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ART. XX.—*Case of an Extensive Lacerated Wound between the True Skin and Fascia, covering the Abdominal Muscles, extending from an External Wound in the Scrotum to the False Rib of the Right Side.* By CHARLES SMALLWOOD, M. D., *St. Martin, Isle Jesus.*

Benjamin D., æt. 28, by trade a blacksmith, was, this day, (Aug. 16th, 1851,) on the top of a load of hay, and, in sliding down, alighted upon the handle of a wooden hay-fork, (an implement much used by the Canadian farmer,)  $1\frac{1}{4}$  inches in diameter, very rough and uneven at the end, having been left rough from the axe when made. It entered the scrotum, on the right side, passed behind the testicle and its vessels, between the cutis vera and abdominal fascia, to the lowest false rib,—an extent of  $13\frac{1}{2}$  inches. The fork was removed immediately from the wound by the man's father, who was on the spot, and a messenger was despatched for me. I saw him about an hour after the accident, (10 o'clock, A. M.) He was then in bed;—he complained of great pain and soreness of the first false rib, on the right side. The track of the wound where the handle of the fork had passed was traceable the whole of its extent, the skin being slightly red, and sore to the touch. There was a wound in the scrotum, by which it entered,  $2\frac{1}{2}$  inches in length, from which there was slight hemorrhage. He complained of little pain; his countenance was pale—pulse 70, and feeble—tongue clean—had not vomited—bowels had been opened some few hours before the accident—had passed no urine since.

I placed the edges of the wound of the

scrotum in position, and retained them there by two sutures, and ordered the parts to be kept constantly wetted with a saturnine lotion. I gave him a pill containing  $\text{g. opii. gr. j.}$ , and I left another pill, to be given in three hours afterwards, enjoining quietude and an antiplogistic regimen.

*Iter vespere.*—Has slept a little; hemorrhage very slight; suffered very little pain except in the rib; has taken a little food; has passed his urine without difficulty. To apply hot fomentations over the rib, and to continue the application of the lotion elsewhere; to repeat the pill.

17th.—Progressing favorably; to continue the lotion and fomentations, which appear to give him ease, and to take  $\text{hyd. chl. gr. v. h. s. s.}$ , and a wineglassful of the following mixture every three hours, to begin in the morning:

R. Mag. Sulph.	$\bar{3}j$ ,
Sp. Æthr. Nit.	$\bar{3}ss$ ,
Acid. Sulph. dil.	$\bar{3}iss$ ,
Aq. Ment. pip.	$\bar{3}viiss$ . M. B. Ft. mist.

18th.—Bowels have been well opened; the pain over the rib much diminished; the wound in the scrotum progressing favorably. To continue the lotion; a slight fluctuation can be felt the whole extent of the internal wound, from the scrotum to the rib; no pain, but a slight sensation of fulness in the side.

20th.—Going on well; to apply a healing cerate, on lint, to the wound in the scrotum, and a hot poultice of bread and water to the right side of the abdomen, extending to the rib.

22d.—The fluctuation more perceptible and a slight swelling may be perceived, accompanied with redness, but no pain.—The length and breadth of the injury may

be now very accurately measured—in length, as I said before,  $13\frac{1}{2}$  inches, and  $2\frac{1}{2}$  inches broad, extending from the pubis to the first false rib in an oblique direction, passing backwards. The wound in the scrotum still open, but the communication between the abscess and the extreme opening seems closed.

25th.—Opened the abscess this day, at the pubis. About  $\frac{5}{8}$  viij of very fetid, greenish matter escaped; it came away

with a gurgling sound; wound in the scrotum progressing favorably.

27th.—Abscess still discharging; ordered beer, and a generous diet.

Sept. 2d.—The opening of the abscess has closed; the wound in the scrotum nearly healed.

8th.—Has resumed work, being quit well.

St. Martin, Isle Jesus,

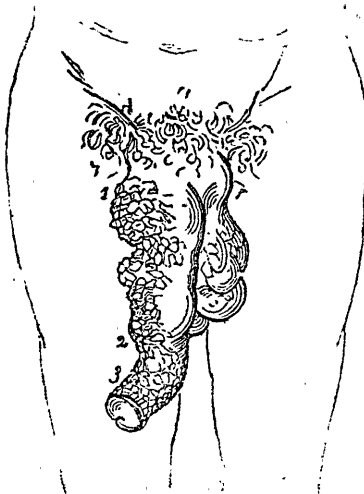
Sept. 11, 1851.

ART. XXI. — *Case of Elephantiasis Arabica of the Penis and Scrotum*, by S. C. SEWELL, M.D., Edin. L.R. C.S.E., Lecturer on Clinical Medicine, University of McGill College, &c., &c.

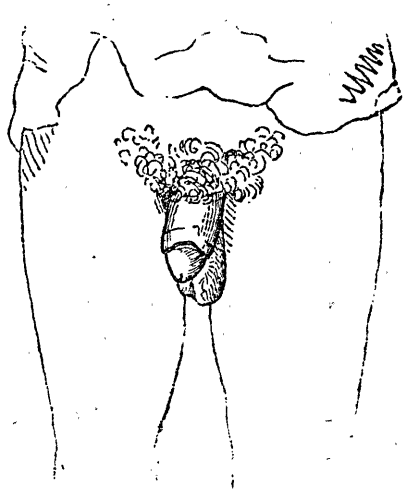
Pierre Houllée, æt. 23, laborer, presented himself at the Montreal General Hospital, on the 22nd March, 1851, with elephantiasis arabica of the penis and scrotum. Fig. 1, is a very accurate representation of his appearance, taken previous to the operation by Mr. Bucke, medical student, and transferred to wood by Mr. Walker. The scrotum was the size of a new-born infant's head; the penis was elongated, to the extent of twelve-and-

a-half inches, measured fourteen-and-a-half inches in circumference at the junction with the pubis (1), eight-and-a-half inches at the first notch, which corresponded with the corona glandis; it then increased somewhat bulgingly, and from (2) to extremity (3) it measured uniformly nine-and-a-half inches, terminating abruptly as if truncated. Over the left half of the body of the penis, the skin was sound; the right half was transformed into a tumor, which, like the scrotum, presented a surface covered with large flat tubercles. The prepuce, which was elongated nine-and-a-half inches, consisted of pedicled tubercles on a thickened

No. I.



No. II.



base, closely set together, compressing each other into pentagons and hexagons, and presented a very uniform surface. On the 24th he was operated on as follows:—

He was placed on a table and tied up, as for lithotomy, which proved a wise precaution, and he was put under the influence of chloroform. An incision was now made, beginning an inch to the right of the symphysis pubis in the sound skin, immediately above the corporal tumor, and carried in front through the sound skin down to the corona glandis; another incision, begun at the same point, was carried down between the right side of the tumor and the scrotum, to the sound skin at the back of the penis, and along in like manner, to the commencement of the prepuce. Thus, the two incisions were united at the top, and separated at the bottom by the width of the tumor on one side, and the sound skin on the other.

The tumor was now dissected carefully from the spongy and cavernous bodies down to the base which was not divided. I now introduced a grooved lithotomy staff into the elongated prepuce, and with a probe-pointed bistoury divided it down to the frænum—a very difficult task, as it cut with the resiliency of an old-fashioned india-rubber bottle or the cartilage of a sturgeon's nose. The inner lining of the prepuce was found perfectly healthy, although elongated the whole length, and of the usual thickness throughout. It separated easily from the diseased portion, and I reserved what I thought would be enough to cover the denuded portion of the penis, but I did not leave quite enough. I would here remark, that, if I should have a similar case again, I would remove the whole skin of the penis, and replace it by the lining of the prepuce. A few touches of the knife sufficed now to separate the adherent portions, and the whole of the preputial and corporal disease was removed in one mass. The skin at the sides of the scrotum was healthy,

so I made a V shaped incision through the scrotum, the apex at the perinæum, and carefully dissected out the disease. The testicles were found of the usual size for a boy of 11 years of age, at which time the disease had commenced. The penis was of an undersized adult magnitude.—The parts were now brought together by fifteen or sixteen sutures, and the whole assumed a very respectable appearance,—a spot the size of a halfpenny alone being uncovered. The cure proceeded in the most satisfactory manner, and on the 21st of April he was discharged,—the parts presenting the appearance depicted in fig. 2. A spot, the size of a sixpence, on the underside, was still unhealed, but it cicatrized perfectly in three days after leaving the Hospital.

There was scarcely any blood lost during the operation, but a tawny serum exuded abundantly, at every cut. This fluid was examined under the microscope, by Dr W. Fraser, and found to contain no corpuscles or cells of any kind.

The structure of the morbid growth, I examined with the microscopes of Drs. Fraser and Gibb, in conjunction with those gentlemen. It presented the usual fibrous and areolar structures of the skin and subcutaneous tissues, but highly condensed.

Montreal, Sept. 15, 1851.

ART. XXII.—*Dead Fœtus retained in Utero for six months.* By JOHN WANLESS, Surgeon, London, C. W.

Permit me to record in the *B. A. Journal* a case which came under my care a few weeks ago, in which a dead fœtus was retained in utero for six months, without the occurrence of the slightest bad symptom to the mother. I believe there are few such cases on record, and, as it might be of some importance in a medico-legal point of view, let this be my excuse for troubling you.

Mrs. ———, æt. 30 years, of good con-

stitution, felt the quickening of a child at the usual period of pregnancy. About a week after this, however, while walking in the garden, she stumbled and fell over a piece of low fence, on the abdomen, which produced an uneasy sensation for a day or two; but from this period she felt no more of the quickening, and the other symptoms of pregnancy subsided. She continued thus for six months longer, when labor came on—being a period of ten months from conception, and six from the time of quickening.

Upon being summoned to attend her, I found the membranes protruding externally, the os uteri being but partially dilated. I waited for an hour, during which the pains were active, when it became dilated sufficiently to admit the point of my index finger. I now assisted her, and succeeded in extracting, in a short time, a very tough membranous bag, containing nearly two quarts of "liquor amnii," having a reddish tinge, and a fetus with the usual characteristics of being four months from the time of conception, presenting no signs of decomposition, and covered with a viscid mucus.

London, Aug. 28, 1851.

ART. XXIII.—*Urinary Deposits: their Diagnosis, Pathology, and Therapeutical Indications.* By GOLDING BIRD, A. M., M. D. Philadelphia: Blanchard & Lea. Demy 8vo. pp. 337.

The fact of Dr. Bird's Treatise having arrived at a third edition, speaks more for it than anything we can say in its praise. As it was the first, so it continues to be the best work on the subject. Its contents are so well, so familiarly known to the profession, so very few being without a copy of it, that a lengthened notice is a work of supererogation. The present edition, the "second American, from the third revised and enlarged London one," brings the

subject up to the present position of science, and is, accordingly an improvement upon its predecessors.

ART. XXIV.—*A Treatise on Dislocations and Fractures of the Joints.* By SIR ASTLEY COOPER, BART., F. R. S., New Edition, much enlarged. By BRANSBY B. COOPER, F. R. S. Philadelphia: Blanchard & Lea, 1851. 8vo., pp. 496.

To attempt a criticism of the work before us, whose world-wide reputation has long since been established, would be the height of absurdity; but the form in which the work is now "got up," and the size into which the portly quarto has been condensed, are subjects upon which we may descant, without exposing ourselves to the charge of presumption. Suffice it to say, that the large treatise of Sir A. Cooper is reprinted in the shape of a neat octavo, and all the illustrations are accurately given in wood-cuts; the text is enlarged by many additions by Mr Bransby Cooper, and by judicious and copious notes by the American editor. The work should be in the library of every surgeon. Its former price precluded its general circulation;—but as no such objection now exists, we strongly advise our readers, particularly those practising in rural districts,—where accidents are of frequent occurrence, and where the surgeon is thrown upon his own unaided resources—to purchase the treatise at once, and master its contents.

ART. XXV.—*A Treatise on the Inflammations of the Eyeball.* By ARTHUR JACOB, M. D., F. R. C. S. Dublin: Demy 8vo., pp. 344.

The greater part of this useful work has appeared at different times in our pages. Dr Jacob was the first surgeon who acquired a reputation for the treatment of ophthalmic diseases, as a *specialty* in Ireland, although

others, as Crampton, Hewson, and Carmichael, had devoted great attention to certain departments of eye surgery. This reputation Dr J. still retains; and the present work is the result of years of experience, and the production of a man who has brought to the study of eye surgery, sound anatomical and physiological knowledge. It is strange to find Dr J. disapproving of this branch of surgery being usurped by special oculists, when we recollect that he has confined himself to it from the period of his entering practice, and has taught it to nearly all the Irish surgeons of the present day. That the general practitioner should be well acquainted with ophthalmic diseases, is no doubt true, but that science is advanced by the division of labor, is equally certain; and this view we know to be inculcated by a recent writer on the subject, the erudite Phogge. In conclusion, we strongly recommend the work to our readers.

ART. XXVI.—*Operative Surgery*. By FREDERIC C. SKEY, F.R.S. Philadelphia: Blanchard & Lea. 1851. 8vo. pp. 655.

The above is the short title of a work that has met with varied reception by the profession at home and on this Continent; and we must premise, that we have felt it no easy task to steer our course, uninfluenced by opinions already pronounced, and emanating from high authority, of the merits of the production. Mr. Skey's work did not reach us until we had perused many of the criticisms alluded to, and we therefore commenced our task, prepared to meet much to commend, with not a little of what was objectionable.

In the first place, it is not quite allowable in a writer who appears for the first time as an author, and who has not yet attained the highest rank in the profession, to usher into the world his lucubrations without any announcement of his

own position or standing in his profession, or without acquainting his reader with the means he has had for acquiring experience, or the grounds upon which he purposes establishing himself as an *authority* on such an important subject as *operative surgery*. An example set by a Liston, a Dieffenbach, a Mott, or a Syme, might surely have been followed by a Skey, without any damage to his reputation, either as a writer or an operator. But this departure from ordinary custom might be pardoned, were it not that Mr. Skey seems to pique himself upon his disregard of authority and example, and claims for himself a character for independence of thought and originality—qualities of the highest order, but whose existence should be discovered by the sagacity and penetration of the intelligent reader, not meretriciously paraded before his gaze by their supposed possessor. It is, we doubt not, to a marked want of taste in this respect, that much of the unfavorable criticism to which this "*Operative Surgery*" has been subjected, may fairly be attributed.

Having spoken thus much on a subject with which it was necessary our readers should be acquainted, we shall not allude further to it, but proceed to the *matter* of the work, which, after all, is what practical men are most interested in.

In many of the operative processes recommended by Mr. Skey, we have reason to complain that he has too closely adhered to the practice of St. Bartholemew's Hospital, with which institution, (it is inferred,) he is connected as assistant surgeon. We are satisfied, that had he carried his observations into some other operating theatres of London, or studied more extensively, than he appears to have done, the writings of Velpeau, Dieffenbach, Malgaigne, amongst Continental writers, or those of Liston and Fergusson, and Syme, amongst

British, he would have been convinced that many methods recommended by him, are by no means the best, if not more than objectionable. Still, there is perceptible throughout the whole work, a certain spirit of independence and self-confidence, which in these degenerate times of manual making and vade-mecum composing, is truly refreshing. If we object to the occasionally dogmatic manner in which Mr. Skey insists on his own experience, we are at all events convinced that he *has acquired* that experience;—we do not find him carried away by every wind of doctrine, and servilely giving up convictions, the results of years of observation at the bedside and in the operating theatre, because Mr. So and So, or Professor So and So, has recently advocated some new crotchet, or recommended some new surgical toy. Instances of what we have stated are perceptible in many parts of the work,—our limits do not allow us to quote from our author; but we beg to refer the reader to the articles on dislocation and fractures, to those on hernia, lithotomy and amputations, for proof of what we have stated. We cannot avoid remarking, that Mr. Skey, in supporting his own views, occasionally weakens the strength of his advocacy by exaggerating the objections to opposite plans of treatment. Thus, in his comparison of the flap and circular operations on the large limbs, he most assuredly *exaggerates* the greater tendency to hæmorrhage in the former, than in the latter, when he advises the surgeon to be prepared with “*twelve ligatures, four armed needles,*” for the circular; “*eighteen ligatures, eight armed needles*” for sutures, for the flap operation. We are well aware of the arguments for and against the flap operation, and we are not by any means so completely wedded to it, as not to depart from it whenever suitable cases present themselves; but we are quite certain that few surgeons have ever seen eighteen

ligatures required after a flap operation, and if so, they were just as likely to have been required, had the circular been performed.

Mr. Skey is a great advocate for marking out the lines of incision with pen and ink, previous to operating. This we consider a retrograde movement in surgery. We are bold enough to say that if a surgeon has not the faculty of mapping out his lines of incision in his mind’s eye, and a hand to follow steadily those imaginary lines, he had better abandon operative surgery, for he has mistaken his vocation.—In minute plastic operations on the face and elsewhere, or in operations attempted for the first time, such lines are no doubt indispensable; but what can be more unsurgical, than to see pen and ink employed for the lines of incision in a common amputation, the removal of a cancerous breast, or an adipose tumor, as recommended by our author. In other respects, also, Mr. Skey seems to set surgical taste at defiance, for, in reducing dislocation of the femur, he advises us to carry into our patient’s room, besides the ordinary appliances, a *dried pelvis and femur!*

Notwithstanding these defects, the book is eminently practical, and though not the most complete for the student, is well adapted for the practising surgeon. In it he will find many valuable suggestions, which we have not room to quote, and many new views on old subjects, that, we doubt not, he will find to accord with his own experience, which they will tend to strengthen and confirm. We, therefore, very cordially recommend the work to our subscribers, being well satisfied that they will derive much useful knowledge from its perusal.

## PRACTICE OF MEDICINE.

*On Progressive Muscular Atrophy*, by M. ARAN.—*Symptoms*.—Several circumstances confer on this form of atrophy a special character. A debility is first observed in a single limb, or rather part of a limb, so as to confine it to the execution of certain movements, gradually, however, involving a larger portion of it, and generally extending to the opposite one after a time. Cold and fatigue often augment it, while cramps and subsultus often accompany it. Emaciation of an irregular character follows this, affecting certain muscles only instead of the mass of the limb, and therefore giving rise to various deformities, and finishing with the destruction of the muscular structure and complete annihilation of function.

In nine out of the eleven cases it commenced in the *upper* extremity, the right side in suffering first in seven, the left in two, and in two both being simultaneously affected. Sometimes the affection first appeared in the muscles of the shoulders or those of the upper part of the trunk, at others in the fleshy masses of the arm or forearm, but most commonly in those of the hand, or the little muscles of the thenar and hypothenar eminences, and the interosseous spaces. Side by side with the atrophied muscles others are found unaffected, even their congeners, which to some degree supply their place. Moreover, in the case of the larger muscles, easily separable into bundles of fibres, some of these may remain unaffected. The muscles of the upper extremity, which the author has hitherto always found exempted, are the triceps in the upper arm, and some of those of the anterior part of the forearm, and especially the pronator teres and flexor carpi radialis. Intelligent patients have observed the wasting almost simultaneously with the weakness of the part; and if we find a slight wasting of the thenar or hypothenar eminences, or a too-marked depression between the interosseous spaces, combined with weakness of the hand, and unexplained by any other cause, we may suspect the existence of this disease, our convictions gaining in certainty as more muscles become after a time involved. Normally, the muscles offer a certain amount of *resistance* and *elasticity* on pressure, and in all *other* atrophies, from whatever cause, these qualities, though

*diminished*, are not *lost*. Here they are absent, for not only is the muscle reduced in volume, but its tissue is probably replaced by cellular-adipose tissue, giving to the touch a sense of extreme softness (varying, however, with the degree of the disease, and the propinquity to osseous tissue), while the will cannot impress the slightest tension upon it.

*Fatty Transformation* in all the cases is at present only highly probable, for its reality has as yet been shown in but one case, the only one in which an autopsy has taken place.

In an early stage of the disease obstinate cramps, and in a later one subsultus and *fibrillary contractions*, may be present. These last may consist of the isolated and involuntary contraction of certain of the muscular fibres, being sometimes so numerous and continuous that the muscle seems in motion, while at others they are so rare as to require close observation for their detection. Voluntary contraction does not suspend them; and they may also appear in other parts not suffering from the disease, as the tongue.

The general economy remains unaffected amidst this slow and progressive muscular destruction; no general symptoms being present, however far the disease may be advanced, and every function being, to all appearance, perfectly performed, except that of voluntary motion.

*Duration and Progress*.—Although a very long interval may elapse between the first symptoms of weakness and the production of complete muscular degeneration, it is always an invading disease; and once having taken possession of the economy, it never retrogrades; the utmost that can be done being to arrest its course, and that by no means with any certainty. The duration is indefinite, and most of the author's cases came under his notice months or years after their commencement.

*Prognosis*.—Even in its simplest forms, attacking, as it does, persons of laborious occupations in the prime and vigour of life, it is a terrible disease; and where it involves muscles necessary for important functions, as respiration, it may cause death. Even as an infirmity, in its partial form, there is none more beyond our control.

*Diagnosis*.—This affection must be distinguished from paralysis with which it



has been confounded. In *paralysis*, if complete, motion is abolished; if incomplete, it is imperfect. In *atrophy*, so long as sufficient fibre remains to raise the levers, motion is performed, though feebly; abolition or incompleteness being thus the character of the one case, weakness of the other. Moreover there is no symptom of disease of the brain or spinal marrow present, and atrophy resulting from paralysis involves the entire limb. The investigations of M. Duchenne show that atrophy from paralysis very rarely gives rise to complete destruction of muscular power. Hysterical paralysis does not lead to atrophy, and the loss of motion is complete. Rheumatic paralysis is not always complete, but it affects the entire muscles of the region. Paralysis from lesion of a nerve is the form which most rapidly gives rise to atrophy; but this is exclusively confined to the muscles supplied by such nerve. M. Duchenne has shown that electrical irritability is intact in hysterical and rheumatic paralysis, even when atrophy is present. In saturnine paralysis, and paralysis from lesion of a nerve, it is entirely lost; while in progressive muscular atrophy, though enfeebled, it exists until the muscular fibre has entirely disappeared. The disease which offers most analogy to it is *progressive paralysis independent of insanity*, in which electricity develops only very feeble contractions, even when the muscles retain their normal size and elasticity. The history of the two affections serves to distinguish them.

*Nature and Causes.*—It is primarily and exclusively a *disease of the muscular system*; but its etiology is completely obscure. Of the eleven cases, nine were men and two women—the mean age being 36. The occupations were various (as country laborers, stone-cutters, shoe-makers), some requiring great muscular exertion, and most of the patients complaining of excess of work; so that the author is disposed to consider the too-continuous and excessive employment of the affected limb as a chief occasional cause; although when we consider the rarity of the disease amongst the hundreds of thousands so situated, this is very problematical.

*Treatment*, both general and local, has been most assiduously employed, never with the effect of causing the disease to retrograde, and seldom even of arresting it. Galvanism, localized in its action upon the muscles, seems to be the best

palliative.—*Archives Générales, and Brit. and For. Med. Chir. Rev.*

*Medical Efficacy of Animal and other Organic Oils*—by R. J. GRAVES, M. D.—No more efficacious addition has been made to our list of remedies than cod-liver oil. Its utility has been amply confirmed in my own practice since I wrote specially on the subject in my *Clinical Medicine*; and its virtues are so great as to be almost incredible when we consider its apparently simple nature.

This fact should prevent us from being altogether incredulous when we hear of other organic oils and fats being used with advantage in certain diseases: thus, in South America many healing virtues are attributed to the oil extracted from the Condor; and, in the United States, the back-woods-men are said to use the oil extracted from the rattle-snake, for the cure of many diseases. To these last I have to add the effects of a broth or decoction made from the common Ray (*Rais clavata*), which is used in the Highlands of Scotland for the cure of scurvy and rickets, and with considerable advantage. The remedy is also popular in Ireland, in the vicinity of Skerries. It is made by boiling down the fish in water until a broth results strong enough to gelatinise on cooling. The patient is bathed in this gelatinous fluid three times a day, and the affected parts are rubbed with the lukewarm melted jelly frequently.

I knew an instance of a child, far gone in rickets, emaciated, with the joints enlarged, and all the symptoms of the disease well marked, who was cured by a tepid bath of sea-water every morning; and, when the skin was dried after the bath, the spine and swollen joints, with all the parts in the immediate vicinity, were well bathed and rubbed with a decoction of the Ray prepared as above.

A young lady whom I attended, and who labored under some constitutional delicacy, was affected with weakness in her lower extremities, and pains of a wearisome nature in her back, thighs, and legs; she was cured by the same remedy, after various other means which I had used had proved totally inefficacious.

In Fraser's Magazine for November, 1850, there is an interesting paper, "Leaves from the Note-book of a Naturalist," in which is cited a passage from Pliny, as translated in the quaint language

of Philemon Holland. The passage is very remarkable, as proving how long the utility of animal oils in scrofula has been known. Pliny, speaking of turtles, observes:—"If their flesh be eaten, together with the broth in which they are sodden, it is held very good for to discusse the king's evil, and to dissipate or resolve the hardness of the swelled spleen."

The naturalist also quotes an old French author, as follows:—"Labat tells us that those who go to the turtle islands, to fish for the green and hawk's-bill turtles, live on the flesh of turtles *only* for three or four months, without bread, without cassava—with nothing, in short, but the fat and lean of the animals; and he declares that, whatever maladies these men may have when they set out upon this expedition, even if they should be affected with the most loathsome, they return perfectly cured."—*Dublin Quarterly Journal*.

*On the Danger of Incautiously Moving Patients in Delirium.*—Dr. Todd, in a lecture alluding to this subject, says:—"I have met with more than one instance of bad consequences following upon moving a patient in delirium, or just recovered from it, prematurely. About two years ago, a man was admitted here for epileptic delirium. Finding that his delirium was very noisy, and disturbed the other patients, I had him moved into a separate ward, when he recovered from his delirium.—He was moved up stairs, and shortly afterwards he became delirious again, and died comatose.

I am satisfied, from this and other cases, that there is nothing respecting which we need to be more cautious than as to moving patients either in or just recovered from delirium, even to move them from one room to another on the same floor is dangerous, still more moving to any distance, or to another floor.—*Dr. R. B. Todd in Medical Gazette*.

*Koussou in Tape-worm.*—Mr. Wm. Robertson related, to the Newcastle and Gateshead Pathological Society, a case of tape-worm, expelled by koussou, from a middle-aged woman, who was treated by Dr. White, at the Gateshead Dispensary. She had passed portions of worm for four years, and had the usual unpleasant symptoms. Turpentine and other anthelmintics only brought a few living portions away.—Tonics had likewise proved ineffectual.

Three months after coming under treatment, ʒss of koussou was administered at 12 A. M.; it acted copiously on the bowels at 4 P. M. without any griping. The worm, which was upwards of twenty-seven feet long, passed with the motion. She was mensurating at the time she took the koussou, but that secretion was not affected in the least. Her dyspeptic symptoms disappeared at once; and during the four months that have since elapsed she has had no return of the symptoms.

Mr. Wm. Preston also exhibited a perfect tape-worm, expelled from a very stout man in four hours after the usual dose of koussou had been taken. He had passed portions of worm for many years, and had had numerous remedies administered without much effect. The koussou acted once freely without the aid of any other purgative, and produced no unpleasant symptoms.—*Medical Gazette, June, 1851*.

*Feigned Insanity.*—The *Gazette Médicale Lombarde* reports the case of a young herdsman, seventeen years of age, who, having violated a child seven years old, killed her on the spot by a blow on the head. When arrested, he stated that he had been urged to the commission of the deed by the devil. On the day following his imprisonment, this youth, who was remarkable for his gait and intelligence, was found in a state of almost complete imbecility, unable to make a single step without trembling and crouching down, his head bent forward and inclined to one side, his speech incoherent and stammering, not giving any collected answers to the questions put to him. He did not seem at all conscious of the fate that awaited him. Two physicians, MM. Windler and Zinck, declared the insanity feigned, upon the ground that they had never known such a form of the malady occurring suddenly at his age. The prisoner was subjected to the closest surveillance, but he was in everything consistent with his disease. Recourse was had to stratagem; his couch was set on fire, water was unexpectedly poured upon him through the windows of his cell; but he remained impassive beyond faint inarticulate cries.

The physicians nevertheless persisted in their opinion. When put upon his trial, the prisoner answered no questions, seeming to doze, and preserved throughout the same impassibility. The jury found him guilty of the crime, but admitted his insa-

nity in extenuation! He was condemned for three years to the House of Detention. Returned to his cell, the prisoner, finding that he had escaped capital punishment, declared that he had been perfectly sane since his arrest, and that he had simulated idiocy at the suggestion of a fellow-prisoner.

There are few instances on record of feigned madness carried so far, or persisted in for so long a time, under the circumstances.—*Lon. Med. Gaz.*, July 11, 1851.

*On the Treatment of Chronic Laryngeal Disease.*—by DR. WATSON.—In the treatment of chronic diseases of the laryngeal mucous membrane, Dr. Watson says, "I place my chief reliance on topical applications to the parts affected, but I do not undervalue or neglect more general measures. Indeed, I should despair of curing the local affection if the health of the patient were unattended to, if exertions of the voice were persisted in, and if the larynx were not freed from every cause of excitement or irritation.

"I do not intend, in this place, to enter at large on the history of topical applications to the larynx. For this I must refer to more systematic treatises. Suffice it here to say, that that plan of treatment is no such novelty as many suppose, and that probably it took its origin from our own distinguished countryman, Sir Charles Bell. In his Surgical Observations he relates a case in which he employed a solution of nitrate of silver applied to the interior of the larynx with great benefit. His account of the proceeding is as follows:—"I made a small pad of lint," he says, "and attached it to the ring of a catheter wire, and bent the wire so as to pass over the root of the tongue and epiglottis; I dipped the lint in a solution of twenty grains of the caustic to half an ounce of water, and touched the glottis with it in this manner; with the fingers of my left hand I pressed down the tongue and stretched the forefinger over the epiglottis; then, directing the wire along the finger, I removed the point of the finger from the glottis, and introduced the pad of lint into the opening, and passed it with my finger." MM. Trousseau and Belloc, without knowing, or at all events without acknowledging Sir Charles Bell's practice, used the very same method, but substituted a whalebone rod for the catheter wire, and a piece of sponge for the pad of

lint. I confess it remains doubtful, whether Sir Charles Bell passed his instrument through the glottis into the larynx. Trousseau and Belloc tell us, they did not with their sponge and whalebone, but had recourse to an ingenious syringe for that purpose. It is, therefore, due to Dr. Horace Green, to acknowledge that he first declared he could pass a similar instrument to that of Trousseau and Belloc down into the laryngeal cavity. I must say, however, on the other hand, that after trial of various spatulas for holding down the tongue, as recommended by Dr. Green, I have gone back to Sir Charles Bell's plan of introducing the finger upon the laryngeal surface of the epiglottis, and thus guiding the sponge into the rima glottidis. The strength of the solution should vary with the requirements of the case, and it should be applied every day or second day, according to the patient's feelings. After each application a degree of rawness, sometimes amounting to positive pain, will supervene, and while this lasts no new application should be made; but as soon after its subsidence as convenient it may be repeated with benefit. In fact, the sooner it can be done the better, for, powerful as we believe the remedy to be, it is often a long time ere any perceptible improvement takes place, especially when the case is one of long standing. It is of great importance that both surgeon and patient be prepared for this before commencing the treatment, else disappointment will infallibly ensue. All attempts on the part of the patient to test the progress of the cure should be for a time discouraged by the surgeon, and he should carefully avoid appearing to expect improvement by asking after the symptoms, until he has good reason to believe that they are yielding. Indeed, I have seldom found it necessary to ask at all after improvement in such cases, for the patient himself is always fully aware of it when it has occurred, and equally eager to speak of it."—*Dublin Quarterly Journal*.

*Abstract of a Paper on the Variations of the Sulphates and Phosphates Excreted in Acute Chorea, Delirium Tremens, and Inflammation of the Brain.*—by H. BENCKE JONES, M.D.—Having determined the variations of the sulphates in the states of health when different diets, amount of exercise, and medicines were taken, the va-

rations of the sulphates in disease were examined. At the same time the total amount of alkaline and earthy phosphates was determined, partly in order to see whether the amount of sulphates and of phosphates bore any relation to one another, and partly to test the conclusions which were drawn in the author's previous paper on the Variations of the Phosphates in Disease. The cases were thus classified.

1st. Acute and chronic diseases, in which the muscular structures were chiefly affected, as chorea.

2nd. Functional diseases of the brain, as delirium tremens.

3rd. Acute inflammatory diseases of the nervous structures, as inflammation of the brain.

4th. Chronic diseases of the nervous structures.

5th. Acute diseases, in which neither the nervous nor the muscular structures were chiefly affected.

6th. Chronic diseases, in which neither the muscular nor the nervous structures were chiefly affected.

The three last classes gave only negative results.

In illustration of the first class, three cases of most intense chorea are detailed; the urine was examined frequently from the third to the eleventh day. The phosphates were found to be diminished. The sulphates were present in very great excess. The urine was found to be so loaded with urea, that nitrate of urea crystallized out before the urine was concentrated. The specific gravity of the urine was as high as 1036 in one case, 1035 in another, and in the third, 1031.

In illustration of the second class, three cases of delirium tremens are given. The urine was examined from the fifth to the fourteenth day of the disease. The phosphates were not found to be so remarkably diminished as in the cases reported in the previous paper. The sulphates were found to be exceedingly increased. The amount of urea was so great, that nitric acid caused an instantaneous crystallization. The specific gravity also was in one case, 1041; in another, 1037; and in the third, 1027. In other words, there was the most remarkable correspondence between the state of the urine in acute chorea and in delirium tremens.

In illustration of the third class, four cases of acute inflammation of the brain are given. The urine was examined from

the fourth to the twenty-sixth day. Though the inflammation in these cases was not so intense as in those which were recorded in the author's previous paper referred to, yet they confirm the statement that in inflammation of the brain the phosphates in the urine are increased; they also lead to the conclusion that the sulphates are at the same time increased in the same degree.

In conclusion, the author states, the phenomenon common to acute chorea and to intense delirium tremens is increased and unceasing muscular action. The muscles are highly complex organic compounds, in which sulphur exists in an unoxidized state, and the muscular action is accompanied, if not caused, by an action of oxygen, which, among other results, gives rise to the formation of sulphuric acid and urea, the amount of oxidation being proportioned to the intensity of the muscular action. The result produced is an increase of the sulphates and of the urea in the urine, just as in health they would be increased if continued strong exercise were taken. The increased amount of urea does not constitute a disease resembling diabetes, but it is only an evidence of the changes which are taking place within. The increase of sulphates and phosphates in inflammation of the brain is also an evidence of increased oxidation of the nervous structures. These simultaneous variations depend on the fact that the amount of sulphur in the brain is nearly the same as the amount of phosphorus. Thus at one time we have evidence of increased oxidation of the elements of the nervous structures, and at another time increased oxidation of the elements of the muscular structures; and we may thus arrive at the conclusion, that at one time the function of the nerves and at another that of the muscles, is inordinately increased.—*Dublin Medical Press.*

*Spontaneous Combustion.*—The question of spontaneous combustion being involved in a trial, recently, at the capital of the Grand Duchy of Hesse Darmstadt, and scientific opinions on the point conflicting with each other, the Judge directed Profs. S. Bischoff, and J. De Liebig, to be summoned, in order, by their investigation and testimony, to resolve doubts as to the probability of the occurrence of such an event.

A report of the case appeared in the *Archives Generales de Medicines*, Paris, which has been translated by a correspondent of the Western Journal of Med. and Surgery. The details of the case are interesting, but we are obliged to omit them on account of the space which they would occupy.

We give the oral report of these distinguished Professors on the subject of spontaneous combustion, aside from the particular facts in the trial referred to. It will be seen that they are convinced of the impossibility of such an occurrence.—*Editor Buffalo Med. Journal.*

The first recorded case of spontaneous combustion, said Mr. Bischoff, dates back about one hundred and fifty years (that of Millet a woman of Reims, in 1725.) By human *spontaneous combustion*, we understand that a man has been more or less burned, without our being able by external circumstances to explain the burning. Then it is that we say, this man has burned not by aid of external combustibles, but within himself (spontaneously;) an expression, which, implying an entire theory, seems to be incorrect. How much better it would be to say: we do not know how this person died, but, in saying that he died from spontaneous combustion, we only substitute an explanation quite as absurd. Thus the doctrine of spontaneous combustion, which has crept into the science, is the result of ignorance, and not of scientific research or experimentation. Upon what authorities does this pretended fact rest? The forty-five or forty-eight cases which have been published, relate to individuals burnt either where there was too little, or an entire absence of, combustible material, to account for the combustion. With the exception of two cases of complete and four of partial consumption by fire, the victims of which survived, no one possessing scientific knowledge, no witness of any sort, has been present during the accident. The first case of complete spontaneous combustion, was witnessed and described by a chamber-maid and an unknown person, and the second by a stranger. In the four cases of partial combustion, it is very evident that the first one was caused by burning sulphur, which the burnt person spread upon his clothing in the endeavor to extinguish the flames with his hands: the second was the case of a young girl of Hamburg, upon whose hands there appeared a flame which was followed by

vesicles; but this fact though reported by a distinguished physician, was not witnessed by himself, or by any other person. Most probably then, these vesicles were the result of some disease, or perhaps of a burn intentionally made, for the purpose of attracting attention, or gaining admission into the hospital. The third case, which is very generally known, relates to a priest, named Bertoli, and was reported in 1786, by an Italian surgeon. Any unprejudiced person, who reads the account of this case, must be convinced that that individual was burnt by fire communicated to his clothing from a lamp. The fourth is still less worthy of confidence; it relates to a blacksmith named Reynaleau: a narration unconfirmed by the slightest evidence, full of contradictions, and winding up with a characteristic trait, that holy water only was able to extinguish the flames. Not one of these cases has ever been reported immediately after its occurrence by any one of recognized authority. Physicians have arrived in several instances after the catastrophe; and some of the cases have been subjected to a judicial inquest, and have the appearance of reality. But for an observer accustomed to criticism, and to the requirements of rigid observation, the reports which we possess are far from presenting the guarantees indispensable to an enlightened investigation. Phenomena such as those of spontaneous combustion, require a methodical observation, which the cases mentioned do not possess the slightest trace of. In none of them was there even an autopsy made, still less a serious, scientific investigation, or chemical analysis. In all the cases of spontaneous combustion which have called forth judicial or medical inquests, we constantly see an exhibition of levity, ignorance, prejudice, credulity, and very often of culpability. At the epoch when most of these facts were reported, science itself was not sufficiently far advanced to supply the lights necessary for an analysis of what was observed. As to the numerous cases that have been reported from hearsay, they are based upon the authority of the school-master, the curate, or the village mayor, but have never given rise to an inquest of any kind. A recent and very remarkable instance will demonstrate how, gradually, these accounts become introduced into the annals of the science. M. Bischoff here cited the case of pretended spontaneous combustion, published by the *Gazette des Tri-*

*buneaux*, and reproduced in the *Journal des Debats*, for February 24th, 1850. The case was that of a man who, in a drinking shop, where he had, according to custom, drank deeply, introduced into his mouth in consequence of a bet, a lighted candle; he was suddenly set on fire from within, and his head and the upper part of his chest were carbonized in half an hour in spite of all the assistance rendered. The death and the effects of the fire were reported to have been verified by two physicians. From information acquired by M. Liebig from different savans of Paris, and especially from the prefect of police, it turns out that the whole account was imaginative, and pure fiction, invented for the columns of the paper which had inserted it.

The question of spontaneous combustion has been treated of, adds M. Bischoff, by Rudolphi and Treviranus, MM. Kopp and Nasse. These savans have investigated and have expended a great deal of labor and of science for the purpose of explaining this phenomenon. But incredible as it may seem, without first assuring themselves of the truth of reports as made, they have admitted them as they were presented. Their explanation only could be important, and this is wanting. We do not deny these cases because we cannot explain them, but because their existence must be based upon explanations which tend to overthrow the laws, heretofore admitted as true and exact, of physics, physiology, chemistry and pathology. I will confine myself to the mention of the fact, recognized by all, that a body containing twenty-five per cent. water, does not take fire of itself, and does not continue to burn when started. Suppose we collect all the solid parts of the body, the bones, the skin, the tendons, the muscles, and put the water contained in the body into a vase; kindle these solid parts and their entire consumption will not afford sufficient heat to vaporize the water. Alcoholic excess, however, we are told, brings about a modification in the human body which renders possible its spontaneous combustion. It is true, all accounts of cases of spontaneous combustion tell us that the subjects were addicted to the abuse of ardent spirits; it is also true that alcohol is inflammable; and why not admit that the body soon becomes impregnated with it, and that, especially when fire is communicated from the exterior, it

can burn. Such reflections may be made, but for the naturalist and physician they are valueless. The knowledge which we possess upon the passage of substances from the stomach and intestines into the blood, teaches us that alcohol reaches slowly, and in very small quantities, the sanguineous system, and as the circulation goes on with great rapidity, the alcohol is carried almost immediately into the lungs, where blood comes in contact with the air. There the elements of the alcohol become modified by its combination with the oxygen of the air, forming carbonic acid and water which the respiratory process eliminates from the system. Thus under ordinary circumstances we cannot even prove the presence of alcohol in the blood, since it is decomposed and thrown off by the lungs. Here it may be thought that alcohol taken abundantly will penetrate the blood in substance and in large quantities, and spread itself throughout the whole system. Observations and experiments by distinguished men have been made upon this subject, but they are contradictory; some pretend to have found alcohol in the blood, and even in the brain of persons addicted to drink and who have died drunk. Percy discovered traces of it in the brains of dogs into whose veins he had injected a considerable dose. But the observations of Percy are in direct contradiction to those of Dr. De Pommer, of Zurich, who found no traces of the spirit in the blood. MM. Bouchard and Sandras were unable to discover alcohol in any secretion except in the pulmonary exhalation. So far then it remains to be proved that the human body can imbibe alcohol like a sponge; moreover it is, *a priori*, impossible to admit that the body being saturated with alcohol life could continue for a single instant. The coagulation of the albumen, the arrest of the circulation, and the destruction of the nervous system, are the immediate results of the injection of any considerable quantity of alcohol into the blood of an animal. For my own part I am convinced that a dead body does not become combustible from being saturated with alcohol. I have taken parts of a dog into whose arteries I had injected alcohol at 92°, and they would not burn when exposed either to a flame or to the action of carbon; in the latter case only they roasted and carbonized, but ceased even that so soon as withdrawn from the action of the fire. M. Bischoff ended by refuting and ridiculing

the stories of flames issuing from the mouths of drunken individuals.

M. Liebig, who, six years since, had given his opinion upon spontaneous combustion, (*Annales de Chimie et de Physique*, 1844, t. 1, page 331,) likewise opposed, for very extensive reasons, the possibility of the facts reported on the subject. It will be borne in mind, said he, that the idea of spontaneous combustion arose at a period when all opinions upon the subject were erroneous. What takes place in combustion was only known some seventy years ago, (Lavoisier.) What is necessary for the combustion of a body, has been known only forty years, (Davy.)

Since the occurrence of the case of Millet of Rheims to the present time, some forty-five or forty-eight cases have occurred which are alike in—1st. Always having taken place during the winter season; 2d. The persons attacked have all been drunkards, drunk at the time; 3d. They have most generally happened in countries where rooms are heated by open fire-places, and furnaces of charcoal, in England, France, and Italy; in Russia and Germany, where stoves are principally used, deaths from spontaneous combustion are very rare; 4th. There have been no eye-witnesses to the combustion; 5th. No physician, amongst all those who have attempted to explain these cases, has seen one; 6th. There is no information as to the quantity of combustible matter consumed; 7th. Some time has always elapsed from the commencement of the combustion until the body has been found consumed. M. Liebig also argued with great power upon the principal details reported as connected with spontaneous combustion, and upon the explanations given of them. He also demonstrated clearly the error into which the partizans of the spontaneous combustion theory have fallen. The arguments which they employ being deduced, contrary to all logical rules, in the cases in point; death and the destruction of the body, the cause of which is unknown, being assumed as proof of the truth of the assumed cause. These cases are explained by the fact of the possibility of spontaneous combustion, the existence or possibility of which is proved by the same cases. This discussion we are disposed to believe does not admit of refutation, and gives a fatal blow to the doctrine of spontaneous combustion.

The trial, which occupied the greater part of the month of March, 1850, conclud-

ed by the condemnation of J. Strauss, as the murderer of the Countess of Goerlitz, to perpetual imprisonment. The journals have recently published that he has made a full acknowledgment of his crime. He admitted that going into the chamber of the Countess upon some household duty, and finding no one, he could not, upon seeing that the secretary contained money and articles of value, resist the temptation to steal. The Countess having discovered him in the act, he seized and strangled her with some difficulty; then having placed the body in an arm chair, near the secretary, he surrounded it with combustibles, to which he set fire for the purpose of concealing his crime.

—*Buffalo Medical Journal.*

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## SURGERY.

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*On the Treatment of Prolapsus Recti*, by JOHN MACKENZIE, ESQ., Surgeon, Naval Hospital, Archangel.—I have been so much gratified with the result of a new method of operating, of my invention, for the cure of *prolapsus intestini recti*, as it occurs in its worst and most obstinate form amongst soldiers, that I am induced to send you an account of it for publication. A safe and effectual remedy for this disease has been hitherto a desideratum. The *plica* of Dupuytren, while involving danger from internal hæmorrhage, oftener fails than succeeds; nor is the use of the actual cautery more successful.

Before proceeding further I shall make a few remarks on the nature of the disease, in order to explain the *modus operandi* of the method in question. It must necessarily follow, before a falling down of the rectum can take place, that its attachments to the surrounding parts must have given way: besides, there obtains, in cases of longstanding, a relaxed or atonic state of the levator and muscles, almost approaching to paralysis; so that protrusion takes place from the slightest exertion, even in the simple act of walking. In order, then, to effect a radical cure, it is necessary to use such means as shall restore this lost adhesion, by exciting sufficient degree of inflammation for this purpose, and which, at the same time, shall prevent protrusion till adhesion takes place, and shall rouse the nerves and muscular energy of the sphincter and levator ani muscles. This is effected in the most satisfactory manner, without the slightest

danger to the patient, by passing a strong ligature, by means of the crooked needle, through the anal aperture laterally, introducing the needle at the distance of an inch from the verge of the anus on the left side, and transfixing the rectum at the depth of half an inch, making it emerge on the right side at the same distance as on the opposite. This being done, the ligature is firmly tied, and the patient is put to bed, with ice applied to the part, to prevent undue inflammatory action.

The presence of this ligature, or rather suture, causes considerable pain and excitement. The sphincter is observed to contract forcibly, the pulse quickens, the skin gets hot, and the cheeks become flushed. The ligature is maintained till its presence has brought on considerable fever, or the pain becomes intolerable, when it is removed, and the ice continued for several days, till the cure is completed.

**CASE I.**—While assisting at some operations at the Military Hospital of this place, on the 12th of January, O.S., 1851. the head medical man of that hospital, Mr. Schmidt, asked my advice respecting a case of prolapsus ani of long standing. The patient, a soldier, ætatis 35, Ambrosini Molin, of strong frame, had labored under this disease for a year and a half; there was so much weakness of the sphincter muscle, that the prolapsed gut could not be retained, but always protruded to the extent of three inches. From the prolapsed part there was a copious and constant discharge of mucus and bloody serum, by which he was reduced to extreme exhaustion; he looked pale and leuco-phlegmatic, like a person laboring under long-continued hæmorrhage; he said he felt so miserable, that life was a burden to him. The operation was performed by me, as above described, at one o'clock that day, and in twelve hours time there was so much pain and fever that it was found necessary to remove the ligature, continuing the constant application of ice. In twelve hours more the fever had subsided. On the fourth day, to relieve the bowels, a dose of castor oil was given to the patient, which operated without any sign of protrusion, nor did a relapse take place from that day forward.

**CASE II.**—Peter Simakoff, a retired soldier, ætatis 35, entered the Military Hospital on the 3rd of February, 1851, ill of prolapsus ani, and from the patient being in a state of mental imbecility it was impossible to find out from him how

long he had labored under the disease; all we could ascertain on this head was, that he had been in the hospital in the beginning of 1850, ill of the same complaint. On February 18th I operated upon him in the same manner, and as no fever ensued, the ligature was continued till the fourth day, when it was removed, no protrusion following the use of the bowels, which was obtained by means of cold injections. On the 25th, the patient, from long straining, brought on a slight relapse, in consequence of which I found it advisable to operate a second time, in order to effect a radical cure. I accordingly applied the ligature again on the 27th of February, avoiding this time the application of ice for four hours after the operation, so as not to prevent the necessary degree of inflammatory action. On revisiting the patient on the 28th, I found him in a violent fever; yet from his state of imbecility, he complained of no pain. The ligature was removed, and ice continued. Since, no relapse has taken place, and to all appearance the cure is radically complete.

This case clearly shows that the ice should not have been applied in the first instance, until febrile excitement had shown itself. I look upon this agent, however, as powerfully conducive to the cure, inasmuch as it moderates inflammatory action, while at the same time it tends to keep up the spastic action of the sphincter ani muscle after the ligature is removed.

**CASE III.**—Kanagool Thangaroo, a Tartar of the Kirgis tribe, ætatis 31, a soldier of strong athletic frame, entered the hospital for the cure of prolapsus ani on March 9th, 1851; the disease was of two years' standing, and proceeded, to the best of his knowledge, from long-continued diarrhœa. On stooping, the gut protruded to the extent of two or three inches, the anal aperture dilating enormously. On the 10th, at one o'clock, P.M., I performed the operation, as described, with this little difference, that the needle did not penetrate so deeply; this was owing to the anus being, in this case so deeply sunk in the outlet of a very narrow pelvis. On tightening the ligature the patient complained of much pain; he was put to bed with orders not to apply ice until some fever had set in, which took place in the course of five hours. In the evening he felt a call to go to stool, when cold water was injected per rectum, and the bowels



relieved, the ligature offering no resistance.

11th.—The fever much less; still considerable pain from the ligature; bowels twice open.

12th.—Being the third day of the operation, there was no fever, and the pain from the ligature was little complained of.

On the 13th the ligature was removed, and caution given to inject cold water per rectum, previous to his going to stool, and to avoid straining. No protrusion has taken place since, notwithstanding that the bowels have been open twice a day. The cure may be considered as permanent.—*London Medical Gazette.*

*A Case of Obstruction of the Colon relieved by an Operation performed at the Groin.* BY JAMES LUKE, Senior Surgeon to the London and St Luke's Hospitals.—The subject of this report was a man aged 60, who, on December 16, 1850, first complained to the author of feeling generally unwell. He had no pain, but his countenance was depressed, his eyes sallow, and his tongue coated. The bowels were confined, and lately medicines had acted with difficulty on them. An aperient was ordered, and on the following day he passed a small lumpy motion, but without relief to the symptoms; castor oil was ordered, but after a time was rejected by vomiting. On the 18th there was no relief from the bowels and he vomited everything he took. From this time he progressively got worse in spite of all the means resorted to for his relief. He complained of pain chiefly about the region of the cæcum. The transverse arch of the colon could be felt distended and tympanitic. A careful observation of the case had led the author to believe that there was obstruction in the bowel about the sigmoid flexure of the colon, and it was resolved as a last resource to operate upon the patient. The operation was performed on the 23rd. Not thinking it prudent to assume that the conclusion respecting the seat of the obstruction was certainly correct, the author determined to adopt that operation which would give him some opportunity of extending his search, provided he did not find the obstruction at the point where it was supposed to be. He therefore opened the abdominal parietes near the groin, by an incision four inches in length, a little to the outside of the course of the epigastric

artery, the lower extremity of which incision terminated a little above Poupart's ligament. The peritoneum was opened to the extent of about two inches. On passing the finger down the surface of the intestine, which now protruded, a diseased mass could be felt, which appeared to encircle the intestines. The bowel was then opened above this part; a large quantity of feculent matter came away and the patient expressed himself as relieved. On now passing the finger into the bowel it was found to be impervious about two inches below the aperture. After the operation the recovery of the patient was rapid. On the second day, fæces passed per anum, and continued to do so for more than a month, when their passage through the natural opening ceased; it was again partially restored, but from this time the greater part of the fæces passed by the wound. This is closed by a well-fitted pad, and he has been enabled since to pursue his ordinary occupation almost without interruption. The author then proceeds to remark on the danger of protracted delay in attempting to relieve such cases, a delay which is, however, to a great extent rendered necessary by the difficulties of diagnosis. The distension of the colon, and the evidence afforded by the proper introduction of the long tube, are pointed out as the two means of diagnosis on which reliance may be generally placed for the purpose of determining the seat of obstruction, when it is situated at the lower part of the colon. The advantages of the operations of Amussat and Littre are then compared, and the author, while admitting the advantage gained by operating in the loins, as proposed by the former—of not opening the peritoneal cavity—yet thinks that the operation in the groin offers certain advantages which render it in many cases preferable. By the operation in the loins nothing more could be done than opening the intestine; but this might in some cases be improper, as where obstructions were produced by fibrous bands overlying the intestine, or by strangulations, the result of causes acting exteriorly to its tunics. In these cases, the proper treatment is to divide the bands, or relieve the cause of strangulation. In the event, too, of an error of diagnosis, the opening in the loins does not provide any facilities for correcting the error. The danger of total failure of affording relief consequent upon this state of things, must therefore be attributable

as a demerit to the operation in the loins. There are, besides the minor evils in this operation, that the opening cannot be conveniently attended to by the patient himself, and that there exists frequently a great disposition to contraction, arising from the great depth of the wound, which requires renewed surgical interference. In all these particulars, with the exception of the necessary attendant of peritoneal section, the operation of opening the abdominal parietes at the groin, in all cases of obstruction, or suspected obstruction, in the lower part of the colon, appears to the author to be the operation which should be preferred. It affords facilities for modifying the treatment, either by opening the intestine, when incapable of relief by other means, or by dividing or removing any existing cause of strangulation. It enables the surgeon to extend his search within a limited range, in the event of the diagnosis proving incorrect; it allows him to open the bowel as close as possible to the seat of obstruction; and it secures to the patient the facilities for attending to his own comfort which appear almost a necessary condition to make life endurable under such circumstances.—*Dublin Med. Press.*

*Case of serious Hæmorrhage following Excision of the Tonsil.*—The following instructive case forms the subject of a memoir by M. Chaisaignac, (*Archives Gênerales, Mai.*)

The patient, a female, aged 21, was the subject of enlarged tonsils, one of which had been removed eight days before by M. Sandouville. The operation had been quite successful in its immediate results. The author was summoned in consequence of an incontrollable spitting of blood. On looking into the throat for the purpose of discovering the exact seat of the hæmorrhage, M. Chaisaignac found that it proceeded from the bottom of a concavity left by the excised tonsil.

The patient had been for some time constantly spitting blood, and had also vomited a large quantity. The pulse was small, the extremities cold, and altogether she was in imminent danger. Many means had been adopted without success, such as ice externally, and styptics of various kinds internally.

The first proceeding adopted by the author was to make pressure on the bleeding surface with lint dipped in lemon juice.

This controlled the bleeding for a time, but after he had left, it returned with equal intensity. He now intended to apply the actual cautery, but before resorting to this it occurred to him to try keeping up pressure on the tonsil with lumps of ice. This was done with the aid of forceps, and was completely and permanently successful.—*Prov. Med. & Surg. Jour.*

*Complications of Hernia.*—By Mr. ROBINSON.—The following are the deductions from a paper on the above subject:—

1. Symptoms of strangulation may continue after a hernia has been reduced *en masse*. This may be owing to one of two causes; either to the return of the intestine to the upper part of the inguinal canal, and not into the abdomen, constriction, therefore, continuing at the internal ring, or to the return of the sac, with the hernia still constricted in it.

2. The intestine may be universally adherent to the sac.

3. The direction of the vessels cannot be relied upon as a distinguishing mark between the intestine and the sac.

4. Foreign bodies may pass through an irreducible hernia without injurious effects.

5. The bowels may redescend after reduction, again become strangulated, and again require operation.

6. Strangulation may occur in a person the subject of double hernia, and it may be doubtful which is strangulated. In such a case the oldest and most tense of the tumours should be first subjected to the knife.

7. Enlarged inguinal glands greatly complicate the diagnosis of hernia.

8. Strangulated inguinal hernia may prove fatal by rapid collapse.—*London Journal of Medicine, May, 1851.*

## MIDWIFERY.

*Inguinal Hernia Treated by Injection.*—By Dr. BIGELOW.—This subject seems to possess some little general interest. The disease is common, and the surgeon is often applied to, to know how far it may be cured by injection. This method of treatment is not new. In his work on Operative Surgery, published in 1846, D. Pancoast states that he had employed it eleven years before that date. The operation consisted of an injection into the sac

of a stimulating fluid, by means of a minute trocar and canula, to which a syringe was afterwards adapted. This writer mentions Lugol's solution of iodine, or the tincture of cantharides, in quantity from half a drachm to a drachm, as the injection used. Neither is there anything new in attempts to obliterate the ring by adhesion or destruction of the sac. Such were, in the latter part of the last century, the ligature or excision of the sac and testis, by which "the Bishop of St. Papoul found that more than five hundred children had been castrated in his diocese;" and the *royal stitch*, which, embracing the sac, preserved the testis to fulfil its legitimate function of making subjects for the king; and later, the operations which plugged the ring with a piece of the scrotum, and that which irritated it with gelatine threads, or acupuncture, and others, which have been for the most part abandoned.

The present patient, a young man, aged 21, healthy, and of good habits, has had a left inguinal hernia for three years. Within the last year he has worn a truss, the hernia being often troublesome and tender notwithstanding. It is now, when allowed to descend, an enterocele of the size of a goose egg, easily reducible, the ring readily admitting the middle finger; and under these circumstances the patient applied for a radical operation. Dr. Bigelow stated to him that the operation was not dangerous; that it probably would not cure him, thought it might alleviate the inconvenience; the last perhaps greatly, perhaps not at all. The instrument used consisted of a minute silver syringe, terminating in a fine tube. The latter carries at its point a perforated trocar, which serves at once to make the puncture and to deliver the injection. With this instrument, twenty-five drops of tincture of iodine were deposited at the ring itself, through a puncture in the skin made with a tenotomy knife. When the sac is thin, it is not possible, whether the instrument enters the sac, or whether it pushes the sac before it. It may, perhaps, be transfixed literally; but there must be, in general, an uncertainty whether the injection actually penetrates the sac, or only bathes its exterior; and practically the difference, in producing inflammation, whether from contact or from continuity of tissue, must be of no great importance. The result of the operation may be considered as a question of theory and

of fact. This process aims to obliterate or plug the ring by an effusion of adhesive lymph. Now, the cause of hernia is a want of resistance in the tendon; and as we cannot make new tendon, the question is, how far lymph is capable of supplying its place. Lymph is a plastic material, liable to great absorption, and having a tendency to yield to pressure. It has very little of the resisting property of tendon. Most patients are obliged to wear a truss after the operation for strangulated hernia, which creates a considerable effusion of lymph. The tendency of most irreducible herniæ, where the ring is plugged by its adhering contents, is to increase. But theory should never stand in the way of fact. If it were possible to get at a series of statistics of this operation, the result would be conclusive. [In the absence of these the author gives the grounds for his own conclusions in respect to it.]

1. He has operated in a number of cases, sometimes with relief, sometimes with none. In one case of a young child, the pressure of a light truss, after the injection of ten drops of tincture of iodine, produced a small slough of the integuments.

2. He has been frequently applied to, in common with other surgeons, by patients who had undergone the operation once, or even twice, to know what benefit would be likely to result from an additional operation.

3. A maker of trusses informs me, that he frequently receives applications for trusses from patients unsuccessfully operated on, or where the relief was only temporary. On the other hand, it is quite probable that lymph diminishes the size of the tendinous aperture in certain cases, and sometimes to a considerable degree. In fact, he knows patients thus operated upon several years ago, who believe that the liability to a descent of the hernial contents has been materially diminished in their cases, and who consider their condition improved by the operation, though they still wear a truss.

Now, under these circumstances, if there is no great danger attending the operation, he considers it justifiable; and he never heard of a fatal result from it, though peritoneal inflammation is occasionally quite considerable. So that a patient who desires to encounter this operation, not dangerous in itself, for a chance of obtaining greater or less relief from an inconve-

nience, may be gratified.—*Boston Med. and Surg. Journal.*

*Case of Traumatic Tetanus Successfully treated by Frictions with Chloroform.*—By Dr. MORISSEAU, Physician to the Hospital at La Fleche.—The patient was about 40 years old, a man of good constitution. Eight days before admission he had slightly wounded himself on the front of his leg, while at work, with his pickaxe. The trifling wound had healed by the fifth day. On the sixth day tetanic symptoms manifested themselves. The patient was at first treated at home, but the disease advancing he was removed to the hospital. When first seen by Dr. Morrisseau the tetanus was fully developed; there was persistent contraction of the muscles of the jaw, of the chest, abdomen, and back; the body was bent double every hour; deglutition impossible; the pulse small and slow; nothing particular was observable of other functions.

Friction was performed with four grammes (one drachm) of chloroform. This quantity was repeated three times during the day. The patient was placed in an acidulated vapour bath. On the following day a considerable improvement had taken place. The patient had perspired freely; he had slept well, which he had not done before, since the commencement of the attack. He had swallowed a few spoonfuls of liquid; the muscles were less rigid; convulsions shorter and less frequent. The dose of chloroform was increased to twenty grammes three times a day. This treatment was continued for five days with the best results; all the symptoms had disappeared on the sixth day. A sense of lassitude and debility alone remained, and these soon disappeared under suitable diet. [The Editor of *L'Union Médicale* adds to the above, the following, taken from the *Gazetta Medica Lombarda*:—A labourer, aged 28, was seized with tetanus two days after having lain on damp ground whilst he was in a perspiration. The patient was immediately subjected to the treatment usually adopted there, and which consists in frequent venesection. He was bled eight times in four days, once to the amount of twenty ounces; about a hundred leeches were applied to the parts that were painful, and other ordinary means were adopted. On the sixth day the patient was in a very serious state, when M. Tibaldi had

recourse to frictions with ether in order to calm the muscular contraction. Two frictions were practised on the loins; venesection, and half a grain of acetate of morphia was given. Wherever friction was applied the action of the muscles was moderated. On the following day another bleeding to ten ounces, and frictions with ether on the neck and back. On the third day of this treatment the patient could sit upright. In two or three days more the patient was convalescent.—*Med. Gaz.*

*Causes of Hæmorrhage after Parturition.*—By Dr. McCINTOCK.—In an essay on post partum hæmorrhage, the author enumerates the following as the principal causes:—

1. The presence of a portion of the placenta in the uterus.
2. The retention of a coagulum in the uterus.
3. Simple relaxation of the uterine fibres.
4. Disturbance of the general circulation.
5. Fæcal accumulation. This is mentioned as a cause by Moreau.
6. Functional disorder of the liver. This is noticed as a cause of hæmorrhage by Dr. Ayres, but is not admitted as such by the author.
7. Ulceration of the os and cervix uteri.
8. Polypus or other morbid growth attached to the uterus.—*Dublin Quarterly Journal*, May, 1851.

*Santonine.* By GEORGE W. PATTERSON, M. D., Resident Physician of the Northern Dispensary of Philadelphia.—Having recently made free use of santonine for the expulsion of the *ascaris lumbricoides*, I desire to express the satisfaction which I have had from its employment, being in a concentrated form, and possessing neither taste nor odor, qualities which, at least, should be sufficient to give it some claims to consideration.

As an anthelmintic, it has a special mortal action upon lumbricoid worms. This I infer to be the case, from the fact that, while it has failed in my hands when used against *tania* and the *ascaris vermicularis* it has rarely done so when there has been sufficient evidence of the existence of the common round worm to warrant its use.

Whether the presence of such parasites in the alimentary canal is deserving of the

notice or regard of physicians, which some seem to deny, it is not my purpose at present to consider; but as there are those who do believe them to be a source of annoyance, and especially to children, I would recommend a trial of this vermifuge. It is a medicine that at one time had a considerable degree of celebrity; but, from some unknown cause, it is at the present time but little employed. It is somewhat expensive, and the articles which I used was presented to our institution by Messrs. Powers and Weightman, chemists of this city.

I am in the habit of prescribing it in the following manner, say to a child four years of age: R. Santonine gr. xii; Pulv. G. Acaciæ gr. vi; M. et in chart. iij div. One to be given night and morning, and followed by a dose of fluid ext. of senna. I have been informed, in some instances, that worms were expelled before the cathartic was given, still I consider its administration desirable, serving to discharge that super abundant mucus which is usually an attendant upon such cases. The subsequent administration of the syrup of the citrate of iron, I have usually found, will correct that state of the system which is so favorable to their production and multiplication.

Those who may use this medicine for the first time, will probably have their attention directed to the color of the patient's urine, the santonine having caused it to assume a saffron hue. This is not the result of irritation, which I have never known it to produce.

While in the choice of remedies, it should be our object to select such as are the best suited to meet the indications presented to our notice, we should never lose sight of the fact that medicines are, for the most part, repulsive to persons in a state of health, and become even more so when suffering from morbid derangements; that it is our absolute duty to administer them in as palatable a form as possible, and always to prefer such as are insipid or inodorous when no benefit can be obtained by a different course. I have had frequent occasion to witness the embarrassment which practitioners have experienced from want of attention to this matter. Entertaining such views, I have been prompted to make use of santonine as an anthelmintic, with which, after a fair trial, I have every reason to be pleased.—*New Jersey Medical Reporter.*

*Case of Quintuple Birth of Living Children.*—By Dr. SERLO.—Dr. Serlo of Krossen relates the following remarkable case. The mother, æt. 34, had had five favorable labors, and was now pregnant for the sixth time. During the last few weeks, she had become so large and cumbersome as to be obliged to keep her bed. Dr. Serlo saw her the day before delivery, and found her abdomen enormously distended in every direction, and hard, and projecting much towards the right. The fetal movements were feeble. She was weak, and had a small, rapid pulse, with œdema of the thighs and legs. On examination the os was found partly open, and the membranes flaccid; but no part of the child could be felt. As the pains proved very inefficient, Dr. Serlo next day delivered her by the forceps of a small living child, and soon after of another, which presented by the feet. In like manner three others were successively delivered by the feet, the accoucheur breaking the bag of waters in each which presented while he was in search for the placenta. Contraction of the uterus was produced after some minutes.

All the children were alive and crying, but the 2d died in three hours, the 4th in twelve, the 3d in seventeen, the 5th in twenty-five hours; and the 1st, which had been delivered by the forceps, in nine days. The author supplies the weights and admeasurement of the children and the funes; but we are not aware of the exact relation which those of that part of Germany bear to our own.

	Length.		Weight.	
	Child.	Funis.	Child	Placenta.
1st child	15 in.	24 in.	3½ civil lbs.	28 oz.
2d "	12 "	11 "	2½ "	14 "
3d "	13 "	15 "	3 "	25 "
4th "	14 "	14 "	3 "	20 "
5th "	14 "	11 "	3 "	20 "

—*Med. Zeit., 1850, No. 50.*

#### *On the Induction of Premature Labor.*

—By Dr. LEHMANN, of Amsterdam.—After passing in review the various means of effecting this, Dr. Lehmann gives the preference to that practised by the Dutch accoucheur, Zuydhoek, viz., detachment of the membranes by means of a wax bougie. A bougie, nine inches long, and two or three lines in diameter, is passed within the uterus, carried for six or eight inches along its anterior wall, and then at once withdrawn. This detaches the membranes, and directly excites the moto-

nerves of the uterine; while the prepared sponge, usually employed for this purpose, merely acts upon the sensitive nerves or the cervix, and affects the uterus itself only by a reflex action. By remaining within the organ for so long a period, too, the sponge may induce inflammation, which the bougie does not; and from this cause Dr. Lehmann lost two patients in whom he resorted to the sponge.—*Rev. Med. Chir.*, tom. viii, p. 366.

*Cochineal for Hooping Cough.*—An anonymous writer, in the *N. Y. Medical Gazette*, recommends very highly the following prescription for hooping cough—to be given in teaspoonful doses, three times a day. He regards the cochineal as the active principle of the prescription, and hence gives it in larger doses than usual.

Cochineal, in very fine powder,	3j
Carbonate of Potash, - - -	3j
Sugar, - - - - -	3j
Tincture of Spear-mint - - -	3j
Water, - - - - -	3xiv.—Mix.

*On the Seat of the Placental Murmur.*  
—Dr. KIWISCH states that he has, from repeated observations, and investigations with the stethoscope, and examinations of injected bodies of pregnant women, arrived at the conclusion that this sound proceeds from the uterine and epigastric arteries, and that the epigastric artery is the vessel which contributes the greater share to its production.—*Verhandlungen der Physikalisch-Medicinischen Gesellschaft in Wurzburg*, 1850.

*A Case in which the Operation of Tracheotomy was Performed under the Influence of Chloroform.*—By HENRY SMITH, Esq., F.R.C.S., Surgeon to the Westminster General Dispensary.—At 11 A.M., on the 11th of August, I was requested by my friend Mr. Welch, of Blackmoor Street, to see an interesting little girl of four years old who was suffering so severely from croup, that it was deemed needful, as giving a chance of life, that the windpipe should be opened. On seeing the patient I found her laboring under the most severe symptoms of that formidable disease, the breathing was very laborious, the child was very restless, rolling about in its mother's lap for the purpose of getting ease, and there was a

troublesome cough, accompanied with the harsh sound observable in this disease. Nevertheless, the countenance, although anxious, was not livid; the chest expanded pretty well, and the voice was pretty distinct. I learned from Mr. Welch that the patient had been ill for nearly a week, but that the well-marked signs of croup had only been noticed on the 8th, four days previously. The usual treatment had been put in force without any diminution of suffering. I must not omit to mention that the tonsils were enlarged, but that there was plenty of room for the air to get into the larynx.

It appeared to me that the case was not sufficient urgent to justify tracheotomy; and, as the child was not much depressed, it was agreed that this procedure should be postponed until the effect of more leeches to the throat, and further doses of tartar emetic and calomel, had been observed.

At midnight I was again summoned, with an intimation that the child had become much worse, and that it appeared likely that it might not live during the night, and at the urgent wish of the parents that the operation should be performed, Mr. Welch and myself visited the patient. On our arrival we found the child lying on its back asleep, and breathing without great difficulty; we waited half an hour until she awoke, when she was seized with violent convulsive cough, dyspnoea, and became very restless; still the very fact of her being able to lie asleep in an apparently easy state, was, in my mind, of itself a contraindication to the operation of tracheotomy, and I therefore declined doing it, and it was agreed that the remedies should be continued, and that we should at least await until morning.

At 11 A.M. next day, it was evident that the child was worse, and that if the operation was to be of any service the time was now come. The chest no longer expanded well. The breathing was extremely laborious, the muscles of the neck which assist it were in full action, and the lower ribs on each side were drawn forcibly inwards. The voice had become quite lost, and the powers of the child were becoming feeble. There was considerable rhonchus over the lower part of the right lung, but the greater portion of them seemed to be pretty healthy: this had been more clearly ascertained the day previously, when the air entered the lungs more freely. It was now decided that a

powerful emetic dose of antimony should be given, and that if no benefit arose, the operation should be done. The emetic acted, but seemed to have no good effect. Thereupon I requested the advice of my friend Dr. Snow, with respect to the administration of chloroform. Although I had my own doubts as to the propriety and even safety of giving this agent when there already was so much obstruction to the respiratory process, the important organs already much congested, and where it was very likely that blood would get into the windpipe, and tend to cause immediate death during the operation, still my anxiety that this interesting little child should be free from the torture of the operation, led me to act according to the advice of Dr. Snow. This gentleman carefully examined the patient, and offered to administer the agent. It was given with great caution, and we had the happiness of seeing the child brought completely under its influence, and kept so nearly as easily as though nothing were wrong with its breathing. Whilst the child remained insensible, I opened the trachea, and on doing so a large quantity of mucus, and a great portion of false membrane, were ejected by the wound. Of course, for a short time, there was considerable disturbance, but as soon as this was over, the child lay down, breathed quietly and tranquilly, and it was pleasing to behold the contrast to what it was before. At 10 P.M., the child was visited by me; it had been breathing very tranquilly; the tube in the trachea had kept perfectly clear, and nourishment had been taken. Just at the time I saw it, the patient was very restless, and thinking that it would be desirable to procure some sleep, I ordered two minims of liquor opii sedativus, to be given at once, and repeated at midnight if it was very restless.

Aug. 13th, 10 P.M.—The child has passed a fair night, and has breathed and breathes with the utmost tranquility; but within the last few hours it has lain in a heavy state of half sleep, but it recognises persons, and is easily roused up to take nourishment; the bowels have been well opened; the neck and face were very much swollen, and an erysipelatous blush had commenced to show itself near the wound. During the day the breathing was easy and tranquil, but the stupor in which the child lay became more deep; mustard poultices were applied to the calves and thighs, but death gradually and

quietly drew on, and did its work at 4 A.M. next morning, near 40 hours after the operation.

In company with Mr. Welch, and my friend Mr. Hulme, I made a careful examination after death. Beginning from the entrance to the respiratory apparatus, the tonsils on either side were found to be enlarged to some extent, and they were covered on their surface with a whitish deposit, but there was ample room between them. The inner surface of the epiglottis, and here and there the larynx, were studied with the same, whilst the whole of the trachea below the wound was lined with a thick layer of false membrane, which was pulled away entire, and on this being removed the mucous membrane was seen to be intensely inflamed. This deposit also lined right and left bifurcation, and we could follow it down distinctly into the multiple ramifications of the bronchial tubes. The lower portions of the lungs, but more especially the right lobe, were considerably congested, but the upper parts comparatively healthy.

I was anxious to ascertain the condition of the brain; this organ was healthy, there was but slight congestion, and no subarachnoid effusion, or fluid, within the lateral ventricles.

I should not have published this case,—for unfortunately the history of the operations of tracheotomy in inflammatory croup generally tells the same tale, the finale being that the little patient dies either during the operation, or gets some relief and expires after a few hours, in a less distressing manner to itself and to its parents,—but the circumstance of chloroform being inhaled in this instance lends a more than ordinary amount of interest to the case. It is well known that great objections are entertained against giving this agent when operations of a severe nature are to be performed either about the mouth and jaws, or region of the throat; and some surgeons do not deem it by any means safe to employ it in such. It has been assumed, that when operations are performed in these localities under the influence of chloroform, the larynx becomes as it were paralysed, and insensible to the stimulus of any blood which may be liable to get into the windpipe, and thus the patient may die from suffocation. If this objection really held in instances where operations are performed for the removal of the upper or lower jaw, it would obtain in a greater degree in tra-

cheotomy, which proceeding is put in force only in instances where there is already great obstruction to respiration, and moreover, great congestion in the lungs and brain. The danger would appear *a priori* to be far greater here. However, it has fallen to my lot to witness the effects of chloroform in operations in these localities, and the danger, when the agent has been skilfully employed, has appeared to me to be only assumed, and not real. I was anxious that it should be tried in the present case, and therefore was glad to avail myself of the experience of Dr. Snow: this gentleman considered that there would be no danger in using chloroform, and having the most perfect confidence in his judgment, I gladly acceded to his wish; and was much pleased with the beneficial manner in which it acted, during a somewhat protracted operation. I believe that this is the first instance, (at least made public,) in which the operation of tracheotomy has been performed under the influence of chloroform. I made inquiry of Dr. Snow, who has had a vast experience in its use, and also requested him to state his reasons for not fearing its employment in such a case. In answer, he sent me the following note, which he has kindly permitted me to append:—

MY DEAR MR. SMITH,—I beg to say in answer to your inquiries, that I am not aware that chloroform or any similar agent has been given in the operation of tracheotomy, except in the case of your little patient. I believe that many, medical men would have objected to the employment of chloroform during tracheotomy, or a case in which extreme difficulty of breathing existed, but the following are the reasons which induced me to recommend it, when you asked my opinion on the subject:—1st. Chloroform in moderate quantities does not diminish the strength of the respiratory movements. 2nd. I have ascertained by experiments on animals, that a larger quantity of air is not required to support life under the influence of chloroform and other narcotics than in ordinary circumstances; but, on the contrary, that they can actually subsist on less air than in the normal state. And 3rd, the struggles of the child that would be occasioned by pain and fright, if the operation were performed in the conscious state, would cause an increased demand for breath, and be a real source of danger.

The vapor was given very slowly at first, in order not to embarrass the child by its pungency, and the result of its administration fully realized our expectations. The patient was quiet and passive, and the difficulty of breathing and blueness of the lips were certainly not increased by the chloroform.

I remain,

Yours very truly,

JOHN SNOW.

I will add nothing more to the clear and forcible remarks here made, but will only take this opportunity of acknowledging my gratitude to Dr. Snow for the great assistance which he has rendered to me, not only in this instance, but in several other serious operations.—*London Med. Gaz.*

*Remarkable migrations of a Pin and Needle through the Body of a young Lady.*

—By NAPOLEON B. ANDERSON, M.D., of Louisville, Ky.—On the 20th of April, 1849, Miss Catherine M——, at 19 years, in a fit of laughter, accidentally swallowed a large brass pin and a medium-sized needle. No pain attended the passage of these bodies into the stomach, nor was any felt until after the expiration of about the third week, at which time a warm, pricking sensation was first felt in the cardiac orifice of the stomach, which position it maintained for the space of three months, when it gradually changed, and seated itself in the lower lobe of the left lung. In this situation it remained for some nine months, without any disturbance to the organ of respiration in which it was felt, with the exception of occasional cough and slight hemoptysis. During this period, the pain gradually moved to the glenoid cavity of the scapula, and was experienced at the insertion of the deltoid muscle, in which situation considerable pain was the result of elevation or rotation of the arm. From this point it moved to the armpit, when the arm had to be carried horizontally, and no elevation, rotation, adduction, or abduction could be performed without excruciating pain; the inner part of the arm turning very black, from the infiltration, I suppose, of blood into the surrounding parts. Pressure upon the parts, produced no material change in coloration, nor was there any unusual amount of sensation or numbness in any part of the discolored portion, with the exception of the region in which these foreign bodies



were situated. The arm remained in this condition, with no material changes, until December, 1850, when the pain and uneasiness moving from the arm-pit, towards the articulation of the ulna and radius with the humerus, settled in the belly of the biceps flexor muscle, forming there a dark spot the size of a half dollar, and very sensitive to the touch. An emollient poultice was applied for twenty-four hours, when fluctuation indicated the use of the knife. A quantity of bloody pus was discharged, and the needle and pin were extracted from two different apertures, about half an inch apart. The pin was dark, but the needle was bright, and had undergone no material change. Alteratives were used, and in ten days from the extraction of the bodies, the lady had perfect use of her arm, and has continued to do so ever since.

During the period, from the swallowing of these substances until their removal, the constitution was not disturbed in the slightest degree, except the cough and hemoptysis spoken of; and this continued only as long as those articles were passing through the lungs, after which the symptoms disappeared. The lady underwent no treatment during their migration from the mouth to the arm, with the exception of a purge when she first swallowed the articles, and anodyne embrocations afterwards.

These pointed bodies appear to have travelled side by side over the entire route from the mouth to the point at which they were extracted, and must, in their course, have passed through the stomach, diaphragm, lung, pleura, among muscles and bloodvessels, before reaching the parts from which they were extracted. The points of each article presented at the incision made, and must I suppose, have thus passed the entire distance.—*Western Journal.*

*Case of Gun-Shot Wound of the Spine.*  
By CHARLES S. TRIPLER, M.D., Surgeon U. S. Army.—The interesting and important discovery of the reflex function of the spinal nerves promises so much benefit to the science of medicine that no fact, tending to illustrate or establish Dr. Hall's views, can be looked upon with indifference. I therefore take great pleasure in communicating the following notes of an interesting case, which I made at the bedside of a patient a short time ago. I shall make no remarks upon it, preferring to submit it as it is, for the use of Dr. Hall

himself, should it ever meet his eye. I may, however, be indulged in suggesting that the practical surgeon may derive a hint from it that may save himself and his patient some trouble in a similar case; for, if the titillation of an afferent nerve may, through reflex action, enable him to dispense with the use of the catheter and enemata, it will be no trilling point gained.

During the protracted war with the Seminole Indians in Florida, an officer, travelling from St. Augustine to Picolata, was waylaid and wounded by a party of those savages. He was seated upon the floor of a common baggage wagon; the ball passed through the side of the vehicle before striking him. He was shot on the line of the union of the last dorsal, with the first lumbar vertebra—the ball penetrating at the angle of the ribs, on the right side, two inches above the vertebra, and passing in a direction obliquely downwards and toward the spine. The general direction of the wound was ascertained by the probe, but the ball could not be felt, and where it is lodged remains a mystery to this day.

This took place on the 25th November, 1839. The immediate consequences were loss of motion and sensation below the wounded part, though the sensorial recognition of the lower extremities was that of numbness and tumefaction. When he was received into the hospital, bottles of hot water were applied to his legs, with the effect of causing deep eschars very rapidly, but without producing any sensation. The gun-shot wound healed very readily, leaving the patient in the following condition:—The line of normal sensation began in front, at the anterior superior spinous process of the ilium, descended almost in the direction of Poupart's ligament about half its length, then curved upwards, passed just below the umbilicus, described a similar curve on the other side, and then passed around the back, in nearly a right line, to the point of departure.

The bladder and the rectum were paralyzed; the one was relieved by the catheter, the other by castor oil. The use of the oil was continued for about two years; afterwards, enemata were substituted; lavements of water are still used occasionally. The feces are passed without sensation. The catheter was used for about a year, or a little more. About the beginning of the year 1841, he found that the bladder could be induced to contract, by tickling the side of the penis, just

behind the corona glandis; and he afterwards discovered that the same manipulation would provoke the rectum to discharge its contents; no sensation, in the mean while, being transmitted to the sensorium.

He thinks that titillation of the left side of the penis affects the rectum more than the same operation upon the right.

No sensation of distended bladder calls for relief; but contraction of the toes, and abduction of both thighs, occur at this time, warning the patient of the wants of nature.

Priapism was readily excited, for a time, by friction upon the back or breast; but this seems to have subsided of late years.

The flexors of the toes are permanently about half contracted; by tickling or jerking up the scrotum and testicles, these muscles may be made to act spasmodically.

The temperature of the paralyzed parts is good. He thinks he feels more and more, from year to year, a consciousness of the existence of the limbs, and by an effort of the mind, to fix attention upon them, they ache so much as to render it necessary to desist.

There is not so much corpulency of body as is usual in such cases, nor are the paralyzed extremities so much atrophied as we might expect.

All sorts of counter irritations, hydro-pathy, homœopathy, electricity, strychnia, &c., have been resorted to, but without benefit. In 1844 or '45, while trying the sulphur vapor, a jet of hot vapor was thrown upon the sole of the left foot, and took off the whole integument, he being totally unconscious of any sensation.

The urine was ammoniacal and purulent for the first three or four years, but has been less offensive since. If he assumes the erect position, leaning upon his crutches, to empty the bladder, the urine is less offensive than when he is obliged to lie in bed for a few days.

The color of the limbs is natural. He assures me that they were, a few years ago, more sallow and more atrophied.—*New York Jour. of Med.*

#### *New Remedy for Deficient Lactation.*—

Dr. DEANE said he would call the attention of the society to a remedy, which he had lately seen in some journal, for deficient lactation. It was the plant of the ol. ricini. He proceeded to narrate a case in which he had used it with success. Mrs. \_\_\_\_\_, of robust and good constitution,

in her first confinement had not suffered in the least from fever or other complication, but did not afford a single drachm of milk—all remedies and applications failed. A few weeks ago Dr. D. attended her in her second confinement, and finding the same state of things existing, he was induced to make trial of the above new remedy. He accordingly ordered a strong decoction of it to be taken, and wet leaves of it to be applied to the mamma. Hardness, &c. of the breasts ensued in an hour or two, and on the next day lactation had set in plentifully. He hoped members would give it a fair trial whenever an opportunity presented, and report the results.—*The Stethoscope.*

#### MATERIA MEDICA & CHEMISTRY.

*Gutta Percha*—Its uses to the Physician and Surgeon.—By JOHN P. LITTLE, M. D., RICHMOND CITY.—As this article is not as well known as it should be, I have put together some account of its uses and advantages, and of the manner in which it is wrought into various shapes. My wish is to call the attention of country physicians to the fact that it will save them much trouble if they possess and know how to use this excellent substance. It is a product of the East Indies—the dried juice of a tree; a tough, fibrous substance, of a dark brown color. As it seems scarcely acted on by any other agent than heat, and as when heated it will take any form you give it; as it is very tough and strong, and is unaffected either by the temperature or by the secretions of the body, the physician will at once perceive its great value and the variety of uses to which it may be put. Of it are made splints, stethoscopes, bougies, catheters, uterine and ear specula, stomach tubes, pessaries, handles for surgical instruments, caustic holders, tents, eye-glasses, sheets of water proof stuff for dressing injuries, &c., &c., &c. The good sense of each physician will teach him how to make use of it in various cases. It will be found specially adapted to fracture occurring in children, to fractured jaw, or to injuries of joints.

To ascertain a good article, take a small piece, soften it by heat and roll it; if when cold it is tough and strong, the gutta is good; sometimes it breaks like a pipe stem and is good for nothing.

To prepare it for use it should be cut

into pieces and torn into strips, that impurities may be easily shaken out. Let it be then softened by boiling water, and rolled out in thin sheets. When these are dry, a stiff brush passed over them will sweep away the remaining impurities. The gutta should be then softened frequently and rolled together, its fibres mixed thoroughly, that it may become a homogeneous mass. In making catheters it is necessary to select the best gutta and prepare it with care; having well selected and well prepared the article, take a small piece; soften it, pierce it with a wire, and on this roll it carefully, softening it as it is needed; when it has thus obtained half the length and double the thickness of the catheter required, let it cool, and then, fastening one end to the tube securely, lay hold of the other with a pair of forceps and pull it out. It will be found that it can be pulled out to twice its length and no farther, unless force enough be used to break it. Insert a wire of proper size, close one end by heat and make orifices; the catheter is complete. A polish may be put on it by passing it rapidly through the dry flame of a spirit lamp. This excellent catheter resists better than the gum elastic ones the action of urine, can be made of any size by the surgeon whenever it is needed, and does not cost more than half a cent in price of material. Some mix lampblack with the gutta, to render it less easily softened by heat; any mixture however makes it brittle. Flexible stethoscopes can be made in a similar manner. It is a peculiarity of gutta percha that when pulled out in this manner it becomes elastic; a property it had not before possessed. These are only some few uses to which it can be put; they are endless, and extend from serving to rub out lead pencil marks to making artificial palates. Out of the profession shoesoles, horsewhips, bridles, water-pipes, picture frames, &c. &c. are made with it.

Gutta percha resists cold and moderate heat; it is not acted on by the secretions; the acids and alkalies do not affect it, or but very slightly; iodine and nitrate argentum do not alter it; æther and alcohol leave it untouched; only two substances dissolve it—chloroform and boiling turpentine, and of these solutions I will speak a few words. Forty grains of gutta percha dissolved in an ounce of chloroform make a reddish brown liquid, similar in properties to collodion, although not quite equal to it. I have applied it to sore nipples

and to ulcers, over which it forms a transparent cuticle, protecting from external injuries and allowing the healing process to go on. It serves as a styptic to fresh cuts and to leech bites, and might be of use in chilblains, in preventing the effects of pressure forming bed sores, in protecting the heel from injurious pressure in cases of fracture, or perhaps in annoying eruptions, a covering of it would allay the irritation.

One use that I have put it to is, to protect surgical instruments from rusting. By dipping them into this solution they become coated with a thin pellicle of gutta percha, which protects them from air and moisture, and which can be easily rubbed off or wiped off when the instrument is used. It serves also as a covering for packages of vaccine matter; although the common gutta percha, rolled out and applied by heat, serves even better for such a purpose.

Another use is to render pills tasteless by dipping each one in this solution; the covering formed prevents the taste and does not hinder the effect of the medicine. Capsules could be formed of it for administering copaiva or other nauseous medicines.

The other solution is made by cutting up from half an ounce to an ounce of gutta percha and dropping it into a pint of boiling turpentine. It makes a good application to burns; the turpentine is of use in such cases, and the gutta would form a covering to the injured part. Waterproof paper is made by saturating it with this solution, and can be put to many uses. It serves a purpose similar to thin sheets of gutta in using water dressings; or, as oiled silk does, it will retain volatile stimulant applications to any part. As the strongest aqua ammoniæ has no effect on it, we can apply this powerful stimulant by simply pouring it on the paper and binding it tightly to the part. Opiates, turpentine, tincture cantharides, &c. can be thus applied and over large surfaces. The lower extremities can be wrapped up in sheets of this paper, or the whole chest stimulated by means of it; nervous headache, nauseated stomach, or any local pain can be similarly treated.

Of course in applying it we should use moderate heat, that it may fit more closely. From its toughness and strength it will last a long time and serve for many applications. Another use of this turpentine solution is to brush it over anatomical preparations. It protects from air and moisture and also from the attacks of

worms; or it may be used to cover bottles of alcohol containing wet preparations.

These are but some of the uses to which gutta percha can be put; its many valuable qualities and its easy applicability to various uses recommend it to the medical profession.—*The Stethoscope.*

*Solution of Phosphate of Iron and Quinine.*—I have much pleasure in directing the attention of the profession to the therapeutical employment of a compound formed of phosphoric acid, pure quinia, and hydrated peroxide of iron—solution of phosphate of quinine and iron. It was devised by me during the past year, and from an extensive trial of it, since that time, I am enabled to recommend it as a remedy likely to prove highly serviceable in those cases indicating the use of such a combination. As much uncertainty exists respecting the chemical relations of phosphoric acid, and the different bases, it is to the therapeutical and not the chemical value of this compound that I attach importance. I shall avail myself of the earliest opportunity of making further observations on the subject.—*Dr. Cattell, of Braunston, Northamptonshire, in Lancet.*

*On the Changes which Calomel Undergoes in the Intestinal Canal.* By Dr. GEORGE V. CETTINGER.—The author has published his researches in a thesis at Dorpat, and his experiments have led to the following conclusions. They establish, in the first place, the truth of Mialhe's statements, that calomel, when boiled with concentrated solutions of common salt, or of sal ammoniac, undergoes conversion, but only in a small proportion, into bichloride of mercury; red precipitate, on the contrary, forms a soluble oxychloride very readily with sal ammoniac, and sparingly with common salt, and also with gastric juice. Metallic mercury and "Hahnemann's oxide" (an ammonio-subnitrate) undergo an almost unappreciable change with sal ammoniac, and only at a boiling heat; white precipitate undergoes the change with sal ammoniac at ordinary temperatures.

On the other hand, however, he found that the alkaline chlorides in the gastric juice were in much too minute quantity, and too diluted, to exert any obvious action on calomel; and that the gastric juice, even when it contained a much larger

proportion of chloride of sodium than usual, remained without action on calomel and metallic mercury. Mialhe's experiments thus lose all value in reference to the explanation of the *modus operandi* of calomel.

The author further found that the albuminous substances in the stomach dissolve a small proportion of calomel, and that this property which albumen possesses is not dependent upon the presence of acids or alkalis.

Lastly, Dr. Cettinger found that, after large doses of calomel, there were found in the stomach, and both larger and smaller intestines, along with traces of inflammation of the mucous coat (*spuren eines katarths*), always blackish grains and masses of sulphuret of mercury, and an increased proportion of biliary matter. The last is the cause of the green color of calomel stools, and not the sulphuret of mercury, which can be readily distinguished from the green matter beside it. The increased secretion of bile shows itself also by the distention of the gall bladder.—*Vierteljahrsschrift für die Praktische Heilkunde*, vol. iii. 1850.

[We never had any belief in M. Mialhe's hypothesis, which accounted for the passage of the insoluble calomel into the system by its being converted into the soluble bichloride by the action of the alkaline chlorides in the gastric secretions. What we disbelieved on theoretical grounds appears to be amply refuted experimentally by Dr. Cettinger.—*Edinburgh Jour. Med. Science.*]

*Accidental Poisoning by Tincture of Aconite.*—By Dr. TOPHAM. Dr. Topham was called to a female suffering under anæmic dyspepsia with leucorrhœa, and who had been prescribed citrate of iron and quinine. By some error half an ounce of tincture of aconite was added to the eight-ounce mixture. At eleven, A.M., she took one tablespoonful, and immediately complained of numbness in the tongue, with difficulty of swallowing. Soon after she began to cry violently with twitching of the facial muscles. Next she lost the power of walking and began to eject mucus from the stomach. When seen she was lying with the eyelids closed and the pupils contracted. She was quite unconscious but occasionally uttered a plaintive cry. The pulse was weak but regular, the hands and feet were cold. There

was constant lachrymation. She was given the sesquicarbonate of ammonia and brandy, under which she rallied.—*Lancet*, July 19.

*Æthereal Solution of Iodine.*—I beg to offer to your notice a preparation of iodine, which is as yet unknown to the profession, except to a few in this locality, whose attention I have directed to its efficiency as a counter-irritant. I have employed it in my practice for upwards of ten years, and generally with the most satisfactory results, in the most of those cases where the use of the tincture is commonly indicated. It is applied in the same way as the tincture, by means of camel-hair pencil rubbed over the part, until it begins to produce a burning sensation in the part; then cover it with a pledget of wadding, so as to prevent evaporation. For the first fifteen minutes the burning sensation is pretty severe, so as to alarm some patients. Yet it soon becomes tolerable, but usually continues to be felt for several hours. The next day the cuticle has a dry hardened feel, having the iodine color; and great relief to deep-seated pain is obtained. In the course of two, three, or four days, vesication will be observed around the edges of the superficial eschar which has now commenced to suppurate; and as the destroyed cuticle cleans off, a very copious discharge of purulent matter takes place, and may be kept up for two or three weeks under the popular application of a cabbage leaf, or oiled silk, which I usually apply on the second day. The surface of the sore assumes a fine granular appearance, and heals without leaving a cicatrix. I have often thought that, in cases of chronic inflammation of the joints, this application is more efficient than the caustic issue, relieves pains quicker, and can sooner be repeated.

I have frequently derived great benefit from keeping up a discharge from the chest in chronic affections of the lungs, making a sore the size of a quarter or half dollar at a time, and opening a new sore as the other heals.

This solution is very simply prepared. I commonly use the sulphuric ether of the shops; but the stronger ether, the more efficient is the preparation. Hence the importance of obtaining a good article and in full strength.

I commonly put a quantity of pure iodine into a phial, and add sulphuric ether until

dissolved; that is, the ether must be perfectly saturated. To make the solution as strong as possible, I have added a few grains of the iodide of potassium, which furthers the capability of the ether to take up more of the iodine. There are different modes by which this can be prepared, that it will be readily suggested to your several readers. All of them, however, will tend to the same result.

In some cases it may be used at a reduced strength, according to the amount of counter-irritation or stimulation which individual cases may seem to require.

I am yours truly,

ROBERT THOMPSON.

—*Transylvania Med. Journal.*

## ANATOMY AND PHYSIOLOGY.

*New view of the supply of Blood to the Muscular Fibres of the Heart.*—Dr. SPURGIN, in the Harveian oration, delivered by him this year, propounded a new view of the supply of blood to the muscular fibre of the heart. He argued that that supply could not be derived from the coronary arteries, as is universally taught; but that it flowed through certain foramina in the cavities of the heart itself, to which all the coronary vessels stood in the relation of veins. In confirmation of this view, he pointed out a peculiarity in the structure of the coronary arteries, and referred to medical history, which afforded an instance of a total obliteration of the passage through those arteries, without causing a cessation of life.—*Prov. Med. and Surg. Jour.*

*On the Proportions of the Human Skeleton.*—M. CARUS, of Dresden, has been endeavoring to discover the standard measure upon which the human frame is constructed, and considers that he has found it in the vertebral column. He states that the spine in a newborn child is just one-third of what it becomes in the adult; and he, therefore, takes the third part of the vertebral column as the above-mentioned standard. The head, for instance, its length and breadth taken together (without the lower jaw, which is a sort of extremity of head), is just the size of the standard measure; on the trunk each clavicle, with the acromion, the sternum, and each scapula, may be measured upon the same suit. Such is likewise the case with the pelvis. The normal length of the arm is three measures, the hand one, the foot one, the tibia two, the femur two and a half, &c. The

whole length of the body comprises in the normal state nine and a half of the standard measure. M. Carus has had a small figure constructed upon which these various proportions are accurately marked.—*Prov. Med. & Surgical Journal.*

*On the Persistence of Vital Properties in Limbs in the state of Cadaveric Rigidity.*—M. Brown-Sequard forwarded a note to the Academy of Sciences, Paris in which he stated that he had recently found that limbs, in the condition usually known as that of post-mortem or cadaveric rigidity, may still be living—i. e., they may cease to be rigid, may reacquire muscular irritability and sensibility, and may be moved by the power of the will.\*

The following is an abstract of these researches:—

In the body of a guinea-pig which had been in a state of rigidity from ten to twenty minutes, he had divided the aorta and vena cava at the point of bifurcation of those vessels. This done, he had brought the distant portions of these vessels, by means of a quill or glass tube, into communication with the aorta and vena cava of a living animal of the same species. The blood of the living animal has thus been made to circulate in the lower limbs of the dead animal. At the end of about eight minutes the cadaveric rigidity of the lower limbs had disappeared, and, two or three minutes later, movements have been excited by irritating the limbs or nerves.

It follows from this experiment that the nerves and muscles, having lost their excitability, may regain these properties under the influence of blood, even where the rigidity has lasted a quarter of an hour.

The same result has been obtained by a more exact experiment. He <sup>has</sup> cut the body of a guinea-pig into two at the level of the lower border of the kidneys, leaving no communication between the two halves, except by the aorta and vena cava, M. Brown-Sequard then tied the aorta immediately below the origin of the renal arteries. The muscular irritability gradually diminished little by little, and gave way to cadaveric rigidity in between fifteen and forty minutes after the ligature of the aorta. After the rigidity had lasted fifteen or twenty minutes the ligature was relaxed, the circulation was re-established in the posterior segment, and the rigidity was observed to disappear gradually, the muscles and nerves resuming their excitability.

Lastly, in order to ascertain if voluntary movements can be restored to limbs that have been in a state of cadaveric rigidity, M. Brown-Sequard has tied the aorta immediately below

the origins of the renal arteries in healthy rabbits. The sensibility of the posterior portions of the body has been lost in six, eight, or ten minutes; two minutes later all voluntary movement has ceased. The irritability has lasted an hour. Rigidity has supervened in from an hour to an hour and twenty minutes after the ligature of the aorta. The rigidity was permitted to continue for twenty minutes, and then the ligature was relaxed. The circulation, and with it the functions of the nerves and muscles, were re-established.

The author concluded with these propositions:—

1. That muscles are not necessarily dead because they exhibit cadaveric rigidity—that, if they are not actually alive, they have the faculty of living.

2. That want of circulation of the blood deprives the muscles and nerves of their functions: the restoration of the circulation restores these.

3. That, notwithstanding the duration of rigidity shall have been as long as twenty minutes, sensibility and voluntary movements may be restored.

\* \* \* These experiments may be, and doubtless are, interesting and conclusive, but they are barbarously cruel.—*London Med. Gazette.*

## MEDICAL JURISPRUDENCE.

*Trial for Alleged Rape.—Curious question of fact.—Judge, Jury, and Counsel in a dilemma*—by H. G., M. D., of South Carolina.—At our April term in this district, a man was tried for the crime of rape. The rape was alleged to have been committed in the erect position. The defence was based on the supposition, that it was impossible that such an act could be consummated in that posture; and the jury acquitted the prisoner.

I am not aware that it has ever been attempted to be demonstrated, that a rape could be committed on a woman in the erect position. I infer this, from the fact that no reference was had by counsel, on the trial, to any case of the kind. Chitty, in his Medical Jurisprudence, is silent on this question; nor have I met with anything on the subject, in any work I have read.

The State's attorney admitted he could not conceive how such a thing could be done, but contended that a rape had been clearly proved.

Judge E——, in his charge to the jury, stated, that the finding of guilty, or not guilty, turned entirely on the question at issue. The jury, after an absence of

\* It was stated by Dr. J. P. Kay, in 1834 (*Treatise on Asphyxia*), that limbs which had lost their muscular irritability might reacquire it by the injection of arterial or venous blood.

about twenty minutes or half an hour, returned with a verdict of "not guilty."

The woman left the house of the prisoner, where she had been staying all night. She had not gone far before he overtook her; they walked side by side, he embracing her all the time and treating her with great rudeness. Upon crossing a branch, he said he would "do it or die." She replied, she would "die" before he should. Upon this, he confined her left hand under his right arm, with his right arm around her body, and forced her with her back against a tree, in which position the act was consummated as alleged by the woman.

It was proved that the plaintiff had on her back or loins an injury of some kind, which disabled her about three weeks; the plaintiff swore that the hurt was received in the act. This injury could not be accounted for, and was supposed to be a common bile or rising.

It was proposed by counsel to submit the question to physicians, as a question of science, as to whether a rape could be committed in the erect position. The judge objected, saying it was not a question of science, and that any other person could explain as well as physicians.

Now let us inquire, what are the essential conditions necessary to commit a rape in any position? The first and most essential condition is, that the body of the victim be fixed—immoveably fixed—so that lateral motion or rotation be impossible, and her hands be so confined that she could not use them to any advantage; these conditions would be indispensable in the horizontal position. Could they be possibly secured in the erect position?—Could the act of copulation be consummated in the erect posture by a man and woman, if both were willing? I think no one will deny this. If, then, the woman can be brought by force and against her will, into the necessary posture, and the other essential conditions secured, there is no reason to deny the possibility of the consummation of such an act.

In the horizontal position the ground would furnish the *point d'appui*, and in the erect position a tree would answer the same purpose. Suppose a man in an attempt to commit a rape in the horizontal position, should find himself foiled in consequence of his inability to fix his victim, or secure the conditions above specified, would he not be greatly aided in his efforts by fixing his hold on any immoveable

object that might present itself, as a root or bush, &c.? Would not such hold give him much advantage when there was nearly a preponderance of strength on the part of the female? Who has not witnessed wrestlers resort to this means to maintain the advantage they had gained over their antagonist, when without such aid they could not have succeeded in their object.

It was contended to be impossible, that, in the erect position he could have introduced the virile organ without the use of his hands into the vagina. The woman swore, that she felt his "private part in her body." The counsel for the prisoner related an anecdote of "England's Virgin Queen," who, in conversation with one of her courtiers on this indelicate subject, expressed the opinion, that the consummation of such an act was impossible under any circumstances. Taking down a sword and unsheathing it, she requested him to introduce it (the sword) into the scabbard while she held it; every attempt to do so, however, was foiled by an adroit movement of the scabbard. This anecdote, though productive of considerable merriment, contained not a particle of argument, as it excluded one of the essential conditions—viz: the fixedness of the vagina.

In regard to the erect position, it is evident the introduction of the penis into the vagina would be more difficult, other things being equal, than in the horizontal posture; their bodies being the same relation to each other ~~as~~ <sup>against</sup> as horizontal; on the ground they would be parallel, erect they would be the same.

Again, it was contended that it was impossible that he could hold her in that position till he could accomplish his object. The prisoner was a strong and active man, and could entirely overpower a weak woman, (for she was not a very strong woman), and keep her still in that position as well as in the horizontal, with the aid which the tree would afford him.

In answer to many questions put to her, in reference to the position of her arms and his, how he held her, &c., she replied that she was so frightened and agitated that she could not recollect all the minutiae.

It was contended she might have used her right hand in preventing the final consummation of the act; but it must be recollected her right hand, as well as her left, was confined and pressed between him and the tree, which greatly aided him,

at the same time it rendered her arms powerless and useless. If she attempted to extricate her arms, her elbows would come in contact with the tree, and render all attempts of the kind nugatory. If we suppose he passed his arm, or arms, around the tree, which was proved to be a "spruce pine," the tremendous pressure he would be enabled to exert on her body, would have the effect to fix and render her immovable and powerless; while, on the other hand, the support the tree would afford would enable him to maintain the erect position, and accomplish his diabolical design as effectually as on the ground.

The tree, which was a spruce pine, does not grow very large in this region. The bark of this tree grows very thick, and is divided into deep longitudinal fissures, in which he would be enabled to fix his hold, and would afford him all the advantages necessary to enable him to accomplish his object, and that as effectually as in the horizontal position. Upon this principle, also, we are enabled to account for the injury proved to have existed on her back. The rude pressure against the rough bark of this tree would not only aid him in rendering her immovable, but the muscles of her lumbar region would be contused, and inflammation and suppuration would ensue.

Further, it was contended, that the separation of her thighs, and the introduction of his virile member, could not have been effected without the use of his hands. But I cannot conceive how this would be more difficult in the erect posture, other essential conditions having been secured, than in the horizontal; and an argument, based upon such a supposition, would be equally forcible against the possibility of such an act being committed in the horizontal position.

REMARKS.—We think, with the writer of the foregoing, that the jury acquitted the prisoner on frivolous grounds; for, although the case, as far as our investigations have been pushed on this subject, is without a parallel in the books; yet we not only believe it possible, but deem it almost as easy to commit a rape in the erect as in the horizontal position, especially under the circumstances detailed in the above instance.—*Ed. South. Med. Sur. Journal.*

*Suicide by Chloroform.*—The chief physician at the Royal Hospital at Vienna, Dr. Reyer, was recently conversing with

his colleagues as to the least painful form of death, apparently in good health and spirits at the time; yet the same evening he was found in his room a corpse, having put an end to his existence by fastening a bladder filled with chloroform round his mouth and nostrils by means of a band of diachylon plaster.—*Lon. Med. Gaz.*

## MISCELLANEOUS.

*Effects of Interments in Vaults and Cuta-combs.*—By WALTER LEWIS, M.B. Cantab, F.G.S.—I have carefully inspected between fifty and sixty vaults of the principal churches in London, and have examined the external condition and appearance of more than 22,000 coffins. I have also examined the state of the contents of nearly a hundred. The results of these investigations are so different from what could have been anticipated, and from what was generally believed to be the case, that I think it important to lay them before the profession, previous to the practice of interment in vaults becoming a matter of history.

I may add that I have not relied alone on my own researches, but have taken the evidence of all the clergy, churchwardens, sextons, and undertakers of every parish in which I could possibly obtain it. The following are some of the conclusions I have come to from these varied sources of information. It will be seen that they are all in direct contradiction to the allegations contained in the *Times*.

1. I have never succeeded in obtaining any traces of the presence of cyanogen, hydrocyanic acid, sulphuretted, phosphuretted, or carburetted hydrogen gases, even in the smallest quantity. In several instances I analysed the air of the vaults themselves, and in one only, —namely, in that of St. Mary le Strand, was there any indication of the presence of any of these. This was sulphuretted hydrogen in a very minute proportion, and there was no certainty of this being derived from the decomposing bodies, which are here only thirty-two in number. I examined gases formed by bodies of persons of all ages, from the still-born infant to those who had survived to the age of ninety-two. The coffins had been in the vaults various lengths of time; those that had been there a week were examined, as well as those that had remained there a century and a half. Death had been caused by accident, by age, by disease. The latter had been of the most varied kinds—typhus, phthisis, small-pox, child-birth, dropsy, and cholera.

Not one of the above circumstances seemed to influence in the slightest degree, the composition or character of the gases. These were most remarkably similar in every in-



stance. *All the gases I analysed or otherwise examined were composed of nitrogen and carbonic acid gas, mixed with atmospheric air, and holding decaying animal matter in suspension.* There was but one ingredient that was sometimes present, sometimes entirely absent; this was ammoniacal gas, which was sometimes present in very large quantities. When this was added to the other gases, it overcame all other odour; when it was absent, the smell much resembled that of very putrid moist cheese. In every instance I searched most carefully for the presence of the hydrogenous gases mentioned, but never found the slightest trace of any one of them.

Another proof, if any were wanting, of the absence of sulphur in any considerable quantity as a product of decomposition, is, that although the metal of many of the old coffins had been acted upon, the substance thus formed was always a carbonate, never a sulphuret or sulphate of lead.

2. *All coffins do not become bulged by the expansion of the elastic fluids within.* On the contrary, so rarely is this the case, that it is the exception instead of the rule. In many vaults there was no instance of a coffin that had bulged, or, as the undertaker says, "blown." In 22,000 I could not find 20 that were or had been in this condition. This is to be accounted for by the fact that lead is so porous a metal that it allows the exosmosis or transudation of the gases with great facility, more especially when there is pressure within. It is well known that even the iron gas pipes so thickly underlying our pavements cannot be made retentive of the gas.

3. The gases, therefore, are but very rarely pent up; the instances of "blown" coffins not averaging one in a thousand.

4. *The coffin does not suddenly burst, and the escaping gases do not destroy all within reach.* From the most searching inquiries from coffin-makers, undertakers, and all persons most likely to be well informed on the subject. I have never obtained any sufficient evidence of the sudden rupture of a coffin. It is universally the custom of sextons, when they perceive any leaden coffin to be blown, to send to the undertaker for the purpose of having a hole drilled in the upper part of the lead, so as thus to allow the escape of the foul air. During the operation, the parties employed endeavour to avoid inhaling the gas, and sometimes hold a piece of burning wood or paper at the orifice, so as to destroy in some measure the offensive odour I have described. In my opinion, the fact that coffins so rarely become bulged, is to be ascribed to the great porosity of the metal employed. When slightly bulged, the lead, from being thinner than before, becomes more pervious to the contained air.

The action of the putrefactive gases on the human frame, although not so immediately

fatal as the *Times* would have us believe, certainly produces many disagreeable symptoms. In my own person, the most prominent among these were nausea, with vomiting, after continual exposure, succeeded by diarrhoea. These are followed on the succeeding day by a throbbing pain in the upper part of the head, great prostration, and entire loss of appetite, accompanied with an unpleasant earthy taste in the mouth. These symptoms, after being experienced for a long time, were followed by a series of boils, accompanied with much phlegmonous erysipelas, and requiring surgical assistance.

On one occasion, however, I was nearly meeting with an exception that would have corroborated, to a certain extent, the assertion that sudden death may occur from such exposure. I was examining the large vault under the church of St. Andrew's, Holborn, which contains about five thousand coffins, partly of wood, partly of lead. They are placed in eight arched culs de sac running off on either side of the central passage. The air in these compartments is in a state of almost complete stagnation, as there is no ventilation in them. The coffins are piled one above another from ten to thirteen high, and reach to within a short distance of the roof. There is scarcely sufficient room to allow a man to crawl on all fours between the upper coffins, and the bricks of the arches. Wishing to see how far these compartments filled with coffins extended, I sent the sexton in with a candle. In a very short time, observing the flame begin to lower, and give very little light, I called to the man to come out immediately. He instantly obeyed, and after much exertion and the extinction of the candle, he presented himself in a pitiable condition, his eyes half starting from their orbits, breathing deeply, and evidently much oppressed. Exposure to a current of fresh air shortly revived him. The air being mixed with a large quantity of carbonic acid gas was the cause of this nearly fatal accident—not the presence of cyanogen or any hydrogenous compound.

5. The complete decomposition of a corpse, and its resolution into its ultimate elements, is by no means accomplished in a period of ten years: nor is that description accurate which represents, that at the end of that period nothing "but a few brittle bones are left, in the else vacant shroud." On the contrary, so extremely slow is the process under the circumstances, that I have but rarely seen the remains in a leaden coffin, of any age in the condition described. In a wooden coffin the remains are found exactly in this state in a period of from two to five years. This period depends upon the quality of the wood, and the free access of air to the coffin. But in leaden coffins, fifty, sixty, eighty, and even a hundred years, are required to accomplish this. I have opened a coffin, in which the corpse had

been placed for nearly a century, and the ammoniacal gas formed dense white fumes, when brought into contact with hydrochloric acid gas, and was so powerful that the head could not remain near it for more than a few seconds at a time.

6. *The putrefaction, therefore, is very much retarded by the corpse being placed in a leaden coffin.*

7. If by this assertion it is only meant that the gases should be passed through flame, to destroy the organic particles mixed so largely with them, this can be understood. This difficulty would, however, still remain: except in a few exceptions I have mentioned of blown coffins, the gases are so slowly generated, that no force would be exerted from within sufficiently powerful to expel them. But if it is assumed that these gases can be inflamed like coal gas, I must deny the possibility of this. I tested the gaseous contents of nearly a hundred coffins, some of which contained a considerable quantity of gas. In no one instance would the gas inflame; on the contrary, in every instance, it extinguished the flame. In addition to my own experiments, I made the most minute inquiries of churchwardens, clerks, undertakers, and sextons, but I have never met with any person who has actually seen coffin-gas inflame. Several have told me that they have heard that it does, but they did not know the fact from their own experience. Some of the officials of St. Anne's Soho, pointed out a coffin to me, which, having some years ago become blown, had been "tapped." They asserted that a long blue flame had been obtained by firing the jet of gas which issued from the aperture. The smell was described as that of sulphuretted hydrogen; but not one of these persons was present at the time. If, therefore, this or any other hydrogenous compound is ever formed as a result of such decomposition, it is an extremely rare exception.

The following are the conclusions I have arrived at from these investigations:—

1. Interment in vaults and catacombs should no longer be permitted. No good object is gained by this practice. The corpses so treated are by this means converted into so many active volcanos, constantly emitting poisonous effluvia into the atmosphere, for an indefinite period.

2. That after a certain interval, during which friends or relatives should have the power of removing any coffin from the vaults to the public cemeteries, all these receptacles should be hermetically closed, and future access thereto forbidden.

3. The use of leaden coffins should be entirely discontinued; they only add to the already exorbitant charges of undertakers. Until a very late period they were constantly stolen from the vaults, emptied of their contents, and sold as old lead.

\*4. If the object of interment is to allow the human body, after it has served its purpose here, to return as speedily as possible to its elements, and to become perfectly inert, it should be placed in a light wooden coffin, from five to eight feet deep, in a suitable pervious soil.—*Lancet.*

*List of Assurance Offices which Recognize the Principle of Remuneration to all Medical Referees.*

- Architects, 69, Lombard Street, London.
- Britannia, 1, Princes Street, Bank, London.
- British Mutual, 17, New Bridge Street, Blackfriars.
- Church of England, Lothbury.
- Commercial, 112, Cheapside, London.
- East of Scotland, 1, Bank Street, Dundee.
- Engineers, Masonic, and Universal, 345, Strand.
- English and Scottish Law, 12, Waterloo Place, London.
- English Widows' Fund, 67, Fleet Street.
- General and Mining, 4, Bridge Street, Blackfriars.
- General Benefit, 4, Farringdon Street.
- Great Britain, Waterloo Place, and King-William Street.
- Indian and London, King-William Street, and 14, Waterloo Place.
- Industrial and General, 2, Waterloo Place, Pall Mall.
- Kent Mutual, High Street, Rochester.
- Kent Mutual Life Assurance Society, 6, Old Jewry, London.
- Leeds and Yorkshire, Commercial Buildings, Leeds.
- Legal and Commercial, 73, Cheapside.
- London Indisputable, 31, Lombard Street.
- London Mutual Life, 63, Moorgate Street, City.
- London and Provincial, 39, Nicholas Lane.
- Medical, Legal, and General, 126, Strand.
- Medical, Invalid, and General, 25, Pall Mall.
- Metropolitan and General, 27, Regent Street, Waterloo Place.
- Mitre, 23, Pall Mall.
- National Loan Fund, Cornhill.\*
- National Mercantile, Poultry, Mansion House.
- New Equitable Assurance Company, 450, West Strand.
- North of England, 11, Cheapside, London, and Old Haymarket, Sheffield.
- Professional, 76, Cheapside.
- Prudential, 14, Chatham Place.
- Royal, Royal Insurance Buildings, Liverpool.
- Royal Exchange, Royal Exchange.
- Royal Farmers and General, 316, Strand.

\* Why does the branch establishment of the National Loan in this city not follow the practice of the parent establishment.—*Ed. B. A. J.*

Scottish Equitable, 26, St. Andrew's Square,  
Edinburgh.  
Sovereign, 5, St. James's Street.  
Solicitors' and General, 57, Chancery Lane.  
Star, 44, Moorgate Street.  
United Kingdom Life Assurance Company.  
Westminster and General, 27, King Street,  
Covent Garden.  
Yorkshire, York.

## British American Journal.

MONTREAL, OCTOBER 1, 1851.

### FREE TRADE IN PHYSIC AND ITS CONSEQUENCES.

The Profession of the Canadas will have known, long before these remarks will have appeared in print, the fate of the Bill for Incorporating the Medical Profession of Upper Canada—a bill deeply affecting the interests of the Profession of the sister Province,—one, moreover, which would have repressed quackery in all its hateful guises. We refer our readers to our Parliamentary Intelligence for the proceedings which occurred in the Assembly, the day before the prorogation.—Short though the epitome of these proceedings is, it is sufficiently ample, when we reflect upon their disgraceful character,—and it is much to be hoped that, in the next Parliament, men will be returned, more regardful of that dignity which should characterize all deliberative bodies, and men more faithful to the true interests of humanity than those who so lately occupied seats, who, moreover, will recognize in the cant phrase "Free Trade," a something which, as far as physic is concerned, deals in a most serious manner with the health and lives of fellow-citizens, as the case of Asa Davis, quoted on another page will fully and more than satisfactorily prove. Had the punctured wound in Davis's foot been properly treated at the commencement, Davis would now have been a living man, and his family not have to mourn the loss of their natural protector; but his life, as will be the lives of countless others, are estimated

as matter of trivial moment, compared with the maintenance of the pretensions of every mountebank who chooses to dub himself "doctor," and "treat according to the best of his knowledge and belief." But this is "Free Trade" in physic legitimately carried out to its practical consequences, and Dr Turquand deserves the thanks of the Profession and the public for exposing it. The case follows hard upon the decision of the Legislative Assembly in reference to the bill to incorporate the Profession in U. C., and proclaims itself a homily, addressed in an especial manner to all those members who voted against the measure, and succeeded in strangling it. We only regret that the coroner's verdict did not go further—the jury having full opportunity, and ample grounds for doing so. Had Scott been a licensed practitioner, he probably would not have escaped so easily. We thank the jury, however, for the *pro tanto* condemnation of quackery, which is incorporated in the verdict; and it remains to be seen, if, after this commentary upon the proceedings of the Assembly, in rejecting a bill which would have arrested such practices, the future Assembly will do likewise. Every principle incident to humanity forbids such a supposition. We refer our readers to the report of the inquest on another page.

*The Aztec Children.*—These little prodigies have passed through this city, and we embraced an opportunity to pay them a visit. That they are dwarfs is unquestionable—that they are the representatives of a *pigmy race*, we very much doubt.—On a most careful inspection, we could perceive no anatomical defect upon them—both boy and girl being well proportioned, and perfect as regards their sexes. The attitudes which they assume are emphatically more allied to those of the Simia tribe than the genus Homo. Both have a peculiar swinging gait, as observed by Dr Warren; but this gentleman has overlook-

ed a pathological condition, which causes the boy to keep his arms in a semiflexed position. This results from a tonic contraction of the flexors, lying on the forearm, from what cause we know not; but it exists in both arms, and, we think, might be remedied by proper surgical appliances. Their age, estimated by the existence of some of the deciduous teeth, cannot exceed eight or nine years, and their intelligence is far below that of children of this age—the girl being the more intelligent of the two, though evidently the younger. If these children are genuine representatives of a race existing in Central America, and supposed to have been instrumental in the erection of those magnificent architectural elevations, as has been pretended, delineations of which are furnished in the splendid work of Mr Stevens, we have simply to say that we do not believe it; for it involves the reversal of a law in nature, which apportions physical development in man to low latitudes, and temperate and equatorial climes, and supposes a degree of intellect, of which the present specimens are but miserable representations. It is more than probable that these specimens of humanity are the result of intermarriage, entailing all its dire effects both of physical and mental deterioration, and as such, may be an example of modified cretinism on this continent, as are those, resulting from the same cause, on the old—evidenced, in the one case, on the structural and mental development, as they are on the glandular and mental, in the other.

**BODY FOUND.**—About two years ago, a Mr Sprague, a grave-stone cutter, who lived on Stanstead Plain, disappeared very mysteriously. He was known to have received a thousand dollars, which he deposited in a trunk and left at his hotel. He was believed to have taken the same amount with him, and started for Georgeville, and was seen on the way, but has not been heard of since, till Tuesday last, when the body was found in the bay be-

tween the Morris Bridge and Lake Memphremagog. It was but little decayed, and was readily recognized by several persons. The throat was cut from ear to ear, and a coroner's Jury has decided that he had been murdered. Foul play was suspected at the time he disappeared. It is singular that the body should have been preserved for so long a time, but it is supposed to have been sunk in deep water by weights attached to his neck with two handkerchiefs, which were still about his neck, but quite rotten.

We quote the above from the *Sherbrooke Gazette*, and we pronounce the conclusion that the body had been *two years* under water, a positive absurdity. It is a specimen, however, of the loose manner in which coroner's inquests are managed in country districts. If the body identified was really that of Mr Sprague, and if "his throat was cut from ear to ear," as alleged, and if he "was sunk in deep water by weights," that "cutting," and that "sinking," *must* have been of recent transaction, and the murderer, (admitting the truth of the statements,) may not be far off. It is contrary to everything yet known in regard to the laws of decomposition of animal matter, to suppose that a body could remain two years under water without utter decomposition, and an entire effacement of all traces of recognition, unless a conversion into adipocere occurred, which is not pretended to be the case.—Equally absurd is it to suppose that "a cut from ear to ear" could be identified, (as such,) after a similar, or twentieth part of the same period of time. We do not believe that any medical man was consulted on this inquest, and, if so, the coroner is highly culpable; as far as we have seen, no medical gentleman has been; but this case, like many others, has been confided to the intelligence of twelve men, "good and true," and their opinion founded on their own judgment, yields the verdict. We state this advisedly, that, if the body was that of Mr Sprague, a murder or a suicide has been very recently committed,

and some further investigation into the matter than what has apparently taken place, is imperatively demanded. Mr Sprague "left Stanstead two years ago," but it by no means follows that he did not return a week or two before his dead body was discovered—admitting the complete identification of the remains.

*Berthier Medical School.*—By the local papers we notice that another school of medicine has been organized in the flourishing village of Berthier. Four lecturerships have been established,—Midwifery, by L. H. Ferland, M. D., L. C. P. S.; Medicine, by L. H. Turcotte, M. D.; Anatomy and Physiology, by J. G. Bethune, M. D.; Surgery by L. G. Moll, M. D.; Practical Anatomy and Demonstrative Surgery, by J. G. Bethune, M. D. The courses on *Materia Medica* and Chemistry are not yet supplied; but we cannot question that they will be. The attainments of the present lecturers are of such high order as to ensure fidelity in the discharge of their assumed onerous duties; and the location of the village, at a distance from a large city, and freed from all its temptations, to which medical students are particularly prone, (unless the "Physiology of a London Medical Student" belies them sadly,) will, in terms of a circular once issued from a medical school in the equally flourishing village of Woodstock, recommend it, on such grounds, ardently to anxious mothers. We think the medical men of Berthier right in establishing a medical school, although we regret to perceive that they value their labors at one half the rate charged by the "ordinary" schools. The school adopts *in limine* an *extra-ordinary* proceeding, and we presume that no one can call in question their privilege of so acting. In the adoption of an *extra-ordinary* proceeding, the school cannot be offended at being considered an *extraordinary* school. We, nevertheless, wish it success—and success to as many more as

can be started. Students, by and by, will obtain their medical instruction for nothing. Schools will be as thick as leaves in Val-lambrosa.

*Medical Schools in Canada.*—They are copying, in Canada, the bad policy of their neighbors in the States, and have already organized too many medical colleges there. One is enough; but there are believed to be four, and more in embryo. This process of dilution, with us, has taught the unwelcome truth, that power lies in the concentration of forces.

We quote the foregoing from our esteemed contemporary, the *Boston Medical Journal*. There are now *seven* medical schools, and a new one unchartered as yet, a notice of which appears in our columns. The fact announced by our contemporary, was proclaimed by us some five years ago, but though we "charmed wisely," our voice was not listened to. The only remedy for the evil now is, to let them increase and multiply, when the old farce of the Kilkenny cats will be re-acted. The number of schools, compared with the population, and the supply of students, is ridiculous. No one school can be properly sustained, the consequence being, crippled resources and deficient means.

*The Upper Canada Journal.*—Our young contemporary, in answering our remarks in our last number, endeavors to be witty.—We have no objection to this, but on the contrary, are pleased to observe it, as it is a contrast to his ordinary prosiness, and we are sure his readers must feel grateful to us on that score. We assure our *young* contemporary that there are no signs of inanition about us—and that, having lived so long, we intend to live longer. After our contemporary has passed the period of *dentition* (a period so *fatal* in this Province to *infants*;) he may *begin* to talk of the decrease of his seniors. We certainly wish the *Upper Canada Journal* well; but at the same time, we desire that it should,

when mentioning us, designate us by our proper title, which we now have hopes it intends to do for the future.

*Dr Laterriere's Bill.*—This famous, or infamous bill, by whichever designation it may be termed, framed for the especial purpose of degrading the Universities, has been, as we predicted, *consigned to the tomb of the Capulets.*

*Annual Announcements.*—There lie before us the announcements for the ensuing winter session, of the Faculty of Medicine of the University of McGill College, of the Toronto School of Medicine, and of the St Lawrence School of Medicine, all bespeaking vigor on the part of the respective bodies. On the part of the University of McGill College, we are instructed to announce, that as qualifying for the degree, the tickets of the Incorporated Schools will be received, one full course being completed within the University by the matriculant.

*The Cholera in Quebec and Montreal.*—This fell and intractable disease has re-appeared among us, but by no means to a large extent, and emphatically shorn of its epidemic virulence. Quebec has suffered far more than this city. By private advice, we have learned that from the 26th of August to the 24th September, about 160 deaths had occurred from it, but the disease was rapidly declining. In Montreal we doubt if more than 50 or 60 cases have occurred *in toto*; but we have no means of determining the actual mortality from it. The supervention of cold weather will, we presume, as heretofore, arrest the further progress of the disease. In other respects, the two cities have been remarkably healthy. It was rumored that some cases had occurred at Kingston, with what truth we know not.

## CORRESPONDENCE.

REPLY TO DR SMYTHE.

(To the Editor of the British American Journal.)

Sir,—I am reluctantly compelled to take notice of a communication in the last number of your *Journal*, signed T. W. Smythe, M. D., upon the subject of professional etiquette, ethics, &c. It is really amusing to hear Dr Smythe talk of medical ethics; he had better give a report of *Kemp's* case—it would be instructive to the junior members of the profession, and elucidate Dr. Smythe's medical ethics. As Dr Reynolds says, for a travelling dentist who has made this place a convenience for the last few years, to talk about etiquette, &c., is laughable. Notoriety is what Dr Smythe wants; and, just like the quack with his nostrums, a good raling will do as well as a puff. I think I shall prove to you by credible witnesses that every assertion he has made is a falsehood.

I shall first submit Mr E. Harrison's certificate, marked No. 1, by which you will see I have been the medical attendant of Mr Harrison for more than twenty years, and that on this occasion I had been sent for, and *Smythe was told so.* When I came into Mr Harrison's house, looked at the child, saw the family in the utmost confusion, and Dr Smythe apparently waiting for something, I said to him, "What are you waiting for?" He replied, "For some silk to stitch the wound." I said, "Had you not better dress it with adhesive plaster?" He said "He would not do so." At his obstinacy and absurd views of the case, I said, "*Tut, nonsense,*" and was then about to leave the house, when Mr Harrison would not allow me to do so. This, sir, is the amount of my unprofessional conduct, and the positive words I made use of on the occasion.

Had Dr Smythe had the slightest knowledge of professional etiquette, or a little good breeding, he would not only have asked my opinion, but acted upon it; and in this way, nothing unpleasant would have happened. He knew I had been sent for, and he admits he saw me coming, and yet would have commenced stitching at once, had the means been at hand. This is Dr Smythe's etiquette.

I now beg to submit Mr George Howison's note, marked No. 2, (the father of the child.) Dr Smythe, in his communication, says, the wound was three or four inches. Mr H. says it was from two to two-and-a-half inches. The two

shillings and sixpence per stitch was something new to me. I made enquiry, and found Dr Smythe gave Mr Howison as the author. You see what he says in his note.

In conclusion, I beg to submit Drs McQueen and Reynolds' notes, marked No. 3 and 4, from which you will see that our professional intercourse (extending over a period of nineteen years with the former gentleman,) has been very different from that experienced by the redoubtable Dr Smythe. I am, Sir,

Your obedt. Servt.,  
R. EDMONDSON, C. M.

Sept. 20, 1851.

[No. 1.]

Brockville, Sep. 13th, 1851.

This is to certify that Dr Edmondson has been the medical attendant of myself and family for more than twenty years.—In June last, my grand-child fell upon an axe, causing a cut on the point of the hip. I went directly for Dr Edmondson, but did not find him at home. I then sent a boy after him, and, in the meantime, I saw Dr Smythe passing, when I called him, and told him what had happened, and asked him to see the child. At the same time I told him that I had been looking for Dr Edmondson, but could not find him. Dr Smythe looked at the wound, and said it must be stitched; to this I objected decidedly, when Dr Edmondson came in, looked at the cut, and said all that was necessary was to dress the thing with a piece of plaster. To this Dr Smythe would not consent, when Dr Edmondson was about to leave my house. I then said he must not leave without dressing the wound, as it was to him I looked, &c.

ED. HARRISON.

[No. 2.]

Brockville, Sep. 19, 1851.

Dear Sir,—I beg to state that the cut which my child received on the hip, was between two or two-and-a-half inches—only the skin was cut; in a few days the plaster came off; I put some fresh on which was all it required.

I never stated to Dr. Smythe that you said all he wanted was to get 2s 6d a stitch for dressing the cut, as he proposed to do it.

I remain, yours &c.

To  
GEO. HOWISON.  
Dr. Edmondson.

No. 3.]

Brockville, Sep. 12, 1851.

My Dear Sir,—In answer to your note of yesterday, you enquire whether, in our professional intercourse for the last nineteen years, I have ever found you unprofessional in your manner or conduct towards me.

I beg to state, that I have not, for the above mentioned period, discovered in your conduct towards me, anything otherwise than professional, in manner or conduct.

Yours very truly,  
THOS. F. McQUEEN.

Dr. Edmondson.

[No. 4.]

Brockville, Sep. 12, 1851.

My Dear Sir,—In reply to your note of yesterday, referring to an article in the *British American Journal*, wherein your conduct as a medical man is spoken of in terms by no means complimentary, I have to remark, that, as you correctly state, I have known you intimately for many years, and perhaps the best means of judging of the case referred to in the article, is upon the principle of the Golden Rule. I have frequently been called upon in the absence of my brother practitioners to see their patients, and have invariably given up charge of the patient on the arrival of the regular attendant—you have done so with me frequently, and so have my other brother practitioners. In the case referred to, and in a family of which you have, to my knowledge, been the attendant for years, and especially when Dr. Smythe was distinctly told that you had been sent for, and that he was called in because you could not be found, I certainly should expect that he would have given up the case on your arrival, or acted in concert with you.

Why a departure from the regular usage with medical men should be sought for by a travelling dentist, whose headquarters are, for convenience sake, at Brockville, may perhaps be explained by the Editor of the *Journal* in which his letter is published, but cannot be accounted for satisfactorily by,

Dear Sir,  
Yours faithfully,  
THOS. REYNOLDS, M.D.

Dr. Edmondson.

[One great object gained by medical journalism is, the maintenance of etiquette

among the members of the profession, by a denunciation and exposure of all attempts at violation of its ethical rules. It was with this object, and this object only in view, that we gave insertion to Dr. Smythe's letter in our last number, and we took care at the time, in expressing the opinion asked of us, to do so in a qualified manner,—well satisfied that there are always two sides to a question. Having perused Dr Smythe's and Dr Edmondson's correspondence, but one conclusion can be arrived at, and it is plainly this:—that Dr Edmondson being the professional attendant on Mr Harrison's family, a position which he occupied "for more than twenty years," and that gentleman having been sent for, it was obviously Dr Smythe's duty to have retired from the case on his arrival, unless specially requested by Dr Edmondson to remain. The question of ethics—the only one in which the Profession is interested,—being thus determined, the case must rest here, as far as this journal is concerned.—*Ed B.A.J.*

#### CORONER'S INQUEST, ON THE BODY OF THE LATE ASA DAVIS.

An inquest was held at Stephenson's hotel, in East Oxford, on Tuesday last, before Dr. Patterson, Coroner, on view of the body of Asa Davis, a person who had been employed as foreman in the Eastwood Steam Saw-Mill, and who came to his death in consequence of a puncture, received from a nail, in the sole of his foot. Mr. Davis did not die immediately after having trod upon the fatal nail; and owing to this circumstance, an inquest would have been rendered altogether unnecessary, had not reports been freely circulated to the effect that the deceased received improper treatment from Dr. Turquand, who, as will be seen from the subjoined testimony, was only called upon to visit the deceased when all hope of saving his life had vanished. Dr. Turquand stated that, in order to vindicate his professional character from the foul aspersions which had been cast upon it, he was compelled to call for an investigation of the matter, but that he disclaimed any intention of injuring Mr. Scott, or of prosecuting the matter further than was absolutely necessary for self-defence.

The deceased was attended, from the time that he met with the accident, up to Dr.

Turquand's first visit, by Mr. Scott, of Burford, who, although not a licensed practitioner, appears to have enjoyed the confidence of the people in his neighborhood for many years, and whose errors of judgment, or mal-practice, seem to have been invariably smoothed over with the soothing apology that "he had done as well as he could."

Mrs. A. Lusted sworn: Saw deceased on Saturday last, being the first time since the accident; heard that he had not previously enjoyed good health; his mother told her so; heard that he had been spitting blood, and that he was rather delicate for four years; never heard deceased say so himself.

Nathan Davis sworn: Is brother to the deceased, who was thirty-three years old or thereabouts when he died; heard that he had been occasionally spitting blood before the accident; had no cough, and performed his work at the mill for the last year without complaining of illness.

Mr. Scott sworn: Is not a medical licentiate; does not know when the accident occurred to the deceased; he had been in a delicate state of health this summer: does not know anything of the time he began to attend him, but could find out by his books; treated him according to the best of his knowledge and belief. (Here the witness declined to answer any further questions, and said that the Coroner might commit him to gaol if he pleased. By a little coaxing, however, he resumed.) Repeated his former answers; complained of the ill-will of the regular physicians towards him, and the language they had used respecting his practice; could not describe the state in which he first found the deceased; his memory did not serve him; thinks deceased was labouring under nervous excitement; would not swear that it was so; thinks he appeared to be rather low; felt his pulse; does not know the number of beats in a minute; it was quick and low; did not appear to be compressed, and was not wiry; skin cool and moist; face not flushed. Deceased had not constant pain in the wounded foot; there was very little swelling; he was a little thirsty, and rather sick at the stomach; thinks he administered a portion of calomel and rhubarb, and afterwards a saline mixture; applied a cooling lotion to the foot; does not know positively, but thinks it was poulticed the next day. Second visit—thinks the patient was better; pain still continued; applied a poultice, as the lotion did not seem to have answered the purpose; cannot recollect his treatment of deceased during that day. When the fever rose he bled him; after some days bled him again, but not so freely as at first, because he saw, when the vein was opened, that it was going to be injurious; deceased was in bed when he was bled; does not know whether he was lying on his back or side at the time; thinks he was propped up



with pillows; is not sure; sometimes applied poultices mixed with opium, poppy heads, &c., &c.; sometimes put the foot into warm water; last time he saw deceased, the foot seemed much worse, but there was no erysipelas in it; pulse was very strong; pain was not worse; sometimes for twelve hours it was easy; generally during the day, and was worse during the night; gave deceased antimonial preparations from the first to cool his skin and reduce the fever. Gave him a little hyoscyamus; cannot tell how often; sometimes gave him a little Dover's powder in Calomel; a few grains; cannot state the number of times. The leg swelled some after a few days, but not much above the ankle; there was no appearance of gangrene; the foot was as white as a chicken, only there was a small red spot on the leg.—Did not incise the wound; the nail did not go through the foot. Witness had no objection to have other medical gentlemen called; was willing to give the patient up at any time. The only application he used to the foot was cold lotion and poultices. Deceased appeared to be better after being first bled; does not recollect what position he was in when bled a second time.

Mr. Schofield: This witness was a jurymen, and there seemed to be a determination on the part of his colleagues not to allow him to give evidence. Mr. Scott also repeatedly said, "I protest against such a proceeding," and the reason he assigned was, that Mr. Schofield had been too much in the house of deceased. The Coroner, however, overruled all objections, discharged Mr. Schofield from the Jury, there being a sufficient number of Jurors without him, and afterwards received his testimony.

Dr. Turquand sworn: Is a licentiate to practice physic, surgery, and midwifery; was called upon to visit Asa Davis in a professional capacity on the 7th instant; was told by the inmates of deceased's house that he had been suffering from the wound in his foot for eight or nine days; heard also that Mr. Scott had been in attendance from the time the accident had occurred up to that period, but that he would not meet witness there. Deceased told witness that he was seized with very severe pain a few minutes after the accident, and that it had been incessant from that time until witness saw him; was informed that deceased had been bled twice, and had two severe doses of aperient medicine, said to be calomel and jalap; he had also been kept on very low diet; that he had had a mixture which witness supposed, from the symptoms present, had been antimony. Deceased was purged incessantly, perspired freely, and had constant sickness at the stomach; he then had a small, quick, thready pulse, and his features expressed much suffering; in fact he was groaning all the time of witness' visit. On examining the foot of deceased, witness

found it much swollen and distended with serum; the wound made by the nail, in the bottom of the foot was closed, or very nearly so; the adjacent parts were more protuberant than the rest of the sole. Deceased told witness that he had cold chills on the previous night; witness thought it very probable that matter had formed under the dense fascia of the foot, and opened it freely in consequence to the bone. Nothing followed the incision but dark grumous blood; made three incisions over the dorsum of the foot, with a view of allowing the infiltrated serum to escape; placed the foot in hot water, and ordered it to be fomented frequently; to be kept elevated above the hips, and warm poultices to be applied. Administered fifty drops of laudanum, to be followed by ten drops more every two hours, until sleep should be produced; requested attendants to give wine freely to deceased, also beef tea, and occasionally brandy in lieu of the wine, for the purpose of supporting the patient. Called next day and found deceased in a very low state: the foot was much less swollen; had had a little sleep, the first since the accident; examined the foot again; ordered and sent calomel and opium pills in the morning, which arrested the violent purging, which until then had been going on. Witness then dilated the wound with a piece of linen, which he ordered to be removed if the patient complained of pain; same treatment continued. Next day found deceased sinking fast; cold clammy sweat, gangrene, or what is commonly termed mortification evidently commenced in the foot. Cut into the mortified parts, which deceased hardly felt; ordered brandy and quinine in addition to former treatment; effervescing poultice with tea grounds to the foot; left in hopes that nature would raise a line of demarcation between the dead and living parts; intended, as soon as this occurred, to amputate. The patient, however, gradually sunk, and on Sunday, found the mortification extending, and him in a dying state; went immediately for Dr. Watt, who saw him with me in the evening, and examined the wound; Mr. Davis died on the following morning.

Mr. Scott, recalled: Could not say how deceased passed his nights; thinks he slept a little, not much; gave him the Hyoscyamus to produce sleep; was there on the morning of the day that Dr. Turquand was called in; deceased was worse then; examined the wound that morning; it had discharged a little. Thinks the pills he gave deceased were composed of hyoscyamus, is not sure; deceased was to take one every four hours. (In answer to a question from Dr. Turquand, respecting the usual quantity of hyoscyamus comprised in a dose, the witness stated that it was from two to five grains of the extract, and that it might be given in doses of from five to ten or fifteen grains); could not keep

deceased's bowels open; gave him the mixture in the bottle; cannot tell what were its proportions. It was a camphor mixture, and Epsom salts in a quart of water. Thinks there was one ounce of tincture of hyoscyamus, does not know of what strength, and from two to three grains of camphor in the bottle; deceased was to take two or three spoonful every four hours; gave him also calomel pills. Did not object to Dr. Turquand, Dr. Watt, or any other regular medical practitioner being called in, but said the two former would not meet him there.

Freeman B. Schofield sworn: Was in the house with deceased very often during his illness; in fact several times every day. Deceased appeared to be in great pain from the first; passed his nights restlessly; said he felt very miserable; slept on the third day after the accident, about twenty minutes; about the last of Mr. Scott's attendance, deceased was very much purged; Mr. Scott always appeared to think he would get well; witness was present when Dr. Turquand first visited deceased; he appeared sorry that Mr. Scott had left; he only wanted another medical man to advise with Mr. Scott; witness had heard that Mr. Scott would not meet with Drs. Turquand or Watt: was present when deceased was bled; thinks he was bolstered up on both occasions.

T. J. Cottle sworn: Heard the evidence of Mr. Scott and Dr. Turquand; is a member of the College of Surgeons; saw Davis on Saturday last; found him very much prostrated; pulse thready; hardly perceptible; tongue thickly coated; thought him sinking. Examined the foot; thought there were slight symptoms of gangrene. (Witness then described the treatment necessary for punctured wounds; which was directly opposed to that pursued by Mr. Scott in the case of the deceased); said to Mr. Fauquier that deceased was in a very dangerous state; would not have bled deceased; the wound in the foot should have been dilated. With the amount of irritation which has been described, he would have thought it necessary to dilate the wound to the bottom; is of opinion that there was bad practice at first; that the sins of omission on the part of Mr. Scott were greater than those of commission. The wound ought to have been laid open; the patient ought decidedly to have had anodynes regularly; would have preferred opium to hyoscyamus; the incisions made in the foot by Dr. Turquand were absolutely necessary. Thinks that deceased came to his death by constitutional irritability caused by the wound.

Mr. T. H. Watt, sworn: Is a member of the Royal College of Surgeons, London; has heard the whole evidence: there must have been great inflammation to warrant general bleeding; the bleeding should have been local, i. e., in the region of the wound; as it was,

the bleeding was bad practice; it might have produced more irritation; if the wound was irritable, general bleeding was highly injurious; the wound should have been dilated as soon as the nervous irritation appeared; had probed the wound and found it open to the bone; the antimonials and cold lotion administered and applied by Mr. Scott, were wrong, when the skin and pulse were in such a state as he has described them; if Mr. Scott has stated his treatment correctly, it was decidedly wrong; the cold lotion evidently produced the irritation; the wound should have been soothed as much as possible; Dr. Turquand did everything he could under the circumstances.

Mr. P. G. McKenzie, sworn: Has heard the statements of the other medical men present; Dr. Turquand's treatment was most proper for a punctured wound; witness is a licentiate; does not consider Mr. Scott's treatment proper; would certainly have dilated the wound on the second day, or as soon as symptoms of irritable fever appeared.

The testimony was then closed, and Dr. Turquand read an extract from Gibson's Surgery, on the treatment of punctured wounds, which perfectly agreed with that described by the medical men present. We should observe that the work in question is an indisputable authority in all such cases. The coroner then summed up the evidence, and the jury retired for a short time, when they brought in the following verdict, "We do agree, that the deceased, Asa Davis, came to his death for want of proper medical aid."

(Signed) JOHN FIELAN,  
Foreman.

—British American, (Woodstock, C. W.)

## LEGISLATIVE ASSEMBLY.

August 29th, 1851.

The following bills were read a third time: To regulate Private Lunatic Asylums.—Mr. Sol. Gen. Macdonald.

To amend Act incorporating the Medical Profession in Lower Canada.—Mr. Sanborn.

Dr. Laterricre's bill to amend the law relative to the practice of medicine in Lower Canada, was passed through Committee and ordered to be engrossed.

It was then read a third time by a majority of the casting vote of the Speaker.

The Bill was variously resisted.

An amendment of Mr. Robinson to give it the three months hoist was lost by the casting vote of the Speaker.

The discussion was of the most irregular kind, and consisted, for the most part, of personal sallies, which were occasionally cheered and laughed at by the crowd in the gallery. Dr. Fortier frequently interrupted Mr. Mackenzie, telling him that "he did not

understand anything about what he was talking. He knew nothing at all about the measure."

Mr. Mackenzie condemned all kinds of monopolies—of priests, doctors, and lawyers.

Dr. Fortier said, "shame, shame."

Mr. H. Sherwood recommended the two to go and settle their differences in a Committee room, and let the business of the House be proceeded with.

It was strongly urged by some members that it was exceedingly unjust to English doctors to compel them to pass an examination before a Lower Canadian board, before allowing them to practice. On the other hand, the converse was maintained; and this was the principal point of the irregular debate. Colonel Prince told Mr. Mackenzie, who spoke for a long time, that he (Col. P.) had made the calculation, and found that the member for Haldimand had cost the country more than £1000 with useless and absurd speeches. He further said that the member for Haldimand was a man unfitted to sit in a deliberative assembly, by what misfortune he (Colonel Prince) did not know.

The bill was finally passed on a vote of 22 to 19.

On motion of Mr. J. H. Cameron, the house went into committee on the bill to incorporate the Medical Profession in Upper Canada.

A conversational discourse took place to the same effect as that we reported on the second reading.

A message from the Council came in, and before the Speaker could leave the chair,

Mr. Mackenzie moved an adjournment, and said, he was perfectly prepared to take the responsibility of obstructing the passing of the measure.—Yeas, 3; Nays 28.

Mr. Smith of Durham again moved an adjournment. He took that course because his constituents were opposed to the bill.

Mr. Mackenzie said he had great pleasure in obstructing, by a very parliamentary mode, such a measure, and spoke for this purpose.

Mr. W. H. Boulton condemned the hon. member for the course he announced.

Mr. Smith (Durham) sent for a quizz of paper and said he would keep at it until morning.

Discussion followed on the motion. Yeas 3, Nays 18.

Mr. Mackenzie again moved an adjournment and announced his intention of continuing to do so.

The Reporters, not relishing the prospect, left the House about midnight.

#### LEGISLATIVE COUNCIL CHAMBER.

Toronto, 30th August, 1851.

This day, at 12 o'clock, noon, the Governor General assented, in Her Majesty's name,

to the following, among a multitude of other Bills:—

An Act to incorporate the St. Lawrence School of Medicine, of Montreal.

An Act to incorporate the Toronto School of Medicine.

An Act to authorize the confinement of Lunatics in cases where their being at large, may be dangerous to the Public.

An Act for the regulation of Private Lunatic Asylums.

An Act to amend the act incorporating the Members of the Medical Profession in Lower Canada, and to regulate the Study and Practice of Physic and Surgery therein, to afford relief to certain persons who were in practice as Physicians and Surgeons in the Province at the time when the said act became law.

The following, among other Bills, was assented to by His Excellency the Governor General, on the 2nd August, 1851:

An Act to incorporate Trinity College.

TO SUBSCRIBERS AND CORRESPONDENTS.—  
*Answers have been sent to communications from the following gentlemen: Dr Sauvé, Buckingham; Dr Codd, Rensfrew; Messrs. R. & G. S. Wood, New York; Dr Ewing, Hawkesbury; Dr O'Reilly, Hamilton; Dr Wanless, London; Capt. Lefroy, Toronto; Dr Morrin, Quebec; Dr Holden, Belleville; Rev. J. Reid, Freiligsburg; Dr Christie, Lachute; Dr Dickson, Kingston; Dr Reynolds, Brockville; Dr Johnston, Sherbrooke; Dr Stewart, Kingston; Dr Widmer, Toronto; Dr Smallwood, St Martin; Dr Allen, Osgoode; Dr Rees, Toronto; Dr Chamberlin, Freiligsburg; Dr Brigham, do.; Dr Marsden, Quebec; Dr Alcorn, Lennoxville; Dr Wight, St. Johns; Dr Rose, Newmarket. We return to these gentlemen our thanks for their promptitude in answering our appeal, and request other subscribers to follow their example without loss of time.*

#### BOOKS, &c., RECEIVED.

Report of the Toronto Dispensary for the Diseases of the Eye, Toronto, C. W., by G. S. Stratford, M.R.C.S.

History of the Epidemic of Cholera, in Chatham, Rochester and Stroud, in 1849, by Thos. Stratton, M.D.

Elements of General and Pathological Anatomy, by David Craigie, M.D. Lindsay & Blakiston. Philadelphia, 1851.

The Microscopist, by Joseph H. Withes, M.D. Philadelphia: Lindsay & Blakiston, 1851.

MONTHLY METEOROLOGICAL REGISTER AT ST. MARTIN, ISLE JESUS, by C. SMALLWOOD, M.D., AUGUST, 1851.

Latitude 45° 32' N. Longitude 73° 36' W. Nine miles due west of Montreal.—Elevation same as Montreal.—For the Brit. Amer. Jour.

Day	Barom. corrected & reduced to 32°		Temperature of Air.		Force of Aqueous Vapour.		Humidity of Atmosphere.		Direction of Wind.		Average Miles per hour.		Rain in Inch.	Weather.	
	6 a.m.	2 p.m.	6 a.m.	10 p.m.	6 a.m.	10 p.m.	6 a.m.	10 p.m.	6 a.m.	10 p.m.	6 a.m.	10 p.m.		6 a.m.	2 p.m.
1	29.814	29.744	62.	85.	490	493	876	800	N.E.	W	0.17	1.60	—	Clear	Clear
2	706	612	62.3	84.6	619	641	862	886	W	S	0.02	3.95	—	Do	Do
3	679	696	65.	82.1	616	631	854	877	W	S	3.68	1.69	—	Do	Do
4	885	842	71.	81.6	376	606	856	912	W	N.E.	8.73	13.51	0.160	Cloudy 3	Cloudy 10
5	596	590	61.6	72.	503	564	813	836	E	N.E.	6.36	3.53	—	Do 9	Do 9
6	788	756	66.7	80.4	563	623	806	851	W	S	0.21	0.29	—	Cloudy 9	Clear
7	666	667	65.	69.4	544	650	832	859	S	W	0.03	2.06	0.093	Clear	Clear
8	630	635	61.	61.	431	653	808	833	W	S	3.07	4.31	—	Clear	Clear
9	474	351	61.	62.	405	759	893	899	S	W	0.43	4.92	—	Clear	Clear
10	697	638	68.	74.2	430	650	853	897	E	S	0.22	0.22	—	Clear	Clear
11	597	629	65.	81.	489	650	895	933	W	S	Cal.	Cal.	—	Do 6	Do 6
12	672	665	65.	81.	547	632	837	814	N.W.	S	Cal.	Cal.	—	Do 6	Do 6
13	659	616	72.	83.5	693	739	853	864	W	S	3.63	4.45	0.200	Rain	Clear
14	613	436	48.5	68.1	459	379	429	433	W	W	1.07	0.52	—	Clear	Do 2
15	457	474	60.9	69.	405	404	439	803	W	W	Cal.	Cal.	—	Do 2	Do 2
16	612	627	67.0	82.3	391	463	433	813	W	S	Cal.	Cal.	0.130	Do	Clear
17	632	630	69.4	83.1	369	379	456	937	N	N	1.08	3.14	—	Do	Do 6
18	692	642	77.5	82.2	369	454	435	917	N	W	0.36	4.14	—	Do	Clear
19	754	757	79.4	81.2	332	454	417	931	N	W	0.45	0.88	—	Do	Clear
20	823	753	69.2	80.1	332	704	609	930	S	E	Cal.	1.10	—	Inapp	Clear
21	714	658	61.7	69.	462	739	619	911	S	E	0.91	1.34	0.359	Cloudy 3	Do 8
22	459	316	38.2	68.	67.	462	676	515	W	S	2.12	5.18	—	Clear	Clear
23	418	462	46.2	61.6	433	657	694	891	W	W	Cal.	3.03	—	Clear	Clear
24	569	672	47.7	65.6	433	434	857	892	N	W	3.43	12.76	0.133	Cloudy 5	Clear
25	345	469	69.2	66.	637	405	679	845	N	W	3.83	10.36	—	Clear	Do
26	632	638	74.6	48.	330	367	322	802	W	W	0.34	7.05	—	Do	Do
27	856	794	81.9	49.	332	424	332	853	W	W	2.00	3.14	—	Do	Do
28	856	794	80.8	49.	332	424	454	892	W	W	4.05	6.07	—	Do	Do
29	850	761	74.9	62.3	623	687	465	825	W	W	1.38	9.25	—	Do	Do
30	691	637	63.	63.	613	635	799	769	W	W	0.98	6.83	Inapp	Do	Do
31	739	764	66.	75.	606	617	452	837	N	W	2.13	6.52	—	Do	Clear

Highest, 1st day : 29.885  
 Lowest, 26th day : 29.345  
 Monthly Mean : 29.6343  
 Therm. Monthly Range : 0.540

Highest, 1st day : 93°  
 Lowest, 26th day : 46.0  
 Monthly Mean : 65.9  
 Therm. Monthly Range : 47.0

Mean Temperature of 63° 66  
 Evaporation — of Rain 1.205 in  
 Dew point Mean Temperature of 57.76  
 Rain fell on 8 days, accomp with thunder on 1 day.

Most prevalent Wind, W, S, W  
 Least do E  
 Most Windy Day, 4th day.  
 Least Windy Day, 11th day.

\* At 9 p.m. there was visible a zone, or band of a faint pink color, about 3° broad, spanning the Heavens from the Eastern to the Western Horizon, the stars were mostly visible through it, it passed through the constellations Pegasus, Aquila, Cerberus and Ophiucus, the bright star Altair forming its northern boundary. It continued visible for about 20 minutes and gradually vanished.—The Aurora Borealis was not visible at the time.

Errata.—In June and July numbers, last column, weather, read a cloudy sky is represented by 10, a Cloudless Sky, by 0, instead of a Cloudy Day by 10.

MONTHLY METEOROLOGICAL REGISTER AT H.M. MAGNETICAL OBSERVATORY, TORONTO, O. W. AUGUST 1885.  
 Latitude 43° 39'.4 N. Longitude, 79° 21'.5 W. Elevation above Lake Ontario, 108 feet. For the British American Medical and Physical Journal.

Day	Barometer at Temp. of 32°			Temperature of the Air.			Fusion of Vapour.			Humidity of Air.			Wind.			Inch. of Rain.	Weather.		
	6 a.m.	9 p.m.	10 p.m.	6 a.m.	9 p.m.	10 p.m.	6 a.m.	9 p.m.	10 p.m.	6 a.m.	9 p.m.	10 p.m.	6 a.m.	9 p.m.	10 p.m.				
1	29.790	29.760	29.764	29.772	60.4	69.6	67.2	62.63	0.463	0.691	0.424	0.487	90	90	91	88	—	—	Day cloudy night clear & fine
2	1.706	.714	.684	.705	53.7	75.7	61.6	63.03	0.402	0.601	0.491	0.617	79	79	81	85	—	—	Light clouds dur day; night clear
3	6.991	.752	.650	.690	61.4	63.2	66.8	63.03	.621	.633	.635	.637	98	98	98	96	—	—	Light clouds dur day; night clear
4	6.957	.728	.705	.727	61.8	61.8	68.2	61.67	.499	.634	.474	.624	84	84	84	88	—	—	Light clouds dur day; night clear
5	6.989	.708	.638	.727	68.4	74.3	68.2	61.67	.438	.697	.574	.662	92	92	92	88	—	—	Light clouds dur day; night clear
6	6.18	.638	.661	.665	66.2	74.6	63.4	69.73	.663	.606	.654	.650	90	90	90	81	—	—	Light clouds dur day; night clear
7	7.32	6.15	.656	.689	60.6	69.6	63.4	61.98	.454	.668	.652	.615	85	85	85	81	—	—	Light clouds dur day; night clear
8	4.21	6.76	.701	.684	66.0	69.4	63.8	63.45	.695	.613	.317	.433	96	74	75	82	—	—	Light clouds dur day; night clear
9	4.97	.658	.616	.616	61.4	70.3	64.2	65.72	.497	.603	.556	.559	91	84	93	91	—	—	Light clouds dur day; night clear
10	6.95	.600	.609	.609	69.8	69.8	69.4	69.13	.492	.708	.630	.630	99	91	81	82	—	—	Light clouds dur day; night clear
11	6.65	.629	.654	.654	67.0	76.4	61.8	69.40	.472	.716	.407	.620	82	82	69	74	—	—	Light clouds dur day; night clear
12	6.60	.616	.623	.608	63.0	63.0	63.8	65.63	.440	.610	.527	.661	93	95	90	85	—	—	Light clouds dur day; night clear
13	6.50	.621	.633	.637	47.8	69.2	56.4	68.00	.297	.491	.391	.358	80	82	83	82	—	—	Light clouds dur day; night clear
14	6.60	.638	.603	.628	43.6	63.4	59.4	60.15	.329	.459	.479	.422	98	98	88	81	—	—	Light clouds dur day; night clear
15	6.16	.638	.603	.628	43.6	63.4	59.4	60.15	.329	.459	.479	.422	98	98	88	81	—	—	Light clouds dur day; night clear
16	6.16	.638	.603	.628	43.6	63.4	59.4	60.15	.329	.459	.479	.422	98	98	88	81	—	—	Light clouds dur day; night clear
17	6.16	.638	.603	.628	43.6	63.4	59.4	60.15	.329	.459	.479	.422	98	98	88	81	—	—	Light clouds dur day; night clear
18	7.57	.764	.713	.765	61.8	61.8	67.9	60.40	.380	.467	.427	.493	83	71	92	76	—	—	Light clouds dur day; night clear
19	8.17	.819	.789	.821	62.8	67.4	65.8	60.12	.382	.400	.418	.378	80	81	86	73	—	—	Light clouds dur day; night clear
20	7.53	.806	.837	.837	67.2	64.9	61.6	61.83	.388	.600	.504	.504	91	81	91	86	—	—	Light clouds dur day; night clear
21	6.59	.806	.800	.822	64.8	73.0	64.0	66.72	.413	.682	.651	.651	89	87	86	86	—	—	Light clouds dur day; night clear
22	6.20	.806	.800	.822	64.8	73.0	64.0	66.72	.413	.682	.651	.651	89	87	86	86	—	—	Light clouds dur day; night clear
23	6.20	.806	.800	.822	64.8	73.0	64.0	66.72	.413	.682	.651	.651	89	87	86	86	—	—	Light clouds dur day; night clear
24	6.20	.806	.800	.822	64.8	73.0	64.0	66.72	.413	.682	.651	.651	89	87	86	86	—	—	Light clouds dur day; night clear
25	6.20	.806	.800	.822	64.8	73.0	64.0	66.72	.413	.682	.651	.651	89	87	86	86	—	—	Light clouds dur day; night clear
26	6.20	.806	.800	.822	64.8	73.0	64.0	66.72	.413	.682	.651	.651	89	87	86	86	—	—	Light clouds dur day; night clear
27	6.20	.806	.800	.822	64.8	73.0	64.0	66.72	.413	.682	.651	.651	89	87	86	86	—	—	Light clouds dur day; night clear
28	6.20	.806	.800	.822	64.8	73.0	64.0	66.72	.413	.682	.651	.651	89	87	86	86	—	—	Light clouds dur day; night clear
29	6.20	.806	.800	.822	64.8	73.0	64.0	66.72	.413	.682	.651	.651	89	87	86	86	—	—	Light clouds dur day; night clear
30	6.20	.806	.800	.822	64.8	73.0	64.0	66.72	.413	.682	.651	.651	89	87	86	86	—	—	Light clouds dur day; night clear
31	6.20	.806	.800	.822	64.8	73.0	64.0	66.72	.413	.682	.651	.651	89	87	86	86	—	—	Light clouds dur day; night clear
Mean of 29.674 29.659 29.671 29.671 67.20 71.05 60.26 63.71 0.431 0.639 0.474 0.431 .92 .73 .90 .83 2.98 7.96 3.31 1.360																			
Highest obs. Barometer, 29.965, at 8 a.m., on 27th } Monthly Range, .650 Highest obs. Temperature, 79.8, at 2 p.m., on 23d } Monthly Range, 37.7 Lowest do. do. 42.1, at 9 a.m., on 27th } Range, 37.7 Mean Hm. obs. Tem. 71.65 } Range Daily Mean Min. Ther. 61.42 } Range 17.14 Greatest Daily Range, 30.04, from 2 p.m. of 29th to a.m. of 30th Warmest Day, 7th.—Mean Temperature, 69.73 } Differ. 14.13 Coldest Day, 27th.—Mean Temperature, 65.60 }																			
Sum of the Atmospheric Current, in Miles resolved into the four Cardinal directions. North 1109.94      West 1147.06      South 1063.74      East 831.56 Mean velocity of the Wind, 4.62 miles per hour. Max. velocity, 20.6 miles per hour, from 2 to 3 p.m., on 9th. Least windy day, 4th, mean velocity per hour, 10.61 Least do do 8th, do do 1.79 Most windy hour, 2 p.m., do do 7.96 do do 3 h.m., do do 2.43 Mean Diurnal Variation, 5.43 miles, do do 2.43																			
Year	Mean	Max.	Min.	Range	Days	Ins.	Rain.	Snow.											
1880	65.10	83.4	47.7	34.7	12	2.965	3.7	—											
1881	64.60	84.8	46.7	38.1	9	6.170	5.9	—											
1882	65.50	81.8	43.9	37.9	6	2.600	4.4	—											
1883	65.49	83.1	44.0	38.1	4	4.860	4.0	—											
1884	67.16	86.8	43.6	43.6	17	1.425	—	—											
1885	68.41	84.8	41.6	43.3	17	1.770	—	—											
1886	68.41	86.4	49.6	38.9	9	2.440	—	—											
1887	63.33	82.6	44.6	38.3	10	0.555	—	—											
1888	68.34	87.0	48.2	38.8	10	4.970	—	—											
1889	65.03	79.0	46.2	33.3	10	4.0	—	—											
1890	66.65	86.0	44.0	44.0	10	4.365	—	—											
1891	63.71	79.8	42.1	37.7	13	1.360	—	—											

11th, Spent meteor at 11.56 pm