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THE
UPPER CANADA JOURNAL

OF
Medical, Surgical, and Physical Science.

JANUARY, 1852.

ORIGINAL COMMUNICATIONS.

ART. XLIV.—*Case of Sclerema—or induration of the subcutaneous cellular tissue.* By NORMAN BETHUNE, M.D., Toronto.

C. A., æt. 17, in her first pregnancy, was taken with labour pains at eight, p. m., December 28th, 1851. She stated that she had arrived at the full time, but noticed it as remarkable that she had never complained, as women are wont to do in her condition, and that she had experienced no sickness at stomach till three days before she was taken in labour. The mammary glands were large, but flaccid, and presented the areola of the full period of utero-gestation. The abdominal tumour was so small, that a stranger might not thereby have suspected her pregnancy. She had once or twice experienced falls upon the ice in the course of the present winter. She was delivered of a female child twenty-two hours from the accession of pains, nothing remarkable having in the meantime occurred. The child struck me as being the smallest I had ever seen at the full period. Its weight was barely over three pounds, and its length from crown to heel about fifteen inches. (The average weight at this period is seven pounds, and the length twenty inches.) In other respects the child was perfectly developed, the condition of the nails and hair, and the position of the umbilicus, being such as to indicate the complete term of uterine life.

The limbs were well clothed with muscle, but rendered almost wholly immovable from the extreme tightness of the skin, which was hard, resisting, and of a morbidly red colour. This condition of the integument was pretty general throughout the body, but was much less marked about the face. It was particularly tense in

the region of the pubes and perineum, producing an evolution of the mucous membranes of the vagina and rectum. The oral aperture at times assumed an orbicular shape, while the surrounding skin took on a purplish or dusky hue. The temperature of the surface was much diminished. There was no appearance of œdema.

As soon as respiration was sufficiently established, it was wrapped in warm flannel, and afterwards well washed and bathed in warm water, soon after which it cried out lustily; but this cry gradually fell away to a moan, which continued till its death, which happened five hours after birth, the tension of the skin having become more general, and having increased to such an intensity as to induce a change in its colour. This colour, which was a dark purple, was first noticed in the hands and feet, and thence pervaded the entire body. Death was ushered in by a general tetanic spasm.

We have here an example of what may be termed the acute form of that fatal but fortunately very rare affection known as the skin-bound disease, the œdematie concrete, or sclerema of French authors. It is not distinctly mentioned till 1716, when Usemborzius published a case of it. Since that time we have had good descriptions of it by Dr. Underwood and M. Andrij, as it appeared with some variations in the London and Parisian Hospitals respectively. It occurs rarely, and then only as an endemic, in England, and it is not so liable to complication with tetanic spasm and erysipelas, as it is in France. Dr. Denman collates the following symptoms as pathognomonic of (the chronic form of) the disease:—

1st. The skin is always of a yellowish white colour, giving the idea of soft wax.

2nd. The feel of the skin is hard and resisting, but not œdematous.

3rd. The cellular membrane is fixed in such a manner that the skin will not slide over the subjacent muscles; not even on the back of the hands where it is usually very loose and pliable.

4th. The stricture often extends over the whole body, but the skin is particularly rigid in the parts of the face, and on the extremities.

5th. The child is always cold.

6th. The infant makes a peculiar kind of moaning noise, which is often very feeble, and never cries like other children.

7th. Whatever number of days such children may survive, they always have the appearance of being dying.

In two respects the case before us presented variations; the skin was of a deep red colour from the first, and the stricture more rigid about the body and extremities.

In speaking of the induration of the subcutaneous cellular tissue of early infancy, Dr. Davis remarks that the disease usually comes on just after birth: it is sometimes delayed for two or three days,

while in some very rare instances (as in the present) the disease has been present at birth. He notices that the subjects of its attack are always weak and puny, and have a peculiar complaining sort of cry, not a little pathognomonic of their condition. As the disease gains ground, the respiration gradually grows more feeble, the face assumes a purplish hue, all the symptoms of suffocation arise, and death takes place by asphyxia. The body retains all the peculiar external appearances which characterize the disease during life. Having unfortunately been deprived of the opportunity of making an examination of the body *post mortem*, I am unable to speak of the appearances. I may however allude to a few characters noticed by Dr. Davis in his dissections. The cellular tissue, instead of being compact (or indurated) was filled with a serous or albuminous fluid, either limpid or tinged with blood, the tissue remaining soft and flaccid as the fluid oozed out, and the skin which before was hard and tense now rolling under the finger. There was venous congestion every where to be seen; the lungs, liver, and all the soft parts apparently gorged with blood. M. Andrij constantly met with a deep yellow serous extravasation, fluid, but capable of coagulation by heat; the fat peculiarly solid, the glands and lymphatics, especially those of the mesentery stuffed, and the liver uncommonly large, with a great quantity of deep-coloured bile in the gall bladder; the lungs loaded with blood, and containing an unusual quantity of air.

The cause of the disease has not been properly accounted for. The affection, as before stated, is usually endemic, arising probably from foul air, as it chiefly attacks the poor, and is generally met with in large crowded hospitals. Little can be said with respect to treatment. A remedy may succeed on one occasion and fail on another. Among those which appear to have been most beneficial are the warm and vapour baths; dry friction with warm flannels; blisters to the extremities, and at all times a strict attention to the state of the bowels from the onset of the disease.

ART. XLIV.—*Cases of Operation for Cataract, chiefly at the Toronto General Hospital.* By W. R. BEAUMONT, F. R. C. S., Eng.—Continued from page 365.

CASE 7.—Cataract (lenticular) of the right eye, complicated with obliterated pupil, altered form of globe, and diminished size of cornea,—the consequence of gun-shot wound. Left eye quite amaurotic. Extraction of cataract. Prognosis very unfavourable.

Henry Fruin, æt. 36, was admitted into the Toronto Hospital August 15th, 1817. He stated that about six months before his admission he had received part of a charge of shot in the face, by

which both eyes had been wounded, and the vision of both destroyed. On admission, the pupil of the right eye was perfectly closed, but there was a small aperture in the iris, near its circumference at the upper and temporal side, through which was seen an opaque lens. The globe was flattened in two or three places, and the cornea of diminished size. With this eye he could distinguish light from darkness. He was a stout, plethoric subject, and therefore was put on low diet, and occasionally purged for about ten days before the operation; and two or three days before its performance was bled $\frac{2}{3}$ xx.

August 24.—I operated by making a semicircular section of the lower half of the right cornea, at the same time dividing the opposite part of the iris. I then introduced Maunoir's scissors, and divided the iris vertically through its middle. With the scoop I then extracted several portions of an opaque lens, and lastly excised a small piece of the iris, which seemed adherent to the whole of the anterior capsule.

Aug. 30 (six days after operation).—There had been up to this day scarcely any pain in the eye, to which iced water had been almost constantly applied, but to-day pain had been felt, and he was ordered to take night and morning 2 grs. of calomel, with $\frac{1}{2}$ gr. of opium. The wound in the cornea appeared united; some blood was seen behind it in the anterior chamber, and the sclerotic conjunctiva was somewhat injected.

Sept. 4 (eleven days after operation). The gums were rather sore, and the pain in the eye less. The calomel and opium discontinued.

October 6 (six weeks after operation). The eye had been quite free from inflammation for the last three or four weeks; there was a good sized artificial pupil, but no improvement in vision.

The prognosis was unfavourable in this case. First, from the probably amaurotic state of the eye; and secondly, from structural changes which rendered the removal of the cataract a more difficult and complicated operation than extraction performed upon an eye affected only with cataract.

Case 8.—Cataract of the right eye, complicated with displaced, adherent, and much contracted pupil. Left eye disorganized. Extraction of cataract. Prognosis unfavourable.

John Buller, æt. 27, was admitted into the Toronto Hospital, June 3, 1848. He stated that rather more than three years before his admission the left eye had been struck by a piece of red-hot steel, which was followed by inflammation and destruction of the eye. Soon afterwards the right eye became inflamed, and without any mechanical injury being done to it, probably from sympathy with the first affected eye.

June 8.—I operated as in the preceding case, by making with Beer's knife, a section of the lower half of the cornea, and at the

same time a small incision in the lower part of the iris, and then, with Maunou's scissors, divided the iris vertically, by which a good sized pupil was formed. Through this opening a small opaque substance was extracted, but the wounded iris bleeding freely, the anterior chamber was soon filled with blood, so that nothing further could be seen as to any remains of the cataract. Some vitreous humour and some blood escaped through the opening in the cornea. Cold water dressing to be constantly applied over the eye.

June 9.—(Twenty-four hours after the operation.) Slight pain in the eye.

Pulse 80. V. S. ad. $\frac{5}{3}$ xx.

June 12.—(Four days after operation.) No pain in the eye.

July 13 (five weeks after operation.) The cornea and aqueous humours were quite transparent, and a good artificial pupil extended from the centre to the lower and outer part of the iris; but behind this opening was seen the remainder of the cataract.

August 22 (nearly eight weeks after operation.)—The eye had for some weeks past been very irritable, for which blisters to the temple, behind the ear, and to the neck, had been applied without permanent good, and he was now sent into the country for change of air. The remains of the cataract were still visible, and his sight not in any degree restored by the operation.

October 23 (between four and five months after operation.)—I found what appeared to be a piece of opaque capsule in the artificial pupil, and adherent to the cornea. With Scarpa's needle I endeavoured to detach it from the cornea, but failed. On pressing backwards the opaque substance with the needle's point, the force also carried back the cornea, so firm was the adhesion. He left the hospital without regaining the least vision, and I believe the eye became eventually disorganized.

The prognosis in this case was unfavourable—first, from the changes which had taken place in the iris; and secondly, from the probability of the retina having been involved in the first inflammation.

Case 9.—Cataract of both eyes. (Capsulo-lenticular of left eye, lenticular of right). Perception of light good. Not complicated with any other apparent structural change. Extraction performed on both eyes. Prognosis favourable.

John McNicholas, *æt.* 58, was admitted into the Toronto Hospital, June 29, 1848. He stated that he had been longest blind of the right eye, the sight of which began to fail more than two years before his admission, and had been quite useless for the last year; and the left eye, he said, had been useless for the last three or four months. He could readily perceive the passage of an opaque body between either eye and the light, and the pupils contracted and dilated freely in different intensities of light.

July 4.—The pupils being very little dilated by the belladonna

applied, I made a section of the upper half of the right cornea a through which I extracted with some difficulty the lens, which was large, rather hard, and of pale amber colour.

With the left eye, I was less fortunate, for after puncturing the cornea and carrying the knife across the anterior chamber, the iris bulged like a bag over the edge of the knife, which accident I conceive results from great pressure being made by the recti muscles on the contents of the globe behind the iris, some aqueous humour having escaped. I withdrew the knife, and left the operation on this eye for a future time. Prolapsus of the iris through the puncture in the cornea immediately followed, but the protruding portion was easily pushed back by the scoop, and the pupil contracting to a very small size, the iris was quite disengaged from the opening in the cornea.

Iced water was constantly applied over the eyes, but some pain coming on, two grains of calomel, with half a grain of opium were given every sixth hour.

July 8.—(Four days after operation.) No pain in the eyes.

July 27.—(Twenty-three days after operation) With the right eye he could tell the number of fingers held before him, but in the pupil were seen some slight remains of the cataract.

July 29.—(Twenty-five days after operation.) He could see the hour by a watch without the aid of a convex glass.

Sept. 7.—(Nine weeks after operation.) He has been able for the last two or three weeks to read ordinary print with a proper glass.

Sept. 15.—I again operated on the left eye. The pupil not at all dilated by the belladonna applied. I made a section of the upper half of the cornea, through which the cataract was expelled immediately on the completion of the incision, with some vitreous humour, but without any prolapsus of the iris, as in the first attempt at extraction on this eye. Cold water dressing over the eye was ordered to be constantly applied.

Sept. 20.—(Five days after operation.) There had been no inflammation of the eye up to this time. The cornea was quite transparent, and the pupil appeared regular, but in it was a very small piece of opaque lens. The day after the 20th some considerable pain was felt in the eye, which lasted two or three days, and for which he was bled to twelve or sixteen ounces, and took calomel and opium.

Oct. 1.—(Sixteen days after operation.) No pain in the eye for the last week. He could see the number of fingers held before this eye, but the pupillary margin of the iris had become in places adherent, leaving however a good sized pupil. The wound in the cornea did not unite wholly by adhesion. He left the hospital three or four weeks after this, having tolerably good vision of both eyes, but best of that first operated on.

A few things, he said, appeared to him double, as the flame of a candle and the moon, but he could read ordinary print without any appearance of the letters or lines being indistinct or double. Two or three years afterwards I heard that his sight remained very good, and that he was still following his occupation as a pedlar, at Kingston or the neighbourhood.

(To be continued.)

Reviews.

Materia Medica and Therapeutics, by JOHN B. BECK, M.D. Prepared for the press by C. R. GILMAN, M.D. New York: Samuel S. and W. Wood, 261 Pearl Street.

In acknowledging the receipt of this work in our last number, we signified our intention of giving a full notice of it on a future occasion. We shall now proceed to redeem our promise. Under other circumstances our task would have been one of unmingled satisfaction; for the work before us has sufficient merits to repay for the time and attention bestowed on its perusal. But in reviewing a posthumous work, our feelings must always be of a painful character, for we cannot forget that we have lost a professional brother; one perchance who, had a longer term of life been granted to him, might have further distinguished himself, and benefitted society by his labours in the science which he had already so successfully cultivated. Yet in many instances, our sorrow is not unalloyed; there mingles with it a sentiment of pleasure, when we reflect that, although the author has gone from among us, he still lives in the works that he has bequeathed to us. In the present instance, shall we not be justified in saying—*pars vitabit Libitina*. The work is dedicated to the Alumni of the College of Physicians and Surgeons of the University of New York by the editor, Dr. Gilman, who as we learn from the preface was requested to undertake the labour of preparing it for the press. A friendship of twenty-five years, and deference to the wishes of the relations of the deceased induced Dr. Gilman to comply, but with reluctance, for, to use his own words, "he felt that, neither by previous study nor by habits of thought was he at all reasonably fitted for this task." This statement, and the circumstances under which the lectures have been published, would disarm criticism of all severity, even were there any ground for its exercise. The articles on Cod Liver Oil and Anesthetics have been written by the Editor, who is alone responsible for them, as Dr. Beck never lectured on either of these subjects. Dr. Beck did not lecture on many of the new

remedies ; he appears to have directed his attention chiefly to those medicines, the therapeutical actions of which have been well ascertained and generally admitted.

We think Dr. Beck fully justified in pursuing this course. A lecturer on *Materia Medica* should not be too fond of novelty : his time can be much more profitably employed in teaching the preparations and uses of those medicines which have received the sanction of experience. Let us not, however, be misunderstood as deprecating the use of new remedies ; we only wish to express our opinion that a lecturer on *Materia Medica* should not be too hasty in introducing new and comparatively untried remedies into his lectures, but should rather wait until their merits have been thoroughly tested by competent authorities.

The following appropriate remarks upon the adulteration of drugs are extracted from the Author's Introduction.

“ Under the head of *physical properties* I shall call your attention particularly to such circumstances as may assist you in ascertaining the purity of the article as used in medicine. This is a subject, gentlemen, of great importance, and one not sufficiently attended to. To those who know to what an extent the adulteration of medicines is carried, and how often, from this cause, the expectations of the physician are frustrated, it will scarcely be necessary to say anything to show the importance of such knowledge as shall enable the practitioner to be certain that he is really giving the medicine which he has ordered.”

We confess it is a matter of surprise to us that any physician should be found entertaining a contrary opinion. Yet it has been said, even by eminent men, as, for instance, Dr. Graves, that this knowledge is unnecessary ; that if you go to a respectable druggist and pay fair prices, you will be furnished with the best drugs and chemicals of the kind. This may be perfectly true, so long as there are some physicians who are competent judges of their qualities, and who act as a check upon druggists who may be inclined to fraudulent practices. But would it be true, if there were no members of our profession with sufficient knowledge of the subject to enable them to detect these frauds ? Would not the adulterating, even now somewhat too extensively practised, increase in the same ratio as our want of knowledge ? If our memory does not deceive us, Dr. Thomson, some years since, stated before a committee of the House of Commons, that one of the chief causes of the extensive adulteration of drugs, was the ignorance of the majority of the profession on the subject. We would refer our readers to the results of the *Lancet's* analytical commission, where they will find that some of the *most respectable* dealers in groceries &c., are amongst those who impose most largely upon the ignorance of their customers, and that high prices are no guarantee of

good quality, as some of the most impure articles were purchased at the highest prices.

The subject of the action of medicines is treated by the author with much ability, but as he does not bring forward any new views, we shall not make any extracts from this part of the book, but merely remark, that he appears to lean to the revived doctrines of humoral pathology. The different modes of introducing medicines into the system are next described, and followed by a brief exposition of the various circumstances which modify the action of medicines upon the frame.

On the classification of medicines, we cannot do better than extract the first paragraph, as it contains some very judicious remarks with which we heartily concur.

“In every department of knowledge, a general classification of the various subjects embraced in it is of the greatest utility. It simplifies the science, and thus facilitates the acquisition of it. It is, in fact, nothing more than a generalization of otherwise individual and detached facts, by some principle of common relation. Any principle may be adopted as the basis of a classification, and almost every classification will be found to give rise to new combinations and interesting analogies. It is not to be inferred, however, that it is a matter of indifference what classification is adopted; on the contrary, not a little of the interest, as well as the character of the science may depend upon the selection which may be made. The principles which, it appears to me, ought to be chiefly held in view in the construction of a classification of the *Materia Medica*, are the following:—In the first place, the basis of it should not be theories, but *well established facts*. Unless it be so, it is evident that the classification must be fluctuating in its character, at the same time that it may lead to serious practical errors. In the second place, as the great object of the science is the investigation of the effects of medicinal substances upon the human system with a view to the cure of disease, such a classification should be preferred as is best suited to the attainment of this object.”

The author objects to a classification “founded on the botanical relation between plants;” and in our judgment correctly, because there is no certain connection between the medicinal properties of plants and their affinities. Every candid inquirer must admit, that the notion of the qualities of any plant being known from the natural order to which it belongs, is a fallacy, and a dangerous fallacy, for, if acted upon, it could hardly fail of leading to mischief. There is scarcely one of the natural orders that does not contain plants having secretions of the most opposite characters. It is a mere evasion of the question to say that in many instances the active medicinal or poisonous principle is so diluted as to become inert, for neither by chemical analysis nor by experiment can the assertion be borne out.

The author equally objects to any classification based upon the chemical analogies of medicines, because we derive therefrom no information as to their physiological or therapeutical actions. In this also we agree with our author. The object of the study of the *Materia Medica* is to aid in making the student a physician, not a botanist or a chemist only, therefore an arrangement which groups together remedies according to the parts of the body on which they exert their influence, or a classification according to their general effects, being more conducive to a proper knowledge of their uses, must be better than either of the former methods.

Dr. Beck is not satisfied with a classification grounded on the special action of remedies, as the following extract will shew.

“By some, medicines have been classified according to the particular part or tissue of the system upon which they are supposed to exert a special influence. This is the basis upon which the classification of Alibert and Eberle are founded. Specious as this is, it is nevertheless obnoxious to an objection which is insuperable. With the exception of those agents which are purely local in their operation, there is no medicine which is limited in its effects to any particular part of the body. Directly or indirectly, it extends its action more or less to other portions of the system. In applying it, therefore, to individual articles, the principle of the classification is constantly violated. For example, opium, in a classification of this kind, is placed under the head of those agents which exert their influence on the nervous system; and so it does—but besides this it also exerts an influence on the vascular system, on the skin, on the liver, on the urinary organs, and thus the very principle of the classification is contradicted. So also with almost every other agent. This, therefore, can never furnish a solid foundation for a classification.”

We cannot quite agree with these observations. Is not, it may be asked, the vascular system, the hair, the liver supplied with nerves, and is not the influence of opium exerted on these nerves? If so, the principles of the classification cannot be justly said to be contradicted. Is it not even probable that opium, after having been absorbed, exercises its power upon the sentient extremities of the nerves, which they transmit to the nervous centres?

We shall conclude, at least for the present, by giving the author's classification, in his own words. It will recommend itself to the student by its simplicity, and will be found a valuable aid to him in acquiring a knowledge of the actions and uses of the different articles of the *Materia Medica*.

“From what has been said, it must be obvious how difficult, if not impossible, it must be to frame a classification that shall be unexceptionable. In the one which I propose as the basis for the present course of lectures, my only objects will be simplicity and

convenience, and I shall arrange medicines according to their more prominent and acknowledged effects on the system, first into Six Great Classes.

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| 1. Evacuants. | 3. Narcotics. | 5. Revulsives. |
| 2. Depressants. | 4. Excitants. | 6. Alteratives. |

The first class I sub-divide into nine orders, as—1st. Emetics, 2d. Cathartics, 3rd. Anthelmintics, 4th. Sialogogues, 5th. Diaphoretics, 6th. Diuretics, 7th. Expectorants, 8th. Emmenagogues, 9th. Parturients.

Of Depressants, I make three orders, viz.—1. Sedatives, 2. Refrigerants, 3. Demulcents.

Narcotics I do not divide.

Of Excitants there are four orders.—1. Stimulants, 2. Antispasmodics, 3. Tonics, 4. Astringents.

Of Revulsives two, Internal and External.

Of Alteratives two, Vital and Chemical.”

CAZENAVE & SCHEDEL'S *Manual of Diseases of the Skin. Second American Edition, translated from the Fourth French Edition, with copious Notes, References, and Corrections.* By H. D. BULKLEY, M.D. New York.

UP to the commencement of the present century, the pathology of skin diseases received comparatively very little attention in Great Britain and the Continent. This is doubtless attributable to the fact, that while in all the civilized portions of the globe, hospitals for the reception of cases of disease, either medical or surgical, abounded, and in which isolated examples (we speak relatively) of cutaneous disease were occasionally to be found, yet they did not enlist, in a general way, that sympathy from medical men which later times have secured for them. We believe we are correct in saying, that with the exception of the Small Pox Hospital in the New Road, so ably presided over by Dr. George Gregory, no other institution specially devoted to the reception of cases of skin disease is to be found in England. The magnificent Hospital of St. Louis in Paris, receiving yearly, as it does, its hundreds of cases of all the forms and varieties of disease to which the skin tissue is liable, and inviting as it has done for years past, from the extensive advantages which it thus possesses, the attendance of medical men and students from all parts of the world, may be looked upon as the great nursing mother of Dermo-pathology. Three-and-twenty years ago, the medical management of that splendid establishment was confided to Messrs. Alibert and Bielt, and we well remember the impression produced on our minds by the totally opposite manner adopted by those two great men in treating the diseases

which formed the subject of their valuable cliniques. This was mainly attributable to the entirely different nosology employed by each; for while the former employed his interminable *arbre des dermatoses* as his system of classification, with never-ending *teignes* and *dartres*, the latter selected as the basis of his arrangement what certainly appeared to us at the time the much more easily comprehended system of Willan, treating of diseases according to their external characters, without reference to their locality. Since that time, and more especially within the last few years, how much has been done in this particular department of medical science. Dr. A. T. Thomson, Mr. Plumbe, Dr. G. Gregory, and Mr. Erasmus Wilson, have all published valuable works on this subject, and translations of the most esteemed French authors have been furnished to us both in England and the United States while exception may be taken by persons so disposed to all the above, yet materials have been abundantly provided for the scientific study of this important class of diseases.

We have carefully perused the work whose title heads these remarks, comparing it with Dr. Burgess' translation of the same work, which was in our possession; and while we have always considered the latter excellent in itself, we have nevertheless very great pleasure in recommending to our brethren in Canada the former as superior in this respect, that it contains many valuable suggestions, derived from a long personal experience, both in practice and in lecturing upon these diseases in the United States. The work itself is like all those now published by Messrs. Wood, unexceptionable as to the form in which it appears, moreover it is moderate in price.

Correspondence.

NOTICE TO CORRESPONDENTS.

*M. D. refused. Mr. Wanless' request is complied with.
Dr. McCosh's letter and enclosure have been safely received.*

To the Editors of the U. C. Medical and Physical Journal.

GENTLEMEN,—In your Journal for December, I have seen that some person, under the cognomen of *Scrutator*, makes some animadversions, in a dictatorial style, on two inquests which I held lately in this town; and as *Scrutator* seems quite astray in his argument, perhaps you will permit me to put him right through the medium of your Journal. *Scrutator* says, that "Medical testimony being generally of the highest importance at an inquest, the

Coroner's Act provides, that *whenever it shall appear* to the coroner that the deceased was attended at his or her death, or during his or her last illness by any legally qualified medical practitioner, he, the coroner *may* (that is, if he thinks any additional light of importance can be thrown upon the case that is being investigated, —very good provisions—he may) issue his order for the attendance of such practitioner as a witness at the inquest; and where the deceased was not so attended, the coroner may issue an order for the attendance of any legally qualified practitioner, being at the time in actual practice in or near the place where the death happened."

Medical testimony, says Scrutator, is of the highest importance at an inquest. Well, we grant this to its fullest extent! The merest medical tyro in the profession knows this to be an axiom. But Scrutator, we apprehend, for the sake of his argument, should have shewn that there was an absence of medical testimony by the other medical attendant of the deceased, at the inquest. Mr. Scrutator should not so far have been caught overlooking the great difficulties the jury laboured under, for the want of Dr. Going's medical evidence, in their arriving at the knowledge of the cause of the death of the poor murdered man McKay. He, Scrutator, does not even attempt to prove that the verdict of the jury was a wrongful one: he does not shew that for the want of Dr. Going's evidence the murderer escaped. These things, we think, should have been alluded to by Scrutator, to make the inquest a mockery. Why, Scrutator, you certainly have been napping! Get up! arouse from your slumbers, and we shall enlighten you a little in your scrutiny; we have a desire to assist you, in your thirst after justice. Observe then the following testimony, which was submitted to the jury.

I was called upon in the afternoon of a nice day in July last to visit McKay, the deceased, in the capacity of a legally qualified medical practitioner; and being professionally engaged in the country at the time, the messenger called on the next nearest practitioner, who was Dr. Barry, a licensed practitioner. Dr. Barry went to McKay's house, and found him suffering from a wound in the "linea alba," about two inches above the pubis, and penetrating through the walls of the abdomen, which wound permitted some of the intestines to escape. Dr. Barry being sworn, testified before the jury that he pushed the intestines within the abdominal walls, and then stitched the wound, to prevent the further escape of the intestines. He considered the wound necessarily a fatal one. Such a wound might have been made with a knife, such as the one presented to Lim, which was taken from the prisoner, Mason, by Barry. In the evening, it might be about seven o'clock, I was sent for again, by Mrs. McKay. She told me what Dr. Barry had done. She told me that McKay wished to have no other medical man to attend him but myself. I replied, that I would not inter-

ferred, unless Dr. Barry consented to my attendance. She said that Dr. Barry had been drinking, and could not be found. I then went with her, and found that McKay was evidently sinking. His skin was cold and clammy. He yawned occasionally. He said that he had the feeling of death upon him, and he expressed a desire to have his urine removed from his bladder by the catheter, as he was unable to void it. The symptoms being those of fatal internal hæmorrhage, and the position of the wound being over the region of a distended bladder, made me feel apprehensive that the bladder might be wounded, and I rather expected to find blood flowing through the catheter, but nothing else than urine came away. I visited McKay several times during the night; consulted with Dr. McKenzie, in presence of Malcolm Cameron, Esq., M.P.P., about the case. Never heard of Dr. Going being in attendance on the dying man. In the morning, about a quarter of an hour before McKay's death, Mrs. McKay came to my house, wishing me to go and draw off his urine, as he felt a great desire to void it, but could not. I replied, that the desire to void the urine arose from the accumulation of blood surrounding the bladder and pressing it. The wound being what is considered fatal, any thing in the shape of the ablest medical skill was of little avail. I thought so as coroner; the jury thought so too; and the object of the inquest medically was to obtain proof that the wound was the cause of death. I summoned Dr. McKenzie, my esteemed friend, a gentleman well worthy the friendship of any man, and whose heart is in the right place. He made a *post mortem* examination of the body of McKay, and testified that McKay died of internal hæmorrhage, caused by the wound in the abdomen. Scrutator finds fault with me for calling in Dr. McKenzie to give medical evidence as McKay's medical attendant. I did not do so, Scrutator. I called him to make a *post mortem* examination, and I preferred calling Dr. McKenzie to Dr. Going, just as the ladies do, "merely because I liked him best."

Upon the evidence submitted to the jury, they found a verdict of wilful murder against Mason. Mason was found guilty by the higher tribunals of the country. Colonel Prince, Queen's Counsel, at the trial, eloquently pleaded from the "map of evidence" submitted by the coroner. The sentence of death was passed upon the prisoner, the whole course of the law and justice was maintained in its integrity, without a plan, and yet one who assumes the power to *scrutinize* the proceedings, is in such a miserable position, as to be found reasoning thus:—

"A coroner's inquest is held, medical testimony is required, medical testimony is procured, by legal practitioners. But Dr. Going is not called upon to give *his evidence*. Therefore, the conducting of the inquest is extraordinary, it is a mockery of justice, and a subversion of the real object of the coroner's inquest."

Perhaps Scrutator thinks the real object of a coroner's inquest to be the employment of Dr Going alone, with an order on the treasurer; that is the inference from his argument! Coroners of the province of Canada, to prevent your inquests from being mockeries of justice, send for Going, and they will be all right. You will then arrest the dreadful calamity that must inevitably befall you, of having Scrutator's "imperative enlargement on a probable cause." Awful!

The other inquest alluded to consisted of a soldier being shot through the head. The coroner thinks that the testimony of the medical attendant upon the person whose brain is thus traversed by a musket ball, is of small consequence, as far as regards medical treatment; but to prove that the wound was the cause, by a post mortem examination, he, the coroner, calls his friend McKenzie, in preference to a military surgeon, with whom he is unacquainted; and forsooth the ends of justice are frustrated—inquests are a mockery! Pshah! Such argument is preposterous.

I am, Gentlemen, your most obedient Servant,

JOHN WANLESS, *Surgeon,*

Coroner Town of London.

TORONTO, JANUARY 15, 1851.

THE BRITISH AMERICAN JOURNAL'S LECTURE ON MEDICAL ETHICS.

What phrenzy, Shepherd, has thy soul possess'd?

Our contemporary in the Lower Province commences the NEW YEAR by inditing, for our especial benefit, five columns of what he evidently intended should be a severe rebuke, for the comments contained in our last number on the Lunatic Asylum affair. By the force of some influence (whether of festive origin, somewhat common at that particular season, or arising from the multifarious calls upon the attention, so prolific a source of inquietude at the termination of the commercial year, would be a matter of nice diagnosis) he has contrived to render his leader the most lugubrious production we have had the opportunity of reading for many a day. Under the cloak of didactic paraphrases of stereotyped opinions on the abuse of the press, he gives expression to some unjust and ill-natured reflections on a brother practitioner, filling a responsible situation in a valuable institution; and embraces the opportunity of gratifying the jealous animosity with which he has ever regarded us since we commenced our

labours, and which on one or two occasions already we have had occasion to repress or turn aside by gentle words. Our efforts, it would seem, have been unavailing. The tocsin of controversy has been sounded, with, it is true, a somewhat bombastic blast, yet neither loud or fearful enough to prevent our answering the challenge.

The accusation of speciousness in our remarks is as unworthy the pen that makes it, as it is undeserved. Every one who reads the article referred to without the bias of personal dislike will, we are confident, acquit us of the charge; and we have the gratification of knowing that, although written without the "counsel of a friend," our sentiments have met with a warm approval from those who are competent to judge of the whole merits of the case. Nor is this judgment, we may remark, confined to the profession, whose organ we certainly profess to be, although we cannot claim the privilege of "*ex cathedra*" to any particular views we may editorially express. With the consciousness of this approbation, we can well afford to pass over without further comment this ungenerous expression of our bellicose contemporary.

With our contemporary's reflections on Dr. Scott we have nothing whatever to do; that gentleman is perfectly capable of defending himself, and we have no doubt he will successfully reply to the strictures contained in this celebrated manifesto, if he should deem them worthy his special attention. We never contemplated being regarded either as the champion or advocate of Dr. Scott. We saw that the public feeling had been outraged, by officious meddling on one hand, and incautious proceedings on the other; and our desire was to set both parties right. If in the remarks we did make on the subject, there is a sentence which may be construed into exculpatory pleading, it was written because we thought Dr. Scott unjustly assailed; and he would have received the same consideration from us if he had been a perfect stranger.

The affected purity of our contemporary's motives, in thus dealing with the subject, is truly amusing. He has no party ties! he is exempt from the influence of private cliques or political partizanship; he has no cause to serve; he is, in fact, in his own estimation, *IMMACULATE!* It is no breach of professional courtesy in him to charge us with subserviency. It is no want of Christian charity in him to assume and insinuate that we are governed by less worthy motives and to impeach our morality. Oh, no! he is infallible! We might, possibly, by carefully unravelling the records of the past, shew on what foundation this self-assumed censorian character has been raised. But we repudiate such recrimination, and leave our irate friend to batten on the fruits of his own injustice, which must, sooner or later, come to perfection.

Our contemporary assuredly mistook his vocation when he devoted himself to the scalpel and forceps. The genius of a "powerful" itinerant tub orator was evidently blighted by his adoption of such a choice. With a snuffle which would have become Hugh Peters or any other member of the "bare-bones" school of erratic theologians, he expatiates upon the immorality of "body snatching!" asserting substantially, that to make use of a subject for anatomical purposes is the very cream and quintessence of criminality, except the operator has obtained a valid title to the same!

Of course our confrere acted rigidly upon this maxim when pursuing his studies in the classic dissecting rooms of "Auld Reekie." Never did he manipulate upon a cadaver without having previously laid the conveyance thereof in his favour before a "counsel learned in the law," and obtaining from the "Daniel" an opinion in due form that no flaw existed to render the fee simple thereof questionable or unsound.

But, if it be not so, why does our prudish brother keep the universe in the dark as to the whereabouts of the marvellously "honest" school which had the honour of indoctrinating him in the healing art? Why refuse or delay to make patent the Utopia of dissecting integrity in which his "morals" were so miraculously conserved? For our own part, to speak truth, we plead guilty to the fact of "cutting and coming again" without asking any questions touching the genealogy of the subject in hand. We presume that in this we did very wrong; and, if so, express our hope in the words of Sterne, that we "shall learn better manners as we get along."

Joking apart, has our indignant Editor yet to learn that by law there is no such thing as *property* in a body from which life has departed? It is felony to remove one nail of the coffin which encloses, or one thread of the winding-sheet which enfolds, the buried tabernacle of clay; but no statute is violated by the abstraction of the tabernacle itself. Had our contemporary been aware of this fact, surely he never would have uttered the maudlin stuff which he has done in the article under notice, touching cut-purses and standards of sublimated morality.

When perusing the "holdings forth" of our astute antagonist, we could scarcely realize that it was a *scientific* publication which we held in our hand. There is a clap-trap cant (we can employ no milder term) about the tone of the strictures under notice, which, though thoroughly adapted to the meridian of a penny popular periodical got up for the delirium of the million, is miserably out of place in a "Medical and Physical Journal." We trust that our contemporary will avoid such escapades in time to come, and never forget that it is one thing to minister to the morbid sentimentalism of "the people," and another to discuss with

logical precision and philosophical temper an important question, bearing intimately upon the advancement of a noble and too frequently discouraged science.

For one piece of information, however, we have to thank our contemporary,—we allude to his notice of the Act 7 Vict., Cap. 5, of the existence of which we unblushingly avow our ignorance:—an ignorance participated in by many of our professional brethren to whom we have spoken on the subject. And as we believe that few medical men in the Province are aware of the provisions of this statute, we reprint it for general information.

In fine, we say, that if our contemporary would put aside his evident dislike of our existence, and labour with us fraternally in the common cause for the common good, we will cheerfully render our aid in advancing professional knowledge and sustaining professional rights; but if he continues to manifest this spirit, and to wield the editorial pen only for its gratification, we shall abstain from recognizing his right to be considered a professional organ. The world is wide enough for us both, nor will his opposition either affect our progress or damp our ardour.

THE ANATOMY ACT.

It certainly never occurred to the writer of this article to search the Statutes for the Act now published, the existence of which we never heard mentioned by any of our professional brethren, although the necessity for some such measure was very freely canvassed at the time of the occurrences, the discussion of which in the *British American Journal* has had the effect of bringing it to light. We have carefully perused it, and must acknowledge that it seems sufficient to accomplish all that is requisite for the purposes contemplated. But it is not the mere fact of the existence of an Act of Parliament,—it is not the care with which its phraseology is constructed, which makes it either a good or a useful Act. How many Statutes lie mouldering in the folios in which they have been bound, for years, as useless as the paper on which they are printed,—perfectly inoperative; not always from any defect in themselves, but simply because those who are duly appointed to administer them,—the executive agents of legislative authority,—are either ignorant of their existence, of powers conferred by them, or the obligations they impose. Or it may be, that this inutility arises equally from the ignorance or apathy of those whose interests these very laws are intended to subserve. That this particular Act, 7 Victoria, cap. 5, is in the position of a dead letter as far as Upper Canada is concerned; from all these causes, will be apparent by a perusal of the third

clause. By this it will be seen that the Governor is authorised to appoint in each city, town, or place, where such an officer may be required, an Inspector of Anatomy, whose special powers and duties are determined by the following clause. Now it may reasonably, we think, be asked, why it is that in a city like Toronto, now possessing three schools of medicine, no such appointment has been made?—or stay, is there an Inspector; and is he lying dormant, too, like the Act? only to be shaken out of his hibernation by the noise of editorial warfare. We have been unable to learn that such an appointment was ever made, therefore, again we ask, why is it so? The Governor is not *required* to make the appointment, but simply “it shall be lawful” for him to “appoint during pleasure.” It is to be regretted that the wording is so ambiguous in a matter of such importance; for, if requested to make such an appointment, the Governor might, if so inclined, refuse to comply with so reasonable a petition. It is customary, we believe, in framing laws of this character, not only to empower, but to *require* the Executive to make these ministrative appointments. Here, then, is a defect in the law which would, in such an extreme position of matters, as we have just assumed, render it what is popularly called a dead letter. But a question which seems to us to be very pertinent to the matter, may here be asked,—Whether with this discretionary power, and with a full knowledge of the difficulties which always exist in every school of medicine, in procuring a sufficient supply of bodies, the duly constituted advisers of the Governor, would not better discharge their duty to the public, in counselling him to make such an appointment, than in entirely overlooking the statute as it is. The public are sufficiently reasonable to admit the necessity for dissection of the human body, nor do we think that, under the provisions of this Act, any rational person would object to the appropriation made for the supply of that which is essential to the proper study of Medical Science, more particularly where they have the guarantee of a civil functionary, whose expressed duty it will be to see that there is “no infraction of the rules of common decency,” “no improper conduct committed” by either “teachers or their students,” and who shall “direct the removal or interment of any remains that he may deem advisable. And when the antipathy of the people is taken into account against removing bodies when once interred, it will readily be admitted that it would be wiser to secure the efficient teaching of this important science by the legitimate means here provided, than in tacitly permitting practices which are known to run counter to the prejudices of the less informed portion of the community,—we say, tacitly permit, because it is obvious to every one, that the Government must know that teachers of anatomy *will* and do obtain bodies for the purpose of instruction and dissection. But certainly

the main cause of the dormancy of this Act has been the apathetic indifference of those most concerned, we mean the teachers and students of anatomical science in this part of the Province. Since commencing to write this article, we have been informed that in the Lower Province this Act is in full operation, and that in Montreal, especially, the Inspector appointed under it performs his duty in a manner highly satisfactory, both to the profession and the public. It will be seen that every care has been taken in appointing the various sources from which the bodies are to be supplied, and it will also be evident that if the existence of the Act had been known and its provisions complied with, the body of Andrews, which has caused so much discussion, would have been handed over to some dissecting room.

We trust, however, that this discussion will not have been without its use, and that the parties interested will take immediate steps to secure the full benefit to be conferred by this Act upon the noble study.

AN ACT TO REGULATE AND FACILITATE THE STUDY
OF ANATOMY.

9th December, 1843.

Preamble.

WHEREAS it is impossible to acquire a proper or sufficient knowledge of Surgery or Medicine, without a minute and practical acquaintance with the structure and uses of every portion of the human economy, which requires long and diligently prosecuted courses of dissections: And whereas the difficulties which now impede the acquisition of such knowledge amount almost to a prohibition of the same, and it has become necessary, in consideration of the rising importance of Medical Schools in this Province, and for the relief of suffering humanity, to make some legislative provision, by which duly authorised teachers of anatomy and surgery may be provided with the bodies necessary for the purpose of instructing the pupils under their charge; Be it therefore enacted by the Queen's Most Excellent Majesty, by and with the advice and consent of the Legislative Council and of the Legislative Assembly of the Province of Canada, constituted and assembled by virtue of and under the authority of an Act passed in the Parliament of Great Britain and Ireland, intituled "An Act to re-unite the Provinces of Upper and Lower Canada," and it is hereby enacted by the authority of the same, That the bodies of persons found dead publicly exposed, or who immedi-

Certain bodies
may be delivered
for dissection.

ately before their death shall have been supported in and by any Public Institution receiving pecuniary aid from the Provincial Government, shall be delivered to persons qualified as hereinafter mentioned, unless the person so dying shall otherwise direct: Provided Proviso. always, that if such bodies be claimed within the usual period for interment, by *bona fide* friends or relatives, or the persons shall have otherwise directed as aforesaid before their death, they shall be delivered to them or decently interred.

II. And be it enacted, that the persons qualified to receive such unclaimed bodies shall be public teachers of Anatomy or Surgery, or private Medical Practitioners having three or more pupils for whose instruction such bodies shall be actually required: Provided Proviso. always, that if there be any Public Medical School in the locality, such school shall have a preferable claim to any such body.

III. And be it enacted, that it shall be lawful for the Governor or person administering the Government of this Province to appoint, during pleasure, a person not being a medical practitioner, but being a person holding some municipal office and unconnected with any public or private School of Medicine, to be the Inspector of Anatomy, for each City, Town or Place in which there shall be any such Public Institution or Medical School as aforesaid. Governor to appoint Inspector of Anatomy in certain places.

IV. And be it enacted, that the duties of each Inspector of Anatomy, shall be as follows: He shall keep a register of the name, age, sex (and of the birth-place, if it can be ascertained) of all unclaimed bodies given up for dissection: he shall keep a register of all medical practitioners duly qualified to receive and desirous of receiving bodies for dissection: he shall make an impartial distribution of the bodies in rotation according to the actual wants of the claimants: he shall inspect the several authorised dissection rooms, at least once in every six weeks, and shall direct the removal and decent interment of any remains that he may deem it advisable to require to be interred; and shall report to the Police Magistrate or the Chief Municipal authority, any infraction of the rules of common decency, or any improper conduct which he may know to be committed by the teachers or their students: he shall keep his Registers open for the inspection of any Medical Practitioner, who may desire to inspect them. Duties of such Inspectors of Anatomy.

Coroner to give notice of bodies found exposed.

V. And be it enacted, that the Coroner who may preside at the inquest of any body found publicly exposed, and unclaimed by any *bona fide* friend or relative, shall give notice thereof to the Inspector of Anatomy of the locality, if there be any, failing which, he shall cause the body to be interred, as hath been heretofore customary.

Superintendents of public institutions to give notice of deaths in the same.

VI. And be it enacted, that the Superintendent of each public institution receiving Government aid, shall immediately give notice to the Inspector of Anatomy for the locality, of the death of any inmate of the Institution who shall not be known to have any friends or relatives entitled to claim the body.

Register to be kept by such Superintendents

VII. And be it enacted, that each Superintendent shall keep a register shewing the name, age, sex and birth place (if known) of each person whose body shall be given over for dissection, and the name of the Medical Practitioner to whom such body shall have been delivered; and that no such superintendent shall deliver any body, except upon the written order of the Inspector of Anatomy for the locality.

Emoluments of the Inspectors of Anatomy.

VII. And be it enacted, that the emoluments of the Inspector of Anatomy shall be as follows: he shall receive One pound five shillings currency, for every body delivered over for dissection, which sum shall be paid him by the Teacher or Medical Practitioner, on receipt of the order for its delivery.

Medical Practitioners availing themselves of this Act to give security.

IX. And be it enacted, that every Medical Practitioner wishing to avail himself of the benefits of this Act; shall appear before one of Her Majesty's Justices of the Peace and the Inspector of Anatomy, and shall give security, himself in the sum of twenty pounds with two good and sufficient sureties in the sum of ten pounds each, for the decent interment of the bodies after they shall have served the purposes required: and upon the due fulfilment of these conditions, the Inspector of Anatomy shall deliver to such medical Practitioner a written authority to open a dissecting room entitled to the benefits of this Act.

THE MEDICAL BOARD.

WE have been led to understand that an unsuccessful attempt was recently made by some of the members of this body to effect some changes in the mode of procedure in the examinations, as well as to frame certain regulations rendering it necessary for applicants

for license to produce evidence of having gone through a prescribed curriculum of study. Every day the necessity for corporate powers such as will enable the Profession to exercise a control over these matters, and to regulate their own affairs, becomes more apparent. It will, we are confident, be a source of regret to many of our readers to find that that this effort to raise the standard of professional education in this province has proved abortive. We trust that we may be put in possession of the facts as they occurred, and also of information as to the contemplated changes. When we see the daily measures adopted in the United States for the same purpose, we surely ought not to lag behind. In the lower Province the licensing body have established a curriculum of study and other most wholesome regulations, well worthy our imitation. We understand that some doubts arose as to the powers conferred by the Act under which the Board is constituted. We propose to discuss its merits or demerits in our next number, and perhaps in the mean time we may obtain the information now sought for.

THE ECCLECTICS.

WE again refer to the proceedings of this noted body of pseudo-medical reformers. We do this with no intention of investing them with any undue importance. We know nothing of the peculiar principles of their system; we regard them with indifference, believing that like many other *novelties*, they will enjoy an existence as brief as it will be purposeless. But we conceive that if their proceedings were allowed to pass entirely unnoticed, a large portion of the community who are always eager to embrace everything new, might suppose that by being permitted to issue a manifesto such as is contained in the resolutions copied in our last issue, they were entitled to consideration as emanating from a legitimate branch of the profession. Now, it will not be denied, that a large proportion, if not all of the members of that association are not licensed to practice, have no legal authority to prescribe or administer medicines, and therefore do not possess any legitimate right to ask, sue for, or recover remuneration for their proffered services. Thus much said, and our duty to the public is discharged. But we *are* influenced by other, and to us more cogent motives in drawing the attention of our professional brethren to these proceedings. If an organization, apparently maturely devised in its character, can take place among these quacks, having for its ostensible purpose the subversion of the existing law for regulating the practice of Medicine, is it not time that we should exert ourselves in self-defence. And that this is the purpose of the Ecclectics is evident from the following

articles of their constitution: "That we will not hereafter vote for a member of the House of Assembly who will not pledge himself to use his influence to obtain the repeal of the present laws regulating the practice of medicine." Again: "That the Electors of the Third Riding of York have set us a worthy example in requiring their candidates to pledge their efforts to secure the *unqualified repeal of all laws favouring or prohibiting any party in the practice of medicine.*" Now, although we can afford to smile at the vain-glorious boast, "That the friends of the reformed practice have already strength sufficient to hold the balance of political power;" yet it would be wrong to conceal from ourselves the fact, that when a body of individuals act in concert to promulgate among the ill-informed masses doctrines, however injurious their tendency, and however unscrupulous the means employed, they will succeed to a great extent, if not counteracted by the dissemination of proper information, and the resolute opposition of those in whose keeping the welfare of the community has been justly and wisely placed by the acts of the Legislature. The records of every country contain many examples of the success of such illegal combinations, and the unhappy results arising from them. Nor is it the mere self-interested desire to protect ourselves as a legally qualified profession from the assaults of this predatory faction, which should govern us, however natural and excusable such a motive may be; but we have a higher and more imperative influence to govern us. As the duly authorized guardians of the public health, we are bound to see that no infringement of our prerogative takes place,—we are bound by every sense of duty to protect the community from the dangers of presumptuous ignorance, in whatever guise it presents itself; by discountenancing among ourselves the adoption of unsound doctrines, and by discouraging strenuously all hazardous, crude, and experimental practice. But all this can be accomplished only by a unanimous course of consistent policy. The first step towards a successful fulfilment of this requirement will be the construction of an organization at least as perfect, if not more complete, than that of the Eccectics. Nor does any plan more feasible suggest itself to our mind than that already proposed in this journal, namely, the formation of County Medical Associations, with a central directing body, composed of delegates selected from these, whose duty it would be to legislate for the general interests of the public and profession, and, above all, to use every legitimate means to obtain legislative incorporation.

The approach of spring, when easy communication with all parts of the Province will again be restored to us, and the anticipated early session of the Provincial Parliament, point this out as a most favourable season for commencing this measure. Let us hope that this earnest appeal to the individuals of our

profession will not be lost, and that we shall shortly see the good example of some counties, who have, with honour to themselves, taken the initiative in the movement, generally followed. Our pages will be freely open to them for the intercommunication of their respective views and opinions; and we shall at all times be ready to cooperate with them.

We venture to suggest what appears to us the most practical course to be pursued, and the one most likely to ensure unity of sentiment and action. Let the first step taken be one of simple organization. The senior licensed practitioner in each county should call a meeting of the Profession for a given day. All those who, from urgent engagements, ill health or other causes, were prevented from attending the meeting, ought to entrust his vote to some proxy, so that each meeting might in spirit at least express the voice of the whole body of practitioners resident in the county; at this meeting a delegate or delegates should be chosen to represent that society in general central convention. These delegates ought to be provided with authority to act on behalf of their particular associations in all matters concerning the general welfare of the Profession. Each association might also have its peculiar views expressed by a framework of by-laws, such as would appear to be best adapted to their own locality. As soon as these preliminary steps have been taken they should be made generally known through the medium of this Journal. It would then be competent at the same time for each delegate through the same medium to express his opinion upon the most convenient point of centralization. Such a public expression of opinion would at once decide the place of assembling. It would then be competent for the delegate or delegates of the place so pointed out, to call by advertisement a general meeting of delegates at that place on a given day. It being of course understood that this vote for locality would be given with due reference to the convenience of the whole province, and not of the particular county. Provision ought also then to be made to meet the expense which would necessarily be incurred by each delegate in attending this meeting. We repudiate the idea of voluntary sacrifices even in so good a cause, and believe that a gentleman never works with so much zeal as when his labour is not in vain, and his pocket does not suffer. At this meeting, convention, or convocation, whichever be the title assumed, a general code of laws ought to be framed to govern the Profession at large. A code which would include not only the ordinary rules which are by common consent acknowledged to control professional conduct, but such also as might be considered sufficient in the absence of legislative enactment to meet the evils of quackery, and to regulate the rate of remuneration for services performed.

This in fact would be our parliament, and if its deliberations were conducted, which doubtless they would be, with a due consideration for the important trusts confided to it, we might hope to see as the fruits of its labours a more wholesome state of things—a community of good feeling among the distant members of the profession, as well as those more intimately associated, a uniform system of conduct and charges, and a rapid advancement in the good opinion of the public generally. It is no Utopian idea—but a system as practicable as it would be honourable.

TRINITY COLLEGE.

THIS Institution was opened on this day, and the ceremony of Inauguration was a most interesting one to all beholders.

The Medical Faculty, which is now pursuing its second annual course of Instruction has been very efficiently organized. The advertisement of the several courses of instruction should have engaged our attention before this, but that we have been in expectation of receiving the regulations governing the curriculum of study which we now append for general information.

RULES TO BE OBSERVED BY CANDIDATES FOR THE DEGREE OF M.D.

1. The ordinary period of study will extend over twelve Terms, and the Students who have kept all their Terms, and acquitted themselves satisfactorily in their Examinations, will then be entitled to a certificate from the College, or in the event of the College having the power to grant Degrees, to the Degree of M.D.

2. All Candidates for the Degree of M.D. must produce evidence of

- a. Having attained the age of twenty-one years.
- b. Having taken a Degree in Arts in this or some other recognised College, or having passed the Matriculation-Examination.
- c. Having attended not less than two courses of Lectures during two Terms, upon each of the following branches:—
 - Anatomy, and Physiology,
 - Practical Anatomy,
 - Institutes of Medicine,
 - Practice of Medicine,
 - Principles and Practice of Surgery;

And one course of two Terms upon

- Materia Medica,
- Chemistry,
- Midwifery,
- Medical Jurisprudence;

And a course of one Term on
Practical Chemistry, and
Botany.

- d. Three consecutive Terms at least must be kept in this College; and no certificate of attendance will be recognized from any institution in which two subjects are taught by the same individual, except in the cases of Clinical Medicine and Clinical Surgery, which may be taught respectively by the teachers of the Principles and Practice of Medicine and Surgery.
- e. Having attended the practice of a recognized Hospital for eighteen months, and some Obstetric Institution for six months.
- f. Having passed Examinations in all the above subjects.
- g. Having written and defended a thesis on some medical subject, chosen by the candidate, and approved by the Dean of the Faculty.

WE have to apologize to our subscribers for the late issue of our present number. We tender our readers the compliments of the season; and in wishing them many a happy New Year, we trust that the one which has just dawned upon us will see the completion of some legislative measure calculated to promote and confirm the interests and standing of the profession.

ACKNOWLEDGMENTS.

THE Publisher begs to acknowledge the receipt of Subscriptions to the *U. C. Journal* from the following gentlemen:—

Dr. Clarke, Guelph; Dr. Mitchell, Dundas; Drs. Middleton and Finlayson, Elora; Drs. Digby, Martyr, and Henwood, Brantford; Dr. Turquand, and Mr. Watt, Surgeon, Woodstock; Drs. Barry and McCarthy, Ingersoll; Drs. Holmes and Phillips, London; Drs. Southwick and Going, St. Thomas; Drs. Cook, Laycock, and Watt, Paris; Dr. Duggan, Hamilton; Dr. Callendar, Beausville; Dr. Crosse, St. Catharines; Drs. Campbell and Maitland, Niagara; Dr. Macklem, Chippawa; Dr. Deazley, Stanley's Mills; Dr. Gilbert, Vienna; Dr. McCosh, Paris; Dr. Ryall, Hamilton (six months); Dr. Boys, Barrie; M. Deslandes, Dr. Robinson, Toronto; Dr. Holmes, London; Mr. Urquhart, Mr. Richardson, Mr. Love, Toronto; Dr. Trenor, Dr. McMurray, Dr. Nichol, Dr. Hayes, Dr. Workman, and F. F. Carruthers, Esq., Toronto; Dr. Harvey, Brampton.

PUBLICATIONS RECEIVED.

Cazenave on Diseases of the Skin, by Bulkley; Messrs. Wood, New York. Messrs. Wood's Catalogue of Medical Works. The Dublin Medical Press.

MONTHLY METEOROLOGICAL REGISTER, at H. M. Magnetical Observatory, Toronto, C. W.--December, 1851.
 Latitude, 43 deg. 39.4 min. N. Longitude, 79 deg. 21.5 min. W. Elevation above Lake Ontario, 108 feet.

| Barom. at top of 32 deg. | Temperature of the air. | | | Position of Vapour. | | | Humidity of Air | | | Wind | | | Sp. | WEATHER. | | | | | | |
|--------------------------|-------------------------|--------|---------|---------------------|--------|-------|-----------------|--------|-------|--------|--------|-------|-----|----------|-------|-----|---|----|----|--|
| | 6 A.M. | 9 P.M. | MEAN. | 6 A.M. | 9 P.M. | MEAN. | 6 A.M. | 9 P.M. | MEAN. | 6 A.M. | 9 P.M. | MEAN. | | | Rain. | | | | | |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | Mostly clear; a few passing clouds. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | Densely clouded; night mostly clear. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | Densely clouded all day. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | Faint aurora light at 10 p.m. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | Overcast; light detached clouds. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | Densely overcast all day; rain at night. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | Slight rain occasionally during day. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | Clear rain at 7 a.m.; clear from 11 a.m. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.230 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.180 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.43 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.2 Morn. almost unclouded. Ev. overcast. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.1 Snowing slightly at 4 p.m. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.2 Slight snow all day. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.1 Overcast; slight snow at 3 p.m. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.0 Detached clouds; snow during night. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 5.5 Heavy snow all day. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.2 Ceased snowing half-past 6 a.m. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | Very keen and cold; high wind. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | Very keen; clear; do. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.1 Faint aurora 9 pm to midnight. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.3 Mostly clouded; heavy squalls wind. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.2 Slight snow at 2 pm. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.3 Light clouds dispersed; mostly clear. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.2 Heavily overcast; slight snow 10 pm. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | Clear; faint aurora 10 pm. to midn. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | Very dull; slight rain from 9 to 10 pm. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.3 Snowing slightly afternoon. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | Almost unclouded; very cold day. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.325 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.015 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.2 Raining slightly till 1 pm.; overcast. |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | 30.0616 | 22.3 | 24.4 | 19.3 | 0.21 | 0.09 | 0.169 | 0.097 | 76 | 66 | 97 | 80 | N | NNW | N | NW | NW | 0.210 |
| 30.672 | 30.141 | 30.013 | | | | | | | | | | | | | | | | | | |

SELECTED MATTER.

MEDICINE.

ON THE APPLICATION OF NITRATE OF SILVER TO THE LARYNX, IN DISEASES OF THE AIR PASSAGES AND IN HOOPING COUGH.

By Eben Watson, M.D., Glasgow.

The subject of the topical application of a solution of nitrate of silver to the larynx, has been daily attracting more and more of the attention of medical men since the publication of Dr. Horace Green's first work on "Diseases of the Air-passages." The practice hitherto has been chiefly restricted to certain cases of chronic laryngeal disease, but Dr. Green has recommended an extension of it to cases of croup, and by a favourable review of his little work on that subject, the Editor of *The Lancet* has lent his powerful aid in inducing practitioners throughout this country to make trial of the remedy in these formidable cases.

I write these remarks to suggest to the numerous readers of *The Lancet* another extension of this same remedy—viz., to cases of hooping-cough: a disease which, if not equally fatal with croup, when considered in proportion to the number of attacks, causes, I believe, a much greater number of deaths, and is, if possible, even less under medical controul. I think that one great cause of the want of success hitherto experienced in the treatment of hooping-cough, has resulted from unsound ideas regarding its seat. It is very generally treated with emetics and expectorants with embrocations over the chest, or perhaps with leeches, as if it were some inflammatory *pectoral* affection. No wonder that with such treatment the disease generally runs its course, and either wears out itself or the patient.

I think a much more correct theory of the disease is, that it is the product of a poison which exerts its first influence on the mucous lining of the pharynx and larynx, and on the sentient nerves—viz., branches of the superior laryngeal supplying these parts; that in the next place the inferior laryngeal becomes excited, and partial spasm of the glottis follows. It is a peculiarity of the action of this morbid poison, as of most morbid poisons acting on the nerves, that the symptoms caused by its presence are of a periodic or intermittent character. Hence it is that the disease commences with a periodic cough, differing in many respects from that which accompanies bronchitis; hence arise the pains of the neck generally complained of by the patients, and hence finally the hoop, or back-draught, when the tendency to frequent spasms of the glottis has supervened. In like manner the vomiting which generally accompanies the fits of hooping-cough, is caused by an extension of the morbid excitation to the branches of the pneumogastric nerve supplying the stomach.

Such are the symptoms which in my opinion are alone essential to a case of hooping-cough, and which of themselves constitute the disease. But whether this disease be or be not complicated with other affections, it ought to be treated *per se*, and not, as is too often the case, as if it were bronchitis or pneumonia, or some affection of the head or even of the stomach.

Entertaining these views, and being aware of the powerful influence of topical applications of solution of nitrate of silver, in allaying nervous irritability of the glottis, it occurred to me, about eighteen months ago, when hooping-cough was more than usually prevalent in this city and its neighbourhood, to employ that remedy in the disease just named. I therefore gave up all the usual treatment in the case which I was attending at the time, and contented myself with confining my patients as much as possible to one apartment, well aired and properly heated, attending to the functions of the alimentary canal, and touching the pharynx and larynx every second day with solution of caustic. Pursuing this treatment, I met with very considerable and unwonted success. My first cases, which occurred in summer, ceased to hoop in about ten days or a fortnight after the solution had begun to be applied; and of late, in our worst winter weather, I have treated several cases to a favourable *termination* in from two to six weeks.

In November last, I read to the Glasgow Medical Society a paper,* detailing the results of this treatment, which induced several gentlemen to use the remedy proposed. Most of them report favourably of their success, and I earnestly hope that a more general trial will soon be given to it, and that its true therapeutic value will be speedily recognised.

Of course, in complicated cases, the benefit arising from this treatment will not at first be so apparent, seeing that it is directed against the proximate cause of the hooping-cough alone. Nevertheless, even in such cases, the subduing of the primary disease is of the greatest importance, and, indeed, is generally the first step towards a complete cure. In complicated cases, then, I should also recommend a steady perseverance with the topical application, while at the same time appropriate means should be used for the cure of the complication, of whatever kind it be. I could easily illustrate these remarks with numerous cases treated by myself or some of my medical friends here, but it would occupy too much valuable space.

The strength of the solution which I generally employ, in cases of hooping cough, varies from one to two scruples of the nitrate of silver to each ounce of water, and I apply it regularly every day, to the pharynx, glottis, and larynx of the patient. I may remark, too, that for children the sponge ought to be considerably smaller than for adults; and that every second day, according to my experience, the little operation of introducing it, in the former class of patients, is best performed by the surgeon putting the index finger of his left hand into the patient's throat, feeling the epiglottis with its tip, and thus guiding his sponge into the rima glottidis.

In conclusion, I wish to draw attention, for one moment, to a statement made towards the end of the review,† which suggested the writing of this article:

"Dr. Hancock Douglas," says the reviewer, "had in his pocket-case a *tongue spatula*, without the aid of which it would have been difficult to freely expose the *glottis* to view. On placing the spatula on the tongue, that organ is readily brought forward, and the *fissure* can at once be *seen*, and the instrument readily introduced."

I fear there is some mistake in this announcement. Did the reviewer actually use this spatula, and see the glottis, or did he take Dr. Douglas's word for it? Is it possible to obtain a view of the *fissure* of the glottis by pulling

* London and Edinburgh Monthly Journal of Medical Science, December, 1849.

† The Lancet ante.

forward the tongue in any manner whatever? Why, in most cases, the glottis is situated about two inches below the root of the tongue; and if you had that organ stretched to its utmost, you must still have the faculty of looking round a corner, and that in the dark, before you could see the glottis! I am in the frequent habit of using a tongue spatula for pulling forward and depressing that organ while introducing the sponge-probang, and it is extraordinary how very seldom I can manage to bring into view even the *tip of the epiglottis*. I have contrived several kinds of mirrors and specula, with which to gain a view of the glottis in the entire larynx of a living person; but all my attempts have been quite in vain. The practical difficulties in the way of accomplishing the desired object were insurmountable, and I gave up the attempt; but I shall be delighted if Dr. Douglas has been more fortunate, and if by so simple and portable an instrument as he refers to we shall be able to see the fissure of the glottis before we introduce the sponge. A more important and acceptable office to the profession cannot be performed, than to describe minutely, and also to depict, this wonderful instrument, modestly termed a "tongue spatula;" but which, if the reviewer's statements regarding it be correct, ought to be dignified with the appellation of *speculum glottidis*.*

EPILEPTIC MANIA.

(Under the care of Dr. Todd.)

A patient affected with epileptic mania was lately admitted into this hospital, whose violence reminded us very strongly of the following passage in Esquirol's excellent work, "Des Maladies Mentales:"—"The fury of epileptic patients breaks out after the fit, rarely before; it is of a very dangerous kind, blind, and in some degree automatic. Nothing can tame it; neither the sight of powerful instruments of restraint, nor moral influence, which means generally succeed with ordinary maniacs. Their violence is so terrific, and so much dreaded, that I saw, in an asylum of the South of France, all the epileptic patients tied down to their beds every evening, so great was the apprehension they created.

It is unfortunately but too well ascertained that epilepsy, by the violent shocks which its attacks convey to the brain, is very frequently followed by a derangement of the intellectual faculties. Aretæus has mentioned the fact, and Van Swieten says, in his commentaries on Boerhaave, that he had seen many patients who had been deranged from their childhood, after frequent epileptic fits. But there is a variety to which Dr. Todd's patient belongs, marked by no aberration of mind, and which is distinguished by an attack of furious madness after each fit; the peculiarities of this variety being regularly transmitted from sire to offspring.

Facts pointing to hereditary transmission are not wanting; we see them in various kinds of diseases and peculiarities, and especially in the different abnormal states to which the nervous system is liable; and yet we find that so observant a man as Tissot disbelieved hereditary influence; this doubt was also raised by Dousson, Dubreuil, &c., whereas Sallant, Maisonneuve, Hoffman, and

* The writer recommends that a delineation of this instrument should be forwarded for publication in the *Lancet*.

Esquirol, fully believe in the transmission here spoken of. The example we have this day to adduce, as seen at King's College Hospital, will illustrate in a very positive and sad manner how plainly and distinctly the fearful disease and its peculiarities pass from parent to child. The case offers, however, an exception to a rule observed by Esquirol—viz., that epilepsy is more frequently transmitted by the father than by the mother, the reverse generally happening with ordinary alienation of mind. The following details are derived from the notes of the clinical clerk, Mr. Maurice Davis:—

Samuel D—, aged twenty-nine years, a contractor, married, and without family, was admitted under the care of Dr. Todd, Sept. 30, 1851. From his birth to his twenty-first year he was subject to an eruption on the crown of the head, which discharged copiously, and which sometimes formed a thick yellow crust (porrigo?) This affection defied all therapeutical means for a number of years, but when the patient had reached the age of twenty-one, it healed spontaneously. Soon afterwards he began to suffer from severe headache, both in the temples and vertex, the latter locality having been the seat of the eruption. The pain made him giddy, and reel as if intoxicated; the paroxysms lasted about half an hour, and returned at the changes of the moon. As the patient grew older the attacks became more severe and more frequent.

The first time one of these severe attacks occurred, he was in a cart, turned giddy, fell, and carried with him several pieces of timber. Some of his ribs were broken, and the patient was taken in a state of unconsciousness to the Westminster Hospital. Another time he fell down among some horses he was feeding, and received from one of them a kick in the abdomen, which injury causes, even now, pain in the part. He had several fits afterwards, from which he suffered more or less injury to bones, &c. The attacks did not recur for a whole year, but with the last fit he, for the first time, exhibited violence, and this took place five years before the present inquiry.

The patient now married, and soon afterwards had a fit, after which he was so violent that six policemen could hardly hold him. An attack subsequently occurred whilst the patient was in bed, and on this occasion, as had been the case in several others, the violence abated when his head was tightly bandaged, and vinegar applied to the temples. The paroxysms, always accompanied with much violence, followed each other at about three months' interval; and they were now marked with extreme pain in the head, both in the temple and vertex. During the fits he is unconscious, raves, and makes repeated attempts to bite and otherwise injure those around him.

The patient's mother was affected with the same kind of fits from her birth, and they increased in severity as she grew older. She was quite as violent as himself, and in one of these fits, which confined her to her room for six weeks in a state of incessant and violent mania, she died at the age of thirty-five, eleven years ago. She was the eldest of her family; her mother and two of her sisters had died of the same kind of fits. One of her aunts was living a year ago in Bethlehem Hospital, affected in an analogous manner. The uncles and aunts are quite well.

The patient is the eldest son, and has two sisters, who are both in perfect health. The brain of the mother was examined by Dr. Hastings, who reports it to have been (the patient states) full of corruption.*

* Morgagni examined the brain of a woman who had had epileptic fits for two years. The anterior third of the left hemisphere was considerably sunk and extremely soft.

When the patient whose case we are relating felt any premonitory symptoms, he did not retire to rest with his wife, for fear of doing her harm; and he has of late, when thus left by himself at night, gone out, and wandered about in an unconscious state, until he found himself in some strange place, recovering from a fit. On the 30th of August, the day of his admission into this hospital, he went out for the purpose of conveying implements into the city; but after reaching Whitehall, he was probably seized with a fit, for he had no recollection of what passed afterwards, until he found himself bound to his bed on the morning of the 31st. The patient had been brought on a litter by two policemen in a most violent state, raving and struggling to free himself, crying with pain and begging the bystanders not to knock his head, within which he seemed to be suffering excruciating agony. When the paroxysms somewhat subsided, he endeavoured to bite anything in his way—his garments, or even his own hands—his eyes being bloodshot, and pupils dilated.

Chloroform was offered him for inhalation; he took it very readily, and was soon under its influence; and while in this state the pupils became more freely dilated. He remained quiet, and appeared to sleep comfortably for about twenty minutes. After this time he recovered his consciousness, and answered questions rationally. He would now and then, however, have fits of violence; and since he by experience felt the approach, he would warn the bystanders of their recurrence.

As he could not answer for his own rational behaviour, he was pinioned to the bed whilst the pain and fits alternated. The nature of the fit which occurred before his admission could not be well ascertained. Whilst being carried on the litter, the violent pain was suddenly arrested by accidental pressure being applied to the patient's temples; when this was discovered, a bandage was tightly placed round the head, and pads on the temples, with very good results. The patient states that by these means he could always stop or alleviate the paroxysms in his mother when the latter was seized in his presence.

On the next day, he had a sensation of weight at the temples, but experienced relief from the ice which had been placed on his head. On the third day he was walking about in the ward, and slept well until three o'clock next morning, when his head began to ache severely, and he started up, but could not release himself. The pain in the head continued for two days, but was greatly relieved by the tight bandage around the temples; he was in the meanwhile taking quinine. On the seventh day he had a very good night, but when he first awoke he could scarcely see for a few minutes, and said that he felt as if he had a skin before his eyes, especially the left. The patient has had an attack of gonorrhœa, for which *lotio-plumbi* injection was used; he had here fits of headache, but no actual epileptic seizure, and was discharged on the 10th of September, 1851, eleven days after admission.

Such cases as the above are of rare occurrence, and the circumstance is so much the more fortunate, as the disease, especially when caused by heredity, is acknowledged as incurable. In fact, Esquirol says, "When epilepsy has been transmitted by heredity there is no cure for it." The development of the disease, occurring upon the cure of scald-head is worthy of notice, though such coincidences have frequently been noticed. It has been observed, that the metastasis of a cutaneous eruption, the healing of an ulcer, or the cessation of an habitual evacuation, has given rise to epilepsy. Dr. Maisaneuve (1803) mentions a boy of nineteen, who cured himself of porrigo on the head with cold water, and be-

came epileptic a few days afterwards; and Cartheuser noticed, that in Sweden epilepsy often was the consequence of the removal of *tinca capitis* with cold water, a remedy frequently used for such cases in that country. Would, with Dr. Todd's patient, the hereditary influence have been kept at bay if the scald-head had been allowed to continue?

The advantages of pressure around the cranium, which were manifested in this case, deserves a moment's attention; that it invariably diminished the intensity of the fit is quite clear, but how did the pressure act? Was it by counteracting the probably soft state of the encephalon, or by preventing the too rapid influx of blood upon the brain? Whatever may be the *modus operandi*, the fact is worth nothing; and as vinegar and ice also alleviated the pain and diminished the violence, one is tempted to inquire what effect complete congelation, according to Dr. James Arnot's plan, would have had; the more so as this freezing method has been known to be very efficient in headache.

We would, finally, draw attention to certain statistics which show what proportion of epileptic patients suffer in their intellectual faculties and to which varieties of alienation they are liable. The numbers were collected by Esquirol, and they refer to women, who, according to this author are more numerous than men in epileptic wards by one third. He considers that the larger number of women (and children) is due to the greater delicacy of their nervous system. Out of 325 females suffering from epilepsy at the Salpetriere, at the time of M. Calmeil's superintendence, 46 were hysterical, 12 were attacked by monomania, 30 were maniacs with a propensity to suicide, 34 had fits of maniacal fury, (with 3 the violence only broke out after the fit;) 145 were in a state of dementia; of these there were 16 who had no lucid moments at all, whilst the rest fell into dementia only after the fit, and 2 had then paroxysms of great violence; 20 had weak memory and a tendency to dementia; and 60 enjoyed the full use of their intellect, but were peevish, given to fits of anger, &c. Thus it will be seen that four-fifths of all the above-mentioned patients were more or less deranged.

HISTORY OF A REMARKABLE ATTACK OF MEASLES IN A FAMILY AT PADUA.

By Dr. Argenti.

The following fearful occurrence took place in the family of Signor Graziani, a respectable councillor of Padua. Measles had prevailed to some extent in the city, when *Joseph Graziani*, æt. 17, took them on the 31st of May, and recovered in a few days. On the 31st his married sister, *Theresa* (second case) æt. 28, called with her child, and on learning the nature of the disease, hurried away, much alarmed lest her child should take it, being then herself the prey to excessive grief from the recent death of her husband. She was engaged in a very fatiguing occupation, the management of silkworms; and attributed some febrile indisposition, which she experienced on the 12th and 13th of June, to over exertion. Getting worse she took to bed, and on the 14th the eruption appeared. The removal of her child, to which she was devoutly attached, caused her great grief. The eruption was profuse and red; the accompanying fever was intense; and she suffered much from dyspnoea, and pain at the epigastrium. On the 17th she was bled twice, with some relief to the pain, but the fever continued excessive; on the 18th she was furiously delirious. The skin was not,

but the eruption had become pale. She was seized with tremors of the lips, convulsions of the limbs, and stertorous breathing, amidst which she expired. *Nina* (third case), æt. 3, was her child, and, though removed from its mother, on the 14th of June, became the subject of the disease on the 25th. This pursued a favourable course, though the fever was intense, and the convalescence tedious. *Annetta* (fourth case), æt. 16, of a lymphatic habit, enjoyed good health, and was also employed in managing silkworms. She had severely felt the loss of *Theresa*, and, with her other sisters, was incessantly engaged in anxiously watching little *Nina* during this period. On the 8th and 9th of July, the eruption appeared, became confluent, and was accompanied by great swelling of the head, and epistaxis. She was doing well, when on the 11th she rose from bed, and suppressed a copious sweat, the urine being, however abundant. Hearing of her sister's death on the 12th, she became the subject of epileptiform convulsions and delirium, and in three quarters of an hour died. The autopsy was conducted in the presence of several able practitioners, who all agreed that no appearance explanatory of death was observed. *Fanny* (fifth case), æt. 14, of a nervous temperament, and lymphatic habit, exhibited the eruption on the same day as *Annetta*, (8th and 9th of July), and by the 13th was convalescent. *Laura* (sixth case), æt. 22, of nervous temperament and scrofulous habit, and participating in the fatiguing employment and depressing emotions of her sisters, also exhibited the eruption on the 8th of July, it coming well out, but being less confluent than in the others. She went on very well till the 12th, when she was seized with violent delirium and epileptiform convulsions, and in an hour she was dead. In the autopsy, no change in the brain or other important organs (the spinal marrow, however not being examined in these cases) could be discovered. *Josephine* (seventh case), æt. 19, of nervous temperament and scrofulous habit, but in tolerable health, felt much alarmed at these occurrences in the family, and on the 9th and 10th of July, the eruption appeared. Her removal from the presence of her dying sisters on the 12th, caused her great dismay and anguish. The eruption came well out; but as there was much fever and great disposition to lethargy, some leeches were applied to the head, and were followed by blisters, (which had also been freely used in the other cases.) She was more tranquilised in the afternoon, and there was less somnolence; but early in the evening she was seized with epigastric pain, as her sisters had been, and then with convulsions and delirium, expiring in about an hour after. The autopsy furnished similar negative results. *Maurice* (eighth case), æt. 12, exhibited the eruption on the 8th and 9th of July, and had become convalescent by the 18th. *Bartu*. (ninth case), æt. 20, of plethoric habit, and accustomed to frequent bleeding, manifested such high febrile action on the 12th and 13th of July, as to require two venesections. Later the febrile action took an intermittent form, and quinine was given. He was convalescent by the 12th.

The eruption in this attack was quite normal, though very intense and confluent, and the disease presented nothing peculiar in its mode of invasion or complications; and yet four of the cases perished within an hour from the time that really dangerous symptoms set in; the morbid action seeming here to concentrate itself with all its force in the cerebro-spinal axis. In three of these, the autopsies, most carefully conducted, revealed nothing.

In regard to the ages of the victims it may be observed, that while *Borsieri*, *Frank* and *Raimann* believe there is greater danger for adults, *Dr. Lees* found in the Dublin epidemics, 1840-4, that it was in inverse proportion to the age.—

Jevy in his account of the epidemics amongst the military in 1837—47, states that fewer adults than boys died. In the present cases, the ages varied from 3 to 28. Of the five recoveries, four took place among the youngest; and all who died had attained puberty.

As concurring to impress upon these cases their remarkable fatality, may be their nervous-lymphatic temperament, scrofulous habit, physical debility, great sensibility, excessive alarm, and inordinate fatigue.—*Omedei Annali.*

SURGERY.

ON A NEW AND SIMPLE METHOD FOR THE CURE OF FISTULA.

By H. B. Evans, Esq., M.R.C.S., &c.

The frequent occurrence of fistula, and the often unfortunate and unsatisfactory results of an operation intended for its cure, induce me to make known to the profession, through the medium of *The Lancet*, a simple plan of treatment, which has proved eminently successful in two cases under my care.

In October, 1850, W. E., box-maker, aged forty-two, applied to me with an abscess in the neighbourhood of the rectum, pointing externally, which was opened, and gave exit to a large quantity of pus. This gradually degenerated into a deep fistulous tract along the rectum, and communicating with it at its extremity. For two months the usual remedies were adopted without success, and I then expressed my opinion that an operation must be resorted to. In this I was fully borne out by the opinion of an eminent hospital surgeon whom I called in. This the patient obstinately refused to submit to, and such refusal led to my adopting the mode of treatment I am about to detail.

A blunt-pointed silver probe, five inches in length, (the sinus itself being four inches in depth) was inserted into the wound, having previously been dipped in dilute nitric acid, (one part of acid to one part of water) and suffered to remain there a minute. That this had a strong cauterizing effect, I knew from the pain it occasioned. Thus far the result was desirable; but in consequence of the destruction of the silver probes by the acid, and the impossibility of using them more than three or four times, I had some copper ones made, and used them in the same manner, only as substituting a nitrate of copper for a nitrate of silver, and I think with a better effect. Under this treatment I was pleased to see the depth of the sinus daily decrease by the gradually filling of it up with healthy granulations from the bottom. This was continued nearly every day for two months—February 22nd, 1851, being the last occasion on which I thought it necessary to apply the nitrate of copper. The patient is at the present time perfectly sound.

In March, 1851, H., aged thirty, applied to me with strumous disease of the testicle. Iodine and iron were given, which arrested the progress of the disease, and produced a corresponding improvement in his health. The outward form of the testicle was retained, but with an open sinus of an inch and a half in length in an oblique direction from the apex, and discharging a thin white glairy fluid, peculiar to fistulæ. The same treatment was pursued as in the former case, the sinus becoming entirely filled up, and the patient discharged at the commencement of September, without any external marks of previous disease, beyond a slight irregularity on the surface and a small cicatrix.

Thus by an easy method may the most strumous fistulæ be traced to their extremities, and a strong caustic power applied to the bottom of the wound, from whence it is so desirable granulations should arise.

A limited sphere of private practice enables me only to give these two cases; but I have no hesitation in saying, that if this system be approved of and practised by surgeons generally, they would have as much reason to be satisfied with it as myself and patients, and the use of the knife would become almost obsolete. When a silver and copper wire are introduced together, after having been dipped in the acid, the caustic effect is intense, (likened by the patient to a red-hot wire) and if allowed to remain too long, would destroy the tissues with which they were in contact. This, I apprehend, is the effect of the galvanic action set up by the contact of the copper and silver wire with the acid acting upon them.

Before concluding, I will just observe, that the treatment in the first case was put into practice some time before the report of the treatment of "Fistula and Hæmorrhoids by Platinum Wire made red hot by Galvanic Battery, by Mr. Marshall, of University College Hospital," published in *The Lancet*.

MIDWIFERY.

EXAMPLES OF LARGE INFANTS.

Dr. Siebold, in a recent paper in the *Zeitschrift für Geburtsh.* (vol. xxix, p. 178), observes, that when new-born infants are not actually weighed, the most ridiculous exaggerations prevail in respect to the estimates of the weight of the larger ones. Since 1825, he has had all the children weighed at the Berlin, Marburg, and Gottingen Institutions, with which he has been successively connected, and the heaviest he has met with only reached 11¾ lbs., notwithstanding we peruse fabulous statements of 20 lbs. being attained.

That such statements, however, are not always fabulous, is seen from the fact of a recent instance recorded in the *American Journal* by Dr. Johnston, in which the child weighed exactly 20 lbs., and the placenta 3 lbs. Its length was 25½ inches, the breadth of the shoulders 8½, and of the hips 7¾ inches. The occipito-mental diameter was 6¾ inches; the occipito-frontal 5¾, and the biparietal 4¾ inches. The labour was accomplished in eight hours; but, owing to the great delay which the passage of the shoulders and hips entailed, the child was still-born.

In another case recently observed by M. Depaul, the child which was born dead, with the epidermis detached, after version, weighed 6½ kilogrammes (nearly 14½ lbs.) and measured 62 centimetres (about 21 inches) in place of from 45 to 48, from head to foot.—*Amer. Jour. Med. Sc.*

COMPRESSION OF THE AORTA IN UTERINE HÆMORRHAGE.

M. Chaillly-Honoié considers that this practice is not resorted to so frequently as from its merits it deserves to be; and believes, that had it been employed in one or two cases in which transfusion has been lately performed, it would have rendered that *dernier ressort* unnecessary, or would have enabled it to save life when employed. Rudiger employed compression so long back as

1797; but Ulsamer first advised its being applied through the wall of the abdomen, in place of through the uterus. The practitioner standing at the left side, passes his right hand between the uterus and intestines, seizes the vessel between the index and medius finger, fixing it firmly against the vertebral column, and pressing on his right with his left hand. If in 13 cases in which this practice has been resorted to, half the women died, this arose from its being deferred until they were *in extremis*, and all other means had failed. To these M. Chailly opposes 18 others, occurring in his own practice, and among which only one woman died, in which also the application had been too long delayed. In some of these, compression was maintained for two hours without inconvenience. In the former series of cases the compression was delayed too long, and employed without rule, confidence or patience. In the latter it was resorted to in time, and methodically continued. Of course the practice is not advocated as curative, but as a means of gaining time in an emergency, wherein time is everything.—*Bull. de l'Academie.*

THERAPEUTICS.

ON THE MEDICAL EMPLOYMENT OF EXTRACTS OF FLESH AND BLOOD.

By *MM. Breslau and Mauthner.*

Dr. Bauchner states, that such great benefit has been derived from the employment of Dr. Breslau's *extractum carnis*, as a remedy in the diseases of exhaustion in children, that it ought to find a place in the *materia medica*. Fresh ox-flesh, freed from fat, first finely chopped up, and then well beaten in a stone mortar, with a little cold or luke-warm distilled water, is afterwards submitted to a good press. The cake is again similarly treated, and when the juice is thus pressed out of it, it may still, when seasoned, be advantageously employed as food. The juice, reddish in colour, is immediately heated sufficiently to coagulate the albumen, and is then evaporated in a water bath to the ordinary consistency of an extract. As ordinary ox-flesh contains only 1 in 1000 of Kreatin, while that of the heart, according to Gregory, contains from 1.37 to 1.41, this is the part employed by Dr. Breslau at the chief apothecary establishment in Munich. The extract is of agreeable odour and taste, and is easily soluble in water, when it reddens litmus. By the addition of caramel to the juice, the taste and consistency of the extract is much improved.

In the exhausting diseases of children, Dr. Mauthner strongly recommends his *extractum sanguinis bovis*. Fresh blood, caught from the slaughtered animal, is passed through a sieve, and then evaporated in a water-bath to dryness, rubbing it up into powder when cold. From 10 to 20 grains are given per diem in a little water, the solubility being increased by the addition of a few drops of spirit of wine. Dr. Mauthner has now employed it with great success in about twenty cases, several of which were reduced to an apparently desperate condition before commencing with it. Four cases are related as examples. 1. A girl, æt. 7, had suffered from catarrhal diarrhœa during eight days, which completely reduced her. She took ℥j of the extract daily, from the 28th of August to the 10th of September, when she left quite well. 2. A girl, æt. 12, was reduced to a mere skeleton by diarrhœa; and after being treated by various means, and constantly

getting worse, she commenced the extract on the 8th of September, and was quite cured by the 27th. 3. A child, *æ*t. 7, very liable to scrofulous ophthalmia, and now reduced to the lowest point by diarrhœa supervening on hip-joint disease, continued the extract from the 8th to the 22nd of September, when he left the hospital cured as regards the immediate cause of exhaustion. 4. A child, *æ*t. 4, suffering from hectic and manifesting bronchophony, had a *fistulani* formed, and was reduced to a complete state of anæmia. He recovered by continuing the extract from the 1st to the 12th of September.—It is by no means a disagreeable remedy; and a child will take it when it will not take or rejects ordinary medicines. It does not appear in the stools, scarcely a trace is found in the urine, and it is never vomited. It is especially useful in what Dr. Mantner terms *exhaustio scrofulosa*, and the child will take it much better than the *ol. jecoris*. It is of no use in the acute marasmus and anæmia of young infants, due to bringing up by hand, who are brought to the hospital during the last few days of their wretched existence.—*Buchner's Report.*

A FLUID RECOMMENDED AS A PRESERVATIVE FROM SYPHILIS.

M. Langlebert lately stated to the Academy of Medicine of Paris, that he had discovered a compound which, judging from the success of his experiments, would effectually preserve from syphilis. The following is the formula: Alcohol, one ounce and two and a half drachms; soft soap with stripes and prepared with potash, the same quantity; dissolve and strain, then add essential oil of lemon, five drachms. M. Langlebert mentioned the following experiment:—

He took purulent matter from a chancre with a hard base, and inoculated the left thigh of one of his pupils, who had volunteered his services. On the other thigh the inoculation was performed in a different manner: the lancet dipped in the same pus was made to scrape the skin and make it *raw*, so as fully to ensure absorption; after five or six minutes the preservative fluid was applied on this right side, and this was repeated three or four times. The usual effect was the next day perceived on the left thigh, but the right, where the prophylatic fluid had been applied, presented only a thin and dry crust. On the third day, the pustule on the left thigh was cauterized with strong nitric acid. A public experiment has since been made upon two other pupils, who had requested the *favour*, as well as upon M. Langlebert himself, and the success was complete. M. Ricord is to report upon this new prophylatic.

ON FERRUGINOUS PREPARATIONS.

By M. Martens.

The following are the conclusions of an Essay recently read by M. Martens at the Belgian Academy of Medicine. 1. That as a general rule the *lactate of iron* is the best preparation. This conclusion, founded on the chemical fact of the conversion of the other preparations of iron into lactates in the stomach, was disputed as regards its therapeutical truth, by M. Lombard and other members, who denied that the lactate possessed any superiority. 2. It may be advantageously replaced by the carbonate given in water, or in pills made with honey, so that superoxidation be prevented. 3. All ferruginous pills in which the metal is

liable to superoxidation should be rejected, because they soon become indurated, so as to be soluble neither in water nor in the juices of the stomach. 4. Insoluble ferruginous preparations ought always to be administered at meal-time, in order that they may become dissolved in the acid juices then existing in the stomach. 5. Those preparations should be chosen which cannot be precipitated, or rather rendered quite insoluble by the alkaline juices of the duodenum, especially during intestinal digestion. 6. The most active are those which, having penetrated into the blood in their liquid state, are there most easily assimilated with the hæmatosine, so as to form with it the red colouring matter of the blood. 7. In the treatment of chlorosis or anæmia, it does not suffice to prescribe preparations of iron, but their assimilation should be aided by residence in the country, or in localities well exposed to the sun's rays. 8. The regimen in chlorosis, should, as far as possible, be composed of succulent and dark coloured meats, and not of white alimentary substances, in which the oxide of iron is usually defective. 9. Slight or recent chlorosis may be generally cured by animal regimen alone, in combination with exercise in the open air, and insolation. 10. The habitual use of meat introduces into the economy sufficiency of iron for the formation of the red globules, and may give rise even to their excessive formation. 11. On the other hand, the exclusive use of potatoes, white bread, vegetables, and fatty substances, the ordinary regimen of the working and poorer classes, predisposes to chlorosis or an anæmic alteration of the blood, because such aliments contain too little iron to concur efficiently in the formation of red globules. 12. Wheaten bread may be rendered much more restorative by adding, prior to panification, a little *sulphate of iron*, and it is only thus that an alimentation entirely capable of replacing meat can be furnished. 13. We may estimate approximatively at a *minimum* of two grains the quantity of oxide of iron that is daily required for the restoration or renewal of the blood; and for alimentation to suffice for the maintenance of health, it must contain this quantity. 14. All persons who in consequence of a too slightly animalized regimen, or of residing in badly-lighted localities, are disposed to anæmic vitiation of the blood, should employ such ferruginous bread to favour the formation of red globules. 15. Manganese only entering into the constitution of the blood-globules in an infinitesimal quantity, does not appear necessary for sanguification. Compounds of this substance cannot be considered as antichlorotic medicines, like ferruginous preparations. At least they do not concur directly in the restoration of the blood.—*Gaz. Med.* 1850.

FORENSIC MEDICINE.

ON THE EFFECTS OF POISONING ALCOHOL, CONSIDERED IN RELATION TO JURIDICAL MEDICINE.

By M. Rosch.

The alcoholic fluid which M. Rosch's observations chiefly relate to, is *brandy*; and he considers, first of all, the consequences of *slow or chronic poisoning* by this substance, as observed in the bodies of persons submitted to official inspection, who have met with their death from accident or suicide. The changes which have been, to a greater or less degree, found in the bodies of all spirit-drinkers, are thus summarily mentioned.

1. The *brain* itself has exhibited no constant changes of sufficient account:

but its membranes have always manifested more or less diseased conditions. Of these the partial thickening of the arachnoid, giving it a milky-white appearance, has been especially observed. Commonly, too, colourless fluid, though in general not in very large quantities, was effused between its layers, and was also found in the spinal canal. In several cases, some serum was found in the cavities of the brain, and the spinal marrow had become softened by imbibition of such fluid. In several cases the membranes of the brain had grown together, but in others the dura mater was only adherent to the cranium. These changes have all been observed in cases in which, during life, no signs of inflammatory action or of effusion were present,—unless we are to consider as such the decrease of mental activity, and the blunting of all sensibility, both general and special.

2. The lungs exhibited various diseased appearances. Of these œdema was a frequent one, a colourless or reddish frothy fluid flowing out on incision, and escaping in large quantities when pressure was applied, the compressed parts retaining the impression of the fingers. In several cases, lobular emphysema was observed. Adhesions of variable extent to the ribs and diaphragm occurred: and in certain places the investing membrane of the lungs was thickened.

3. The mucous membrane of the stomach exhibited isolated, bright red, punctated spots, and this especially near the pylorus. Similar groups were observed in the duodenum, jejunum, and ileum. The mucous membrane of the small intestine was much thinned; the muscular, likewise, in a less degree; but the serous remained unchanged. The mucous glands of the small intestines were enlarged.

4. General emaciation, and a whitened appearance of the muscles was observed, as well as laxity and thinness of the walls of the heart. On the other hand, a considerable quantity of fat was found deposited under the skin and between the muscles. The mesentery, heart, and kidneys were covered with fat: and the liver so penetrated with it, that, in many cases, its texture seemed as if converted into adipose substance.

5. The blood in the vessels was dark and diffuent. The spleen, as a rule, was softened, and, in several cases, pappy.

(2.) *Acute Alcoholic Poisoning.*—In strict language every intoxication and stupefaction by spirits should be called poisoning; but as intoxication is of daily occurrence without danger to life, it is only so considered here, when urgent symptoms, requiring medical aid, are present. Cases are, however, not wanting, in which paralysis, soon ending in death, has followed this undue stimulation by alcohol; and the author supplies the particulars of such as have come under his notice. In these, besides the appearances due to chronic poisoning, others due to repletion of the brain and its membranes with blood, and a congested state of the lungs (in one case acute œdema pulmonum being present). The immediate cause of death in those who die soon after taking a large quantity of spirit, is arrest of blood in the central organ of circulation and the respiratory organs,—a state of asphyxia. Such effect upon the circulation and respiration is, however, but a consequence of the repletion and paralysis of the brain by blood containing alcohol. In acute alcohol-poisoning, not only is the ingested spirit found in the digestive canal, but the various visceral structures and fluids of the body strongly smell of it, and are, therefore, penetrated by it.

In violent deaths it may often become a matter of importance and difficulty to state what part alcoholic fluids have exerted in producing the fatal termination. Two cases are given by the author, in one of which an effusion of blood was

supposed to be due to external violence; but that this was the case could not be positively stated, since, during the state of distension of the blood-vessels in drunkenness, they are ill capable of resistance, while the blood itself is in a dissolved condition. The effects upon the brain do not arise from a simple excess of healthy blood, but of a blood which has undergone change, which in acute spirit-poison still contains the substance inducing this.

While the nervous system is stimulated and enfeebled through this changed condition of the blood, so also, in a reverse order, the blood, heart, and circulation are disturbed and enfeebled by the condition of the brain and nerves; so that here is a constant reciprocal mischievous influence of the blood and venous system going on, until the disturbance of the economy becomes complete, physical disease prostrates the body, and all controlling power and mental activity are destroyed.—*Henk's Zeitsch.*

PHYSICAL SCIENCE.

REMARKS ON THE HYDRO-ELECTRIC CHAIN OF DR. PULVERMACHER.

By Golding Bird, M.D., F.R.S.

The ingenious modification of Volta's pile, contrived by Dr. Pulvermacher, of Vienna, has attracted so much attention, that the following account of the apparatus, as a source of electricity, may perhaps not be uninteresting, at least to those who may not have had time to devote much attention to the study of these subjects.

Everybody is aware that the apparatus contrived by Volta consisted of plates of metals, differing in their respective affinities for oxygen, alternated with pieces of cloth dipped in a saline solution. Thus, in the most common modification of this pile, a plate of copper is placed on the table, on this a plate of zinc, and then a piece of flannel or cloth, dipped in a solution of common salt; on this a second plate of copper, and so on. The theory of the apparatus is so well known, that it is unnecessary to say more than that, under the chemical action of the saline fluid on the zinc, the combined electric fluids existing normally in both the two metals employed, are separated—the positive electricity being found on the zinc, and the negative on the copper surface. Wollaston's and Cruikshank's troughs are but modifications of the same contrivance—cells filled with the saline fluid replacing the moistened cloth or flannel. The cumbersome nature of these contrivances, the time required to excite them, the rapidity with which the intensity of the electric current diminishes, as well as the tact and management required to apply the current they evolve, have always presented most serious obstacles to their adoption into medical practice. On this account they have been almost completely replaced by the different machines for furnishing a current of induced electricity. These, it is true, possess many advantages, and become most important appliances in the treatment of disease, as has been repeatedly pointed out by myself and others. Still we have often found the want of an apparatus by which an uniform and uninterrupted current of voltaic electricity could be at our command at a short notice, and without involving the necessity of any manipulative tact in its application. The hydro-electric chain completely fulfils these desiderata.

The apparatus I have used was placed in my hands, during last winter, by Dr. Pulvermacher himself. He is a scientific man, and well acquainted with physical science generally, nor is he, I presume, responsible for the manner in which his invention has been extolled, as a sort of universal panacea, by the London agent, in the public advertisements. Each element of this battery consists of a small piece of wood, around which are wound two wires, nearly but not quite in contact, one of these wires consisting of zinc, the other of gilded copper. These represent the plates in Volta's pile; each terminates in a ring, by which it is connected with the wires of the next link or member of the chain, the zinc of one being united with the copper of the next, and so on. When one of these links is immersed in a fluid capable of exciting a chemical action on the zinc, enough is retained by capillary attraction between the folds of wire to disturb the electric equilibrium of the metals, and to throw the negative and positive fluids into a state of current. The exciting fluid recommended by Dr. Pulvermacher is common vinegar, and if one of his chains be immersed in that fluid for a minute, and then lifted out, so that all not retained by capillary action may drain off, it will be at once fit for use.

The electricity excited by this apparatus is necessarily small in quantity, as the amount of electricity evolved must be in a ratio with the intensity of the chemical action exerted on the more oxidizable metal; yet its tension is tolerably high. It is indeed sufficient, both in quantity and tension, for the development of physiological phenomena. The following experiments will illustrate these properties, a chain of fifty alternations being employed:—

A. A thin piece of platinum wire being attached to the terminal links, they were immersed in water acidulated by sulphuric acid, and very distinct evolution of exceedingly minute bubbles of oxygen and hydrogen were evolved from the two wires. The dilute acid being replaced by a solution of iodide of potassium mixed with starch, iodine was almost immediately set free at the wire where the positive current entered the fluid. The quantity of these electrolytes decomposed was exceedingly small, as the electrolytic power of the evolved current would of course bear relation to the amount of effective chemical action going on in the links of the chain.

B. The platinum wires were then connected with an astatic galvanometer; the wires were immediately deviated under the influence of the current, but the latter was not sufficient to retain the needles at right angles to their normal position. The astatic galvanometer was then replaced by an ordinary one, having a coil of thirty folds of wire, and carrying a magnetic needle five inches long. The current was then barely able to produce a permanent deviation from the magnetic meridian of five degrees. This feeble action on the magnetic needle is explained by the small quantity of electricity circulating through the chain.

C. The chain being held in a vertical position by one end, the terminal link was allowed to touch for an instant the lower plate of a condenser, 6 inches in diameter, in connection with a gold-leaf electrometer. On lifting off the upper plate the gold leaves separated to the extent of a couple of inches. When only half of the chain was brought in contact with the electrometer, considerable divergences also occurred. This experiment well illustrates the comparative high tension of the evolved electricity.

D. The first and last link of the chain being placed in cups of water, and a finger of each hand being immersed respectively into the two cups, a smart shock

was experienced in each finger. This shock was repeated every time one finger was *raised out of the fluid* and re-dipped. But no shock was felt all the time the finger *remained* immersed, as the electricity passed in a continuous stream through the body from one end of the chain to the other; the physiological phenomenon of "shock" being produced only at the moment the current first entered the body. This is of course the same with all voltaic apparatus which yield an uninterrupted current.

These experiments are sufficient to demonstrate the electro-genic power of Pulvermacher's apparatus, and to point out that the current evolved is small in quantity, but of moderately high tension.

When a continuance of sensible shocks is required, an ingenious apparatus, contrived by the inventor of the chain, may be used. This consists of a small helix of thin wire fixed in a glass tube; one end of this wire passes through a cork in the tube, and ends in a hook; the other end is free, and is barely in contact with a metallic plate (also furnished with a hook), which closes the other opening of the tube. On connecting a chain of fifty elements to each of the hooks of this apparatus, the first and last link being grasped in the hands, a rapid succession of rather violent shocks will pass through the arms. These occur in consequence of the slight motion communicated to the chain by the hands, being sufficient to make the helix vibrate, and thus rapidly approach and recede from the plate at the end of the tube.

It must not be supposed, however, that sensible shocks are required to develop physiological phenomena or therapeutical effects. We are chiefly indebted to the laborious researches of Dr. Marshall Hall for teaching us the vast amount of therapeutical influence developed by a continuous current of voltaic electricity. I cannot, indeed, too strongly impress upon those who have to treat a case of old paralysis (unconnected with spasm) the vast importance of allowing a current of voltaic electricity to traverse the palsied limbs persistently for half an hour or more daily for weeks or months, nor to be disappointed at not witnessing any *immediate good results*. Nutrition of the limb is certainly thus increased, its waste and emaciation prevented, at least to some extent, and the probabilities of cure are much increased. Pulvermacher's chain, when once excited by immersion in vinegar, soon begins to evolve a current of decreasing intensity; but so long as even a small quantity of fluid remains unevaporated between the folds of wire, evidence of the circulation of electricity can be made out by the electrometer. A moment's re-immersion in vinegar will at once restore the energy of the current.

The advantages of this apparatus to the medical man consist in its giving him a means of obtaining a current of electricity, of amply sufficient tension and quantity for all physiological purposes, at a moment's notice. He can, moreover, diminish or increase the tension, by making use of a greater or smaller number of links. He can make the current continuous or interrupted, painful or painless at will,—and he has, moreover, an apparatus so easily managed as to require no especial tact for its application. On the other hand, it must be recollected that the current evolved has no *peculiar* properties, and that it will effect nothing more than that evolved by other means. It is, indeed, deeply to be regretted that so convenient a source of electricity runs the risk of losing favour in the sight of educated men generally, and of our profession in particular, by being injudiciously puffed in the public prints, by advertisements claiming for it a medical influence it in no wise possesses.—*Lancet*.