 1848, having ridden in a covered carriage, the day previously, with the blinds and sides open, and her bonnet and shawl off, to enjoy the air, the weather being warm. This young lady was under the treatment of the medical officers of the army medical staff, from Saturday the 15th of July; and a few days after, also of a civil practitioner, until the 26th of the month, when I was first requested to see her, but declined, for reasons of a private nature with reference to the gentleman last referred to. On the 28th, however, on again being urgently requested to visit her, I did so, at first alone, and afterwards met Dr. M——, Dy. Inspector of Hospitals, who, in common with the other parties that had seen her, entertained the most unfavourable opinion of the case. I will now give her own history of it. She stated that she had, at times, for about five years past, been troubled with swelling of the tongue, which had always subsided previously to the last attack, by the *immediate* application of heat and heated flannels to the head, which were continued for a few hours; but that the right side of the tongue had remained slightly and permanently enlarged since the first attack. She always attributed these swellings to cold; and on the last occasion she cannot account for the obstinacy of the attack.

Among the local applications that had been used by her medical advisers, previous to my being called in, were—blisters to the neck and throat; leeches to the neck, throat, and tongue; warm or hot water injected into the ears, and hot oil; frequent applications of lunar caustic to the anterior and lateral parts of the tongue, which was covered with sloughs; repeated scarification of the dorsum of the tongue with the lancet, poultices, &c. And among the general means employed, croton oil was, I believe, the principal. At the stage of the disease when I first saw her, there existed great nervous prostration, emaciation, and irritative fever, with a quick small pulse, ranging from 108 to 130.

On the 29th, I again met Dr. M——, and after stating to him the result of my own experience in Lemire's case, besides referring to some published cases, I urged the propriety of one or more free incisions into the substance of the tongue. He replied, "that *he had cut deep enough* with the lancet, if the tongue contained matter;—that it was cartilaginous;—and that it gave no indication of the presence of matter," &c.

I then referred especially to that portion of the case of "Charles Martin, Surgeon of the Island of Mull, reported in the 28th volume of the *Edinburgh Medical and Surgical Journal*, at page 76, by Dr. John Aitkin," where he says, "previous to the first incision being made, I could not possibly determine, either from existing symptoms, or by external examination, whether or not there was a collection of pus. Could I have satisfied myself of this, I would not have prolonged the patient's sufferings by employing the lancet, but would have had immediate recourse to the knife. As the matter was deeply lodged in the substance of the tongue, I remained ignorant of its formation until the scalpel was used."

I failed, however, to convince him, and the young lady continued suffering until noon the next day, when he had recourse again to small incisions *with the lancet*. At seven in the evening I met him again (although not by appointment) in company with Dr. L., an army surgeon who happened to be on a visit to Quebec, when I again urged my views of the case, in much the same terms I had before used to Dr. M.; but the only result was a repetition of the assertion, that the tongue was cartilaginous—that nothing that had been done for her had been of any service, and that the tongue *did not contain matter*, in which both gentlemen concurred; and on my persisting in urging a free section of the tongue, Dr. M. declared *sotto voce*, "any one may cut deeper that chooses, but I have cut as deep as I dare."

As Dr. M.'s view of the case was hopeless, and yet he would not himself adopt the plan I had suggested, and which I felt confident was the only course that could afford relief, I at once resolved (as the patient was willing) to bear the *onus* of my treatment alone; and almost an hour after this I proceeded to operate.

Having removed the patient from her bed, and seated her in a chair, her father securing the head, I proceeded, as in the former case, to depress the lower jaw, and with some difficulty, (the lancing at noon having increased the swelling)* introduced the scalpel over the dorsum of the tongue, on its flat surface, and then, turning the sharp edge towards the most elevated part, cut my way out, making an incision, so full, that I could completely bury my index finger in the cavity.† The incision was followed by a discharge of dark black greenish *fœtid matter*, to the extent of about an ounce and a half, (the smell of which impregnated the whole room, so as to render ventilation necessary), and a small quantity of venous blood.

The relief afforded was almost immediate, and the expressions of grateful satisfaction and delight of the patient unbounded. She stated that the operation had given her less pain than "the lancings," and that the relief was immediate; whereas, *each application of the lancet was followed by increased pain and swelling.* Among the observations she made, as soon as she could articulate, was this remarkable expression, "That until now it seemed as if the doctors had only been instruments of torture in the hands of the Almighty;" although she neither repined or reproached them, but was thankful for all their unavailing efforts in her behalf, at-

* By making slight incisions or scratches, the inflammatory action and the patient's sufferings are increased—extending the jaws still more apart when they are already painfully wide asunder.

† In using the word cavity it may be supposed that there was a distinct cavity or cyst in the substance of the tongue, such; however, was not the case, the matter being contained in the cellular substance.

tributing her prolonged and greivous sufferings to some demerit of her own. Subsequently to the operation, I used an astringent gargle, for a few days; and have regularly used the potassæ hydriod: which she still continues. The tongue is now reduced to its ordinary size and condition; and there is a slight depression about half an inch to the right of the centre of the tongue in the course of the incision made.

Remarks.—There can be no doubt, from the history and treatment of these two cases, that the disease was one of a violently inflammatory character. For a more full history of this disease, I would advise the reader to refer to the case of Martin, before alluded to; and to the *Journal Universel*, &c., June, 1823, xxx. 367, which is referred to in the *Edinburgh Medical and Surgical Journal*, page 235, vol. xxi. The author of the paper from which the notice is extracted, refers the reader, in particular, to a treatise on the subject in the 5th volume of the *Memoires de l'Academie de Chirurgie*, by de Lamalle, who professes to have derived it from Job-a-Meekren, a well known Dutch surgeon of the 17th century. By this it will be seen that the practice of incisions is not new, but that it was in use at least two centuries ago.

That the inflammation was violent in its character, and rapid in its progress, will appear from all the cases I have referred to. In the case of Lemire, not more than thirteen or fourteen hours after the attack, albumen was largely deposited in the substance of the tongue, and had I not promptly resorted to the use of the knife, the probability is, that in a few hours more the deposit would have been purulent. In Martin's case, the incisions were made about 24 hours after the attack, and the deposit was pus. It will be remarked that the secretion differed in its character in all these cases. In Lemire's the deposit had not yet become purulent, and in Miss M.'s (which was opened three weeks after the first attack) the probability is, that absorption had taken place in some slight degree, which supposition would account for the peculiar character of the deposit, and for the irritative fever under which she laboured.

It will also be remarked, that in each of the reported cases referred to above, several incisions were made, and that I made only one. My reason for so doing was, that in Martin's case it is stated, that, "I made other two incisions, one in the middle and the other in the left side of the tongue, but no purulent matter followed." Wherefore, I concluded, that there was only one continuous cavity, and that a repetition of the incision would only be attended with useless pain.

It has occurred to me that the disease might be confined to one side of the tongue only, as in both my cases I made my incision in the most elevated part and apparent centre of the tongue, and yet, on the subsidence of swelling, the incision proved to have been on one side. In all the cases I have met with, the swelling appears to have been of the right side! Can physiology in any satisfactory manner account for this?

The practice of incisions in swelling of the tongue is neither new nor unfrequent; but the comparative rarity of the disease usually takes the surgeon so completely by surprise, that much time is lost and much suffering entailed upon the patient by delaying its use. I believe it to be the only course that will afford *immediate and permanent* relief.

I will close this lengthy article with an extract from Martin's case, which is so pertinent, that I prefer endorsing it to writing anew my own views. He says, "It is hardly necessary to remind the reader, that to effect any real good, the incisions should be made deep and extensive, otherwise he is only torturing his patient with pain.—*likely to prove more injurious than beneficial.** The operation is exceedingly simple, and is not attended with the smallest danger, so that the surgeon *may safely act with boldness and promptitude.* Indeed, such is the urgency of the case, that it imperatively demands vigorous interference; and *trifling remedies are only dangerous instruments* in the hands of a surgeon. In the case above related, it is questionable if the man could have survived for any length of time, unless the enlargement had been subdued by the timely use of the knife; for *the pus was so deeply seated* that he might have been suffocated before it could make its way outwards."

I will only add, that this latter termination is one *we may look for in vain*, as in Miss M.'s case, there was no such attempt, at the end of three whole weeks.

Quebec, Sept. 13, 1848.

Art. LII.—ON THE DUTIES AND RESPONSIBILITIES OF PHYSICIANS TO LUNATIC ASYLUMS.

By A. Von Ippland, M. D.,

Resident Physician Beauport Lunatic Asylum, Quebec.

(*Continued.*)

With Resident Physicians, possessing the attributions previously indicated, little can be added to the following summary of the general principles of the moral treatment of the Insane. The attendant on the Insane ought sedulously to endeavour to gain their confidence and esteem—to arrest their attention, and fix it on objects opposite to their illusions—to call into action as much as possible, every remaining power and principle of the mind; and to remember that, in *the wreck of the intellect*, the *affections not unfrequently survive.*

It must, however, appear obvious—as a Medical Superintendent of great experience and observation, inculcates—that unless the attendant, to a great extent, both comprehends and enters into the spirit by which, as regards moral treatment, the directing officers of the Institution are actuated, the efforts of the latter will be very imperfectly carried out, and, in some cases, even altogether defeated. To provide, in some degree, against this difficulty, printed instructions to the attendants regarding the general management of the patients, as well as their particular duties, might be drawn up, and placed in the hands of every attendant, on assuming his highly responsible services. By this means, greater assiduity and uniformity of practice, as well as other advantages, will be secured to the patients and to the Institution. These instructions have originated in one of the best-

* The italics are my own, and intended to impress these points upon the reader.

conducted Asylums in England, and adopted here with much seeming good effect, notwithstanding the absence of that same amount of intelligence so easily attainable in the older countries, and where practical experience is also acquired in that particular branch of servitude, from the existence for many years of numerously-scattered large and extensive public and private Hospitals and Asylums for the Insane.

As these instructions may convey in some measure the moral treatment now pursued, I shall here presume to introduce the following extracts:—

"The attendants must endeavour always to bear in mind the great objects of the Institution in which they are placed, and the peculiar circumstances of the persons who are committed to their care, for whose welfare, security, and comfort, they must consider themselves, in great measure, responsible.

"The duties of an attendant require him to be on his guard against some of his strongest natural tendencies and feelings; and, in particular, against the tendency to resent injuries, and to treat others according to their conduct towards himself. He will find it necessary to cultivate the strictest habits of self-government, and to adopt a cautious, respectful, but firm demeanor towards those who are entrusted to his care.

"The attendants must not regard themselves as the masters of the patients, but as the servants of an Institution founded for the relief and recovery of those who are suffering under the most trying of all diseases, and who require to be treated with the utmost kindness, patience, and forbearance.

"However foolish, malicious or offensive, the language or conduct of a patient may appear, the attendant, whilst giving no countenance to it, must accustom himself to regard it as the expression of a disordered mind, and must endeavor to maintain a calm and forbearing deportment, and to avoid every appearance of irritation or anger on the one hand, or of embarrassment or timidity on the other. He must abstain from everything approaching to favoritism, and should endeavor to treat with uniform kindness, those who give the most trouble, as well as those who give the least.

"The attendants should take pains to acquire a knowledge of the characters of the patients; to obtain their confidence by friendly treatment, and by actively promoting their comfort and real enjoyment. The requests of patients should be complied with within reasonable bounds; but no promises should be made, or expectations given to them, which cannot be performed. They are expressly forbidden from encouraging patients in the expression of their deranged ideas, or from in any way taking pleasure in the exposure of their weaknesses. They are also enjoined to avoid all disrespectful or improperly familiar modes of address; so that neither the feelings of the poorer or less educated, nor those of the higher class of patients, may be needlessly offended.

"The attendants must carefully avoid all unnecessary interference with the proceedings of the patients; but when they carry on loud and incoherent conversation, or indulge in excited or violent conduct, they must endeavor, in a gentle manner, to lead them into stillness, and to divert their attention to other objects; but should they find such efforts to soothe fruitless, and should other patients be not thereby annoyed, it will be most prudent to cease from further interference, and allow the patient time to become calm.

"When an excited patient cannot be soothed or controlled by these means, and his conduct becomes disturbing or irritating to the rest, he must be removed as quietly as possible to his own bed-room, or, if needful, to a house, and suitable secluding-room. This must be reported immediately to the Resident Physician or other directing officer. At the end of from one to two hours, or even sooner, according to circumstances, the patient must be visited; and if he appear calm and composed, he may be readmitted to the day-room, or be allowed to take exercise in the airing-court, under the immediate and particular notice of the attendant. No further restraint is ever to be resorted to, except by the direction, or with the concurrence, of the Resident Physician, excepting in cases of extraordinary emergency, when the attendant shall immediately inform him thereof.

"The attendants are expected, as much as possible, to keep under their notice all the patients committed to their charge, and, without exciting their suspicion, narrowly to observe their conduct, and whatever regards their health. They will be expected to be able, from time to time, to answer the questions of the Resident Physician, and to report to him anything which they have observed affecting the bodily or mental health of their charge."

The above remarks may probably fall into the hands of persons not immediately or personally interested in this subject, but who, nevertheless, may be brought into contact with persons suffering under an attack of insanity, and it is therefore to be hoped, will be the means of preventing much of that injudicious and harsh conduct, which is found to exert a very injurious effect upon the progress of cases sent to Asylums. The injudicious conduct which is so generally followed up in the treatment of the Insane, is no doubt, as Dr. Thurnam further observes, "the result of misapprehension," and which can only be removed by further knowledge of the subject; and hence it cannot be too generally known, that, in a large proportion of cases of insanity, it is the moral department of mind—the temper and social feelings—which are the first to be affected. And thus, as has been truly stated, "a thousand occasions of painful and offensive intercourse have generally arisen between the insane person and his relations, before he has obtained the excuse which *admitted* insanity affords."*

ART. LIII.—*Hydro-Therapeutics, or a Treatise on the Water Cure, being a digest of the opinions and experience of some of the most distinguished Physicians in Europe and America, on the Curative virtues of Water, to which are added the Voluntary Acknowledgments of a few Influential Patients, in gratitude for Benefit derived from its Use, when every other means had failed; also, some Practical Remarks on Typhus, Ship, or Emigrant Fever, as it occurred in the Province, with Observations on the Best Means of Prevention and Cure. By* ROBERT HUNTER, M.D. Toronto: Henry Rowsell; pamphlet, pp. 95.

Books are written for various purposes. Many for the purpose of collating and arranging recognized facts, with the intention of drawing from them a legitimate and important deduction; others again are a record of the author's experience in particular diseases, and prove, therefore, eminently valuable, especially when they contain, as frequently they do, the observations of years spent in the service of the profession. Besides these two classes, we may enumerate a third, the claims of which to notice are of an equivocal character—which are written less for the profession than the public, and whose object is less a benefit to be conferred on science, either theoretically or practically, than to advance their author before the public, and to impose upon its credulity. Of this latter class, the pamphlet before us is a fair specimen. Dr. Hunter keeps a hydropathic establishment at a village called Markham, in the neighbourhood of Toronto; and

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* "Pathology of the Human Mind;" by T. Mayo, M.D., 1838, p. 98.

the pamphlet, serves so far as we can glean, the double purpose of an advertisement of himself and his treatment, and the fees to be exacted from those patients who place themselves under his care, which last are most carefully paraded in its last page.

In the abstract, there is nothing so peculiarly novel in the employment of water as a curative agent, as to demand for such treatment a peculiar name. Water has been employed, in one way or other, in the treatment of disease, from the earliest ages of the world, and the experience of the wisest and the best has been recorded in its favour. It was reserved for Preisnitz to overstep the boundary of discretion, and to employ it unreservedly and unrestrictedly. A name was now all that was required, and it was dignified by that of Hydropathy; and this was the touch stone which drew the crowds to Græffenberg, and "amazed the wondering rustics round." The development of the bright idea of the omnipotence of water in alleviating all the ills that flesh is heir to, was, after baffling the penetration of mankind for three thousand years, reserved from an illiterate peasant; and we begin to think that this was the catholicon which Paracelsus sought, and in pursuit of which, that Prince of Empirics exhausted all his energies. A greater than Paracelsus lives now; and among his disciples we are constrained to place Dr. Hunter, of Toronto, the author of the pamphlet before us.

Like Phrenology and Homœopathy, Hydropathy (we object to the name as inexpressive of the idea) has something of reality in it, but nothing not fully recognised centuries ago; and it is not *wholly* true. The practice of medicine of the present day is peculiarly eclectic. It seizes the good wherever it is to be found. Homœopathy has proved of essential service to medicine. It has taught us to respect *nature* more in our treatment of diseases, and by showing us what she, *unaided*, may do, has checked a too heroic practice. Hydropathy has scarcely this claim upon our favour. It has taught us nothing which we knew not; although it has proved that its practice is quite as capable sometimes of killing *positively*, as Homœopathy is of killing *negatively*.

Art. LIV.—*The Principles and Practice of Modern Surgery. By* Robert Druitt, F. R. C. S. L. *A new American, from the last and improved London Edition. Edited by* F. W. Sargent, M. D., *author of "Minor Surgery," and illustrated with one hundred and ninety-three wood Engravings.* Philadelphia: Lea & Blanchard, 1848, pp. 576, 8vo.

This work is so well known to the profession, that a lengthened notice of it is unnecessary. It is decidedly improved by Dr. Sargent's annotations, thus rendering the work more full, and embodying, in many particulars, the experience of our American neighbours.

Art. LV.—*A System of Human Anatomy, General and Special. By* Erasmus Wilson, M. D., *Lecturer on Anatomy, London. Fourth American, from the last London Edition. Edited by* Paul B. Goddard, A.M., M. D., *Professor of Anatomy and Histology, in the Franklin Medical College of Philadelphia, with two hundred and fifty-one Illustrations by Gilbert.* Philadelphia: Lea & Blanchard, 1848, pp. 516, 8vo.

This is the publication so well known to students under the name of the "Vade Mecum." The present edition of the work contains additional matter, with extra wood-cuts, which are all neatly executed. The editor has added additional matter on the nerves, and has re-written his introductory chapter on Histology. The present edition is much more copious than the original, and therefore eminently deserving the notice of students. We understand that both this and the preceding work may be obtained at the book store of Mr. McCoy, Great St. James Street, who has been appointed agent for the sale of Lea & Blanchard's publications in this city.

Art. LVI.—*Medical Lexicon, a Dictionary of Medical Science, containing a Concise Explanation of the various Subjects and Terms; with the French and other Synonymes; Notices of Climate, and of Celebrated Mineral Waters; Formulæ for various Officinal and Empirical Preparations, &c. By* Robley Dunglison, M.D., *Prof. of Institutes of Medicine in Jefferson Medical College, Philadelphia. Seventh Edition, carefully Revised and greatly improved.* Philadelphia: Lea & Blanchard, Royal 8vo., pp. 912.

Familiar with nearly all the medical dictionaries now in print, we consider the one before us the most complete, and an indispensable adjunct to every medical library. The author, with that assiduity for which he has rendered himself so conspicuous, has left little else for others to do in this matter, having brought his subject to the level of the existing condition of science. This we apprehend to be a labour of no ordinary merit, and we state this from a careful examination. The work having gone through six editions, is a fair criterion of its value. It is not a publication permitting of review, though we may point to the article on "Feigned diseases" as one of the most valuable in the work.

PRACTICE OF MEDICINE AND PATHOLOGY.

Observations on Ochlesis, or the Disorder generated by the Accumulation of the Sick, By George Gregory, M.D., Physician to the Small Pox and Vaccination Hospital.—The object of this communication is to give a brief sketch of the evils which result from the accumulation of a vast number of sick persons under one roof. The author designates the general condition of disease produced under these circumstances by the term "ochlesis," derived from οχλος, a crowd. The normal type of the disorder is erysipelas of the face, but there is a vast number of allied affections, which appear at different times with it, either separately or in combination. These are, erysipelas of the extremities, especially affecting wounds or sores; trails of erythematous redness, following the course of the chief absorbent trunks, and terminating in abscesses; cellular inflammation of the lower limbs, or phlegmasia dolens; cellular inflammation of the neck, leading to abscess, cynanche, ossitis, glossitis; inflammation of the joints, terminating in purulent effusion; spontaneous gangrene of the genitals and of the extremities; gangrene supervening upon wounds or sores; spontaneous gangrene of some portion of the truuk of the body, especially in new born children; gangrene of the umbilicus. Instances of pure fever of a low type, from the same source are not uncommon. Diarrhœa, sometimes is the result, from the mucous membrane of the bowels becoming affected; and in the wards of lying-in hospitals, the "ochletic" miasm expends all its virulence on the peritoneum. The author has seen an asthenic form of laryngitis produced by the same cause, and believes that the pneumonia which springs up in hospitals has likewise its source in the contagious ochletic miasm. This miasm, too, he thinks, produces the excessive depression which attends the worst cases of sea scurvy, and he has seen it occasion, in the Small Pox Hospital, a state resembling, in all respects, scurvy itself. All the disorders originating in the ochletic miasm are characterised by a low condition of the vis vitæ, and intractability. The experience of the Small Pox Hospital, during many epidemic visitations, especially in the years 1842, 1844, 1847, and 1848, has convinced the author of the fact that all the diseases which he has enumerated may arise from the same miasm. Contagious peritonitis is perhaps the only form of the ochletic malady that he has not seen at that hospital during the last twenty five years, but he regards it as quite certain that this is "part and parcel" of the same disease. The chief agent in the production of ochlesis is, certainly, the crowding together of the sick in one spot; but matters are made much worse by unfavourable locality, by dampness of the surrounding soil, imperfect drainage, or choked sewers, by deficient ventilation by the character of the cases congregated, by neglect of personal cleanliness, by the employment of unpurified bedding, and by inefficient purification of the wards. Since, however, the ochletic miasm is evolved only at certain times, a peculiar, but unknown condition of the atmosphere must concur towards the actual result. The ochletic miasm appears to attach itself strongly to the walls and floor of the apartment: hence the use of covering the floor with a mixture of quick lime and water, of lime whiting the walls, of fumigating with nitric acid or chlorine, &c. The great means of checking the development of ochlesis, however, is to restrict the admission of patients and to leave the infected ward unoccupied for a certain time.

Dr. Copland, who had entered the room during the reading of the paper, said he could gather sufficient from its conclusion to know its purport and intention. He quite agreed with the author as to the evils produced by crowded and ill ventilated rooms. When he was attached to the Lying-in Hospital, fever of a most fatal kind prevailed from bad air and the vitiated secretions of the patients. So fatal was this disease, that it often runs its course in twenty-four, and sometimes even in eighteen hours. The morbid emanations from an atmosphere so tainted, spread to the walls, floor, &c., and the evil was further increased by washing the floors. He had found the best antidote to the poison was dry-scrubbing the floors, and sprinkling them freely with chloride of lime. Another mode in which disease was propagated, was through the feather beds becoming surcharged with morbid matter. These beds were frequently not cleaned for twenty or thirty years, and the emanations from them were the cause of sporadic cases of low and puerperal fevers. Again, the way in which houses were at present built favoured the spread of disease; for the contents of the water-closets were not carried off the premises, but into a cesspool under the kitchen floor; fever of a bad kind was thus periodically produced. He should not enlarge upon the subject, but he had gone fully into it in the article in his Dictionary under the head of "Domestic Sources of Pestilence." In answer to a question from Dr. Gregory, Dr. Copland said, that since the hospital he had alluded to had been better ventilated, &c., disease had been much less prevalent, only an occasional sporadic case of peritonitis, assuming the asthenic form.

Dr. Chambers agreed with Dr. Copland in regard to the ill effects of ill ventilated and crowded wards; but this was not the sole cause of the spread of disease, for in many cases it was propagated by contagion. He instanced cases of phlegmonous erysipeles and puerperal peritonitis, arising in the first instance from crowded and ill ventilated rooms, but propagated afterwards by contagion.

Dr. Copland was fully aware of similar cases to those mentioned by the last speaker.

Mr. Arnott mentioned the value of dry-rubbing the floor in hospitals to prevent the spread of disease, and instanced the case of the Manchester Infirmary, in which, previous to the system of dry-rubbing being resorted to, erysipelas after operations was of very frequent occurrence. Now, under the influence of dry-rubbing, erysipelas was nearly extinct.

Dr. Copland said scrofula and swelled glands was a very common disease in the wards of St. Marylebone work house, until he recommended the employment of dry rubbing, since which these complaints had very much diminished in frequency.

Dr. Webster alluded to the case of a house in Glasgow, containing 350 or 400 inhabitants. It was badly ventilated, and fever of a malignant character was constantly occurring. A system of ventilation was afterwards adopted: a pipe communicating from each room with a large common chimney, was constructed, and fever did not again occur.

Dr. R. Chambers could bear testimony to the value of dry-rubbing in the wards of an hospital as a preventive of disease.

Mr. Partridge said, that however striking the good effects of dry-rubbing were in the wards of the Manchester Infirmary, they were no less beneficial in the hospital at Birmingham In this hospital, under the system of washing the floors, erysipelas after operations was exceedingly common. Dry rubbing was resorted to, and the erysipelas disappeared. The wards were again washed, erysipelas again returned, and was only eventually got rid of by return to the wholesome system of dry rubbing.

Mr. Sankey did not ascribe the decrease of cases of erysipelas in hospitals entirely to the system of dry-rubbing. He mentioned that in the fever hospital to which he was attached, erysipelas, which was remarkably prevalent at a given period, became less and less general, without any obvious cause. On referring to the lists of the Registrar-General, he found that the prevalence and diminution alluded to, bore a direct ratio to the state of the disease throughout the entire of the metropolis. This fact showed that some other causes for the prevalence of a disease in an hospital, besides bad ventilation, and washing the floors, must exist; for in the fever hospital these two causes were not in operation; neither did he think that diseases like erysipelas and phlebitis were more prevalent in hospitals than out of them.—*Proceedings of Royal Chirurgical Society, in Dublin Medical Press.*

Report on the Air and Water of Towns; by Dr. Smith.—It has long been believed that air and water have the most important influence on health; and superstitions have therefore constantly attached themselves to receptacles of the one, and the emanations of the other. The town has always been found to differ from the country; this general feeling is a more decisive experiment than any that can be made in a laboratory. The author then proceeds to examine all the sources from which the air or the water can be contaminated. The various manufactures of large towns, the necessary conditions to which the inhabitants are subjected, and the deteriorating influences of man himself are explained. If air be passed through water, a certain amount of the organic matter poured off from the lungs is to be detected in it. By continuing this experiment for three months, Dr. Smith detected sulphuric acid, chlorine, and a substance resembling impure albumen. These substances are constantly being condensed upon cold bodies, and in a warm atmosphere the albuminous matter very soon putrifies and emits disagreeable odours. The changes which this subject

undergoes by oxidation, &c., is next examined, and shown to give rise to carbonic acid, ammonia, sulphuretted hydrogen, and probably other gases. The ammonia generated fortunately from the same sources as the sulphuretted hydrogen materially modifies its influences. The consequences of the varying pressure of the atmosphere have been observed; and it is shown that the exhalations of sewers, &c., are poured out in abundance from every outlet when the barometric pressure is lowered. By collecting the moisture of a crowded room by means of cold glasses and also dew in the open air, it was found that one was thick, oily, and smelling of perspiration, capable of decomposition and of producing animalcules and confervæ, but the dew was beautifully clear and limpid. Large quantities of rain water have frequently been collected and examined by Dr. Smith; and he says—I am now satisfied that dust really comes down with the purest rain, and that it is simply coal ashes. No doubt this accounts for the quantity of sulphites and chlorides in the rain, and for the soot, which are the chief ingredients. The rain is also often alkaline, arising probably from the ammonia of the burnt coal, which is no doubt a valuable agent for neutralizing the sulphuric acid so often found. The rain water of Manchester is about 24° of hardness—harder, in fact, than the water from the neighbouring hills which the town intends to use. This can only arise from the ingredients obtained in the town atmosphere. But the most curious point is the fact that organic matter is never absent, although the rain be continued for whole days. The state of the air is closely connected with that of the water; what the air contains the water may absorb; what the water has dissolved or absorbed it may give out to the air. The enormous quantity of impure matter filtering from all parts of a large town into its many natural and artificial outlets, does at first view present us with a terrible picture of our underground sources of water. But when we examine the soil of a town, we do not find the state of matters to present that exaggerated character which we might suppose. The sand at the Chelsea Waterworks contains only 1.43 per cent. of organic matter after being used for weeks. In 1827 Liebig found nitrates in twelve wells in Giessen, but none in wells two or three hundred yards from the town. Dr. Smith has examined thirty wells in Manchester, and he finds nitrates in them all. Many contained a surprising quantity, and were very nauseous. The examination of various wells in the metropolis showed the constant formation of nitric acid; and in many wells an enormous quantity was detected. It was discovered that all organic matter, in filtering through the soil, was very rapidly oxidized. The presence of the nitrates in the London water, prevents the formation of any vegetable matter—no vegetation can be detected in such water by a microscope, even after a long period. The Thames water has been examined from near its source to the metropolis, and an increasing amount of impurity detected. In the summary to his report, Dr. Smith states that the pollution of air in crowded rooms is really owing to organic matter, and not merely to carbonic acid—that all the water of great towns contains organic matter—that water purifies itself from organic matter in various ways, but particularly by converting it into nitrates—that water can never stand long with advantage unless on a large scale, and should be used when collected, or as soon as filtered.—*British Association, Athenæum report.*

On the Utility of Trisnitrate of Bismuth in the Diarrhœa accompanying Phthisis.—By T. Thompson, M.D., F.R.S., Physician to the Hospital for Consumption and the Diseases of the Chest.—The author considers the trisnitrate of bismuth to surpass in efficacy and safety our most approved remedies for this complaint. He has taken every opportunity, during the last twelve months, of testing its powers, and has preserved notes of twenty-one of the cases in which it was administered. Of these, eighteen were phthisis in various stages of progress, and three, bronchitis. In fifteen of the patients the diarrhœa was entirely removed; in four, transient benefit was experienced, and the remedy proved useless only in two instances. The dose administered was about five grains daily, usually combined with a little magnesia and gum arabic. Dr. Thompson has referred to various authors who have written respecting the properties of bismuth, without being able to collect from them any evidence of its powers in the phthisical variety of diarrhœa, but he entertains a strong conviction of its peculiar appropriateness to this affection, and has obtained important confirmation of his experience in a recent communication from Dr. Lombard of Geneva.—*Dublin Medical Press.*

A New Mode of Reclaiming Habitual Brandy Drinkers. By Dr. Schreiber.—This plan consists in confining the person treated to one room, and giving him brandy in all his drink, whether water or coffee, and mixing brandy in small quantities with all his food. 139 soldiers were treated by Dr. Ritzous, at Stockholm, under this system. During the first few days, from five to seven, this new regimen pleased the patients much. They were in a state of continual joyous intoxication. The pulse became full and slow; the tongue red and moist. All complained of a sense of burning in the region of the stomach. The stools were regular; the urine red and scanty; the skin moist. The pupils were neither contracted nor dilated. About the end of the fifth or seventh day, the excitement of intoxication ceased; the patient came to himself, but was languid and silent. The sensation of burning in the stomach became more acute, and was accompanied by inextinguishable thirst. The tongue became yellow about the edges; the stomach could take neither food nor drink, but they were immediately rejected by vomiting. The greater number gave up eating. The pulse was small, weak, and trembling. At the end of from two to four days, this state disappeared in its turn, and the patient recommenced eating and drinking. Some were again attacked with intoxication during six or eight days; and when they came to their reason, they always preserved an invincible repugnance for food and drink mingled with brandy. In six of the men, slight delirium, which disappeared of itself, remained after the end of the treatment.

All the persons thus treated were carefully examined by medical men: it was considered important to direct attention to the thoracic and abdominal organs, and to inquire if there existed no disposition to apoplexy and cerebral congestion.

The duration of the treatment varied from six to twelve days; for some it required twenty days, including the time required for the treatment of the convalescence. This consisted in a new regimen—substituted for that with brandy, which had produced such an aversion that even its odour excited nausea. At first, pure water was given in small quantities, then milk, or gruel, and, by and by, other kinds of food were also given, but always in small quantity.

The treatment was suspended in seven individuals: in two owing to convulsions; in three from the vomiting of blood; in one from hæmoptysis; and in another owing to a blow received by the patient on the head.

No other disagreeable results followed the treatment: indeed, those submitted to it appeared to enjoy better health than they had previously. One only was attacked by melancholy, and cured by laxatives.

One man was obliged to suspend the treatment on the sixth day, he being then threatened with cerebral congestion and symptoms of irritation in the abdominal organs. He was cured by cold applications to the head, and purgation with castor oil. When he recovered, he had completely lost his taste for brandy.

Of the whole garrison, 139 men were treated on this plan of Schreiber—128 were completely reclaimed from drunkenness, 4 relapsed, and 7 were obliged to suspend the treatment. The greater number were from 20 to 25 years of age.

In this mode of treatment, strict surveillance on the part of a medical man is necessary. Results so satisfactory as those just recorded cannot be always expected; relapses may take place after apparently the most complete recovery; but it is not less certain that this plan of treating so widely spread and ignoble a vice merits all the attention of the physician.—*L'Union Medicale.*

There is another point which it may be as well to consider in adopting this singular method of treating drunkenness, namely, whether, if death should ensue from it, the practitioner might not have to answer a charge of poisoning by alcohol.—*London Medical Gazette.*

Tar in Cutaneous Diseases.—The notorious intractability of these disorders naturally excites one's attention to any remedy which has proved successful; accordingly, the treatment by tar, especially since the introduction of capsules, has come into very

general use; and it is unquestionable that some obstinate cases have yielded to it. I still, however, must maintain my preference for a previous trial of arsenic in decreasing doses, and on a full stomach, for the following reasons:—

1. As far as my experience has extended, it has, when regularly and properly administered, never yet failed in any of the diseases enumerated by your correspondent, provided the patient be free from organic disease, and temperate in his habits. And we have yet to learn whether, in any of the cases of reputed failure, the arsenic has been carefully administered in accordance with the conditions I have specified; and this is an all-important point; for in a majority of my own successful cases, arsenic had failed, having previously been tried on an essentially different plan; and in many of them tar had likewise failed.

2. Arsenic not only cures the disease, but, when continued for a certain time after the final disappearance of the disease, always in a great degree, and frequently entirely, destroys all tendency to the morbid action. This is not the case with tar. On Mr. Wetherfield's own showing, some of his patients were only relieved for the time, and "suffered repeatedly from the disease."

3. Although Mr. Wetherfield's patients appear to have made no complaints—to their honour be it spoken—yet the odour of tar, to say nothing of its trouble and filth, is to some persons intolerable; and to none can it be agreeable to reflect, that they carry it about with them into every company. Arsenic is not open to this objection.

4. Arsenic, besides being more certain and lasting in its effects, as well as less unpleasant, is as safe as tar. Of this I have abundant proofs in the history of many thousands of cases. Nor have I yet met with a patient who, from idiosyncracy, could not bear it. I have explained in my book, that where the system was remarkably susceptible, and in a degree intolerant of the remedy, the disease was so much the more amenable to its influence, yielding speedily to such very minute doses as the patient could bear with impunity.

Nevertheless, if I should meet with a case in which arsenic cannot be born in any dose, I will certainly give a trial to the tar.

I may, perhaps, be allowed to add, however, that it is our duty in every case, as it will prove our interest, as well as that of the patient, to try at once the most effective remedy we have at hand, especially if it be safe, and subjects the patient to no annoyance. —*Mr. Thos. Hunt, of Herne Bay, in Med. Gaz.*

SURGERY.

On Choroiditis or Inflammation of the Choroid Membrane of the Eye—Treatment. By Dr. Jacob.—It is obvious from the description before given of this form of inflammation of the eye, that it does not require the same amount of active treatment necessary in the more acute varieties. The two great resources relied on in violent and rapid attacks—depletion and mercury—are frequently not only unnecessary, but even pernicious. It is often, in fact, more an example of the slow destructive process accompanied by increased local vascular action, which is scarcely to be considered inflammation, than true inflammation itself. The time is not, perhaps, far distant, when these circumscribed local disorganizations, or even more extended derangement of vascular arrangements, will not be considered of the same nature as the condition which exists in unequivocal inflammatory action. The adoption of such terms as congestion, sub-acute inflammation, and similar phrases, implying the existence of various degrees of this state of parts, strengthen this conclusion. I do not mean to deny that the disease now under consideration ever assumes the form of active inflammation; it sometimes undoubtedly does, especially in relapse attacks; all I mean to insist upon is, that its general nature is of a languid or feeble character; and I am inclined to think that when great vascular action, pain, intolerance of light, and blindness, exist or supervene, the term choroiditis should not be used, but reserved for the form of a disease better entitled to that specific distinction.

I have, in treating of the other forms of inflammation, so fully discussed the question as to depletion by abstraction of blood, that it is unnecessary to return to it at length. I have not, I think, met with any case of this disease, either requiring general bleeding from the arm or temporal artery, or admitting of it. Symptoms are, however, often sufficiently acute at the commencement of a first attack, or of a relapse, to demand the application of leeches; not so much, perhaps, with the view of reducing the quantity of circulating blood, as to diminish local turgescence by a diversion of its current; or rather, indeed, to effect that reduction of vascular action, which experience has taught us this method of drawing blood causes. This view is, however, so much at variance with that of Dr. Mackenzie, that I think it right to copy his opinion here:—

"Profuse and repeated blood-letting does more good in the early stage of choroiditis than all other remedies put together. Yet we might perhaps not be tempted to bleed sufficiently at this period of the disease, from the circumstance that in many instances, there are no external signs of intense inflammation, and the patient does not suffer any acute pain. The practitioner, therefore, who is not acquainted with the nature and symptoms of this ophthalmia, might be apt to trifle away time in the application of a few leeches, when he should be opening the temporal artery, and removing a large quantity of blood. I have known the blueness and evident distension of the sclerotica, which, notwithstanding leeching and other remedies, had continued unabated for many weeks, disappear suddenly and completely, after the loss of twenty or thirty ounces of blood from the temple. Bleeding from the jugular vein, or from the arm, is also highly useful. Twenty-four or more leeches round the eye, every second day, I have seen attended by the best effects. In chronic cases, we must not neglect the frequent and liberal application of leeches. In the repeated and often severe attacks of pain which occur in the course of sclerotico-choroiditis, if the pulse is not affected, blood taken from the arm is not buffy, and venesection does little good."

From this I am almost inclined to think, that I have not been describing the disease to which Dr. Mackenzie has been directing his attention. What I call *choroiditis*, I have so generally seen occurring, as I have stated, in persons of feeble constitution, and so often in females of delicate frame and impaired health, that I find the treatment here recommended inadmissible. I do not consider violent inflammation of the eyeball to be entitled to a distinct specific character, and to be called choroiditis, because the sclerotic becomes blue and distended in consequence of it; I am more inclined to restrict the term, as I have said, to the languid inflammation above described. The late Mr. Tyrrel, in treating of *choroiditis* in his work on Diseases of the Eye, expresses opinions more in unison with those which I venture to offer, and I therefore quote them; although I have some doubt as to the application of his observations to the disease alluded to by me or Dr. Mackenzie. I quote them also because I find that Mr. Tyrrel, more than any British surgeon, insisted upon the necessity of carefully distinguishing the more feeble or languid forms of inflammation from the more active, and adapting the treatment accordingly:—

"The medicinal and dietetic treatment, must depend upon the condition of the constitutional power of the party affected; most frequently, as I have stated, the disease occurs in persons having a scrofulous diathesis, and therefore generally weak power. Of the number of cases of this disease which have come under my observation, I am certain that, in nineteen out of twenty, it has occurred when the general power has been below par. Supposing, therefore, that such be the condition of the patient, the diet should be good and nutritious; he should take small doses of mercury with chalk, or very minute doses of the bichloride of mercury, or in some instances, Plummer's pill; but in addition to either form of mercury, some tonic should be given; the form of which must depend upon the peculiarity of the constitutional disturbance, or the influence of any particular functional derangement. Thus, in some instances, sarsaparilla or bark may be proper; in other cases, the addition of mineral acid may be serviceable, as when the cutaneous action is inordinate; or further, some preparation of steel may be employed with advantage, as in the case of the young female suffering from irregularity of uterine functions, &c &c.

"Sometimes cases occur in which the disturbance of general health has been principally produced and maintained by causes which tend to exhaust too rapidly the general power; such as excess of application to a sedentary employment, with deficient

rest, or prolonged lactation in the delicate female, or excess in venereal gratification, or onanism.

An unusual degree of debility, without derangement of any important function, generally characterises such cases. The importance of distinguishing them must be obvious; as without a removal of the exhausting cause, there can be little chance of restating the general power.

"The principle of treatment consists in promoting and maintaining a proper degree of constitutional power, by withdrawing the causes of exhaustion, by correcting error in important functions, by the use of a generous diet, and by the administration of tonic remedies; and at the same time in checking the local morbid action, by the alterative influence of mercury or iodine, and the aid of counter-irritation.

"Sometimes the disease occurs when the condition of the vascular system is too full; and under such circumstances, symptoms are usually more decided in their origin, more rapid in their progress, and attended with more local distress. The aspect of the patient and the state of the pulse can hardly fail to indicate to the medical man this state of plethora; and his endeavour should then be, to reduce the fulness of the vascular system, by a moderate abstraction of blood, by a spare diet, by a free action upon the mucous and cutaneous surfaces, and by quietude; and as soon as he has brought the action of the heart and arteries to the proper level, he should commence the alterative or mercurial treatment, and be careful not to continue the depletory treatment so as to reduce the general power below its ordinary standard; otherwise the alterative or mercurial will fail to produce the desired effect.

"Should the disease assume an acute character, as indicated by the symptoms which I have before described, abstraction of blood generally may be required; but it should always be taken away in moderation, only in sufficient quantity to diminish tension of the arterial system, should it exist; or locally, to relieve congestion of the affected organ, without influencing the general circulation.

"When decided inflammatory action, therefore, occurs, the treatment must be active, in proportion to the urgency of the local symptoms, and to the power of the patient. I have observed that the disease principally attacks those of naturally feeble constitution. If, then, depletion be requisite, the patient should be most carefully watched during its continuance; so that it may not be carried beyond the extent required to check acute symptoms, nor produce unnecessary exhaustion. In many cases, when the disease is apparently acute, but the power feeble, the loss of blood aggravates rather than benefits the affection. I have known the continuance of depletory treatment prove most injurious in augmenting morbid action, and hastening the disorganizing process, especially in young and delicate persons.

"Unfortunately, as relief from pain frequently follows the local abstraction of blood, the patient is desirous of resorting to such treatment again, upon every fresh attack or relapse; and the medical attendant, often unacquainted with its injurious effects, readily adopts it. The relief is, however, of short duration; another burst of acute symptoms soon occurs; the same remedies are again resorted to, with similar effect, by which the patient is again reduced in power, and the local disease makes further progress in disorganization. Under continuance of the treatment, the patient suffers from repeated attacks of an acute kind, each of which produces an increase in the amaurosis, and eventually vision is completely destroyed; and at the same time the general health is materially deranged, if not permanently injured.

"I have seen several very distressing cases of permanent amaurosis resulting from such treatment; and I have also known many instances in which the disease has been arrested and vision preserved, by raising and maintaining the general power, and pursuing the treatment which I have recommended, after many weeks of depletion had failed to check the morbid action."

From what I have stated above, as well as from the opinions quoted, it is obvious that the practitioner will be called on to exercise his judgment in the treatment of this disease, as regards bleeding, with much consideration; not resorting to it indiscriminately, because the parts are red and painful, if the state of the constitution forbids it, or again refraining from it, if symptoms and vigorous health justify its adoption.

After the preceding observations respecting the necessity or expediency of the abstraction of blood in this inflammation, the diminution in quantity, or alteration in quality, of the circulating fluid by other means, requires less to be considered in detail; and the reduction of the action of the heart or capillaries, to be less discussed. The administration of antimonial medicines to cause nausea or debility, or any state approaching to it, is uncalled for, except in those very severe forms which I have said I do not consider entitled to the title of choroiditis, but they may be given with advantage in combination with mercurial medicines in moderate quantity, until the cutaneous secretion affords evidence of their influence in the system. Purgatives also as a means of depletion may be dispensed with, although required as a preliminary measure to remove intestinal irritation, and to arrest active nutrition. Considering the disease to be accompanied by a feeble or languid state of the circulation, and an inactive operation of the nutritive function, or even to be a consequence of this, denial of nutritious food cannot be sanctioned: what is called low diet or slops must not be thought of; although such reduction in quantity and quality of food as may be necessary to keep local inflammation within bounds may be permitted. I have, in treating of the other forms of inflammation, objected to the common practice of cutting off all supply of new blood, and leaving the system to be sustained by its old and exhausted fluids in these or any other inflammations, and I here again object to it. The supply of nutritious food may be suddenly and temporarily interrupted, on the same principle as that recognized when blood is drawn, but its continued denial is wrong, and more especially in the form of inflammation now under consideration. Low diet and slops are mischievous in another way. Their sudden substitution for the nutritious and digestible food previously in use, not merely interrupts but disturbs the functions of the stomach and alimentary canal, causing corresponding disturbance of the entire system, and consequently what may be called an unhealthy modification of the local inflammation. The practitioner called on to treat inflammations occurring in feeble and unsound constitutions must keep this in view whatever his opinions may be as to the necessity of active depletion.

In this circumscribed inflammation of the anterior part of the eye, ending in attenuation of the sclerotic and projection of the dark choroid, and occurring in persons of feeble frame or unhealthy constitution, mercury does not appear to exercise the same salutary influence that it does in other forms of inflammatory disease of this organ. The full administration of it to the extent of producing salivation, is not only useless, but pernicious, by disturbing general health, and interrupting nutrition. Smaller doses, however, given in combination with other remedies, appear to exercise a salutary influence; as with moderate doses of antimonial medicine at first, and with tonics subsequently. Three grains of the pilula hydrargyri, with about a tenth of a grain of tartrate of antimony, may be given three times a day for a couple of days, and then the same continued every night, with tonics or iodine in the course of the day. In fact, mercury as an alterative, and iodide of potassium, and bark or quinine, in such doses as may be necessary to correct the feebie or languid state of the constitution which accompanies the local disease. As the disease more frequently takes place in females, attention must be paid to the uterine functions, and it may be necessary to combine emmenagogues and preparations of iron with the other remedies, or to administer them in the course of the treatment. Iodide of iron appears to be an eligible preparation, giving about a grain three times a day in syrup, made according to recent pharmaceutical formulæ. Dr. Mackenzie recommends the arseniate of potass, the thirty-second part of a grain, three times a day. These remedies are, however, to be reserved for the chronic stage of the disease, or when it lingers or relapses.

When the black prominent tumours protrude, so as to cause great deformity, or to create pain by their bulk in friction against the eyelids, they may be punctured with a cataract needle, but not until inflammation has disappeared. The practitioner should not, however, place too much reliance on the practice. I have sometimes found them little reduced after repeated tapping, and have seen the operation followed by violent inflammation and suppuration of the entire eye. When the whole eyeball becomes enormously enlarged, irregular in form, and projecting so that the lids cannot meet over it, the question of freely opening or extirpating it arises. From my experience in such cases, I feel inclined to suggest the bolder and more decisive measure of extirpation before the apparently less hazardous and destructive one of

making a free opening or removing the anterior portion, as in cases of projecting staphyloma. I do not allude to any proposal to extirpate the organ during the existence or progress of the inflammation; that I consider out of the question, because no one could with certainty calculate on the effect of such violence on inflamed parts; and because the eyeball often shrinks or contracts as the inflammatory action subsides. I confine my present observations to the case in which the eye is seen perhaps a year or more after the first attack, and after all traces of inflammation have disappeared. Then, whether we call it a great protruding staphyloma, a hydrophthalmia, or an enlarged eyeball from choroiditis, I believe the patient will suffer less from total extirpation than from free opening with or without removal of a portion of the parts. If the greater portion of the diseased organ be allowed to remain, inflammation and suppuration is inevitable, and, from the nature of the structures engaged, must be distressing and tedious. Indeed, the inflammation following such operations is sometimes most violent and alarming, extending as it does to the cellular membrane of the whole orbit, and causing enormous tumefaction, tension, and pain. If, however, the whole eyeball is removed, the wound of the remaining contents of the orbit either unites, or it heals by granulation and cicatrization, kindly and without accident. In one case a young woman, who was greatly disfigured and much annoyed by an enormously distended eyeball, in which I removed the whole organ, there was not a bad symptom, and she was walking about the ward at the end of the week. The operation is not attended with any difficulty. An opening is first to be made, and the contents allowed to escape, after which the flaccid sclerotic should be drawn forward with a hook, and clipped from its connexions with curved scissors. I have not, however, seen enough of the practice to justify me in submitting it as a rule, but rather as a suggestion.—*Dublin Medical Press.*

Substance of a Report upon the Wounded in the Hospitals of Paris after the Insurrection of June.—By T. Spencer Wells, F. R. C. S., Surgeon, R. N.—From the 23rd to the 26th of June, the streets of Paris were the scenes of conflict between the workmen and lowest order of the population on the one hand, and on the other, the soldiery and different classes of national guards. The insurgents firing from behind barricades, or from the windows of houses, were able to take good aim at their assailants, who, in their attacks upon barricades and narrow streets, were almost at the mercy of their opponents. Thus the number of wounded insurgents in the hospitals has been very few, when compared with that of the troops and guards. I have not been able to obtain an exact account of the number of wounded insurgents, but the following is the official report including among the civilians those of this class who fought on either side:—

Return of wounded brought to the Civil Hospitals of Paris, between the 23rd and 28th of June:—

	Civil.	Mily. & Guards.	Women.	Total.
Wounded received during this period	773	813	33	1,619
Brought in dead.....	127	33	2	162
	900	846	35	1,781
Discharged during this period.....	51	104	2	157
Died.....	115	77	3	195
Remaining July 29 in ambulances.....	607	632	28	1,267
	"	"	"	364

This does not include upwards of 500 soldiers in the military Hospital. Thus the killed, and those who died during the five days amounted to 357, or a proportion of deaths of about 1 in 8 of those taken to the hospital alive. No autopsies having been made during this time, no accurate report can be given as to the various causes of death. The daily discharges by death or recovery, have now reduced the general total to 1,100. As some months must elapse before a correct statistical return can be drawn up of the nature of these wounds, and the results of operations or other treatment, my present observations must consist of a few general remarks upon what I observed in the wards.

Almost all the wounds were made by musket balls: a very few sabre cuts, some few bayonet thrusts, and contused wounds from splinters, portions of shells, broken stones of the barricades, forming together a very inconsiderable proportion of the wounded. The combatants being very near to each other, the balls struck with a force undiminished by distance, and thus the wounds were generally of a more severe nature than would be met with in a field of battle, when the parties were at a considerable distance from each other; consequently in a large proportion, the wound is complicated by fracture of the bones, and very often the ball has not lodged, but has traversed the limbs or chest, leaving two openings. In many cases, balls have been apparently split into two or more pieces, by striking against bones; in others they have been found very irregular in form, probably from the same cause; while in some cases balls cast upon pieces of old iron or copper, projecting from the sides, have caused considerable laceration of tissues, and difficulty of extraction. In some cases the balls were pierced, and found filled with a white powder, the composition of which has been investigated but not published. No marked symptoms of poisoning by such balls, however, have been observed. The direction of the wounds is generally from above downwards, and from before backwards, in the troops and national guards. Among the insurgents a large proportion are wounded about the head and chest, these being the only parts they exposed when firing at their assailants.

With regard to the treatment, the first objects were of course, to check hæmorrhage (which appears by-the-bye to have been more abundant, as a general rule, than is commonly observed) and to allow the patient to recover from the state of stupor, collapse, or nervous tremulousness into which he had fallen. Then in cases of simple wounds of soft parts, either ice was employed, irrigation by cold water, warm fomentations or poultices, either directly applied, or between two cloths. As far as I observed, if the wound was slight it progressed as favourably under any one of these applications as any other; and I saw nothing to shake my conviction that lint wetted with water at the temperature most agreeable to the patient, is the best and cleanest applications that can be used. A great diversity of practice prevails as to the extraction of foreign bodies. In the military hospital, the surgeons are exceedingly particular in removing every portion of ball, clothing or splinter of bone that can be detected, thus reducing the case, as they say, to the condition of a simple wound: ice or cold water is then applied as long as the patient can bear it, and when he desires it, warm applications are substituted. At the Hôpital St. Louis, on the other hand, the surgeons, especially M. Jobert insists upon non-interference with the wound, on the ground that searching for balls is dangerous,—that they either become encysted and remain harmless in the part, or excite suppuration, and are discharged. In the same way, they say, splinters of bone are either removed by suppuration, or remain and assist in consolidating the broken bone. From what I saw in the wards of this hospital, I should be very unwilling to follow the example of M. Jobert; and I am convinced that the proportion of cases of gangrene, and secondary hæmorrhage, of eresypelatous inflammation, unhealthy suppuration, and purulent absorption, was far greater in his than in other hospitals. In one of his *shew cases* of the wounded of February, what he calls a cure of a compound comminuted fracture of the head of the humerus, the patient is evidently suffering from the effects of portions of necrosed bone being surrounded by a large deposit of callus. At the Hotel Dieu and La Charité, Roux, Velpeau, and Blandin, take a

middle course, making just sufficient dilatation of the wound to admit of the extraction of foreign bodies or splinters, which can be readily reached, and then applying ointment spread upon charpie with or without poultices. Gangrene was generally limited to the parts immediately surrounding the course of the ball, but in some cases it extended, and considerable hæmorrhage came on after the separation of the slough. I only saw one case of hospital gangrene. This was a large superficial wound, and it improved rapidly under the application of slices of lemon by Roux, with whom this is a favourite remedy in such cases. In some cases gangrene of a whole limb led to the question whether amputation should be performed immediately, or not until a line of demarcation had formed. Velpeau, and most other surgeons, did not wait for the line of demarcation when the gangrene was near the centre of the body, and removed the limb, as the only chance of saving the patient's life.

When a wound was complicated by fractured bone, and amputation was not required, in some cases irrigation was employed, in others poultices, but more often the limb was covered with greased charpie, enveloped in broad folds of linen surrounded by a many tailed bandage, over which 3 straw pillows or pads would be fastened by tapes surrounding them and a long narrow splint which was laid upon each. All this was generally removed and reapplied daily, on account of the quantity of purulent discharge from the wound. No care appeared to be taken to keep the limbs extended or immoveable, and, on the whole, the treatment of fractures in the Parisian hospitals struck me as being far less simple and efficacious than in our own. Wounds of joints were numerous. I saw three cases in which balls undoubtedly traversed the knee-joint, in one from before backwards through the patella; in the others from side to side, injuring the condyles of the femur. All are as yet going on well, under the influence of rest, and an anti-phlogistic regimen.

A great many amputations have been performed, both primary and secondary. Of course as yet no accurate return can be made of their relative success; but common observation would show that the former have been very successful; the latter quite the reverse. The deaths, as far as I could learn have not exceeded one in ten of the primary operations; while the secondary, have been almost uniformly unfortunate in their result. By primary, I do not mean immediate amputation, or amputation during the state of stupor or tremor which first succeeds the injury, but when the patient has rallied from this state, and reaction is coming on before local inflammation is set up. From what I saw of the practice in Paris, I should say that if this period were not taken advantage of, it would be far better to wait until healthy suppuration was established in the part, and a sort of hectic had replaced the irritative fever which accompanies the inflammatory condition of the wound before pus is freely formed, than to amputate under the influence of this irritative fever, as some surgeons did, with the belief that they were giving the patient his only chance of life.

The circular operation appears to be commonly preferred to the flap, as an opinion is becoming general that, after three or four years, the stump is a better one than when flaps have been formed. At most of the hospitals, the old-fashioned method of dressing stumps is persevered in: whether pins, sutures, or strapping are used to bring the edges of the wound together, quantities of greased charpie are laid on, and carried by numerous folds of linen, and a bandage. I saw the method M. Baudens lately proposed, of surrounding the limb by a bandage, and then drawing this forward by cotton threads so as to approximate the lips of the wound. It is better and simpler than the other plan: the limb is cool, and easily kept clean; but I thought three or four sutures or strips of adhesive plaster would have kept up more accurate adaptation of the flaps to each other.

Chloroform is almost universally used, but in two cases appears to have contributed to the fatal result of amputations. One, a patient of M. Robert, died before the operation was completed; the other I saw die in the bed just as M. Malgaigne had completed disarticulation at the shoulder joint, and feel convinced that chloroform was the immediate cause of death, although M. Malgaigne did not appear to think so. Velpeau, though he uses it in other cases, objects to its employment in cases of gun-shot wounds, as he says it invariably increases existing prostration.

Having freely expressed my opinion of the practice of the Parisian surgeons, it would be unfair to conclude without paying a tribute of admiration to the zeal and intrepidity they displayed during the conflict. Not content with merely remaining day and night at their posts in the hospitals, they sought the wounded among the combatants, established *ambulances* (or temporary hospitals in large shops) in every district, and obtained supplies of every thing required until the sufferers could be removed to the hospitals. Praise is equally due to the surgeons of the Army and National Guards, to civil practitioners, and to the students, both French and foreigners, residing in Paris. All were actuated by the same generous feelings, and many were wounded themselves, while endeavouring to assist others. Insurgents, troops, or guards, were all treated with equal care; and amidst the storm of anarchy, Medicine alone shone forth as an example of their boasted *egalitè* and *fraternitè* to the republicans who found themselves equals in the eyes of a brotherhood of charity.—*London Medical Gazette.*

MIDWIFERY.

On the Management of Still-born Children.—The management of suspended animation in new-born children is a subject so well understood; and the principles upon which it should be conducted are now so clearly recognised, as to render any lengthened observations thereon wholly unnecessary in a work like the present. The following short description, therefore, of the practice of the Hospital in this class of cases (not the least important or interesting to the accoucheur) is purely confined to practical details, especially such as relate to the use of the *stethoscope* and of *artificial respiration.*

When a child, immediately after its birth, exhibits none of the ordinary signs of vitality, such as respiratory efforts, or muscular contraction, the question will at once suggest itself, does life yet remain—is there still a possibility of restoring animation? We hesitate not to say that the most accurate information upon this point is to be derived from the stethoscopic examination of the heart, for we have seen very many children resuscitated with whom the *cardiac pulsations as detected by mediate auscultation*, had been the only proof of lingering vitality. What the effect of such evidence should be on the physician's conduct we need not at this moment stop to inquire; but it would undoubtedly prove a source of much encouragement under circumstances otherwise apparently hopeless, and at a time when he must be oppressed with the consciousness that the result of his endeavours is awaited with the most intense anxiety and solicitude. We have seen many infants restored to animation in whom respiration was for a long time suspended, yet we never saw a single instance where the slightest symptoms of vitality could be produced if the heart's pulsations had ceased to be audible when the child was born. It may be asserted, without fear of contradiction, that had the stethoscope been used, no such accident could ever have happened as a doctor ordering an infant to be removed as dead which afterwards recovered without any assistance. Let it not be supposed, from the preceding observations, that we would recommend any innovation upon the rule that resuscitations

should *always* be attempted in the absence of the signs of decomposition; to the excellence of this precept we give our full concurrence.

Children labouring under suspended animation at the time of birth are found to present very different external appearances, which, it may be supposed, are regulated by the extent and kind of lesion the vital functions have sustained. Now we think that, setting aside physiological considerations, and looking solely to practice, all these cases may be conveniently arranged in two classes, whose characteristic features are drawn from the general condition of the infant. In the one case the child is pale and perfectly flaccid; the eyes are closed; there is complete relaxation of all the muscles; great flexibility of the joints; and the finger can be pressed into the pharynx without any opposition being felt. In this form, which we are inclined to think is, perhaps, the more dangerous of the two, the state of the child closely approximates to syncope, as there seems to be a failure or deficiency of the vital principle.

In the examples of the second class, the outward appearance of the child is totally different, and would seem to be the result of great cerebral congestion or apoplexy. The surface of the body is apparently swelled, and of a red or livid colour, and both these characters are most remarkable in the face and neck; the eyelids are generally apart, and the eye-balls prominent, with more or less injection of their conjunctival membrane. There is seldom that extreme mobility of the limbs and flaccid state of the muscles that we see in the former class of cases. This state of the fœtus was very apt to occur where the umbilical cord had tightly encircled the neck, or where the expulsion of the body did not take place for some time after the head.

Should the child not begin to breathe immediately after its birth, sprinkling the chest and face with cold water generally proved a most efficient means of stimulating the respiratory muscles, and exciting sensibility. This is a measure, however, which cannot be persisted in after the first or second trial, as it is of too depressing a nature; on this account, also, it is not well adapted to the cases included in our first class. It was, of course, an established rule not to serve the connection between the fœtus and placenta as long as the pulsations of the cord continued distinct. If the child presented an apoplectic appearance, some blood (℥iiij. or ℥iv.) was allowed to flow from the fœtal and of the funis after its division. This simple mode of depletion frequently produced the most beneficial effects, relieving the oppressed state of the nervous system, and being speedily followed by signs of increased sensibility. If a sufficient quantity of blood could not be procured from the funis, the application of a leech to the temple was frequently attended with marked advantage. When the cord was long enough to admit of it, the warm bath was sometimes employed before cutting it. Smartly slapping the chest or buttocks is often resorted to with advantage in mild cases where the suspension of animation is only partial; but it will not, we think, be found to answer any good purpose if the infant be in a low state of vitality. Ammonia applied to the nostrils is an excellent restorative if there be any attempts at inspiration, so that it can be inhaled, but otherwise it is of no use. These efforts of the child to breathe will be very much assisted by compressing the epigastrium and sides of the chest with the hands, so as to empty the lungs of the inspired air as effectually as possible. In the first instance, and before adopting other measures, it is of importance to rid the mouth of any mucus that might hinder the entrance of air by obstructing the glottis. For this purpose, Gardien recommends a pledget of lint dipped in a solution of common salt to be used. A flexible tube, with a pump attached to it, has also been employed; but we give the preference to the finger over every contrivance.

In every instance where the process of respiration was slow of being established, or very imperfect after two or more trials in the above restorative measures, artificial respiration was commenced, and continued, *with intermissions*, until the necessity for its further employment was superseded by the natural performance of the function, or until the gradual failure and cessation of the heart's action showed that all attempts at recalling the vital principle might be relinquished. We have said "with intermissions," because it was generally thought advisable to suspend the process for a moment or two at intervals, just to see if the failure of the supply of air to the lungs would stimulate the child to make an effort at inspiration. A gum-elastic male catheter, of the full size (No. 9 or 10) was the instrument used on all occasions for inflating the lungs. The child was placed in a horizontal posture, with the neck considerably extended, and the head bent rather backwards; the catheter was passed a short way into the mouth, and the lips and nostrils were then kept closely compressed, at the same time that the larynx was gently pressed against the spine, so as to favour the ingress of air into the trachea, and to prevent or obstruct its transmission down the œsophagus. Alternately with the insufflation of the lungs, a slight degree of pressure was made on the epigastrium and ribs, with a view to assist expiration. There was great difficulty with some children in directing the current of air down the trachea, and keeping it from distending the stomach. This was avoided by placing a hand on the præcordial region, and altering the position of the head and larynx. During the process of inflation, which was repeated at short intervals in imitation of natural respiration, whenever the child made any attempt to breathe, the compression was instantly removed from the mouth and nose, in order to give every facility to the entrance of air. It was considered a point of importance, in blowing through the catheter, to do so in the manner of using the blow-pipe, namely, that the efforts should be made by the mouth and soft palate, and not by the chest; and consequently, that the air should come from the mouth, and not from the lungs of the operator. This mode of inflating the lungs of still-born children is, we conceive, open to fewer objections than any other. In the first place, the degree of force with which the air is propelled can be carefully regulated: secondly, its temperature is raised before entering the chest of the infant: thirdly, in quality it is little, if at all, removed from pure atmospheric air; and, lastly, no injury can possibly be inflicted on the soft parts within the mouth of the child. From our experience of this measure we must speak of its utility in terms of the strongest commendation, as we never could trace any evil effects from its employment, whilst in very many instances we have had every reason to believe that the child's life was preserved by its means.

The artificial respiration very constantly accelerated the action of the heart, where this was at all pulsating at the time of commencing the process; but we never observed that it restored in the least degree the cardiac movements after these had ceased to be perceptible. The recovery of the child did not, by any means, follow as a consequence of this improvement in the heart's functions; for, on many occasions, we have known the pulse to double its rapidity under the employment of this agent, but as soon as its use was suspended, the velocity of the circulation would quickly diminish, again to become raised on inflating the lungs; and thus we have seen matters go on alternating for two hours or upwards, and yet the great object of our exertions not be ultimately attained.

When, however, this increased frequency of the pulse is accompanied by other indications of vitality, such as restoration of the natural colour to the surface, the efforts at respiration recurring at shorter intervals and with more strength, signs of muscular irritability in the limbs and face,

&c., we may calculate, with tolerable certainty, upon a successful issue to the case.

The artificial process was generally left off as soon as natural respiration was at all established, or at least sufficiently so to maintain the heart's function in that state of activity to which it had been raised by the temporary expedient of inflating the lungs. As resuscitation can seldom be considered complete and satisfactory until the infant breathes naturally, or cries aloud, it was often necessary to proceed with the employment of restorative and invigorating remedies for some time after the discontinuance of artificial respiration. As soon as the child could swallow, small quantities of white-wine whey were given from time to time; or if it seemed very languid and feeble, a small enema containing a few drops of the fetid or aromatic spirit of ammonia was administered. But by far the most important point in the management of these weakly, delicate infants, or of such as are in a similar condition from having been born prematurely, is to support the temperature of their bodies by artificial means. For this purpose nothing answers so well as cotton wadding, being softer and warmer than flannel or any of the materials ordinarily used in the clothing of children.—*M'Clintock and Hardy's Practical Observations.*

MATERIA MEDICA AND CHEMISTRY.

Hydrated Hydro-Sulphuric Acid.—This compound is formed when moist bisulphuret of hydrogen is gradually decomposed in an hermetically sealed tube. After a time, small clear crystals are formed, which disappear with evolution of gas as soon as the tube is opened. According to Wohler, it is also formed when hydro-sulphuric acid gas is passed at a temperature of—18° C. either through alcohol containing as much water as it can at that temperature, without freezing, or through acetic ether containing water. Crystals like ice, apparently octohedral, are formed, which disappear as soon as the vessel is removed from the cooling mixture, with violent effervescence. In a tube they melt at ordinary temperature, but appear again at 18°.

The object of the present communication is to notice an accidental formation of the above compound. Some years since I had prepared the different sulphurets of phosphorus as described by Berzelius (Poggendorff's Annals, vol. 59). These preparations were preserved under water in glass stopped bottles. During the last winter I observed a large quantity of crystals in the bottle containing the tetra-sulphuret, which disappeared on the smallest rise of temperature in the room; the clear amber-coloured liquid sulphuret had become solid, white, and opaque. The crystals were in very distinct groups, exactly similar to *sal ammoniac*. On the removal of the stopper (which had become fixed) a large quantity of sulphureted hydrogen escaped, and although the temperature at the time was exceedingly low, the crystals themselves decomposed with such rapidity that no quantitative analysis could be made. A portion introduced into a tube over mercury, was rapidly converted into sulphureted hydrogen and water.—H. C.

Dr. Reid's plan of extinguishing Fires on board of vessels at sea by means of carbonic acid gas.—Dr. Reid, who is well known for his researches on ventilation, has recently suggested a singular chemical process for the extinction of fire on board of sailing vessels. The recent destruction of the Ocean Monarch, off the English coast, appears to have led him to direct his attention to the subject. His process consists in producing suddenly in that part of the vessel where the fire happens to break out, a large quantity of carbonic acid gas, relying upon the well-known effect of this gas in extinguishing lighted candles, when it is in a proportion exceeding twenty or twenty-five per cent. of the volume of air. For the production of carbonate acid, he recommends chalk and diluted sulphuric acid, which might be conveyed by a moveable hose (made of gutta percha) from a cistern containing it, to the spot where the chalk is thrown. The cost of material for a ship of 1000 tons would not exceed fifteen or twenty pounds, and the expense of laying the tubes, &c., will not exceed thirty or forty pounds. As the result of experiments which he has made, he finds that from five tons of chalk, as much carbonic acid may be obtained as will fill a vessel of 1000 tons burthen.

We have some doubt how far this plan is likely to become available in practice. The rapidity with which a fire spreads, in a space in which everything around is highly combustible, and the difficulty of approaching near enough to adjust the contact of the chalk and diluted sulphuric acid, must to a certain extent interfere with its application. Then we have to consider that with a small quantity of carbonic acid, subjected to rarefaction by intense heat, and liable to be dispersed by strong currents of air, we cannot put out a fire; and with a large quantity of carbonic acid, *i. e.*, enough to fill a vessel of 1000 tons burthen, we might extinguish the lives of the crew, and thus put an end to the necessity for the operation.—*London Medical Gazette.*

[A proposal to the above effect was made, to our knowledge, at least eight years ago by the late Dr. Carter, of this city. We have personal cognizance of the fact. Dr. Reid's proposal has therefore not the merit of novelty.—Ed.]

MEDICAL JURISPRUDENCE.

A Chemical Process of Ejectment—Alleged Poisonous Effects of Phosphuretted Hydrogen.—The following singular case was heard at the Bow-street Police Office, on Friday last:—

John Dolby, of 285 Strand, described as a "practical chemist," was charged before Mr. Jardine with having nearly suffocated the wife and children of Ebenezer Wild, his second-floor lodger, by wilfully exposing them to the noxious fumes of phosphuret of calcium in a state of decomposition.

The complainant stated that he is a wood-engraver, and, with his wife, an infant, and three other children, occupies the second floor of the defendant's house. On Wednesday afternoon he was sent for home, and on his arrival found that his wife and children had been taken suddenly ill, and were then scarcely able to support themselves, owing to a powerfully nauseous vapour emanating from the contents of a saucer which had been placed by the defendant's orders between his sitting-room and bed-room. The children were crying and clinging to their mother's dress, while the infant, about nine weeks old, appeared lifeless and cold. The preparation in the saucer had been ignited, and was still smoking; and finding that a strong vapour still arose from it, he removed it to the coalbin, although scarcely able to do so from the effect which it had upon himself. On asking an explanation of the occurrence from the defendant, he said that he was determined to get them out of his house, and referred to a quarrel which had taken place between his wife and complainant's the same morning. He treated the matter with great levity; and when told that the child was dying, said merely that "it was not dead," and laughed. Complainant added, that all his family were still suffering severely from the occurrence, and his wife had been so dangerously ill, that he was obliged to send for a doctor that morning.

Mr. H. P. Davis, surgeon, of Clarendon-square, said that he was in the habit of attending the complainant's family, all of whom he left in good health a week ago. He had seen Mrs. Wild and her children that morning, and found the former very unwell, although evidently suffering chiefly from the effects of great alarm. The children appeared slightly indisposed; but he was unable, so long after the occurrence, to treat their illness to the cause assigned, although such might be the effects of it. The infant seemed to be better than the other children.

Professor Miller, of King's College Hospital, proved that the saucer contained phosphuret of calcium, which, in a state of decomposition, would emit a very *noxious*, (offensive?) although not an injurious gas, unless taken in great quantities.

The defendant said he would not mind taking two gallons of it. He persisted in the harmlessness of the vapour, which he had caused to be placed up stairs to counteract a more offensive one.

As the complainant wished to take the case to the Sessions, the defendant was remanded, but liberated from custody on his own recognizances.

*** It must be admitted that Mr. Dolby has shown great ingenuity in attempting to get rid of troublesome tenants by a chemical process. While we cannot approve of his proceedings, it is very clear that the effects of the phosphuretted hydrogen, evolved when phosphuret of calcium is placed in water, have, in this case, been most absurdly exaggerated. The gas in a concentrated state is undoubtedly poisonous, owing to the phosphorus which it contains, but it possesses so powerful and offensive an odour (resembling that of stinking fish) in a much less than poisonous proportion when mixed with air, that no person, unless rendered insensible from other causes, could remain long enough to breathe a poisonous dose of the vapour. A few pieces of the phosphuret will thus evolve a gas which will render the air of a large apartment most offensive (but not, strictly speaking, noxious) to respire. It is impossible to suppose that the ingenious landlord contemplated the murder or manslaughter of his tenants by this chemical trick, or to refer the illness of the children to such a cause; nevertheless, his "practical chemistry" might be directed to better and more laudable objects.—*London Medical Gazette.*

MISCELLANEOUS.

GENERAL AND MEDICAL INTELLIGENCE.

A bill, prohibiting the importation of adulterated drugs, has lately passed Congress. A report from a special committee appointed to investigate the matter has been published, and discloses a traffic of the most nefarious description. If knaves are met with on the European continent, we fear there are not a few on this; and we suspect that a home-made manufacture will supply the place of a foreign one. We have seen sulphuric ether from New York containing a large impregnation of alcohol; and iodide of potassium of American preparation was offered for sale in this city two years ago, largely adulterated with carbonate of potassa. We hope that the bill will be productive of good, nevertheless.—The Editorship of the New York *Annalist* has changed hands: we find Dr. Roberts giving place to Dr. N. S. Davis, and the Messrs. Wood are no longer its printers. The altered appearance of the journal struck us the moment we looked at it. In typographical execution, it has not certainly improved; although we have no doubt that Dr. Davis will prove an able Editor. Under Dr. Roberts' care, we considered this journal as one of the most ably conducted in the United States. The editorials were carefully, vigorously, and racily written. In exposing quackery, it did so with a mercileas, yet gentlemanly, hand, and if its abettors quailed, they could not complain of any violation of decorum. Dr. Roberts, in relinquishing the toils of an editorial life, must carry with him the thanks of the profession for his unwearied assiduity and industry. Nor less equally is Dr. Lee entitled to them also, for the talented discharge of his duties as late Editor of the *New York Journal of Medicine and Collateral Sciences.* The retiring editors of both of these journals have our warmest wishes for their prosperity, and their successors our ardent hopes for their entire success in their arduous and unceasing labours.—From statistical tables published in 1846, in France, it appears that suicides are on the increase. The numbers for the years 1841, 1842, 1845, 1846, being 2814, 2886, 3084, 3102. Among the suicides in 1846 were 27 children from 10 to 15 years of age, 139 between 16 and 21. Suicides were more frequent in spring and summer than in winter and autumn. Strangulation and suspension were the means most commonly employed.—Calomel, from its ordinary mode of preparation, if carelessly conducted, is liable to be impregnated with corrosive sublimate. A case of poisoning from this cause has lately taken place in France. The physician ordered 12 grs. of calomel in an emulsion. One spoonful to be taken every hour. Symptoms of violent intestinal irritation followed, terminating in death in 24 hours. The mixture was found to contain between 3 and 4 grs. of corrosive sublimate, and 15 grains of the calomel taken from the laboratory of the chemist at which the medicine was prepared, afforded the same result.—The medical staff of the Bellevue Hospital, New York, consists of two consulting physicians and two consulting surgeons, one resident physician, six visiting physicians, and six visiting surgeons, eight assistant physicians, and one apothecary. The average number of inmates is stated to be over 500.—Information from St. Petersburgh of 10th September, announces the reappearance of cholera in that city. The disease appeared among the poorer classes with unusual severity. A rumour prevailed that the deaths were the result of poison, at the instigation of the aristocracy. A disturbance commenced, the people erecting barricades. The troops were about to attack, when the Emperor arrived on horseback, attended only by a single A.D.C. Having ordered the troops to fall back, he mounted a barricade and addressed the insurgents, who afterwards peaceably retired.—*L'Union Medicale* states that a case of Asiatic cholera, fatal in 12 hours, had occurred in the Hotel Dieu at Paris. The disease had not spread.—In 1839, in Russia, there were 4787 physicians, of whom 2529 held official situations, 5 in the Privy Council, 51 acting councillors of state, 244 holding this honorary title, 391 veterinary surgeons, 9 oculists, 2 professed lithotomists and 89 dentists. About 1-16th of the whole number resided in the large towns.—The following tariff of fees at Melbourne, Australia, will be read with interest—

	1st class.	2d class.	3d class.
Single visits from 7 a.m. to 9 p.m., in town,	£0 10 6	£0 5 0	£0 3 0
Do. 9 p.m. to 7 a.m.,	1 1 0	0 10 6	0 5 0
Country visits, any distance not exceeding one mile,	0 12 6	0 7 6	0 5 0
Do., for every additional mile,	0 7 0	0 5 0	0 3 0
Accouchement, ordinary cases in town,	5 5 0	3 3 0	2 2 to £1 1s.
Surgical operations, capital operations,	21 0 0	10 10 0	5 5 0
Do., lesser operations,	5 5 0	3 3 0	1 1 0
Do., vaccination,	0 10 6	0 7 6	0 5 0
Extracting teeth, V. S., cupping &c.,	1 1 0	0 7 6	0 5 0
Fractures and dislocations,	5 5 0	3 3 0	1 1 0

—(*Dublin Medical Press.*)—Dr. Dill, whose arrest for suspicion of murder we noticed in our July number, has not been placed on trial at the late Assizes at Hamilton, C.W. The presumption is, that the evidence against the Doctor was not conclusive by the Crown officer.—The man Thompson has never been found.—We notice the following births in the *Montreal Herald*, October 25. In the month of August in the Township of Tecumseh, Mrs. George Baycroft, of twins, a son and daughter. On the 1st October, Mrs. Richard Baycoft, of the same Township, of triplets, two boys and a girl. And on the 26th Sept., in the Township of King, Mrs. John Stradford, of quadruplets, three boys and a girl. "Happy are the men," &c. *Cholera.—Reported Appearance of the Cholera at Hull.*—Three cases of cholera have occurred on board of a vessel now lying at this port. A careful inquiry has satisfied us that the present are *bonâ fide* cases of cholera. For some months past, during the continuance of the Danish bombardment of the Elbe and Prussian ports, there has been lying in the old dock at this port a Prussian bark, of some 500 tons burden or upwards, named the *Pallas*, of Stettin, of which Captain Muller is the commander. He and the crew went home some months ago, leaving only the carpenter in charge. On Friday last the captain, with a crew of ten men, from Stralsund, Wismar, and the neighbourhood, arrived here by one of the steamers which left Hamburgh yesterday week. It is known that the cholera has prevailed in the latter city for some weeks past. They went on board the *Pallas* on Friday. The same night Carl Petor, one of the crew, was seized with a bowel complaint. The master obtained the assistance of Dr. Cooper, but the man expired on Sunday morning. Nicholas Rose, the cook, began to be similarly ill on Sunday morning, had the like assistance, and died on Monday. The steerman (or mate), William Fisher, began to be ill on Monday morning, and expired the same day. Another man was similarly attacked, but is recovering. We mention these particulars on the authority of Dr. Ayre, who, it is well known, was one of the most successful practitioners in cases of cholera when it appeared in this town 16 years ago. That the deaths now named were produced by cholera Dr. Ayre has no doubt; other medical authorities are equally satisfied upon the point.—Since the above was written, the Government sent down Dr.

Sutherland from the General Board of Health, who arrived yesterday morning. The instructions simply are, that Dr. Sutherland and his colleague, Mr. Grainger, who were to arrive yesterday evening were to make medical inquiry and report to the Board of Health, while the Customs were to see that all communication between the *Pallas* and the shore, excepting to medical men, under certain restrictions, be cut off until six days expire after the last death or the last recovery. The following additional information respecting these cases was reported in the *Times* of Oct. 4th:—Three sailors on board a ship bound from Hamburgh, laden with fruit, or at any rate with a considerable cargo of fruit on board, had occupied the greater portion of their time during the voyage in eating plums, the very fruit of all others most likely to engender the disease (?) if consumed in great quantities. In each of these cases a portentous number of these plums were devoured, and, to make matters better, the three men are reported to have washed down the fruit, ripe or unripe, as the case might be, with copious draughts of sour beer. We will venture to say, that if the person in London least predisposed to the complaint were to indulge himself in such a dietary to half the extent reported of these three sailors, a very few hours would produce the same results. We must therefore set aside these three cases as not containing the slightest legitimate ground for apprehension. If we are to believe this statement, these were not cases of Asiatic cholera, but simply of English cholera proving fatal with unusual rapidity. This implies, therefore, that Dr. Ayre must have been mistaken in his diagnosis; for plums and sour beer swallowed in any quanty do not produce that form of cholera (Asiatic) which has excited so much fear in the public mind; nevertheless, all the circumstances are fraught with great suspicion. The men who died had recently arrived from Hamburgh, where the cholera is prevailing, and their deaths took place with unusual rapidity. Although the symptoms are said to have been satisfactorily traced to plums and sour beer, the Government acted with great propriety in putting the crew of the vessel under some restriction. *Progress of the Cholera on the Continent.—St. Petersburgh, Sept.* 21.—From the 11th to the 16th there were 86 new cases, and 32 deaths. The disease is sensibly on the decline. The total number of cases on the 17th amounted to 165. *Syria* and *Egypt.*—The disease has considerably abated in these countries. The number of deaths is estimated to have been greater than in 1831. *Riga.*—The disease is disappearing. On Sept. 7th, there were only seven new cases. The total number of persons attacked in this town has been 6680. Of these, there were 4394 recoveries, and 2115 deaths. There were still 171 persons under treatment. *Stettin, Sept,* 17.—The cholera broke out in this town about the end of July. The temperature during the month had been cold but variable, and the health of the people good, except towards the close, when diarrhœa and gastric disordera became suddenly prevalent. On the 8th August, one case occurred in a man working in the docks—the wind being cool, and from the north-west. It is remarkable that none of the large towns between this and Russia, had up to that time suffered. On the 10th, an officer in garrison died. The disease then spread extensively in the quarter where it first appeared, which is surrounded by marshy swamps. It was much more severe than in 1831; 275 persons died from it in three weeks, *i. e.*, as many as died in seventeen weeks on the former invasion. All ages were cut off. From the 8th August to the 11th September, there were 938 cases, and 611 deaths. *Bucharest, Aug.* 31.—The disease has perceptibly declined during the month. The number of cases has been 3384, and 853 deaths. In the surrounding country, the cases amounted to 35,881, and the deaths to 10,719. *Odessa, Sept.* 8.—The cholera has totally disappeared from the city. *Berlin, Sept.* 24.—The cholera is fast disappearing. *Hamburgh.*—The latest accounts state that the disease is still on the increase at Hamburgh. From the 1st of Sept., when it broke out, to the the 26th, there were 1,339 cases, of which 650 died, 302 recovered, and 387 were still under treatment. There is a great deal of sickness on board the English ships lying at Hamburgh. Two cases of cholera have appeared in the port of Sunderland. One of them, the case of a sailor on board of a vessel recently come from Hamburgh, was investigated by Dr. Sutherland, the inspector, who was sent by the General Board of Health to examine it, and left no doubt on his mind as to its being Asiatic cholera; but the subject was a man of very intemperate habits, who had been three times on shore at Hamburgh, and came back drunk.—*London Medical Gazettee.* The following is the latest intelligence on this subject, brought by the Royal Mail Steamer *Europa* leaving England on the 15th October.—Vessels from Hamburgh were put under quarantine by orders in Council issued on the 5th.—The city of London has voted an allowance of £500 per annum, as the salary of a medical officer to superintend the health of the metropolis. *London—The City.*—On the 4th inst., two patients, father and daughter, were admitted into St. Bartholomew's Hospital. The male patient was a labourer, employed in looking after butchers carts in Newgate Market; the female patient was his daughter. The man died on the day of his admission; the little girl is recovering. *East End.*—At an inquest held on Saturday, at the Commercial-road, East, before Mr. W. Baker, it was stated by the medical witness that the Asiatic Cholera, in its most severe form, had made its appearance at the east end of the metropolis. *The Docks.*—We have likewise the unpleasant task of recording the fatal appearance of the cholera in the vicinity of the London docks. The medical men in the charge of the London dock patients have had secrecy enjoined upon them.—*Woolwich.*—Three fatal cases have occurred. The first on the 6th inst., and the convict died after seven hours' illness. Of the cases on the 7th inst., two died, one after about seven hours illness, and the other in about two hours after he had gone to the ship. Two cases were reported as having occurred on the 8th, but had not proved fatal. Two cases have occurred on board the Dreadnought hospital ship. The first one has not proved fatal. *Number of Cases.*—Chelsea, 5; Rotherhithe, 3; City of London, 10; Bermondsey, 2; Horselevdown, 2; Woolwich, 5.—Total, 27. The authorities of the different hospitals have made the necessary preparations for the reception of all cases that may be brought under their notice; but the highly favourable change in the weather, it is to be hoped, has checked the progress of the fatal cases.—Only one fatal case was reported on Thursday—that of a person in the Tower. The attacks of diarrhœa were reported to be numerous and severe, with, however, very satisfactory statements of the success of treatment. *Sutherland.*—On Saturday afternoon the brig Orb arrived there from Hamburgh, with the mate, Mr. Rackley, dead on board. None of the crew were permitted to land. The medical officer reported the man to have died of cholera. The brig was placed under quarantine. On Tuesday, the Volante, from Hamburgh, reached Sunderland. She lost her cook on the passage. She was ordered to ride quarantine. On Tuesday night the mate was seized, and died at seven o'clock the following day. These cases were decided to be cholera. The town is perfectly healthy, and the sickness may be regarded as having had its origin in Hamburgh.—*Hull.*—We believe that the apprehensions which existed last week have almost entirely subsided. Mr. Grainger, Dr. Sutherland's colleague, accompanied by Dr. Ayre, proceeded to Hamburgh, in the Helen McGregor steamer, on Saturday evening. Dr. Sutherland remained in Hull throughout Sunday and Monday. On the latter day he expressed his entire conviction that there was not any cholera in the town. Two vessels are lying at Whitebooth Roads, in the Humber, with the quarantine flag hoisted. *Edinburgh.*—The Asiatic Cholera has undoubtedly appeared. Twenty-five cases of cholera had occurred in Edinburgh, and 20 proved fatal.—The *Guelph Herald* of October 10, contains an interesting but anonymous communication relating to an epidemic of dysentery which devastated that District, extending south and a little west to the Lake shore. It appears to have been chiefly destructive to young children and old people. In the former it assumed so rapid a course, and was so fatal, that nearly nine out of every ten, died. In old people it rapidly assumed a typhoid type; and in all cases it put on a decidedly inflammatory character at its commencement. The weather was peculiar, "usually muggy at night," thick hot vapours in the morning, and burning hot days—the thermometer frequently indicating 90° in the shade at midday, and usually 80° at night. Thunderstorms were frequent. The influence of the weather was felt by the vegetation, and the writer states there was a remarkable similarity in the last mild winter to that which preceded the cholera of 1832, and next to that scourge no epidemic in that section of the country has been so fatal. An epedemic of an analogous character has been witnessed in Clinton county, N. Y. A paper on the subject is contained in the last *Boston Medical Journal.* We wish the writer of the paper in the *Guelph Herald* would furnish this Journal with detailed observations upon it.

THE
British American Journal.

MONTREAL, NOVEMBER 1, 1848.

BY-LAWS OF THE COLLEGE OF PHYSICIANS AND SURGEONS, LOWER CANADA.

The By-laws passed at the meeting of the Corporation in Quebec, in the month of May last, have at last received the sanction of the Executive, and have thus become, in accordance with the provisions of the Act of Incorporation, Law. It has always been our opinion that the sanction of the Executive could not be withheld, and our opinion is confirmed; while at the same time the paltriness of the opposition which they have encountered at the hands of the Repeal Association, stands fully revealed. But one effect has been produced by that opposition—a temporary abeyance in the efficient working of the Act: and it serves as a test of the sincerity of the party for the interest of the profession, whose labours have tended to thwart rather than promote them. Let the past be now forgotten, and let each member of the profession strive his utmost to enhance the general prosperity, by sustaining the Law in its operation. Where the Act is defective, let a united appeal to the Legislature be made for its amendment; but let there be no longer discord, where unanimity should alone prevail. Let every practitioner forthwith join the Incorporation, and sustain by the influence of his name and his example, that profession of which he is an integrant member. Let there be no longer discordant principles, when one object alone is sought to be attained; but let all strive, prompted by oneness of sentiment and feeling, to ensure for the incorporated profession that respect from the public which the provisions of the Act of Incorporation are intended to secure for it, and which it must and should command. We publish the By-laws, as they have received the sanction of the Executive.

BY-LAWS,

RULES AND REGULATIONS OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA. INCORPORATED BY ACT OF PARLIAMENT.—10 AND 11 VICT., CHAP. 26.

PROVINCE OF CANADA.

His Excellency the Right Honorable JAMES, Earl of ELGIN and KINCARDINE, Knight of the Most Ancient and Most Noble Order of the Thistle, Governor General of British North America, and Captain General and Governor-in-Chief in [L. S.] and over the Provinces of Canada, Nova Scotia, New Brunswick, and the Island of Prince Edward, and Vice Admiral of the same, &c. &c. &c.

At the request of the Corporation of the College of Physicians and Surgeons of Lower Canada, I have perused and examined the By-laws hereunto affixed, and the same, as far as I lawfully may, (under the provisions of an Act of the Parliament of the Province of Canada, made and passed in the tenth and eleventh years of Her Majesty's Reign, intituled "An Act to incorporate Members of the Medical Profession in Lower Canada, and to regulate the Study and Practice of Physic and Surgery therein,") I do by these presents approve and allow.

GIVEN under my Hand, at Montreal, in the said Province, this tenth day of October, in the year of our Lord one thousand eight hundred and forty eight, and in the twelfth year of Her Majesty's Reign.

(Signed,) ELGIN & KINCARDINE.

By Command,
Signed, J. LESLIE,
Secretary.

RULES AND REGULATIONS OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

Board of Governors.

I. The affairs of the College shall be conducted by a Board of Governors, thirty-six in number; fifteen of whom shall be elected from among the members of the College, in the Districts of Quebec and Gaspé; fifteen from among its members in the District of Montreal, and six from among its Members in the Districts of Three Rivers and St. Francis.

II. The above Board of Governors shall be elected every three years, on the second Wednesday of July. The Meetings for this purpose to be held in the Town of Three Rivers, after at least one month's notice of such Meeting having been published in the Official Gazette, in one Medical Journal of each District (if published), and in at least one English and one French newspaper, in each District.

III. The election shall take place by ballot, those members being elected who have received the majority of votes.

IV. All ties, whether in cases of election or ordinary business of the College, to be decided by the casting vote of the Presiding Officer, and this shall be his only vote.

V. All vacancies in the Board of Governors, whether arising from death, resignation, removal from the District, or otherwise, shall be filled up by the Board of Governors, from among the Members of the College in the District, where such vacancy shall occur, by an election by ballot, at the next ensuing Meeting subsequent to the occurrence of such vacancy.

VI. Any Governor who shall absent himself from the regular Meetings of the Board twice consecutively, without assigning for such absence a cause satisfactory to the Board, shall be considered as vacating his seat, and the Board shall ballot for a Member in his place.

VII. Extraordinary Meetings of the Board may be summoned at any time, by the President, on the requisition of at least twelve Members belonging thereto. One month's notice of the said Meeting to be sent to each Member of the Board, specifying the date and object of such Meeting.

VIII. All Extraordinary Meetings shall be held alternately at Quebec and Montreal.

IX. Every Governor attending the Semi-Annual Meeting, shall be allowed his travelling expenses, which are in no instance to exceed ten dollars, and for which purpose, the funds (so far as they will go), accruing from Candidates' Certificates alone, shall be set apart. But no Governor shall be entitled to travelling expenses unless he shall have faithfully attended to the business of the Meeting until it shall have been duly closed.

Officers of the College.

I. The Officers of the College shall consist of a President, a Registrar and Treasurer, and for each of the Districts of Quebec and Montreal, of a Vice-President and Secretary, who shall be elected by ballot, by the Governors, from among their own body, the said Officers being actually residing in the Cities of Quebec and Montreal, and they shall continue in office until the ensuing Triennial Meeting.

II. The President shall preside at all the Meetings of the College, and sign all vouchers for the payment of money.

III. In the absence of the President, the Vice-President of the District shall possess all his powers.

Registrar and Treasurer.

I. The Registrar shall keep in his possession, the Books of Enregistration, one of which shall be for Students entering upon the Study of Medicine, and the other for the enregistration of the Members of the College, and he shall have charge of the Seal of the College.

II. As Treasurer he shall receive all moneys due to the College, whether from its Members, Licentiates or otherwise, and forthwith deposite the same in one of the legally instituted Savings Banks of the Province, and make a full Statement of all Receipts and Disbursements, at each Semi-annual Meeting, (exhibiting at the same time his Bank Book,) and also, at any other time he may be called upon to do so by the President, and must furnish security to the amount of (£100) one hundred pounds currency.

III. The Registrar shall receive as remuneration one-half of all the enregistration fees.

The Secretaries.

The Secretaries shall keep correct Minutes of the Transactions at all Meetings, and as soon as possible after each meeting, communicate to each other a Copy of such Minutes, which shall be regularly entered in books provided for that purpose, and in consideration of their services shall receive annually the sum of twelve pounds, ten shillings currency, to be paid them from out of the contingent fund.

Of Members.

No one shall be recognised as a Member of the College of Physicians and Surgeons of Lower Canada, who shall not have enrolled his name, &c. &c., in the Register of Members of the College, and taken out his Certificate of Membership, *and as it is desired to include every Member of the Profession who possessed a Provincial licence of at least four years date at the time of the passing of the Act* 10 *and* 11 *Victoria, chap.* 26, *the Books of the College shall be kept open for such enregistration for six months after the sanction of these By-Laws has been obtained from the Executive, after which the following Rules will come into force*:—

I. No one can be admitted as a Member who has not been a Provincial Licentiate of four years standing.

II. All applications for Membership must be accompanied by a document signed by two Members of the College, testifying as to the moral qualifications of the applicant.

III. Immediately on admission as a member, the applicant shall sign the Rules and Regulations in possession of the Registrar, thereby binding himself to fulfil all regulations provided in this behalf.

IV. Members of the College are at once eligible as Governors; but no Member shall vote at any of the Triennial Elections for the Board of Governors, unless he shall have previously paid up all his dues.

V. Every person proposed as Member shall be considered elected by receiving a majority of votes of Members present at the Board.

VI. All Members are entitled to the appellation of "Member of the College of Physicians and Surgeons of Lower Canada."

VII. The Certificate of Membership shall be signed by the President and all the other Officers of the College, and the Seal of the College shall be affixed thereto.

Of Licentiates.

I. The Licentiates are those who have received a Certificate of Qualification from the Board of Governors, in their capacity as "The Provincial Medical Board," and afterwards received a Provincial License, thereby becoming entitled to the appellation of "Licentiate of the College of Physicians and Surgeons of Lower Canada."

II. After the expiration of four years such Licentiate may apply for Membership, subject to the regulations in that behalf.

III. The Certificate of Qualification for License shall be signed by the District President and Secretary, and also by the Registrar and Treasurer, and have the Seal of the College affixed thereto.

Of the Meetings.

I. The Regular and Stated Meetings of the Board of Governors shall be held on the second Tuesdays of May and October, in each year. The May Meetings in the City of Quebec, and the October Meetings in the City of Montreal.

II. Should these days fall on a *Fete d'Obligation* or Holiday, then the Meetings shall be held on the day succeeding.

III. One month's notice of these Meetings shall be given in at least one French and one English newspaper in each District, if any be published, and in at least one Provincial Medical Journal, signed by the Secretary of the District in which the Meeting is to be held.

Of the Fees.

	£	s.	d.
Entrance fee of Members, including first year's subscription, with Certificate	2	10	0
Enregistration	0	5	0
Annual Subscription	0	10	0
Certificate recommending for License, including the Enregistration Fee of 5s	2	10	0
Certificate to allow Students to enter upon the Study of the Profession, including the Enregistration Fee of 5s	1	5	0

Regulations, &c.

Any person possessing a Diploma, &c., from British Universities, wishing to obtain a certificate for License to practice in this Province, is required to present himself in person, and prove to the satisfaction of the Board that he is the person whose name is mentioned in said Diploma.

II. Candidates for Provincial License commencing their studies subsequently to the passing of the Act of Incorporation of this College, (July 28, 1847,) will be required to submit to a Literary and Classical Examination on entering upon his studies, and a Professional one at their close.

III. At the Preliminary Examination the Candidate must furnish proof of his possessing a good moral character, and a competent knowledge of Latin, History, Geography, Mathematics, and Natural Philosophy, and from and after the year 1850, he must also possess a general knowledge of the French and English languages.

IV. The Professional Examination shall be held after the completion of the Curriculum hereinafter enjoined, and shall consist of an enquiry into the scientific attainments of the Candidate, based upon the course of study he has pursued.

V. Before his Examination be entered upon, the Candidate for License must submit to the Board satisfactory testimonials as to his moral character—of his being of the full age of twenty-one years, and that he has pursued his studies uninterruptedly during a period of not less than four years, and that he has been regularly indentured during the said period of four years to one or more general Practitioner or Practitioners duly licensed.

VI. He must further furnish proof that he has attended at some University, College, or Incorporated School of Medicine, within Her Majesty's dominions, the following branches of Medical Education.

Anatomy and Physiology,
Practical Anatomy,
Surgery,
Theory and Practice of Medicine,
Midwifery and Diseases of Women and Children,
Chemistry,
Materia Medica and Pharmacy,
} Two six months' Courses of each.

Institutes of Medicine, one six months' Course.
Medical Jurisprudence and Botany, one three months' Course of each

VII. He must furnish evidence of his having attended for a period of not less than one year, or two periods of not less than six months each, the general practice of an Hospital containing not less than fifty beds—under the charge of not less than two Physicians or Surgeons; and that he has attended two three months' or one six months' Course of Clinical Medicine, and the same of Clinical Surgery.

VIII. No Class or Hospital Tickets will be recognised by the Board, unless accompanied with Certificates of faithful and regular attendance.

IX. No Tickets will be recognised from any Teacher who lectures on more than one of the six month's branches of Medical

Study, previously enjoined—except in the instances of Clinical Medicine, Clinical Surgery, and Practical Anatomy.

Alteration of By-Laws

No alteration of these Rules and Regulations can be made except at the Triennial Meetings, and not then unless the motion for such alteration be submitted by any two members of the College to the Board of Governors, at least six months before such Triennial Meeting, and the same be then published in one Medical Journal of each District if such Journal be there printed.

Order of Business at Triennial Meetings.

1° Chair to be taken by the President of the College.
2° Minutes of last Triennial Meeting to be read.
3° Report of Proceedings of Board of Governors.
4° General Business.
5° Election of Board of Thirty-six Governors.

ABSTRACT OF MINUTES OF THE LAST SEMI-ANNUAL MEETING OF THE BOARD OF GOVERNORS OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

MONTREAL, 10th October, 1848.

The Semi-Annual Meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada was held this day, at the Parliament House, when were present:—

Drs. Nelson,	Drs. Jas. A. Sewell,	Drs. Valois,
Morrin,	Painchaud,	Marsden,
Landry,	Campbell,	Sutherland,
Badeau,	Tavernier,	McCulloch,
Bardy,	Bibaud,	Kimber,
Von Iffland,	Hall,	Holmes,
Robitaille,	Nault,	David.
Badgley,	Arnoldi, jun.	

Dr. Nelson, V. P., in the Chair.

The minutes of the last Semi-Annual Meeting were read.

Dr. Morrin stated he was authorised to withdraw Mr. Aylwin's Petition, referred from the last meeting: and

Dr. Marsden stated he was also authorised to withdraw Mr. Buteau's.

A candidate who was rejected at the last meeting having grossly insulted the Board in the person of one of his examiners, a letter from him was read, apologising to the Board for any improprieties he may have accidentally been guilty of towards the Board; on which it was moved—

"That the apology now offered be received and accepted." When it was moved in amendment—"That the circumstances connected with the letter of apology be taken into consideration at the next Semi-Annual Meeting of this Board,"—which amendment was carried, and the original motion lost.

Dr. Arnoldi, sen., president of the College, then entered and laid before the meeting a letter received from the Provincial Secretary, informing him that the By-Laws would be sanctioned by His Excellency the Governor General, if three clauses, contrary to the Act, were struck out, which was ordered to be done.

Previous to the Board dividing itself in committees for examination—

James Maurice Fitzgerald, M.D., University of Glasgow; Annibal M'Guire, M.D., University of Edinburgh; A. Baker, M.D., University of M'Gill College, Montreal, were duly sworn and granted their certificates. Mr. W. H. Whyte, with a certificate from Apothecary's Hall, London, was examined in Surgery, and being found qualified, was granted his certificate. The following gentlemen were, after due examination, also granted certificates, viz:—

Messrs. Eusebe Lemieux, Messrs. L. Genand,
F. X. Carpentier, A. D. M'Gillivray,
J. O'Leary, C. L. Fontaine,
Alexis Milet,

and twelve others were remanded to their studies for six months.

One candidate was refused examination, as in addition to some discrepancies in his certificates, he only produced evidence of having pursued his studies during two years and a half.

The following were admitted to enter upon the Study of Medicine, viz:—

Messrs. Romauld Tassé, Messrs. Paul Leon Deschamp,
A. W. A. Delisle, J. B. Bienvenu,
A. A. Campbell,

and three gentlemen refused.

On motion, it was resolved—"That all Midwives be required to register their certificates of qualification, for which they shall pay the sum of ten shillings."

The meeting then adjourned, to meet on the following day at two p.m.

October 11th, 1848. Two p.m.

Met conformable to adjournment.

Present: Drs. Nelson, Morrin, Landry, Campbell, Arnoldi, Hall, Bibaud, Bardy, Valois, Sutherland, Von Iffland, McCulloch, Badgley, Tavernier, and David.

Dr. Nelson, V.P., in the Chair.

The minutes of yesterday's transactions were read, after which, the President having transmitted the By-Laws, as sanctioned by His Excellency the Governor General, they were read to the meeting; and it was Resolved: "That the Secretary be instructed to have 300 French and 300 English copies of these By-Laws printed, for circulation among the members and others."

Dr. Von Iffland tendered his resignation of Secretary for the District of Quebec, as he was not a resident of that city as required by the By-Laws; on which it was moved by Dr. Hall, seconded by Dr. Badgley, and unanimously Resolved:—

"That while this Board regrets the necessity of Dr. Von Iffland's retirement from the office of Secretary for the District of Quebec, it tenders to that gentleman its thanks for the able, faithful, and diligent manner in which he discharged the duties of that office."

The Board then proceeded to Ballot for Secretary for the District of Quebec; when Dr. J. P. J. Landry was declared duly elected.

A letter was read from Dr. Fortier, one of the Governors of the College for the District of Three Rivers and St. Francis, resigning his seat, on which it was Resolved: "That Dr. Marsden, one of the Governors of the College of Physicians and Surgeons for the District of Three Rivers and St. Francis, having vacated his seat by removal from the district—and Dr. Fortier,

of the same district, having resigned his. the vacancies be forthwith filled up." On which the Board proceeded to Ballot for a member in Dr. Marsden's place; when Dr. J. B. Johnston, of Sherbrooke, was declared duly elected: the scrutineers being Drs. Valois and Campbell. And on the ballot being taken for a member in Dr. Fortier's place, Dr. Fowler, of Melbourne, was declared duly elected: Drs. Valois and Campbell being the scrutineers.

A letter and petition from Dr. Alcorn and other members of the profession in the Eastern Townships, was read; but the Board regretted that it could not act upon the suggestion therein contained, as the member recommended was not a Provincial Licentiate of four years.

It was then unanimously Resolved: "That, hereafter, all Candidates shall deposit with the Secretary, along with their credentials, the sum of ten dollars (£2 10s.,) the fee for the certificate recommending for License, which, with the exception of ten shillings (10s.,) to go to the Funds of the College, will be returned in case of rejection."

Drs. Nelson, Arnoldi, jun., and David, were appointed a Committee, to procure a suitable seal for the Corporation.

The meeting then adjourned.

A. H. David, M. D.,
Secretary, District of Montreal.

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

(*Continued from page* 82.)

Isaac Low Evans Ogden,	August 26,	1848
Louis Leon LeSieur Desaulniers,	August 26,	1848
Albert Baker, M.D.,	October 21,	1848
James Maurice Fitzgerald, M.D.,	October 21,	1848
Alexis Milette,	October 21,	1848
Charles Eusebe Lemieux	October 21,	1848
Joseph Hannibal O'Leary,	October 21,	1848
Charles Leon Fontaine,	October 21,	1848
Annibal M'Guire, M.D.,	October 21,	1848

LICENTIATES OF THE MEDICAL BOARD, C. W.

(*Continued from page* 81.)

Samuel Seddon Walbank,	July 15,	1848
John C. Warbrick,	July 22,	1848
Horace C. Hastings,	July 22,	1848
William Case Wright,	Aug. 12,	1848
Thomas Mercer Morton, L.R.C.S.L.,	Aug. 19,	1848
Thomas William Johnston,	Oct. 14,	1848
John Nation,	Oct. 28,	1848

MIDWIVES ENREGISTERED,

In accordance with the 10th and 11th Vict., Ch. 26, the following persons have this day been duly registered in the Books of the College of Physicians and Surgeons of Lower Canada, as being legally qualified to Practice Midwifery:—

Mrs. Christian Stewart, with a Diploma obtained in Edinburgh, and signed by Professor James Hamilton, dated 1811; also, with a Provincial License, dated 1817.

Mrs. Jane Buchanan, with a Diploma obtained in Edinburgh, and signed by Dr. Thatcher, Lecturer on Midwifery, dated 1824.

Mrs. Christian Sutherland, with a Diploma, also obtained in Edinburgh, and signed by Dr. Thatcher, dated 1831; and

Madame Marie Barbe Tavernier, dit Sanspitié, who submitted to an examination as to her obstetric acquirements.

F. C. T. Arnoldi, M.D., Registrar.
Col. Phys. & Surg. of L. C.
Montreal, Oct. 30, 1848.

Convocation at King's College, Toronto.—On the 26th inst., the following gentlemen were admitted to the several degrees opposite their names, viz:—

M. D. *(ad eundem)* Bovell, James, *Glasgow.*

M. A.—Wedd, Wm., B.A., Crookshank, George, B.A., Stennett, Rev. W., B.A., Roaf, John, B.A., Grasett, Rev. E., B.A., Lewis, Ira, B.A.

B.A.—1, Hudspeth, T. A.—2, Marsh, J. W.—3, Boulton, John,—4, Ryerson, Egn., Geddes, Rev. J. G., Shaw, John.

The Cholera.—The all-engrossing topic, engaging the attention of every person, is the Cholera; and if the past is to be a criterion of the future, we may, during the ensuing season, be again, and for the third time, visited with this awful scourge. In its progress over the continent of Europe, it has presented many of the features which characterized it during its last visitation. In October, 1831, it broke out in Hamburgh where it now exists, and in a short time afterwards exhibited itself in Sunderland, from which it spread in such a manner, that in the spring of 1832 it was prevalent in all the principal cities of Great Britain, but especially in Dublin, from whence a vessel sailed with 167 emigrants to this Province. This vessel was the "Carricks." In less than a fortnight after leaving land, one death occurred; in less than twice that period of time, forty of the passengers were numbered with the dead; and by the time that the vessel reached the Quarantine Station at Grosse Isle, the number of her passengers was diminished by forty-four, who were reported to the boarding officer as having died of some "unknown disease." This vessel arrived on the 3rd June at the Quarantine Station, and while lying there, another case occurred, proving fatal in three hours. On the 7th of June, the first case appeared in Quebec. The steamer which left for Montreal that evening, brought up the remains of an immigrant who was seized and died of the disease during her short passage. On the afternoon of the 9th, another fatal case occurred. On the night of the following day, a soldier died in Barracks; and the disease spread with fearful rapidity and malignity until the end of June, when a remission appeared to take place in its virulence.

In the middle of July, the hottest period of the year, the disease, "like a giant refreshed from slumber," re-appeared, as it were, with renewed vigor, scattering devastation around. The last cases which were treated occurred about the middle of October; but during the period mentioned, about three thousand deaths occurred in this city, of which, at least, two thousand were produced by cholera alone; and estimating the population at this period to be thirty thousand, the city was, at the time alluded to, exactly decimated. In 1834, vessels arrived at Grosse Isle, the Quarantine station, having cases of cholera on board; and a fatal case occurred at that station on the 11th June. Between this and the 6th July, several fatal cases occurred at Quebec, and it re-appeared in this city on the 11th, producing a mortality, for the ensuing three or four weeks, at the rate of seventy per diem. It gradually declined until the end of Sept.; and during this period it numbered twelve hundred victims. In every one of its features, the disease is precisely the same as was witnessed here in 1832 and 1834; and if it obeys the laws by which it was controlled in those years, we have every reason to anticipate its re-appearance during the ensuing summer. What are we to do? becomes, then, a solemn and a most important question. It has been proved, and this even now in England, that Quarantines are insufficient to the end proposed by their establishment. They may *stay* for a season, but they cannot *arrest*. The papers are filled with prophylactic and remedial measures, with instructions from Boards of Health, &c., &c. We propose to examine the subject seriously and dispassionately, yet succinctly. Persuaded of our inability, or, indeed, any human ability, to arrest the impending evil, we believe that it is fully possible to mitigate it, and in our next issue we will devote some space to the consideration of the question of the communicability of the disease, and other matters arising out of it with reference to sanitary measures.

Proposed Act of Incorporation of the Profession in Upper Canada.—We have been politely favoured by a friend, with a copy of the proposed Bill to Incorporate the Profession of Upper Canada into a College of Physicians and Surgeons, intended to be submitted to Parliament at its next Session. It is a transcript of the Lower Canada Act, as nearly as circumstances permit. During the short period since the Lower Canada Act has been in operation, it has proved itself by no means faultless, and, as in all probability, certain amendments will be proposed in it, it is highly desirable that the Upper Canadian one should be presented to the House with these amendments made integrant parts of the Bill, and the original draft might be corrected accordingly. We have heard some dissatisfaction expressed with reference to the manner in which the thirty-six members of the Council are proposed to be selected from the Province at large. Beyond the mere expression of this fact, we venture no opinion; but it is highly desirable, (and we are certain that the originators of the measure have been influenced by no other motive,) that full justice should be rendered to every portion of the Province. Our columns afford a legitimate means of canvassing the question, for circulating, as it does, largely in the Upper Province, it affords a means of communicating directly with the Profession generally on the subject. We are exceedingly pleased to see a move made in the onward direction. The Thompsonians, having been already frightened, have had a large meeting in the Johnstown District, passing various resolutions condemnatory of the Act. These as well as other quacks must learn, and the sooner the better, that free trade in physic will not be permitted, and that the Provincial Parliament having due respect unto the lives of Her Majesty's subjects, will preserve them to the utmost possible extent, by protecting them from medical knavery and imposition of all kinds.

House Surgeon, Marine Hospital, Quebec.—Members of the medical profession should not meddle themselves with politics. This we assume to be a general rule, which should influence their conduct in this particular. In appointments to official medical situations, politics on the part of those who appoint, should, to an equal extent, exert no influence. In the latter case, fitness alone should be the object sought for, and superior qualification the recommendation. We regret to perceive that this simple rule of conduct has been grossly violated by the Executive, in their recent appointment, of Mr. Lemieux, to the above hospital, who was, at the time of his nomination, scarcely one week a member of the profession, and whose license had not even been officially announced; but whose relationship with the Honorable member for Montmorenci has proved itself a qualification of greater value than the practical experience of years, of other candidates. Aware of the responsibilities of the office in this institution, a man of experience should have been selected to fill it, which Mr. Lemieux most notoriously is not. But, irrespective of this, he labors, as we are informed, under one serious disqualification, namely, a very imperfect acquaintance with the English language, which ninety-nine out of every hundred patients speak who seek the benefit of the institution. We object to the appointment in every particular, and this from no unfriendly feelings towards the incumbent. We object to it, in the first instance, as a gross political job, and on this point we speak positively; we have reason to know that the appointment of Mr. Lemieux was pre-determined, and made depen-

dent on his successful examination at the Medical Board. He did pass, and he got the appointment; and we object to it, in the second place, on the ground of his ignorance of the English language, and a necessary obliteration of that bond which attaches one countryman to another in a distant land, which is interwoven with his language, and is suggestive of the warmest sympathies in times of distress.

Toronto Lunatic Asylum.—A change has taken place in the medical superintendence of this valuable Institution; Dr. Parke, lately of Simcoe, occupying the situation formerly held by Dr. Telfer, of Toronto. The management of matters, however, appears to be in an anomalous condition; and the medical superintendent, instead of being invested with that power over his assistants, customary under such circumstances, such as suspending or discharging them for irregularities of conduct, has his acts, in this respect, supervised by a board of commissioners, who, in some instances, have reinstated assistants previously discharged. No proceeding is so likely to prove subversive of all order, in such an institution, as this. The medical superintendent's powers should be supreme in these matters, and the commissioners should support instead of thwart; should sustain his authority, instead of acting so as to lessen it. The responsibility rests with the physician, and he should not only have the power of selecting his assistants, but should also be endowed with full authority to dismiss them, when he finds them conducting themselves in such a manner as to interfere with the grand object which he has in view, and which he is placed there to fulfill.—We do not know of a single institution, in which the physicians attending are not invested with such powers.

OBITUARY.

At Kingston, on Thursday, 12th ult., Francis Armstrong, Esq., M. R. C. S. I. and late Surgeon of the Emigrant Hospital in that city, aged 34.

At the River Thames, Parish of St. Pierre, U. C., Dr. Louis Albert Bender, a native of Montreal, aged 60.

NOTICES TO CORRESPONDENTS.

Dr. Gibb's second letter from Paris has just been received.

Dr. Reynold's paper has also come to hand. Dr. R. has omitted to give dimensions. If he will send drawings on a certain scale we will ascertain the price of lithographing them.

Dr. Stratton's paper is still unavoidably postponed.

Insertion will be given in the next number to the paper "On the Present State of Education in Canada," by an old correspondent, "L." Its appearance in our next will, probably, subserve its object, as the attention of members of Parliament will then have been more recently attracted to the subject.

BOOKS, &c., RECEIVED.

Braithwaite's Retrospect. January to June, 1848.
Dublin Quarterly Journal. August, 1848.
Our usual exchanges.

MONTHLY METEOROLOGICAL REGISTER AT MONTREAL FOR SEPTEMBER, 1848.

Date.	Thermometer.				Barometer.				Winds.			Weather.		
	7 A.M.	3 P.M.	10 P.M.	Mean.	7 A.M.	3 P.M.	10 P.M.	Mean	7 A.M.	Noon.	6 P.M.	7 A.M.	3 P.M.	10 P.M.
1,	+70	+75	+64	+72.5	29.37	29.34	29.35	29.35	S W by S	S W	S W	Fair	Sho'rs	Cloudy
2,	" 61	" 65	" 62	" 63.-	29.46	29.52	29.59	29.52	W S W	W	N	Fair	Sho'rs	Sho'rs
3,	" 64	" 77	" 64	" 70.5	29.68	29.68	29.67	29.68	N W	W	W	Fair	Fair	Fair
4,	" 65	" 79	" 66	" 72.-	29.70	29.60	29.66	29.67	N W	N W	N W	Fair	Fair	Fair
5,	" 62	" 84	" 67	" 73.-	29.64	29.60	29.62	29.62	N W	W	W	Fair	Fair	Sho'rs
6,	" 61	" 75	" 65	" 68.-	29.62	29.74	29.78	29.71	W by N	N	N	Fair	Fair	Fair
7,	" 58	" 76	" 57	" 67.-	29.80	29.78	29.76	29.78	N	N W	N W	Fair	Fair	Fair
8,	" 56	" 72	" 61	" 69.-	29.74	29.64	29.66	29.68	S W	S W	S W	Fair	Rain	Rain
9,	" 54	" 67	" 52	" 60.5	29.68	29.72	29.70	29.70	N by W	N W	N W	Fair	Fair	Fair
10,	" 56	" 70	" 60	" 63.-	29.74	29.70	29.64	29.69	N W	W N W	W by S	Fair	Fair	Cloudy
11,	" 58	" 69	" 52	" 63.5	29.62	29.58	29.66	29.62	S W by S	S W by S	N W	Rain	Rain	Rain
12,	" 46	" 60	" 45	" 53.-	29.81	29.86	29.93	29.87	N E	N E	N W by W	Fair	Fair	Fair
13,	" 47	" 64	" 46	" 55.5	30.05	29.98	29.98	30.00	N W	N W	N by W	Fair	Fair	Fair
14,	" 46	" 52	" 48	" 49.-	29.90	29.69	29.37	29.65	N E by N	E by S	E N E	Fair	Rain	Rain
15,	" 54	" 48	" 44	" 51.-	29.14	29.26	29.48	29.29	W S W	N by W	N W	Rain	Rain	Fair
16,	" 45	" 56	" 42	" 50.5	29.56	29.59	29.60	29.58	W by S	W by S	W by S	Fair	Fair	Fair
17,	" 48	" 64	" 53	" 56.-	29.64	29.63	29.62	29.63	S W by S	S	S	Fair	Fair	Rain
18,	" 50	" 66	" 47	" 58.-	29.60	29.62	29.67	29.63	N E	E	E S E	Rain	Rain	Fair
19,	" 56	" 67	" 60	" 61.5	29.74	29.69	29 58	29.67	S E by S	S E by S	S E	Rain	Sho'rs	Cloudy
20,	" 64	" 60	" 66	" 62.-	29.55	29.42	29.53	29.50	S E	S E	S E	Fair	Rain	Cloudy
21,	" 48	" 66	" 44	" 57.-	29.60	29.65	29.75	29.67	S by W	W	W	Fair	Fair	Fair
22,	" 39	" 48	" 44	" 43.5	29.82	29.77	29.70	29.76	N E	N E	N E	Fair	Cloudy	o'erc'st
23,	" 41	" 52	" 48	" 46.5	29.57	29.42	29.38	29.46	W	W S W	W S W	Rain	Rain	Cloudy
24,	" 46	" 56	" 44	" 51.-	29.40	29.58	29.65	29 54	S W	W	W by N	Rain	Fair	Fair
25,	" 40	" 57	" 46	" 48.5	29.56	29.53	29.50	29.53	W	W	W N W	Fair	Rain	Cloudy
26,	" 39	" 55	" 35	" 47.-	29.66	29.74	29.82	29.74	W N W	W N W	W N W	Fair	Fair	Fair
27,	" 36	" 57	" 41	" 46.5	29.80	29.64	29.55	29.66	W by N	W by N	W by N	Fair	Fair	Fair
28,	" 38	" 47	" 40	" 42.5	29.37	29.41	29.43	29.40	W by N	N W	N W	Rain	Fair	o'erc'st
29,	" 41	" 52	" 54	" 46.5	29.34	29.30	29.35	29.33	N W	N by W	S by W	o'erc'st	Rain	Rain
30,	" 53	" 55	" 52	" 54.-	29.50	29.64	29.72	29.62	S S E	S	S	Rain	Rain	Rain

Therm. { Max. Temp., +84° on the 5th
Min. " 35° " 26th
Mean of the Month, +57.4

Barometer, { Maximum, 30.05 In. on the 13th
Minimum, 29.14 " 15th.
Mean of Month, 29.618 Inches.

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

Latitude 43°. 39′.4. *N. Longitude* 79°. 21′.5. *W. Elevation above Lake Ontario*, 108 *Feet.*—(*For the Brit. Amer. Jour. of Med. and Phys. Science.*)

Day.	Barometer at Temp. of 32°.				Temperature of the Air.				Tension of Vapour.				Humidity of the Air.				Wind.			Rain in. on surf.	Weather.
	7 A.M.	3 P.M.	10 P.M.	Mean of 24 h.	7 A.M.	3 P.M.	10P.M	Mean of 24h	7A M	3 P.M	10P.M	Mean of 24h	7A.M.	3P.M	10P.M	Mean of 24h	7 A.M.	3 P.M.	10 P.M.		
1,	29.251	29.404	29.503	29.414	65.0°	67.4°	62.2°	65.2	.380	.354	.523	.465	.62	.54	.96	.78	S. W.	W. N. W	W. by S.	—	Gen overcast. Slight rain at 9h 30m pm
2,	29.636	29.651	29.727	29.672	61.2	73.4	59.2	62.1	.430	.433	.419	.421	.81	.54	.86	.78	N W by W	N W by W	Calm.	not ap	Mostly cl'r, A few passing clouds.
3,	29.741	29.668	—	—	68.7	77.4	—	—	.473	.601	—	—	.70	.66	—	—	S.	S.	——	—	Hazy am. Light clouds & haze pm
4,	29.653	29.556	29.526	29.570	63.5	80.4	64.4	68.9	.527	.630	.498	.563	.93	.62	.85	.82	Calm.	S. S. E.	Calm.	—	M'tly o'rc't am. Cl'r fr 9 pm. Aur 10 pm
5,	29.567	29.630	29.760	29.676	67.0	73.4	54.5	61.9	.513	.288	.277	.344	.80	.36	.66	.62	N. by W.	N W	NW by W	—	AM clouded. Clear from noon.
6,	29.829	29.827	29.863	29.855	53.8	68.0	53.0	57.5	.277	.260	.252	.253	.68	.39	.64	.55	N. by W.	N. N.W	N. N.W.	—	Clear, save a few passing clouds.
7,	29.905	29.778	29.738	29.793	48.0	67.6	58.1	61.7	.254	.305	.388	.363	.77	.46	.82	.68	Calm.	S. by E.	S.W.by W	—	Unclouded. Very fine.
8,	29.691	29.602	29.664	29.651	56.7	72.6	55.6	64.0	.400	.437	.330	.426	.89	.56	.76	.73	Calm.	N. by W.	Calm.	—	Generally clear. Fine.
9,	29.700	29.647	29.610	29.647	50.0	63.6	51.6	55.0	.304	.347	.285	.307	.85	.60	.75	.72	Calm.	S. by E.	N. N.W.	—	Light passing clouds am. Clear pm
10,	29.609	29.541	—	—	60.2	69.2	—	—	.337	.474	—	—	.66	.68	—	—	S. S. W.	S	——	—	Generally clouded. A few clear spaces
11,	29.581	29.585	29.656	29.633	60.6	63.8	53.1	58.5	.496	.481	.348	.438	.96	.84	.87	.89	Calm.	N. by W.	Calm.	0.150	Clouded. Thun, lightn, & rain occas
12,	29.829	29.881	29.898	29.882	51.9	58.8	47.4	52.9	.319	.212	.233	.294	.84	.43	.72	.74	N. by W.	N. by W.	N.	.210	Mostly clear am. Clear pm.
13,	29.962	29.887	29.813	29.861	46.0	59.2	48.0	51.8	.258	.279	.262	.256	.83	.56	.80	.69	N. N. W.	S.	Calm.	—	Gen cl'd. Halo round sun 4 pm, round moon 9 pm.
14,	29.489	29.146	29.144	29.230	52.6	58.3	55.2	54.6	.345	.442	.426	.408	.88	.92	1.00	.97	S. E.	E. N. E.	Calm.	.560	Constant light rain from 5 am. Thunder and lightning 5 to 9 pm
15,	29.298	29.468	29.535	29.465	51.4	57.4	44.9	48.5	.292	.327	.234	.259	.78	.70	.79	.77	N.W.	N.W.	Calm.	.440	Clouded till 2 pm. Clear from 4 pm
16,	29.565	29.497	29.438	29.483	42.5	54.6	52.0	51.7	.211	.272	.323	.285	.78	.65	.84	.74	Calm.	S. S. E.	S. S. W.	—	Unclouded am. Hazy pm. Fine day. Hoar frost am.
17,	29.370	29.317	—	—	58.0	60.7	—	—	.374	.351	—	—	.79	.67	—	—	S S E	S. E.	——	—	Densely clouded.
18,	29.414	29.533	29.627	29.541	53.8	61.9	53.4	55.1	.389	.373	.360	.376	.96	.69	.90	.88	Calm.	W. by S.	Calm.	.620	Clouded. Heavy rain during the night
19,	29.542	29.445	29.380	29.436	57.2	63.8	58.8	60.0	.429	.463	.440	.463	.94	.80	.91	.91	S.	S. S. W	W S W	.080	Densely o'rc't. R'ng most of day.
20,	29.325	29.409	29.537	29.449	51.6	59.4	48.1	51.1	.349	.291	.273	.319	.93	.59	.82	.85	S.W by W	W.	N. N.W.	.330	R'ng till 10 am. Gen cl'd. Aur at 9 pm
21,	29.638	29.677	29.779	29.713	42.6	52.4	42.4	46.3	.238	.235	.221	.244	.89	.61	.82	.78	N. W.	W. N. W.	Calm.	—	Gen cl'd. Slight rain 1 to 4 pm
22,	29.858	29.804	29.816	29.830	38.6	48.2	34.8	39.5	.186	.179	.171	.180	.79	.54	.85	.75	N. N. W	N W by W	Calm.	.070	Mostly clear. Dense cl'ds at 5 & 6 pm
23,	29.770	29.555	29.544	29.609	35.0	59.4	47.0	48.0	.156	.306	.250	.229	.77	.62	.78	.69	NW by W	W N W	Calm.	—	Generally clouded.
24,	29.606	29.587	—	—	53.0	55.8	—	—	.293	.347	—	—	.74	.80	—	—	N. N. W.	N N W	——	—	Mostly clear. Fine.
25,	29.573	29.451	29.639	29.569	42.4	59.8	47.0	50.2	.220	.397	.208	.268	.82	.79	.64	.74	N. N. E.	W.	N. N.W.	—	Generally clouded. Clear spaces.
26,	29.800	29.815	29.824	29.809	35.2	47.9	31.7	38.0	.167	.172	.153	.164	.82	.52	.87	.73	N.N.W.	N.W by N	Calm.	—	Part cl'd till 2 pm. Rem. clear
27,	29.700	29.475	29.356	29.498	31.4	53.7	50.5	49.2	.158	.274	.293	.265	.90	.67	.81	.76	Calm.	S. E.	W.N.W.	—	Gen cl'd. Ice 3-8ths of an in thick 7 am
28,	29.465	29.338	29.202	29.288	37.9	45.8	45.6	42.7	.160	.184	.237	.203	.70	.60	.79	.74	N. N. W.	W. by S.	S. E.	—	Const slight r'n fr 9 pm. Day clouded
29,	28.927	29.018	29.237	29.100	51.4	59.0	47.6	50.3	.348	.353	.263	.321	.93	.72	.80	.88	S. S. W.	W.	Calm.	.575	Cl'd. Showery. Aur l't 9 pm to midn
30,	29.482	29.648	29.764	29.664	36.0	48.8	41.4	43.3	.197	.255	.214	.219	.94	.75	.83	.79	Calm.	N.N.W.	N. N.W.	.080	Gen cl'd. Faint auroral light 9 pm
Mean	29.594	29.566	29.599	29.5898	49.4	60.7	50.3	53.39	.308	.329	.303	.320	.84	.62	.82	.77	4.50 miles	9.04 miles	3.49 miles	3.115	First frost of the season on the morning of the 13th.

Highest Barometer, 29.971 on 13th, at 9 a.m. } Monthly
Lowest do. 28.863 on 29th, at 5 a.m. } Range 1.111
Highest Temperature, 80°.4 on 4th, at 3 p.m. } Monthly
Lowest do. .. 28°.1 on 27th, a.m. } Range 52.3
Mean Max. Therm., 62.93—Mean Min. Therm., 45.16.
Mean Daily Range, .. 17°.77
Extreme Daily Range, 30°.5 from am to 3 pm on 11th
Most windy hour, 1 pm—Mean velocity, 9.54 miles per hour.
Least do, 11 pm— Do, 3.13 do.

Proportion of Wind from each Quarter—
From N. 1685.7
W. 2062.7
S. 1114.6
E. 445.0
Mean velocity of the Wind, 5.81 miles per hour.
Maximum velocity, 19.6 miles from noon to 1 pm., on 1st
Most Windy Day, 1st.—Mean velocity per hour, 9.80 miles
Least do. 16th. " " 2.91

Temperature for September.

Year.	Mean.	Max.	Min.	Range.	Rain. No. Days.	Rain. Inches.	Wind. Winds.	Wind. Calms	Wind. Mean force.
1840, ...	54.4°	73.6°	30.2°	43.4°	4	1.380			
1841, ...	61.5	80.2	37.7	42.5	9	3.340	195	117	0.26
1842, ...	55.6	82.6	27.9	54.7	12	6.160	402	222	0.45
1843, ...	58.98	89.0	32.2	56.8	10	9.760	420	204	0.57
1844, ...	58.47	81.8	28.2	53.6	4	0.230	283	317	0.26
1845, ...	55.91	79.6	34.0	45.6	16	6.245	395	225	0.34
1846, ...	63.41	84.3	37.3	47.0	11	4.595	381	243	0.33
1847, ...	54.91	74.5	35.0	39.5	15	6.665	442	182	0.33
1848, ...	53.39	80.4	28.1	52.3	11	3.115	192	63	0.46

The approximate mean of the Barometer is derived from ten observations daily; the means of the other elements are taken from four observations daily, viz., 9 and 10 a.m., and 9 and 10 p.m. The whole are close approximations to true means. Further explanatory notes will be found at the foot of all the Registers of 1845, 1846 and 1847.

Magnetic Disturbances, September 30, 16h to 17h, Gott., slight, 33′.0 of Declination.

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Theory and Practice of Medicine,	by A. F. Holmes, M.D.
Principles and Practice of Surgery,	" G. W. Campbell, M.D.
Chemistry,	" A. Hall, M.D.
Midwifery and Diseases of Women and Children,	" M. McCulloch, M.D.
Anatomy (General and Descriptive),	" O. T. Bruneau, M. D.
Materia Medica and Pharmacy,	" S. C. Sewell, M.D.
Clinical Medicine and Surgery,	" J. Crawford, M.D.
Institutes of Medicine, (Physiology, &c.),	" R. L. Macdonnell, M.D.
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Chemistry,	Dr. Sutherland.	Midwifery,	Dr. Arnoldi.
Materia Medica,	Dr. Coderre.	Institutes of Medicine,	Dr. Peltier.
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