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THE
BRITISH AMERICAN JOURNAL.

ORIGINAL COMMUNICATIONS.

ART. LIII.—*A New Method of Lithotomy in the female, which secures a perfect recovery, and the Natural Power of Retaining the Urine.* BY ROBERT NELSON, M. D., *New York.*

(*From the American Medical Monthly for September, 1862.*)

Before describing my operation, I deem it proper to say what led me to its adoption. Previously to the case which is the subject of this communication, I have had to attend to six cases of Calculus in the female. The first four cases, one in a child about nine years of age, and three adults, were operated on in the mode of the old-established operation—that is, by an incision through the urethra and neck of the bladder on the left-side: on the left side, because of the facility it gives to the use of the right hand of the operator, and for no other reason. In this operation, and the cure of the wound, none of those symptoms occur that more or less follow lithotomy in the male. But the sequel is quite different. In the case of the Child, a dribbling of urine continued for one year; after that period she gradually and quite recovered the power of retaining her urine. One of the adults suffered from this distressing accident, especially when she was up and about, for quite a year, and then regained the lost power. Another of the adults was also incommoded in this way for a year, when I lost sight of her, and do not know what was the ultimate result. The other, the fourth adult, recovered the retentive power shortly after recovering from the operation. So it is, only one of the four had an early and perfect recovery; two got quite well in the course of time, and one, probably, continued infirm. These cases, which I believe did as well as those in the hands of other and able surgeons, determined me to try dilatation and crushing of the stone in the subsequent two female cases that came under my care. They were both old women.

Mrs. M., about sixty-five years of age, rather fat, suffered much from calculus. The urethra was easily, but not over-dilated; the stone readily cracked into scales like the broken shell of a hazel-nut; a few irregular and sharp-edged

pieces came away, and others by a repetition of the operation. However, those that remained kindled up such high vesical inflammation and pain, that she refused to submit to new attempts for their destruction—she died. This calculus was an oxalate, concremented in spherical layers, slightly adherent over each other but the individual broken scales were very hard and sharp-edged at the fracture. The other case was in an old woman also, over sixty years. The calculus was alternately of the uric and phosphatic kind. After dilating the urethra, it was crushed with more or less difficulty, producing much less aggravated symptoms than the former case. The treatment was quite protracted, and she never recovered satisfactorily.

I now take the liberty of digressing a little to give my opinion on two subjects founded on an experience of 69 operations of lithotomy; 64 in the male and 5 in the female: 1st, Dilatation of the female urethra, which is easily effected; but when carried beyond a certain limit, the complete contractility is not recovered, and subjects the patient to more or less dribbling away of the urine—a serious calamity. 2d, Lithotriety, of which I have seen a good deal in Europe. It is an inadmissible operation in all cases in which the stone is oxalatic, in many of the uric, and in a few of the hard crystalline calcareous concretions. In any case, the operation must be repeated, sometimes to a vexatious extent; and often there is left behind a fragment to serve as a “nest-egg” for a future growth. Nor is it an operation free from fatal termination. The cases, must, of course, be selected—that is, to take only such as are soft or friable concretions, and a bladder free from saculations and ulcerations; for in the latter state of the bladder the fragments have an obstinate tendency to bury themselves, more or less, in the mucus or granulations in the viscus, and thereby set up great irritation. Of the numerous cases of lithotriety I have seen, in the hands of others, I have been unable to discover that it possesses any advantages over lithotomy; but I have seen much to deprecate and regret. The only excuse or recommendation I can appreciate for its employment is, that it does away with the dangers incidental to the large cutting requisite in lithotomy, and the great mortality that follows the latter in the practice of *some* operators, but which does not occur to a *few* who are masters in the art. It is not every surgeon, however perfect he may be in anatomy and erudite in surgery, that can operate well—he overdoes or underdoes something which makes all the difference, and tells in the result.

It is time to come to the case which is the subject of this communication.

Mrs. G. W. R., thirty years of age, mother of two children, the last four years old, has suffered slightly for ten years, at times, in urinating. Four years ago she came under the present fashionable treatment for uterine disease such as leeching, scarifying, causticating, &c., of the os uteri, without relief. Since last December her suffering increased, and prevented her from going about, and in January she had to keep her bed nearly all the time, to avoid the severe paroxysms that exercise would induce. In the early days of August it was discovered that her sufferings were due to a calculus in the bladder. She then came under my care. It was evident that the only remedy that could relieve her was the removal of the stone. The question to be considered was, what method would answer best. Dilatation of the canal and lithotriety had

previously dissatisfied me; besides that, the state of her bladder was such—exquisitely sensitive, ulcerated, and the urine passed was thick with ropy mucus and pus—that crushing of the stone into fragments, many of which would remain behind, and so increase the actual disease of the bladder as to render such an operation dangerous, that lithotripsy could not be thought of. There remained but lithotomy to be tried; but, looking back to the risk of losing the power of retaining the urine should the sphincter be divided as in the usual operation, I decided to avoid this serious accident, by not interfering with the sphincter, but to enter the bladder through the vagina, beyond the sphincter. Accordingly on the 6th August, having administered chloroform, the bladder slightly injected with water, and a staff introduced through the urethra, the knife was thrust through the roof of the vagina in the mesial line, and carried about an inch and a half towards the uterus, making an opening of sufficient size in the dilatable part of the bladder to admit the common lithotomy forceps which were readily introduced, and the stone at once seized and slowly drawn out. The stone being very porous and friable, a portion of it was crushed in the forceps, and had to be clawed out, and the finer particles washed away by injections of tepid water. The next step was to close the lips of the wound neatly and exactly, and thus retain them. This was effected by five sutures of common flax thread, as more simple, fitting better, and quite as effective as the wire material. A No. 12 female catheter, with two large fenestræ, armed with a shield, to prevent its entering too far into the bladder, was introduced, and retained *in situ* by an elastic cord. The stone is $1\frac{3}{4}$ inches long and $1\frac{1}{2}$ thick, studded with very rough eminences; it was very porous, and of the phosphatic kind.

All her previous distress vanished, of course; passed the remainder of the day well; slept well that night, and the same for the subsequent time. The catheter becoming plugged with tenacious mucus, had to be withdrawn every two or three hours for a couple of days, to clear it. The bladder then recovered rapidly, and the mucus diminished. On the sixth day the sutures were cut and removed, the wound being quite healed by the “first intention.” On the seventh day she got up to her meals with the rest of the family, and on the tenth day my attendance ceased. From the first to the last, not a drop of urine escaped through the wound into the vagina. She has continued perfectly well ever since, going about visiting her relatives in a state of comfort and happiness unknown to her for a long time past.

I am aware of the saying that “one swallow” does not make summer, and that there are those who will say that this was a “lucky case;” and that will be often followed by a vesico-vaginal fistula: true—in the hands of well-informed surgeons, but who do not possess that mechanical ability which is indispensable to a good and successful one. However, I am satisfied that in the hands of the latter there can be no excuse why every case should not turn out as well as this one. I believe that my experience entitles me to offer an opinion—that of recommending this mode of operating on the female as superior to anything hitherto in use, and as one as nearly perfect as can be hoped for.

I have omitted to mention those minute and numerous details that are essential to be observed in and after the operation, because I merely announce the

fact to the consideration of experienced and capable surgeons, and who stand in need of those dogmatical details that necessarily enter into elementary books on surgery. On a future occasion I may venture to write a special article on the operation in both sexes; state something regarding the true shape of the male bladder that I cannot find in books; say something about the great faults I have noticed in the mode of using the forceps; why it is that much difficulty is experienced by *some* operators in seizing the stone, and how it can be caught, by a right use, in the first attempt to lay hold of it, whether the bladder contain fluid or be empty.

ART. LIV.—*Angina Pectoris*: a paper read before the Royal Medical Society of Edinburgh, Scotland, on the 28th of March, 1861. By FRANCIS WAYLAND CAMPBELL, M.D., (McGill College,) L.R.C.P., London; Licentiate of the College of Physicians and Surgeons, Lower Canada; Member of the Royal Medical Society of Edinburgh; Corresponding Member Dublin Microscopic Club, &c., &c.

Mr. President and Gentlemen:

In attempting this evening to draw your attention for a few moments to a disease of such great importance as “*Angina Pectoris*,” I do so more in the hope that on the conclusion of my remarks, the members of this Society will freely state what has been their experience, than of adducing anything particularly new or startling concerning an affection, the pathology of which is still disputed by the most eminent authorities of the day. Fortunately for the human family this disease is of comparatively rare occurrence—yet, it was my good fortune that the first case of importance that I was called to attend, after my graduation, was a genuine case of “*Angina Pectoris*.” As it will form the subject of a portion of the following remarks, I will now proceed to detail it:

On the 4th of July, 1860, I was sent for in great haste to visit James S——, a colourer and whitewasher, aged 54, who, I was informed, shortly after taking a hearty dinner, was seized with a violent pain in the region of the stomach. When I arrived at his dwelling I found the pain had entirely disappeared, and he was comparatively well. His bowels being torpid, I ordered ten grains of blue pill to be taken at bed time and a seidlitz powder in the morning; and left instructions, should the pain trouble him again, to apply a sinapism over the affected region. On the following day, I again visited him, and was informed that twice during the night he had had a paroxysm of pain which the sinapisms failed to relieve. Having made minute enquiries into the man’s habits, I found that he indulged rather freely in liquor; this, with the fact that the two attacks he suffered from during the night, were accompanied by a desire to vomit, led me to order a blister over the epigastrium. On the 6th he said he was rather better, the blister having lessened the intensity and frequency of the paroxysms.

On the 7th he was, to use his own expression, “much worse,” having had this morning two severe paroxysms. This time he referred the seat of pain to the region of the heart, and described it as agony the most intense, rendering

him almost unable to breathe. It came on suddenly, shooting to the back of the neck, then down both arms, lasting about twenty minutes, and gradually passing off. Clearly now I had a case of "Angina Pectoris." On examining the cardiac region, I detected on close attention a faint and almost imperceptible murmur with the first sound of the heart. I prescribed gr. xv of Dover's powder every four hours, and a table spoonful of the following mixture every two hours: G. Spt. Eth. Sulph. Co., Spt. Amon Arom \bar{a} \bar{a} \bar{z} ss. Tinct. Hyoscyam 3 iii, Aquæ ad \bar{z} vi. On the morning of the 8th instant he walked to my surgery, and asked me to repeat the powders, as they had done him a great amount of good. Had during the previous night only one paroxysm, which was mild in character compared to those which preceded. On the 9th of July, I visited him about noon; he felt himself improving, and was in much better spirits; wished to go out to attend to some business which I forbade. Same medicines continued. About half past 7 o'clock, contrary to instructions, he attempted to cross the street to a neighbour's house, when he was seized with a severer paroxysm than any of the preceding, so much so, that he was unable to return home without assistance. As he was thought to be dying, I was sent for in great haste. I found him trembling violently, and his body covered with cold perspiration; the pulse was small and frequent, and the countenance exhibited extreme anxiety. A little brandy was ordered, otherwise to continue as before. About 9 o'clock I saw him with Dr. Craik in consultation, when matters were found much as reported on the 7th. While we were in the room, a paroxysm came on, and on placing the stethoscope over the heart, a loud systolic murmur was heard, also a very distinct and harsh diastolic bruit; both these sounds were heard over the aortic valves but were inaudible at the apex. All previous medicines stopped, and the following ordered: R. Tinct. Valerian Amon 3 vi, Spt. Eth. Sulph. Co. \bar{z} ss., Tinct. opii 3 ii., Aquæ ad \bar{z} vi., take \bar{z} ss., every three hours. It was determined to try the hypodermic injection, should we again find him in a paroxysm. On the 10th he felt easier, and a few moments before I arrived on the 11th, he was attacked with a paroxysm, which was on when I entered. The physical signs were precisely as noted on the 9th. I injected vii gtt. of Tildens Fluid Extract of Belladonna, and xx gtt. of Liquor Opii Sedativus (Battlesy) hypodermically, which failed to give any relief or affect him in the slightest, and the paroxysm passed off as previously.

12th July. Dr. Craik met me in consultation to day. Has had several severe attacks since last visit. We felt inclined again to try the effect of the hypodermic injection, but he positively refused to submit; he begged to be cupped which I accordingly did, and obtained about six ounces of blood. 13th July. Has found more relief from the cupping than from any thing else. Asked to have it repeated which was accordingly done. On the following day he felt himself so much better, that it was with difficulty he could be persuaded to remain at home. 15th July. On making my visit to day, I found that in the morning he had had a slight attack, which he attributed to some exertion he had made. Visited him at 8 P. M.; felt quite well, was sitting chatting with some friends. No paroxysm since the morning. 16th July. About three o'clock this morning, he suddenly awoke his wife saying he had another attack. He

then called for his medicine. She got up, lit a candle, despatched a messenger for me, and brought the bottle to him. He raised his head to take some of it, when he suddenly placed his hand over his heart, his head fell back, and without a struggle he died.

AUTOPSY.—A *post mortem* examination was made at four o'clock this afternoon, being about thirteen hours after death. The countenance was tranquil and the cadaveric rigidity extreme. The heart was considerably enlarged and fatty. On the surface were two milky patches, about an inch in diameter, and each of the cavities contained a small quantity of blood. The mitral and tricuspid valves were healthy. On the free surface of the aortic valves, ossific matter was deposited, as well as upon the whole surface of the arch, rendering the parts rough and gritty to the finger. At the aorta between two of the valves, was a triangular spot, about three eighths of an inch in diameter, which projected to the extent of one tenth of an inch into the calibre of the artery, and no doubt contributed to cause the murmur which had been diagnosed before death. No other lesion of the heart was discovered, and all the other organs were healthy, with the exception of the liver, which, as might have been anticipated, by the man's habits, was considerably enlarged."

This, gentlemen, terminates the history of a case, which to me was full of interest. Doubtless it is not as fully reported as one more experienced would have done, still I hope that in some points at least it is instructive. As a general rule "Angina Pectoris" does not terminate fatally so rapidly, as in the case just detailed, for Stokes records a case where the patient suffered for ten years from aggravated symptoms of this disease. Indeed, so far as time and the means at my command allowed, I have been able to find but one recorded case which proved fatal in a shorter period, which is given by Latham, and was that of Dr. Arnold, the head master of the School at Rugby. Others may have occurred—may be reported—but they can be but few, for Dr. Begbie of this city, Professor of Practice of Medicine in the College of Surgeons, whose means of enquiring are of course great, a few weeks ago while lecturing on "Angina Pectoris," was pleased to quote my case, as an example of an extremely rapid termination of the disease. Previous to my being called to attend this man, he had enjoyed remarkably good health, for a period of twenty years not having a bodily ache of any kind. The quick succession of attacks which he suffered from was another peculiarity in the case, while no exciting cause could possibly be ascertained. In almost all the cases which I have read, weeks and months as a rule intervened between the paroxysms; while my patient had three and four in one day, the fatal termination ensuing upon the twelfth day from the first attack. It is deeply to be regretted that concerning a disease so interesting as the one under consideration, that of late years but little has been done towards its investigation. In such works as Walshe, Stokes, and Latham, we find that a few pages contain all these justly celebrated authors have to say on the subject. It is, I say, to be regretted; for of late years the microscope has thrown such a vast amount of light upon hitherto obscure affections, that I cannot resist the temptation of believing that if those who from their extensive field of observation. are likely to have cases of "Angina Pectoris," come under their

notice, would patiently investigate the subject with the aid of that valuable instrument, that the darkness and uncertainty which now surrounds it, would soon pass away. As it is now, we have to go back to the year 1799, since which time but little advance has been made in our knowledge of this disease. In that year Dr. Parry, a member of this Society, published a work, entitled "An enquiry into the symptoms and causes of Scyncope Anginosa," and to this day, it is most unquestionably the best monograph that we possess on the subject, and the theory then advanced by him I will presently attempt to show is the one most supported by pathological observation. One fact concerning the disease we may however take as established, and that is true "Angina" never occurs without organic disease of the heart or arteries in its vicinity. It is true, cases are recorded in which no traces of organic disease were observed. Concerning such cases Dr. Stokes (and I can but believe he is correct) says: "It is more probable that in the cases so described, the disease was overlooked: than that the heart was perfectly sound." He then goes on to say, "that such cases as were observed before the application of the microscope to pathological anatomy may be set aside, as proving the existence of "Angina" without organic change; for among the most important uses of histological research, is the discovery of those early stages of organic change, which escape the unassisted eye." Dr. Walshe on the same subject says, "It has occurred to me to examine during life some six or eight cases of true "Angina"; in every one there were signs of organic disease. I have opened or seen opened the bodies of three persons destroyed in the paroxysms; the heart was texturally affected in all." The form of organic disease present as enumerated by Latham are as follows:—1st. Weakness and attenuation; 2nd. Weakness with fatty degeneration; 3rd. Some form of valvular disease, generally affecting the left side; 4th. Disease of the aorta with or without obstruction of the coronary arteries. If we analyze closely the various cases which have been recorded it will be found that in the great majority of instances, the organic disease present was weakness with attenuation of the walls of the heart or weakness with fatty degeneration, the coronary arteries as a rule being ossified (and as in the case detailed, the ossification extending frequently to the aorta and valves) and if not truly in an ossified condition, at least a cartilagenous formation being found in their interior. If the coronary arteries are found in the condition I have just named, it need not I think excite our amazement, if we find the heart itself in a weakened condition; for just in proportion as these arteries vary from their normal state will the nutrition of the heart be impaired. If the calibre of the artery is in the slightest degree diminished, the required amount of blood will not reach the great arterial centre, the result being a weakening of the muscular fibres. I believe, then, that as a general rule in all true cases of "Angina Pectoris," the coronary arteries will be found diseased. Having made this strong assertion, it may surprise the members of this Society somewhat, that in the case which came under my care not one word about the coronary arteries appears in the post mortem examination. You cannot regret it more that I do, but it could not be avoided. It was with great difficulty that I succeeded in getting the friends to consent to such an examination, and before it was completed to our satisfaction, the friends

entered, and would not allow us to proceed further. Unfortunately the examination of the coronary arteries had been postponed till the last, but from hurriedly passing my finger over them, I can with certainty say, they felt as if ossified, and in my own mind I have no doubt but they were.

It will be remembered that the heart of this man was enlarged and fatty. The hypertrophy can easily be accounted for from the man's occupation, which was of such a character as to constantly keep the heart in an excited condition. It is very probable that he may have suffered, unknowingly, from this disease for many years; the fatty condition, judging from its extent, being of comparatively recent date. My opinion is, that had the man lived a few years longer, the hypertrophy would have in a great measure disappeared; while the muscular fibres of the heart to the naked eye—but more so under the field of the microscope—would have presented in a very marked degree the characteristic signs of weakness, the fatty transformation in the meantime gradually increasing. I have previously mentioned a case, recorded by Stokes, of a patient suffering ten years from "Angina Pectoris," and here the *post mortem* revealed vast hypertrophy, which was believed to have been secondary to an attack of "Endo pericarditis." I regret that in this case not a word is said regarding the condition of the coronary arteries; still, however, I am forced to believe they must have been in an abnormal condition, sufficient to interfere with the proper nutrition of the heart, for I find that Digitalis—a most valuable remedy in the treatment of hypertrophy—was sure to aggravate his distress; saline purgatives did the same. Now surely, if the hypertrophied heart was in this case, as is the rule, receiving an amount of blood equal to the increased duty which it was called upon to perform, digitalis would have been the remedy above all others selected to benefit the patient. On the contrary, he always received the greatest possible benefit from the employment of stimulants, as a rule contra-indicated in hypertrophy, his allowance being for many years eighteen tumblers of punch daily. The effects of these two directly opposite modes of treatment goes strongly, I think, to prove that the muscular fibres of the heart were in an excessively weakened condition. Hypertrophy in "Angina Pectoris" seems to be extremely rare. In addition to my own case, the only other I have been able to lay my hands upon (having used your magnificent library) is the one I have quoted from Dr. Stokes, and if we will not admit that the fibres are degenerated, it will be somewhat of a difficult task to account for the sudden death of Dr. Stokes's patient, which he himself says was by syncope. Before taking leave of this case, I may as well mention that none of the salts of morphia, or even the black drop, except in *very large* doses, produced the desired effect.

Having thus touched upon a few of the leading facts connected with this disease, we will now pass on to consider the real and important question at issue, What is "Angina Pectoris"? I have mentioned the different varieties of organic lesion which are found in and around the heart; but as all these changes exist and prove fatal without any symptoms of "Angina," "the conclusion is unavoidable," says Walshe, "that there is something beyond organic mischief concerned in generating the paroxysm." What that is, I will now try to show. I may fail; if I do so, I fail in a good cause. Walshe, with Latham and others,

allies it to the nervous group, stating it to be spasm of the heart; while Stokes, with Parry, who is still the great authority on this disease, considers the pathological condition during the paroxysm to be a diminution of the muscular power of the heart: and from what I have already stated, you know that this is the theory which to my mind seems to be most strongly supported by facts. First, however, we will see what arguments the supporters of the spasmodic theory have to adduce. Walshe says that its spasmodic character appears from its sudden advent and departure; from the character and intensity of the suffering; from the perfect ease enjoyed in the interval of seizure; and from the kind of treatment that proves beneficial. Latham urges more strongly than the preceding authority its spasmodic character. He refers the pain, and the dying sensation felt by the patient, to spasm. Certainly these arguments appear strong, but, if we have recourse to facts, we find that the theory advanced by Parry, and more recently endorsed by Stokes,—that the attack depends upon a weakened condition of the heart, the blood arriving at that organ faster than it is able to propel it onward,—is the one most supported by them. Thus females, notoriously more liable to diseases of a spasmodic character than males, enjoy almost a complete immunity from it: indeed, I consider it very doubtful if the few cases that are mentioned as occurring in women were genuine attacks of Angina Pectoris. It nearly always occurs in men above the age of fifty (a period of life peculiarly prone to ossification of the arteries) and of a leuco-phlegmatic habit of body, and there is not the slightest evidence to show that after a fatal paroxysm of Angina the heart has been found in a spasmodically contracted condition, although this condition has been found after death from other causes, such as tetanus or decapitation. In my own case, although the muscular system generally was in a state of extreme rigidity, the heart, so far from being spasmodically contracted, was more flaccid than usual and contained blood in all its cavities. The walls of the organ were attenuated, and in a state of fatty degeneration, two conditions not at all favorable to spasm, but eminently so to failure of muscular power. If Angina was due to spasm, should we not expect to find, and *should we not* find the heart firmly contracted? Again, if it was spasm, would not the circulation be interrupted, in fact totally stopped, which we certainly know is not the case. On the contrary, we find that the pulse becomes weak the moment the paroxysm sets in, and increases in weakness just in proportion to the duration of the attack. Dr. Parry, in his admirable work, mentions the case of a patient who was under his care for a lengthened period, who permitted the Doctor to accompany him during a walk up hill, in order that he might witness what occurred during a paroxysm of Angina. Dr. Parry says, “when the fit was thus excited, I could perceive no symptoms of disorder in addition to the uneasiness at the breast, except a *gradual* and most *evident diminution* of the strength of the pulse, and I have no doubt that we shall invariably find the pulse become weaker in proportion to the intensity of the paroxysm.” Dr. Wall also mentions a case where the pulse was never *irregular*, but *always small*, gradually sinking as the paroxysm increased. Can we account for this state of things on the theory of spasm? I think not; yet it seems to me no difficult matter to account for them if we only admit the weakened condition of the

muscular fibres of the heart. The cold perspiration, which is so frequently seen in a paroxysm of any duration, is easily explained by the gradual failure of the circulation, and the intense anxiety of mind under which the patient labors. Many patients complain that, when in the paroxysm, they have the terrible feeling that to take a full inspiration would cause instantaneous death, yet that it is only a feeling is proved by a case mentioned by Parry. A gentleman had this terrible feeling, yet when he could muster sufficient courage to take a deep and full inspiration, he found the *greatest possible relief* from it. May we not account for this by the expanding lung pressing against the gradually distending heart, and thus assisting it in its getting rid of the accumulating blood. Taking a deep inspiration, and retaining the breath, affords relief from this feeling so long as the lung is expanded. This can, I think, be accounted for in the same way. Added to the weakened condition of the heart, is, as I have said before, often found ossification of the large vessels or valves about the heart, which will prevent the free evacuation of the blood from the cavities, and in this way assist in dilating them; and I think we can easily understand how the elasticity or living force of an organ like the heart may be overcome by extreme distension. Hence, though a heart diseased may be fit for the purposes of common circulation during a state of bodily and mental tranquility, and of health otherwise good, and yet when any unusual exertion is required its powers may fail under the new demand, accordingly we find that "Angina" is readily excited by those passions the tendency of which is to stimulate the heart to excessive contraction. Thus we find that many of the recorded cases proved fatal while the patient was in a violent transport of anger.

The symptoms of Angina are as readily accounted for on this theory, for the pain may be due to the distension of the heart and large veins; indeed the increased volume of the heart more readily accounts for the pain shooting along the arms from pressure upon the nerves, than from any phenomena connected with spasm. Mr. Home, however, attributes the pain to the pressure of the nerves of the heart against the rigid coronary arteries during the paroxysm. The cause of sudden death from "Angina Pectoris" while the patient is asleep, can hardly be accounted for in the same way as I have accounted for a paroxysm. It is more likely, I think, that the patient suddenly starting in his sleep, the blood is driven forward, to a heart already in a very weak condition, with such an impetus that the violent effort it makes to contract, and propel the blood onward, is too much for some of its attenuated fibres, and that a minute rupture takes place, causing instantaneous death; the rupture being so minute as to be unobservable to the naked eye. Such is the opinion I have formed regarding sudden death from Angina while the patient is asleep. Before closing, I will notice one objection, or rather one more argument, which the supporters of the spasmodic theory may be inclined to adduce. They may say that the spasm may be only sufficient to impede, not destroy the circulation. To this Stokes says it is difficult to understand how such a thing should occur, for a complete spasmodic closure of any one cavity ought to cause death by breaking the continuity of the circulation. As regards the use of opium, it seems to be of but little value, except as a narcotic; if it was likely to benefit as an anti-spasmodic,

surely it would have been of use to my patient when injected hypodermically (at almost the commencement of a paroxysm), the most speedy way of its entering the circulation.

The difference of opinion respecting the condition of the heart during a paroxysm might be overlooked, were it not likely to influence the treatment; but as the treatment of spasm differs materially from that of debility, the disputed point becomes one of some importance. If, for instance, the spasmodic view be adopted, the great remedy ought to be found in chloroform; but I have been unable to find any recorded cases in which its administration has been attended with benefit. On the contrary, Dr. Stokes mentions a case of *intercostal neuralgia*, in which the external application of chloroform produced convulsions and collapse, which lasted for many hours. Adopting the other view of the pathology of the disease, the remedies which should be used ought to be stimulants, together with the careful avoidance of all depressing agencies, such as over-exertion of mind and body, ebullitions of temper, sudden surprises, &c., &c. The treatment of course only can be palliative, for the constant concurrence of organic disease precludes the possibility of a permanent cure.

Before closing, I can but express the hope that the next few years may elicit more concerning the pathology of this interesting disease than has the previous sixty-three years.

On the conclusion of the paper an animated discussion took place, which lasted for about two hours, in which Mr. Pettigrew, whose dissections of the heart elicited so much admiration, Mr. Berryman, assistant to Professor Simpson, Dr. Capie, Mr. Duncan, Mr. Crichton Brown, and numerous others took part,—the majority speaking against the spasmodic theory.

ART. LV.—*On Idiopathic Tetanus*. By ST. JOHN KILLERY, M.D., M.R.C.S.L.
Army Medical Staff.

A soldier of the 36th Regiment having suffered from a severe attack of Idiopathic Tetanus under my observation, in December, 1860, a description of the clinical history and treatment, with a few remarks on the phenomena and pathology of the disease, may not be uninteresting.

This disease, comparatively rare, difficult of cure, and generally fatal, is manifested by tonic spasms of the voluntary muscles, caused by an abnormal or morbid condition of the excito-motory apparatus, by which an undue amount of nervous force is developed. During the month of December, 1860, when the regiment was stationed at Dublin, a strong muscular man, about 30 years of age, complained on admission to hospital of pains in his bones, stiffness and soreness of the muscles of the neck, and general indisposition. He had been absent without leave, and had lain for several nights in the fields in a state of intoxication, exposed to the inclemency of winter weather. Two hours after his admission he was seized with spasms of the muscles of the neck and arm, stiffness of the lower jaw, and contraction of the muscles of the face. The surface of the body was covered with cold perspiration, the pulse was quickened. Warm fomen-

tations, and friction with oiled hands, gave temporary relief; when he was again attacked by spasms more severe than before, in which the muscles of the back, abdomen, and lower extremities were engaged. The "masseters" were rigid, the jaws could not be separated a quarter of an inch, the pupils were not larger than pins' heads, the pulse 120, skin bathed in perspiration, and the face bore that peculiar tetanic expression, resembling a pain'ul smile, which once seen can never be forgotten. The patient was made to inhale some chloroform, and under its influence the muscles gradually relaxed, and he dozed for a short time. In half an hour I was again called to see him, and found all the symptoms had returned with increased severity. The jaws were firmly closed, the body was arched backwards, resting on the back of the head and sacrum, and requiring the pressure of the attendants' hands to keep him in the bed. There was great dyspnæa, and congestion of the face, the functions of respiration being impeded by the contraction of the respiratory muscles. The abdominal muscles were hard as wood, and gathered into knots, and the pain was intense beyond words. Chloroform was again had recourse to, and a very large quantity used before its specific effect was produced, the face becoming frightfully congested just before the relaxation of the muscles took place. The bowels being obstinately confined, an enema of turpentine and castor oil was ordered, and strong beef tea and brandy were administered. For eight days from the first accession of symptoms, he was never free day or night for more than half an hour from tetanic paroxysms. Indeed, a perfect remission scarcely ever took place, and all the severe symptoms recurred on the slightest cause, as currents of air, touching the bed, &c.

On the eighth day the paroxysms became more frequent, but much less severe. Inhalation of chloroform was still continued, brandy and beef tea being given in large quantities, the latter by the mouth and rectum. From this date to the fifteenth day of the disease he gradually improved, the attacks becoming milder and easily borne; and twenty days from the date of his admission he was discharged on furlough, his face so metamorphosed that his comrades scarcely recognised him. I may as well mention that there was no mental disturbance of any kind during the attack. Authors divide idiopathic tetanus into acute and chronic, the former running a short course, with strongly marked symptoms, and generally terminating fatally; the latter of longer duration, of milder form, and frequently recovered from. The above case, I think, presents an example of each form, for during the first eight days the disease was decidedly acute, but afterwards merged into the chronic form.

Before I make any remarks on the treatment of this disease, let us see what assistance pathology lends towards arriving at a correct conclusion as to the morbid condition which produces it. I believe the tetanic state is caused by an increased or exalted polarity or excitement of the medulla oblongata, and spinal cord, which excitement may affect those centres directly or indirectly through the afferent nerves; the former is called "centric," the latter "excentric" tetanus. Thus, as in the above case, exposure to cold caused some morbid action of the nerves of common sensation distributed to the exposed part, this condition was propagated through the nerves to the centres, and the tetanic state was

the result, so that a person may judge of the portions of the nervous centres implicated by the muscles affected; but post mortem investigations throw little light on the nature of this morbid condition. Vascularity of the brain and spinal cord have been observed, leading to discussions as to the inflammatory or non-inflammatory nature of the disease. Many continental writers hold that it is an inflammation, and shape their practice accordingly; but in England the vascularity is believed to be the result of the immense muscular exertion to which the patients are subjected, and not in any way allied to inflammation; other pathological signs are spoken of, but none of them are constant or to be relied on. We can expect merely negative information from post mortem investigations, and can only draw our conclusions respecting the pathology of the disease, and the particular state of the nervous system on which it depends, from our knowledge of the physiology of the parts concerned. For the production of this disease a peculiar condition of the system or circulating current appears to be necessary; thus we find it more frequently in warm and unhealthy climates, badly ventilated military hospitals, and places where hygienic principles are neglected, and we know that tetanus may be produced through the blood as is shown by the administration of strychnine. In warm climates heat seems to be the predisposing, and exposure to cold (as night air), the exciting cause; irritation of the digestive and uterine organs, worms, &c., are mentioned as causes of tetanus. In the West Indies it is a very common disease amongst children, (*trismus nascentium*), and often fatal. Nux vomica is capable of producing a tetanic condition, and it becomes a matter of medico-legal importance to distinguish it from genuine tetanus. In poisoning from strychnine, the tetanic convulsions affect chiefly, and with most intensity, the muscles of the spine and trunk, causing an active and violent opisthotonos rarely met with in true tetanus; the lower extremities are rigid, the upper extremities being but slightly affected; the lock-jaw, and tetanic face so characteristic of true tetanus, exist very imperfectly; swallowing is generally perfect, the mode of deglutition being peculiar. In Idiopathic Tetanus the symptoms come on gradually, and the lock-jaw is the earliest and most important one; the tetanic face is very characteristic; the opisthotonos is less severe; the lower extremities are the last parts affected, and swallowing is very difficult. In poisoning from strychnine there may be a complete suspension of the paroxysms for 24 hours as occurred in the celebrated case of Cooke vs. Palmer; such a remission could never take place in genuine tetanus. Various modes of treatment are recommended in this disease. The believers in its inflammatory nature practice blood-letting, leeching and the usual antiphlogistic treatment; but this theory finds few advocates in England at present. Death takes place nearly always from exhaustion, induced by the protracted and severe muscular and nervous excitement; and the great object of our treatment should be to combat this exhaustion while we endeavour to calm the nervous irritation. Stimulants, as brandy, beef tea by the mouth and rectum, milk, preparations of bark, &c., should be freely administered. The agents found most useful in calming nervous irritation are those which exercise a depolarizing influence on the spinal cord, as application "of cold along the spine," administration of belladonna, conium, &c., inhalation of chloroform; opium has been used, but it is

well known that it calls forth that very exaltation of nervous force which we want to allay, as is shown by experiments on animals. Chloroform I believe to be a most valuable agent; under its influence, the muscles relax, pain is relieved and a disposition to sleep produced. In my case the patient was kept constantly under its influence; it required larger quantities each day, and I attribute his recovery to it, and the measures taken to support the powers of life. Great relief during the paroxysms is afforded by friction with oiled hands. The bowels are always obstinately confined. Turpentine and castor oil are the best purgatives: warm baths, galvanic currents, mercury, digitalis, tobacco, &c., have all been tried and have their advocates, but I believe the physician will have most success who supports his patient and enables him to bear the exhaustion attendant on the disease, until the source of irritation shall have ceased to exist.

Montreal, May 1862.

ART. LVI.—*Case of Puerperal Convulsions.* Under care of A. E. FORD, M.D.,
St. Mary's, C. W. Compiled from notes by D. H. HARRISON, Medical
Student.

Mrs. W., aged 40, the mother of 7 children, was seized with a violent convulsive spasm about eight o'clock on the morning of the 7th October, 1862. As she lived a long distance from town, she was not seen until after twelve o'clock, noon. Upon arrival, I found that she was well advanced in pregnancy, during the progress of which she had experienced nothing unusual until within three or four days of the present attack. She then complained of pain of a violent and remitting kind extending across the forehead being apparently most violent in the region of the ethmoid bone; a constant aching pain across the lower dorsal and upper lumbar region, an occasional sense of numbness through the whole frame, slight constipation of the bowels, loss of appetite, scanty urine. The pain in the head being more violent than any of the other symptoms, had been the chief object of her attention, and she had taken two or three large doses of castor oil to relieve it, without avail, although the bowels had been freely moved by it, and the symptoms as above enumerated continued with greater or less severity until the convulsions appeared.

She was a person of rather inferior muscular development, and of flabby general texture, of anxious mental organization, but not the subject of any strong mental emotion. She had never been the subject of convulsive disease. She was in a semi-conscious condition, the eyes wandering with a peculiar stare; the face livid, but not preter-naturally warm, the surface of natural temperature. She lay uneasily, constantly moving from side to side, and muttering incoherent sentences to herself; pulse 90, hard, small, and *jerking*; while the tongue was slightly coated, and much bruised by the teeth in the two convulsions under which she had already laboured.

Upon examination, per vaginam, the os uteri was found soft and yielding, offering much the feel usually found at the end of the eighth month, except

being more easily relaxed. Twenty-four ounces of blood were at once taken from the arm, and the following powder given :

℞. Hyd. chl. mit.,grs. v.
 Pulv. Jalap,.....grs. xv.
 Pulv. Opii,gr. ¼.

M—.

Cold water was applied to the head, a sinapism to the nape of the neck, and warm flannels across the region of the pubes. In two hours from the appearance of the last spasm, the middle finger of the left hand began to close with a jerking motion, followed by the index finger of the same hand; then the thumb came down; the muscles of the fore-arm now participated in the movement, which rapidly communicated itself to the shoulder, and in less than fifteen seconds the whole body was writhing and tossing in another horrible convulsion. The respiration was a succession of rapid gasps, accompanied with a sort of hissing hiccough, which gradually became fainter as the spasms gathered themselves for their final assault; the pulse faded from the wrists, and the heart itself gradually stilled; the lips became livid, the eyes set irregularly in their sockets; and in precisely two minutes from the onset of the attack, every muscle was stretched to its utmost tension, until it seemed as if the very tendons would snap from their attachments. Respiration ceased, the action of the heart could not be felt, the countenance became purplish, and the whole body bent somewhat backward. In about twenty seconds more the muscles began to relax, and a frothy mucus poured out from between the blackened lips. The action of the heart could now be discovered fluttering and weak, and in a short time the pulse could again be felt at the wrist; respiration was slowly and laboriously restored, and in twenty minutes the patient was again in the same half startled, half conscious condition as before.

After allowing nature a few minutes to recover itself, I again made an examination per vaginam, and again finding the os uteri yielding, I proceeded to dilate it by gentle distension with the end of the finger. I was not long in reaching the head, and rupturing the membranes, but a small quantity of "the waters" followed this operation. The cold was continued to the head and warmth over the body, five grains more of calomel were given, and an enema of water gruel and castor oil. In two hours from the last convulsion, another occurred, similar in its characteristic manifestations. Half an hour afterwards the bowels were freely moved, and the quantity of "water" discharged from the uterus considerably increased. Examination again revealed a dilatable condition of the os, and a large dose of ergot was at once given. In half an hour labor was established, and in one hour and three-quarters from the occurrence of the last convulsion she was delivered of a healthy though premature child, with the forceps. Shortly after the removal of the placenta, which was discharged by uterine action, another convulsion returned, almost an exact *fac simile* of those already described. The uterine discharge was of normal quantity, and the contractions of that organ were as regular and equable as if nothing had occurred, and the general condition of the patient seemed unaltered by delivery.

A large blister was now applied over the nape of the neck, extending well down upon the spine; and one of the following powders given every two hours :

℞. Hyd. chl. mit.,gr. x.

Pulv. Opii,gr. ss.

M. Mitte Vj.

Keep cool applications to the head.

The convulsions continued to return, as they had done from the first, until six o'clock the following morning, when, after a fit, she fell into a deep heavy sleep, with stertorous respiration. Powders discontinued, and mustard applied over the chest. The patient slept heavily until about four p.m., when the effects of the opium began to pass off, and the calomel to pass on. Large bilious discharges came pouring down from the bowels during the rest of the day, and succeeding night; and when seen on the morning of the 9th inst., consciousness was beginning to return. The urine was now found, upon testing, to be highly albuminous. The blister, which had risen well, was removed, the cold lotions to the head omitted, and strict quiet with water gruel enjoined. Five grains of Ext. Hyoseyam were given every four hours. On the 10th, the patient was well salivated, and in every respect better; begins to recognise her friends. Beef tea and rice and milk ordered.

The patient gradually improved, no abdominal complication having arisen: until now, the 16th, the tongue is clean, pulse 80, soft and regular, appetite improving, and the patient complains of nothing but weakness and a sore mouth, which is rapidly improving.

Memory was not fully restored until the sixth day after the attack.

Remarks.—I gave the opium to relieve the peripheral excitement which stood between the uterine excitation caused by the presence of the child and the spinal cord; and calomel, with venesection, both for their sedative effects and with a view to prevent either *inflammation* or *effusion*. A peculiarity in this case seems to be the fact that neither the dilatation of the os, the labor, or the delivery, had the slightest apparent effect upon the convulsions,—either to retard or weaken on the one part, or to hasten or aggravate on the other. The child is living and doing well.

St. Mary's, C.W., Oct. 20th, 1862.

ART. LVII.—*An extraordinary case of Chorea.* By W. CANNIFF, M. D., M.R.C.S., England, Professor of Surgery, University of Victoria College, Toronto.

Jane M——, æt. 23, a native of Limerick, has been married nearly three years. Three months after marriage had a miscarriage, which, according to her own and friends' account, took place without any obvious cause unless it were general weakness. Three months thereafter, had a second miscarriage still without any assignable cause. Fully nine months after this, she had a third miscarriage or premature labour. It was on this occasion that she first came

under my notice, having been called in haste. When I arrived I found a still-born child still attached and the placenta in utero. The child had apparently been dead for some time and was between six and seven months. The placenta soon came away, and she had a quick and perfect recovery. The patient and her friends assured me that her health had been invariably good, and that no cause of the death of the child was known. About four months after this, the patient found herself again pregnant. Two months later she had a severe fright from seeing a scuffle between her husband and father. This affected her mind very much, causing great depression of spirits and at times great terror. This continued for about six weeks when symptoms of chorea presented themselves, at first in the fingers and hand of the left side, and afterwards on the whole of the same side of the body. I recommended the utmost gentleness and cheerfulness to be observed towards her, and put her on the Citrate of Iron and Quinine; under this treatment she gradually improved, until at last the twitchings had almost ceased, when, without any particular cause, the whole of the right side became affected rendering her unable to walk or help herself. The treatment heretofore pursued seemed to have no effect, and I was induced to try the Citrate of Iron and Strychnia. She very soon began to improve, and although her progress was slow, she, in about three months, was perfectly free from the disease. She continued quite well until she had gone her full period of pregnancy. But with the labour pains the chorea returned in every part of the muscular system. The several stages of labour were passed through in a comparatively short time; but as the labour advanced and the pains became more severe the jactitations increased in frequency and power. To attend a woman in confinement who has St. Vitus' dance is anything but easy, while the attitudes, the grimaces and contortions were absolutely ludicrous. The patient was heartily ashamed of herself, and tried fruitlessly to keep in "position." In spite of herself, and mother, and nurse, and doctor, she would be first on one side of the bed, then on the other; now up against the head-board now down to the foot. I had no particular fears until the head began to press against the perineum, when I thought, notwithstanding support and actual pressure, the head would be thrust through the undilated tissue. At each pain the urine would be forced out in quick streams from the urethra, while the sphincter ani could be felt twitching most actively. The labour was fortunately completed without any evil results. The twitching at once began to cease and within twelve hours had entirely disappeared: her recovery was good. The child, a fine boy, was healthy, and has continued so up to the present time, now nearly a year. The mother also remains in good health.

In administering the citrate of iron and strychnia I was not aware that it had ever been given as a remedy for Chorea, but having used it with advantage in other kinds of nervous affections, I was induced to try it. However upon referring to an old number of Braithwaite I find that it had been used successfully by a Dr. Ross, after all other remedies had failed. I gave the preparation in doses of two grains three times a day.

Toronto, 12th November 1862.

LONDON CORRESPONDENCE OF THE BRITISH AMERICAN JOURNAL.

No. 11.

It has been my good fortune to attend meetings of the *British Association for the Advancement of Science* at Aberdeen, Oxford, Manchester, and Cambridge. Each successive annual meeting would seem to possess greater interest and greater attractions than its predecessor, at least such has been my experience during the past four years. Cambridge is readily accessible from London by not less than three different railways, and it was naturally believed that the meeting would have been a crowded one so far as Londoners are concerned. The attendance was good generally, but many familiar faces were absent, owing to the late season of the year at which it was held, namely 1st October; the usual time is August. Sir Charles Lyell, Sir Roderick Murchison, and many others were on the continent. However that did not prevent the business of the Association going on, and many individuals were present as usual from all parts of the habitable globe, including a Russian prince, and Mr. Sterry Hunt, of Montreal. A very large proportion of the members were located in the different colleges, as was the case at Oxford, and it is to be hoped at Newcastle next year. As for myself I was comfortably housed in the new wing of St. John's College, having to cross the "Bridge of Sighs" frequently to and from my rooms. Mr. Hunt, your readers may feel interested to know, was in St. Peter's College, the oldest in Cambridge. Now, as an old traveller, I will admit at once, the great satisfaction it is, to be provided with such comfortable and excellent accommodation the moment one arrives at such a fine old university town as Cambridge is. But when there is added to this the most unbounded hospitality on the part of all colleges to those who were their guests, it is right that it should be made known everywhere. If this letter should perchance be read by any Cantabrigian, he may rest assured that the place of his Alma Mater will be ever remembered by those members of the British Association who were present at the late meeting, with feelings of the liveliest pleasure and satisfaction.

The number, variety, and excellence of the communications brought before the different sections were such, that the mere mention of the titles of many must suffice here. And with regard to these, they are sometimes most extraordinary, as, for example "On the relative amount of Sunshine falling on the Torrid Zone of the Earth," by Professor Hennessey. Yet this was a paper evincing great learning on the part of its author. The section in Mathematical and Physical Science was well represented, as was to be expected at Cambridge.

To run through the entire meeting from the beginning, the following subjects may be noticed:—

On the extent of the Earth's Atmosphere, by the Rev. Professor Challis.

On the existence of Aniline in certain Fungi, which become blue in contact with the air, by Dr. T. L. Phipson.

On a *Whittled* bone, from the Barnwell gravel, by Mr. H. Seely.

On the Inflorescence of Plants, by Mr. John Gibbs.

On the Foot-poison of New Zealand, by Dr. Lander Lindsay.

On the Study of the Circulation of the Blood, by Dr. George Robinson.

On Simple Syncope, as a coincidence in Chloroform Accidents, by Dr. Charles Kidd.

On the Physiological Effects of the Bromide of Ammonium by Dr. George D. Gibb.

Observations on the Earth-worm, by Dr. John Davy.

On Colour as a Test of the Races of Man, by Mr. John Crawford.

On Three new Craters in the Moon, by Mr. G. R. Birt.

On Autographs of the Sun, by Rev. Professor Selwyn.

On the Adulteration of Linseed Cake with Nut Cakes, by Mr. W. H. Harris.

On the Wokey Hole Hyæna den, by Mr. W. Boyd Dawkins.

On the last Eruption of Vesuvius, by Dr. Daubeny.

On the Zoological significance of the Brain and Limb Characters of Man, with remarks on the cast of the Brain of the Gorilla, by Professor Owen.

On the characters of the Aye—Aye as a test of the Lamarckian and Darwinian hypotheses of the Transmutation and Origin of Species, by Professor Owen.

Observations of the habits of the Aye—Aye living in the gardens of the Zoological Gardens, Regent's Park, by Mr. A. D. Bartlett.

Remarks on all the known forms of Human Entozoa, by Dr. Cobbald.

Tobacco Smoking, its effects upon the pulsation, by Dr. Edward Smith.

On the question whether Arsenic, taken for lengthened periods in very minute quantities, is injurious, by Dr. John Davy.

On Secret Poisoning, by Dr. Harley.

On the difference of behaviour exhibited by Inuline and ordinary starch, when treated with Salivary Diastase and other converting Agents, by Dr. Rolleston.

Observations made at Sea on the motion of vessels with reference to their effects, in producing Sea Sickness, by Mr. J. W. Osborne.

On Vancouver's Island, by Commander Mayne.

An account of the Veddahs of Ceylon, by Mr. John Bailey.

On the Economic Effects of recent Gold Discoveries, by Mr. Henry Fawcett.

On Artificial Stones, by Professor Anstead.

On the principles upon which Atomic weights should be determined, by Mr. G. C. Foster.

On the Nomenclature of Organic Compounds, by Dr. Odling.

On the Functions of the Auricular Appendix of the Heart, and on the Functions on the Oblique Muscles of the Orbit, by Dr. Ashe.

On the Normal position of the Epiglottis as determined by the Laryngoscope, by Dr. George D. Gibb.

On the Termination of Motor Nerves and their connection with Muscular Contractions, by Professor W. Kohne.

On the Civilization of Japan, by Sir Rutherford Alcock.

On the Distribution of Fog around the Coasts of Britain, by Dr. Gladstone.

On the Nature of Nitrogen, and the Theory of Nitrification and on some principles to be considered in Mineralogical Classification, by Mr. Sterry Hunt.

Several Papers on Flint Implements, by several persons.

On Marriages of Consanguinity, by Dr. Gilbert Child.

Some observations on the Coagulation of the Blood in relation to its cause, by Dr. John Davy.

Pearls, their Parasitic Origin, by Mr. R. Garner.

Tobacco, in relation to Physiology, by Mr. Thomas Reynolds.

On Language as a Test of the Races of Man, by Mr. John Crawford.

On Aerolites from India, by Professor Maskelyne.

On the Fossil-feathered Animal found in the Lithographic slate of Pappenheim, by Professor Owen.

On the Origin and Mode of Occurrence of the Petroleum of North America, by Mr. Sterry Hunt.

On the Storms of the St. Lawrence and Great Lakes of Canada, by Dr. Hulburt.

Some facts relating to two brilliant Auroras in Canada, by Dr. Hurlburt.

There were upwards of 290 communications, of which the foregoing were some of the more interesting to the medical reader. I regret, I cannot go even into a brief analysis of them, but the chief features of many are scattered in abstract throughout many of the journals, medical and scientific.

Whilst at Cambridge I had the opportunity of going to Ely to visit the fine old Cathedral, and was amazed to see the records of the destruction of many parts of the interior by the parliamentary army in the time of Cromwell. The monumental brasses had been torn up from a number of slabs on the floor, which gave the place a most desolate look. The work of restoration is slowly going on, and in time this will become one of the finest old cathedrals in the kingdom. The town is a meagre and miserable one; and, were it not for the cathedra, would degenerate into a wretched village.

The Fitzwilliam Museum at Cambridge is a magnificent and imposing building, and was founded by Viscount Fitzwilliam who bequeathed the University his paintings, drawings, books, prints, and works of art, together with £100,000 South Sea stock. It contains, indeed, many treasures; besides a fine collection of paintings, in which the family gallery of the founder is included. There are many objects of interest and antiquity; amongst others, some very curious black Vases from Peru, presented by the Rev. H. H. Swinney of Magdalen College 1841, also a curious model of a Druids' Temple found at Regent's Fort, Jersey. There is a magnificent model in ivory of the *Tuge Mahal*, a mausoleum on the banks of the Jumna India, erected by the Emperor Shah, Jehan to his wife. She died in 1631. In the Library are some fine illuminated and other manuscripts. Among them in a glass case, is the Table diet of King Charles I. with his autograph; Handel's Lesson Book; Queen Elizabeth's Virginal Missal Book; Oliver Cromwell's autograph letter to Lord Warton, dated 1st June, 1649.

Latin and French Versions of the Scriptures, Missals, Pontificals, Psalters, Antiphoners, Breviaries, *Legenda Aurea*, Psalter of the Virgin, English, Italian, Dutch and French Horae. The different nations refer to the place in which they were done. The illuminated manuscripts certainly form a beautiful collection, and contain many wonderful specimens of Mediæval art.

In the University Library, I also saw many fine manuscripts, amongst them several oriental: my attention was directed to a splendid Persian manuscript

written in 1838, entitled "*The Wonders of the Creation*", being a treatise on Astronomy and Natural History. This elegant manuscript is embellished with drawings of beasts, birds, reptiles, and other figures, to illustrate the descriptions. Here too are several first editions of the Greek and Latin classics, and many works executed by the early printers, especially the chief of those by William Caxton, the first printer in England.

Amongst other plans I visited the Round Church, or Church of the Holy Sepulchre; it is a most interesting building, the oldest of the four Round Churches remaining in England, and was consecrated in 1101. It was no doubt founded (as is asserted) after the model of the church of the Holy Sepulchre at Jerusalem, and probably by one of the early crusaders, as a grateful memorial of his safe return from the Holy Wars. I do not know that I ever visited anything that interested me more than this curious church. It was early on the Sunday morning that I was inspecting it, and found myself in the Company of Sir Philip Egerton and Lord Enniskillen, fellow members of the association, whose curiosity had been equally excited. The only other churches built in the round form are those of the Temple of London; the Holy Sepulchre, Northampton; and Little Mapestead in Essex. I afterwards visited St. Peter's Church, close by; it is very ancient and supposed to occupy the site of a temple of Diana in the old Roman city, Roman materials built up in its walls, and Roman antiquities being discovered around it. It forms one single chamber, and is the smallest church I ever was in.

Those versed in English history will remember that Oliver Cromwell was a student of Sidney-Sussex College, being entered in his 18th year, in April, 1616. In this college I saw a bust of Cromwell executed by *Bernini* from a plaster impression, taken from Oliver's face after his death, and sent to Italy. I was also shown the celebrated original portrait, in crayon, of Oliver Cromwell, by *Cooper*; this is esteemed the best likeness extant, and has been frequently copied. There was a single wart *under* the lower lip to the left of the mesial line, the size of a pea; he looked a somewhat stern and severe old fellow, and resembled an old farmer.

I visited the anatomical museum and saw the remarkably fine collection of comparative anatomy made by Mr. Clarke, who at present is an old man. Here were skeletons of the Elephant, Rhinoceros, Hippopotamus, Camel, Whale, Giraffe, Ostrich, Horse, Crocodile, Cape Buffalo, with skull and antlers of the Irish Elk. Several hundreds of others were in the upright cases,—lions, tigers, &c. There were a number of things preserved in spirits, and a good pathological collection, which I went through, especially those involving the throat and larynx. This was the museum of the University, the authorities having purchased Dr. Clarus collection, the late Dr. Macarthy of Dublin and others. I have been particular in referring to this museum, because you have nothing of the kind at McGill College; and I will here repeat what I stated on a former occasion, that I would give the College every assistance in obtaining here, by purchase, some of the animals bones as they died in the Zoological Gardens, for their Museum. A few large skeletons would make a great show, and produce a striking effect—an elephant for instance.

There was so much to interest, and to instruct, in this hospitable town, that I would willingly say much more, but time and space forbid. From what I have written in the present and some of my former letters, will be seen, at a glance, the advantage of belonging to such an association as that devoted to the advancement of science, which holds its meetings in a different part of the kingdom every year; and which compels one, as it were, to visit places that he probably would not otherwise have done. Next year the association is to meet at Newcastle-upon-Tyne, under the Presidency of Sir William Armstrong; and we all anticipate much pleasure and profit in visiting a part of England that is rather out of the way: but that is a secondary consideration. I must still defer much that I had to say on other matters, to my next letter; but I had forgotten to speak of "Hobson's choice, this or none", which originated in the town of Cambridge. Hobson, who was a very comical old fellow, died in 1631, at the patriarchal age of 86. He was in the habit of letting saddle horses out for hire, and made it an unalterable rule, that every horse should have (sensible man) an equal portion of rest as well as labour, and would never let out one, except in its turn: hence the well known saying "Hobson's choice, this or none."

London, 1st November, 1862.

HOSPITAL REPORT DEPARTMENT.

Edited by FRANCIS W. CAMPBELL, M.D., L.R.C.P., London.

Suspicious tumour of the breast in a female,—its removal. Under the care of Dr. Fraser.

Mary P—, aged 44, entered the General Hospital on the 15th of May with a tumour of the breast. About three years ago it commenced with a small lump around the nipple. There was not any pain usually, but on a very cold day, or if she went out into the cold, the pain was considerable, and of a screwing character. It remained in this condition for about two years, when the small lump commenced to ulcerate. It was poulticed for about three months, during which time the lump gradually increased in size, and the ulcerated portion in circumference and depth. The pain now became of a burning character, and was agonizing on the slightest exposure to cold. On the 13th of May, while sitting sewing, bleeding commenced, and became so alarming that Dr. R. P. Howard was called in, and it was controlled, and on the day mentioned above she was admitted into hospital. A consultation was called, and its removal decided upon, there not being any glands enlarged in the axilla, and the woman being healthy in appearance. On the 27th of May Dr. Fraser removed it by the usual elliptical incision. On examination it did not present the true character of schirrus; yet the age of the patient, and the history of the tumour, made its character suspicious, and demanded its removal. The wound healed very rapidly, and the patient was discharged on the 3rd of July quite well.

THE
British American Journal.

MONTREAL, NOVEMBER, 1862.

LICENSES AD PRACTICANDUM.

In the year 1847 we were at some pains to set the *British Colonist* right in its assertion that McGill College issued licenses *ad practicandum*. With a degree of pertinacity in a preconceived opinion rarely met with, the allegation was repeated in a subsequent number of that Journal, and was again promptly denied by us. After such a length of time, during which the Consolidated Statutes of Canada might have been studied and re-studied, and their import fully appreciated, it seems to us a most extraordinary thing that the Editor of a paper, occupying the high position of the *Toronto Leader*, evidently without the least inquiry into the merits of the case, should have made the same charge against the same University, and for all that he knows, against Laval University, Quebec, attaching to them, in consequence, powers superior to those of the Universities of Upper Canada, powers in fact equivalent to those of the Licensing Boards of the Province.

We have most sedulously endeavoured to prevent this Journal becoming the organ of any party, Clique or University in this Province, since we have had connection with it. Such was never the intention in its original projection; but when we find misstatements, so plain as that indicated, issuing from the press, and misleading a large proportion of the inhabitants of the country, we consider it a duty to correct them—less in the interest of the Universities which have thus been most invidiously assailed, than in the cause of truth. If we were persuaded that the observations of the *Toronto Leader* were dictated by no malevolent feeling against McGill College or the Lower Canadian Universities, we should have taken no notice of them whatever. Our belief is the reverse; the object being to arouse a hostile feeling especially against McGill College, and to disparage it to the fullest extent of ability. And before going further in the correction of the Editor of the *Leader* in his errors, we would most seriously advise him, when next he writes upon medical affairs, of which he is apparently most grossly ignorant, to consult the Statute books of the Province first, and peradventure he will then discover the remarkable fact that neither McGill nor the Laval Universities pos-

sess one iota of privilege which does not attach to the most favoured of the Upper Canadian Universities—McGill University being, we believe, the poorest of all, except in its means of instruction, which is the sole cause of its withdrawing so many Upper Canadian students to Montreal, the best proof possible of their discrimination and their good taste.

And now for the benefit of all and sundry in Upper Canada, who choose to talk and write in ignorance of facts, we take this opportunity of mentioning the following, which any one can verify by consulting the Statutes of Canada: On the 18th Sept. 1841, the Gov. General gave the Royal assent to a Bill, 4 and 5 Vic. Cap. 41—"to enable persons authorized to practice Physic and Surgery in Upper or Lower Canada to practice in the Province of Canada." At this period the Medical Boards of the two Provinces gave recommendations for license to the Provincial Secretary, whereupon a license in the name of the Gov. General issued. In consequence, however, of certain irregularities in the Boards of the Lower Province, one of which was located at Quebec and the other at Montreal, whose members were appointed by the Governor-General, the Profession of this part of the Province sought an Act of Incorporation under the name "College of Physicians and Surgeons of Lower Canada;" and much to their credit and the liberality of the then Administration, it was granted. In accordance with this Act, which received the Vice-Royal assent on the 28th July, 1849, the profession of Lower Canada became incorporated, with power to elect a Board of thirty-six persons, which was constituted, by that Act, the "Provincial Medical Board" of Lower Canada. When thus organized, the Board issued its recommendations for license as the previous Boards had done, and as the Upper Canada Board now does; but perceiving this practice to be but a mere routine, the College petitioned to have the power of licensing invested directly in its own hands, and in the year following (1848) an Act of Amendment was framed by the Legislature, conferring upon it that privilege. Since that period the College has exercised its right, and, if there is any truth in the maxim "*qui facit per alterum &c.*," the license of the "College of Physicians and Surgeons of Lower Canada" is as much a "Governor's license" as is the one called by that name in Upper Canada. Indeed it is in every respect superior, as the applicant has to show that he has gone through a four years' course of prescribed study; while, according to the Law, there is no prescribed course or period of study required to pass the Board in Upper Canada. These are facts which those who attempt to write upon medical affairs in Upper Canada should well digest before they put their pens to paper. To write upon matters, with which authors are thoroughly *au fait*, is all right and proper, but to endeavour to teach or instruct upon affairs, and to advertise, as the Editor of the *Leader* has done, upon things of which he has exhibited himself so grossly ignorant, is a simple act of stultification; but simple as it is to those who know all the facts of the case, the writing may do harm, and we therefore take the earliest opportunity of correcting it.

But all this has arisen out of the case of Dr. Shaver *vs.* Mr. Linton, the celebrated "Clerk of the Peace" at Stratford, and the particulars of which are detailed on another page; and if that case goes to prove any thing, it goes to prove how far prejudice and malevolence will mislead parties. Dr. Shaver did

no more than his duty in establishing his position, and that he could substantiate it we never entertained the least doubt. But we notice, from a number of the "*Stratford Beacon*" just received, that the celebrated "Clerk of the Peace" has appealed from the decision given against him,—a process which will only have the effect of delaying his payment of the costs of the late action for a few months, and of adding considerably to them at the end. We maintain it is utterly impossible that any judge could rule otherwise than Judge Richards did at that trial; nor could any Judge in the Province come to any other conclusion without a direct falsification of the law. All this may not suit the Defendant's vanity, but as he chose to wake up a sleeping dog, he must take the consequences.

There is a part of the evidence on the trial which we cannot pass over without comment. We allude to that of Mr. Robb, Ex-Postmaster.

It appears that Dr. Shaver sent him an account for professional services amounting to £5. But as Mr. Robb was led to believe that he could not legally demand the sum, *he* estimated his services at £3, a sum which Dr. Shaver, it appears to us, most foolishly accepted. The reason alleged by Mr. Robb for the non-payment of Dr. Shaver's claim is one which speaks little for his honesty; and we have not the least doubt that had the attendant been a Thompsonian or a Homœopath, he might have had any amount demanded. Such, however, is the forbearance of the members of our profession, that they are usually contented with fees for their services immeasurably less than would be accorded, and cheerfully given, to any ordinary charlatan, if demanded by him; those fees being at the same time paid far more grudgingly to the regular physician. The evidence as given by Mr. Robb speaks but little for him.

The question of the legal right to practice of Dr. Shaver having been disposed of, there remains still open the question of libel; and as this point was not urged at the trial, and as there can be no doubt whatever of the result of the appeal to the Superior Court, it is our opinion that Dr. Shaver should keep this as a rod in pickle for the "clerk of the Peace."

VALIDITY OF THE LICENSES OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

Shaver vs. Linton.

This was an action brought at the assizes by Dr. Shaver of Stratford, who is a graduate of the University of McGill College, Montreal, and a licentiate of the College of Physicians and Surgeons of Lower Canada, against one John J. E. Linton, Esq., Clerk of the Peace for the county of Perth.

The Plaintiff sued Defendant for words spoken, written, and published concerning said Plaintiff to this effect: That the Plaintiff was not licensed for Upper Canada, as he did not hold the Governor-General's license.

The solicitors for the Plaintiff were Messrs. Carroll, McCulloch, and Anderson, and for the Defendant Messrs. Lizars & McFarlane (Crown Attorneys) and Mr. Willson of London.

A jury was called, and during the selection one of the Defendant's attorneys.

Mr. Lizars, challenged one of the most respectable and straight-forward men in the County, as he was a friend of the Plaintiff.

The counsel for the Plaintiff then stated the case to the Court and jury. He said this was an action brought by the Plaintiff, Dr. Shaver, for words spoken and published by the Defendant, Linton, against the Plaintiff to this effect: that he was not a licensed practitioner for Upper Canada. The Defendant had not only spoken these libellous words, but had written and published the same throughout the length and breadth of the land, for no other purpose but of injuring Dr. Shaver in his practice.

The Defendant had caused to be printed and published in the *Pilot* newspaper, and other journals, some of which are now produced, in which he had used the words that "Dr. Shaver was simply *unlicensed* according to the laws of Upper Canada." The Defendant had circulated these interesting discoveries in the very midst of Dr. Shaver's patients.

The Plaintiff in this case did not come into Court for the purpose of obtaining damages from the Defendant, but he had come there to-day to establish his legal right to practice his profession in Upper Canada, irrespective of the Governor's license, and to set at rest forever the right of a Licentiate of the College of Physicians and Surgeons of Lower Canada to practice in Upper Canada. The verdict of the jury this day would finally decide this matter, and teach to the Defendant the old adage that parties should not "thrust their noses in other people's business," especially when so apparently ignorant of the law.

The first witness called was J. A. McCulloch, solicitor, who being sworn saith, I know intimately the Plaintiff and Defendant in this action; was deputed by Dr. Shaver to call upon Mr. Linton, and demand an apology for the slanderous and libellous words which he had circulated. Witness called at Defendant's office, and asked an apology, but Defendant refused, saying Dr. Shaver was not licensed for Upper Canada, and could not practice legally without the Governor General's license. Defendant said he did not care what Plaintiff held from Lower Canada, he could not practice in Upper Canada without the Governor's license.

Sheriff Modderwell being sworn saith,—I know the parties in this action; the Plaintiff has always attended my family professionally. In a conversation with the Defendant with regard to sending away a lunatic to the Provincial Asylum, the following interview took place. Witness asked Defendant when are we going to send that lunatic away to the asylum. Defendant replied as soon as we could get three qualified medical men to examine said lunatic. Defendant said I have already got two, and we want a third. Witness said, here is Dr. Shaver, he will do. Defendant said, no, I will not take Dr. Shaver, because he is not licensed for Upper Canada, as he has not the Governor's license; and Defendant said he wondered that witness had not more *pluck* than to employ the Plaintiff after what had been said about witness and Defendant in the "British American Journal" for Montreal.

John M. Robb, Esq., ex post-master, being sworn saith,—Dr. Shaver is my family attendant; some time since I received a bill from the Plaintiff for medical attendance and refused to pay it, thinking the bill rather large; and as I had

gathered from Mr. Linton's letters, which had been circulated very freely through the post-office, that Dr. Shaver was not licensed, and could not recover, I therefore refused to pay the account. I was also advised by another medical man, a Dr. Hyde, not to pay the bill, as Dr. Shaver had no license and could not recover. The amount of the bill was twenty dollars. I paid the Plaintiff's attorney the sum of twelve dollars, and refused to pay any more, as I thought the Plaintiff unlicensed, and therefore could not recover. Had I thought Dr. Shaver licensed I would have paid the bill without any further trouble. Witness noticed at different times a great many of those letters or "*Extras*" circulated through the channel of the post-office, and directed by Mr. Linton to different parties throughout the country.

This closed the evidence for the Plaintiff, and the Defendant called no witnesses, but pleaded justification. The defence urged upon the Court and jury that Dr. Shaver was not qualified for Upper Canada, as the clause of the statute distinctly stated, "but subject to the same laws which other practitioners are subject in that part of the Province in which he practices," and consequently one of their laws of Upper Canada was to obtain the Governor's license.

His Lordship Hon. Judge Richards then charged the jury. He said, Gentlemen, this is an action brought by a medical gentleman, Dr. Shaver, against Mr. Linton, Clerk of the Peace, for stating and publishing that the Doctor was not legally qualified to practice physic and surgery, &c., &c., in Upper Canada upon the strength of a license from the College of Physicians and Surgeons of Lower Canada. The law is so plain that he conceives there cannot be a doubt upon the point. It reads thus: "Any person who is licensed or legally authorized to practice as a physician or surgeon, or both, either in that part of the Province called Lower Canada, or that part of the Province called Upper Canada, may practice in any part of the said Province; but subject to the same laws which other practitioners are subject in that part or portion of the Province in which he practices."

The counsel for the defence has urged that the latter clause means that the Lower Canada licentiate shall take out a Governor General's license before he commences to practice in Upper Canada. But, gentlemen, it is my duty to instruct you in the law as it stands upon the statute book. The passage simply means that the Licentiate shall conform to all the laws which are enacted for the benefit of the profession in that part of the Province in which he shall so practice; also that he shall be subject to be prosecuted for mal-practice, &c., &c., the same as other practitioners in that portion of the Province in which he practices.

I therefore rule that Dr. Shaver is a legally qualified medical practitioner for Upper as well as for Lower Canada. You will therefore find a verdict for Plaintiff, with what amount of damages you may think proper.

The jury then retired, and in a few minutes came into court with a verdict for Plaintiff, and five shillings damages.

COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

We were extremely desirous of furnishing the profession of the Lower Province the proceedings of the meeting of the College held in Quebec on the 9th of

October last. And although we have delayed the appearance of the Journal to the latest possible moment, we are not put in possession of them, although the Montreal Secretary has telegraphed and written for them repeatedly. We cannot comprehend this at all, as the meeting, once held, its minutes should be known to the members at once. The cause of this withholding of the minutes is a matter of the greatest surprise to us.

To the Editor of the British American Journal.

SIR,—You will oblige me by publishing the following correspondence, in the next issue of the Journal; the subject of it having formed a portion of the proceedings of the last semi-annual meeting of the College of Physicians and Surgeons of Lower Canada.

I feel it as much my duty to lay it before the profession, and the public, as I did to call the attention of the Executive to a practice that I advisedly denounced as novel and barbarous, in consequence of the action taken by the College in the matter. It will be seen that notwithstanding the *assertion* of the Secretary, Mr. Wells, that "delivering lectures at the bedside is still an open question at the different* schools, those on the Continent almost universally adopting the course complained of by Dr. Marsden," the trustees had made up their minds on the subject, and pronounced the practice "objectionable," and ordered it to be discontinued. Now although that portion of the profession which has had the advantage of attending the practice of European Hospitals knows the foregoing statement to be as fabulous as fallacious, the public and the government (which is not composed of physicians) may not; and I therefore respectfully request Mr. Wells to name a solitary one of the continental schools worthy of the name, that adopts "the course complained of by Dr. Marsden; and I will at once make the *amende* by admitting that I have exceeded my duties. The fact is, Mr. Editor, that the gentlemen who have written and said most on the subject, seem to know least about it, as they hardly appreciate the difference between *clinical lectures* and *clinical remarks*, or *observations*, which latter are universally delivered at the bedside of the patient.

To conclude, I would seriously advise such of your readers as take any interest in this subject to read the letter of Dr. Landry, contained in the July number of your Journal, page 214, wherein he proves to a demonstration that they are no "servile copyists" at Laval University, but have the real merit of originality.

I have the honor to be, Sir, your obedient servant,

W. MARSDEN, M. D.,

President of the College of Physicians and Surgeons of Lower Canada; Fellow of the Medico-Botanical Society of London; Hon. Member Berkshire Medical Institute and Lyceum of Natural History; Corresponding Fellow of the Medical Society of London; Hon. Fellow Montreal Pathological Society; Honorary Fellow of the Medico-Chirurgical Society of New York, etc. etc. etc.

Quebec, 22 Nov., 1862.

* Query. Indifferent?

To the Honorable the Provincial Secretary.

HONORABLE SIR,—I deem it a paramount duty as President of the College of Physicians and Surgeons of Lower Canada, respectfully to call the attention of the executive government to a system that obtains in the Marine and Emigrant Hospital of this city, which is dangerous to the health and safety of the patients, and contrary to established practice.

It is to my knowledge, that Dr. Landry, one of the physicians of that institution, is in the habit of delivering lectures at the bedside of the patients under his charge, and within the hearing of the persons to whose cases the lectures refer.

I feel confident that it will only be necessary to call the attention of the medical Trustees of the Hospital to the fact, in order to put an end to so novel, but barbarous a practice.

I have the honor to be, Honorable Sir, your obedient humble servant.

W. MARSDEN, M. D.,

President of the Col. of Physicians and Surgeons, Lower Canada.

Quebec, 24th July, 1862.

Secretary's Office, Quebec, 4th August, 1862.

SIR,—In reply to your communication, without date, complaining that lectures are delivered at the bedside of the patients in the Marine and Emigrant hospital, I have the honor, by command of his Excellency the Governor-General, to enclose to you, herewith, copy of the report of the Trustees of the Hospital on the subject.

I have the honor to be, Sir, your most obedient servant,

(Signed,) E. PARENT.

W. Marsden, Esq. M. D.,

President of the College of Physicians and Surgeons, L. C., Quebec.

Marine and Emigrant Hospital, Quebec, 4th August 1862.

SIR,—I have the honor to acknowledge the receipt from the Secretary's office of a letter from Dr. Marsden without date, calling the attention of the executive to the subject of the clinical lectures delivered in this hospital; and am instructed by the Trustees to state in reply that the matter had already occupied the attention of the Board at its session on the 18th June last, as will be seen by the resolution passed on that day, and a copy of which I have the honor to enclose.

The advantage or disadvantage of delivering lectures at the bedside is still an open question at the different schools, those on the continent almost universally adopting the course complained of by Dr. Marsden.

I have the honor to be, Sir, your obedient servant,

(Signed,) P. WELLS,
Sec. and Treas.

The Honorable A. A. Dorion.

Provincial Secretary Quebec.

An abstract of the minutes of a meeting of the trustees of the Marine and Emigrant Hospital of Quebec, held on the 18th June, 1862.

Resolved, That the Secretary do write and inform Drs. Jackson and Landry that in the opinion of the Board the practice heretofore adopted, of giving the clinical lectures in the presence of the patients, is objectionable; and that the above named gentlemen be requested for the future, to make their clinical* remarks in the room known as the reading room.

A true copy,

(Signed,)

P. WELLS.

Sec. and Treas.

Certified.

Secretary's Office, Quebec, 4th August, 1862.

EDITORIAL SUMMARY.

THE NECROLOGY OF CHLOROFORM.

A meeting of the Western Medical Society of London, reported in the *Medical Times and Gazette*; Dr. Sansom remarked that he considered that, at the highest estimate, the number of deaths from chloroform to the number of inhalations bore the proportion of one to ten thousand. Various considerations, however, occurred to show that this should be very much more favourable. In the first place, it was very probable that several of the deaths were from shock or fright, and not from chloroform; and in furtherance of this view was the fact that half of the number of deaths occurred before the commencement of the operation for which chloroform was administered. Another avoidable circumstance increasing the death rate was supposed to be carelessness and laxity in the administration of the vapor. Circumstantial records of thirty-four cases of death which have occurred since the publication of Dr. Snow's work, were presented; the author combined them with those recorded in that volume, and offered an analysis of their most salient points. In cases of death the proportion of males and females is about two to one, and this seemed to the author strange, since the anæsthetic is so largely used in midwifery. The average age for death is thirty to forty. It certainly seems that the strong and healthy stand a worse chance than the debilitated; but of all states of the system, chronic or acute, alcoholism the most predisposes to death. Extensive disease of the lung occasionally disposes to death from asphyxia; disease of the heart probably does not influence the mortality. Dr. Sansom strongly deprecated the administration of chloroform sprinkled on handkerchiefs, etc., basing this not only on the observed fact that a highly-charged atmosphere (5 per cent. Snow, 8 per cent. Lallemand, Perrin, and Duroy) was fatal to animals, but on the circumstance that of all the cases which he had collected only two were mentioned as occurring wherein a proper inhaler had been used. Of fifty-one cases thirty-eight declared their danger by sudden stoppage of the pulse. Five deaths occurred in which there was manifested great muscular excitement, collapse immediately following; these were all strong men in their prime. Sudden vomiting and then death occurred twice; congestion of the face was the most marked sign in six, and cessation of breathing in eight cases. Dr. Sansom considered that death occurs both by asphyxia and by syncope—in animals by palsy of respiration, the heart being "ultimum moriens;" in man occasionally from this cause, but more frequently from palsy of the heart, the respiration outliving it. In animals a constant sign on post-mortem examination is distension of the right chambers of the heart; in man this is a frequent, but still

far from a constant sign. Fluidity of the blood, and a dark color thereof, occur almost invariably. The following were the author's conclusions:—In animals death occurs by asphyxia, and begins in the brain. In man death occurs by asphyxia or syncope, and begins in the brain, in the heart, or in the lungs. Artificial respiration is the only reliable means for restoration in critical cases. Galvanism of the phrenic is valuable where the means are at hand. Before anything is done the tongue should be well drawn forward, and the mouth and throat cleared from mucus.

BOOKS, &c., RECEIVED.

- ON OVARIAN DROPSY, ITS NATURE, DIAGNOSIS, AND TREATMENT—THE RESULT OF THIRTY YEARS EXPERIENCE. By J. Baker Brown, F.R.C.S., &c., &c. London: John W. Davies, 1862. Small 8 vo. pp. 283.
- CLINICAL ESSAY ON THE MINERAL WATERS OF Eaux Bonnes (Pyrenees), AND THEIR VALUE IN CONSUMPTIVE DISEASE. By Dr. Lucien Leudet. London, 1862, Phltd, pp. 22.
- MEDICINE A SCIENCE.—An Address delivered before the Medical Class of the University of Vermont, by Charles L. Allen, M. D. Burlington, 1862, Phltd. pp. 23.

BIRTHS, MARRIAGES, AND DEATHS.

BIRTHS.

ROSS—At Claremont, on Saturday ths 8th ult., the wife of Dr. W. Ross of a daughter.

At St. Martin, Isle Jesus, on the 9th inst., the wife of J. C. Poitevin, M.D., of a son.

MARRIAGES.

At Brockville, on the 23rd ultimo, at the residence of the bride's uncle, John Ross, Esq., by the Rev. Archdeacon Lauder, Wm. Denmark, of Seymour, to Georgiana, eldest daughter of Geo. Dunham, M.D., of Brockville.

At Chambly, on the 21st instant, by the Rev. Joseph Braithwaite, M.A., assisted by the Rev. Canon White, William Wilson, jr., M.D., of Quebec, to Frances, eldest daughter of the late Charles MacDonnell, Esq., formerly of H. M.'s 85th Regiment.

At the residence of the bride's father, on the 31st of Oct., by the Rev. J. Greenfield, the Rev. Archibald McDiarmid, of Wallacetown, C.W., to Mary Ann, sixth daughter of James Grant, M.D., of Martintown, Glengarry, C.W.

DEATHS.

At the residence of his uncle, Charles C. Fuller, East Farnham, on the 5th October, of Laryngeal Phthisis, Sylvanus Colby Glims, on the 19th year of his age, only son of Dr. Glims H. of Danville, C. E.

At Aylmer, on the 28th instant, Ruggles Howard Erskine, son of Ruggles Church, M.D., aged 2 years and 4 months.

At St. Johns, at the residence of his uncle, Nelson Mott, Esq., on the 21st inst., of congestion of the lungs, contracted at Washington while in the discharge of his duties as Staff Surgeon, U. S. A., George E. Pattee, M.D., aged 26 years.

At his Seat, on Oct., 21st, Sir Benjamin Collins Brodie, aged 79. In 1819 he was appointed Prof. of Anatomy to the Royal College of Surgeons; and in 1827, after the death of Sir Astley Cooper, became Surgeon to the Royal Family, and attended George IV. in his last illness. In 1850 he received the degree of D.C.L., from Oxford, and his Baronetcy from William IV., in 1834. When Queen Victoria ascended the throne, he was retained as Sergeant Surgeon to the Royal Family; and was until his death the personal and attached friend of the Queen. His last official appointment was the Presidency of the Royal Society, to which he was elevated in 1858. He followed the Duke of Wellington during his campaigns, and enriched the stores of Surgery by several most important literary contributions.

In Hamilton, on the 14th instant, Robert John, infant son of Dr. J. D. Macdonald, aged 15 months.

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT MONTREAL IN OCTOBER, 1862.

By Archibald Hall, M.D.

Day.	DAILY MEANS OF THE										THERMOMETER.		WIND.		RAIN AND SNOW.			GENERAL OBSERVATIONS.
	Barometer reduced to 32° Fahr. to P.M.	Temperature of the Air.	Dew Point.	Relative Humidity.	Ozone.	CLOUDS.		Maximum read at 9 P.M.	Minimum read at 7 A.M.	Its general Direction and Mean Force from 0 Calm to 10 Violent Hurricanes.	Rain in 24 hrs read at 10 A.M.	Snow in 24 hrs read at 10 A.M.	Total rain and melted snow.					
						Amount.	General description.											
1	30.24	43.8	38.2	74	7.0	7.5	Cu. St.	54.2	35.0	E.	0.10	Inch.	Inch.	Inap.	Hoar Frost.			
2	30.058	55.2	50.0	32	8.5	9.6	Cu. St.	59.2	48.6	S.	2.0	.....	.....	.....	
3	30.104	61.2	53.1	75	10.0	9.6	Nimb.	67.0	55.2	W.N.W.	0.3	Inap.	Inap.	.....	Thunderstorm at 1 p.m. Au. [Streamers]		
4	29.638	50.0	50.6	62	10.0	9.6	Nimb.	75.4	54.6	S.	0.06	.....	0.06	.....			
5	30.102	63.0	40.2	63	6.0	3.5	Cu. St.	63.4	47.8	W.N.W.	2.3	0.44	.....	0.44	.....		
6	29.996	52.5	43.7	76	9.0	7.0	Cu. St.	58.4	41.6	S.	1.0	.....	.....	.....	
7	29.719	61.4	57.5	90	10.0	10.0	Nimb.	63.3	58.0	Calm.	0.0	0.05	.....	0.05	.....		
8	29.678	75.7	64.7	71	7.5	1.0	Cir. St.	82.6	61.2	S.W.	2.0	0.34	.....	0.34	.....		
9	29.897	71.2	59.7	71	10.0	8.0	Cu. St.	83.2	63.2	W.	2.0	0.04	.....	0.04	.....		
10	30.111	55.0	43.1	79	10.0	7.5	Nimb.	65.2	49.0	N.N.E.	3.3	Inap.	Inap.	.....	.....	
11	29.388	48.5	43.1	83	8.5	6.0	Cu. St.	54.0	41.7	N.N.W.	2.0	0.35	.....	0.35	.....		
12	30.194	48.3	40.7	77	8.0	2.0	Cu.	57.0	40.0	S.	3.0	.....	.....	.....	Hoar Frost. Hoar Frost Auroral light.
13	29.985	50.0	43.6	81	7.5	5.0	Cu. St.	56.2	39.6	S.S.E.	2.0	.....	.....	.....	
14	30.002	50.1	44.2	84	7.5	4.5	Cir. Cu.	59.6	39.5	S.W.	2.6	.....	.....	.....	.....
15	30.225	58.8	28.5	67	5.5	1.3	Cir. Cu.	53.5	35.6	E.	1.0	Inap.	Inap.	.....	.....	
16	29.956	21.6	36.7	87	9.0	10.0	Cu. St.	49.4	23.6	S.E.	1.6	.....	.....	.....	Ice formed on pools, this a.m.
17	29.944	52.2	46.2	84	10.0	9.3	Cu. St.	53.0	41.2	N.W.	1.3	0.55	0.55			
18	30.199	51.8	44.9	82	8.5	6.0	Cu. St.	59.7	47.6	W.S.W.	1.6	.....	.....	.....	.....
19	29.754	47.3	40.3	85	7.5	2.0	Nimb.	56.7	44.7	W.N.W.	3.6	Inap.	Inap.	.....	.....	
20	29.993	30.3	30.4	77	6.5	9.0	Cu.	45.6	32.0	W.	2.0	0.08	0.08	Ice on pools early a.m. Heavy gale during day.		
21	29.531	40.5	34.3	83	10.0	10.0	Nimb.	50.5	34.6	S.	5.0	.....	.....	.....	
22	29.310	43.2	38.5	82	10.0	10.0	Nimb.	51.7	43.5	W.N.W.	1.0	0.42	.....	0.42	.....		
23	30.061	38.6	30.9	76	7.5	5.3	Cu.	53.6	34.9	W.N.W.	1.3	0.23	Inap.	0.23	.....		
24	30.007	43.9	32.0	75	10.0	10.0	Cu. St.	54.6	32.8	S.	3.6	.....	.....	.....	.....
25	30.207	40.3	32.5	75	9.0	10.0	Cu. St.	53.4	36.3	N.N.W.	1.3	0.24	.....	0.24	.....		
26	30.254	34.9	30.3	88	10.0	10.0	Nimb.	38.0	31.0	N.N.E.	1.0	.....	.....	.....	Snow, sleet changing to rain.
27	29.894	35.7	34.5	88	10.0	6.0	Nimb.	42.2	32.0	N.W.	1.0	Inap.	8.00	1.12			
28	30.130	33.7	30.5	76	8.5	4.3	Cir. St.	44.0	29.8	S.S.W.	1.0	Inap.	Inap.	Inap.	.....		
29	30.032	41.8	36.4	84	10.0	10.0	Cu. St.	46.0	34.8	S.W.	1.0	.....	.....	.....	.....
30	30.438	42.7	37.9	87	10.0	10.0	Cu. St.	46.2	36.8	S.W.	1.3	0.07	.....	0.07	.....		
31	29.847	45.5	40.7	87	9.0	6.0	Cir. Cu.	53.2	39.9	W.	1.0	0.02	.....	0.02	.....		
S's																		
M's	29536	40.04	41.98	803				56.74	41.75			1.12	8.00	4.01				

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT TORONTO IN OCTOBER, 1862.

Compiled from the Records of the Magnetic Observatory.

Day.	DAILY MEANS OF THE						THERMOMETER.		WIND.		RAIN AND SNOW in 24 hours, ending at 6 A.M. next day.			GENERAL REMARKS.		
	Barometer reduced to 32° Fahr.	Temperature of the Air.	Relative Humidity.	Amount of Cloudiness.	Max. in read at 6 A.M. of next day.	Min. in read at 2 P.M. of same day.	Dew Point at 3 P.M.	General Direction.	Mean Velocity in Miles per hour.	Rain.	Snow.	Total rain and melted Snow.	Ozone in 24 hours ending 6 A.M. of next day.			
1	29.7472	50.27	92	10	55.2	43.0	47.0	N. 60 E.	5.83	0.085	0.10	Dense wetting fog. Bright Aurora. Hoar frost a.m.		
2	.6067	58.47	96	10	63.2	51.4	60.0	S. 53 E.	0.65	.057	.....	.087	.....		
3	.6433	60.80	97	10	62.5	55.9	61.5	N. 78 E.	3.53	.565565	Sheet lightning at night.		
4	.4992	61.03	72	7	73.8	59.5	59.0	N. 86 W.	17.21	.072	.....	.072	.....		
5	Sunday				60.0	40.4		N. 28 W.	3.88	Rainbow a.m.		
6	.5555	54.63	85	10	65.0	39.0	54.0	S. 23 W.	4.76	.185	.....	.185	.....		
7	.8917	67.55	88	4	74.0	55.4	69.5	S. 41 W.	6.32	Inap.	Inap.	Faint Aurora.		
8	.3937	69.38	77	6	76.6	64.0	63.0	S. 52 W.	10.89	.175	.....	.175	.....		
9	.7803	54.95	78	10	58.8	55.5	48.5	N. 7 W.	3.29	.030030	Very severe thunderstorm 8 to 9 p.m. large quantities of hail.		
10	.6338	48.42	86	10	52.8	49.8	45.0	N. 1 E.	9.53	.270	.....	.270	.....		
11	.7502	46.15	76	5	55.0	43.6	47.5	N. 20 W.	5.58	.050	.....	.050	.....		
12	Sunday				52.6	35.0		N. 73 E.	3.81	Aurora. Hoar frost. Aurora.		
13	.6758	50.10	85	6	53.4	42.0	49.5	N. 79 E.	1.30	.....	.....	.....	.....
14	.6910	46.02	83	8	58.2	40.4	45.0	N. 25 W.	8.34	.....	.....	.....	.....
15	.8213	38.92	81	10	42.0	34.8	34.5	N. 63 E.	3.43	.....	.....	.....	.....
16	.4817	47.03	90	9	49.4	38.0	41.0	S. 44 W.	3.92	.035035	Faint Aurora.		
17	.7038	44.98	74	3	53.5	40.8	37.0	N. 65 W.	4.78	.....	.....	.....	.....
18	.7882	47.70	79	2	61.2	33.0	49.5	S. 25 W.	5.08	.....	.....	.....	.....
19	Sunday				55.0	45.2		N. 61 W.	13.76	.020020	Particles of snow. Slight snow.		
20	.6150	42.78	76	8	51.8	29.5	39.0	S. 21 W.	9.09	.....	.....	.....	.....
21	.1168	43.77	87	10	51.8	43.4	47.5	S. 56 W.	7.40	.635	.....	.635	.....		
22	.3430	42.77	76	8	48.2	40.2	36.0	N. 67 W.	16.57	Inap.	Inap.	Lunar halo.		
23	.8585	33.23	83	5	45.0	33.2	31.5	S. 83 W.	4.80	.040	.....	.040	.....		
24	.6628	47.45	77	10	56.0	34.5	46.5	S. 79 E.	11.67	.100	.....	.100	.....		
25	.9735	35.37	85	10	39.0	36.0	31.5	N. 12 W.	6.50	Inap.	Inap.	Indian Summer.		
26	Sunday				31.8	29.0		N. 14 E.	5.57	.....	.....	.....	.....
27	.5402	34.77	83	6	45.0	26.2	30.5	N. 47 W.	3.82	.....	.....	.....	.....
28	.6478	40.43	86	10	45.4	31.5	39.0	S. 14 E.	3.29	.315	.....	.315	.....		
29	.7022	42.13	83	6	49.0	40.0	39.0	N. 88 W.	7.33	Inap.	Inap.	.....	.....	
30	.6472	44.75	79	3	53.5	32.8	45.0	S. 24 W.	3.70	Inap.	Inap.	.....	.....	
31	.5188	51.17	71	1	59.0	40.8	46.0	S. 42 W.	6.42	.....	.....	.....	.....
S's																
M's	29.6188	48.70	82	7	54.80	41.43	46.15	N. 78 W.	6.52	2.681	0.5	2.734				