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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.]

JUNE, 1848.

[No. 2

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[No. 2.

ART. VIII.—THE IRISH IMMIGRANT FEVER.

By FRs. BADGLEY, M.D.,

Lecturer on the Theory and Practice of Medicine in the Incorporated School of Medicine, Montreal, &c., &c.

(No. 3.—Continued from Page 288, Vol. III.)

Were collateral proof required, as to the manner in which this disease is propagated, in addition to the undeniable evidence already furnished in the three preceding instances, and which might have been multiplied to an almost indefinite extent from among my own cases as well as those that occurred in the practice of my professional friends in this city, I would only refer to the valuable tables appended by Dr. G. Douglas to his remarks on Ship Fever, published in the March number of this Journal. On referring to his 2nd table, we find that of 328 persons at Grosse Isle, whose duties brought them in contact with the sick during last season, 183, or upwards of 50 per cent., contracted and developed the disease there; and that of this number, 45, or 25 per cent., are reported to have died on the island, independently of those who, with the premonitory symptoms, immediately left the locality, and either died or recovered at places distant from the scene of carnage; and independently also of those whose physical and mental powers enabled them to resist the influence of the poison upon their blood, to variable periods after they had quitted Grosse Isle, apparently in good health. What says the able Medical Superintendent himself in his foot-note to the 2nd table? "Many of the Hospital orderlies, nurses, and cooks, were emigrants convalescent from fever, otherwise the proportion of sick would have been greater, as nearly all those who came down from Quebec and Montreal to be engaged, contracted fever either at Grosse Isle or soon after leaving it." The contagiousness of this disease may, I apprehend, be safely based upon these data.

Before dismissing this part of the subject, I must take leave to differ entirely in opinion with Dr. Douglas as to the *apparent* possession of a *certain* immunity for years after from second attacks of this disease in those who have been once affected, and I do so on the following grounds:—

1. Because the disease of the past season has had a type of its own, differing entirely from ordinary continued fever, either in its synochoid or typhoid varieties, as presented among the emigrants of former years.

2. Because cases have occurred both in the Hospital at Pointe St. Charles, the Montreal General Hospital, and in private practice in this city, where second attacks of the fever have presented themselves after lapses of

two, three, or four months, the patients having been discharged cured, returned again ill, and sunk under the second attack.

3. Because the statistics published with reference to the medical men in attendance upon these cases in Great Britain and Ireland, shew cases not only of *second* but of *third* attacks.

4. Because I consider the apparently new phases which this disease often assumed, after convalescence from the primary fever, in the shape of dysentery, purpura, scurvy, and erysipelas, were only modified types of the original *pestilence*.

In support of my first ground of dissent from Dr. D.'s *surmise*, for the statement is not made in positive terms, nor is it asserted as a fact, I will refer to and draw from Dr. D.'s own first table. In the year 1834 the admissions into Hospital at Grosse Isle were 844, or 2 $\frac{3}{4}$ per cent. out of nearly 31,000, and the deaths amounted to 264, or 31.16 per cent.; of these 844 sick cases, there were of *cholera*, 290; fever and dysentery, 404, or 1.30 per cent.; small pox, 12; other diseases, 138. In 1840 the total of emigrants was 22,065; total sick, 561, or 1 $\frac{1}{2}$ per cent.; total deaths, 41, or 7.31 per cent.; of these 561, there were of fever and dysentery, 485, or 2.15 per cent.; small pox, 60; other diseases, 16. In 1847, total of emigrants, 98,000; total sick, 8691, or 8.86 per cent.; total deaths, 3238, or 37 $\frac{1}{4}$ per cent.; of these 8691, there were of fever and dysentery, 8574, or 8 $\frac{3}{4}$ per cent.; small pox, 92; other diseases, 25. My reason for selecting these three years is, because in 1834 the per centage of mortality was the greatest of all the 15 years given in the table, except 1847; and this is accounted for by the presence of cholera, the cases of fever being only 1.30 per cent.; in 1840 the fever and dysentery cases show a per centage of 2.10, the largest of all the same 15 years except 1847; yet the mortality of that year is only 7.31 per cent.; whereas in 1847, with a per centage of 8.74 of fever and dysentery cases, 92 small pox, and 25 other diseases, there was a per centage of deaths amounting to 37.26 per cent.

With regard to my second ground of objection, I would state, that one of our most intelligent and zealous medical officers at the Hospital at Pointe St. Charles, Dr. Williams, having had the fever at sea during his voyage, and after his arrival at Quebec with his family, been for many weeks under the kind care of Drs. Douglas and Morrin for dysentery, recovered, and reached this city, was appointed to charge at our Hospital, and faithfully fulfilled the duties entrusted to him during three months; he was suddenly attacked the second time with all the symptoms of this fever, and so

ill was he when I had him conveyed to the Montreal General Hospital, that one of the resident medical officers of that institution remarked to me, on the occasion of my paying him a second visit, on the day of his admission, that he would be "carried out in his coffin;" but he recovered.

A young man, comfortably circumstanced, a tailor, who was seized with fever shortly after reaching this city last summer, whom I sent into the Montreal General Hospital, who ultimately recovered, and was discharged cured in October, again sent for me in February of the present year, for a second attack of the same fever. He has also quite recovered.

Two sisters, respectable and well conducted young women, who entered the Hospital at Pointe St. Charles, convalescent from the fever which they had gone through at the old sheds by the canal side, became nurses; after a period of between four and five weeks, they both again took fever, one in a milder form than the other; of these one recovered, the other died.

Three cases which I had discharged soon after taking charge of the Wards allotted to me in November last, at the Montreal General Hospital, and which had been successfully treated by my predecessor, returned in the course of my second month's attendance, and were again admitted, one on my own side of the house, and two into Dr. Crawford's Wards, with fever. A very respectable and well educated man who was under my care in the same institution for fever, complicated with or attended by jaundice, and whom I discharged perfectly convalescent, entered, within six weeks after, the Hotel Dieu in this city, and ultimately died from a second attack of fever *without* jaundice.

These cases will suffice (but I could multiply them) to establish the grounds of my dissent from Dr. D.'s premises; my object is merely to correct a statement, which, although only hazarded by Dr. Douglass, might otherwise be construed into a basis, for asserting immunity from second attacks of this disease, and which might prove as disappointing and baseless as a vision's fabric. I feel confident that that gentleman (whom I have not the pleasure of knowing even personally) will excuse these remarks, as they have been made with the single motive of truthfully recording the results of my own observation and experience with reference to this interesting disease.

I now proceed to the third head of enquiry, under which I proposed to arrange the consideration of this subject—its period of incubation. It must be admitted that great uncertainty envelopes this point. In the histories of many of the vessels which left Great Britain and Ireland last season, it was stated, that within from four to ten days after setting sail, there having been a sick person embarked, either a child or an adult, fever broke out, and the massacre gradually increased. In the third case recorded by myself in my former communication, the young carpenter had been at work for eight days; had enjoyed perfect health during that time; had used every possible precaution to avoid coming into collision with the sick, but was seized with fever the day subsequent to that upon which he had apparently inhaled the poisonous miasm through the aperture made

in the roof of the shed. In the first case the foreman was clearly under the influence of the poison on the third day after exposure; and in my second case it was as evidently on the evening of the third or the morning of the fourth day that the disease developed itself in the widow. At the old sheds, among the medical gentlemen and assistants, various periods between four and twelve days elapsed before the primary symptoms manifested themselves. In the cases of the late excellent steward and matron of the Montreal General Hospital, both of whom had rendered most efficient services in that institution, from the day of the admission of the first case of fever, and who undauntingly persevered in the performance of their arduous duties with the most Christian benevolence and untiring zeal; we saw these exemplary persons at last sink under the influence of this accumulated poison, the one after five months' exposure, the other after seven. In the latter of these cases the entire illness occupied a period of less than *thirty* hours, affording one of the most extraordinary instances of asthenia, or complete annihilation of the heart's functions that I have ever seen or read of, except in cases of pure poisoning. As the result of my personal inquiries and observations on this subject, I should be inclined to consider from three to six days as the period of incubation of this disease; this, as a matter of course, influenced and controlled by the previous condition of the recipient and his power of resistance. Differing as this affection does from those whose incubatory periods have been established by experience, we find in it nevertheless an analogy in those other diseases dependant upon the action on the blood of specific agents, as in erysipelas, puerperal fever, and all those constitutional maladies caused, accompanied, or followed by secondary deposits, so well expressed by French pathologists under the title of "Infection Purulente."

Let me now proceed to notice the complications manifested in its progress, or, I should rather say, the indices of the special operation of the proximate cause upon particular tissues or organs; for I am free to acknowledge it as my own opinion, that all the local characters assumed by this disease are clearly referrible to the one and selfsame cause, the spanæmic condition of the blood. It is true, that in one class of cases the pressure of the disease seemed to fall upon the vascular system, in some portion of this from the heart, to the capillaries; in another, the whole cerebro-spinal axis, or only certain portions of nerve tissue manifested the disorder to which they were subjected; and this they shewed either by exaltation, diminution, or perversion of function. In a third class of cases the absorbent system, and principally the venous portion of this exhibited the existence of a foreign noxious matter somewhere, which interfered with and finally destroyed the exercise of its function. As I shall have occasion to revert to this matter at a future period, I will now only arrange the various manifestations of this malady. But before attempting any thing like a detail of these pathological conditions, I beg to state in *limine*, that I do not remember having met with a single case which was entitled to the appellation of an "itis," by which nosologists ordinarily recognize and designate acute inflammatory

action; nor did I ever see any post-mortem appearances that would justify the propriety of entertaining such an idea. On the contrary, hyperæmia or congestion was extensively manifested in the cranial contents, and those of the vertebral canal, in the mucous, serous, and parenchymatous tissues; and what was the condition of the blood thus congested? Did we not see the altered quality and quantity of the blood (induced by the *materies morbi*) proved by the brain and nerve tissue not receiving its ordinary, natural, or healthy nourishment, as shewn at times by excessive drowsiness, vertigo, coma in its various degrees, perversion of ideas, (not delirium), or painful sleeplessness? Did we not notice the various forms and degrees of paralysis, sometimes in the motific, sometimes in the sensific nerves, at one time in the shape of aphonia or loss of taste, at another, of general anæsthesia, or again at another of general fidgets or malaise over the entire surface? So also with regard to the mucous, serous, and parenchymatous structures; at one time the ordinary effect of congestion was manifested in the increased secretion of the matters furnished by these in the form of mucus, serum, matter of perspiration, bile, &c.; at another time under the combined influence of the depraved condition of the blood itself and the deranged state of the nervous system, we had enormous quantities of matters, varying in quantity from that of health, or even of inflammation, thrown out from the bronchial, or intestinal mucous, serous, dermoid, or cellular surfaces, giving rise to what appeared to be cases of bronchitis, pneumonia, hepatization of the lungs, dropsy in its various forms, as œdema, anasarca, ascites, hydrocele, hydrothorax, &c., jaundice, or diarrhœa, and sudamina;—or, advancing another step farther, did we not see hæmorrhagic discharges in the form of stigmata or sudor hæmorrhagicus, epistaxis, hæmoptysis, hæmatemesis, melæna, hæmaturia, hæmorrhoids, or all these comprehended in the word purpura? Did these take place as the result of inflammatory or sthenic action? Did the pulse indicate this? Did blood taken by the lancet, and which, on coagulating, exhibited the third degree of firmness in the clot, being in fact a cake of tarry size, indicate this? Was there, in a word, any appearance of Bouillaud's *angio-hæmatite*, present? I answer, no. In every case I humbly conceive, that the two conditions necessary for the development of these phenomena were clearly evident; first, in the deteriorated quality of the blood, and secondly, in the loss of tonicity in the containing vessels. It was an exosmosis, at one time of the thinner constituents of the blood, at another, of these combined with the blood corpuscles, and why? Because the *materies vitæ*, the *pabulum*, was wanting; the hæmatosis was at fault; the very colour and appearance of the urine in the great majority of cases of this disease, independently of the positive proof of the existence of blood in it by the microscope, sustain, I think, my position.

The same explanation applies to the nervous system. It is surely unnecessary to remind your readers of the intimate and inseparable connexion subsisting between this and the vascular system; from the *vasa vasorum* of the capillaries, and the minutest ramifications of the peripheral nerves, on the one hand, to the heart and

great nervous centres on the other. Any thing interfering with the due equilibrium in the amount of nourishment furnished to either of these, must involve the right working of the whole or part of the machine; and hence the great community of interest observed between these two great systems, evidenced at one time by asthenia of the heart, hurried respiration, dyspnœa, anorexia, vomiting, constipation, ischuria, interrupted menstruation, dryness of skin, &c.; or at another by cephalalgia, palpitation, hiccough, colic, general tenderness of the skin, and pains simulating rheumatism.

(To be continued.)

ART. IX.—REMARKS ON DEODORIZATION, AND DISINFECTION, AND ON SIR WM. BURNETT'S DISINFECTING FLUID—THE SOLUTION OF THE CHLORIDE OF ZINC.

By T. STRATTON, M.D., Surgeon, R. N., Particular Service.

Having during the last nine months, since August, 1847, made extensive and varied use, in various emigrant fever hospitals and elsewhere, of Dr. Sir Wm. Burnett's Disinfecting Fluid, the Solution of the Chloride of Zinc, I beg to offer a few remarks on some of its effects and uses. I shall consider, first, its antiseptic; secondly, its deodorizing; and thirdly, its disinfecting properties.

I. As an antiseptic it is exceedingly useful for preserving dead bodies for the purpose of dissection. The strength is one part of the fluid to forty parts of water; with this the blood-vessels are injected before using the common paint injection; afterwards, while the dissection proceeds, the parts may be occasionally spunged with the diluted fluid, or the body may be immersed in it for an hour or so every four or five days. Some other antiseptic agents have the effect of blunting the knives used in dissection, which is not the case with this fluid. Other solutions are apt, when the parts become dry, to leave gritty particles. The Chloride of Zinc is so deliquescent that this cannot happen with it.

For preserving anatomical preparations, the diluted fluid may be used instead of spirits of wine.

Besides preventing further decomposition, the fluid destroys any disagreeable odour from decomposition that has already commenced. It is needless to enlarge on the beneficial consequences of using this fluid in dissecting-rooms, where students breathing the contaminated air for several hours a-day, have their digestion impaired, their general health injured, and are thus made, more than others, liable to suffer from exposure to infectious diseases. A great obstacle to making post-mortem examinations in private houses, is the disagreeable odour attendant thereon, and which is only questionably remedied by the odour from chloride of lime; but as the Burnett fluid is odorless, it is consequently greatly superior to this last, and it also perfectly overcomes the autopsic odour. When one has made an autopsy, there is generally some odour attaching to his hands for several hours, but by dipping them for a minute or two in the fluid, this odour disappears. In Montreal the Burnett fluid has been successfully used for anatomical purposes by Dr. G. Campbell, Dr. Arnoldi, jr., Dr. Wright, Dr. Baker, and others, and has come up to the re-

commendations* given of it by Professor Sharpey, Mr. Partridge, Mr. Bowman, and Mr. Pettigrew, of London, Sir James Murray, of Dublin, and others concerned in the teaching of anatomy. In Quebec the fluid was employed by Dr. Racey, while making post-mortem preparations, and I showed to several medical men there the difference between a portion of subject treated with the fluid and another part left untouched.

II.—Of the Deodorizing Properties of the Burnett Fluid.

I. With regard to its action on feculent odours, we may observe that feculent matter contains—1, ammonia; 2, sulphuretted hydrogen; 3, decomposing animal matter, combined with ammonia; 4, occasionally fresh animal matter (as in some diseases where there is a motion soon after taking food). When the fluid is added to the above matter, the chloride of zinc acts on the fresh animal matter, prevents decomposition, and the consequent evolution of disodour; also, on the decomposing animal matter, presenting further decomposition: part of the chloride of zinc gives its chlorine, and the sulphuretted hydrogen gives its hydrogen to the ammonia to form odorless muriate of ammonia; the sulphur combining with the zinc to form sulphuret of zinc. As the ammonia is the vehicle of the feculent odour, feculent matter ceases to have any effluvia as soon as the ammonia becomes muriate of ammonia.

2. With respect to the action of the fluid on urinous odours; among the ingredients of the urine are—1, ammonia; 2, decomposing animal matter (mucus); 3, according to Prout, phosphuretted hydrogen is occasionally present; 4, water.

The solution instantly and permanently removes the odour of fetid urine by their being formed muriate of ammonia and phosphuret of zinc; while part of the chloride of zinc, or oxid of zinc, acts on the decomposing animal matter.

3. The odour of bilge-water depends on sulphuretted hydrogen; and this gas is produced on board ship from the wood decomposing and resolving itself into carbon, hydrogen, and oxygen, and these acting on the sulphates of lime and magnesia, in sea-water. I find that the fluid instantly destroys the odour of bilge-water; there being formed sulphuret of zinc and muriatic acid. Any remaining chloride of zinc which has no sulphuretted hydrogen on which to act, has a preservative effect on the wood, and contributes to prevent the further formation of sulphuretted hydrogen.

4. In crowded transports and emigrant ships, and especially in bad weather, the air becomes very foul; also in crowded barracks, badly constructed as regards ventilation, the use of the diluted fluid (1 to 40) is highly conducive to comfort and health.

5. The plan of many jails is so faulty, that there are many cells which it is nearly impossible to ventilate, and which (even after removing all the bedding, &c. in them) retain a peculiar and disagreeable odour. I found that this odour was removed by waving, for a minute or two,

a flannel cloth wet with the diluted fluid; as in the case of ships and barracks, or any other crowded places, there may also be some of the fluid sprinkled over the floor.*

6. When the diluted fluid (one part to sixty parts of water) is applied by sponging to the persons of typhus-patients, it removes the peculiar odour emitted by them. Except where cold sponging is indicated, the fluid ought to be used of the temperature of the patient.

7. In hospital-wards full of typhus and dysentery cases, the air becomes exceedingly impure, and in cold weather, and at night, ventilation often cannot be had recourse to. In such cases the disagreeable odour is removed by waving flannel cloths wet with the diluted fluid (1 to 40) two or three times a day for a few minutes at a time, and by sprinkling some fluid on the floor. Where there is dysentery, a small quantity of fluid may be poured into the utensils over night. The odour emitted from the surface of the body of a dysentery patient is much lessened by sponging him with tepid diluted fluid (1 to 60). I found that having the fluid used in the way of waving and sprinkling once a day, when the same process was repeated next morning, there was no disagreeable odour, or almost none, perceptible; this, too, was in badly ventilated wards crowded with fever and dysentery patients. I found that the proportion of one ounce of the strong fluid (making 41 ounces of the diluted fluid) was sufficient for every ten persons: the price of the fluid, (as at present advertised,) is three shillings sterling a quart, or about a penny an ounce; so that, to give the sick the daily benefit of having the fluid used, it would cost an hospital tenpence a day for a hundred sick, and eight shillings and fourpence for a thousand sick. The expense of any article for hospital use on the large scale is an important consideration, and besides the great superiority of the Burnett fluid in other respects, it is much cheaper than chloride of lime, and other agents used for similar purposes, as these are usually sold, and considering the comparative quantities of them that are requisite. As for the Ledoyen fluid, (not to speak at present of the radical error its proposer made in taking such a poisonous substance as lead for a base,) I believe it is advertised for sale at sixpence sterling for a bottle containing about 18 ounces, while the same sum will purchase about 246 ounces of the diluted Burnett fluid.

Nearly all the medical practitioners of Montreal and Quebec have made trial of, and are completely satisfied with, the antiseptic powers of the Burnett fluid.

III.—Of the Disinfecting Properties of the Burnett Fluid.

Some of our best medical authorities† do not agree in the meaning they appear to attach to the word *disinfect*, some restricting it to an action on infectious miasm, and others, apparently extending it to an action on offensive odours not in any way connected with infectious miasmata. By a disinfecting substance, I mean one which

* Where the fluid is applied to wood work, the use of soap, soda, or potash, should be avoided immediately before or after its application.

† See Copland's Dictionary of Medicine; Brown in Cyclopædia of Medicine; Dunglison's General Therapeutics.

* In a publication entitled "Reports on the Solution of Chloride of Zinc, (Sir Wm. Burnett's Disinfecting Fluid.) London: Printed for her Majesty Stationery Office, 1847." Reviewed in Dr. Hall's Journal for March, 1848.

either, 1—destroys infection, or, 2—greatly lessens its intensity.

The question of infection is one of the most subtle and difficult in medicine, and has called forth the most decided and opposite opinions from writers on the subject of fever. As infection is known only by its effects, and eludes any attempt to subject it to experiment, it is, in consequence, allowable to call in the aid of theory, as long as this is reasonable, and not at variance with facts.

As Professor Alison* observes,—“If hypotheses are introduced sparingly, and the grounds on which they rest fairly stated, they are admitted to be part of the process by which the knowledge of the truth is attained, even in the most strictly inductive sciences; and those who profess to reject and despise them, are not those whose opinions are the most exempt from their influence.”

According to Liebig,† ammonia is always generated in sick-rooms, and particularly so where the disease is infectious; he also considers that this ammonia is the vehicle of the infectious principle, and what renders it volatile, so that if the ammonia be removed, the infectious essence ceases to act. By freely using the chloride of zinc solution in a sick room, the ammonia becomes muriate of ammonia, and the air of the apartment is, according to this theory, completely disinfected: this is presuming, that all the air in the room has been brought under the action of the chloride of zinc solution.

If the chloride of zinc has not been sufficiently used, there may still remain some infectious principle, but in a degree much less intense, so that—to take a crowded typhus-ward—instead of many visitors to it being attacked, and this with a severe form of the disease, only a few are attacked, and that slightly.

We may also theorize on the effect of the fluid on the patients themselves. We suppose, for example, a person has received one dose of infection, giving him typhus fever; he then comes into a crowded typhus ward, where he and the others are constantly emitting infectious miasm from their lungs and the surface of their bodies; this is respired by them over and over again, so that instead of there being one, there are two chances against them; instead of the original quantity of infection to which they were exposed, they continue to inhale additional doses of it during their illness; now, if by using the fluid we wholly, or even only partly, remove the typhous principle in the air, we are giving them a better chance of recovery.‡ Likewise, during convalescence, if the air in the ward be tolerably pure, the digestion and appetite of the patients improve much more rapidly than if the atmosphere be foul; their strength returns more quickly, and their convalescence is much shorter; they run less chance of a relapse, and the hospital gains their beds to accommodate new patients.

By using the fluid, the medical attendants, students,

and nurses, are either protected from infection, or at least run much less risk of being taken ill.

If we had a fever hospital, throughout the whole of which the fluid was daily used, and if physicians, students, and nurses, who had not had typhus, continued for four or five months to visit without being taken ill, this might be considered a proof that the fluid perfectly destroyed infection. To use the fluid in part of the hospital only, would not be sufficient, as air from non-fluidized wards might be admitted, or the nurses might be visiting these, and be there infected. In the past season I had not an opportunity of making a trial like the above, as, generally speaking, the physicians and nurses had already had fever.

In the autumn of 1847, in the Quebec Marine and Emigrant Hospital, I had the fluid used (latterly) in seventeen wards and sheds containing 317 patients, (being about a third of the whole number in the hospital,) of whom about two-thirds were ill of typhus, and the remainder of dysentery. When I began visiting them, these wards were the worst in the hospital for ventilation, &c.; half of them were in the stone building; in other respects they were situated similarly to the other wards and sheds. I had the fluid used once a-day, in the way of waving and sprinkling, and I daily noted the number of deaths in those wards, and compared this, and the number of inmates, with the total mortality and total sick of the hospital as published weekly in the newspapers. Thus, for the week ending 4th September, in the wards where the fluid was not used, there was one death in about every nine patients; and in the wards where the fluid was employed, there was one death in about every fourteen sick.

On account of having to be occasionally absent from Quebec for a day or two, I was unable to note daily for any great length of time continuously, the mortality in the fluidized wards; but I have no reason to doubt that while the fluid was used, there was a difference in the comparative mortality somewhat like what is stated above. The difference is one too great to have depended on accidental circumstances, and I do not see to what it can be attributed, except to using the chloride of zinc solution. It was not till the middle of January that I compared the deaths in the fluidized wards with the total mortality as published in the newspapers, when I was greatly delighted to find that my exertions had had such beneficial results. If we suppose the case of a fever-hospital, throughout the whole of which the fluid had been used, and that after this, the mortality became less, some might say that this arose from the disease becoming milder; but, in the instance given above, the experiment is more decided, the trial is clearer, and the mortality in fluidized wards, is compared with that in non-fluidized wards, between the same dates.

IV. Chloride of zinc has been given inwardly in the dose of a grain or less, two or three times a day, in chorea, epilepsy, &c.*

* Physiology, page 1.

† Chemistry applied to Agriculture and Physiology, chap. 13.

‡ In different hospitals in Ireland, it was found by Mr. Cronin, Dr. Lindsay, and Mr. Drummond, that the mortality became less after they began to use the chloride of zinc solution. See *Report on the Solution of Chloride of Zinc*, page 20, 21, and 23.

* See Periera's *Materia Medica*, London, 1842, page 820. Dunglison's *New Remedies*, Philadelphia, 1846, page 600. And Wood and Bache's *U. S. Dispensatory*, Philadelphia, 1847, page 1215.

V. In Surgery, chloride of zinc is occasionally used. I lately saw a case of lupus, where the Burnett fluid (undiluted) was found to be as effectual and a more convenient form than the solid chloride of zinc.

The Burnett fluid, diluted, (1 to 130 parts of water) has been found very beneficial as an application to chronic and scrofulous ulcers, (by Mr. Erasmus Wilson, Dr. Allan, and others)*; and in mercurial sore mouth, (by Mr. Flynn.) The fluid diluted (1 to 60 or 80) is useful as a lotion in erysipelas, and as a bath in psora, prurigo, pruritus, and other cutaneous diseases. It has also been used as an injection in gonorrhœa. I have no doubt it will be found an excellent remedy, much diluted (as 1 to 120) as an injection in fetid otorrhœa, and as a gargle in some throat diseases. Diluted, 1 to 140, it removes the fœtor from mortification taking place as after frost-bite. The fluid undiluted, or with an equal part of water, and introduced on the point of a pen into the cavity of a tooth, is a good application in some cases of tooth-ache. The action of the diluted fluid on ulcers is two-fold—it removes the fœtor, and also it improves the action of the sore in some alterative manner.

VI.—Of the Burnett Fluid, as compared with some other Agents employed or recommended for similar purposes.

1. Burning sulphur in the air, and so producing sulphurous acid, has been employed for purifying the atmosphere, but the odour is unpleasant, and the vapour is sometimes irritant to the air-passages.

2. Dr. Johnstone proposed, and Dr. Carmichael Smith obtained £5000 from Parliament, for suggesting the employment of nitrous gas, (made with nitrate of potass and sulphuric acid); but this gas is disagreeable to most persons, and in some diseases its inhalation is injurious.

3. Producing chlorine gas with common salt, manganese, and sulphuric acid, is troublesome and disagreeable, and making it with oxymuriate of potass is the same.

The use of the chloride of lime is attended with the inconvenience of making white spots on floors, carpets, furniture, or any other surfaces to which it is applied; it likewise changes colours, and is corrosive. The inhalation of chlorine gas is disagreeable to most persons, and in some chest diseases it is injurious, so that among the mixed cases in a large hospital, its general employment is inadmissible.

The diluted Burnett fluid is preferable to the above agents, as while it destroys odours, it is itself odorless, and it does not injure the colour or texture of cloth; on the contrary, it is largely used for the preservation from decay of cloth and wood. In Her Majesty's dockyards, canvass and timber are immersed in it, and these articles are found to last much longer than others.

A. Of the Burnett Fluid as compared with Ledoyen's Disinfecting Fluid.

As the Ledoyen fluid is a solution of the nitrate of lead, it is, like the other preparations of lead, liable to produce some one or other of their long-known bad

effects,* such as colic, palsy, pain in the course of the spine, giddiness, coma, apoplexy, constipation, indigestion, wasting of the muscles and of the body generally, and permanent decrepitude: likewise, employed in typhus, according to the Ledoyen method (by means of wet cloths over the person), it is apt to produce a sedative and depressing effect, which is exactly the opposite of what is required in that disease. In Dr. Hall's *British American Medical Journal*, for March, 1848, there are two cases mentioned of lead-colic arising from Ledoyen's fluid being applied to ulcers. In a case lately, near Montreal, of sloughing of the hands after frostbite, Ledoyen's fluid was applied to the hands on account of the fœtor, and this was followed by frequent, painful, and nearly ineffectual efforts to have a stool, and by other signs of intestinal disorder. At Quebec there were three cases of typhus, in which the proprietors of Ledoyen's fluid used it largely, cloths wet with it were kept applied to nearly the whole surface of the body, and other wet cloths were hung over the bed, and in the room; these three cases were, I believe, the only instances in Canada, where the fluid was much applied to individual patients ill of typhus, and in them it was considered that the lead had a depressing effect: the three cases terminated fatally.

The two proprietors of Ledoyen's fluid asserted, that their fluid prevented one from taking typhus, and also, that it certainly cured one already ill of that disease. The fact of both of them being seized with typhus is, so far, a contradiction of their first assertion; and the fact of one of them unfortunately dying of typhus is, so far, a contradiction of the second assertion. This last case is one of the three alluded to above, where the Ledoyen fluid not only did no good, but where it probably contributed not a little to the fatal event. Some may say that this case ended fatally because the patient was 70 years of age, but this could not be the reason of the death of the other two patients treated with Ledoyen's fluid, as their ages were, I believe, 35 and 38.

The Ledoyen fluid acts as a corrosive of metals, and I heard of two instances where water closets were injured, and made leaky, in consequence of a quantity of it having been thrown down there. I saw some tin-vessels full of holes, in consequence of the fluid having been left in them for some time. It was found also to injure the texture of cloth, so that sheets, pillow-cases, and towels that had been wet with it, were rendered nearly useless.

I witnessed several comparative trials of the two fluids with regard to their power over feculent odours, and in all of them, I considered, that the Burnett fluid had much more effect than Ledoyen's. In Montreal, some of each fluid was added to a quantity of feculent matter in a couple of vessels: a few minutes after, feculent odour had a good deal disappeared from the L. vessel, and almost entirely from the B. vessel. The vessels were kept, and, a week after, I looked at them: on the B. vessel being stirred, there was no odour; on the L. vessel being stirred, the odour was nearly the same as it was before the fluid was added.

* Reports on the Solution of Chloride of Zinc, London, 1847.

* Alluded to by me, in a paper on Emigration, in Dr. Hall's *British American Medical Journal*, for April, 1848.

In Quebec, Dr. Painchaud, sen.,* of the Marine and Emigrant Hospital, wrote out an excellent plan for testing the comparative deodorizing powers of the Burnett and Ledoyen fluids, by which the judges were to give their opinions, unconscious of whose fluid it was, in favour of which they were voting. The result of this trial† was in favour of the Burnett fluid, and it afforded no little amusement to the other umpires, and caused no small vexation to himself, that Mr. Ledoyen's zealous and enthusiastic colleague was found to have voted (of course, unconsciously) against *their* fluid: Mr. Ledoyen himself conducted his own part of the trial, while I experimented with the other fluid, and neither of us voted.

Pereira,‡ after enumerating the various medicinal and the poisonous effects of the preparations of lead, describes each preparation separately, and of the nitrate of lead, he observes, that "its general effects are similar to those of the other soluble salts of lead."

A non-professional reader glancing at these pages might think that, as he has heard of lead preparations being employed as internal medicines, Ledoyen's solution cannot be very objectionable; but he may be informed that, when a lead preparation is prescribed internally, it is in small doses, in some diseased state, such as internal hæmorrhage, &c., where a sedative and astringent remedy is peculiarly suitable; where its effect is daily watched by the medical attendant, and new directions, if necessary, given for its use, and where also it is combined with opium, or some other medicine, to prevent its producing its objectionable effects, which, however, sometimes appear, notwithstanding all possible precautions.

Far different, however, is the method which the proprietors of Ledoyen's fluid recommend for using their solution of the nitrate of lead; they think that it ought to be used indiscriminately, and without any precautions, by the public generally; nor would it be a sufficient defence of its use, to say that the nitrate of lead, acting on the ammonia in the feculent matter or in the air, and so becoming nitrate of ammonia, would prevent any bad consequences: as any remaining nitrate of lead not decomposed by the ammonia, might go on to produce one or other of its poisonous effects.

While Mr. Ledoyen's fluid is so objectionable, on account of being a solution of a poisonous salt, Sir Wm. Burnett's fluid, the solution of the chloride of zinc, is formed of a base which is perfectly innocuous. Wood & Bache§ say of the chloride of zinc, that "it has the advantage of not giving rise to constitutional disorder from absorption." In conclusion, there appear to be just grounds for stating that the general use of Ledoyen's fluid is unsafe, and that if employed by the public indis-

criminate, it, most likely, would very frequently do much harm.

Next to perfect ventilation, I would place the use of Sir Wm. Burnett's solution of the chloride of zinc, which, for improving the quality of vitiated air, is greatly superior to all the other artificial methods of doing so, including Mr. Ledoyen's solution of the nitrate of lead.

1, Hanover Street, Montreal, 15th May, 1848.

SIR WILLIAM BURNETT'S DISINFECTING FLUID—MODE OF APPLICATION.

One Part Fluid to 40 Parts Water.

To Purify Sick Rooms and the Wards of Hospitals, Work-houses, Prisons, Factories, and Crowded Places, the between decks of Ships, &c.—Moisten, with the diluted solution, a piece of flannel-cloth, attached to a long rod, and wave it through the air of the apartment for ten minutes at a time—in addition to which, the floor should be mopped or sprinkled over with the same, if necessary, several times a day, and a small quantity of the same dilute solution should be put into the close-stools and bed-pans. The Water-closets should also be cleansed with it, and a couple of gallons occasionally thrown down each. N. B. For use on board ships, between decks, and in places where, from imperfect means of ventilation, it may be inconvenient to wet the floors.—Moisten with the diluted solution thick pieces of flannel cloth—the thicker the better—and wave them through the air of the apartments for ten minutes; and then suspend them in the most convenient manner to the deck-beams, or across the rooms; and keep other similar pieces of cloth; thoroughly and repeatedly saturated with the same solution, in flat dishes upon the floors.—It is essentially necessary that the Bilgewater in the hold of the vessel should be purified agreeably to the instructions given below.

To purify Fever Wards, in cases of death.—When a patient dies of fever, the body should be sponged over with the dilute solution, and the clothes and bedding should be immersed and kept in a sufficient quantity of it, for forty-eight hours, before being washed. The floor should be well mopped over with the solution. Flannel, moistened with it (as before recommended), should be waved through the room.

To purify the Clothes, Linen, &c., of sick persons.—Immerse the articles in the dilute solution, as directed in sick rooms.

To prevent the communication of Infectious Disease.—Sprinkle the dilute solution over the whole of the floor of the apartment, and very slightly on the coverlid of the patient's bed. The clothes used should be immersed in the solution, and afterwards thoroughly dried. Moisten pieces of flannel cloth, and use them as directed above.

To purify the odour of Night-chairs.—Put half a pint of the dilute solution into the pan previous to its use, and when emptied, rinse it out with a small quantity.

To disinfect Dead Bodies, and purify Apartments preparatory to the visits of Searchers, Undertakers, and Jurymen, and in cases of Post-mortem Examination.—Wash the body occasionally with the dilute solution, which will remove all unpleasant smell, and retard putrefaction.

To prepare, and arrest the decomposition of, Subjects for Dissection.—Immerse the subject in the dilute solution, and let it remain about two hours; after which time it will be purified. As the dissection proceeds, the parts should be sponged over with the same; and, if they are to be preserved, the blood-vessels should also be injected with the solution.

One Part Fluid to 20 Parts Water.

To disinfect Cesspools, Drains, Water-closets, &c.—Pour in a quantity of the solution in proportion to the capacity of the receptacle. For ordinary water-closets, one gallon of the dilute solution will generally be effectual. For large cesspools the quantity must be increased in proportion to their contents.

To purify Stables.—Sprinkle the floor, and wash all the wood-work, with the dilute solution.

To sweeten Musty Casks, Tubs, &c.—Rinse them well with the dilute solution.

To destroy Canker and Fungus in Trees.—Apply the solution carefully with a brush, to the parts affected only.

* Whom I take this opportunity of thanking, for the obliging disposition he showed while I was making trials of the fluid in the Hospital.

† Detailed in the *Montreal Courier* of 20th October, and other papers; and in the *London Medical Gazette* of 26th November, and *Dublin Medical Press* of 8th December. One or two periodicals erroneously supposed that the judges in this trial considered they were experimenting on something more than the deodorizing properties of the fluids.

‡ *Materia Medica*, Lond., 1842, p. 805.

§ *United States Dispensary*, 1847, p. 1215.

To extirpate Bugs and other Vermin.—Wash the floors and all the crevices with the dilute solution.—The joints, &c., of the bedsteads should be moistened by a brush with a solution consisting of one part of fluid to five parts of water.

To purify Bilge-water, and the Holds of Ships.—The quantity to be used at a time is twenty gallons of the dilute solution for each hundred tons of the ship's measurement. It should be poured into the air-holes of the ship, so that it may find its way by the limber-holes into the well; and it should be thrown by a small engine into places where it may be inconvenient to introduce it by other means. A portion may also be poured down the ship's pumps, the boxes being previously removed to allow of its free passage below. The solution should be allowed to remain in the ship twenty-four hours. At the expiration of that time, the ship should be pumped as dry as possible, the well thoroughly cleaned and washed with the solution, and the operation repeated as occasion may require.

One Part Fluid to 60 Parts Water.

For sponging the person in Fever cases.—Use the solution either cold, or of the temperature of the patient.

N.B.—When floors and other wood-work are washed with the solution, the use of soap, soda, or potash, should be avoided immediately before or after its application.

ART. X.—DISEASE OF THE PREGNANT STATE.

By THOMAS REYNOLDS, M.D., Brockville.

Mrs. —, æt. 23, of rather delicate form and fair complexion, consulted me in the month of November, shortly after coming to Brockville, for some troublesome symptoms, which, although at the time apparently not of much moment, and what we frequently observe during first pregnancy, proved in the end sufficient to consign her to an early grave. She was, as she stated, in her seventh month of the first child, and had been for some ten or twelve weeks troubled with morning sickness, loss of appetite, and frequent retchings, to such an extent, that a small quantity of blood was occasionally thrown up. These symptoms had generally been relieved by the use of routine simples resorted to in similar cases, such as carbonate of soda, essence of ginger, and such like; now, however, ordinary means failing, she felt it necessary to apply to me.

I found, upon inquiry, that her stomach had been in a very weak state ever since the month of August, when she had occasion to cross Lake Ontario, and, during the passage, was dreadfully sea-sick, retching so violently that she had vomited a quantity of livid blood, as if a small vessel had been ruptured; she also complained of a slight cough, but which she fancied was sympathetic, as she was not at all troubled with it when her stomach was in a settled state. I prescribed a tonic and anodyne, quinine and hyosciamus, which at once relieved her of the uncomfortable symptoms which had troubled her, and for several weeks she appeared very cheerful and buoyant in spirits, mingling freely in society, and singing, occasionally, with much strength and clearness of voice. A day or two before Christmas, she went out early in the morning to prayers in a crowded chapel; she walked very fast, and soon became greatly heated from the exertion as well as from the confined atmosphere in the building. Upon returning home she felt quite chilled, the day being excessively raw and stormy; her cough returned, and she experienced some soreness of the bronchial passages. I made inquiry whether she had

ever experienced anything of the kind before, and now learned that some months previously she had a severe attack of bronchitis, occasioned in a similar way, by exposure to cold while in a perspiration; I prescribed a large sinapism for the upper part of the chest, and ordered a cough mixture. The mustard afforded some relief, but the cough mixture brought on the retching again with which she had been previously troubled; the mixture was, of course, discontinued, and a liniment of croton oil ordered for the upper part of the chest. After a couple of applications, a copious eruption came out, and she experienced great ease from the pain, and in a day or two the cough disappeared; still there was a strong tendency to sickness of the stomach, which I found could only be mitigated by the use of quinine—a little weak brandy and water, or ice water. In a few days she was able to go out again; unfortunately a fresh cold and a return of the cough were the consequence. All this time she exhibited great cheerfulness, and when spoken to about her delicate state of health, invariably made very light of her troubles, and seemed anxious to evade any questions which might lead to a correct diagnosis of her complaint, always saying she would be well in a few days after her confinement, and, assuming what must have been a forced gaiety, seemed anxious that her friends should feel quite easy about her. I wished to examine her chest with the stethoscope, but she always replied, "oh, the cough is only sympathetic; I shall be quite well after my confinement;" she had no night sweats, no hectic, and complained of no pain except a weakness in the back, to which she had been for some years subject. The inability to retain food upon the stomach for any length of time, appeared to be the principal trouble with her, and, of course, she was weak in consequence. On New Year's day she rose early, and insisted upon receiving the customary visits of the season, although it seemed to cost her a considerable effort; the sharpness of the features, and the peculiar expression of the countenance, indicated that she was suffering inward pain, although she refused to admit it. She persisted in the effort, however, to appear as cheerful as possible, although it was evident that the spirit was greater than the strength. Next day, and during the ensuing week, she was confined to bed; could retain nothing upon her stomach for more than a few minutes; had a hacking cough, but not much pain in the chest; great weakness in the back, and much prostration of strength; still she refused to admit that she was suffering, and assumed as much cheerfulness as possible. On the 5th January she appeared much better, and spoke jestingly of her confinement, which she expected in a few days. By way of surprise to me, she had dressed herself, and was down stairs when I called to pay my usual visit; this was the calm before the storm. I saw that she must be suffering from weakness, and begged of her not to make too great an effort, and advised her to return to her room. Incidentally I mentioned that I had to go some distance to the country next morning, and requested that I might be sent for early in case she felt unwell, or any aggravation of the symptoms. About 5, a. m., she felt a little unwell—complained of a dull pain in the back, and of some difficulty in breathing, but seemed desirous

that her husband's anxiety should not be excited about her. I left town about 9, a. m., supposing all was going on as usual, and having no message about her. About 10, she felt that labour pains were coming on; I was sent for, and in my absence another medical man was called in. She was delivered in a couple of hours of a still born infant. Very little flowing, and but slight after-pains. The uterus appeared to contract very well, and he left her in half an hour, supposing that she was doing well, simply administering an opiate to relieve some uneasiness of which she complained; this was about 1, p. m. I returned from the country about 5, p. m., and immediately called to see her. Upon entering the room, I was struck with the peculiarly anxious expression of countenance which she exhibited; found that her respiration was very laborious, and she felt very restless and uneasy; there was no flowing; the uterus pretty firmly contracted; she complained of no pain; pulse small and tremulous. Although there was no flowing, I feared she would sink, and sent immediately for the medical man who had been with her in my absence; commenced administration of restoratives, which we continued after his arrival; but, notwithstanding the use of stimulants and cordials, and every means we could devise, the breathing became more and more difficult; the pulse ceased to vibrate; in less than an hour after my arrival the vital spark had fled. Here was a mystery which could only be solved by a post mortem examination, which, after much solicitation, was consented to.

Cavity of the abdomen first examined; uterus contained some blood clots; was firmly constructed; presented the usual normal appearance a few hours after delivery; ligaments not strained or broken. Stomach carefully removed and examined; was half filled with some fluid, probably gruel; presented no appearance of undue vascularity or diseased action. The intestinal canal was examined throughout its whole extent, but nothing appeared unusual; there were some few spots which appeared slightly vascular. The mesentery much loaded with fat; mesenteric glands much indurated, and had a knotty appearance; gall bladder full; liver not enlarged or diseased; spleen and kidneys quite natural; bladder containing some urine; muscular coat appeared very thin, but exhibited nothing like rupture.

There was some effusion in the thorax; pericardium contained a small quantity of fluid; heart of the ordinary size, and firmly contracted. The lungs were next removed; they showed some extensive and old attachments on their sternal aspect; the right lung was small and wasted; and, from its appearance, only a small surface could have been available for purposes of respiration; there were no tubercles or abscesses, but the air-cells were completely engorged with venous blood. The left lung was also very small, and had a peculiarly exsanguine appearance; the air-cells were filled with air, but there was not a particle of blood to be found in them; no tubercles. It was evident from the appearance of the lung, that it could have been of no use in the arterialization of the blood; that the right lung, and only a portion of that same, could have been used for some time previous to death. It is probable that the cause of death

was from the loss of balance between the nervous and vascular systems; from the great effort necessary on the part of the right lung to accommodate itself to the large quantity of blood which would be forced upon it after the fetal circulation ceased; when the pressure was taken from the abdomen, and when the blood having no purpose to subservise in the uterine cavity, would so much sooner make the circuit before its return to be rarified in the lungs. It is probable that had the flowing been considerable, her life would have been protracted some hours longer; but the result in the end would be inevitable. The state of the left lung, and its incapacity to take its share in the function of respiration, would serve to explain why pressure of the right lung, by lying on the right side, had, for some time, caused her much uneasiness. There was nothing peculiar about the appearance of the child; it appeared to have been dead only a few hours, as there was no maceration, abrasion, or desquamation of the cuticle; it appeared in every way natural, except a great wasting of the muscles, probably from inanition on the part of the mother, which would, readily enough, cause its death.

In this case, then, the insidious disease of the lungs had been concealed in such a way, by assuming symptoms very common in the pregnant state, that it was difficult to ascertain the dangerous nature of the disease till it was too late. There was also during my occasional attendance, so much of that delusive hope which we observe in the last stages of phthisis, buoying up the patient to the last moment, and with her also so strong a desire to make light of her troubles, at all times, when she was questioned about them, that, in fact, the consideration of the nature of her disease, was, with difficulty, at any time, forced upon her, and danger was scarcely apprehended till death was at the threshold of the frail earthly tenement.

Brockville, February 24, 1848.

ART. XI.—REPLY TO DR. MACDONNELL'S OBSERVATIONS ON THE CASE OF THE LATE CAPTAIN H., R. E.

To the Editor of the *British American Journal*.

Sir—By the politeness of a gentleman in this place, I have been favoured with the perusal of a recent number of the medical periodical, published in Montreal, of which, I understand, you are the editor. The number in question contains a paper, written by Dr. Macdonnell, purporting to be a narrative of the case of the late Captain H., R. E., in which there are several uncalled-for personalities and allusions to myself.

In my position, and in the exercise of my duty, I do not conceive myself called upon to enter into a medical controversy with any one, or to notice such an attack, especially from so very young a practitioner as Dr. Macdonnell, who, considering his standing in the profession, certainly does not want for confident self-assurance.

I shall therefore confine myself to a simple statement of my connection with the case.

As head of the medical department in Canada, surgeons of all corps are responsible to me, as well as to

their respective commanding officers, for the efficiency, as regards health and proper medical treatment of every officer and soldier under their charge. Armed, as I am, with authority to interfere at any stage of the treatment, in this instance I did not do so; indeed, this officer never was returned sick at all.

The circumstance which led to my seeing the late Captain H., were the strongly expressed convictions of an intimate friend of his family, that he was fatally ill on the afternoon of the day preceding his death. To use her own words, that he was certainly dying; that she had seen too many death beds, and one very recently, not to feel convinced, in spite of the reiterated assertions of Dr. Macdonnell to the contrary, that he had not twenty-four hours to live.

Captain H.'s commanding officer, although assured by Dr. Macdonnell that there was not the least danger, considered it his duty to desire that he should be seen by the surgeon of his corps. Dr. Staunton was not called, however, until the following day, at eight, a.m., when he requested me to accompany him. On our arrival, we found one thing too evident, that the patient was far beyond the reach of human aid; that he was dying.

He was lying on his back, with his knees drawn up, his countenance expressed anxiety, and his features were contracted; the abdomen swollen and tympanitic, and tender to pressure; the pulse gone at the wrist, and scarcely perceptible in the axilla. His extremities were cold, and he was covered with a cold clammy perspiration. Although diagnosis for practical purposes was now of little importance, I considered such symptoms and appearances to indicate inflammation of the bowels; an opinion concurred in by every member of the consultation who saw the case under similar circumstances as myself. The assertion that Drs. Anderson and Barrett, of the 77th regiment, were present at the examination of the body against their will, is incorrect. Dr. Anderson expressed, by a note, his desire to come, to which I acceded. I had requested Dr. Barrett in the morning, in consequence of having seen him make these examinations with great neatness, to operate in this instance. He certainly did express great unwillingness to do the dirty work of Dr. Macdonnell, a junior pupil to himself; a junior pupil to one of the junior assistant surgeons in the army! On my assuring him it was for Dr. Staunton, and not for Dr. Macdonnell, he readily assented; moreover, Dr. Barrett was present by Dr. M.'s own desire. The same attendants were there, and the same apparatus used as in the case of the humblest private soldier; delicacy, and respect to the feelings of the relatives, etc., being the object to be attained in both cases.

It is insinuated that the widow was put in possession by me of the result of the consultation, and the difference of opinion there expressed. "no doubt to assuage her grief." I never spoke to Mrs. H. in my life, nor did I authorise any individual to make such a communication. In common with the other members of the consultation, I recommended that Dr. M. should remain

behind, for the purpose of informing her of the perilous and hopeless condition of her husband.

In conclusion, I may just observe, that diagnosis in the case of a moribund patient, is by no means clear; and I must say, that during my long professional experience, I have never seen muscular rheumatism running such a course, or terminating in such a result, except by metastasis to the heart.

You will oblige me by an early insertion of this letter in your journal.—Your most obedient servant,

M. MAHONY, M.D.

Montreal, May 20, 1848.

ART. XII.—RETURN OF THE TORONTO EMIGRANT HOSPITAL.

Toronto, 1st April, 1848.

Sir,—In accordance with your instructions, I beg leave to present the appended Tabular Return of Admissions, Re-admissions, Deaths, Discharges, and number at present remaining in the Emigrant Hospital, and Convalescent House, taken from the period at which the Board of Health took charge of the Hospitals, viz., 19th June, 1847, to 31st March, 1848.

Admitted—Males, 2812; Females, 1960; Total, 4772.

Ages of Patients,	7 & under, 685	7 to 15, 764	15 to 50, 3107	50 & over, 216	Total.
Deaths,	7 & under, 207	7 to 15, 121	15 to 50, 451	50 & over, 102	881
Discharged,	" " 444	" " 517	" " 2445	" " 100	3506
Remaining in Emigrant Hospital,	" " 24	" " 74	" " 107	" " 8	213
Remaining in Convalescent House,	" " 10	" " 52	" " 104	" " 6	172
Less Re-admissions to be deducted from number,	685	764	3107	216	4772
Total number of souls admitted,	120	176	649	27	972
Length of time present patients have been in Emigrant Hospital,	Six Months and over, 3	Three to Six Months, 35	One to Three Months, 85	Less than One Month, 90	213
Ditto Convalescent House,	0	0	88	84	172
Total,	3	35	173	174	385
					3800

NO. OF RELAPSED PATIENTS RE-ADMITTED INTO EMIGRANT HOSPITAL ONE OR MORE TIMES.

	From Convalescent House.				From City & Country.			
	No. of Times.			Total.	No. of Times.			Total.
	1	2	3		1	2	3	
Seven and under	69	10	6	106	12	1	0	14
Seven to Fifteen	67	9	3	84	84	4	0	92
Fifteen to Fifty	327	41	10	439	198	6	0	210
Fifty and over	16	2	1	23	4	0	0	4
				652				320
								652
								972

The deaths each month have been respectively as follows:—
From 19th June to 31st July, 1847, 117; August, 284; September, 289; October, 119; November, 56; December, 53; January, 1848, 29; February, 5; March, 9. Total, 881.
The number of Visiting Physicians, Clinical Clerks, Orderlies, Nurses, &c., attending the Hospital during the season, and the casualties occurring among them, are as under:—

	No. Em- ployed.	Of whom took Fever.	Of whom Died.	Being equal to
Visiting Physicians, Clinical Clerks,.....	9	9	2	22½ per cent.
Orderlies, Nurses, &c.	9	7	0	0
	164	97	41	25 of the total, and 42½ of the cases.

I would beg to remark, that the number mentioned as having been employed on the Hospital staff were not all engaged at the same time, four Physicians and Clerks, with the resident Medical officer, being the most that were ever employed at once, even during the most severe period of the sickness; the others being taken on to supply the vacancies occasioned by the death or illness of their predecessors.

The number of souls actually admitted into the Emigrant Hospital this season (without counting relapsed cases) is 3300; of which number 881 have died: being equal to about 23 1-5 per cent. But I wish to call the attention of the Board to the fact of the fatal results attending patients fifty years old and upwards, and of those seven years and under; 189 were admitted, aged fifty years and upwards, and out of that number 102 died, being equal to nearly 54 per cent., and of those seven years and under 207 have died, out of 565, being equal to nearly 36 3-8 per cent. From seven years of age to fifteen there have been admitted 588, of whom 121 have died, being equal to 20 6-10 per cent., and of those between fifteen and fifty years, 2458 have been admitted, and 451 died, being equal to about 18½ per cent.

All which is respectfully submitted.

JON. B. TOWNSEND,
Clerk Board of Health.

To the Chairman of the Board of Health.

ART. XIII.—THE MODERN CHEMICAL PHILOSOPHY.

By T. S. HUNT, Chemist to the Geological Survey.

The sagacious Locke has well observed, that "the right use and conduct of the understanding, whose business is purely truth and nothing else, is that the mind should be kept in a state of perfect indifferency, not inclining to either side any farther than evidence settles it by knowledge, or the over-balance of probability gives it the turn of assent and belief." The soundness of this principle will be disputed by

no one, and yet in all our searching after truth, whether in the records of the past or the experience of the present, we are too apt to regulate the conduct of our understanding rather by the bias of some previous prejudices. This is indeed so natural to man, that it is the highest triumph of the philosopher to enable us to discard all pre-conceived notions, and weigh calmly and disinterestedly the various facts presented to us.

We have been led to these remarks by a consideration of the existing system of Chemical Philosophy, in which, perhaps, more than any other science we see illustrated this tendency. It stands before the world a loose, disjointed, and unwieldy fabric, built upon an unsound foundation, whose weakness is each day made more apparent. At the time when it was framed and made the basis of a new system of nomenclature by the French philosophers, it was, although certainly not based upon a rigid induction, one that accorded well with then known facts, and seemed to its originators sound. The science of Chemistry has, however, made great and rapidly increasing progress since that time, and an immense number of facts have been developed which seemed incompatible with the system of philosophy that had been adopted as the infallible standard and the test to which every discovery must be brought. And here comes in the perversion of the only true principle of judgment; without any shadow of probability, except so far as appeared from their adaptation to the demands of the received theory, an immense number of hypotheses were advanced and hypothetical bodies described, which not only were unknown, but often from the very nature of things impossible. Hence has been not unaptly said, "the chemistry of the day consists in the description of unknown combinations," not to say impossible ones. This corrupt and false system has been supported and perpetuated by the nomenclature of the science, which inculcated the idea of dualism in all combinations, and was indeed based upon the hypothesis that all compounds are binary in their structure.

The falsity of this idea, and the inadequacy of the present system to the wants of the science have been felt for several years, and a gradual preparation for a new and more natural philosophy has been making in France among some of the *elite* of its philosophers. It is only within three or four years, however, that Laurent and Gerhardt have dared, in their published memoirs, to renounce their adherence to the popular creed, and boldly to take the lead in defence of a new and purely inductive system. This has been done through the pages of the *Annales de Chimie et de Physique*, and especially by M. Gerhardt's *Précis de Chimie Organique*, a book which by the elegance of its style, the clearness and force of its reasoning, and its admirable systematization, will reflect lasting honor upon its illustrious author, and place the name of Gerhardt with those of Priestley, Lavoisier, and Davy. Like all other great advances in truth, this has met with most determined opposition from the Swedish and German Schools, and indeed from the chemists of Europe generally; such innovations upon a philosophy and nomenclature were not to be at once admitted, and

the prejudices of more than half a century were to be vanquished, but it is slowly progressing, and already numbers among its converts not a few names illustrious in science.

In tracing briefly the history of this new order of things, M. Gerhardt mentions M. Baudrimont as having in a work published in 1836, attempted to show some of the fallacies of the popular system, and this he regards as the first publication upon the subject. Chance, however, has thrown in my way a work by Mr. J. J. Griffin, of Glasgow, entitled *Chemical Recreations*,* in which he speaks of some of the prevalent notions under the name of the "Romance of Chemistry," and endeavours at the same time to frame a new system of Chemical Philosophy and a new nomenclature. He has seen the fallacies in reasoning, and the imperfect analogies by which the popular system is supported, and has at the same time anticipated the views of Gerhardt in many important particulars. From the unpretending character of the book, and his curious, not very attractive manner of writing, it is probable that Mr. Griffin's ideas have scarcely attracted the notice of any scientific men, and the founders of the French School are doubtless profoundly ignorant of his claims as being the originator of many ideas which justly entitle him to great credit as an original and philosophical investigator. Indeed, it would seem as if Mr. Griffin himself had no proper conception of the importance of his own work, for I am not aware that he has pursued his peculiar ideas any farther, or applied them to the investigation of any of the more recent discoveries in the science; at least he has not, I believe, published anything further. As an act of justice to the talented author, I shall notice some of the peculiarities of his views, and compare them at the same time, with the popular ideas of the day, and those of the new French school.

The fundamental error in the School of Lavoisier and the anti-phlogistic nomenclature is, that it attempts to define the ultimate constitution of bodies, and show the precise manner in which the different elements are grouped. The idea of a binary arrangement is also carried throughout the whole system. Thus potassium combines with oxygen to form potash, zinc with oxygen to form oxyd of zinc, and sulphur with oxygen to form the so-called anhydrous sulphuric acid. These are facts capable of demonstration, and it would be well if theory would stop here, but instead of this we are told that sulphuric acid and potash unite to form sulphate of potash, the same acid and oxyd of zinc to form sulphate of zinc; and, finally, the two sulphates themselves combine to form a double sulphate of potash and oxyd of zinc. The formula according to this will then be $(KO + SO_2) + (ZnO + SO_3)$; all these however, are assertions which want truth for their basis; analysis shows that this salt contains $S_2 O_8 K Zn$, and this formula represents its composition. But,

* *Chemical Recreations, &c.*, to which is added the *Romance of Chemistry*; an inquiry into the fallacies of the prevailing theories of Chemistry, with a new theory and nomenclature, by John Joseph Griffin, Seventh Edition, Glasgow, 1834.

say the advocates of the dualistic theory, "we form these sulphates by directly uniting $S O_2$ with $K O$," and $Zn O$, and from this infer that their ultimate composition is what we have represented by the formulas. It is true sulphate of zinc can be made by dissolving zinc or its oxyd in dilute sulphuric acid, but here water is decomposed in the one case and displaced in the other. This, although precisely their mode of reasoning, is begging the point at issue to prove their proposition, for there is no more evidence that sulphuric acid contains $S O_3 + H O$, than that sulphate of zinc contains $SO_3 + Zn O$. All that we are warranted in concluding from analysis is, that sulphuric acid contains $S O_4 H$, while it is equally obvious that sulphate of zinc contains $S O_4 Zn$. We might with as much reason assert that the true composition of the salt is $ZnS + O_4$, for the sulphuret of zinc by heat will combine directly with four equivalents of oxygen and form sulphate of zinc.

As a step towards a reform in the science, the new French school have rejected entirely the idea of dualism, and the attempt to represent the constitution of bodies by means of the so-called rational formulas; and seek to express by them only the actual proportions of each element in what is regarded as the equivalent of the compound; at the same time ascertaining which of these elements are essential to the conservation of the type, and which are capable of being replaced by other elements.

As an example, the sulphate of potash is found to contain $SO_4 K$, and that of sulphuric acid, which is designated as the normal or typical sulphate, $SO_4 H$; but as we find sulphates which contain two bases, we conclude that the real equivalent is double this, and hence write the formula of sulphuric acid $S_2 H_2 O_8$. In this compound one or both of the equivalents of hydrogen are capable of being replaced by any metal, giving rise to a class of salts which will be either neutral or acid, as the whole or a portion of the hydrogen is replaced. The series is then as follows:—

Sulphuric acid,	$S_2(H_2)O_8$
Acid sulphate of potash,	$S_2(H K)O_8$
Neutral sulphate of do	$S^2(K_2)O_8$
Sulphate of potash and zinc,	$S_2(KZn)O_8$

The same view is extended to the hydrated alkalies and alkaline earths. We are generally told that hydrate of soda contains $NaO + HO$ and hydrate of lime $CaO + HO$, and this, too, notwithstanding it is impossible to expel any water by the strongest heat of our furnaces. This fact should certainly lead us to infer that the hydrogen in the compound is not really united to a portion of the oxygen forming water, but the contrary of this has been gravely asserted, and admitted, too, without the shadow of a proof; well may the existence of such baseless fancies as these, lead Mr. Griffin to describe the present theory as a part of the "Romance of Chemistry."

The constitution of the hydrated alkalies as deduced from analysis is really $(KH)O_2$ or adopting the double equivalent of hydrogen, and dividing the equivalents of the metals to correspond to it, $(KH) O$,

water being represented by H_2O . We can now understand why we cannot form oxyd of potassium, K_2O , by the action of potassium upon water; one half of the hydrogen is replaced, and then the affinities are satisfied, or a stable compound is formed; but if hydrate of potash really contains water, it is difficult to understand why the water does not act upon the potassium. Many hydrated oxides by heat lose the elements of water, it is true, and are converted into simple oxides; and this is brought forward by the old school as an argument in favour of their system, but in truth, $2(CaH)O$ become $Ca_2O + H_2O$.

Such are the views at present adopted by the French school; let us compare them with those of Mr. Griffin, and we shall see a complete correspondence between the two. He says—

"Shall I state in one word wherein the rottenness of the prevailing theory lieth? It is in the *misapplication of the doctrine of proximate constitution*, a doctrine . . . of by far too unsteady a nature to be the lodestar of a chemical system, or a chemical nomenclature. Who knows the ultimate constitution of alum? Who is ignorant of its proximate constitution? With the latter we are on safe ground; with the former we slide at every step. P. 194.

Again—

The difference between an acid, viz., a hydrated acid, and a salt, is this:—the former contains one combining proportion or 0.25 parts of hydrogen, while the latter instead of this hydrogen, contains exactly one combining proportion of a metal; all other constituents, both of the acid and salt remaining the same.

EXAMPLES.

4 Sulphur 8 Oxygen. 0.25 Hydrogen=Sulphuric Acid,
4 Sulphur 8 Oxygen 10.00 Potassium=Sulphate of Potash.

Numberless instances of this sort could be given, but these suffice to confirm the above proposition; viz., that the hydrated acids are simply salts of hydrogen."

"The difference between a hydrate of a protoxide of a metal (such as slaked lime) and an anhydrous protoxide of a metal (such as quick-lime) is this:—the former contains a combining proportion of hydrogen, where the latter contains a combining proportion of a metal. The difference between a hydrated protoxide and an anhydrous protoxide is therefore the same as the difference between an acid and a salt. In both cases, one of the compounds contained a combining proportion of hydrogen, which is replaced in the other by a combining proportion of a metal. As an example—

5 Calcium 4 Oxygen, 0.25 Hydrogen=Hydrate of Lime,
10 Calcium 4 Oxygen, 0.00 Hydrogen=Anhydrous Lime.

These hydrates of protoxide contain no water, for they contain but one proportion of hydrogen; whereas water contains two proportions." pp. 93, 94.

In accordance with these ideas Mr. Griffin writes the formula of carbonate of potash KCO_3 , of oxalic acid HCO_2 , oxalate of potash KCO_2 , the sulphate of potash KSO_2 , sulphuric acid being HSO_2 , while the bisulphate is $KSO_2 + HSO_2$, or KHS_2O_4 . He does not appear to have considered that the same reason which led him to write the formula of the protoxyd of potassium K_2O , and the hydrate KHO , should make the formula of sulphuric acid $H_2S_2O_4$. With the oxalic and carbonic acids it is truly bibasic, like water which is really the normal type of a great class of oxyds, as they are called, but which are as truly salts as the sulphates or nitrates.

In explanation of our author's formulas, it must be observed that he divides the equivalents of the metals

and hydrogen by four, and those of oxygen, sulphur, and carbon by two. As this is merely a question of ratios, it is a matter of no importance so long as the necessary relations are observed. The modern French chemists generally divide the Berzelian equivalents of the metals by two.

The solution of iron in dilute sulphuric acid has been a source of great perplexity to chemical philosophers, and in reviewing all the idle words that have been wasted in its discussion, we have a striking instance of the dangerous consequences of pre-conceived theories in the investigations of a new class of reactions. Sulphuric acid was considered as a compound of water with the so-called anhydrous acid SO_2 , and this last was conceived to unite directly with oxyd of iron to form the proto-sulphate. The oxide must be formed by the decomposition of the water, which at the same time evolved the hydrogen gas. But iron was not found to be capable of decomposing water alone, and in order to explain this, a new power was imagined, which was named the *force of presence* or *disposing affinity*; according to this notion the presence of the acid disposed the iron to decompose the water, or, as might be inferred from the explanations of some authors, it was the affinity of sulphuric acid for an oxyd not yet formed, which caused its production.

It is only within a very few years that more rational views of the constitution of acids have enabled chemists to see that their theories are quite unnecessary, and that the whole process is one of the most simple imaginable. The light in which Mr. Griffin had been led to regard the salts, had long before this, prepared him for a proper understanding of this reaction—and accordingly we find him stating that—

"When salts are produced by the combination of the above acids, [sulphuric, phosphoric, hydrochloric, &c.] with electro-positive metals, one atom of hydrogen always gives place to one atom of metal. Thus $HCl + K$ produces $KCl + H$, and $HSO_2 + K$ produces $KSO_2 + H$.

The statement that *water is decomposed* when iron is dissolved in diluted oil of vitriol, is a mere assumption without a shadow of evidence in support of it, and made without necessity or utility." pp. 259, 260.

The classification of the natural silicates, has long been a subject of perplexity, and the formulas calculated to explain their composition have presented a most delightful confusion. It is only within the last year that M. Laurent has succeeded in unravelling their perplexity, and has shown that they are in reality referrible to a few very simple types. It is curious to observe how very near Mr. Griffin had arrived to the solution of this question. He assumes a hydrate of silica $SiHO_2$, (anhydrous silica being in his notation SiO) in which any metal can replace the hydrogen. The other silicates he regards as compounds of this form with anhydrous silica, or as being respectively $SiMO_2$ and $Si_4M_2O_3$. These, he observes, will be found to include the principal natural silicates, although there are probably some that are referable to other types; and he very justly adds that, "if the views given in this book respecting the composition of the silicates and other salts, were applied to mineralogy, they would

have a great effect upon the systematic arrangements of that science." see pp. 109—111.

But we have already extended this notice to a greater length than was first intended, and must now pass over in silence many things well worthy of note. Our object is to do that for Mr. Griffin which justice to his original and ingenious work demands. To him belongs the honour of being the first originator of the new system of chemical philosophy, which, grounded as it is upon strict induction, must remain in its fundamental principles forever the same.

To MM. Gerhardt and Laurent belongs, however, the merit of originating the same ideas quite independently of Mr. Griffin, and the still higher merit of perseveringly defending them, and extending them to the whole science of chemistry, in which they have already gained a reputation that will endure as long as the science itself.

Had our author fully realized the importance of the ideas which he then suggested, and proceeded in a careful and philosophical manner to apply them to the investigation of existing theories, he might have achieved for himself a world-wide reputation, and stood as the Priestley of the day. As it is, however, the present work is one which will forever connect him with the history of the science.

Montreal, April 20, 1848.

PRACTICE OF MEDICINE AND PATHOLOGY.

On the present state of our Knowledge with respect to the Uses and Effects of Chloroform.—On the 3rd ultimo, Dr. Nevins read a paper on this subject before the Liverpool Medical Society, in which he informed them that he had received private communications up to that date from several of the London hospitals, from Edinburgh, the Liverpool hospitals, and from Leeds and Birmingham, the York Lunatic Asylum and Retreat, the Wakefield Asylum, Dr. Conolly, Dr. Churchill, and other private sources, beside the cases recorded in the public journals; and, from the candid tone of the letters, and the particulars contained in them, he thought the Society might consider itself in possession of the unfavorable effects and results of this agent, as well as its favorable ones. He should, however, chiefly dwell upon the former, as they were the most important at present towards obtaining a full knowledge of its properties; the reports in the journals having fully proved, that it may be advantageously administered in many instances, and having confirmed the utility of its employment in most of the cases in which either has hitherto been used.

Vomiting.—Amongst the immediate effects produced by its administration, vomiting was frequently present. It often seemed dependent upon the food having been recently taken; but in several instances neither food nor drink had been swallowed for several hours previously. It was, however, very important to attend to this particular, as in several cases chloroform had produced no effect whatever when inhaled even in large quantities immediately after a full meal.

Headache was another not unfrequent result; though the contrary had often been stated. In some cases this continued for several hours, and in one instance it had not entirely disappeared for some days. It was principally, if not entirely, confined to the forehead.

Convulsions were very frequent; and he used the term "fervor" advisedly, because they had been often reported to

him. In one or two reports it was said, "Nearly all the patients operated upon, were more or less convulsed;" and in some instances this had rendered the operation almost impracticable. In a case of tying the brachial artery, the muscles of the arm were so violently affected, that the vessel could scarcely be gained, and the accompanying veins were so swollen and turgid as to obscure it even when exposed—rendering the operation very unsatisfactory. In another case—an operation upon the perinæum—the urethra and other parts were so forcibly and suddenly retracted several times, as to remove them from the control of the operator; and in a third case—one of lithotomy—it required the vigorous efforts of four persons to hold the patient on the table even after being tied up in the proper position. Several other cases had been mentioned; and, though he could not give an accurate statistical report, he thought about one patient in six or eight was affected with them more or less severely. In many cases they were accompanied with frothing at the mouth, whilst in others they resembled common hysterical symptoms. One important caution to be learnt from this was, never to attempt any operation more severe than tooth-drawing without having an assistant at hand. He had lately been prevented from completing an operation satisfactorily, by the patient starting up in the middle of it, in a state of excitement almost like that produced by laughing-gas, and, before he could be replaced on the sofa, the effects of the chloroform had quite gone off, and the operation was finished whilst the patient was conscious. He was not aware that he had started up or exhibited any degree of violence. It was sometimes supposed that convulsions only occurred before the full effect of the chloroform had been produced; but in many of the reports it was distinctly specified that "the patient was fully under its influence," and this had been the case in his own instance. It was fortunate, however, that these convulsions scarcely ever commenced during the operation; they were always manifested as soon as the agent began to take effect, if they were present at all; and therefore a surgeon was not liable to be betrayed into commencing an operation during their absence, and being interrupted by their subsequent appearance. If they were so severe as to interfere with the operation, he had nothing to do but to wait till the effects of the chloroform had gone off, and then his patient was in no less favorable a state than if he had simply not known of or used that agent; and he might remark, that not a single instance had been reported to him, or publicly recorded, in which any permanently injurious effects had resulted from these convulsions. Except as a matter of inconvenience, the clenching of the teeth often observed prior to tooth-drawing did not deserve particular notice.

Depression or prostration.—This was generally produced, more or less, and sometimes to an alarming degree, though hitherto no fatal issue had been traced to the employment of chloroform. It generally diminished the number of pulsations, and in one or two instances both the heart and lungs had almost ceased to act, and fears were entertained that the patients would die under the operation, but they had rallied, and had all done well ultimately. In most cases the reports stated that re-action had been perfect in from ten minutes to two hours; and, so far as our present knowledge extended, the depression produced was not of an alarming or dangerous nature. In one or two cases, indeed, in which the patients were reported to have been at death's door, and pulseless, from uterine hæmorrhage, or prostration otherwise induced, they rallied under the influence of the chloroform, and the operations were safely performed though ordinary stimulants had been previously tried in vain.

Secondary hæmorrhage.—One of the reports says that the writer fancies there has been a greater disposition to secondary hæmorrhage, than in cases in which chloroform has not been used; but he is the only observer who has

noticed this. The reports generally made are, "Very trifling hæmorrhage," "No secondary hæmorrhage," &c., and in the midwifery cases this was very striking. In several instances in which there was previously a disposition to flooding, there was none when chloroform was used; or without any previous flooding of a serious character, the reports state, "Very little discharge," or "Less hæmorrhage than usual." The result of experience thus far is therefore in favor of this agent, as regards this particular effect.

Excoriation of the lips and nose had generally been stated to be caused by using an impure specimen; but it had also been observed in so many cases in which every care had been taken to have pure chloroform, that it must be considered as an effect of the agent itself. It may, however, be prevented by taking care to avoid direct contact.

Pathological appearances after death from Chloroform.—The recent experiments, by Mr. Wakley, in addition to those of Dr. Gibson, of Newcastle, Mr. Gore, M. Gruby, and others, have proved indisputably that death may be caused by the inhalation of chloroform vapour, or by its introduction by injection into the vascular system. In all these cases the post-mortem appearances were the same:—"Excessive congestion of the lungs and large vessels of the heart, such as was perhaps scarcely ever witnessed in post-mortem examinations,"—Wakley. "Enormous congestion of the lungs, so that they appeared almost like one vast apoplectic spot,"—Gibson. "Great congestion of the lungs—not very great congestion of the vessels of the brain,"—Gore.

Several cases of death at periods varying from twenty-four hours to two or three days, were mentioned in the reports from which Dr. Nevins derived his information; but unfortunately they were nearly all cases of operation for hernia, or upon the abdomen in some way, and peritoneal symptoms had been chiefly sought for, whilst the state of the brain was not once alluded to, and that of the lungs very slightly in only one or two, and in these no mention was made of great congestion. In one respect the experiments of Mr. Gore were particularly interesting in their bearing upon midwifery. He killed a rabbit which was nearly at the full period of utero-gestation, by the repeated inhalation of chloroform vapour, and then extracted six young ones from the uterus of the mother, which all lived for several minutes. Dr. Nevins had been struck by the few cases of still-born children in the midwifery reports sent to him. He had the particulars of about eighty cases of labour in which chloroform or ether was administered for periods varying from ten minutes to sixteen hours and a half, of which eighteen were cases requiring turning or instrumental assistance. Six children only were still-born; of these, two had undergone craniotomy; one was a funis presentation; one was turned for placenta prævia; and the other two were restored by appropriate treatment. In fact, it appeared as if the child had a better chance of life after the employment of chloroform than without it, as it was usual to have a greater number of still-born children with such cases as had been reported.

From the experiments of Mr. Gruby, it appeared that the uninterrupted inhalation of chloroform for from three to five minutes caused death in several of the animals experimented upon, whilst similar animals breathed the vapour for upwards of an hour and a half, without injury, if occasional draughts of unmixt atmospheric air were interposed; from which the important inference might be drawn, that we ought, in every case of its administration, to remove the sponge occasionally, and allow the patient to inspire pure air alone.

The statement that the vitality of the blood was impaired by anæsthetic agents was not borne out by facts; for in Dr. Snow's report of ether cases he says the blood coagulated firmly in every case, and the jets of blood from divided arteries had the usual vermilion colour. This was observed in many of the reported cases, whilst in one or two the

colour was said to be "perhaps not quite so light as usual, but the venous blood was not so dark;" and in a rabbit killed by chloroform, Mr. Gore found that the blood drawn from the jugular and cranial veins just before death coagulated quickly and firmly. The inference drawn by Mr. Nunn, of Colchester, from the fluid state of his patient's blood after death, was, therefore, not confirmed by other cases.

Midwifery.—Dr. Nevins had the reports of about eighty cases of labour under the influence of this agent, the general result of which was highly favourable. No case of death has reached him in which this termination could be attributed with any fairness to it. One woman had died of puerperal fever on the third day after its employment, and a second patient had also died about the same date with sloughing of the os uteri and interior of the uterus, after the application of the short forceps; but he had ascertained that at the same time one or two cases of puerperal fever had occurred in the practice of surgeons who had used chloroform, and erysipelas was also prevalent in the town at the same time. Now it has been often observed, that when the latter disease is prevalent, cases of puerperal fever were also met with; and there was, therefore, no presumption that the occurrence of the fever had any connection with the employment of the chloroform. Another patient had been affected with œdema of the epiglottis, commencing about twenty-four hours after labour, in which she had cried out a good deal prior to the exhibition of the chloroform, but not so much as many women in ordinary labour. Here, then, a presumption might arise that the œdema was owing to the inhalation, but further experience was necessary to confirm or disprove it. Another patient began to rave violently after the inhalation, but she had been previously much excited by the number of persons around her, (students and others) who had questioned her frequently while preparing for its administration, and when just beginning to be under its influence: she ultimately did well. Another young woman with her first child, to whom ether was given, which was afterwards ascertained not to have been of the full strength, had severe convulsions beginning about ten hours after labour was completed. By bleeding and the common treatment, she was cured in the ordinary length of time.

With these exceptions, no untoward circumstances had occurred after the use of the chloroform; and it was evident that any connection, except that of time, between some of these and its employment, was very doubtful.

The general description of the labours was, that the patients accomplished them in the usual time, but without the fatigue of ordinary parturition, and they were entirely free from the exhaustion so commonly experienced afterwards: they expressed themselves as if the labour had scarcely been of any consequence, and the recoveries, with the above exceptions, were all described as "unusually quick and favorable." In many, perhaps most cases, the after pains were decidedly less than usual, or than they had been in previous labours. In several, however, they were as severe as usual, in none more so. If administered prior to the dilatation of the os uteri, no particular effect was noticed upon it; but when the vagina was hot, dry, and swollen, as in some of the cases, it generally became soft and moist almost immediately. In about one-third of the cases, the uterine contractions were decidedly enfeebled, and the intervals lengthened; but so much relaxation of the soft passages was produced at the same time, that, with one or two exceptions, the labour was not reported as having been prolonged beyond what might have been anticipated had chloroform not been used. In nearly every instance, the abdominal muscles acted in concert with each uterine contraction, and the legs were generally stretched out at the same time, and the patients often uttered a low moan

during each pain, but without being subsequently conscious of having suffered. In many cases they were aware of the passage of the child's head over the perinæum, but it was unaccompanied with pain. The placenta was expelled as usual, and there was less hæmorrhage than common in most of the reports; our experience, therefore, is so far decidedly in favour of the safety and utility of its employment. In one case it was continued at intervals for sixteen hours and a half, and in others for varying periods down to ten minutes, just during the passage of the head over the perinæum.

Capital operations.—So many favorable cases have been reported, as to have established the general safety and utility of its employment, and Dr. Nevins confined his observations, therefore, to the unfavorable ones, of which about twenty had been reported, with particulars. He could not, however, imagine that the chloroform could have had any influence in such cases as the following, which described many of the unfavorable ones:—"Severe compound fracture—amputation—secondary hæmorrhage, or erysipelas—death in a week." Or "Age 70—state prior to operation unfavorable—death in a week from sinking." Of the whole number there was not one in which the fatal result was unequivocally, or even very probably, owing to the chloroform; but it did so happen that three out of four cases of strangulated hernia, sank without anything particular to make the operator anticipate it beforehand; two of the patients were upwards of 65 years old, but this was the only circumstance apparently against them. In the third case the patient was under the operation nearly three-quarters of an hour, and the gut was in a bad state at the end of that time.

Erysipelas was reported to have occurred in several cases, but it would be impossible to trace any connection between this and the use of chloroform from our present experience. It is not probable that they have any relation of cause and effect.

The other untoward cases have been already mentioned in speaking of the immediate effects produced by chloroform.

Delirium Tremens.—Four cases only have been reported by as many different authorities, in all of which chloroform produced the best results: the patients immediately fall into a tranquil sleep, from which they awoke in from one to four hours. In some of the cases opium was then given, in others not; but in all, the patients again fell asleep for several hours, and awoke free from the symptoms of the disease.

Mania.—In this disease experience has not hitherto been so favorable. Two authorities mention having used it with benefit in two cases of high maniacal excitement. In the other cases reported (about a dozen), no permanent benefit, and scarcely even temporary relief, was obtained.

Tetanus.—In one case the patient recovered; in another, slight temporary benefit, and ultimately death; in a third, immediate aggravation of the spasms was produced.

Chorea.—Only one case reported; in this it did no good.

Spasmodic asthma.—In two cases reported it produced a most beneficial effect; though in one of them æther had aggravated the distress in a previous attack.

Tic Doloroux.—Two cases reported; In these chloroform was used with immediate temporary relief, followed by sleep, and no return after an interval of many days; relief was also obtained in a distressing case of hysterical convulsions, with great spinal irritability.

Mr. Ellison read a report of the fatal administration of chloroform in Newcastle, which had appeared in the *Times* of that morning. In this case death ensued in three minutes in a healthy girl, who had previously inhaled æther without inconvenience. There was extreme congestion of the lungs, and considerable congestion of the brain.

Mr. Kay had tried chloroform in one case of midwifery requiring the application of the short forceps. The patient's

convulsive movements were so violent, that he was obliged to wait until the effects of the chloroform had gone off, before he could apply them.

Dr. Roche had met with a similar case, and he thought the recent fatal case might not be without benefit, for he had been called to attend a young lady during her first confinement, and found her busy inhaling chloroform on his arrival, of which she had obtained a supply spontaneously, and which she had been practising upon for a day or two to see how it answered. If patients began to take it into their own hands in this way, we must expect to hear of more fatal consequences.

Dr. Nottingham had assisted at an amputation of the thigh, in which it was difficult to distinguish between the colour of the arterial jet of blood, and the venous oozing. The patient, however, did well. He had observed this also in another case.

Mr. Higginson inquired whether the author of the paper had observed the vibratile condition of the pupil before the patient became completely under the influence of the chloroform. He had noticed this in two or three instances, and that the pupil became widely dilated when under its full influence. He also wished to know the earliest age at which this agent had been administered with safety.

Dr. Roche had operated satisfactorily for nævus upon a child not three months old, to whom he had given fifteen drops of chloroform; it continued under its influence six minutes.

Dr. Nevins had not noticed the condition of the pupil referred to. He had seen a report of a successful operation upon an infant six months old.—*London Medical Gazette.*

MIDWIFERY.

On the Causes and Treatment of Lateral Curvature of the Spine.—By S. HARE, M.R.C.S.L.—A considerable proportion of cases of angular projection of the spine are very distinctly traceable to attacks of measles or of scarlet fever, so that these diseases either light up any predisposition which before existed to the affection, or themselves act both as predisposing and exciting causes, in consequence of the bad state of health they frequently create. But the lateral curvature does not seem to be so much induced in this way; though I believe that any cause which tends to deteriorate the general health, tends likewise to predispose to the disease, and to make exciting causes which might otherwise be innocuous sufficient for its production. Lateral curvature is rarely met with in thoroughly robust girls, while it is very common in those whose health is delicate, or who are weakly or anemic; and there is a still stronger probability of its occurring if there be any tendency to rickets in the constitution; yet persons with these different states of health are probably equally obnoxious to one of the most fertile exciting causes of lateral curvature,—viz., tightly-laced stays; but in the case of the healthy and robust girl, the constitution is able to withstand the injurious influence, while, if the health be delicate, lateral curvature is apt to result. The manner in which stays act in producing the deformity is this,—they are usually so made, that besides constricting the waist, they press very much and very injuriously upon both scapulae. In the ordinary occupations of life, the right arm is much more in use than the left one, especially where any exertion has to be made; now, the person finding when she uses the right arm that the motion of the scapula is a good deal interfered with by the construction of the stays, naturally endeavours to give it more room for its action; but as the stays are made up of unyielding, or nearly unyielding materials, this can only be done by bending the body somewhat to the left side, while the left scapula (and especially its lower angle) is drawn nearer to the spine by the action of the

rhomboidei, the trapezius, and other muscles; thus somewhat more space is afforded for the play of the right scapula, while the left one, and the arm of that side, are consequently but little used. Were this series of actions to occur a few times only, no serious result would probably ensue, but it is continually taking place, so that the muscles attached to the right side of the spine have a continual tendency, by being constantly used, to bend it to their own side, while no counteracting influence is exerted on the opposite side of the spine, because the muscles there cannot be brought into play, but, on the contrary, the pressure made by the unyielding stays on the left scapula has a constant tendency to force this against the ribs, near to their articulation with the vertebræ, and thus to increase the convexity of the curvature towards the right side. Once a curvature produced in the dorsal region, another compensating one must necessarily ensue, so as to keep the body and head over the centre of gravity, while the pressure of the head and shoulders upon the now distorted spine continually tends to increase the deformity. It will hence be readily conceived how it is that in this form of spinal disease the dorsal curve almost uniformly takes place towards the right side, and that the right ribs are excurvated, while the left scapula is forced inwards, and bends before it the ribs of that side, near their articulation with the spine; thus, also, producing rotation of the vertebræ to which they are attached, especially of those at the point of the greatest convexity in the curve. Such being the circumstances under which lateral curvature takes place, and such the way in which it is produced, it is manifest that judicious treatment must comprehend attention to the general health, as well as the adoption of means for the removal of the deformity. It would be impossible to lay down here any plan for the treatment of the former that would comprehend all cases; the practitioner will judge of each one by its peculiar circumstances, but, as a general rule, it is well to endeavour first to get the digestive organs into as healthy a condition as possible, by the exhibition of gentle and warm purgatives, as the compound gentian mixture, and occasional doses of blue pill or Plummer's pill, and afterwards to increase the strength and impart vigour to the constitution by the exhibition of tonics; and of these I have found the preparations of iron the most advantageous, and especially the iodide of iron, given in the form of a syrup. For the cure of the deformity, if as has been already stated, and as very slight refection will shew to be the case, the weight of the head and upper extremities pressing on the weakened spine tends to increase the deformity,—it is obvious that it is of the first importance, to remove this weight as much as possible; no steel stays, or other contrivance, the fulcrum of which rests upon the pelvis, can be sufficient, effectually and permanently, to remove it or to bring the spine into its natural position, especially when complicated with much distortion of the ribs. The only thoroughly effectual way of obtaining these desirable and necessary ends is the employment of the recumbent position, together with the use, at the same time, of gentle extension to the spine, and pressure on the projecting parts both of the spine and ribs. It is not necessary in lateral curvature, as in cases of angular projection of the spine, that the patient should be altogether confined to this position, but within certain limits, the more that is the case, the more speedy and efficient will be the cure; and I can state with the most perfect confidence, because it is the result of much experience and close observation, that those who come under this plan of treatment, thin, and out of health,—which is the case with most of them,—uniformly become stouter and stronger, and improve in every other respect. As the deformity decreases, various symptoms directly dependent upon it likewise diminish; just as those depending upon the state of the general health disappear as this improves. Amongst those arising from the deformity of the chest, consequent upon that of the spine, are various tho-

racic pains of a neuralgic character, with palpitations, dyspnoea, &c. That there should be difficulty of breathing when the chest is so much distorted, need not excite surprise, since the capacity of the lungs is necessarily much diminished. That the breathing capacity of the lungs is really much less in most persons with deformity of the spine, (and consequently of the chest,) but who are at the same time quite free from organic disease of the lungs, than in other healthy persons of similar height, I have determined by a considerable number of experiments; as likewise that the breathing capacity increases,—sometimes even to a great extent,—as the deformity becomes rectified.—*Lancet*.

Vaginal Hysterotomy, and subsequent Delivery with Forceps, with safety to both Mother and Child.—By GUNNING S. BEDFORD, M.D., Professor of Midwifery and the Diseases of Women and Children, in the University of New York. On Saturday, November 6th, 1847, at five o'clock, A. M., Doctor Alexander Clinton was summoned to attend Mrs. L., aged 36, in labour with her first child. Dr. Clinton had been for some time the family physician of Mrs. L., and had attended her in repeated, and occasionally severe attacks of nephritis. On reaching the house, he found Mrs. L., in labour, the pains being decided, and occurring with regularity at intervals of fifteen and twenty minutes. In his examination per vaginam, the Doctor was unable to detect the *os tinca*; he very cautiously explored the vagina and presenting portion of the womb with his finger; and after several fruitless attempts to find the mouth of the womb, he came to the conclusion that the difficulty of reaching the *os*; was owing to mal position of the organ, probably retroversion of the cervix. Accordingly he waited until evening, when the pains increasing in violence, and assuming an expulsive character, he again examined his patient, but with no better success. He then proposed a consultation, the patient having been in labour fourteen hours. My colleague, Prof. Valentine Mott, was sent for; on hearing the particulars of the case, he made a vaginal examination, and, after repeated attempts, failed in finding the mouth of the womb. Professor Mott suggested that possibly some change would occur during the night in the position of the parts, which would enable him to reach the *os uteri*, and left the house with the promise that he would return in the morning. Doctor Clinton continued with his patient during the night, and the pains occurred regularly, with more or less force. He made several examinations in the night, and could feel nothing but a globular smooth, and uniform surface. In the morning, Nov. 7th, at ten o'clock, Professor Mott returned. The pains were then much more violent, and the patient suffered severely. He again attempted by examination to reach the mouth of the womb,—and again failed. To use his own language, "I have seen a great many obstetric cases, and have attended almost every variety of parturition; but it is the first time, after 36 hours labour, that I could not feel the *os tinca*." The case was now assuming a dangerous character—the pains were frequent and expulsive, with an obliterated mouth of the womb. The fear, therefore, was rupture of this organ, and death of the patient, with but little chance for the life of the child. The husband and friends were informed of the precarious situation of the patient. Doctors Mott and Clinton decided to have additional consultation; and, at the request of these gentlemen, I met them at one o'clock on Sunday, the patient having been in more or less active labour for forty hours. On examining the patient I could not feel the slightest trace of an *os tinca*; and I became satisfied after a thorough exploration that it was entirely obliterated. Under these circumstances, the death of the mother being inevitable without an operation, it was proposed to lay the womb open through the vagina; and, at the request of Drs. Mott and Clinton, I proceeded to perform the

operation as follows: with a probe-pointed bistoury covered to within a few lines of its extremity with linen, and taking my finger as a guide, I made a bi-lateral section of the neck of the womb, extending the incision to within a line or two of the peritoneal cavity. The head of the child was immediately felt through the opening. The pains continued with great violence, but there was no progress in the delivery—the neck of the womb was extremely hard and resisting, and presented to the touch, after the incision, a cartilaginous feel. Doctor Mott and myself then left the patient in charge of Dr. Clinton, and returned again at six o'clock in the evening. At this time, although the pains had been severe, the head had not descended, nor had any impression been made on the opening. I then made an incision through the posterior lip. The patient was not in a condition to sustain blood-letting, and a weak solution of tartar emetic was administered with a view, if possible, of producing relaxation. Doctor Clinton remained with his patient, and promised, if any thing occurred during the night to inform us of it. We were both sent for at two o'clock, the patient suffering severely from violent and excessive pain, all of which produced little or no change in the head of the child. We remained until seven o'clock in the morning, when we left. The patient being much fatigued, a Dover's powder was ordered, which procured a comfortable sleep, and temporary immunity from suffering. We called again at eleven o'clock; the opening had dilated somewhat, and the head could be more distinctly felt, but it had not begun to engage in the pelvis. There was much heat about the parts, and the scalp was corrugated. The pains continued with regularity, losing nothing in violence, and about 6 o'clock on the evening of Monday, the patient's strength was evidently giving way, and her pulse rose to 140. In a word, the symptoms were most alarming. The question now presented itself, what was to be done? After mature deliberation, being essentially conservative in the whole management of the case, we determined to make an attempt to deliver with the forceps—certainly not an easy thing to do with the head at the superior strait, not begun to engage in the pelvis, and the opening of the womb not larger than a dollar piece, rigid and unyielding. The forceps, however, after a full view of all the circumstances presented to us the most feasible means of effecting delivery. At the request of Doctors Mott and Clinton, I applied the forceps, and was fortunate, without much loss of time, in locking the instrument. The head was situated diagonally at the upper strait with flexion but partially made. At first, I directed my traction downwards and backwards, the handle of the forceps forming an acute angle with the axis of the inferior strait of the pelvis, and when I succeeded in flexing the chin of the child upon the sternum, I then rotated the handle of the instrument for the purpose of giving the demi-spiral movement to the head. In this way, after very great effort, I succeeded in bringing the head to the inferior strait, the occiput pressing on the perineum. At this stage of the operation my arms and hands were nearly paralyzed, such was the force necessary to overcome the difficulty. I requested Doctor Mott, who was by my side, to relieve me, and he, after no inconsiderable effort, succeeded in bringing the head into the world—and our gratification was in no way diminished by the fact that the child was alive, an event certainly not to have been expected. As strange as it may appear, the only inconvenience experienced by the mother after delivery was an inability to pass her water—this continued for about two weeks, rendering it necessary to introduce the catheter twice daily for the purpose of relieving the bladder. The mother and child are in the enjoyment of excellent health, it being now three months since the operation.

It may, perhaps, be thought by some that the patient should have been delivered sooner, and that we subjected her to serious and unnecessary hazard in delaying the delivery by forceps. This reasoning might possibly be sustained

on general principles—but, I think, it will be conceded that in this individual case, we were not only justified in the delay, but the result proved the wisdom of the course we pursued. In my judgment, nothing, under the peculiar circumstances of the case, could have warranted any attempt at artificial delivery, *save an approach to exhaustion on the part of the mother, or the occurrence of some accident placing life in the most imminent peril*. The position of the fetal head, and the condition of the mouth of the womb were such as to render extremely probable the failure of any attempt at delivery. The obvious indication, therefore, was to trust to nature as long as she was capable of acting, and for the accoucheur to proceed to artificial delivery the moment the general system exhibited evidences of prostration.

This is the second time I have performed the operations of *vaginal hysterotomy*, and in both instances the lives of mother and child were saved. The first case occurred in a female, whose womb had been seriously injured in consequence of attempts to occasion miscarriage by the notorious abortifacient *Madame Restell*. The injury inflicted resulted in entire obliteration of the mouth of the womb. The patient was taken in labour Dec. 18th, 1843, at 7 o'clock P.M., and was attended by Drs. Vermeule and Holden. On the following day, at 7 p.m., I was requested to see her in consultation with these gentlemen. Her pains were violent, and she suffered intensely. On making an examination it was quite evident that there was obliteration of the mouth of the womb. In the presence of Drs. Washington, Detmold, Doane, Vermeule, and Holden, I made a bi-lateral section of the uterus—and in ten minutes after the incision, the patient was delivered of a full-grown living child. The mother and child continued to do well without one untoward symptom.

I am not aware that this operation has ever been performed in America—at least I have found no record of it. A full account of this case was published in the *New-York Journal of Medicine*, for March, 1843.—*American Journal of Medical Science* for April, 1848.

MATERIA MEDICA AND CHEMISTRY.

The Ethereal Solution of Prepared Cotton.—The following paragraph is extracted from a communication by J. P. Maynard, drawn up for the Boston Society for Medical Improvement:—

"The grounds on which I rest my claim of the original application of this agent to surgery, are the following—1st. That I used it in the first case upon my own person—then upon the body of another—again upon a wound on my own hand, and that these cases were the first instances in which it had been surgically applied. 2d. I afterwards communicated the fact of my having surgically used it to my friend and fellow student, Sam'l L. Bigelow, upon whose veracity and memory I must depend for corroboration of the facts, if needed. 3d. Public announcement was made in the journals of the day that it had been applied most successfully in a surgical operation performed by Dr. S. S. Whitney, of Dedham, upon the face of a female for the cure of a horrible deformity caused by a burn in childhood—to those newspapers I refer for proof of this assertion. 4th. I have used and superintended its use for more than a year in over a hundred cases of surgery. For proof of this I refer to Dr. S. S. Whitney, Dr. Fisher of Boston, Dr. Mason, and the patients themselves who have had ocular demonstration of the truth of my remark. Notwithstanding all this, it will not be inconsistent with human nature should many *post-facto* claims be set up to the merits (if any) of the first application of a *solution of cotton to surgical uses*. If, however, any person can establish a better right, I will waive my claim."—*Boston Medical and Surgical Journal*.

MISCELLANEOUS.

MISCELLANEOUS GENERAL AND MEDICAL INTELLIGENCE.

A meeting of the profession has taken place in Paris to organize a committee to receive subscriptions in aid of the funds of the Provisional Government. The Academy of Medicine has voted the sum of 2000 francs (£80).—A deputation from the Parisian Medical Schools has had an interview with the Provisional Government for the purpose of demanding the abolition of all fees for examination, diplomas, &c. They ought to petition at once for the abolition of the examination, as degrading to the principles of equality and fraternity.—Professor Samuel Cooper, having closed his course, has resigned his chair of Surgery at University College, London. In his farewell address he states the cause, "the impossibility of any agreement between me and two of my colleagues (the two who almost rule the medical end of this institution) on certain points affecting the claims of gentlemen brought up at this school not to be forgotten in the distribution of its patronage. * * * The plan of sending for strangers to fill professional offices in this place is not only unnecessary and unfair, but a serious discouragement to those who strive hard to gain the highest honours of the school"—the allusion being evidently to the translation of Mr. Syme, from Edinburgh, to fill the vacancy created by the decease of Mr. Liston.—In the *Western Journal of Medicine and Surgery*, Dr. Byford, of Indiana, reports a case of Cæsarian operation, rendered necessary by the presence of a tumour in the vagina. The child was dead, and the unfortunate mother expired on the morning of the 5th day.—508 students attended the University of Pennsylvania at its last session, and 480 the Jefferson College. These were the two largest medical classes in the United States. There were 167 at the Transylvania University, and 240 at the Western Reserve College.—Scarlatina, of a malignant type, has been very prevalent during the month of April at Lawrenceburg, Tennessee. The patients died in 22 and 24 hours. In the fatal cases the brain was the organ which was principally affected.—*Chloroform*.—This agent is still employed as an anæsthetic, and cases of its successful and unsuccessful use are being universally recorded. In the *Provincial Journal*, April 19, Dr. Worthington details a case of traumatic tetanus, terminating, however, fatally, in which the inhalation mitigated the spasmodic paroxysms. Its exhibition was commenced after trismus was completely established, rendering the internal use of medicines futile. In the same journal Mr. Bambridge records a case of catalepsy, in which it was successfully administered.—*Liability of Railway Companies for Compensation for Injuries*.—Two important trials have lately taken place in England, demonstrating the liability of Railway Companies for professional attendance on accidents caused by their trains. The first case is *Coxe v. the Midland Railway Company*. Mr. Sands Coxe is Professor of Surgery at Queen's College, Birmingham, and he brought the action to recover £27 6s. for services performed. In February, 1847, a man, named Higgins, had been at a sale near the Whiteacre station, where he purchased a table. He wished to return to Coleshill, and waited at the station until the train, which consisted of a first class carriage and a truck, came up. The table was put on the truck, and Higgins was about to get into the carriage, as it was snowing very hard, but the station-master prevented him, and insisted on his going upon the truck, although he had no right to compel a passenger to do any thing of the sort. Higgins, however, consented, and, while getting on, the guard gave the signal for starting. The train went on, throwing Higgins down, so that the wheels passed over him, fracturing one of his thighs. Mr. Davis, of Coleshill, the surgeon to the Company, was sent for, and as the fracture was a bad one, a consultation was demanded, and Mr. Coxe's services demanded. A special train was despatched to Birmingham, bringing Mr. Coxe, who performed amputation. Higgins continued in considerable danger for 6 or 8 weeks, during which period Mr. Coxe visited him twice, charging 3 guineas for each visit, and 20 guineas for the operation. The Company pleaded, that they had not employed him. No witnesses were called for the defence. Judgment was given for the plaintiff, with leave for the defendants to move a non-suit, if the Court above should be of opinion that the Judge ought to have directed a non-suit. Higgins had raised an action to obtain com-

penation for the injuries he had received, but it was settled out of Court, the Company agreeing to pay him £150, exclusive (as it was contended) of medical attendance and various charges, as he had not ordered them. The second case was *Davies & Son, Surgeons, of Coleshill, v. the same Company, to recover £37 8s. 6d. arising out of the same case*. A verdict was taken for the amount in a similar manner. The Judge suggested, that as it was contended for the Company that no servant of theirs had authority to order medical attendance in cases of accident, they ought to make it publicly known.—*Isopathy*.—This is the name of a new species of quackery, originating in Germany. A Dr. Hermann is the Hannemann or Preistnitz of the new system. It derives its name from the doctrine, that the disease of any organ is to be cured medicinally by the use of the analogous organ of a healthy animal. Thus, in disease of the liver, liver is prescribed; of the brain, brains (*calves' brain*, we presume), and the same with diseases of the lungs, heart, kidneys, &c. &c. As it might not be convenient for the patient to eat the substance of the organ, Dr. Hermann proposes to make tinctures thereof, and thus to exhibit concentrated essences.—*Ethereal Solution of Gun Cotton*.—Mr. Bigelow and Mr. Maynard are disputing in the *Boston Journal* their claims to the discovery of the surgical application of this fluid. It is not so likely to prove so rancorous and wordy as the *letheon row*.—Velpéan has expressed, in the Academy of Sciences, his conviction of the superiority of chloroform over ether as an anæsthetic.—Professor Berard, Dean of the Faculty of Montpellier, having been deposed for his liberal opinions by the Government of Louis Philippe, has been reinstated by the present Provisional Government of France.—Stromayer has succeeded Deffenbach at Berlin.—There are 454 medical students in the medical school at Constantinople.—In Russia, physicians alone can resort to anæsthetic means. The use of these agents is not permitted under any circumstances, unless under the authority of a regularly educated medical man.—*Gutta Percha*.—This article, susceptible of so many valuable applications, was introduced to the notice of the British public by Dr. W. Montgomerie, who received for this service the gold medal of the Society of Arts. The tree, of which it is the concrete juice or sap, belongs to the nat. ord. *Sapotacea*. It grows abundantly in the island of Singapore, and in the dense forest at the end of the Malayan peninsula. It exists also in Borneo. It attains a considerable size, the diameter of the trunk frequently measuring 6 feet. The wood of the tree is seldom used, but an edible concrete oil is procurable from the fruit, and taken by the natives with their food. About 20 or 30 pounds are frequently collected from one tree. The sap at 50° F. is hard, but becomes of a waxy and pliant softness at 200° F. Insoluble in water, but soluble in ether and chloroform. It is now extensively used in the manufacture of bougies, pessaries, splints for fractures, &c., and its economical uses are becoming every day more and more extended.

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MONTREAL, JUNE 1, 1848.

LIFE ASSURANCE CERTIFICATES.

The subject of the injustice committed against medical men by the various life-assurance offices, in not remunerating them for their services as referees, we have for some time past intended to represent, and to consider somewhat at length. It is an evil against which the profession of Great Britain has for some years past remonstrated; and it is one under which the profession in this country has as yet silently suffered. So long as the profession tacitly submits to

the evil, nothing can be urged in its defence; it is time, however, that it should arouse itself from its indifference, and assert its right; for we are persuaded that the agents of the various assurance companies but require to have the matter properly placed before them, to acquiesce in the just claims of every medical referee for an equitable compensation for that opinion which is of momentous value to the office, and which is the important guide to its future conduct in the particular case. The appointment of medical referees by and for the various offices may be viewed as a matter of wise precaution; and were these of no other use, their mere service as a check against collusion between an unhealthy subject and his medical adviser, in the event of the falsification of the certificate by the latter, would amply guarantee their appointment. But in the majority of cases, their office is a mere sinecure, and their work one of supererogation, more especially if they minutely re-examine a subject, whose certificate has been previously obtained from a physician of known integrity, and good professional standing. We are not lightly or unadvisedly questioning the proceeding adopted by the assurance companies. We know not in what light the matter is viewed in Great Britain, between the medical referee, and his patient who seeks his certificate. In this country it is usually viewed as a matter of duty and friendship on the part of the physician who grants it; and we scarcely know of an instance in which it has been refused, and never, in one instance, have we heard of a fee having been exacted by, or paid to, the referee. This is by no means as it should be. The information sought for is of the most important kind, and dives at once to the bottom of knowledge, derived, it may be, from long professional intercourse; and this the referee is required to disclose, in the most polite manner possible, at the risk, should circumstances require it, and he act conscientiously, of sacrificing his own professional interest, and securing, in lieu of it, without the slightest recompense, the future malevolence of the applicant, which may be manifested in every kind of way which may suit his humor or his power. Against this false position, into which physicians are constantly thrust, we protest. Either let the assurance offices be content with the discrimination of their own referees, or let them see adequately all whose opinions are worth having, and which it is of importance they should obtain. The assurance offices are the parties that should meet this demand. *Their fees for assurance are exorbitantly high for this country, for lives between the ages of 20 and 40; the mortality between and above these ages, being considerably less per cent. than in Great Britain, the*

tables of mortality of which have been extended, but most erroneously, to this climate, and constitute the basis of the rates of assurance. We direct the attention of our readers to the following circular of the Manchester Medico-Ethical Association, extracted from the *Provincial Medical and Surgical Journal*, April 5, 1848, which has most opportunely come to hand, and in the expression of sentiments contained therein, we are sure that every member of the profession in this province will concur.

The Members of the Medical profession feel greatly dissatisfied that when referred to for certificates of health by applicants for Life Assurance, they should have difficulty in obtaining remuneration for their services. For evidence of the extent to which the feeling of dissatisfaction exists, the Committee of the Manchester Medico-Ethical Association would refer to the numerous complaints that appear in the medical periodicals, and also to the experience of Boards of Directors on this point.

The Committee in attempting to effect a settlement of the question would remark, that while on the one hand the claim of the Medical Referee is just and reasonable, so on the other a recognition of this claim would greatly subserve the interests of the Assurance Companies.

The duty which the Medical Referee is called upon to discharge, is one involving great responsibility, since his report on the applicant's past and present state of health in some cases determines the decision of the Directors in regard to the application, and in others may at a future time be made the ground for resisting the payment of the policy. It is moreover, one of much delicacy, as he is thus often compelled, in telling the whole truth, to record particulars entrusted to him in professional confidence. It is further one, the due fulfilment of which, in many instances, militates against their own interests; for cases might be cited, where medical men in this way have become involved in trouble through attacks on their integrity, as well as on their professional skill. Finally, though all communications to the Office are termed "strictly confidential," breaches of good faith are not altogether unknown; and even where secrecy is maintained it will sometimes happen that, in the event of a policy being refused, the displeasure of the applicant and his family falls upon the Medical Referee, from a suspicion that he has given an unfavourable report. From these considerations it must be manifest, that the profession have a just claim, on one party or the other, to remuneration for the certificates required for Life Assurance.

This being assumed, the Committee would now proceed to another question, viz., which of the parties ought to pay the fee—the Assurer or the Company? Here the Committee would observe:—

1st. That the condition of a certificate of health being given by a Medical Referee is one imposed by the Company, solely, with the view of aiding them to decide whether they can accept the proposal of the Applicant with safety to their own interests.

2nd. That the entire benefit to be derived from the certificate is received by the company; that it is alone valuable to, and can only be used by, the Company. If the certificate report favourably, it is an additional security to the Company; if unfavourably, it protects the Office from a bad life; and if unfaithfully, it may at a future period be used as a ground for vitiating the policy.

3rd. That if the certificate disclose, in even a small proportion of cases, a single fact concerning the health of the assurer, which might be overlooked by the Medical Examiner for the Office, or which from its obscurity could not be detected by one a stranger to the applicant, and this will scarcely be denied, then its value to the company, were there no other reason to adduce, would be clearly established.

4th. That either the certificate or instructions founded upon it are commonly forwarded to the Medical Examiner of the Company, and consequently will thus in general prove of importance in directing his examination.

5th. That when disputed claims had been taken into courts of law, the certificate of the medical referee has usually been set forth

as the basis of the contract, and as the evidence on which the policy was granted.

6th. That some Assurance Companies have no medical examiner of their own, but trust to the report made by the Medical Referee of the applicant.

Lastly, that several Companies recognizing the just claims of the profession, "pay every Medical Referee to whom they apply, a fee for his services."

From all these considerations the Committee are led to the conclusion that the Company alone is responsible to the profession for an adequate fee.

The Committee beg to assure the Directors of their earnest conviction that the adoption of some arrangement by which the profession might be called upon to discharge this duty with impartiality, and at the same time receive a fair remuneration for the service would prove of signal advantage to the Companies.

As the practice now is, the Referee has, in general, no communication with the applicant before making his report. The Schedule is sent to him direct from the office, and contains no suggestion as to the propriety of a consultation, but simply inquires—"When did the Referee see the Applicant last?" and "What was the state of his health at that time?" Hence has arisen the complaint, sometimes made, that the schedules are carelessly filled up, and that they supply little information of value to the Office. The Committee submit that this loose mode of reporting on the health of an applicant is at once hazardous to the character of the Referee, and injurious to the interests of the Company. They would also refer to the advantage which a more careful examination by the Referee would secure for those Companies that insure diseased or unsound lives.

The Committee have carefully weighed the arguments commonly adduced in support of the course at present adopted by most of the Companies, and concede to the Directors that objections may be raised to an arrangement whereby the payment of all medical fees shall fall on the Office alone. The only arguments, however, which the Committee need refer to, are these: that some risk would be incurred of fictitious applications being made at the instance of unprincipled medical men for the sake of obtaining the fees. That in cases where the proposal for assurance is declined, no profit accrues to the Company. And that the medical expenses preliminary to the contract between the Office and the Assurer ought, in fairness, be divided equally between the two parties.

With a view to meet these objections, and at the same time to maintain the conclusion at which the Committee have already arrived, they beg to submit to the Directors the following proposals—assuring them of their anxious desire that a removal of the difference which has engendered so much dissatisfaction in the profession, may now at length be effected through the instrumentality of the Manchester Medico-Ethical Association.

PROPOSALS.

1st.—That the Assurance Companies pay a fee to the Medical Referee of the Applicant for Life Assurance, on the understanding that the former, before making his report, have, when circumstances permit, an interview with the said Applicant.

2nd.—That the agent of the Company require of the applicant for Assurance, at the time the proposal is made, the payment of his proper share of the medical expenses.

3rd.—That the fee paid by the Office to the Medical Referee of the Applicant be—

For a Policy under £500, half a guinea.

For a Policy of £500 and upwards, one guinea.

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

Pursuant to notice, a general meeting of the members of the Corporation was held at Quebec on Tuesday 9th May last, for the purpose of considering and adopting a code of Rules and Regulations for the governance of the College.

The President, Dr. Arnoldi, Senior, having taken the Chair, requested the Secretary to call the names of the members of the Corporation, which he continued to

do till he came to the name of A. Hunt, M.D., unequivocally intended for A. Hall, M.D., as had been established on a former occasion by that gentleman's own signature to the petition to the three branches of the Legislature. Drs. Coderre, Ovide Rousseau, and Roy, vociferously insisted upon noting *absent* to the name, which, however, was overruled. On calling that of Dr. Emery Coderrey, some humour was naturally displayed by the meeting at that gentleman's urging the misprinted name to be intended for his own (Coderre,) and endeavouring to apply to himself that which he denied to Dr. Hall. On coming to the name of Dr. Rousseau, a question was raised as to which of the two Dr. Rousseau's thus undesignated was the one intended. Dr. Edouard Rousseau rose and claimed the name as his, and stated as such he would avail himself of his privilege as a member of the Corporation, and speak and vote at its meetings, which was opposed on the grounds that he was not *the* Dr. Rousseau intended. At this stage of the proceedings a continued series of interruptions ensued from the clamour and violence of some present. As soon as the venerable President was able to obtain order and tranquillity, Dr. Morrin calmly and dispassionately addressed the meeting on Dr. Edouard Rousseau's pretensions to be the person intended by the law to be a member of the Corporation, and stated as he (Dr. M.) was the special agent authorized to transmit to the gentlemen in charge of the measure at Montreal, all the names of the medical practitioners residing in the city and district of Quebec who were desirous of being included in the petition to the Legislature for Incorporation, he had no hesitation in unequivocally declaring that Dr. Edouard Rousseau had never signed the petition. Notwithstanding, Dr. E. Rousseau continued to insist upon his right of membership to the College, which called forth Drs. Wolfred Nelson, DeSales Laterriere, Von Illland, Fortier, and Hall, after which Dr. Coderre rose and read a paper containing several allegations, upon which he based a charge of illegality against all the acts and proceedings of the Corporation. The President, with dignity, replied, that as an officer duly appointed by the Executive Government, he had taken all the responsibility of the proceedings upon himself; that he had carefully and conscientiously endeavoured to discharge his functions without prejudice or partiality, and when doubts had arisen in his mind, he had taken the counsel and followed the instruction of the first Law officer of the Crown, and if he had erred, (the lot of humanity,) and they now felt themselves aggrieved, the tribunals of the country were open for judgment, and to which, at all times, he would cheerfully submit. On which Drs. Coderre, Ovide Rousseau, Louis Roy, and T. Fortier, brought in Mr. Childs, a public Notary, who read a long protest before serving it upon the President. During the reading of it, Drs. Robitaille, Dubé, and Badeau, personally came forward and declared they had never authorized any persons to include their names in the protest; and disclaimed all connection with it: after which a letter was read from Dr. Robert Godfrey, stating that his name had been obtained to Dr. Coderre's petition while under false impressions, and wishing to have it erased therefrom.

Immediately after the protest had been placed in the

hands of the president, it was moved by Dr. James Douglass, seconded by Dr. Fremont, and unanimously

Resolved—“That the members of the Corporation proceed at once to the consideration of the By-Laws.”

The names having been called, there were then present—Dr. Arnoldi, Senr., President; Dr. Morrin, Vice-President; Dr. Nelson, M.P.P., Vice-President; Dr. Douglas, Dr. William A. Stewart, Dr. Marsden, Dr. R. H. Russel, Dr. J. P. Russel, Dr. Sutherland, Dr. Landry, Dr. Arthur Fisher, Dr. J. B. Johnston, Dr. Marmette, Dr. Bardy, Dr. DeSales Laterriere, M.P.P., Dr. Watt, Dr. Dubé, Dr. Jackson, Dr. A. Dubord, Dr. Fowler, Dr. Nault, Dr. Badeau, Dr. Rowand, Dr. Badgley, Dr. Arnoldi, Junr., Dr. Tavernier, Dr. Schmidt, Dr. Fitzpatrick, Dr. Fremont, Dr. J. L. Hall, Dr. T. C. Alcorn, Dr. Von Iffland, Dr. A. H. David, Dr. J. A. Sewell, Dr. G. W. Campbell, Dr. H. Germain, Dr. Fowler, Dr. T. Charest, Dr. F. Seguin, Dr. A. Hall, Dr. Valois, Dr. O. Robitaille, Dr. Blanchet, Dr. Moffatt, Dr. Painchaud, Senr., and Dr. Michaud.

The code of Rules and Regulations was then taken up, and, after some discussion, passed, clause by clause, and the President requested to lay them before his Excellency the Governor General for his sanction, in accordance with the provision of the Act of Incorporation, and the meeting then broke up.

A. VON IFFLAND,
District Secretary.

The Governors constituting the Medical Board then met, and, it being 7, p. m., adjourned till next morning at 10 o'clock.

Wednesday, 10th May, 1848.—The Board met this morning at the School of Medicine, St. Lewis Street, twenty-four members being present.

Dr. MORRIN, Vice-President, in the chair.

The proceedings of the last meeting of the Provincial Medical Board were read by the Secretary; after which it was moved by Dr. ARNOLDI, Junr., seconded by Dr. SEWELL, and

Resolved—“That all diplomas (degrees from British Universities excepted) presented to this College be received only for what they set forth, and that the bearer be examined at discretion in such branches as are not specified in the said diplomas.”

Dr. MARMETTE moved, seconded by Dr. MICHAUD, and it was

Resolved—“That Mr. Fenwick and all others who had received their certificates from the former Medical Boards, but who did not take out their licenses upon those certificates, be furnished by the Registrar with a certificate from this Board, on their paying the difference in the amount of fee for the same.”

Dr. SEWELL moved, seconded by Dr. ARNOLDI, Junr., and it was

Resolved—“That the Board divide itself into committees of four, for the examination of candidates; and in the event of a difference of opinion as to the qualification of the candidate, the President shall name two or three other members to examine such candidate on the branches which have occasioned the difference of opinion.”

Dr. ROBITAILLE moved, seconded by Dr. MARSDEN, and it was

Resolved—“Qu'aucun candidat ne sera reçu, qu'à moins qu'il n'ait complété la période de quatre années sans interruption pourvu toujours que le mois de son brevet ne soit pas contre lui.”

A petition was read from Mr. George Aylwin, which on motion was referred to the meeting of the Board in October next, as was also that of Mr. J. A. Buteau.

The following gentlemen, exhibiting degrees of M.D., from the University of McGill College, were granted certificates, recommending them for license to practice, after the President had duly administered the oath required by law, viz:—

DRS. THOMAS CHRISTIE,	DRS. JOSIAH S. BRIGHAM,
WM. WRIGHT,	JOSEPH B. CULVER,
E. T. L. PAINCHAUD,	TERENCE W. SMYTHE,
W. H. BROUSE,	PIERRE F. LONGPRÉ,
ROBT. P. HOWARD,	LEONARD LEPALLIEUR,
PETER HENDERSON,	ANDRÉ SEGUIN,
JOHN W. HALL,	JOSIAH WHITCOMBE.
JOHN R. LEE,	

Dr. THOS. C. ALCORN, possessing the degree of the University of Glasgow, after being duly sworn, was also granted his certificate for license.

The Governors then proceeded to place themselves into committees conformable to the Resolution for the examination of candidates.

Dr. ALEX. LESLIE, A.M., surgeon on half-pay, and being also an M.D. from the University of Edinburgh, but not then in possession of the degree, was examined, and granted his certificate; as were also the following gentlemen:—

JOHN WILLIAMS, L. R. C. S., E.
WILLIAM MONSELL, L. R. C. S., L.
FRED. McDUGALL, L. R. C. S., E.
HENRY GOING, L. R. C. S., I.

The following gentlemen were examined, and having been found competent, were granted certificates recommending them for licenses, viz:—Louis Boudias Matavette, Henry A. M. Dechene, Louis E. Bardy, Francois DeSales Laterriere, Joseph Beaulieu, Louis L. DeSauloniers, J. L. E. Ogden, P. P. Piercy, Henry W. Nelson, George Billington, and Henry L. Hazen.

Four gentlemen were remanded to their studies, and two refused examination, not having completed four years of study.

The following gentlemen were after examination admitted to the study of medicine:—Leandre Hamelin, Henry Atkinson Tuzo, Thomas Fargues Symes, Henry McLean Wilson, Belarmin Godbout, John McMahon, and George C. Aylwin. The Board then adjourned till 8 o'clock in the evening. When the Board met, four gentlemen were examined, and all remanded to their studies; the Board then adjourned.

Thursday, 11th May, 10, A. M.—The Board met, and examined Mr. P. Burns, who, having been found duly qualified, was granted his certificate for license; and two gentlemen were remanded to their studies. Two gentlemen, one for examination for license, and one for preliminary examination, who had given in their names, were called several times, but did not appear.

Dr. DAVID moved, seconded by Dr. MARSDEN, the following motion which was referred for consideration till the October meeting of the Board: "That, for the future, all candidates for examination deposit the sum of 10s currency, with their credentials, which deposit will go to the funds of the College, in case of their being remanded to their studies."

The Vice-President, Dr. MORRIN, laid before the meeting a letter from Jno. Jones, Junr., Esq., informing him, "That on the return of the late Dr. Thomas Fargues from England, he had by will bequeathed a certain amount of money for the advantage of the medical profession; and that he (Mr. Jones) and Mr. Munn, as Executors, would furnish such copy or extract as may be required." It was therefore unanimously resolved, "That Dr. Morrin, Vice-President of the College of Physicians and Surgeons of Lower Canada, be requested and authorized to obtain the copy of the said will, and to take such action on the same as circumstances may require."

The Secretary submitted some accounts for postage, stationery, &c., which were ordered to be paid.

The meeting then broke up.

A. VON IFFLAND, M.D., *District Sec.*

May 13, 1848.

THE PROTEST.

L'an, mil huit cent quarante-huit, le neuvième jour du mois de Mai après midi.

A la requisition spéciale de Jean Bte. LeBourdais, Bazile Hyacinthe Charlebois, Hector Pellier, Louis Boyer, Joseph Emery Coderre, Pierre Etienne Picault, Thomas Grenier, William Deschambault, Auguste Régulier, Cègar Auguste Regnault, Jean L. Léprohon, Jean H. L. Richelieu, Eugène H. Trudel, Thomas Edmond D'Odèt d'Orsonnens, Pier e Brossard, Wilbrod Wilscaan, Ecuier, Médecins et Chirurgiens, demeurant en la Cité de Montréal dans le District de Montréal, Province du Canada; de Charles Sabourin, Ecr., Médecin et Chirurgien de la Paroisse de St. Antoine de Longueuil District susdit, agissant aux présentes tant en leurs propres noms respectivement, que pour, et aux noms des Docteurs Meilleur, J. O. Rousseau, L. J. Roy, J. C. Duguay, Cadieux, G. W. Gernon, J. H. Gernon, G. D. Guérin, Pomminville, LaRochelle, Tassé, Starns, Lemieux, Léprohon, Weilbrenner, J. B. Brosseau, Faneuf, Rollin, Desmarais, Letourneux, Gariépy, Smith, Berthelot, A. B. LaRocque, Taché, Courteau, Robitaille, Cazeneuve, Sherman, P. Nichols, Painchaud (Ch. F.) M. N. Nichols, Boucher de La Bruère, Lafontaine, Badeau, Désilet, Bourgeois, Pratte, Craig, Turcot, Bondy, E. M. Poisson, U. M. Poisson, Ouellet, Chamberland, Boucher, Masse, Turcotte, Côté, Mignault, Dunn, B. LaRocque, Loedel, Hubert, Mivilles Dechène, Munkal, E. Rousseau, Fortier, Varrin, Duvers, Laurin, H. T. Hall, Valliquette, E. LaRocque, S. Gauthier, et Duquet; et tous les sus-nommé formant partie du Comité Central de l'Association des Médecins du Bas-Canada.

Les Notaires Publics dûment admis dans et pour cette partie de la Province du Canada, qui constituait ci-devant la Province du Bas-Canada, demeurant en la Cité de Québec dans le District de Québec, en la dite Province soussignés, se sont exprès transportés en la ci-devant Chambre d'Assemblée, en la dite Cité de Québec, en la Chambre désignée pour y tenir une Assemblée des Médecins et Chirurgiens du Bas-Canada; aux fins d'y rencontrer le Président (Daniel

Arnoldi, Ecuier,) et les Membres du Collège des Médecins et Chirurgiens du Bas-Canada. Ou étant et parlant au dit Président en personne; les dits Notaires *es-dite* requisition lui ont déclaré; que les dits requérans ont droit de se plaindre des procédés irréguliers de la première Assemblée du Collège des Médecins du Bas-Canada tenue à Montréal le quinze de Septembre dernier, (1847,) et de croire que les dits procédés n'ont été adoptés que dans le but évident de nuire et préjudicier aux intérêts du corps des Médecins, en général, et fondant leurs prétentions sur les causes et raisons suivantes:

1o. Pour avoir contrairement aux dispositions de l'article dixième de l'Acte d'incorporation du dit Collège des Médecins et Chirurgiens du Bas-Canada, admis de nouveaux membres.

2o. Pour avoir nommé plusieurs de ces membres Gouverneurs du dit Collège.

3o. Pour avoir éliminé à la première Assemblée du Bureau des dits Médecins tenue à Montréal, le vingt-six Octobre dernier, l'un des Gouverneurs proclamé élu à l'Assemblée du dit Collège, et pour l'avoir remplacé par un autre.

4o. Parceque le Bureau a nommé de nouveaux Gouverneurs, sans en avoir le droit.

5o. Parceque le nombre des dits Gouverneurs du dits Collège, est de trente-sept au lieu de trente-six, le dit Acte d'incorporation ne comportant que ce dernier nombre.

Et 6o. Enfin parceque ces diverses irrégularités tendent à détruire l'ordre et l'harmonie et les pouvoirs que le dit Acte d'incorporation avait en vue d'établir pour le corps social des Médecins.

A ces causes les dits Notaires *es-dite* requisition ont protesté comme par les présentes ils protestent solennellement contre les procédés déjà adoptés par le dit Collège des Médecins et Chirurgiens du Bas-Canada et contre ceux que le dit Collège pourra faire et passer par la suite.

Et d'abondant ont sommé et interpellé le dit Président et les membres du dit Collège de procéder de nouveau aux réglemens et à l'élection des Gouverneurs du dit Collège.

A quoi le dit Président a répondu "I receive this Protest for what it is worth."

Laquelle réponse les dits Notaires ont prise pour savoir et valoir ce que droit.

Et afin que le dit Président et les membres du dit Collège n'en puissent ignorer ni plaider ignorance pour cause les dits Notaires leur ont laissé copie des présentes pour signification d'icelles, en parlant comme dit est:

Fait, notifié et protesté, aux lieux et les jours, mois et an susdit, sous numéro deux mille quatre cent quatre-vingt-neuf. Trois renvois en marge sont bons: huit mots rayés sont nuls.

J. B. PRUNEAU, N. P.

J. CHILDS, N. P.

Vraie Copie,

J. CHILDS, N. P.

As a faithful chronicler of important events occurring in the Canadian medical world, we have submitted to our readers the above protest; and in performing this duty, we embrace the opportunity to offer a few comments on it.

And we may, in the first place, express this as our conviction, that if, at the inaugural meeting of the 15th September last, Dr. Coderre's motion, admitting into the corporation members of the profession then present, but who had expressed no intention of joining it, and two of whom at least *had refused to do so*, had been carried, no obstructive proceedings would have arisen.

This will furnish a corollary which would appear to have acted as the incentive to every subsequent procedure of that party.

It is necessary further to observe, that the petition to the Legislature praying for the Act of Incorporation was signed by 181 provincial licentiates, 36 of whom only are parties to the protest, and of these, three (Drs. Badeau, Robitaille, and Dubé) denied at the meeting, when their names were read, that they had either signed the protest, or authorized any one to do it for them. Whoever, therefore, was the prime mover in getting the protest drawn out and served, would appear to have made use, in a most unwarrantable manner, of the names of those gentlemen, and we have, therefore, some good grounds for believing that a similar liberty has been taken with the names of a number of others.* But, be this as it may, of the 97 protesters, 36 only are members of the corporation, and the remaining 61 are in the precise predicament of those who have volunteered to meddle with a matter with which they have nothing to do; and if that treatment is meted to them, which is usually accorded to persons under like circumstances, they have their own officiousness only to thank for it.

We may still further remark, that of the 97 names attached to the document, 47 obtained their provincial license since January, 1844, and of this number 29 were students of the Incorporated School of Medicine in this city, two facts which prove their age in the profession, the amount of influence which their opinions on medical matters may be supposed to possess, and the extent of gratitude which they have displayed to their former preceptors, who were active agents in promoting the Bill of Incorporation.

And there is, lastly, another circumstance connected with the protest, which appears to us seriously to damage its character as a legal document, at least so far as the individuals themselves are concerned, if not to a greater extent, and it resides in the fact, that 52 of the names are not blessed with even the initials of Christian names, or even by any *nom de guerre*. Hence we have experienced considerable difficulty in recognising some of them as provincial licentiates at all, and of ascertaining which individual was meant, out of the 2, 3, or 4 persons rejoicing in the same cognomen. This, however, we apprehend, may prove a positive advantage to some, for if it be true that a blush may betray a still lingering trace of virtue, there may be some who at a future day may de-

sire to efface their handiwork, and thus succeed in shuffling off their names successfully upon some less fortunate wight of similar patronymic.

But we now proceed to the consideration of their reasons. Their 1st and 2d reasons relate to the composition of the Board of Governors, and the incorporation, at the meeting in September last, of six or seven gentlemen who had signified their concurrence in the measure, but whose names had been inadvertently omitted in the Act. We have to observe, that this step was taken in virtue of the legal opinion of the then Attorney General previously obtained, and that when the motion for incorporating these gentlemen was put from the chair, it was unanimously carried, even Dr. Coderre and his party voting for it. We believe that legal opinion of an opposite character has been since obtained by Dr. Coderre and his party. But this does not prove that the opinion of the Attorney General was wrong. It is as proverbial for lawyers to differ, as it is for doctors; and if, under the latter circumstances, as the proverb hath it, patients die, it is no less equally certain that, under the former, clients bleed. The Board of Governors is prepared to defend the course which the corporation took on that occasion, whenever the protesting party may call upon them to do so.

The 3d reason makes reference to the substitution of Dr. Campbell for Dr. Charlebois in the Board of Governors; and we know of nothing which more clearly proves the obstructive character of the opposition which the Board of Governors has received than this one. We shall simply narrate the facts of the case. At the September meeting, the 15 Governors for the District of Montreal concluded with the names of four persons who had an equality of 36 votes—these being Drs. Charlebois, Tavernier, Sutherland, and Hall. It was found shortly afterwards, that the scrutineers had made a wrong return, and that Dr. Campbell had 36 votes also, thus causing a tie. In the meantime Dr. Charlebois had repeatedly declared his intention to several parties not to serve as a Governor, and was not present at the meeting of the Governors in Quebec in the latter part of September last, nor was he present at the subsequent meeting of the Board in the following October in this his own city. To avoid difficulties, however, the President addressed him a letter, which was handed to him in person by the Secretary, requesting to know whether it was his intention to serve as a Governor, and asking for an early answer. This was done several days before the meeting of the Board in this city. To this letter Dr. C. returned no answer, until the close of the meeting of the Board on the second day, when he then, by letter, informed the

* Since the foregoing was written, and in confirmation of our suspicion, we have been informed that Dr. Tassé repudiates all connection with the protest, and states that his name has been used unauthorizedly. How many others are similarly situated we know not, but time will tell.

Secretary, that upon consulting with his friends, he had decided upon not resigning, although he most carefully abstained from showing himself at the meeting of the Board, and of doing his duty as a Governor. We have no desire to express what we really think of Dr. C.'s conduct in this affair. The simple facts are as we have related them; and whether Dr. C. could, after twice neglecting his duty as a Governor, with propriety still claim his office as one, is a question, we think, of by no means difficult solution. The Board of Governors must be working men. The Corporation will get rid of drones, and properly, too. No one should enjoy the honour, without performing the duty, that duty for the fulfilment of which he was elected, and which, by every principle of honour, he is bound to discharge.

4th. The Act expressly declares that the Board of Governors shall consist of 36. Vacancies occurred from death. The legal complement required to be filled up; and the Board of Governors at their first meeting subsequent to the vacancy, and before proceeding to business, that it might be legal, supplied the vacancies, in the only really unobjectionable way, by nominating those persons in the districts who had, at the September election, a majority of votes, next to those who had been declared elected. We cannot conceive of any process more unobjectionable, or more fair; and yet even this is made a ground of complaint.

5th. To this objection we reply, that when it has been demonstrated that the President of the College, must be, in accordance with the provisions of the Act, of necessity a Governor, we will yield our opinion. We regard the President of the College as a mere *ex-officio* Governor, and not one of the 36, required by the provisions of the Act. The President, according to our reading and interpretation of the Act, is the President of the Corporation.

And lastly, this objection, being rich in its way, we take the liberty of translating it—"Because these various irregularities tend to destroy the order, and harmony, and powers, which the said Act of Incorporation had in view to establish for the social benefit of the medical profession." To this we reply, that the only interruption to such social benefits, and the legitimate working of the Act, has arisen from the obstructive proceedings of a party who delight in disorder, whose career has been characterised by conduct, on the part of some of its members, of a most peculiarly strange character, (e. g., the obstinate personification of Dr. — Rousseau, of Yamaska we believe, by Dr. E. Rousseau, of Quebec,) and who thus strive to obtain a notoriety, for which they may become conspicuous, in a manner the very opposite of that to which a due sense of correct pro-

fessional, and even gentlemanly, feeling, would naturally prompt.

Convocation at M. Gill College.—A convocation was held at the University Buildings, on the 5th May, on which occasion the following gentlemen were admitted to the degree of Doctor of Medicine and Surgery. We subjoin also the titles of their inaugural dissertations:—

University Students.

- Terence W. Smythe, Prescott, C.W., on the Signs of Pregnancy.
- Thomas Christie, Lachute, C. E., on Dysentery.
- Josias G. Whitcomb, Granby, C. E., on Dyspepsia.
- Josias S. Brigham, Phillipsburgh, C.E., on Inflammation.
- William Wright, Montreal, on Multilocular Dropsies.
- William M. Gill, Oshawa, C.W., on Enteritis.
- John Rolph Lee, London, C.W., on Hernia.
- John W. Hall, Russelltown, C. E., on Peritonitis.
- Albert Baker, Montreal, on Rubeola.
- Joseph B. Culver, Simcoe, C.W., on the Signs of Pregnancy.
- Robert P. Howard, Montreal, on Aneurism.
- Peter Henderson, A.M., St. Andrews, C. E., on Hydrocyanic Acid.
- Peter F. Longpré, Montreal, on Rheumatism.
- Edward T. L. Painchaud, Montreal, on Albuminuria.

From the Incorporated School of Medicine.

- Andrew Seguin, St. Magdelaine, C.E., on the Veins.
- Leonard Lepailleur, Montreal, on Aneurism.

The Valectory Charge to the Graduates was delivered by Dr. Sewell, after which, the Honorary Degree of the University in the Faculty of Medicine, was conferred on Daniel Arnoldi, Esq., President of the College of Physicians and Surgeons of Lower Canada, and on Wolfred Nelson, Esq., Vice-President of the same Institution.

Licentiates of the Late College of Physicians and Surgeons of Upper Canada.—We have received from Dr. O'Brien, the Secretary of the late College, the following list of names. The list fills up the void alluded to in preceding numbers of the Journal, and at the same time furnishes the answer to the letters of several correspondents:—

1839	June	12,	James DelaHooke.
"	"	28,	Henry H. Wright.
"	July	5,	Henry Flood, Peterborough.
"	"	5,	W. N. Rose, Niagara.
"	August	14,	Wm. M. Pherson, Oakville.
"	September	30,	Wm. Adams.
"	November	1,	Wm. Thistle.
"	"	1,	William H. Dalton, Toronto City.
"	December	26,	John Stewart, Tecumseth.
1840	February	6,	Archd. Pass, Barrie.
"	March	6,	James M.Carthy, Toronto.
"	"	24,	William Burgess, Port Talbot.
"	July	3,	Wm. Clarke, Guelph.
"	August	8,	Robert Watson Brodie.
"	September	7,	Wm. Henry Evatt, Clarke.
"	December	5,	H. G. Spafford, Ernesttown.
1841	January	5,	Thomas Shirley, Bath.

Code of By-Laws.—The By-Laws for the governance of the College of Physicians and Surgeons of Lower Canada, which were adopted at the late meeting of the Corporation at Quebec, will be shortly submitted to His Excellency the Governor General for sanction, in accor-

dance with the provision of the Act of Incorporation which renders this step necessary. We have been informed that a deputation, among whom were Dr. Lebourdais, one of the elected Governors of the College, Dr. Coderre, Dr. Trudel, and some others, waited upon His Excellency for the purpose of inducing his Lordship to withhold his sanction. We apprehend this will prove a futile step, although, nevertheless, demonstrative of the factious character of the proceedings of the opposition, and for this simple and plain reason, that the By-Laws, being the work of the corporation, must be sanctioned, if they do not contravene the statute, which we do not think they do.

The College of Physicians and Surgeons, of Lower Canada, Plaintiffs, vs. Silas Gregory, Defendant.—This was an action professing to be based upon the 10th and 11th Vict. c. 26, to recover a penalty of ten pounds from the Defendant, for having, as the information alleged, practised physic on two several occasions. Mr. Johnston, Q. C., appeared for the Defendant, and demurred to the information on the following grounds:—

“The section imposing a penalty is worded as follows:—And be it enacted, &c., &c., that no person shall practice physic or surgery in Lower Canada, unless he be a person duly licensed so to practice, under a penalty of five pounds currency for each day on which any person shall so practice, and such penalty shall be recoverable, on the oath of any two credible witnesses, before any Justice of the Peace, &c.’”

These words do three things—first, they create an offence; and secondly, they enact a penalty for its commission; and thirdly, they create a jurisdiction to enforce that penalty.

A penalty created in such a general way may be admitted to be recoverable by the Crown, but not at the suit of the present Plaintiffs, to whom no authority to sue *qui tam*, or in any other way, is given by the statute.

The prayer of the information is that “the Defendant be adjudged to have forfeited ten pounds to Her Majesty, and that he be condemned to pay the same to Her Majesty, her heirs and successors, &c., &c. This prayer, of course, could not be granted except at the suit of the Crown, which is not made a party to the action!

The present suit, therefore, by the “College of Physicians and Surgeons,” demands nothing which they have any right to demand for themselves, but something alleged to be due to the Crown, which does not demand it.

The case was taken *en deliberé* by Mr. Amiot, before whom it was tried, and, on the 12th inst., he gave judgment, dismissing it.

The Bills of Mortality.—We regret to be compelled to announce the discontinuance of these bills for this city. No entry has been made since the 26th April last in the registers to which we have had access for the purpose of drawing up our tables. We believe that financial difficulties on the part of the corporation of the city, who had been instrumental in obtaining them, are the cause; but we question much whether

the outlay of a few pounds for the printing of necessary forms, is to be at all compared with the value of the returns, more especially with reference to the rates of Life Assurance for this city, or country, in which the inhabitants, who are immediately concerned, have an interest. We hope to see the matter rectified before our next issue.

NOTICE TO SUBSCRIBERS.

A small number of subscribers who have regularly received the Journal since its commencement have not paid their subscriptions. Some are debited for three years, and a much larger number for two. We particularly request these parties to forward to the office the amounts due. The Journal is now fully, and firmly established, and unless our delinquent subscribers, who are only few in number, respond during the month to this our special request, we will at once erase their names from the list. The Journal is published at the lowest possible price. Pecuniary profit was not our object in starting it; and as our wish is that the Journal should be for the profession, the profession must support it; and those who have for two and three years past regularly received the Journal, without affording in return that pabulum without which it cannot exist, must not be surprised to find it discontinued to their address.

NOTICE TO CORRESPONDENTS.

Mr. Sheridan (Bytown). We are exceedingly obliged for his attention, and the Journal has been forwarded according to request. We wish we had as good friends in every other city.

Dr. Van Courtlandt (Bytown). Two letters from this gentleman. The trial is an important one, and we will publish it in our next. We are resolved not to lose sight of any legal matters affecting the interests of the profession in this Province; and we are obliged to Dr. V. C. for putting us in possession of the paper containing the report.

Dr. Bonill's (Toronto) communication has come to hand. It is crowded out of the present number by papers previously on hand.

Dr. Peltier's Case of Gangrene of the Lungs will receive insertion in our next.

Dr. C. B. Hall, (St. Thomas, C. W.) Letter received and request complied with.

OBITUARY.

At Isle-aux-Noix, on the 10th ultimo, Staff Asst. Surgeon Matthew, in medical charge of that post, aged 25 years.

BOOKS, &c., RECEIVED.

On the Blood and Urine, by J. W. Griffith, M.D., G. O. Rees, M.D., and A. Markwick, M.D.. Philadelphia: Lea and Blanchard, 1848.

A Dispensatory and Therapeutical Remembrancer, with Practical Formulæ, as Authorized by the London, Edinburgh, and Dublin College of Physicians, &c., by J. Mayne, M.D., L.R.C.S.E., revised, with the addition of the Formulæ of the U.S. Pharmacopœia, by R. E. Griffith, M.D. Philadelphia: Lea & Blanchard, 1848.

A Text Book on Agriculture, by N. S. Davis, M.D. Samuel S. & William Wood. New York, 1848.

Materia Medica and Therapeutics, by Martin Payne, A.M., M.D. New York: S. S. & W. Wood, 1848.

The Young Stethoscopist, or the Student's Aid to Auscultation,

by Henry J. Bowditch, M.D. Samuel S. & W. Wood. New York, 1848.

Memoranda on Anatomy, Surgery, and Physiology, forming a Pocket Companion for the Young Surgeon, or for Students Preparing for Examination, by M. N. Bower, Surgeon. New York: S. S. & W. Wood, 1848.

Ophthalmic Memoranda, respecting those Diseases of the Eye which are most frequently met with in Practice, by J. Foote. S. S. & W. Wood. New York, 1848.

The Obstetrical Remembrancer, or Denman's Aphorisms on Critical and Difficult Parturition, augmented by M. Ryan, M.D., with additions by Thomas F. Cock, M.D. S. S. & W. Wood. New York, 1848.

Tracts on Generation, translated from the German of Bischoff, by C. R. Tilman, M.D., and T. Telkamp, M.D., New York. S. & J. Wood. New York, 1847.

History, description, and statistics of the Bloomingdale Asylum for the Insane. New York, 1848.

Dublin Medical Press. Regularly.

London Medical Gazette. Regularly.

Provincial Medical and Surgical Journal. Regularly.

The American Journal of Science and Arts. Received Nos. for January, March, and May.

The American Journal and Library of Dental Science. April.

The Charleston Medical Journal and Review. January, March, and May.

New York Journal of Medicine. Received Nos. for November, January, and March.

The New York Annalist. April 15, May 1.

The American Journal of the Medical Sciences. January and April. We have received these numbers through Mr. John M'Coy, Great St. James Street, in this city, who has been appointed agent for the Canadas. The acquisition of this valuable periodical by the Canadian medical public is thus rendered easy,

and we have no doubt he will receive orders for it, as the work deserves encouragement.

The Medical News and Library. October, January, April, and May Nos. received.

The New Orleans Medical and Surgical Journal. Vol. IV. Nos. 4, 5, and 6. No. 3 has never reached us.

Boston Medical and Surgical Journal. Regularly.

Buffalo Medical Journal. May.

The Bytown Gazette, May 18, containing report of action, Reilly v. Van Courtlandt. Our columns are so full, that we must defer the publication of the trial until our next.

The New Jersey Medical Reporter. April. No. 2 has not reached us.

The American Journal of Insanity. Vol. IV. No. 4. We would be obliged by receiving No. 3.

The Missouri Medical and Surgical Journal. Vol. III. No. 12. Vol. IV. No. 1. We would be happy to receive Nos. 7, 8, 9, 10, and 11, which have never arrived, as noticed in our last.

Dr. Gibbon's Valcdictory Address at the Philadelphia College of Medicine.

The Western Journal of Medicine and Surgery. Received May, 1848. We direct Dr. Drake's attention to the notice to our Exchanges contained in our last.

The Southern Medical and Surgical Journal. Vol. IV. No. 5.

We have received the greater number of the above from Messrs. R. & S. S. Wood, New York, per parcel, through the Express, and we again tender our thanks for their attention, as well as to Messrs. Lea & Blanchard, Philadelphia, for their favours. The works have all arrived too late for any further notice in this number. We would strongly advise these houses to appoint agents here for the sale of their works, for we are persuaded they will find it sufficiently remunerative. We are obliged to Messrs. R. & S. Wood for their Catalogue of Books, and will with pleasure attend to their request.

MONTHLY METEOROLOGICAL REGISTER AT MONTREAL FOR APRIL, 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,	+40	+38	+32	+39.	29.34	29.68	29.89	29.64				Cloudy	Snow	Fair
2,	" 29	" 39	" 30	" 34.	30.13	30.17	30.24	30.18				Fair	Fair	Fair
3,	" 35	" 45	" 36	" 40.	30.38	30.32	30.26	30.32				Fair	Fair	Cloudy
4,	" 38	" 40	" 39	" 39.	30.07	29.94	29.86	29.96				Cloudy	Rain	Rain
5,	" 31	" 45	" 34	" 38.	29.93	29.94	29.95	29.94				Snow	Fair	Cloudy
6,	" 39	" 48	" 35	" 43.5	29.89	29.76	29.77	29.81				Fair	Fair	Fair
7,	" 31	" 46	" 37	" 40.	29.79	29.81	29.80	29.80				Fair	Fair	Fair
8,	" 37	" 52	" 40	" 44.5	29.82	29.69	29.68	29.73				Fair	Fair	Fair
9,	" 38	" 55	" 48	" 46.5	29.77	29.79	29.66	29.74				Fair	Fair	Fair
10,	" 43	" 58	" 45	" 50.5	29.60	29.59	29.65	29.61				Fair	Fair	Fair
11,	" 37	" 54	" 43	" 45.5	29.76	29.81	29.83	29.80				Fair	Fair	Fair
12,	" 36	" 51	" 38	" 43.5	29.78	29.68	29.61	29.69				Rain	Fair	Foggy
13,	" 33	" 49	" 37	" 41.	29.47	29.41	29.46	29.45				Fair	Fair	Rain
14,	" 35	" 53	" 47	" 44.	29.54	29.55	29.57	29.55				Fair	Fair	o'erc'st
15,	" 44	" 62	" 45	" 53.	29.54	29.57	29.60	29.57				Fair	Fair	Fair
16,	" 40	" 63	" 45	" 51.5	29.65	29.60	29.70	29.65				Fair	Fair	Cloudy
17,	" 30	" 42	" 28	" 36.	29.90	29.91	30.00	29.94				Fair	Fair	Fair
18,	" 25	" 29	" 19	" 27.	30.10	30.06	30.18	30.11				Fair	Snow	Fair
19,	" 24	" 39	" 31	" 31.5	30.15	30.08	30.07	30 10				Fair	Fair	Fair
20,	" 33	" 52	" 33	" 42.5	30.04	29.81	29.77	29.87				Fair	Fair	Fair
21,	" 40	" 64	" 50	" 52.	29.75	29.71	29.61	29.69				Fair	Fair	o'erc'st
22,	" 47	" 61	" 51	" 54.	29.54	29.58	29.62	29.58				Fair	Fair	Fair
23,	" 39	" 58	" 49	" 48.5	29.62	29.45	29.05	29.37				Fair	Fair	th.&rn
24,	" 36	" 46	" 36	" 41.	29.27	29.35	29.52	29.38				Fair	Windy	o'erc'st
25,	" 33	" 47	" 34	" 40.	29.58	29.72	29.73	29.68				Fair	Fair	Fair
26,	" 44	" 54	" 38	" 49.	29.66	29.76	29.89	29.77				Fair	Fair	Fair
27,	" 41	" 59	" 44	" 50.	30.04	30.03	30.04	30.04				Fair	Fair	Fair
28,	" 44	" 61	" 51	" 52.5	30.07	29.93	29.76	29.92				Fair	Fair	o'erc'st
29,	" 46	" 48	" 40	" 47.	29.42	29.54	29.74	29.57				Rain	Rn&st	Fair
30,	" 43	- 57	" 48	" 50.	29.92	29.88	29.84	29.88				Fair	Fair	Fair

Therm. { Max. Temp., +64° on the 21st
 { Min. " " 19° " 18th
 Mean of the Month, +42°8.

Barometer, { Maximum, 30.38 In. on the 2d.
 { Minimum, 29.05 " 23d.
 Mean of Month, 29.778 Inches.

MONTHLY METEOROLOGICAL REGISTER AT H. M. MAGNETICAL OBSERVATORY, TORONTO, C. W.,—APRIL, 1848.
Latitude 43°. 59'. 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.	7 A.M.	3 P.M.	10 P.M.	7 A.M.	3 P.M.	10 P.M.	7 A.M.	3 P.M.	10 P.M.																	
1,	29.629	29.831	29.951	33.6°	36.2°	31.7°	33.6	1.63	1.46	1.57	1.53	.84	.68	.88	.79	WNW 2.0	W. N. W.	Calm.	0.970	Gen'ly d' Aur light 3 am and 11 pm									
2,	30.110	30.073	—	—	41.0	—	—	1.50	1.63	—	—	.68	.64	—	—	—	S. E.	—	—	—	Unc'y, am fine Aur from 8 to 11½ pm								
3,	30.056	29.938	—	—	45.9	—	—	1.85	2.01	2.02	2.01	.83	.67	—	—	—	E. N. E.	Calm.	—	—	Gen'ly clear Halo P'nd moon 9 to 11 am								
4,	29.750	29.740	—	—	42.8	—	—	2.53	2.82	1.78	2.22	.86	.66	—	—	—	S. N. W.	W. N. W.	Calm.	—	—	Dens cl'd. Raining from 9 am to 9 pm							
5,	29.967	29.912	—	—	41.1	—	—	1.57	1.72	1.80	1.49	.86	.61	—	—	—	N. N. W.	N. by W.	Calm.	0.980	Gen'ly clear Brilliant aurora from 10 pm								
6,	29.873	29.774	—	—	32.5	—	—	1.46	1.85	1.42	1.53	.79	.57	—	—	—	S. S. W.	N. by W.	Calm.	—	—	Aur com'tn till 4 am Day fine Aur 9 pm							
7,	29.849	29.833	—	—	37.8	—	—	1.42	1.57	1.45	1.49	.63	.52	—	—	—	S. S. W.	N. by W.	Calm.	—	—	Brilliant aurora till 4 am Day very fine							
8,	29.792	29.649	—	—	45.5	—	—	1.44	1.42	1.74	1.76	.74	.48	—	—	—	S. by W.	—	Calm.	—	—	Haze round horizon Day very fine							
9,	29.696	29.625	—	—	52.6	—	—	2.67	2.91	—	—	.68	.60	—	—	—	S. S. W.	Calm.	—	—	—	A few passing clouds Day very fine							
10,	29.668	29.624	—	—	44.7	—	—	2.14	2.74	2.30	2.46	.73	.51	—	—	—	S. S. W.	Calm.	—	—	—	Hazy round hor Pass'ly d's Day very fine							
11,	29.618	29.628	—	—	48.2	—	—	1.70	2.00	2.67	1.89	.51	.59	—	—	—	E. by N.	N. by W.	Calm.	—	—	Overcast all day							
12,	29.792	29.563	—	—	38.2	—	—	1.82	2.11	2.11	2.07	.79	.54	—	—	—	S. W. by S.	W. by N.	Calm.	0.020	Gen'ly d'ed. Raining sp'ly from 9 pm								
13,	29.351	29.351	—	—	38.0	—	—	1.51	1.85	1.80	1.75	.63	.76	—	—	—	W. 1.5	W. by N.	Calm.	0.020	Or'ly, lit' cl'd's & haze Vy' aft' rain pm								
14,	29.458	29.556	—	—	38.4	—	—	1.96	2.21	1.92	1.92	.85	.73	—	—	—	N. W. by N.	S. W.	Calm.	—	—	Drepp' rain till 8 am Generally clouded							
15,	29.657	29.629	—	—	43.6	—	—	1.75	1.58	1.47	1.58	.62	.35	—	—	—	N. by W.	N. by W.	Calm.	0.015	Mostly clear Clouds on hor Day fine								
16,	29.736	29.684	—	—	49.4	—	—	1.87	2.92	—	—	.54	.45	—	—	—	N. N. W.	W.	Calm.	—	—	Light clouds am Clear pm Very fine							
17,	29.771	29.801	—	—	35.3	—	—	1.24	1.62	1.46	1.41	.60	.61	—	—	—	S. S. E.	—	Calm.	—	—	Detached clouds generally							
18,	29.808	30.041	—	—	28.6	—	—	1.05	1.48	1.44	1.22	.56	.95	—	—	—	E. 2.5	N. E. 1.5	Calm.	—	—	Dens cl'd Snowing slightly 1½ to 6½ pm							
19,	29.974	29.730	—	—	30.0	—	—	1.56	1.41	1.30	1.31	.64	.64	—	—	—	S. W. by S.	S. W. by S.	Calm.	—	—	Clear and uncl'd Very fine day							
20,	29.659	29.730	—	—	31.2	—	—	1.25	2.32	1.62	1.77	.71	.65	—	—	—	S. 1.5	S. by S.	Calm.	—	—	Light passing clouds							
21,	29.619	29.620	—	—	47.0	—	—	2.17	2.53	1.62	1.77	.69	.61	—	—	—	E. by S.	—	Calm.	—	—	A few light clouds Generally clear Fine							
22,	29.425	29.158	—	—	41.4	—	—	1.83	2.06	1.97	1.70	.81	.78	—	—	—	S. S. E.	N. by W.	Calm.	—	—	Autoral light on Day light clouds & haze							
23,	29.489	29.529	—	—	42.8	—	—	1.29	1.58	1.19	1.33	.58	.42	—	—	—	E. S. E.	W. by N.	Calm.	—	—	Gen'ly d'ed Sudden gale of wind 7 to 9 pm							
24,	29.686	29.561	—	—	38.2	—	—	1.87	1.92	1.68	1.59	.72	.69	—	—	—	S. S. E.	S. by W.	Calm.	—	—	Detached clouds generally							
25,	29.748	29.777	—	—	46.4	—	—	1.39	1.55	1.69	1.50	.66	.50	—	—	—	S. S. E.	S. by W.	Calm.	—	—	A few light pass' cl'd's Gen'ly clear Fine							
26,	29.963	29.932	—	—	37.7	—	—	1.47	1.71	1.67	1.74	.65	.42	—	—	—	S. E. by S.	S. E. by S.	Calm.	—	—	Light passing clouds Fine							
27,	29.916	29.715	—	—	39.8	—	—	1.73	1.67	2.26	2.05	.71	.48	—	—	—	Calm.	N. by W.	Calm.	—	—	Clear till 10 am Remain'r of day cloudy							
28,	29.523	29.779	—	—	50.0	—	—	2.22	1.42	1.34	1.60	.78	.40	—	—	—	N. W.	E. by N.	Calm.	—	—	Clouded all day Raining from 6 pm							
29,	29.968	29.858	—	—	44.9	—	—	1.59	2.08	—	—	.55	.53	—	—	—	N. W.	N. W.	Calm.	—	—	Generally clouded Aur light 9 to 11 pm							
30,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	Clear Very fine						
Mean	29.754	29.721	29.728	29.7310	37.4	45.3	38.8	40.67	1.62	1.84	1.69	1.70	.72	.60	.71	.68	—	—	—	—	—	—	—	—	1.455	—	—	—	—

Temperature of the Air.
 Highest Barometer, 29.110 at 9 a. m. on 2d.
 Highest Temperature, 52.3° at 10h. 1 pm on 22d.
 Lowest do., 32.7 on 8th. at 6 a. m. Range 42.4
 Mean Max. Therm., 49.23—Mean Min. Therm., 32.07.
 Mean Daily Range, —, 17° 25'
 Extreme Daily Range, 31° 5' from 3 pm on 16th. to 6 am 17th.
 Warmest Hour, 2 pm. Mean temp., 46.61
 Coldest do., 5 am. do., 33.93 Diff'r., 12.85

Proportion of Wind from each Quarter—

Year.	Total.			
	N. W.	N. E.	S. E.	S. W.
1840.	377	317	199	181
1841.	377	317	199	181
1842.	377	317	199	181
1843.	377	317	199	181
1844.	377	317	199	181
1845.	377	317	199	181
1846.	377	317	199	181
1847.	377	317	199	181
1848.	377	317	199	181

Wind.
 Mean force of the Wind, 0.42 lb
 Greatest force, 8.0 lbs on 22d. at 7h 40m pm.
 Maximum Day's Wind, 29th. Mean temp., 1.40 lbs.
 Least do., 0.03 lbs.

Humidity of the Air.
 Mean, 1.53
 Greatest, 2.92
 Least, 1.19

Humidity of the Air.
 Mean, 0.68
 Greatest, 0.95
 Least, 0.35

Wind.
 Mean, 2.0
 Greatest, 2.5
 Least, 1.5

Rain.
 Mean, 0.170
 Greatest, 0.980
 Least, 0.015

Temperature for April.

Mean.	42.72	61.8	22.30	46.90
Max.	69.70	61.8	19.9	44.9
Min.	39.4	89.8	20.1	66.7
Range.	30.30	71.6	14.7	65.7
No. Days.	14	10	10	10
Inches.	3.420	1.910	0.400	1.555

Explanatory notes will be found at the foot of all the Registers of 1845, 1846, or 1847. April 21st, 1848. Unusually easterly ranges, but not much disturbance. 42.9° of decl. All MAGNETIC DISTURBANCES.—APRIL 6th, 18th, 22nd, slight, 29.9° of decl. * Snow in inches on surface on the 15th, 0.6
 Golt. dates.

ECOLE DE MEDECINE DE QUEBEC,

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

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

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

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

P. M. BARDY,
Secrétaire.

Québec, 13 mars 1848.

SURGICAL INSTRUMENTS.

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

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

With every variety of Instruments usually required.

An additional supply received per vessels this season.

—AND—

Genuine Drugs, Chemicals and Apothecaries Ware.

Orders from the country will receive particular attention.

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

Montreal, May, 1848.

QUEBEC SCHOOL OF MEDICINE

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

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

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

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

P. M. BARDY, *Secretary.*

Quebec, 13th March, 1848.

NATURAL HISTORY SOCIETY.

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

- FIRST CLASS—TWO MEDALS.
Subject; Any Branch of the Natural History of Canada
- SECOND CLASS—ONE MEDAL.
Subject: Any Branch of General Natural History not comprehended in the first class.

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

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

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

The Essays to be in either French or English.

CHAS. HENRY PAYN, M.D.,
Rec. Sec. of N. H. S.,

21, Great St. James Street, Montreal, C. E.
March 4, 1848.

MEDICO-CHIRURGICAL SOCIETY.

THE next Monthly Meeting of this Society will be held at the Rooms of the Mechanics' Institute, on Saturday Evening, June 3, at 8 o'clock P.M.

HECTOR PELTIER, M.D.,

Secretary.

Montreal, June 1, 1848.

CHLOROFORM.

THE SUBSCRIBERS have prepared, for Sale, Chloroform, or Trichloride of Formyle, the new Anæsthetic Agent, as a substitute for Ether, recently proposed by Dr. Simpson, of Edinburgh. This Agent has received the recommendation of the highest Medical Authorities in Great Britain, and has been used with increased success in this vicinity.

S. J. LYMAN & Co.,
Chemists, Place D'Armes, Montreal.

Jan. 31, 1848.

THE Subscribers have their usual assortment of genuine Drugs and Chemicals, which they offer low for cash, or approved credit.

WM. LYMAN & CO.



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FLUID EXTRACT OF JAMAICA SARSAPARILLA.

THE Subscriber begs leave to submit to the Medical Profession and to the public, his preparation of Sarsaparilla which has been extensively used in their practice, by many of the most eminent Medical Gentlemen in the City, and with the most beneficial results, as the following testimonials, with which he has been very politely favored, will satisfactorily show.

For sale only at the Medical Hall, Great St. James-Street.

ALEX. URQUHART.

August 2.

ALEXANDER URQUHART, ESQ.—DEAR SIR,—I have much pleasure in bearing testimony to the faithful manner in which you prepare your Fluid Extract of the Compound decoction of Sarsaparilla. This I am enabled to do on account of several of my patients having derived the greatest benefit from its use.

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 palatable, 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'CUCCLOCH, 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.

Dr. Picault's Pharmacy,

69, St. PAUL STREET, BONSECOURS MARKET

Just received, and for Sale, together with the usual Drugs, the following

CHEMICALS:

Aconitine	Ioduret of Lead
Brucine	" of Potassium
Chloride of Gold	" of Quinine
" of Gold & Sodium	Jalapine
Citrate of Iron	Lacturet of Iron
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" Of Potassium	Lupuline
(very pure.)	Naphthaline
Delphine	Narcotine
Digitaline	Oxide of Silver
Elaterium	Rhabbarbine
Emetine	Strychnine
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Ioduret of Arsenic	Oil of Ergot
" of Iron	" of Spurge
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Extracts of Every Kind, &c. &c.

The gentlemen of the Profession are particularly invited to inspect a Set of TEN MODELS of SURGICAL ANATOMY, of Natural Size, made with Leather, the most perfect imitation ever seen in this country.

Montreal, May 29, 1847.

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TO BE SOLD AT DR. PICAULT'S,

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