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THE
MEDICAL CHRONICLE

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OF

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VOL. III.

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WILLIAM WRIGHT, M.D. & D. C. MACCALLUM, M.D.

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THE MEDICAL CHRONICLE.

VOL. III.]

JUNE, 1855.

[No. 1

ORIGINAL COMMUNICATIONS.

ART. I.—*Valedictory Address* to the Graduates in Medicine of McGill College, on their receiving the Degree of Doctor of Medicine and Surgery, conferred by convocation, May, 1855. By WILLIAM SUTHERLAND, M.D., Professor of Chemistry, McGill College.

Not with reluctance most certainly, but with hesitation, have I consented and with diffidence do I undertake to address you to-day; inasmuch as I am conscious that gratulation and counsel would come with more grace and higher authority from others of your late teachers; yet I felt that I could not with propriety have refused the call of the Dean of our Faculty, and for this then, with the full knowledge of my disqualification, I take part in the ceremony of your graduation.

A ceremony at once of joyous and grave interest to the parties interested, yourselves and us; joyous to both, for you have passed a long period of study, varied and multiform, and have now received the academic degree which is the reward of its successful termination; to us, for we conceive that our tuition has conducted towards the happy result; grave on the other hand it is, for while we rejoice, we, who have for months daily watched and measured, and perhaps helped to develop your faculties—we know full well the anxieties of the life which is before you, and we cannot regard your entrance into the social struggles for position without solicitude; for in reality our interest in you does not cease with your examination and the crowning events of to-day;—on the contrary we hope that our appreciation of your abilities, and our anticipations of your success, will not be disappointed; and that the recognition of your capacity by others than ourselves, will fully bear out our estimation of you. It is thus that we trust to uphold and elevate the reputation of our University; to succeed in this, we know that our efforts contribute many, but not all, of the elements required—some, a great portion indeed, of which must be derived from the graduates

whom we send forth to the world ; whose reputation bad or good must, by a species of reflex action, throw on us a shadow or a lustre ; for our Profession and our College, now common to us both, must thus, by the swelling tide of returning fame be presented as exhibiting a broader direction and a more extended utility ; or deprived of all such auxiliaries of strength and adornment, it may exist it is true, but unillustrated, isolated, barren. But while we are anxious that the number of our graduates should increase, we are determined that their standing shall in no manner be reduced to the level of mediocrity or the reach of indolence. We cannot prostitute our calling by meretricious acts of so styled liberality evinced by the facility with which our degree may be obtained ; and yet for the practical observance of this principle we have been denounced, even threatened, the culminating extent of which, as you may anticipate, is the withdrawing of the patronage of those whose odium we have thus incurred ; need I say that we are undeterred and shall make our standard---that which it has ever been---high. What ! are we, think you, to receive all without discrimination or test ? would such a course benefit the country or the parties themselves ? can any one suppose that by aiming less high we can attain anything like eminence ? or that by depressing the grade of education we increase its power and consequent influence ? No, no, if facilities in passing and in studying are thus to be confounded rather let us cease from our labour, or delegate it to others less scrupulous, but mayhap in this wise, more agrarian, more popular.

This is an epoch in your life---after a period of several years study---during which your faculties have been trained and quickened, your memory taxed and strengthened to accuracy, and the "book and volume of your brain" inscribed with clear and legible characters---you have steadily taken advantage of your opportunities, till now on a parity with your late teachers ; no longer are you expected, as of old were the disciples of philosophy, jurare in verba magistri ; but are given the full scope of your judgment, and the free exercise of your faculties ; no longer boys ; no longer under academic control, or parental subsidy---proud of your young strength, exulting in your future---you are about to test the principles and knowledge which you have so industriously acquired---you are to assume all the responsibilities of manhood---you must be equal to its constant requirements and superior to its depressing cares. Your relations with the world will not solely be medical, other duties, than professional, will claim your attention, or call for your action ; and thus, therefore must you cultivate the social as well as the doctoral amenities. To your patients you must bring the very function of your capacity, not languidly or coldly---but actively and sympathisingly---for it is quite

possible to have intellect to illumine a whole region, and not sympathy enough to cheer a fireside. Your perception and judgment must ever be on the alert, seldom can you manage similar cases in a like manner, not often will the symptoms as detailed in books be recognised in the same sequence or in equal prominence; age, sex and temperament modify them and compel you to pause---to qualify or change your first impressions; but to pause is not to hesitate, and to reflect is not to doubt;---to weigh well is not to blindly grope, and hence whatever may be the standard of your faculties be not ashamed of caution, and this the rather in chronic cases, which, making the rounds of the profession, will doubtless in turn fall to your lot; be not alarmists, and yet when you perceive clearly the inevitable result, never hesitate in communicating the opinion to those interested, and need I say in language prompted by the dictates of feeling; there is a tacit admission among all gentlemen, that what is said should never be repeated, to the prejudice of the parties---this principle, so essential to the intercourse of society, in a yet higher application affects us, and hence one of our professional ethics is secrecy in everything touching the cases under your management. Daily placed in circumstances the most opposite, by the side of approaching death, or the couch of returning health, or presiding at nature's most affecting and arduous travail, or with surgical skill removing or repairing morbid parts, in all these you must maintain for yourselves the alliance of every power of mind which can minister, or soothe, or cheer, or inspire trust.

In your intercourse with your professional brethren you must be guided by the highest of moral qualities---clarity, which is "not puffed up, and thinketh no evil;" don't regard all others as your inferiors; don't depress the standard of your neighbor's ability, hoping thereby---yourself the arbitrator---to be deemed logically his superior because his critic; there is something essentially mean in wishing and attempting to get the better of any one; the only competition worthy of manhood is that with oneself; it is not honorable, it is not even politic to depreciate a competitor, to do so is just by so much to subtract from the merit of equalling or surpassing him. It is unworthy of a man to go out in all his strength to contend with an imbecile, among such one may indeed be the best, and yet a very monarch---a prince of asses. Hold pleasant and equal communion with your *confreres*, lay aside narrow considerations, bring your information, your opinions, your experience, which "prompts something like prophetic strain" into the common stock, so that by comparison the good may be retained and rendered available to all. Do not, because you have obtained your degree, discontinue your mental cultivation; yet study, yet lay up stores, this is, indeed, now more required than before; every faculty must be maintained at its highest mark; yours is not

a profession which permits of agreeable dalliance and pleasant coquetting with duties; bow to your senses and infallibly sloth will enervate—emasculate you; cultivate all your endowments, physical and intellectual, and you will be strengthened and sustained in your purpose and in your toil: for in reality your physical endurance will be taxed as much as your mental, and as fatiguingly; often will you with no laughing recollection recall Acre's courage oozing from his finger's ends, when you fancy your own strength oozing out of every pore, and this especially when universal panic extends over the land, and when you will form part of a small yet devoted band on whose abiding labor the community depends for cheering influence, for hope and for life; gird up your loins for such exigencies which try the "heart and reins." But, while there is much to excite anxiety there is likewise much to inspire and sustain, and even to make you mayhap elate, but never I trust arrogant; bear no haughty crest because success may follow in your footsteps; place not too high a valuation on your apparent triumphs over disease, but let all be referred to the Great Physician whose instrument you, for the time, are, and let your duties and your actions concurrently illustrate and proclaim the Dweller on High. And now, brothers in profession and in feeling, for have we not often taken counsel together, go forth; the dawn of your day already has arisen, it rosily floods your horizon; in your meridian go forth to your toil, do your utmost to "stay the pulse of ebbing life, to arrest the infected winds, or to smite the hungry spectre of the grave;" go—fulfill your mission, and in the eventide verily you shall have your reward.

ART. II... *Synchronous Double Amputations.* By W. MARSDEN, M.D.,
Governor Col. Phy. and Surgeons, I.C., &c.

Nelson's American Lancet contains an article from the pen of Wolfred Nelson, M.D., Montreal, entitled, "Simultaneous procedure in Double Operations," in which allusion is made to the proposal of Prof. Carnochan, of the New York Medical College, "to convert the double operation into one, by severing the limbs in immediate succession, as soon as the anæsthetic influence of chloroform is produced, where it becomes necessary to amputate both limbs."

This subject is one of some importance in our northern latitudes, where from accidents of climate the necessity of double amputation is not of unfrequent occurrence.

Dr. Nelson says, "I was of opinion many years ago, that when the terrible alternative is presented both members should be removed simul-

taneously, and carried my views into effect in the case of a gentleman who had both hands and lower part of the forearms frozen so severely that gangrene ensued. His constitution had much suffered from his exposure to intense cold during a whole night. A very able surgeon of this city was kind enough to amputate one arm, whilst I operated on the other at the same time. Chloroform was resorted to, but entire anaesthesia could not be produced, and our patient was conscious during the operation, but complained of no pain. The business was soon over, and the cure sufficiently rapid." After a description of the operation, Dr. Nelson thus continues, "Whenever the unfortunate necessity for the severance of both legs occurs I would by all means give the preference to simultaneous procedure, in order that the system may not be subjected to two distinct shocks."

Dr. Nelson seems to be under the impression that his operation was a maiden one of its kind: in this, however, he is mistaken. As he has omitted to give the date of his operation, I can only approximate time from his statement that "Chloroform was resorted to," &c.

The Synchronous Double Amputation was twice performed in this city, most successfully and satisfactorily, several years before the use of Chloroform was introduced; and the claim to priority in double simultaneous amputation belongs, I believe, of right to Dr. Morrin, our excellent and worthy Mayor. The first case in which the operation was performed was in the Spring of the year 1832. The subject was a shipwrecked sailor who had been severely frozen, and was a patient in the Hotel Dieu Hospital, and being in a fit state for amputation, the necessity being equal in both limbs, Dr. Morrin proposed the synchronous double operation, urging its expediency in terms similar to those used by Dr. Nelson. One of his associate Surgeons, however, opposed and denounced the experiment as cruel and unheard of, and declined even to witness the operation, but the other, the late Dr. Wm. Hall, concurring in Dr. M.'s views, the operation was performed with most triumphant results, among which were the comparatively slight nervous shock, the small loss of blood, and the rapidity of recovery.

The next case, of which I was a witness, was also at the Hotel Dieu, and as the success of the former operation had been so complete, the opposition of the gentleman before referred to was converted into approbation; Drs. Joseph Parant and Sewell again operated in 1837 with a success equal to the first case. The subject of this operation is now an inhabitant of your good city. His name is Portugais, and he drives his tandem, thanks to the benevolence of your Mayor and Corporation. He may frequently be seen riding in dog-cart,—notwithstanding the law to the contrary,—and dealing in oysters.

Again, in 1848, Drs. Douglas and Sewell performed double simultaneous amputation at the Marine and Emigrant Hospital.

In the first mentioned two cases, neither opium, ether, or any other anæsthetic agent was used, and the patients did not seem to suffer more than in cases of single amputation.

My own conviction is, that recovery is more rapid under the simultaneous double operation than under the double interrupted amputation. It is obvious that by the removal of both limbs at once, the nervous irritation that the unamputated limb occasions is done away with, and the mental disquietude that the patient always suffers in anticipation of the second operation is avoided, besides saving the time that is usually necessary for the patient to recover his strength and tone after the first nervous shock. But more than this, the saving of the vital fluid tends materially to the rapid recovery, as well as the abridgement of the duration of suffering. The quantity of blood lost in the double simultaneous operation is little, if any greater, than in each single amputation of the same member; and, in this view, I am supported by the opinions of all the gentlemen who have operated, or assisted at these operations.

ART. III.—*Hydrocephalic Fœtus*—Turning and Craniotomy—Recovery of the Patient. By JAMES McMAHON, Physician and Surgeon, Dundas, County of Wentworth, C. W.

I was summoned at 4 o'clock P.M., on the 17th April, 1855, to attend Mrs. J. D., aged 26, then in labour with her third child; and on examination found the os uteri dilated to about the size of a crown piece, the membranes protruding but of rather a conical form, pains slow but regular; at making another examination at 7 o'clock P. M., I found the os uteri well dilated and the membranes protruding into the vagina but of the same shape [previous to this, 7 P. M., I did not wish for fear of rupturing the membranes to persist in ascertaining the presentation], but, during the examination at this time, to detect what part was really presenting, the membranes gave way contrary to both my wishes and expectations; an immense quantity of liquor amnii came away at one rush, I think fully as much as three pints. After the membranes were ruptured I was both surprised and disappointed, and not a little perplexed, at being unable by the usual mode of determining or finding out what the presentation was. From this time 7 P. M., until 10 P. M. I left everything to nature; during which time the pains were slow, irregular, of short duration, and of no avail. I then gave no scruples of

scapulae cornutum in infusion which produced an effect, so that at 11 o'clock P. M. I succeeded in detecting a presenting part, which must have been the side of the head; at that time I could not say decidedly that it was owing to a feeling of fluctuation. However at a few minutes to 12 o'clock P. M. I succeeded in distinctly feeling the ear. After considering for a short time I came to the conclusion that delivery could not be effected in that position even by the forceps, owing to the head being too far above the brim of the pelvis, and also to an evident disproportion which I discovered on further examination. I accordingly concluded on turning which I succeeded in effecting after some time and considerable difficulty, by first seizing the left foot, the right one being forced into the vagina by the uterine contractions. But after having delivered the body I found it impossible after long-continued and cautious manipulations in the usual manner, to deliver the head. After being satisfied that the child was dead, I introduced the blades of a pair of scissors immediately behind the ear and also above the occipital protuberance, from which openings an immense quantity of fluid escaped; then by the introduction of my fingers into the openings thus made, and by traction and pressure on the head, the bones collapsed and I succeeded in effecting a delivery at half-past 1 A. M., on the 18th inst. The patient during the operation sustained her strength much better than could be expected in such a long and tedious trial, and no more flowing than in a natural case followed. After the perforation, during my efforts at delivery, I think nearly a quart of fluid escaped; and on examination after delivery I am satisfied at least one quart still remained in the calvarium. The head was of an enormous size and must at least have contained nearly a gallon of fluid. The fœtus was of the female sex of rather a large size, but otherwise the head was well proportioned. I may here mention, that on enquiry afterwards, I found that the woman had complained for three or four months previously of something being *wrong* more than usual, as she expressed herself, but for which she did not consult any medical man. I may also mention that she lost a child about two years ago from Hydrocephalus. Slight inflammatory action of the uterus set in on the fourth day accompanied with general irritation of the system, which readily gave way to the usual treatment adopted in such cases; and, at the time I write, to use her own words she is quite well.

REMARKS.

I am aware that many might take exception to the course I pursued in the above case, in reference to affecting delivery; that is, it may be urged that, I ought to have had immediate recourse to craniotomy and not to have turned at all, as by so doing I added the double risk of danger

to the mother by performing both operations; as I find on consulting Churchhill's excellent work on midwifery, that of one hundred and sixty-nine cases of turning eleven mothers died, or one in fifteen; and of two hundred and fifty-one cases of craniotomy fifty-two others died or one in five, but I think he refers to cases where there was narrowness of the pelvis one way or other. But on the other hand, as I could not with certainty say to myself, previous to turning, that it was a Hydrocephalic fetus; and could not say positively until some time after turning, and attempting to deliver the head, that the child was dead, I escaped the possibility of taking away the life of what might be a living and healthy child, as it was impossible until some time after the body was delivered to say that the child was dead. However, I think, the peculiarities and circumstances of the case, together with the result to the mother afterwards, will bear me out in the course I pursued on the occasion.

Dundas, May 6th, 1855.

ART. IV... *Case of Abnormal Placenta.* By DR. HILL, Ottawa City.

In a case of midwifery that recently occurred in my practice wherein the patient brought forth twin children, a most singular deviation from nature took place in the placental development, and as such matters are of interest I place it on record, more especially as I am led to consider it of very rare occurrence, never having seen such a peculiarity noted in print, and having met with this as the only instance in my own practice. The placental mass seemed to me, at first sight, to be single, but on examination it was evidently formed by the intimate union of two placentæ at their edges, thus resembling in shape the figure 8, with an extremely large waist, as the union had taken place between the two at points which would have been represented by the removal of at least one-third of each placenta, supposing them originally to have been of a round shape, this would of course give a very large surface for contact; the umbilical cords were, as usual, two in number, and inserted in the ordinary manner at or about the centre of each placental mass. I imagine the circulation was entirely independent in each, and that no vascular connection existed. The children were both living and healthy.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

I.—*On the mode of Communication of Cholera.* By JOHN SNOW, M.D., Member of the Royal College of Physicians, Fellow of the Royal Medical and Chirurgical Society, Fellow and Vice-President of the Royal Medical Society of London. Second edition, much enlarged, pp. 162. London: John Churchill.

Four times has the Cholera scourge, starting from its cradle in the East, visited the nations of Europe and America, carrying death and desolation to the hearths and homes of tens of thousands. Like a destroying angel it has passed over populous countries, densely crowded cities, and scattered villages, its course being marked by the blackened remains of its many victims, and followed by the wail of bereavement and the anguished cry of the heart-broken survivor. Men, on its first invasion of Europe, as they heard of its approach, felt their hearts sink within them, and it need not excite surprise that they fled panic-stricken every whither when it declared its dread presence among them. To see the wife, husband, child, friend, rise in the morning apparently in vigorous health, and ere the shadows of evening had closed in, to have but the cold corpse to look on, the vital current having in the meantime stagnated in the icy grasp of the invisible and relentless foe, was surely enough to make the strongest mind waver. This dread was in a measure to be attributed to the representations which were made in professional and non-professional journals of the day regarding its contagious nature. Indeed, with few exceptions, it was believed to be a highly contagious disease. And this opinion found no more firm supporters than the members of the Board of Health at that time established in England. Notwithstanding, however, the strict quarantine which was enforced in the Continental States, where measures of such a nature are usually more carefully and strictly carried out than in either England or America, Cholera made its appearance in these guarded countries, and pursued a particular course, the same as if there were no obstacles in the way. It over-leaped all barriers, and broke through all *cordons sanitaires*. An important and interesting question arises then:—How and by what means is it propagated, and how does it travel from town to town, and from continent to continent? Two opinions on this subject have for some time divided the medical world. One is, that the disease is communicable from person to person, in other words contagious, and that it would not affect any individual, or appear in any place, if it were possible to completely insulate such individual or place. The second is, that it does not depend, for its transmission, upon any contagious properties which it

possesses, but that the morbid matter is suspended in the atmosphere, and carried by currents to different parts, all the inhabitants of the localities which it visits being equally exposed to an attack of the disease. A third opinion, however, has recently been gaining ground, and is now held by the majority of those who have bestowed much attention on the subject, viz:—that the materies morbi of Cholera is organic in its nature, and *portable*, that is, may be conveyed by individuals in clothing or merchandize to distant places, and finding admission into the systems of persons, circumstances being favorable to its development, the disease manifests itself. Some believe, among whom we may place our author, that this Cholera matter, or specific virus, exists in the form of a cell. Of course this is mere hypothesis, as no peculiar and determinate organic form has, up to the present, been discovered in the ejections and dejections of Cholera patients, or in the atmosphere during the prevalence of Cholera epidemics. From what we know of the introduction of Cholera into Canada we believe in its *portability*. We further believe, however, that having once obtained access to a place the virus undergoes multiplication and intensification in a ratio corresponding to the anti-hygienic conditions present; and that there is a state of the system which predisposes persons to an attack. The first cases which occurred at Quebec and Montreal during the epidemic of last year were passengers by the *John Howell* and *Glenmanna*, two vessels which passed Quarantine without being detained, as there had been no case of Cholera on board during the passage, or at the time of their arrival at Grosse Isle. A few days after these passengers were admitted into the Montreal General Hospital, cases of Cholera occurred in different parts of the city. It first appeared in the filthy habitations of the poorer classes in the suburbs, and seized upon the miserable debilitated debauchee. Gradually, however, the number of victims increased, and the poison having become more concentrated, many strong and healthy citizens in the middle and upper ranks of society were cut off.

“Besides the facts,” says Dr. Snow, “which prove that Cholera is communicated from person to person, there are others which show, first, that being present in the same room with a patient, and attending on him, do not necessarily expose a person to the morbid poison; and, secondly, that it is not always requisite that a person should be very near a Cholera patient in order to take the disease, as the morbid matters producing it may be transmitted to a distance. It used to be generally assumed that if Cholera were a catching, or communicable, disease, it must spread by effluvia given off from the patient into the surrounding air, and inhaled by others into the lungs. This assumption led to very conflicting opinions respecting the disease. A little reflection shows,

however, that we have no right thus to limit the way in which a disease may be propagated, for the communicable diseases of which we have a correct knowledge spread in very different manners." p. 9.

Dr. Snow's theory of the mode of propagation of Cholera is very ingenious, and differs in some essential respects from those we have already adverted to. The energy he has displayed in the accumulation of such facts as go to establish his peculiar and original views merits the highest praise. Although we do not agree with him in his deductions, we would earnestly recommend the perusal of his work to all who are desirous of increasing their knowledge of the circumstances which operate in the diffusion of this fatal scourge.

The following is an outline of his theory:—The morbid matter of Cholera is taken *accidentally* into the alimentary canal. Here it remains for a short period, called the period of incubation, during which it is rapidly re-produced. It then acts either as an irritant to the mucous surface of the stomach and intestines, or withdraws blood from the capillaries by a power analogous to that by which the secreting cells separate from the circulating fluid, the material peculiar to each secretion. The loss of water from the blood produces the well known tarry appearance which it assumes, and this thickening is the cause of the small thready pulse—the almost arrested circulation—the feeling of want of breath, and the suppression of the renal, biliary, and other secretions. The Cholera poison is contained in the ejections and dejection of Cholera patients, and when a new case occurs, it is in consequence of the person having, by some means or other, swallowed a minute quantity of either. This accounts for the rapidity with which it spreads among the lower classes. A whole family usually occupying but one room, and the evacuations from a patient being devoid of smell or color, they neglect to cleanse either the bed-linen or their own hands, so that in the preparation and eating of their food they must almost of necessity introduce the poison into their systems. The principal way, however, by which it finds access to the stomach, is in the water we drink. In proof of this, Dr. S. braces forward, among numerous instances, the cases which occurred in Albon Terrace, London, reported by Dr. Veroz, and which were traced to the drinking of water contaminated by the contents of cess-pools; and the sudden and fearful outbreak which occurred in the vicinity of Golden Square, and which, our readers will recollect, was attributed to the opening up of an old plague pit. The situation of the pit, however, "is said to be in Little Marlborough Street, just out of the area in which the chief mortality occurred," and Dr. S. has satisfactorily proved that nearly all the cases occurred from drinking water obtained from a particular pump, situated in Broad street.

London is supplied with water by a number of companies, some of which obtain their supply from the Thames at points where the water is not affected by the immense sewerage of the city, whilst others supply water to the inhabitants, contaminated with all the filth conveyed into the river from upwards of a million of persons. At the expense of a vast amount of trouble, our author has ascertained that the houses supplied by the latter companies were severely visited during the late epidemic, whilst those supplied by the former were but lightly affected. Of course he believes that many of those stricken by the disease swallowed a small quantity of Cholera poison in the water supplied by the water works, and that this poison was originally derived from the evacuations of Cholera patients, which evacuations were conveyed through the sewers into the river. We incline to a more simple explanation. Diarrhœa is the precursor of Cholera. Everything that tends to excite inordinate action of the intestines, so far places the person in a situation favorable to an attack of the disease. This, we think, will be admitted on all hands. Now of all substances liable to induce diarrhœa, water charged with organic matter in a state of decomposition stands pre-eminent. What more likely, therefore, than that persons drinking water obtained from the Thames, opposite London, should suffer from diarrhœa, and, suffering from diarrhœa during the prevalence of an epidemic of Cholera, that they should be attacked by that disease.

We would state, in conclusion, that should any of our readers wish to obtain "Snow on Cholera," Mr. Dawson, Great St. James Street, will order copies for them.

II. *On Lateral Curvature of the Spine, its Pathology and Treatment.*

By BERNARD E. BRODHURST, Member of the Royal College of Surgeons, Assistant Surgeon to the Royal Orthopædic Hospital, Fellow of the Royal Medical and Chirurgical Society, Associate of the Arcadian Society of Rome, &c. pp. 67. London: John Churchill.

Deformities of the body have, for some years back, attracted in an especial manner the notice of surgeons. The results of the attention which has been bestowed in that direction are seen in the more correct knowledge which we now possess of the causes and nature of these deviations from the normal shape, and the improvement which has taken place in our mode of treating them. The work now before us has reference to one kind of deformity only—Lateral Curvature of the Spine. The causes of this condition are classed by Mr. Brodhurst as follows:—

"1st. Debility, or muscular atony, and relaxation of the spinal ligaments; 2dly. Hypertrophy, as of the muscles of an upper extremity; 3rdly. Atrophy; the result of paralysis, of local inflammation, of amputation of an upper extremity, or of ankylosis of the elbow or shoulder; 4thly. Spasm of the muscles of the neck or back; 5thly. Obliquity of the pelvis, as is produced by an unequal length of the legs; 6thly. Rachitis; 7thly. Altered capacity of one side of the thorax; 8thly. Deficiency or excess of development of the bodies of the vertebræ." Of all these our author has found debility, general and local, to be the most frequent cause. His second cause, Hypertrophy, is an expression of the opinion held by Bichat and Beclard, that undue action of the muscles of one arm produces lateral curvature of the spine. We rather agree with Dr. Knox, that the simple lateral deviations so frequently met with "depend on an unequal development of the segments of which the bodies of the vertebræ are composed in infancy."

Mr. Brodhurst has invented an apparatus for the treatment of lateral curvature, which possesses the peculiar advantage of being applicable in every case, "should the original formation of the bones not forbid, and should ankylosis of the adjacent bodies of the vertebræ not prevent its use." Ludwig Olsen, who was deputed by the government of Denmark to visit England and other countries, and to report on inventions bearing on Medicine and Surgery, thus writes to Mr. Brodhurst regarding his invention:—"It seems to me to be the most effective instrument that I have ever seen; and mainly on this account, that the frame cannot move, whilst all other instruments that I have seen, whether here, in Germany, or in Denmark, cannot be fixed. Further the entire action of this instrument is based on true mechanical principles; and above all its construction is perfectly simple. Indeed, it is very remarkable to observe the effects produced by this instrument. It will probably be much employed and deservedly esteemed."

III.--*Cases of Polypus of the Womb.* By WALTER CHANNING, M.D.
pp. 21. David Clapp, Boston.

Dr. Channing appears to have met with a larger proportion of cases of Polypus than usually falls to the lot of physicians, even in extensive practice, twenty-two cases having fallen under his observation, in sixteen of which he has operated. The greater number were extra-uterine, and in all there was hemorrhage, either periodical or accidental.

CLINICAL LECTURE.

The Uncertainty of Acoustic Signs. By WM. STOKES, M.D., Regius Professor in the University of Dublin.

[From the *Virginia Medical and Surgical Journal.*]

In a lecture on fever, after some preliminary remarks, Dr. Stokes proceeds to observe: I was observing just now, in the ward, in the case of the boy who had the pulmonary lesion, [I will not call it pneumonia of the lung,] with a low typhoid fever, [he is under the care of Mr. Daly.] how well this case illustrates the advantage of clinical study. If you take works upon disease of the heart, you find that it is assumed by almost every writer, that the first sound of the heart and the second sound of the heart are to be easily distinguished from each other. There are some persons who, if you were to say to them, in any given case, "I think that I have had considerable difficulty in saying which was the first and which the second sound of the heart, would set you down as very deficient indeed, as one that had not been properly taught, and did not know his business. But the fact is, gentlemen, that there are many cases in which at first it is very difficult indeed to say which is the first and which the second sound of the heart. There are cases in which the most experienced man will require repeated observation before he can make up his mind on the point.

It has happened to me over and over again, that, after I thought I had made up my mind by examining at one part of the heart, when I changed the stethoscope an inch or two I was again thrown into doubt.

I mention this to show you how diffident we should be in our opinions upon these subjects, how slow we should be to condemn men because they do not come up to the mark laid down in books. The truth in fact, is, that they go beyond it—that they are wiser than the authors of such books.

There are two cases in which it is often extremely difficult to say which is the first and which the second sound of the heart. One of these is, that triple combination which is so common, especially in private practice, where the patient has chronic bronchitis, a weak and irregular heart, and congestion and enlargement of the liver. This is a very common triple combination, if you speak merely of local diseases. But there is another element very commonly to be found in it, and that is, the gouty element; so that you may have a gouty man with chronic bronchitis, with a weak and irregular heart, and with an enlarged liver. In such a case it is sometimes extremely difficult to say which is the first and which the second sound of the heart. The two sounds are closely similar one to the other; and the action is so irregular, so uncertain, that you may be often for minutes together with the stethoscope carefully applied, and yet not be able to make up your mind. That is one case. Well, take another—such as that of the boy above stairs.

This boy presents some very curious phenomena; and he illustrates, again, difficulties which you would not anticipate, if you merely depended upon the text books for a diagnosis of disease of the heart. There are two difficulties here. It is difficult to say whether the murmur which he has, belongs to the first or to the second. But there is a greater and

a still more important difficulty in this case, viz: to determine whether this is an organic murmur or an anæmic murmur; and I am not ashamed to say that my own mind is not made up on the subject. In short, I could not take upon myself to say which it is. It would be very easy to adopt one theory or the other, and to argue in a very specious manner upon it; But I know thoroughly the difficulties of the subject; and I declare to you, that I think, at this moment, it would be hardly possible to say whether this boy has disease of the valves of his heart or not. There is one consideration connected with the case which is drawn, not from physical examination at all, but from the general history of the patient, and it is this, that, while organic murmurs are rare---very rare in the form of disease which he has had---inorganic murmurs are comparatively common.

This is a very strong point. We are here under this difficulty, which you meet with every day in private practice,---that you are called on to give an opinion when the data that should guide you in that opinion are deficient. We want to know the previous history of this boy. If, instead of being in hospital, this boy were a patient in private practice, and had been under your care, and you had been the attendant on his family for years together, and were familiar with him, and intimate with the state of his heart, you would be able to say, first, if he ever had carditis; next, whether, before his late attack, he had murmur in his heart or not; but we know nothing of all this; and the only fact we have to go on is the observation of Mr. Daly, that, when the boy was first examined, this murmur was not there at all. I myself have no doubt as to the correctness of this observation of Mr. Daly; my own opinion is, that, whether the murmur be organic or inorganic, it has been developed since the patient came into the house. Can we distinguish by acoustic signs alone, gentlemen,---and this is a point which bears on the subject of fever in a most important manner,---the inorganic from the organic murmur? The answer to that question is, simply,---that, in the present state of our knowledge, there are many cases in which we cannot do so; that there is no special acoustic character by which you can distinguish one of these phenomena from the other. This looks like a depreciating statement, as far as diagnosis is concerned; but the cause of diagnosis would be much more injured by attributing to it powers which it does not possess, than by confessing its deficiencies. The diagnosis, in the case in question, is to be drawn from other circumstances,---generally speaking, from circumstances connected with the condition of the patient, the absence of the signs of inflammation, and a variety of other points which we will consider more in detail on another occasion.

To come to the murmur in fever, the observation has been made in a considerable number of cases, that valvular murmur, when the patient is made to sit up, does not disappear; but, we have found in this hospital that, in many cases in which a murmur was observed after fever, it was ascertained; that, when the patient was placed in an upright position, the abnormal sound disappeared, or, if it did not disappear altogether, it became greatly less intense; so that the disappearance of the murmur in the upright position is in favor of its inorganic nature, while its persistence or aggravation is in favor of its organic origin. So far so well. But, you

would ask, is this rule absolute? That is a question which must be answered in the negative; for you will meet with cases of anæmic murmurs which are not influenced by position; and I believe there are, on the other hand, cases of organic murmurs which are influenced by position. There are, doubtless, some cases of organic murmurs in which, when the heart is made to act rapidly, the murmur either disappears, or becomes lost in the other cardiac sounds, so that you cannot distinguish it.

My own impression about the patient, whose case we are at present studying, is that the murmur is inorganic. I trust it is; but I would not say so positively. I say this, because the character of the sound, although it is very aggravated,—although it approaches very closely indeed to the inorganic murmur,—is similar to a kind of murmur which I believe we, in this hospital, were the first to describe, that is, the true muscular murmur of the heart,—a sound produced simply by the contraction of the muscular fibres when they do not contract *per saltum*, when they contract vermicularly, as it were; it possesses more this character than the character of the true valvular murmur. There is another point connected with it which is of importance. If this murmur was valvular, it would imply a great deal of disease; a rough, rasping murmur in the situation of the aortic valve implies generally a great amount of disease, and commonly of chronic disease; and, under these circumstances, you may be prepared to expect that the patient will show other signs of disease of the heart. So that we here have a diagnosis drawn, as I often observed to you before, from that most important source, the want of accordance of the symptoms. There is here, supposing the case to be organic, a want of accordance of the symptoms; for we should expect, that with this great amount of valvular disease, there would be signs of dilatation of the left ventricle, that there would be signs of dilatation; symptoms which commonly attend upon this form of disease of the heart. And yet here is a most curious fact, that even when this boy had one of his lungs almost entirely obstructed,—a condition which often acts in developing latent disease of the heart,—even at that time the symptoms of heart suffering were not at all remarkable. So that there is here, to a great degree, this want of accordance in the symptoms; and this is against the opinion of the disease being organic, and in favour of the view that the murmur is of a functional nature. The great mistake, gentlemen, that was made,—I am happy to say that it is now going out very fast,—in connection with auscultation generally, was this, it was supposed that every disease had its special acoustic sign, and consequently the attention of students and physicians was directed to the study of those signs in a purely mechanical point of view,—merely to the observation of their acoustic characters.

There can be no doubt that it is of the greatest possible importance to study carefully everything connected with a diseased organ, both its physical and its vital phenomena; but what you have to learn specially is this, not so much how to detect the sign, or how to recognise it, as to know how to reason upon a particular sign when you have discovered it. It is here the clinical student of long practice and experience has the greatest superiority over the mere reader. His mind is trained to reason upon the phenomena which he observes. Here we have a group of

phenomena; and if we did not give ourselves the trouble of turning every possible point of the case over in our minds, we would come, I am sure, to a very imperfect and erroneous conclusion about it.

Bear this in mind always, that there is no pathognomic physical sign of any disease whatever. This cannot be too strongly stated and I believe that we might go further, and say, that there is no combination of mere physical signs which, excluding the history and vital symptoms, can be justly considered to be pathognomic; at all events, if there be such a combination, it is one of extreme rarity indeed. We hear of certain murmurs being pathognomic signs of this and that disease of the heart, of friction sound being pathognomic of pleurisy—of crepitating râles being pathognomic of pneumonia—of amphoric sounds being pathognomic of effusion into the pleura. All this is wrong; it is based upon error; and you must expunge it altogether from your minds, if you wish to be accomplished physicians, investigators of truth, and faithful observers of disease as it is found at the bedside.

THERAPEUTICAL RECORD.

(*Memphis Medical Recorder.*)

Solidified Milk.—This is made by adding to 112 lbs. of fresh milk, 28 lbs. white sugar, and a teaspoonful of bi-carbonate of soda. It is then evaporated in a water-bath at a moderate temperature, being stirred and agitated all the while, but so moderately as to avoid churning. In three hours it assumes a pasty consistency, and by constant manipulation and warming, it is reduced to a rich, creamy-looking powder. It is then exposed to the air to cool, weighed into parcels of a pound each, and pressed into a brick-shaped tablet, which is covered with tin foil. This will keep for any length of time, and may be grated and dissolved in water for use, answering all the purposes of ordinary milk, even to the making of butter. Our ships and steamers will find this solidified milk convenient and economical, and it may come into general use in cities. It is particularly convenient for use in sick-rooms and hospitals.

Tinnitus Aurium.—In cases of this troublesome affection, attended by itching in the meatus, a scanty secretion of wax, and some degree of deafness, we have succeeded in affording relief, by the application of the spirit of nitric ether, a few drops of which may be poured into the ear, or the meatus may be moistened with it, by the use of a little cotton, or lint, on the end of a probe.

Podophyllin.—This active proximate principle is strongly recommended in the Boston Journal, by Dr. Bates, of Otsego, New York, as an alterative and secernent, making it a valuable substitute, in many cases, for mercury. Obstinate and habitual constipation has yielded to the daily use of one-eighth of a grain for one to six months. R Podophyllin, gr. j.; ipecac. pulv., ext. colocynth comp., aa grs. iv.; mucilag. q. s. m. ft. pil. viij. One to be taken every night. R. Podophyllin, gr. j.; ipecac. pulv. grs. v.; hyosciami ext., q. s. M. ft. pil. xx. One to be

taken every night and morning. R. Podophyllin, gr. ss.; sach. alb pulv., ʒij. M Divide into 24 to 32 powders. One to be given to an infant every night.

Lactate of Iron with Antispasmodics in some Neuroses.—Dr. Marchisudi has found the following formula very useful in neuroses, dependent upon onanism, gastralgia, epilepsy, etc. R. Valerianate of zinc ʒij; lactate of iron, ʒ iss; ext. belladonna, ʒ ss; ext. valerian q.s., to make 60 pills; patient takes two for the first two days, and afterwards gradually increases the dose.

Chronic Papular Eruptions.—Dr. Burgess considers them to consist of disorders of the cutaneous nerves, and prescribes, in severe cases of prurigo, strychnia and phosphorus; he has found phosphorated ether, preceded by repeated doses of hyosciamus for a day or two, succeeded in allaying obstinate pruritus, given internally.

PERISCOPE.

French.

Sur l'attitude des malades, au point de vue du diagnostic, par M. Barth, observations recueillies par M. Duclos.

L'attitude que prennent certains malades dans leur lit peut devenir un signe et éclairer le diagnostic; bien plus, dans quelques cas, certains symptômes se prononcent davantage sous l'influence de la position. Voici un exemple dans lequel on va voir des hémoptysies augmenter chaque fois que le malade, en se couchant du côté d'une caverne pulmonaire, rendait celle-ci déclive.

Phthisie Pulmonaire.—Trois cavernes au sommet du poumon gauche; tubercules isolés, répandus en grande abondance dans les deux poumons, mais sans caverne à droite; décubitus dorsal, et sur le côté droit seulement possible. Pendant le décubitus latéral gauche, hémoptysies abondantes; les hémoptysies s'arrêtent, quand le malade reste en repos dans le décubitus dorsal et la tête très élevée.

Le nommé H. Achille, âgé de vingt et un ans, peintre sur porcelaines, entra le 3 mai 1854, à Beaujon, salle Saint-Louis, No. 30. Son père est mort à quarante ans (le malade ignore de quelle maladie); sa mère est morte à quarante-cinq ans, d'un catarrhe pulmonaire: elle a toussé pendant deux ans consécutifs. Quant à lui, il ne se rappelle pas avoir eu de maladies autres que la rougeole et la coqueluche, à l'âge de quatre ans, affections après lesquelles il a conservé un catarrhe pulmonaire pendant six mois.

C'est un jeune homme de taille moyenne, ayant un embonpoint médiocre: ses clavicules ne sont pas saillantes; son visage arrondi, a conservé un peu de fraîcheur; les pommettes et les lèvres sont rosées, mais tous les téguments ont une blancheur de cygne; sa peau est très mince, les ongles sont fortement hippocratiques. Il est malade depuis sept mois; la maladie a commencé par un abondant crachement de sang qui a duré pendant trois jours consécutifs, et a été suivi par un rhume, accompagné d'une expectoration abondante. Le sang fut d'abord rendu par

petits filets mêlés à des crachats visqueux et aérés, pendant de grands efforts de toux. Déjà depuis deux ans le malade avait remarqué qu'il rendait, le matin au réveil, de gros crachats blancs, opaques, purulents, quand il avait pris la veille des vins capiteux. Cependant, ce n'est que depuis sept mois qu'il a maigri, perdu ses forces, et qu'il a des sueurs très copieuses la nuit, au niveau des aisselles. Depuis ce temps, il ressent des douleurs derrière le sternum et entre les deux épaules, douleurs qu'il compare à celles que produirait un fer rouge, et qu'il a ressenties, pendant un temps très long, dans le sein gauche. La toux, la parole, les moindres efforts musculaires exaspéraient considérablement ces douleurs. Une toux opiniâtre est survenue, s'accompagnant d'une expectoration très copieuse, puisque le malade remplissait chaque jour un crachoir de crachats jaunes, opaques, purulents, ammassés, nageant dans un liquide analogue à de la salive. Depuis sept mois, les hémoptysies sont revenues un très grand nombre de fois; elles duraient trois jours et s'arrêteraient souvent d'elles-mêmes. La quantité de sang rendu était tantôt plus, tantôt moins abondante. Le malade se rappelle en avoir quelquefois rendu un demi-verre à la fois; en somme, il a évalué à quinze jours le temps pendant lequel il a eu des hémoptysies. A propos du crachement de sang, le malade nous dit qu'il revenait souvent, sans cause connue; qu'il ne saurait dire si la toux le produisait toujours, mais qu'il a positivement remarqué, "et c'est le point capital sur lequel nous appelons l'attention," qu'en se couchant sur le côté gauche, aussitôt la dyspnée devenait plus grande; il survenait à la gorge un picotement qu'il lui annonçait qu'il allait rendre du sang; et s'il ne changeait de côté il avait une abondante hémoptysie qui durait pendant tout le temps que le décubitus latéral gauche était conservé, et qu'au contraire, s'il se couchait sur le dos, la tête très élevée, le crachement de sang s'arrêtait. Le malade insiste encore sur un autre signe; c'est le suivant:

Tandis qu'autrefois il dormait très bien la nuit, indifféremment sur le dos, ou sur un côté ou sur l'autre, depuis sept mois, il ne peut plus dormir que sur le côté droit, "c'est-à-dire du côté du poulmon que nous verrons être le moins malade." Pendant la veille, il conserve ordinairement le décubitus dorsal.

Pour abrégér, nous ne ferons qu'indiquer sommairement les autres symtomes que présentait le malade: les fonctions digestives se faisaient mal depuis une quinzaine de jours; quand il entra dans le service, il ne pouvait chaque soir son diner; il n'avait pas habituellement de diarrhée, mais plutôt de la constipation. Tous les soirs, il y avait un léger mouvement fébrile. La voix était enrouée depuis huit jours seulement.

Au sommet gauche, en avant, on trouvait:

1. Une matité très prononcée;
2. Des douleurs à la pression dans les deux premiers espaces intercostaux;
3. Une absence complète des vibrations thoraciques pendant qu'on faisait parler le malade;
4. De gros râle muqueux ressemblant un peu à du gargouillement, tandis qu'au sommet droit la sonorité thoracique paraissait normale, les vibrations très fortes, les râles muqueux un peu moins abondants, l'expiration soufflante et prolongée. Les deux bruits du cœur, réguliers, pa-

naissaient très superficiels, sans doute à cause de la maigreur de la poitrine.

20 juin.---Après six semaines de séjour à l'hôpital, les accidents, qui avaient été chaque jour en s'aggravant, augmentèrent tellement, que depuis ce moment le malade n'a plus quitté son lit.

Aujourd'hui, le visage est bouffi, infiltré; les jambes, les cuisses sont fortement œdémateuses; les battements du cœur sont très forts, très superficiels, accompagnés d'un bruit de souffle au deuxième temps à l'origine présumée de l'aorte. Le pouls est devenu très irrégulier, "comme dans les cas où il se forme des caillots dans le cœur."

Avant-hier, il est survenu une nouvelle hémoptysie à la suite de grands efforts de toux. La respiration est difficile, et s'embarrasse chaque jour de plus en plus.

Le 24, l'asphyxie avait été chaque jour en augmentant: un râle trachéal, survenu le 23, dura vingt-quatre heures, et le malade mourut à quatre heures de l'après-midi, ayant conservé complètement sa connaissance. On a remarqué que, pendant les vingt-quatre heures qu'a duré l'agonie, le malade est constamment resté couché sur le côté droit.

A l'autopsie faite le 24 juin, on trouva les deux poumons infiltrés de tubercules, depuis leur sommet jusqu'à leur base; ils adhéraient aux parois thoraciques dans presque toute leur étendue. L'adhérence du sommet gauche aux côtés était si intime, qu'on ne put l'extraire complètement de la poitrine, et qu'il en resta quelques fragments attachés aux côtes, au niveau du creux de l'aisselle. A l'extérieur, leur tissu est rouge foncé, marbré par un millier de points blancs jaunâtres, de la grosseur de têtes d'épingles à chape et qui sont des tubercules ramollis.

On trouva, au sommet gauche, trois grandes cavernes et une foule de petites cavernules. De ces cavernes, l'une, située tout-à-fait au sommet, pouvait loger une noisette, elle paraissait la plus ancienne et était tapissée, dans toute son étendue, par une fausse membrane blanche.

La deuxième, située à 6 centimètres en dehors du bord antérieur du poumon, répondait au niveau du creux axillaire; elle pouvait loger une noix; elle n'était recouverte, en dehors, que par la plèvre épaissie; elle était remplie de pus crémeux. A l'intérieur, son tissu, gris rougeâtre, inégal, déchiqueté, laissait voir des vaisseaux violacés allant d'une paroi à l'autre.

Enfin la troisième caverne était immédiatement en arrière de la précédente, beaucoup plus grande, plus inégale: elle aurait pu loger une pomme d'api; elle était encore très superficielle, et seulement recouverte en dehors par la plèvre épaissie. Elle était comme les précédentes, remplie de pus crémeux. Nous n'avons pu trouver nulle part de bronche directement en communication avec les cavernes pour expliquer les hémoptysies fréquentes observées pendant la vie.

Dans le poumon droit, également farci de tubercules, il nous a été impossible de trouver aucune caverne. Le sommet de ce côté présentait sur chaque coupe de petites granulations rouges, entourant les tubercules ramollis; son tissu surmontait dans l'eau, tandis que le poumon gauche ne surmontait pas.

Le cœur avait son aspect normal, mais renfermait du nombreux caillots fibrineux organisés, peu adhérents aux parois. Les valvules des orifices auriculo-ventriculaires et artériels paraissaient insuffisantes, gênées qu'elles

étaient par quelques caillots qui les appliquaient contre les parois. Un gros caillot fibrineux, non adhérent, remplissait outre mesure l'oreillette droite.

Dans le larynx, on n'a trouvé qu'une ulcération tuberculeuse à la commissure postérieure des cordes vocales supérieures. Toute la muqueuse de la trachée était rouge violacé.

Nous passons sous silence les lésions trouvées dans les autres organes, parce qu'elles ne se rattachent pas aussi directement aux points que cette observation nous paraît mettre en saillie.

Si plusieurs faits semblables au précédent étaient observés, ils pourraient montrer :

1. Que les phthisiques qui n'ont des cavernes que d'un seul côté se couchent de préférence la caverne en l'air, et que le sommeil dans ce cas ne peut survenir que lorsque le décubitus a lieu sur le côté le moins malade. En sorte que le genre du décubitus pourrait indiquer déjà, avant la percussion ou l'auscultation, quel est le poumon le plus malade ;

2. Que le décubitus sur le côté affecté de cavernes amène quelquefois des hémoptysies, position que, en rendant la caverne déclive, lui donne peut-être plus de tendance à se remplir de sang ;

3. Enfin que, pour faire cesser le crachement de sang dans les cas de ce genre, il faut conseiller le repos dans le décubitus dorsal, la tête très élevée.—*Moniteur des hôpitaux.*

ENGLISH.

Origin of Sugar in the Liver.—M. L. Figuier, of the School of Pharmacy of Paris, has read a memoir in opposition to the explanation given by M. Claude Bernard, of the formation of sugar in the liver. The latter gentleman demonstrated for the first time in 1848, that the liver of men and other animals contained a certain quantity of sugar. Pursuing this idea—previously unknown—he was led to consider the liver as the organ in animals for the production of sugar. Having opposed theoretically the opinion of Bernard, Figuier presents some experiments which he had made in this subject. The soluble contents of the liver of the ox, which had been the special object of his researches, are besides the blood :

1st. An albuminous substance, which resembles a compound studied and described by M. Mialhe, under the name of albuminose, the product, according to this chemist, of the ordinary transformation which nitrogenized aliments undergo during digestion.

2d. Of Glucose.

3d. An organic acid and a small number of mineral salts, of which chloride of sodium is chief.

The experiments of Figuier appear to prove that the secretion of sugar is not located in the liver. That which gives strength to the idea, is the admitted fact, of the non-existence of glucose in the mass of blood in its healthy condition. The remarkable fact has been observed, that animals subjected during whole months to a diet composed exclusively of meat, retained in their livers appreciable quantities of sugar. We have demonstrated, says M. Figuier, that the blood of man and of domestic ani-

mals contains sugar, and that the liver, taken pound for pound, contains only two or three times as much as the blood; this difference is not surprising. The liver is essentially an organ of depuration for the blood. The different products of digestion taken by the vena porta from the whole surface of the intestinal tube, undergoes in this large gland a peculiar change, by which, matters useless to nutrition are thrown off, and the essentials of digestion retained. It is not, therefore, astonishing that sugar is found more abundant in the liver than in the blood. All the glucose produced by digestion is concentrated there, to be afterwards distributed by the hepatic veins to the general circulation. Arrived in the mass of the blood it is gradually destroyed by the process of respiration, and its amount consequently diminishes continually. From the facts that we have observed, it follows that the experiments of Bernard, demonstrating the persistent existence of glucose in the blood of dogs, subjected exclusively to animal food, cannot be invoked in favor of the gluco-genic function. I have shown that there exists nearly a half centieme of glucose in the blood of butchered animals, of the ox, and of the sheep, collected at the moment these animals were killed for the market. Now, the flesh of butchered animals contains vessels, these vessels contain blood; thus the meat of the ox and sheep which was fed to the dogs, in the experiments of Bernard, contains sugar, and he administered, doubtless, the compound even, which we will mention shortly. The quantity of glucose thus introduced was no doubt small, but it was constant, and the liver being an organ of condensation, and of accumulation for the glucose, the proof of its existence was very naturally found in this organ at the autopsy. Our experiments allow us finally to explain very simply the peculiarities which have brought to light the study of what is called the gluco-genic function.

M. Bernard observed that the appearance of sugar in the liver coincided with digestion; and he has dwelt considerably on the point. If it be admitted that sugar is not introduced to the liver, except through the products of alimentation, that is to say, through feculent, or saccharoid aliments, the coincidence of the appearance of sugar with the digestive period will be explained.

We conclude, finally, that the liver in man and animals does not make sugar; that all the glucose that it contains comes from the blood that fills its tissue, and that this glucose has been carried in the vessels by the digestion of amylaceous or saccharine aliments.

The function of the liver, as a secretory organ, is confined, in our opinion, to the elaboration of the bile, and it is very singular that this proposition, that existed in the early history of science should assume, in our day, the appearance of a novelty.--*Phil. Med. & Sur. Examiner.*

! *Edema of the Glottis.*---In the more advanced stages of laryngitis, when effusion has taken place into the submucous cellular tissue, it has been suggested by a correspondent of the *Medical Times and Gazette* to incise the mucous membrane on the anterior surface of the epiglottis, and thus give exit to the effused fluid. This treatment, though not original, is worthy of some attention, and the operation might be performed with a hernia knife, and with but little difficulty.--*Philadelphia Medical and Surgical Journal.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

OUR PROPOSAL.

If hitherto we have avoided writing of our affairs, the omission has been due to a desire of abstaining from the publication of any rash conclusion or uncertain position. We, however, now enter upon our third volume, and warranted by a past experience, knowing our resources with our liabilities, we can look through the vista of time to come, and pre-see our future career.

The existence of the *Medical Chronicle* may be pronounced to be established. Under its present form and size its support is justified by its subscription list. Its pages will not be increased during the current year; for any practicable addition would be too small to be conveniently employed in its "making up." It will, therefore, pass without change through another year, at the expiry of which, should our hopes be realized, the same enlargement will be made of the fourth as of the second volume, viz., of at least 100 pages more than its predecessor.

But, while the *Chronicle* has hitherto been a self-supporting journal, and can continue to progress in its present independence, we have been induced from a consideration of the professional benefit that would be derived from its acceptance to make the following proposal:—

Our offer is, that if the various medical corporations in Canada will give, from their funds, an annual contribution, we will apply the collective amount towards augmenting the *Chronicle*; and the increase will be proportioned to the excess of revenue we thus receive, as the receipts will not be appropriated to individual remuneration, but solely expended upon the desired object.

An addition of £50 a year to our income as proprietors would enable us to increase the size of the *Journal* by one-third of its present bulk. We should then present our readers at the end of the year with a volume of 640 pages, instead of one of 480, or at least each number would contain a dozen extra pages. This sum could readily be procured. The College of Physicians and Surgeons, Canada East, alone could vote the whole. From its last report there was a balance in the hands of the Treasurer of £183 16s 9d, and its revenue has been computed at about £212 a year; a very large sum, which, under the present constitution, is not disbursed so as to be productive of any lasting benefit, and from which, after subtracting the incidental expenses necessary to the existence of the corporation, a large proportion is left, of which the amount we

would devote to the enlargement of the *Chronicle* is but a small item. But in a cause for the general good it might be invidious to leave the execution with one body, where there are many others.

In the estimate of the expenses of the Civil Government, for 1855, we find, to the Medical Schools,—those of McGill College, of Montreal, and of Kingston,—a provision of £250 each; a similar amount, we believe, is obtained by the Toronto School of Medicine; and the Laval College is also in receipt of a Legislative grant. Now, assuming the whole to be in receipt of Parliamentary aid to the extent of £1250, in order that they may further the cause of medical science, would it, we ask, be irrelevant if each added its mite of £10 towards the common stock necessary for accepting our proposal, and thus giving a decided effect to the munificent spirit of the Government. But, besides these seats of medical learning, there are yet others in Canada—the Trinity University and the Quebec School of Medicine—who might, actuated by kindred feelings of philanthropy, also bring in their offerings, and thus either increase the allotted sum or lighten the tribute of each.

We have particularized £50 but merely for convenience of calculation, as any other number would do as well, and any other division than the one specified be equally satisfactory. Thus, assuming £70 were subscribed, 20 might be procured from the College Physicians and Surgeons, Canada East, and 10 from 5 of the most willing of the 7 schools.

This, then, is "Our Proposal." We ask not for ourselves. Personally it is immaterial whether we receive this aid or not;—without it the *Chronicle* lives, and will not die. But we ask for the profession. We wish, for them, that the only journal published in this Province shall contain additional matter of interest and instruction. Its present size, for the price, is larger than many cotemporaneous journals, and if further augmented the subscription will still be the same. We have, in suggesting the channels through which the surplus revenue to the Journal might be derived, naturally instanced the medical corporations of Canada, for professing the desire to further medical education and diffuse professional knowledge, they, at least, should give effect to a great means by which these desiderata are to be attained, and thereby patronize medical journalism. This general proposal will be followed up by a special one, and we hope in a few months to lay before our readers flattering results of our endeavors on their behalf.

•QUEEN'S COLLEGE, MEDICINÆ DOCTORES PRIMITIVI.

Queen's College, by Royal Charter, has the power of conferring degrees in the different Faculties. Hitherto, its honors have been confined to students in Divinity, Law and Arts. At length, however, those in

medicine have been included, and the first fruits have been presented. On the 5th of last April the ceremony of graduation was held and eight gentlemen received the degree of M. D. The inauguration having been finished the Reverend Professor George, Vice President of the University, delivered a farewell address, in which he exhorted his hearers to the diligent cultivation of Medical Science. This subject appears a remarkably fitting one when the peculiarities of the occurrence are properly considered. The degrees were awarded at the end of a *five* month's Session, thus following the example of colleges in the United States and entailing a value upon the former equivalent to that attached to the American copy. But here the parity ceases as further comparison is unfavorable towards Queen's College by shewing the superiority of the prototypes. She does not require as extensive a curriculum of study as they do. She does not demand of her alumni, the same complete acquaintance with medicine that they seek. She does not teach some of the most important branches upon which they dwell and consequently her graduates leave their alma mater imperfect and unfinished: as instances of the omission we may adduce Institutes of Medicine and Medical Jurisprudence. These dissimilarities are in the present state of our science sufficient reasons for paying less consideration to her degree than to those which in one particular she strives to emulate. And if after this, American degrees be not admitted here, certainly those of Kingston cannot be recognized without a violent breach of consistency. But besides the incompleteness of education and scantiness of attainment of which her degree is an assurance, it is to be discountenanced, because, like a thing meant as an *ad captandum vulgus*, it is offered at a reduced price—the rate of usage has been brought down and a scale adopted lower than any other in Canada. We are not, therefore, surprised that by inducements cogent like these, students should be seduced from other schools as is proudly asserted from New York and other Universities. The temptations of cheapness and laxity are not always irresistible. Want often compels the highway to be deserted for the by-path, and when possession is facilitated the indolent will be drawn into its pursuit. It is, however, obvious that degrees thus procured at inferior price, by less study and upon defective information are not entitled to the estimation enjoyed by others against which these objections do not hold. We would recommend that in future graduates append to their signatures the name of the University from which they hail. As affairs now are in this Province, such a distinction is required. An M. D. alone is of little worth, and unless thus discriminated might as well be dropped. By those who can boast of McGill College as their parent, such a course

should be especially followed. A similar custom is often pursued at home, and so we read of—M. D. *Edin* or *Cantab* or *Oxon*, &c. And truly if there the practice be found desirable to prevent mistakes or to glory in the renown of descent, it is loudly called for here. Furthermore we must suggest that degrees bestowed under such circumstances as those of Queen's College should *not* be received either by the College of Physicians and Surgeons, C. E., or the Toronto Medical Board, as entitling their holders to a provincial license to practice without an examination; for if they be an act of gross injustice will be done to the American graduate who is excluded. And should the attempt be made to shelter the parties under the screen of being from a *British* University, we would urge, repulsive though it be, the legalization of the old familiar appeal of demeaning graduates indiscriminately to examination. For we can see that this expedient would be the only preservative to the country against a flood of M. D's. of every kind, and the interruption of the system that now prevails, whereby licensing boards are being indefinitely multiplied. These, then, are the peculiarities of the occurrence when the *medicinæ doctores primitivi* stalked forth from Queen's College, and we sincerely regret that the degrees then lavished away should wear upon their fronts the impress of *medical excellence depreciated*.

The names of the graduates and the schools whence they came are as follows:—

Daniel Chambers,	Toronto University.
Robert Douglass,	Trinity College.
Samuel Dunbar,	Toronto School of Medicine.
Western L. Herriman,	Toronto University and Trinity College.
William Hillen,	Trinity College.
John F. Mercer,	Toronto School of Medicine.
Wm. Summer Scott,	Franklin College, Toronto University and Trinity College.
H. W. Spafford,	Toronto University & N. Y. University.

TO THE EDITORS OF THE MEDICAL CHRONICLE.

GENTLEMEN—It appears to me that I cannot better comply with the request of my friend, the Hon. P. B. DeBoucherville, than by sending the enclosed sketch of an interesting case to you for publication, for the purpose of attracting professional attention to it. In a private note Mr. D. B. observes that further information may be obtained by reference to the Roman Catholic Bishop at St. Hyacinthe, Hon. Mr. Cartier, Rev. Mr. Lafrance, or Drs. Bouthillier or Labriere. To those fond of

physiological pursuits, the case is undoubtedly possessed of great interest. I remain yours &c. &c.

A. HALL, M. D.

Montreal, May 26 1855.

Quebec, 13 Mai, 1855.

Monsieur,—Je n'ai qu'un désir, qu'une pensée, être utile à mes Semblables. Veuillez communiquer ce qui suit à vos collègues, et au public si vous le juger à propos. Si la Science peut tirer partie de ma communication, ma satisfaction sera grande, j'aurai rempli un devoir sacré envers mes frères de toutes origines, de toutes couleurs.

“ Il se présente en ce moment à St. Hyacinthe dans le District de Montréal, un phénomène physiologique, que je crois bien intéressant, et qui mérite d'attirer l'attention des hommes de la science.

Voici les faits tels que j'ai pu me les procurer. Il existe à St. Hyacinthe une jeune fille, âgée de 17 à 18 ans (j'ai oublié le nom) appartenant à une famille respectable de l'endroit, qui pendant près de trois mois n'a pris aucune nourriture quelconque, soit en boire soit en manger ; quoique la santé ne peut nullement en souffrir, que son teint fut coloré, sa gaiété toujours vive, vaquant aux ouvrages de la maison, enseignant aux petites pauvres lecture, écriture prières et à coudre, elle ne paraît pas jouir d'une très forte constitution. Depuis Noël dernier après trois mois d'un jeûne absolu, elle a commencée à prendre quelque nourriture mais très légère, qu'elle est néanmoins incapable de garder et qu'elle rejete aussitôt.

Cette jeune personne d'un caractère aimable et candide au dire de ceux qui la connoissent ne paraît pas chercher à tromper, et après une stricte surveillance on s'est convaincu qu'il n'y avait aucune deception de sa part.

Il faut qu'il y ait dans l'organisation physique de cette personne quelque chose de bien extraordinaire, pour offrir un semblable phénomène. On conçoit qu'un sommeil léthargique peut durer des jours, des semaines mêmes ; on conçoit qu'une personne puisse rester quelque temps, sous l'influence d'une fièvre, sans prendre de nourriture, mais demeurer dans son état normal, n'engraisser ni n'emagrir ; conserver son teint, son sommeil, ses forces, sa gaiété sans changement appréciable, et cela aussi longtemps sans boire ni manger, il y a là ce me semble quelque chose de bien extraordinaire et qui mérite certainement que la science s'en occupa.

Une investigation des faits, une étude des symtomes et une recherche des causes, pourrait peut être conduire à une solution de ce phénomène physiologique, et ouvrir à la science la voie à de nouvelles découvertes

aussi intéressantes qu'utiles sur l'organisation et le fonctionnement du système physique de l'homme.

Convaincu que le seul énoncé de l'existence d'un phénomène semblable suffira à attirer l'attention des hommes de l'art et que la le désir d'en étudier le caractère et d'en pénétrer la cause sera pour eux un motif suffisant pour les induire à s'en occuper, j'ose espérer que l'on ne me refusera pas de m'associer à l'œuvre en me permettant de prier pour la venue d'une découverte qui ne servira que d'avant garde à de plus brillantes, fera disparaître l'idée absurde qu'il y a dans la nature des mystères impénétrables à la science.

Veuillez me croire bien sincèrement,

Monsieur,

Votre ami et serviteur,

PIERRE BOUCHER DEBOUCHERVILLE

A. Hall, M. D., Montreal.

GRADUATES IN MEDICINE—MCGILL COLLEGE, 1855.

At the Annual Convocation of the University of McGill College, held on Thursday the 3rd May, 1855, the degree of Doctor of Medicine and Surgery was conferred upon the following gentlemen whose names with the subjects of their theses, and places of residence are contained in the following list:—

Jno. B. Gibson,	Dunham, C.E.,	Orchitis.
Nelson Loverin,	Brockville, C.W.,	Iritis.
James M. Paterson,	Woodstock, C.W.,	Dysentery.
Eliphalet G. Edwards,	London, C.W.,	Morbus Coxæ.
George Pringle,	Cornwall, C.W.,	Tubercle.
Jas. F. Ault,	Matilda, C.W.,	Measles.
Jno. L. Stevenson,	London, C.W.,	Signs of Pregnancy.
Charles Ault,	Aultsville, C.W.,	Delirium Tremens.
Elzéar Gauvreau,	Rimouski, C.E.,	Cancer.

Two gentlemen to whom Examination had been granted, having acquitted themselves satisfactorily, were recommended by the medical faculty to receive degrees upon attaining their majority; they were—

James McG. Stevenson, of London, C. W.; and

Henry M. Webster, of Montreal, C. E.

The first presented an inaugural dissertation on cholera, and the second one on puerperal fever.

PRIMARY EXAMINATION—MCGILL COLLEGE, 1855.

The primary examination comprising the subjects of anatomy, chemistry, materia medica, and institutes of medicine was passed at the close

of the last session, by the students whose names are subscribed :—Alexander D. Stevens of Dunham, C.E. ; Alexander Kirkpatrick of Chippawa, C.W. ; Walter Jas. Henry of Montreal, C.E. ; William H. Keeler of London, C.W. ; Alexander H. Kollmyer of Montreal, C.E. ; Charles Belhumeur of St. Rose, C.E. ; Joseph A. Hamel of Quebec ; William Justus Jones of Maitland, C.W. ; Edouard Laberge of Chateauguay, C.E.

PRIZES IN MEDICINE—MCGILL COLLEGE, 1855.

Four prizes were awarded upon the termination of the different examinations ; three of which were borne away by one gentleman, who in point of age was the youngest of the competitors. The first was for the best thesis, and was adjudged to Mr. James McG. Stevenson. The second was for superior excellence in final examination, and was obtained by Mr. James McG. Stevenson. The third was for having exhibited most proficiency during the primary examination, and was given to Mr. Walter Jas. Henry.

These prizes were the gifts of the Governor of the College, who placed £12 10s. at the disposal of the Faculty for their purchase. The first was the most valuable, and the other two of equal value ; they consisted of books, personally selected by the successful candidates.

The fourth premium was for superior attainment in a knowledge of medico-legal matters, the gift of the Professor of medical jurisprudence Dr. R. P. Howard, and bestowed upon Mr. James McG. Stevenson.

COLLEGE OF PHYSICIANS AND SURGEONS, C. E.—SEMI-ANNUAL MEETING.

Montreal 3rd May, 1855.

The Semi-Annual Meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada was held this day, when were present :—Drs. Holmes, Sewell, Jackson, Marsden, Russell, Frémont, Sabourin, Weillbrenner, Bouthillier, Brigham, Johnston, Munro, Campbell, Bibaud, Boyer, Sutherland, Jones, Glines, Fowler and Peltier.

Dr. Holmes, the President, took the chair.

The minutes of the last Semi-Annual Meeting, held in Quebec in October 1854, were read and approved.

On a question put by the Secretary, the Diploma of the Faculty of Paris will be accepted, the gentlemen being the holders having to submit to an examination.

Apologies for non-attendance were received from Drs. Chamberlin, Landry and Babeau.

Drs. Munro and Russell were appointed to examine the Treasurer's Accounts and reported them perfectly correct.

A motion was proposed by Dr. Campbell and seconded by Dr. Marsden,—It is proposed to amend the present Bye-laws of the College respecting the fees to be paid by candidates for license, and that in future the sum of five dollars shall be retained from the amount returned to the unsuccessful candidates.

The Secretary is requested to publish the above notice in one of the Medical Journals in each District for six months before the next Triannual Meeting to comply with the Bye-laws of the College.

It was decided that Messrs. Martin and Cole, of Quebec, not having complied with the requirements of the Board, and practising without a license from the said Board, were to be prosecuted.

The following gentlemen, with University Degrees, were sworn and granted their licenses:—Drs. Jno. E. Gibson, James Paterson, G. Pringle, J. L. Stevenson, E. Gauvreau, Nelson Loverin, E. G. Edwards, J. F. Ault, and Chas. Ault.

The Board then proceeded to the examinations.

The following gentlemen, after satisfactory examination, received their licenses:—

Messrs. Ovide Peltier, B. S. Willson, M. St. Jean, Ant. L. Désautniers, M. Robillard, C. Belhumeur, and Stanislas Goyette.

Messrs. McLeod and Brunet, after examination, were granted their license as Apothecaries.

The following gentlemen having passed their preliminary examination were admitted to enter upon the study of Medicine:—

Messrs. Mignault, Barolette, Fovest, Shirriff, Ducket, Labrière, Monjeon, Bérard, Lussier, Giroux, Foisy, Godette, Dieudonné Généreux, Constant Loiseau, Fortier, Robitaille, Duhamel, Rousseau, Roy.

There being no other business, the Board adjourned.

É. P.

HECTOR PELTIER, M.D.,
Secretary for the District of Montreal.

Bangs & Co's. Bill.—We are happy to find that 'since our last, the bill intended to license Messrs Bangs, Cutter, Willes and Hutchison, has passed the Upper House; but with a *ryder* providing that the aforesaid parties shall be admitted to practice, after having passed the usual examination before the proper authorities.

NEW HOSPITAL AT QUEBEC.

A new hospital is about being founded in Quebec; it is proposed to name it after our gracious sovereign, and is to be known as the Victoria Hospital. On St. George's day an eloquent and appropriate sermon was preached in its behalf by the Rev. A. W. Mountain, Chaplain of St. George's Society, and after the conclusion of the discourse, a collection, amounting to £16, was taken up. This sum was given to the Trustees to be applied towards defraying the building expenses, and is, we understand, the first money, so far, raised towards the erection of this benevolent institution. From our topographical acquaintance with Quebec, we think the Victoria Hospital, if centrally located, will supply a long felt desideratum. In our opinion the Marine and Emigrant Hospital is in a very inconvenient situation, being in reality some miles away from the Cove, where ships generally lay, so that any poor sailor who falls off a yard-arm, or meets with an accident necessitating immediate assistance, may, from the lapse of time that must occur before it can be rendered, either perish during his removal, or be compelled to endure sufferings unduly protracted. As an infirmary for Emigrants it is liable to similar objections, because the landing and residences of these persons is in the Lower Town, principally about Cape Diamond, which is as far away from where the Hospital stands as any two extreme points in a large city can possibly be. As an Hospital for the wants of the town-people we believe its remoteness is also opposed to its being commonly resorted to by any but those in its immediate vicinity, viz., the St. Roch's Suburbs. The Hotel Dieu, intended as an Hospital for medical and surgical cases, is certainly central and not amenable to any objections as to its *locale*, but, if we recollect aright, the number of its inmates is very restricted, and its accommodations not sufficiently extensive for the wants of the poor who are sick and ready to die. The only other Hospital in the capital of Canada is the General Hospital, but it is merely an asylum or refuge for aged and incurable persons. Both the latter noble institutions are under the management of the Roman Catholic *religieuse*, and have long been conducted in a manner to merit the highest meed of praise.

 ADDITIONAL EXCHANGES.

- Revue Medico-Chirurgical.
- Western Journal of Medicine and Surgery.
- Memphis Medical Recorder.
- Middle States Reformer.
- New York Dental Recorder.

Returns of Medical Colleges in the United States, 1854-55.

	No. Students.	No. grad.
Medical Department, University of Nashville	294	93
Medical College of Georgia	171	93
Memphis Medical College	50	19
College of Physicians and Surgeons, N. Y.	182	44
University Medical College, N. Y.	307	108
Jefferson Medical College, Philadelphia	565	256
Medical College of South Carolina	194	77
University of Pennsylvania	426	178
Medical College of Savannah	50	17
Iowa Medical College, Keokuk	79	21
New York Medical College	116	33
Pennsylvania do	150	33
Philadelphia do	150	39
Virginia do	80	25
University of Louisiana, Medical Department	223	54

The following Colleges have only furnished returns of the numbers of their graduates:---

Medical Department, Yale College 10; Medical Department, University of Louisville 72; Buffalo Medical College 14; Medical College, Chicago 41; Medical Department, St. Louis 36; Medical College, Ohio 21; Miami Medical College 17; Kentucky School of Medicine 15; Starling Medical College 19; Albany Medical College 49; Castleton Medical College 19.

From the foregoing it appears that at the close of the last Session 1854-55, there were made in all the Medical Colleges of the United States 1412 Doctors of Medicine. Well might the expression of Abernethy be applied to them which he is represented to have passed upon his class. On the occasion of an introductory lecture upon the first appearance of this popular teacher while all around him was lost in a tumultuous uproar of welcome, he stood calmly looking on till the last sound of out-poured feeling was dying in the air, when shoving his hands still further down in his breeches pockets, he as it were involuntarily exclaimed in sad abstraction and with strange bewilderment "poor, poor devils, what will become of you." At length the sound of his own whistle that wound up the ejaculation, woke him from the reverie into which he had been led by the contemplation of their numbers and he proceeded with his lecture. And so we wonder what will become of these 1412 newly fledged Medicos, sent adrift upon this heartless world to seek its cold charity. Surely, Sir James McGrigor, late Director of the Army Medical Department, must have had a keen reference to the resources and manufacturing powers of "independent" Americans in the matter of Physic when he told the English Parliament "he could furnish a regiment of Surgeons at 24 hours notice."

NEW JOURNALS RECEIVED.

The Journal of Medical Reform for the people and the profession
 Professor J. M. Comings, Editor.
 The Forceps, a Journal of Dentistry.

CORRESPONDENCE.

LONDON CORRESPONDENCE. -- No. 6.

LONDON, 2d March, 1855.

Although only three weeks have elapsed since my 5th letter, during that time intelligence of a more satisfactory character has been received of the state of affairs in the East; altogether matters have taken a turn, but not as yet to any very great extent; sickness is diminishing in the camp, the spirits of the men are becoming enlivened, and a little more cheering, from the prospect of some immediate active service; and as food, clothing, and shelter now appear to have been meted out to the poor fellows, it is possible more lives may be saved among that gallant band of heroes. Anything seems preferable to what they have suffered in the shape of sickness and want, and when the moment arrives they will again show what British blood can do. But if accounts have been a little on the mending tack in the Crimea, the sickness is still very great at Scutari, and fever of a truly malignant type has commenced and has already lost to us 7 military surgeons; 8 nurses are prostrated very dangerously ill, and several others have arrived in England in charge of ship loads of sick. Now this is gloomy enough, for when disease begins to attack medical men, it shows pretty clearly the virulent nature of the malady. The consequence of this state of things, has been a great scarcity of physicians and surgeons to attend the sick, who are most frightfully crowded together, miles in extent, with space barely sufficient for a surgeon to pass between each bed as the *Times* correspondent justly remarks; in this emergency Government has called upon the Governors of all the large Hospitals and Dispensaries to recommend some of their staff willing to go to the East, their appointments to be kept for them until their return; the superiors to have 2 guineas a day, and the assistants £1 5s., with a full years pay the moment their services are no longer required. These terms are very liberal, and will be the means of obtaining men of first rate talent and energy for the task. A number have been already engaged and started direct for Smyrna, where it is intended to establish a large civil hospital. The others will be for general service in the East, but principally in the hospitals at Scutari, and shores of the Bosphorus. Independent of these, Surgeons and

their assistants are required for the Turks contingent of 20,000 men, to be under the command of Major General Vivian an officer of some distinction, who has served in the East Indies. Their pay I believe will not be so much, but there is good prospect of permanent employment. What a chance for some of our Canadian doctors! In the *Times* of the 28th Feb is a letter from the correspondent of that paper dated Scutari 15th Feb., in which is mentioned the death and sickness of the many medical men, already referred to. He gives the week's deaths as usual, which number 431, of these on sorting and cutting them up, I find 120 died from diarrhœa, 130 from dysentery, 93 from fever, 49 from frost bite, 15 from rheumatism, and 6 from wounds, and the others from miscellaneous affections; it will thus be seen that medicine and not surgery is the prevailing mode of practice, and in consequence many physicians will be sent there as well as surgeons. A good deal of excitement exists at this moment among the profession in relation to these appointments, some accept and then withdraw, others take some time to reflect, and others again go at once; and many men in really good practice and comparatively easy circumstances, with some nice little appointments, give up all temporarily and go, the years pay at the end of their period of service is to make up for the partial loss of practice on their return.

It cannot have escaped the observation of the profession in Canada, those particularly who read the English Medical Periodicals, that the East India Company have thrown open their appointments to merit alone, to be selected by examination solely, and not by interest as heretofore. This is one of the most liberal concessions made for years, and gives some 60 or 70 young men annually a chance of entering a service which places them in comparative affluence for life. In fact before long merit will be the passport to almost everything going, most certainly in the medical profession at least. There is now an inducement of no ordinary kind to enter the profession, and those who will write and attain to a proper and thorough efficiency, are sure to succeed in obtaining one or other of the many good things. I would most particularly draw the attention of Canadian medical students to these facts, they are quite as eligible as British subjects to compete with the most favoured, educated in this country; merit, and merit alone, being the one just and necessary qualification. So far as I know, as things medical are taught in the University of McGill College, it ought to be their own faults if students do not attain a thorough knowledge of their profession before they cross the Atlantic; but to assist them again, and to facilitate as much as possible their compliance with a certain curriculum of study as required by the East India Company and other great bodies here, all the necessary branches should be taught to save the trouble and expense and great

loss of time in attending them in this country, which will be the means of draining students from all parts of the Province, for education in a school with a European reputation; when these matters are more prominently set forth before them. I feel I am doing a service of no ordinary kind to the Canadian profession, in drawing their attention to these matters, which if too late in life to take advantage of for themselves, they may one day look for their sons; as the age of candidates, more especially for the East India Service must not exceed 26 years.

In your January number I observe some remarks by Dr. Niemeier on the case of spina bifida or hydro-rachitis, which I reported in your November number. I hope his feelings will not be hurt when I again repeat, that pressure upon the child's tumour even pretty firmly, very strongly and continually made, did not affect the cerebral functions, and was an *a priori* reason, that the opening of communication between the cyst and spinal cord was very small, and an operation justifiable. It would be foreign to my purpose to enter into a controversy upon this subject, but I hope some one of your numerous readers will contribute a paper upon what is a very interesting disease.

I did intend to say something about Hospital Reports but as the subject of this letter, which was intended to be short has grown upon me, I must defer till my next, if not off myself to the Crimea with hosts of others.

G.

HOSPITAL REPORTS.

UNIVERSITY LYING IN HOSPITAL.

(REPORTED BY MR. ALEXANDER H. KOLLMYER.)

Compound presentation of funis, occiput, left hand and right foot, and left side.—Presentations of the funis with other portions of the body are not rare, but the foregoing complication appears unique, and therefore deserving a corner in the Medical Chronicle.

Bridget B., æt 28, married, strong, and healthy, applied for admission into the University Lying in Hospital in March last. She was admitted although some time in advance of her accouchement, as she agreed to make herself generally useful in household duties. The present is her fourth pregnancy, nothing untoward having occurred in the previous ones.

Labour supervened about 10 A.M., on the morning of 10th inst. And having been summoned, I found, on examination, the os uteri thick,

most, cool, and yielding. The pains continued, and the membranes ruptured about 1 P.M., when a very large quantity of liquor amnii escaped.

On examination immediately after this event, a loop of the Umbilical cord presented itself externally, but no other presenting part could be reached by the finger. Thinking it a case for version, a dose of Opium was given, and the physician accoucheur, Dr. Hall, was sent for. On his arrival, after the introduction of his hand, he detected the occiput presenting above the Brim towards the mother's right Sacro-Iliac Synchondrosis, but so inclined as to lead to the supposition that the labour would have terminated in the first position of Nægelé, could every other obstacle be removed. A little to the left a foot was felt, and diagnosed to be the right one, and still higher up a hand, which turned out to be the left one--stretched across the brim of the pelvis--was the child's left side; while the umbilical cord still pulsating was prolapsed. By application of the Stethoscope the pulsations of the fetal heart were heard and counted to be 40 in the minute, thus indicating the great danger to which the child was exposed. Dr. Hall at first imagined that the case was one of twins, but on carefully examining, the fact was ascertained that the funis, foot, occiput and hand all belonged to the same child. An attempt was made to return the funis and to push up the inferior extremity, so as to permit a descent of the occiput, but the powerful pains which the mother was suffering prevented this manœuvre. By this time the pulsations of the umbilical cord had ceased. Having now resolved upon the operation of turning, Chloroform was administered, and when its anæsthetic influence had been secured, Dr. Hall proceeded to its accomplishment, by seizing the right foot and bringing it into the vagina, he secured it there by a fillet; with some difficulty he succeeded in seizing the other foot, and the labour then proceeded as usual until the delivery of the arms. With very great difficulty the sacral arm was made to effect its curve over the child's chest, but all attempts to perform the same operation on the Pubic one proved unavailing. This arm was found to be crossed behind the occiput, and resting on the brim, the difficulty necessitated a recourse to the blunt hook. This instrument was passed upwards along the back of the child, and fastened upon the shoulder, after which by careful traction it was brought into the cavity of the pelvis, where a very slight manual interference effected the disengagement of the arm. The head was finally extracted after considerable exertion.

The child (which was born dead) was unusually large. It weighed 10 lbs. 3oz., and measured 26 inches in length. The cord was also unusually long being about 28 inches. The duration of the labour was about 5½ hours, and the patient has completely recovered.

MONTREAL DISPENSARY--ANNUAL REPORT.

From 1st May, 1854, to 1st May, 1855:

Patients Admitted 376; Discharged Cured 260; Relieved 106; admitted Patents 1; sent to Hospital 7; Died 2; 34 were attended at their own residences.

Ages--under 2, 36; from 2 to 8, 38; from 8 to 20, 65; from 20 to 40, 115; from 40 to 60, 57; over 60, 15.

DISEASES AND ACCIDENTS.

Febri Com. Cont.	11	Synovit, rheum.	1	Gastro-enterit.	2
" Enteric	1	" scioful.	1	Colica	2
" Gastro-ent.	1	Carpi morb.	2	Constipatio	19
" Intermit.	1	Coxa "	1	Cholera, Infant.	2
" Remit.	1	Onychia	1	Carpi distort.	1
Rubeola Vulg.	4	Abrasio	2	Tarsi "	1
Scarlatina, simp.	1	Ambustio	4	Torsio	1
" Anginos.	1	Contusio	6	Fractur clavic	1
Vaccinia	1	Gelatio	5	" costae	2
Varicella	12	Vulnus	9	" Radii	2
Variola, discret.	6	Crustalactea	1	Caries Calvarii	1
Rheumat, acut.	10	Ecthyma	1	" Dent.	3
" chron.	3	Eczema	4	Necrosis Tibie	2
" syph.	1	Favus	1	Erysipelas	3
Lumbago	1	Herpes Circin.	3	Phlogosis	1
Plenrodynia	1	" Zoster.	1	Labi Inflam.	2
Scrofulosis	2	Impetigo Sparsa	1	Paronychia	1
Debilitas	6	Lepra Vulgar	1	Mastitis	1
Anasarca	2	" Inveterata	1	Abscessus	3
Morb. Cordis	2	Porrigo	1	" manim	1
Palpitatio	1	Prunigo	1	Furunculus	3
Asthma	2	Scabies	2	Ulcus	9
Cholera, malign.	5	Tinea Capitis	4	Fistula lachrym.	1
Diarrhoea	36	Cataract.	1	Oculi ambust.	1
Dysenteria	6	Conjunctivitis, simp.	3	Ophthal tarsi	3
Enterodynia	1	" Pural.	1	Cophosis	1
Flatus	1	Bronchitis, acut.	6	Otitis	1
Hæmorrhoids	8	" chron.	5	Otorrhœa	2
Helminthiasis	11	Catarrhus, acut.	19	Cystitis chr.	1
Obstipatio	1	" chronic.	7	Incon'tn urin.	2
Malus Hepatis	1	" senil.	5	Gonorrhœa	3
Ebriositas	2	Influenza	2	Spermatorrhœa	1
Cephalalgia	3	Pertussis	3	Urethre strict.	1
Hæmicrania	1	Phthisis	6	Syphilis	3
Vertigo	1	Dentitio	1	Amenorrhœa	7
Hemiplegia	1	Stomatitis	1	Graviditas	2
Neuralgia	2	Tonsillitis	3	Leucorrhœa	1
Odontalgia	1	Aton Ventric.	1	Menorrhagia	2
Arthralgia	1	Dyspepsia	11	Uteri Homorrh.	1
Podagra	1	Gastrodynia	3	Vulvitis	1

Diseases proving fatal---Bronchitis Senil, 1; Cholera malign, 1.

Attending Physicians---January, April, July and October: Drs. Boyer and Wright. February, May, August and November: Drs. Jones and Peltier. March, June, September and December: Drs. Fenwick and R. P. Howard.

QUARTERLY REPORT OF THE MONTREAL GENERAL HOSPITAL, ENDING 31st JANUARY, 1856.

Number of Patients admitted during the Quarter.....	189	Discharged.....	19
Remaining from last Quarter.....	78	Died.....	1
	267	Remaining.....	6
Total.....	267	Total.....	26
IN-DOOR PATIENTS.		OUT-DOOR PATIENTS.	
Males.....	121	Males.....	33
Females.....	68	Females.....	29
	189	Total.....	62

DISEASES, &c.	Admit.	Died.	DISEASES, &c.	Admit.	Died.
Abscessus.....	1	1*	Incontinencia.....	1	
Ambustio.....	3		Inebritas.....	1	
Amenorrhœa.....	2		Leucorrhœa.....	2	
Amputatio.....	1		Lumbago.....	1	
Anœmia.....		1*	Mania.....	2	
Aneurismus, Aortæ.....	1		Menorrhagia.....	1	
Bronchitis.....	11	1	Morbus Brightii.....	1	
Bursitis.....	2		Necrosis.....	1	
Catarrhus.....	3		Neuralgia.....	1	
Cephalalgia.....	1		Oedema.....	1	
Cholera, Canad.....	1		Ophthalmia.....	10	
Colica.....	1		Orchitis.....	2	
Constipatio.....	1		Paralysis.....	6	
Contusio.....	5		Paronychia.....	1	
Cynanche, Tonsil.....	1		Phthisis.....	1	1*
Debilitas.....	6	2	Pleurodynia.....	2	
Delirium Tremens.....	4	1	Prolapsus, ani.....	1	
Diarrhœa.....	5	1*	Pyrosis.....	1	
Eczema.....	1		Rheumatismus.....	10	
Emphysema.....	1		Rubeola.....	1	
Epilepsia.....	2		Scabies.....	3	
Erysipelas.....	2		Scarlatina.....	1	
Feb. Com. Cont.....	16	1*	Scrofula.....	2	1*
" Intermit.....	5		Strictura.....	1	
" Typhoid.....	7		Submersio.....	1	
" Typhus.....	1	1	Synovitis.....	2	
Fracture.....	11		Syphilis.....	9	
Gelatio.....	2		Tenesmus.....	1	
Gonorrhœa.....	1		Tumor.....	1	
Hæmorrhoids.....	1		Ulcus.....	15	
Hypochondriasis.....	3		Variola.....	1	
Hysteria.....	2		Vulnus.....	1	

Those marked with an * were admitted during a previous Quarter.

Operations, &c., during a previous Quarter.

Major Operations.—Portions of Feet Amputated, 3; Tumours Excised, 2; Circumcision, 1; Hydrocele Tapped, 1; Operation for Prolapsus, ani, 2. Total, 9.

Fractures Treated.—Simple, 9; Compound, 2. Total, 11.

Minor Operations.—Teeth Extracted, 47; Cupping and other minor operations, 43. Total, 90.

Attending Physicians.—Drs. Crawford and Arnoldi.

ROBERT CRAIK, M.D.,
House Physician and Surgeon.

REPORT OF THE MARINE AND EMIGRANT HOSPITAL,
QUEBEC.

[For the year ending 31st December, 1855.]

DISEASE	REMAINING					DISEASE	REMAINING						
	Admitted.	Total.	Discharge.	Died.	Remaining.		Admitted.	Total.	Discharge.	Died.	Remaining.		
Abcessus,	3	74	77	77	0	0	Luxatio,	0	6	6	6	0	0
“ Lumbal,	0	1	1	0	1	0	Menorrhagia,	1	0	1	1	0	0
Amaurosis,	0	1	1	0	0	1	Morbi Hepatis,	0	5	5	2	3	0
Anæmia,	0	1	1	1	0	0	“ Cretanic,	1	24	25	24	0	1
Abortus,	0	2	2	2	0	0	“ Cordis,	0	4	4	2	2	0
Arthritis,	0	1	1	1	0	0	“ Articulorum,	0	2	2	1	1	0
Bronchitis,	3	49	52	46	8	4	Marasmus,	0	1	1	1	0	0
Cyanache Tonal,	0	6	6	6	0	0	Mania à potu,	0	8	8	6	1	1
Concussio Cerebri,	0	6	6	6	0	0	Nyctalopia,	0	2	2	2	0	0
Contusio,	1	94	95	93	1	1	Necrosis,	0	2	2	2	0	0
Caries Ulnæ,	0	1	1	0	0	1	Orchitis,	0	22	22	22	0	0
Chlorosis,	0	1	1	1	0	0	Otitis,	0	1	1	1	0	0
Catarrhus Pul,	0	4	4	1	0	0	Ophthalmia,	1	21	22	20	0	2
Cancerum Oris,	0	1	1	0	1	0	Peritonitis,	0	6	6	5	1	0
Carcinoma,	0	1	1	1	0	0	Pneumonia,	1	35	36	27	7	2
Dyspepsia,	0	2	2	2	0	0	Phthisis,	4	12	16	1	14	1
Debilitas,	1	1	2	1	0	1	Puerperium,	5	29	34	32	0	2
Diarrhea,	1	94	95	89	1	5	Pertussis,	1	0	1	1	0	0
Dysentæria,	2	73	75	60	6	9	Pediculi,	0	1	1	0	0	1
Erysipelas,	1	5	6	5	1	0	Phlegmone,	0	1	1	1	0	0
Epilepsia,	0	4	4	4	0	0	Periostitis,	0	3	3	3	0	0
Erythema,	0	3	3	3	0	0	Paralysis,	0	2	2	2	0	0
Epistaxis,	0	1	1	1	0	0	Pernio,	6	16	22	20	0	2
Ebrietas,	0	7	7	7	0	0	Rheumatismus,	6	92	98	97	0	1
Febris, C. C.,	5	258	263	247	10	6	Rubeola,	0	7	7	5	2	0
Fracturæ,	2	42	44	34	3	7	Syphilis,	6	161	167	156	0	11
Fibricula,	4	11	46	42	0	3	Strictura Urethræ,	1	5	6	6	0	0
Febris Intermit.	0	21	21	20	0	1	Sarcini Ventriculi,	1	0	1	1	0	0
Fisura, ani,	0	2	2	2	0	0	Scarlatina,	0	12	12	7	5	0
Fistula in ano,	0	2	2	2	0	0	Scrofula,	0	4	4	4	0	0
Gastralgia,	0	1	1	1	0	0	Synovitis,	0	1	1	1	0	0
Hydrops univ. o.	1	7	8	4	0	4	Subluxatio,	0	6	6	6	0	0
Hysteria,	1	5	6	6	0	0	Typhus,	2	66	68	60	8	0
Hæmoptysis,	0	3	3	2	0	0	Ulcus,	3	55	58	55	0	3
Hæmeralopia,	0	1	1	1	0	0	Ustio,	1	18	19	17	1	1
Hæmorrhoides,	0	2	2	2	0	0	Variola,	0	37	37	21	9	7
Hernia,	0	4	4	4	0	0	Vulnus,	0	31	31	31	0	0
Hydrocele,	0	2	2	2	0	0	Varicocele,	0	2	2	2	0	0
Idiotismus,	0	2	2	2	0	0							
Insolatio,	0	1	1	1	0	0							
Insania,	0	1	1	1	0	0							
							Total,	65	1528	1593	1428	86	79

BOOKS RECEIVED FOR REVIEW.

Hayward's Surgical Reports and Miscellaneous Papers. From the Author.

Haskins' Chemical Analysis of the Tennessee Collection of Urinary Calculi. From the Author.

MEDICAL NEWS.

A NOBLE EXAMPLE.—Mrs Elizabeth Pratt has bequeathed \$20,000 to Massachusetts General Hospital.—Professor Duaper, of New York University, the accomplished Chemist is about to publish a treatise on Physiology, it will be issued in August next.—A verdict of \$1,500 has been recently rendered in the Superior Court, Mass., against Dr. S. C. H. Witt, an irregular practitioner of Boston, in an action for malicious prosecution.—The Royal Infirmary, Edinburgh, is in debt to the amount of £10,318. A public meeting has been held in that city to collect funds to liquidate the debt.—*New York Dispensaries.* At Dewitt Dispensary 1,844 patients were under treatment in the month of April; at Eastern Dispensary 2,365; at the Northern Dispensary 1,176, and at the North West Dispensary 902.—The trustees of the University of Pennsylvania have elected Henry Smith, M.D., of Philadelphia, to the chair of Surgery, made vacant by the resignation of Dr. Gibson.—From Lucian, Pliny and Martial, we may learn that teeth made of ivory were used by the people of their time and that single teeth were often inserted bound with gold wire.—Sir Wm. Burnett, K. H., after serving 33 years as chief of the Naval Medical Department, has placed his resignation in the hands of Government.—M. Soyer had succeeded to Scutari at the instance of Government to superintend the dietary of that Hospital.—The wife of one of the Surgeons of the Smyrna staff is to have £300 a year as matron of the Hospital.—M. Clias, Professor of Gymnastics, who died lately at Berne, has bequeathed to that town several sums of considerable amount on condition that his skeleton shall be placed in the Museum of Natural History as a proof of the happy influence of gymnastics on the human body.—*Photographic images found on the bodies of those struck by lightning.*—A lady of Lugano sitting near a window during a thunder storm received a shock which was not followed by any dangerous consequences, but a flower which had opened to lie in the way of the electric current was figured upon her leg and she preserved the appearance during the rest of her life.—Dr. Quintard was presented with a sash by the Medical class on his giving up his professorship of Physiology in Memphis College, and the practice of Medicine preliminary to entering upon the Ministry.—2,000 paupers were admitted to the Almshouse in New York City in 1854.—The Hospital for consumption and diseases of the chest at Brompton, in England, has had a new wing added to it, and will now accommodate 230 in-patients giving over 40 beds to each Physician.—The Medical Society in Edinburgh lately celebrated its 118th Anniversary.—Dr. Jno. Warren of Boston, has presented each of the Theological Institutions in the United States with a copy of Loving's "Hundred Boston Orators."—The whole number of admissions into the New York Hospital last year was 3,900, of which 1,606 were Surgical.—The average deaths of the whole was 10 per cent, including coroner's cases; without them 7 per cent.—Dr. Henry Fisher, of New York, recommends the Iodide of Ethyle as a remedy in some pulmonary diseases.—Professor Sanford B. Hunt has become the proprietor and sole Editor of the Buffalo Medical Journal; Professor Austin Flint, the former Editor retiring from the management.—The Ohio State Medical Society has passed a resolution unanimously that it is not derogatory to the Medical Profession to hold patents for Surgical and Dental Instruments; thereby conflicting with the code of ethics of the American Medical Association.—The Stethoscope Medical Journal which has been published for the year or two at Richmond, Va., under the direction of the Virginia State Medical Society who are its proprietors, is to be sold at auction by vote of the Society.—The number of deaths in the city of Washington, in a population of about 6000, from July 1853 to June 1854, was 1209. More than half of this number were less than 15 years of age.—Professor J. B. Lindsley, Professor of Chemistry in the Medical Department of the University of Nashville, has recently been elected Chancellor of the University of Nashville, Tennessee.