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THE
BRITISH AMERICAN JOURNAL
OF
MEDICAL AND PHYSICAL SCIENCE.

THE

BRITISH AMERICAN JOURNAL

OF

MEDICAL AND PHYSICAL SCIENCE.

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[No. 1

ON PURPURA HÆMORRHAGICA.

By E. M. HODDER, Esq., M. D., Toronto.

Proceedings of the Toronto Medico-Chirurgical Society.

Mary Osborne, æt. nearly four years, of light complexion, and delicate constitution, complained of being unwell on the 27th March, and in the evening became somewhat feverish.

Her friends, supposing that it would shortly pass off, gave her only a little castor oil.

On finding that the fever still continued, and was on the increase, I was sent for on the 30th March, when I found her labouring under symptoms of derangement of the mucous membrane of the stomach and bowels.

Her tongue was loaded with a whitish fur, she had no appetite, great thirst, bowels rather confined, motions slimy, offensive, and of a light colour, skin generally hot, particularly over the abdomen, a quick pulse, and constant irritation and picking of the nose.

Ordered—A mild aperient immediately; warm bath, and some powders, composed of hydr. c. creta, rhu. et ipecac.

In a day or two the tongue began to clean, and the appetite returned; and all the other symptoms were either gone or much relieved; the same plan of treatment was continued until 5th April, when the child only appeared to want strength to restore her to her usual health.

She continued well until the 18th, when she again complained, and on the 20th I was called in, when I found her labouring under well marked symptoms of Purpura Hæmorrhagica.

The whole surface of the body and the extremities were more or less covered by small petechiæ of a bright red colour, interspersed with some of a larger size and livid hue; the mucous membrane lining the mouth and air passages was also studded with them, two or three of which were of a large size, and appeared as if filled with black fluid blood, some having burst, giving rise to hæmorrhage from the mouth and nose.

The conjunctiva was also spotted. Besides the petechiæ on the body and extremities, there were several stripes and patches or ecchymoses, as if produced by bruises and the cuts of a whip.

The cuticle over these patches and the smaller pete-

chiæ was not elevated, but those which appeared to contain blood, were as large and as much raised as the half of a small pea, some of which having burst, had stained the linen with the blood they contained.

The constitution at this time did not appear to suffer much; there was no fever, no thirst, the pulse was 100 and soft (weak, if anything). She had no pain in any part of the body, appetite bad, tongue moist with a slightly brown fur upon it, and, with the exception of her temper which was irritable, the child was playing about, and appeared nearly well.

Ordered—Hydr. submur. pulv. jalap, comp. et rhu. immediately, and repeated to-morrow morning. The surface of the body to be sponged with vinegar and water night and morning.

April 21st. Much the same as yesterday, except that the tongue is somewhat cleaner and moist. Bowels have been acted upon two or three times; motions light in colour.

Ordered—Aperient powders to be continued occasionally; potass. chlorat. and hydrochloric acid mixture every four hours.

April 22d. The child appears listless, the tongue rather more brown, no fever, pulse 106, soft. Aperient powder immediately, beef tea, and continue the mixture.

April 24th. The child is worse to-day in every respect. The surface of the body is pallid; the petechiæ are larger and more numerous; blood has been voided by stool. Yesterday evening she complained of soreness of the throat, and, upon examining it this morning, I found the back part of the fauces much swollen, dark, livid, and almost gangrenous in appearance; a large sloughing ulcer occupied the right tonsil and the root of the uvula; the tongue was black, but moist; and the breath extremely fetid. Pulse 130, small and weak; countenance sunken; a slight cough. No pain in any part of the body except the throat. She was ordered wine every hour until seen in the evening, the hydrochloric acid gargle, and sulph. quinine with excess of sulph. acid every four hours.

6 P.M. Continues much the same, with the exception of vomiting, which came on at 5 P.M. Matter vomited like dark coffee grounds, mixed with thick mucus. In

the act of vomiting the uvula came away, throat gangrenous, breath intolerably fœtid. She could not use the acid gargle. Ordered—Wine to be continued in larger quantities; continue the mixture; alum gargle for the throat.

25th. Passed a restless night; all the symptoms much as yesterday; pulse 140, very feeble. By some accident the wine was not given to her throughout the night. Vomiting returned occasionally, same sort of matter; evacuations dark, tarlike, and semifluid. Continue as before.

26th. Continues the same in every respect.

27th. Aggravation of all the symptoms; extreme pallor of the surface of the body; evacuations copious and of the same appearance as before; pulse 160, small, weak, and indistinct; tongue quite black; stomach rejects every thing taken into it; breathing thick and heavy, almost amounting to stertor; approaching coma.

Dr. O'Brien kindly visited her this evening, and suggested the use of the hydrochloric acid gargle again; the mixture to be continued, with the addition of a few drops of *Tr. opii*.

She continued to linger until about 4 A.M., of the 28th, when she died completely comatose.

Sectio Cadaveris, 26 hours after Death.

The body externally was every where dotted with dark and circumscribed livid spots, varying in size from a millet seed to a silver threepenny piece. There were also several stripes of a bluish colour, and the appearance of numerous bruises as above described. The livid colour was deeper at the centres of the large spots, becoming of a more dusky red hue towards the circumference.

On making the usual incision from the sternum to the pubis, the same purpurous spots were discovered on the pectoral and abdominal muscles, as well as on the fascia covering them.

Almost every organ in the cavities of the thorax, abdomen, and pelvis, presented a similar appearance, the lungs, heart, pleura costalis, and thymus gland (which was of very large size), being all covered with the same ecchymosed patches. Nor were they confined to the surface, for on cutting into their substance they were found equally numerous, and of precisely the same character. The lining membrane of the trachea and bronchi were, however, quite free from them. The heart contained no blood whatever; the walls of the ventricles participated in the appearance observed in the other viscera. In the upper part of the septum common to the two auricles, and above the fossa ovalis, there was an interstitial deposit or extravasation of blood, extending throughout its whole extent.

The foramen ovale was not completely closed, several circular openings still existing.

In the stomach there was some ropy mucus, with a small quantity of dark-coloured fluid, and its villous surface presented innumerable small bloody points.

Externally the intestines generally exhibited a deep purple surface, particularly the ilium, cœcum, and part of the colon; and on slitting them open they were found completely filled with blood of a tarlike colour and consistence. Their mucous surface appeared gorged with blood, which could not be removed or lessened by repeated washings, and being wiped with a sponge.

The urine was very turbid, but did not contain any blood.

The examination was here brought to a close, in consequence of the friends objecting to the head being opened.

June 2, 1845.

In drawing the attention of this Society to *Purpura Hæmorrhagica*, (which in its most severe form is undoubtedly a rare disease), I am induced to do so from the great danger which attends it, the obscurity in which it is veiled as to its causes and means of cure, and because, to the pathologist it offers a wide and interesting field for experiment, which it is the duty of every Practitioner to avail himself of, so far as his time and opportunities will allow.

It appears to be the opinion of most modern pathologists, that this disease is occasioned by a depraved or attenuated state of the blood, exhibiting diminished vitality, and an alteration in its composition and vital properties.

I regret that I have not been able to meet with any account of the chemical analysis of the blood in *Purpura Hæmorrhagica*—its sensible qualities, however, and mode of coagulation have been carefully noted in several cases—Dr. Watson (*Lumleian Lecture, Med. Gaz. vol. x*) asserts that, “in many, perhaps in all instances of the disease, in which it can be examined, the blood is found actually to have undergone a change, not merely a change which may be ascertained by nice or elaborate chemical research, but such an alteration of its sensible qualities as is evident to the eye, and forces itself upon our notice.”

The following are some of the most remarkable results of the examination of the blood in this disease:—1st, case of Dr. Jeffreys²—blood taken from a plethoric subject with a full pulse—2d. bleeding, after purgatives, and a previous loss of two pounds of blood by epistaxis. “The blood drawn yesterday shows an inflammatory buff on its surface, at least an inch and a half in thickness, firm and yellow, far exceeding any thing I ever saw in Rheumatism or pneumonia, but not at all cupped, in fact the

whole serum looks like a corrupted coat of coagulated lymph. The crassamentum appears in a very dissolved state, of nearly a black color, and much less in quantity than usual." This patient was again twice bled, the blood presenting the same appearances; he ultimately recovered—2d. Dr. Johnston relates a case of decidedly febrile character, and which rapidly proved fatal, the blood did not separate into serum and crassamentum; it had little consistence or tenacity, but traces of coagulable lymph were diffused through it:—3d. In Dr. Duncan's case, the blood, while flowing slowly from the vein, was observed to be florid and semitransparent, resembling diluted arterial blood. It slowly formed a loose coagulum, from which no serum was separated; the coagulum was like jelly, tremulous, transparent and colourless, the few red globules having subsided to the bottom. In this case much blood had previously been lost by hemorrhage. In Dr. Combe's case the blood was pale, coagulated slowly, separated no serum, and was not buffed. In Dr. Gardner's case the blood first drawn by the lancet seemed, four hours after, to coagulate very imperfectly into a homogeneous mass. On the following day it resembled a tremulous jelly, the top of which was of a greenish buff colour with brownish spots like tadpoles. What afterwards oozed from the puncture resembled turbid lymph. (See *Cyclopædia Pract. Medicine*, Article *Purpura*.) In two cases which I saw some years since, the blood of the first, a delicate child about eight years of age, did not separate into serum and crassamentum, but the whole mass was soft, not retaining its shape when turned out of the cup, the upper surface flat, and pale in colour, the under, dark and of the consistence of tar. The second, a woman of about fifty years, the blood separated as usual, but the crassamentum was semifluid, dark and not buffed, the serum was of a dirty green colour, and in a very large proportion to the clot. It is very evident from the foregoing cases that the blood in purpura differs much from its natural condition: we find that the serum generally bears a much larger proportion to the crassamentum than in the healthy state, that the red globules (to which the blood owes its power of arousing and keeping up vital motion in the animal economy) are deficient, and perhaps altered in composition, and I have no doubt that a future analysis will show, that, from the dark colour of the blood in all the cases, the saline matters which exist in the natural and healthy serum, will be found greatly diminished, or in some cases altogether wanting in purpurous blood.

When the specific weight is increased, it is generally owing to a deficiency in the proportion of water, as in the blood of Cholera and Diabetes, sometimes to increase of fibrine, and red particles, as in Plethora, Gout, and Rheumatism; we may naturally infer then, that, when the red

globules and fibrine are deficient, and when the serum is in larger proportion than natural, with a diminution of the quantity of the salts held in solution, that the specific weight will be less than natural, as is seen in chlorosis, typhus and yellow fever, and in all probability in Purpura.

Should the above theory hereafter prove correct, or even to approach the truth, it will be one essential step gained towards the true pathology of this obscure disease; and we may hope that in due time we may discover a more successful mode of treatment than has been hitherto adopted.

In the treatment of this disease in its severe form, venesection must be looked upon as a hazardous remedy, requiring great discrimination as to the causes and period of the disease in which it may be employed with safety. We know that by repeated bleedings or hemorrhages the mass of circulating fluid is diminished and rendered poorer by being deprived of its red globules, and the salts held in solution; we also know that these are reproduced more slowly than the other constituents, and that after repeated bleedings the blood may become so impoverished and deprived of its globules as to be unable to arouse and keep up the vital action in the animal economy. Under these circumstances then, bleeding should only be thought of when the disease has been of short duration, the patient plethoric, with a sharp hard pulse, fixed pain, or symptoms denoting local congestion. Dr. Macintosh informs us that he lost a patient some hours after she was bled.

Dr. Fairburn's case, though a strong man in the prime of life, never rallied after the third bleeding. In the case of the child above alluded to, death followed a moderate bleeding in less than 24 hours, although the symptoms were never extreme—and in the aged woman, who was bled in consequence of severe headache, never rallied, but died in about three days afterwards.

To whatever conclusion the pathologist may arrive, it cannot be denied that purpura is sometimes connected with a state of the system generally, or of some particular organ or organs, which requires blood letting for its cure; but, I think it equally certain, that in the more severe forms of Purpura Hæmorrhagica, when there is prostration of the vital powers, a pale cachectic complexion, with a small, weak, and quick pulse, a diminution of heat on the surface of the body or extremities, and hæmorrhage taking place from several of the mucous surfaces, it would be as unphilosophical to bleed, as it would be in the latter stages of any malignant or typhoid fever.

The neutral saline medicines have been strongly recommended by Dr. Stevens, not with a view to purge, but to correct the deteriorated state of the blood.

Dr. Belcombe has also employed them with success in three cases, one of which appears to have been of a severe form. Dr. B. like, myself, used the Chlorate of

Potassa. I should not again feel disposed to use saline medicines in the most severe forms of the disease, in consequence of the lowering effects of these remedies on the system.

Mr. Geo. Gulliver, F. R. S., (Surgeon to the Royal Horse Guards) in a paper "on the formation of the buffy coat of the blood" read before the Royal Medical and Chirurgical Society of London, in February last, asks, "whether the well known utility of saline medicines in inflammation may not be explained by their effects in preventing or destroying the aggregation of the red corpuscles, and in preventing or lessening the buffy or inflammatory condition of the blood. Purgatives sufficiently active to unload the bowels, and frequently repeated, have been strongly recommended, and from the benefit which temporarily followed their exhibition in the case above related, there can be no doubt of their great utility. They should consist principally of the warm aromatic or resinous drugs. Various tonics, the vegetable and mineral acids, and astringents, have all their supporters, but are only applicable in the latter stages of the disease, after the use of purgatives.

An interesting case is related by Dr. Sutherland, in the Montreal Medical Gazette for May 1844, of a lad aged 15, who was treated successfully by large doses of acetate of lead (15 grains every 2 or 4 hours) frequently repeated. Quinine and some of the preparations of iron will probably be found amongst the most useful of the tonic remedies.

The diet should consist principally of light and easily digested animal food in the solid form, with perhaps a little wine occasionally. Those articles should be selected which will yield to the debilitated system the largest amount of red globules and fibrine.

There is one remedial agent which has been often resorted to in hæmorrhages arising after child birth, serious wounds, or compound fractures, in cholera, &c. &c., but which I am not aware has ever been proposed or adopted in Purpura Hæmorrhagica—I mean Transfusion. In suggesting the propriety of performing this operation in an extreme case of Purpura, I would do so, not with any very sanguine hope of success, (nor should I attempt it until all other remedies had failed, and that death was inevitable without some speedy change taking place) but with a view to support the sinking powers of life, to stimulate the various organs, to arouse healthy action, and if possible gain a little time.

If we are correct in supposing this formidable disease to arise from an attenuated or depraved state of the blood in which the red globules are deficient, and perhaps altered in composition, surely there is nothing irrational in proposing to infuse into the system that principal of vitality without which the heart and brain would soon

cease to perform their destined functions. To do this the blood must be supplied with what it has lost, and I can see no more speedy manner of restoring that deficiency than by injecting the healthy blood of a stout and plethoric individual into the veins of the sinking patient.

Whatever our present theories may be, "much yet remains to be done ere the pathology of Purpura or its treatment can be considered as satisfactorily fixed on scientific principles."

Toronto, July 1845.

Ergot of Wheat.—In a private letter from Dr. Reynolds of Brockville, the writer observes:—

Brockville, January 21, 1846.

I send you a small specimen of Ergot of Wheat, and regret that I could not procure a quantity of it. One of our farmers, two years ago, imported some *Spanish* Wheat, to try whether it would be sufficiently forward to escape the fly, but found last year that it was attacked with a disease similar to that so common in the Rye, producing the Ergot, and rendering the flour a dangerous article of food, should the grain before grinding, be not carefully freed from this variety of smut. I tried the effect of this Ergot in an obstetric case—where the os uteri was well dilated; the woman had been for several hours without pains, notwithstanding a recourse to the usual treatment to induce them, &c.

I gave about $\frac{1}{2}$ drachm in the form of infusion, and in course of fifteen minutes strong pains came on, and the patient was delivered of a fine boy, making the usual noisy entrance into life; so that in medicinal properties it would seem to have similar effects with the Ergot of Rye.

Very truly yours,

THOS. REYNOLDS, M.D.

AMMONIACAL OINTMENT A SUBSTITUTE FOR BLISTERING PLASTER.

The ammoniacal ointment, when properly prepared, causes vesication in about ten minutes. This rapidity of action renders it preferable to the other preparations used for producing vesication, which seldom act until after the lapse of several hours. Care should be taken that the ointment is properly prepared, or its operation will be slow and imperfect. The formula for its preparation recommended by M. Gondret, the inventor, is as follows:—Hogs lard, 32 parts; oil of sweet almonds, 2 parts; melt at a very gentle heat, and pour the compound into a bottle with a wide mouth: then add strong solution of ammonia (as 25 per cent.?) 17 parts. Keep the contents of the bottle well mixed by shaking them until cold. The common cause of the ointment failing, is that the mixture of lard and oil is over heated.* If the lard is too liquid or too warm when the ammonia is added, a portion of this is rapidly lost by evaporation; and the strength of the compound is impaired. When well prepared and kept in a cool place, in a well closed bottle, the ointment will preserve its vesicating properties for more than a month.—*Journal de Pharmacie*, Janvier, 1846.

* It would be better to melt the lard with the oil, by immersing the vessel containing them in water, the temperature of which is gradually raised.

MEAN RESULTS for each month of eleven years, (1835 to 1845 inclusive,) of a Register of the Thermometer and Barometer, kept at ANCASTER, C. W. Also, the Monthly Range of the Thermometer and Barometer, with the Mean Temperature, and fair and rainy days, of each year. By Wm. CRAIGIE, Surgeon.

1835.	THERMOMETER.					BAROMETER.			Rainy Days.	Days slight showers.	Fair Days.
	Mean. 9 A. M.	Mean. 9 P. M.	Mean of both.	Highst	L'west	Mean Height.	Highest.	Lowest.			
January, - -	26.45°	29.42°	28.25°	47	-6	29.18			3	8	20
February, - -	19.14	19.96	20.125	49	-1	29.235			3	7	18
March, - - -	31.63	34.3	33.2	61	0	29.2			3	4	24
April, - - -	42.57	41.88	42.86	74	22	29.08			7	6	17
May, - - - -	55.06	55.	55.	80	34	29.16			4	2	25
June, - - - -	62.37	61.4	62.3	84	39	29.165			5	8	17
July, - - - -	67.2	66.36	67.26	84	45	29.189			3	3	25
August, - - -	64.8	63.6	64.14	85	45	29.207			4	7	20
September, - -	55.	53.8	54.5	83	35	29.22			4	3	23
October, - - -	50.5	50.0	50.75	76	30	29.23			4	6	21
November, - - -	39.17	37.7	38.99	66	10	29.007			5	5	20
December, - - -	26.	26.13	25.95	47	-7	29.06			6	8	17
Means for year,	- - - -	- - - -	43.318	- - - -	- - - -	29.16	- - - -	- - - -	51	67	247
1836.											
January, - - -	25.55	26.61	26.08	39	0	29.047			7	6	18
February, - - -	16.83	20.86	19.14	50	-9	29.117			9	5	15
March, - - - -	25.74	28.26	27.21	53	0	29.1			5	8	18
April, - - - -	43.80	40.77	42.434	76	23	29.165			4	5	21
May, - - - - -	57.00	54.36	55.9	81	36	29.106			7	7	17
June, - - - - -	60.66	58.64	59.635	83	43	29.096			8	9	13
July, - - - - -	68.80	65.9	67.24	85	52	29.081			3	4	24
August, - - - -	62.226	60.42	61.274	82	44	29.13			2	5	24
September, - - -	57.37	56.3	57.2	82	30	29.13			6	6	18
October, - - - -	41.07	41.13	41.185	59	25	29.056			4	10	17
November, - - -	35.53	35.8	35.8	54	14	29.022			6	3	21
December, - - -	26.40	28.6	27.76	47	2	29.082			6	8	17
Means for year,	- - - -	- - - -	43.405	- - - -	- - - -	29.097	- - - -	- - - -	67	76	223
1837.											
January, - - -	21.8	24.6	22.95	43	-2	28.88			7	4	20
February, - - -	24.32	26.07	24.846	44	-4	29.007			4	7	17
March, - - - -	28.84	29.74	29.629	47	0	29.108			3	6	22
April, - - - - -	40.033	40.1	39.766	72	18	28.977			4	3	23
May, - - - - -	50.	50.6	50.7	73	27	29.024			7	4	20
June, - - - - -	61.73	59.37	61.105	83	45	28.94			7	6	17
July, - - - - -	64.645	65.226	64.963	82	48	28.997			4	2	25
August, - - - -	62.93	62.55	63.44	80	44	29.04			4	10	17
September, - - -	56.66	56.86	57.32	77	39	29.183			5	4	21
October, - - - -	44.87	45.45	45.89	73	26	29.182			6	4	21
November, - - -	39.66	41.266	45.89	61	14	29.034			8	6	16
December, - - -	29.1	30.48	40.533	55	11	29.02			7	7	17
Means for year,	- - - -	- - - -	44.237	- - - -	- - - -	29.033	- - - -	- - - -	66	63	236
1838.											
January, - - -	29.58	30.1	30.08	62	8	29.05	29.40	28.57	6	6	19
February, - - -	15.71	17.96	16.93	36	1	29.02	29.42	28.67	3	4	21
March, - - - -	37.36	38.32	38.106	65	15	29.106	29.45	28.70	4	3	24
April, - - - - -	37.63	38.33	37.98	63	19	29.006	29.64	28.42	6	7	17
May, - - - - -	49.226	57.29	50.435	79	32	28.930	29.30	28.54	9	4	18
June, - - - - -	65.7	66.07	67.2	85	45	28.998	29.17	28.74	2	6	22
July, - - - - -	71.936	71.26	72.348	91	54	29.055	29.32	28.85	4	7	20
August, - - - -	68.1	67.516	68.05	86	50	29.135	29.36	28.82	2	7	22
September, - - -	60.766	59.466	60.493	82	39	29.188	29.41	28.80	0	2	28
October, - - - -	46.	45.7	45.477	75	24	28.998	29.53	28.52	5	6	20
November, - - -	31.8	33.133	32.143	53	7	29.083	29.65	28.60	6	4	20
December, - - -	23.226	23.84	23.217	41	5	28.936	29.72	28.50	5	10	16
Means for year,	- - - -	- - - -	45.205	- - - -	- - - -	29.042	- - - -	- - - -	52	66	247

MEAN RESULTS of a Register of Thermometer and Barometer, kept at Ancaster, C.W.—(Continued.)

1839.	THERMOMETER.					BAROMETER.			Rainy Days.	Days slight showers.	Fair Days.	Rain in Inches.
	Mean. 9 A. M.	Mean. 9 P. M.	Mean of both.	High'st	L'west	Mean Height.	Highest.	Lowest.				
January, -	26.13°	29.1°	27.62°	52	-7	29.076	29.72	28.48	3	5	23	
February, -	28.464	30.43	29.447	49	2	29.095	29.48	28.42	4	5	29	
March, -	33.8	33.	33.4	62	5	29.06	29.55	28.58	6	5	20	
April, -	51.37	49.47	40.42	78	32	29.091	29.31	28.72	3	5	22	
May, -	54.68	53.48	54.08	82	30	28.964	29.30	28.50	7	4	20	
June, -	60.7	59.8	60.25	83	42	28.945	29.20	28.70	7	5	18	
July, -	70.55	69.68	70.115	86	53	28.99	29.22	28.67	9	2	20	
August, -	65.9	65.8	65.85	83	44	29.109	29.41	28.71	3	4	24	
September, -	57.266	56.833	57.05	76	30	29.015	29.40	28.68	6	4	20	
October, -	53.55	54.16	53.85	76	29	29.195	29.60	28.87	3	4	24	
November, -	37.07	37.7	37.38	52	7	29.073	29.72	28.52	3	4	23	
December, -	31.65	32.26	31.95	49	4	28.953	29.27	28.40	5	10	16	
Mns for yr.	- - -	- - -	47.618	- -	- -	29.047	- - -	- - -	59	57	249	
1840.												
January, -	20.8	23.32	22.06	44	-5	29.035	29.60	28.24	7	4	20	
February, -	31.7	33.563	32.63	60	6	29.11	29.43	28.50	4	7	18	
March, -	38.7	36.97	37.83	60	15	28.93	29.40	28.47	4	2	25	
April, -	47.5	47.76	47.63	82	29	29.11	29.46	28.56	7	4	19	
May, -	59.8	57.84	58.82	87	37	29.055	29.38	28.33	4	4	23	
June, -	65.56	63.	64.28	84	47	29.06	29.41	28.68	4	8	18	
July, -	70.61	68.1	69.36	89	48	29.043	29.33	28.78	5	2	24	
August, -	68.45	66.35	67.4	85	48	29.115	29.37	28.73	4	9	18	
September, -	57.23	57.13	57.18	76	34	29.065	29.36	28.55	4	5	21	
October, -	47.84	48.68	48.26	73	27	29.093	29.35	28.73	7	5	19	
November, -	39.6	40.53	40.06	63	18	28.988	29.37	28.58	5	5	20	
December, -	27.55	28.8	28.175	43	10	29.021	29.50	28.38	6	9	16	
Means for the year, -	- - -	- - -	47.807	- -	- -	29.052	- - -	- - -	61	64	241	
1841.												
January, -	27.12	29.26	28.19	46	-4	28.96	29.52	28.42	5	9	17	
February, -	24.5	28.5	26.5	47	-2	28.855	29.27	28.27	1	5	22	
March, -	32.4	33.8	33.1	62	6	29.064	29.56	28.46	5	5	21	
April, -	43.566	42.033	42.8	71	26	29.041	29.50	28.40	5	3	22	
May, -	56.42	54.032	55.226	88	29	29.029	29.30	28.60	3	5	23	
June, -	70.33	68.43	69.38	90	49	29.088	29.20	28.87	2	3	25	
July, -	69.8	68.	68.9	91	50	29.107	29.38	28.90	3	3	25	
August, -	68.45	66.2	67.325	87	50	29.118	29.38	28.85	2	6	23	
September, -	64.366	62.733	63.55	80	37	29.006	29.30	28.55	2	8	20	
October, -	45.68	45.29	45.47	69	25	29.01	29.32	28.52	3	3	25	
November, -	37.323	36.98	37.15	60	22	28.94	29.32	28.40	4	5	21	
December, -	31.97	33.41	32.69	49	13	28.99	29.60	28.18	6	9	16	
Means for year, -	- - -	- - -	47.423	- -	- -	29.016	- - -	- - -	41	64	260	
1842.												
January, -	30.45	32.10	31.275	53	12	28.922	29.46	28.50	3	7	21	2.45
February, -	30.82	32.	31.41	56	8	28.947	29.37	28.40	4	3	21	2.2
March, -	39.39	40.87	40.13	70	15	29.062	29.45	28.55	4	7	20	2.48
April, -	46.20	47.80	47.	87	33	29.0325	29.39	28.55	6	3	21	3.5
May, -	53.42	53.50	53.46	76	32	29.049	29.43	28.70	1	5	25	0.9
June, -	60.9	58.8	59.85	81	32	29.038	29.36	28.74	6	8	16	3.6
July, -	67.84	66.67	67.26	89	50	29.135	29.40	28.83	3	4	24	4.8
August, -	66.22	66.6	66.41	84	50	29.173	29.40	28.88	3	7	21	2.7
September, -	57.7	57.5	57.6	83	32	29.109	29.33	28.70	5	4	21	3.75
October, -	49.13	49.71	49.42	69	33	29.077	29.35	28.64	3	5	23	1.75
November, -	35.23	36.2	35.72	63	12	29.016	29.50	28.28	6	8	16	4.05
December, -	29.06	29.5	29.28	53	10	29.038	29.48	28.52	5	5	21	4.5
Means for the year, -	- - -	- - -	47.4	- -	- -	29.05	- - -	- - -	49	66	250	36.68

1843.	THERMOMETER.					BAROMETER.			Rainy Days.	Days slight showers.	Fair Days.	Rain in Inches.
	Mean. 9 A.M.	Mean. 9 P.M.	Mean of both.	High st	L ^{owest}	Mean Height.	Highest.	Lowest.				
January, -	31.26	31.70	31.48	56	7	29.009	29.48	28.14	4	11	16	4.4
February, -	17.1	20.14	18.62	39	0	28.933	29.35	28.45	4	9	15	3.1
March, -	22.55	25.67	24.11	41	3	29.015	29.42	28.24	4	7	20	4.8
April, -	42.56	43.20	42.88	71	21	29.027	29.32	28.55	3	4	23	2.5
May, -	54.774	51.80	53.287	80	32	29.0675	29.40	28.74	2	6	23	1.4
June, -	63.07	62.80	62.93	89	38	29.045	29.31	28.72	2	7	21	1.2
July, -	70.2	67.22	68.7	91	50	29.119	29.36	28.90	2	6	23	1.3
August, -	70.35	69.03	69.69	87	53	29.185	29.42	28.63	0	4	27	0.6
September, -	63.3	62.7	63.	86	36	29.154	29.42	28.75	3	6	21	
October, -	46.03	45.35	45.69	68	26	28.97	29.38	28.62	1	9	16	
November, -	35.4	36.4	35.9	57	20	29.088	29.45	28.50	7	8	15	
December, -	33.	34.012	33.506	44	11	29.06	29.52	28.70	3	6	22	
Mns for yr.	- - -	- - -	48.816	- -	- -	29.055	- - -	- - -	40	23	242	
1844.												
January, -	23.68	24.645	24.162	46	-3	23.99	29.40	28.20	4	9	18	
February, -	28.13	31.51	29.82	47	10	29.081	29.41	28.77	2	8	19	
March, -	35.48	35.4	35.44	57	13	29.048	29.48	28.50	7	5	29	
April, -	52.83	51.06	51.95	81	32	29.196	29.55	28.90	1	6	23	
May, -	58.7	57.06	57.88	80	35	29.039	29.43	28.56	4	13	14	
June, -	64.1	62.36	63.23	82	40	29.107	29.34	28.50	2	6	22	
July, -	69.226	67.45	68.338	85	55	29.098	29.30	28.83	2	8	21	
August, -	66.42	65.064	65.742	87	50	29.045	29.35	28.68	4	11	16	
September, -	62.36	61.16	61.765	84	38	29.227	29.50	28.83	1	5	24	
October, -	46.8	47.	46.9	69	27	29.09	29.44	28.38	4	6	21	
November, -	37.7	39.1	38.4	60	18	29.007	29.30	28.57	4	6	20	
December, -	32.774	33.516	33.145	52	17	28.945	29.44	28.44	3	7	21	
Means for year,	- - -	- - -	48.064	- -	- -	29.081	- - -	- - -	38	90	238	
1845.												
January, -	30.194	30.484	30.339	51	5	29.00	29.45	28.50	5	8	18	
February, -	29.464	31.6	30.532	55	5	28.978	29.40	28.50	3	7	18	
March, -	39.6	39.5	39.55	74	15	29.004	29.35	28.40	1	8	22	
April, -	46.36	45.83	46.1	73	20	29.031	29.30	28.77	3	7	20	
May, -	56.064	55.58	55.822	86	30	29.113	29.35	28.80	2	4	25	
June, -	66.6	63.6	65.1	87	45	29.088	29.34	28.72	3	5	22	
July, -	72.1	70.97	71.535	95	50	29.062	29.25	28.76	2	3	26	
August, -	72.355	69.355	71.355	91	51	29.153	29.34	28.69	1	8	22	
September, -	61.06	57.76	59.41	78	46	29.037	29.37	28.75	6	9	15	
October, -	47.55	48.25	47.9	70	24	29.175	29.49	28.66	5	4	22	
November, -	37.46	35.7	36.58	58	10	28.9	29.36	28.56	5	3	22	
December, -	21.2	22.8	22.	38	3	29.036	29.42	28.52	3	3	25	
Mns for yr.	- - -	- - -	48.043	- -	- -	29.048	- - -	- - -	39	69	257	

NOTE.—The Thermometers were in a northern exposure, five feet from the ground, and shaded from the effects of direct insolation and radiation to the sky; their height and that of the Barometer registered daily at 9 o'clock, A.M., and 9, P.M. For the first four years the daily maximum and minimum of the Thermometer were also registered, and included in the calculation of the Mean Temperature. Subsequently the Monthly Maximum and Minimum only were noted.

Anniversary Address, to the New York Medical and Surgical Society, by F. CAMPBELL STEWART, M.D., delivered January 3d, 1846. New York.

We have, in a previous number of this Journal, advised our readers of the attempt now being made by the profession of the United States, through a contemplated convention to be holden in the city of New York, and which is fixed for the first Tuesday of May next, to elevate the character of the profession generally in that country, by raising the standard of education for all aspirants to the honour of practising it. It has often been a matter of surprise to us, that an attempt of this kind has not been made long ago. The necessity for it has been long acknowledged; but we have not seen hitherto the absolute need of such a reform, more clearly and more forcibly depicted, than in the admirable address, which it now falls to our lot to notice. It comes to us moreover at a particularly opportune period, when our own local Legislature is about enacting laws for the government of the profession here. It may serve them as a beacon, warning them of the impolicy, the impropriety, and the danger of applying "*free trade principles*" to matters of medical education; and admitting that, as a *profession*, they are not held in high estimation even "in their own country," and "that they are far behind the medical communities of other countries;" and tracing this "to the wrong and faulty system of education established among them;" it should render our own Legislature exceedingly cautious, in the admission of persons holding American diplomas to practice in this colony. Whatever faults there may be in the professional education of graduates in medicine in our universities, we yet think it immeasurably superior to *that of any* in the United States. This may be thought a bold assertion, but those acquainted with the subject will admit its correctness. Here we have attempted to transplant the British standard; and although in some respects, attributable less to the will than the means, it may fall short of the perfection of the original, we still view it as far superior to that of our neighbours.

The subject of the Address, "is the actual condition of the medical profession in the United States; with a brief account of some of the causes which tend to impede its progress, or interfere with its honours and interests." In the discussion of this grave matter, one of paramount importance at the present time, the author addresses himself to his subject with a candour and freedom from all party bias, which is highly creditable to him. It will be recollected, that in handling a subject of this kind, he treads on tender ground. To expose the errors of a faulty system of education, at the risk of encountering the hostility of a myriad of professors, to

the most of whom it furnishes their means of livelihood, nay, almost their very existence, would savour of a rashness, to be visited condignly on the offender; to tell the world at large, in plain and unvarnished language, of the low estimation in which, as a profession, they are esteemed, and to point out the causes of it, causes, too, dependent on themselves, would be certain to attract the denunciation of that profession whose vanity has been thus any thing but flattered. The author, however, has executed his task with ability. We think that there are few who will find fault with the manner in which he has handled his subject; fewer still—true friends of the profession,—who will regret the exposée, because the more likely to be attended with profitable results.

The author, in the first place, inquires into "the actual condition of the profession in the United States, and its relative position, compared with that which it occupies in other countries." With reference to its social standing, he observes:—

In its social relations to the community, I am proud that the medical profession of the United States, occupies a more elevated and lofty station than that enjoyed in any other country of the world. Here, owing to the nature and tenor of our institutions, members of the learned professions occupy the first rank in general society; and in the absence of all hereditary distinctions, physicians, with lawyers, hold an enviable position, and are regarded by the community in so favorable a light as to be second only in its estimation to the pious and educated divine. The road to honors and distinction in every department of the public service, and in every station in life, is open to us as well as to others; and we often see members of our profession occupying distinguished political situations of emolument and trust, from which, in the older countries of Europe, they are, for the most part, from the simple fact of their being medical men, almost wholly excluded.

Here, in all parts of the country, we are individually honored and esteemed; in the smaller towns and settlements, we are looked up to on important occasions for assistance and counsel, and our opinions and advice ever command the most respectful attention and consideration. Our society is everywhere courted by the intelligent and honest citizen; and we are always regarded in the light of honored family friends by those who employ us, and place a degree of confidence and reliance in our honor and integrity, which, whilst most flattering and grateful, should lead us to contemplate seriously the nature and extent of the obligations which it forces us to incur, and which it should be our duty and pleasure to render ourselves capable of discharging in a becoming and proper manner.

In some parts of the old world, so low is the condition of our profession in its relation to the general community, that physicians are considered rather in the light of hired menials, than as gentlemen and scholars, entitled by education to be regarded as on a footing of perfect equality with the most accomplished members of all civilized and refined society. Abroad, the medical man belongs to a cast which is considered comparatively low, and, although sometimes tolerated by his supposed superiors belonging to the higher circles, he is but rarely received either in England or France on a footing of acknowledged equality by the higher aristocracy, and in some parts of Italy and other portions of the Continent, he occupies a position almost degrading.

Here, on the contrary, we claim and receive from the community the high consideration to which we conceive ourselves to be entitled, and which, notwithstanding occasional attempts to injure us collectively, we always find freely accorded to us in our individual capacities.

Whatever may *have been* the frigid rules which an aristocracy may have interposed between themselves and

the medical profession of England and France, we think they are fast disappearing. The profession in both these countries is highly esteemed; but there is this difference, that the esteem is based on no fictitious grounds. It is not because they are members of a liberal profession that their social standing has become elevated, but in consequence of the varied and extensive information which they *must have acquired* before they could have become members of it, and which renders them worthy of that estimation, which is, in our opinion, freely and very generally accorded.

But, however high may be the individual position which is accredited to members of the profession in the United States, as a profession collectively it appears that even in their own country they are lightly esteemed; and, as proofs of the declaration, the author points "to the open and unconcealed encouragement of quackery in all its multiplied forms and varieties;" "to the constant endeavour to find fault with, condemn, and ridicule the art and those who practise it;" to the action of the Legislatures of some of the States, "who have, in some instances, succeeded in throwing the practice of medicine open, and making it free to all who choose to engage in it, without requiring from them any guarantee of their capability to treat disease;" and "to the application of principles of *free trade* to the practice of medicine;" and to which we may add, to the teaching of it, both of which, in reality, are the fertile sources of the evils which are so much to be deplored.

Our limits will not permit us to enter too much at length into the various topics which are touched upon in the essay, but we cannot avoid noticing the system of medical education, which has taken deep root, and flourished in the United States; for, assuredly, if the "same scientific consideration" is not awarded to the profession generally in that country, as in others in which the standard of medical acquirements are more elevated, the reason is an obvious one, and the remedy equally so. The task, doubtless, is a difficult one, so many and so conflicting are the interests which are involved; *but it must be executed*; and although in the process, the pruning knife may lop off some scores of petty colleges, whose diploma-giving propensities, along with themselves, would be thereby annihilated, yet the general good of the profession will be secured, and its character enhanced; but on this point we will allow our author to speak for himself:—

Let us now examine the question, whether we are really entitled by our intrinsic merits to the same scientific consideration as our professional brethren in other parts of the world! In a word, is our standard of learning and acquirement as high as it should be, to entitle us to consider ourselves as on a footing of scientific equality with the physicians of other countries, and such as to justify us in demanding, as a matter of right, an unbounded con-

fidence from those who employ us, and place faith in our professions of capability?

This is a most delicate question, and demands a careful and attentive examination. We are all, for the most part, unwilling to admit our inferiority in anything to which we have devoted a special attention, and in which we desire to be considered proficient; it is only natural and to be expected, that we should hold ourselves equal to others of the same calling; and it is but very rarely that we can bring ourselves to admit, particularly in the cases of professional men, that we have superiors.

At the threshold of this investigation, I am bound to acknowledge that, in science at least, the profession in this country is far behind the medical communities of other countries, and this I think is wholly owing to the wrong and faulty system of medical education established amongst us; a system so defective as not only to have attracted the attention of foreigners, but to have led to a loud call from the disinterested and well informed portion of our own Faculty, for a thorough remodelling.

With the exception of some few attempts to support the present system, originating with parties whose position is such as to warrant the conclusion that they must be more or less influenced by personal interest in advocating it, I believe that the feeling may be considered as almost universal in favor of the adoption of a more extensive course of general and professional instruction, and the establishment of a higher standard of medical acquirement.

To aid us in investigating this subject, I will present a statement of what is required by our Medical Colleges of their students, before they will allow them to apply for an examination, or accord them the honors of a Degree, and by comparing these with the requirements exacted by the medical boards of other countries, we shall be able to see in what the difference consists, and why it is that our physicians, at least at the period when they first become such, are not entitled to be considered on an equal scientific footing with those of other parts of the world.

At most, if not all the chief Medical Schools of the United States, it is exacted from Students who apply for Degrees, that they shall produce evidence.

- 1st. Of their having studied in the office of a Practitioner.
- 2nd. Of their having attended during two courses of lectures at a Medical College.
- 3d. That they shall have composed a Thesis; and
- 4th. That they shall have complied with some minor general regulations.

There is no preliminary examination, and no means are resorted to for ascertaining whether a young man is capable, by previous preparation, of profiting by the lessons of his instructors, or likely to make hereafter a competent and useful Physician. He may be thoroughly well grounded in the various branches of science, and his general knowledge may be most extensive; or he may be, as I have known, so ignorant and illiterate as to be unable to write his own language, or translate the Latin of the Diploma which he is striving to obtain. He is not put to the proof, and no evidence is exacted of his having complied even with those few rules, other than his simple assertion, or at most the exhibition of his tickets, which is rather required as a proof of his having paid for them, than as any evidence that he has attended the lectures to which they give him admission.

Having fulfilled these obligations, he is admitted to an examination, and receives his Degree, or is rejected.

The character of this examination is generally such that a student who cannot undergo it must be woefully ignorant indeed. Hence, the rejection of candidates is with us, a matter of exceedingly rare occurrence, and almost all who have complied with the most essential requisite of paying their teachers, are sure to be honored with the title to which they aspire.

At all the principal Universities and Colleges in Great Britain, Ireland, and on the Continent, where medicine is taught, the courses of instruction are much more complete and perfect than with us. At London, Edinburgh, Paris, Dublin, and other seats of Medical schools, students are afforded many more, and much greater facilities for acquiring a thorough medical education, and the period of study is not only much longer, and the subjects taught more numerous, but the preliminary and final examinations are of a character to render it certain, that the candidate who obtains their Diploma must be a qualified and thoroughly well educated physician.

The courses of instruction at our Colleges embrace, for the most part, six subjects, which are professed to be taught in two years, or rather in two periods of less than four months each, so that with a moderate degree of attention, and a fair share of common sense, any one, with us, may acquire the knowledge considered as necessary for a physician, and obtain a license to practise, after about *eight months' college study!* And this too under circumstances in every respect unfavorable; such as a continual and irksome attendance on lectures on different subjects, during a great part of every day, leaving neither time for study and preparation, nor for relaxation or dissection. More time is devoted in other countries to the study of the fundamental science of anatomy alone, than is allowed to our students for perfecting themselves in all the branches of a medical education.

Whilst for the most part, then, seven or eight months' attendance on lectures is required by the regulations of our Medical Colleges, in Europe four years are considered as scarcely sufficient; and that, too, after a preparatory course of study calculated to enlarge and strengthen the mind, and render it fit for receiving the more difficult and important professional knowledge which is to be subsequently imparted.

All the more important subjects, and especially practical anatomy, and clinical medicine and surgery, are there thoroughly taught. The student is not only required to dissect, but is examined on Dissection, whereas, here, a very irregular attendance on the Dissecting-room, probably during a few evenings only in each session, is all that is expected of our pupils, and indeed, in some cases, they are notified publicly, beforehand, that though advised to do so, they will not be required to dissect at all. Whilst it is considered of paramount importance abroad, and is so in reality, little or no attention to Hospital practice is required from the student here. Some of our colleges exact from him that he shall purchase a ticket of admission to an hospital, when one is convenient, but there the matter rests. And this even is not always required; and is not obligatory on them to do so, how can it be expected that students, when they have so much else to attend to, will go to the expense of procuring a ticket, or after getting it, will take the trouble to attend the practice of these institutions? That they do not do so, is, I think, very evident, from the fact that out of upwards of six hundred in attendance at the New York Colleges during the present session, only about one in eight have applied for the privilege of visiting our City Hospital! And yet this is known to be the only one here to which they can obtain access. The all important branch of clinical instruction then is not taught to students here, at all events in a satisfactory manner; for the clinics attached to the schools in this city, in Philadelphia, and elsewhere, though useful, can never present to them the advantages that they would derive from examining patients, and following their treatment, in a regular and well organized hospital, and under the direction of qualified teachers.

Botany, Medical Jurisprudence, Practical Chemistry and Pharmacy, Pathology, and some other subjects considered essential to a medical education abroad, are nowhere taught properly, or as separate branches, in the medical schools of our country; and the student's knowledge of them, if obtained at all, must be gained by close study and application at home, after he has gotten his diploma, and left college.

It is the want of a thorough and efficient course of education here, that induces so many of our young graduates to go abroad for the purpose of gaining knowledge which they ought to be able to obtain at home; and I may venture to assert, that if proper use was made of the advantages possessed by our large cities for affording medical instruction in all its departments, and if our schools would at once adopt a high standard of professional requirements, Paris and London would soon cease to present the superior attractions which they now do, and our young men would seek at home the information which it now costs them so much trouble and expense to obtain in foreign countries.

It is most humiliating to us to know that none of our colleges are recognized by European schools as on a footing of full equality, and that alumni here are not thought entitled to be held as equals with students. And yet such is the fact, and most keenly do some of our spirited and high-minded young men feel it to be so. I have known them ashamed to acknowledge that they were graduates, and the M.D., so coveted, and so ostentatiously displayed

at home, at least whilst it is new, I have seen erased from their cards when abroad.

So satisfied are some of them that they are not prepared to defend the title with which they have been inconsiderately honored, that they prefer to appear simply as students, from whom much less is to be expected than might be looked for in persons bearing the full and highest honors of the profession. It is for the want of a thorough education here, that our young physicians are compelled to enter themselves as the students of students when they go abroad, and thus to admit that though graduates, they are wanting in the knowledge possessed by undergraduates.

It is a gross error to suppose that the high standard of medical education established in Europe, is the result of wealth, and that it is impracticable to introduce it into this country, as has been asserted by a venerable author here, whose lecture on the subject, and in defence of our present system, has been so severely criticised, that I shall make no other commentary on it, than to point to the bright examples to be found amongst the most eminent and renowned physicians of Paris and London, many of whom have had to encounter a degree of abject poverty unknown in our country, and who have, nevertheless, gradually risen to fill the proud position which they now occupy.*

Besides the estimate in which it is held abroad, in what light is this subject considered at home? The editors of many of our medical journals admit frankly that our whole plan of education is most faulty; and numerous recent writers, in advocating the call for a general convention, declare that the defects of the present system are so glaring, that a change is absolutely required. One of them makes use of the following strong language in reference to the subject:—

"We have always advocated a higher standard of medical attainment for graduating in medicine, and a sufficient preparatory education to place physicians on a par with other learned professions; but we have seen so much of the levelling system; so much pandering to popularity; such audacious promises on the part of medical schools, to gull pupils; such pretensions to cheapness in board; such mock examinations for degrees; such drumming up of students; and such underbidding in the price of tickets; in short, such artifices, and tricks, and manœuvres, for the sake of putting a few dollars in the pocket, that we have almost lost our early faith in the practicability of medical reform, at least to that extent to which it ought to be carried in order to accomplish the desired end."

There is no school here, whose certificate our army and navy examiners can take as a sufficient guarantee of the qualifications of candidates for admission as medical officers into either of these branches of the public service: they are obliged to form a standard of their own, and the numerous rejections of young men, mostly graduates, whom they examine, show conclusively that it is higher than that of the colleges generally.†

The possessors of them do not always appreciate the diplomas which are so easily obtained, and which they in many instances know and feel that they do not deserve. A young man applied to me a short time since to take him as a pupil, and on my asking if he had yet undergone his examination, he answered me "yes, he was a graduate of such a college;" but with great naïvete added, "that he did not think he ought to have a diploma or that it could be worth much."

A gentleman, likewise a graduate, in indicating to another, in my presence, some of the numerous advantages which he might derive from visiting Paris, stated that "he had on obtaining his diploma here, considered himself to be a good anatomist, a good chemist, and a good surgeon; that he thought he was a competent physician, and quite as well informed in his profession as any one else. He had gone abroad, however, and he had been but a short time in France when he was ashamed to find how ignorant he was, even in the branches in which he had supposed himself accomplished. He soon ascertained that his whole course of study

* The celebrated Velpenu, one of the most distinguished men in our profession was so poor when a student, that he was forced to live on coarse ammunition bread and water. For a long period his daily expenses were limited to nine cents, and he supported himself for three months, in Paris, on twenty dollars.

† "A medical board for the examination of applicants for appointment to the medical staff of the army, was convened in the city of New York, on the 1st of July last. Before this board 15 candidates were invited to present themselves, 10 of whom only appeared and were examined; and of these last but 2 were approved and recommended for appointment."—Report of the Surgeon General, United States Army.

was to be gone over again, and that he literally knew nothing, and was far behindhand with junior colleagues with whom he was brought into contact.*

A system, then, which is so universally admitted to be defective must stand in need of amendment, and it appears to me that a period has now arrived when a bold step may be advantageously taken in favor of reform, and the introduction of, if not a European, at least a higher standard of medical education amongst us; and the school or schools that shall adopt it, though they may for a time experience a loss in the diminished number of their pupils, will eventually, and certainly, find their reward in the increased value that will attach to their diplomas.

We can most of us recollect the time when the Edinburgh or London Degree was almost necessary for the physician who expected success in his profession;† it is now almost equally necessary for those who would succeed, to have enjoyed the advantages of Paris. The public, having no other sure guide, formerly esteemed a physician in proportion as the university from which he received his degree was estimated; and now that we have so many schools, and so many incompetent physicians, and are so surrounded by quacks—renegade doctors—or those who arrogate to themselves the title, people will begin to look about them again, and make enquiries as to the relative standing of the various colleges, with the view of employing those physicians who shall bear the diploma of that institution which is known to give the most full and perfect course of instruction.

It would almost seem from the course pursued by them, that many of our colleges are disposed to offer bounties to young men, and entice them away from honest mechanical trades, to engage in the study of medicine.† So easy and cheap do they make it appear, is the effort necessary for gaining a license, that numbers are induced to study; who would never for a moment think of doing so, if moderate restrictions were imposed, and they were required to devote a reasonable proportion of time to attendance on lectures.

The result of this is, that hundreds gain entrance to the profession who are wholly unfitted for fulfilling the high duties devolving upon practitioners; and this evil must continue so long as the efforts of our medical schools are directed to the end of obtaining the largest classes, and sending forth the greatest number of graduates. So long as they trust for reputation on the number, rather than the character, of their alumni, our country will be annually flooded with imperfectly and half-educated physicians, many of whom must, from absolute necessity, be forced to resort to means for gaining a livelihood, calculated to degrade them in their own and in the public estimation, and to produce a ruinous influence on the profession.

Valedictory Address, delivered before the Baltimore College of Dental Surgery, at its Sixth Annual Commencement, February 17, 1846. By CHAPIN A. HARRIS, M. D., D. D. S., Prof. of Practical Dentistry and Dental Pathology. Baltimore, 1846.

A great deal of trash annually, nay sometimes semi-annually, issues from the fertile press of the United States, in the shape of opening addresses, introductory lectures, &c., from professors to their classes; occasionally, but rarely, something really good and original is presented to us, although not unfrequently a few "psychological phenomena" are to be found, whose vanity overcoming their discretion, leads them to retail, in a wholesale manner, the thoughts and ideas of abler and wiser heads than their own. Some remarkable

examples of the latter were exhibited to an admiring profession by the New-York *Lancet*, during its short but vigorous career.

About six years ago, the first College of Dental Surgery was established at Baltimore, and its prosperity has been gradually advancing. When we consider that until the period mentioned, information in Dental surgery was almost self-acquired, that the collation of facts for the purpose of establishing the relative value of different lines of Dental practice was a matter of difficulty, that the resources of individual members, each insulated from his neighbour, almost precluded the acquisition of material in a proper manner, for required induction, that consequently the practice assumed the features of a pure empiricism, we cannot, nay, the public cannot but rejoice in the endowment of an institution, in which instruction in so important a part of surgery may be acquired.

The course of education demanded for graduation, though specific in its end and object, appears, from what we have seen of its announcements, to be ample, and well suited to the purpose intended. The college, as we have remarked, is prospering, and we hope it may still further prosper, annually sending forth a corps of graduates, well qualified to sustain the reputation of their *alma-mater*, by practising in their department with credit to themselves and benefit to the community.

In compositions of the nature of the one now before us, the prevailing fault is the too free use of hyperbolic expressions. The lecturer usually attempts to exalt the particular branch of which he is the teacher; and although we may palliate or excuse the commission of the fault, it is one, we consider, that derogates very materially from the value of the address. It is but mere tinsel, for the subject most usually, like gold which requires no gilding, looks better, and is in reality more attractive, when not dressed up, as it were for the purpose of an exhibition—as it were with meretricious ornaments. This address, however, though somewhat tinted with this fault, is much less so than those we usually see. It is practical, and couched in language occasionally beautiful. We make the following extract, as in its application it will be found to bear upon graduates of every university:—

Gentlemen going abroad into the business of a busy world, from a dental college, bearing in their hands its diplomas and its testimonials of confidence, have upon them the vows, either expressed or implied, to do more worthily than others—to go out as alumni of an *alma-mater*, who has cared for them as children, and dismissed them with her blessing. It is worth years of study and toil, to leave a name on record in the archives of some hall of science—some dear place to be connected in the mind, through all coming years of life, with early studies, blossoming hopes, and high aspirations of usefulness. But such connection imposes on

* There are, however, numerous exceptions to this general rule, for we have amongst us some fully qualified and highly accomplished physicians who are self-made men, and who never enjoyed the advantages afforded to those who study in Europe.

† At some of our country medical schools, students are allowed to pay their professors with due-bills, or notes, to be redeemed at some future period, when the young men shall have accumulated enough money to enable them to cancel the obligation.

the honourable mind the double duty of acting for its own welfare, and for that of the college at which the honour for a prosperous and honourable life was burnished and put on. The Baltimore College of Dental Surgery would fain count on each graduate as a friend—a son, who, when the sun of its prosperity shall culminate high, shall glory in its ascendancy, and feel a filial pride in its fortunes; or who, should blight fall upon its prospects, would then, with a giant's strength, lay hold of the great sources of public influence, and compel them to pay tribute to an institution which had given him the power of being a benefactor to his fellow man. Yes! and if misfortune frowned darkly upon that college, the birth-place of his genius, the nursery of his mental ability and artist-like facility of execution, would he not be the first to contribute to build a worthier temple for science, and a prouder home for this eminently useful branch of surgery? Thus must any institution—thus must any college gain strength from small beginnings—each year gaining friendship from each graduate it sends abroad; and when those alumni, by good conduct and the prosecution of a liberal art, gain both reputation and fortune for themselves, then is the time reasonably to expect the exercise of a well-earned influence in society in favour of an infant college, so that graduates, acting worthy the institution of their matriculation, are sent out into the world, like money loaned at compound interest—the longer they are out, the greater the physical and moral accumulation in favour of the lenders of good, virtuous citizens, faithful and able practitioners to a community that had suffered long and much at the hands of empiricism and unskilfulness. May such be the rich endowments of the Baltimore College of Dental Surgery; and of such alumni may the College, like the Roman matron, ever proudly say,—“These are my jewels.”

With the talented lecturer, we may be permitted the sincere aspiration, that none of the graduates of the Baltimore College will ever prove recreant to their graduation vows, but will always retain a lively recollection of their duty to their alma-mater, doing nothing that would either mar its prosperity or tend to blight its usefulness.

PRACTICE OF MEDICINE AND PATHOLOGY.

A SIMPLE INTRODUCTION TO THE CLINICAL CHEMISTRY OF THE URINE.

Under this title, a communication from an anonymous correspondent, appears in a late number of the *Medical Gazette*. The directions which it gives for this investigation are sufficient for all practical purposes. Its perusal, in an abbreviated form, will repay the reader.

“The urine should, for all purposes of examination, be collected clear from admixture of dust or other impurities. The morning's urine is generally employed, as it is difficult to obtain that passed during the whole twenty-four hours; but the quantity passed during this space of time should be noted; and, also, it should be ascertained whether this is greater or less than the quantity usually passed by the patient during that space of time. The note should also state what urine was examined, whether the morning's, or that passed in the course of the day.

“The characters of the fluid should then be observed—best in the glass in which the specific gravity is presently to be taken, its reaction on test-paper, and any sediment that it may have deposited. The latter should be examined under the microscope. The acid and alkaline reaction is shown by blue and red litmus-paper.

“If the urine is acid, turbid, with a red deposit staining the sides of the vessel, we know at once that the urates are in excess; if alkaline, or even acid, of a pale colour, slightly turbid, with a light cloud floating in it, and an iridescent pellicle on the top, we presume the phosphates to be in excess, and this the more if the urine is highly offensive to the smell, and full of mucous strings. A clear pale

urine may be found in connexion with hysteria, with Bright's disease of the kidney, or with diabetes. A smoky colour is very indicative of Bright's disease; (a yellowish tint on the sides of the vessel, or communicated to linen, indicates the presence of bile;) and a greenish tint should remind us to look for crystals of oxalate of lime.

“The specific gravity is best estimated by means of a common hydrometer, made for the purpose, contained in a strong glass tube, in which it may be floated when required. It should be allowed to sink gently down to its level, as all the fluid that collects upon it higher up tends to weigh it down, and makes the urine seem of lighter specific gravity than it really is. High specific gravity, that is to say, all above 1025, may denote diabetes, or may result from the patient, at the time, employing diuretic salts. Low specific gravity, or below 1014, may be connected with granular degeneration of the kidney. The specific gravity, in connexion with what has been already noted concerning the colour and reaction of the fluid, is to guide us in the subsequent application of our tests.

“Heat and nitric acid are, for most purposes, enough; their effects are best witnessed in common test tubes, into which the urine may readily be poured, even from a large vessel, by using one tube as the guide, down the side of which the fluid may run into the other.

“Urine of a low specific gravity had better be heated, and if a precipitate forms, a few drops of nitric acid should be added. If the precipitate re-dissolves, it is to be considered indicative of the presence of the phosphates in excess; if it do not dissolve, but be rather increased by the addition of the acid, it is albumen. It is to be remembered that a precipitation of the phosphates by heat may take place as well in acid as in alkaline urine.

“To urine of a higher specific gravity nitric acid may be added at once. Every precipitate that forms may be uric acid or albumen. To determine this, the fluid should be heated, when the precipitated uric acid will be re-dissolved, the albumen will remain coagulated. A partial or entire solution of the precipitate, by long-continued heat, may denote so interesting a form of disease, that the beginner would do well to call in the aid of a more experienced chemist under such circumstances. The results thus obtained should not be lost; the tubes must be set by for a day, and then it should be noted, by the aid of a common pocket measure, how high the precipitate stands in the fluid, occupying, for example, half, a third, or an eighth part, as the case may be. The quantity of little crystals of uric acid that have dusted over the inside of the tube should also, at the same time, be looked to.

“If precipitate forms, a reference to the specific gravity must tell us whether there is anything more to be expected, or whether we may presume that we are dealing with healthy urine. If the specific gravity be high, and the reagents have produced only slight effects, the nature of the case may tell us whether it be worth while to look for sugar in the urine. This is most satisfactorily effected by means of fermentation; about two drachms of the urine being introduced, with a little yeast, into a phial with a perforated cork, through which the longer leg of a bent tube passes, and the whole inverted in a cup of water, where another phial, filled with water and inverted, is to receive the short leg of the tube. At a temperature above 60°, any sugar that may be present will begin to be decomposed, and carbonic acid will collect and remain for some time unabsorbed in the other phial. If no gas collects, there is no sugar in the urine; but there may have been albumen which we have failed to detect from not adding enough acid, for a little nitric acid only renders the albumen uncoagulable; forms, in fact, a soluble nitrate, which is not precipitated by heat. A few additional drops of nitric acid will prevent any error from this cause, by at once precipitating the albumen.

“It remains now to consider those cases where the urine evidently contains some soluble matter in excess, which, however, is neither albumen nor uric acid, and to notice a few appearances which are sometimes perplexing to a beginner. A free effervescence may arise either from the presence of the carbonate of an alkali, or the decomposition of urea, or that of uric acid. The first case might be solved by looking to see what the patient is taking, all neutral salts, with vegetable acids, being converted into carbonates of that base during their passage into the urine. The second is best determined by setting aside two drachms of urine in a saucer, with about a quarter of its volume of nitric acid, of course, without having applied heat, when the appearance of crystals denotes an excess of urea. The third is best solved by adding a few drops of any acid to the urine in a tube, and observing, as before recommended, the number of crystals that have formed by the ensuing day.

“The flaky precipitates, recognised to be albumen, may be seen sometimes yellow, sometimes red or pink, or covered with air bubbles. For the present, it is enough to state, that these appearances result from the decomposition of the uric acid by the nitric acid, which deepens the colour of the urine, or of the urea, or any substances, as above, which effervesce on the addition of this reagent; or, lastly, the yellow colour may arise from their being nothing present to prevent the nitric acid producing this its ordinary effect upon animal substances.

“The sum of these remarks is this. That the urine deviates from the condition of health most commonly in a few particular ways, whether by an excess or deficiency of its normal constituents, or by the presence of matters which should not exist at all in the urine.”

The chemical study of the morbid conditions of the urine is thus shown not to be so difficult as many have believed it to be. Without attention to them, our therapeutics are a dead letter, and here are the means of preventing such a result: they are sufficiently simple and ready of application.—*Lancet*.

SURGERY.

LECTURE ON THE DISEASES OF THE KNEE JOINT.

By Sir B. C. BRODIE, Bart.

I propose to give you some lectures on the Diseases of the Knee-joint. I am induced to do so for the following reasons:—First, I really do not know that there is any subject in surgery with which it is more important that you should be acquainted, than this. Diseases are more common in the knee than in the other joints; they cause great anxiety to the patient, and, of course, to the surgeon also: and at the same time they are very much under the dominion of art. Secondly, although my principal observations on the subject have been already published in my work *On Diseases of the Joints*, yet they are not there brought under view at the same time: they are to be found, some in one chapter and some in another, and I think it will be useful to you for me to collect them, and bring the whole subject before you in this and the following lectures.

Inflammation of the synovial membrane.

The diseases of the knee-joint are various; some begin in the harder, others in the softer textures. That which is of the most frequent occurrence belongs to the latter order, being an inflammatory affection of the lining membrane.

You will bear in mind the anatomy and function of the synovial membrane. In its structure it very much resembles the serous membranes. Like them, it is a reflected membrane, secreting a lubricating fluid, for the purpose of

facilitating motion. It passes from one bone to the other; it lines the lateral and posterior ligaments of the knee; it covers the crucial ligaments; it is reflected over the bones and the articular cartilages.

I shall describe, first, the appearances which are exhibited on dissection, where the synovial membrane has been inflamed. Secondly, I shall point out the circumstances under which the disease manifests itself, and the causes which produce it, as far as it is possible for us to trace them: and, lastly, the treatment which is necessary for its cure.

Although inflammation of the synovial membrane is a very common disease, the opportunities of examining the morbid appearances which it presents in its earlier stage are, for obvious reasons, of rare occurrence. However, we meet with them occasionally. When the inflammation is slight, the membrane is a little more vascular than natural, and the joint contains an increased quantity of fluid. It cannot exactly be said that there is an increased quantity of synovia, for the fluid (at least in the great majority of cases) rather resembles serum, and is more or less turbid. In other cases the vascularity of the synovial membrane is very much increased. I have known it to be as much discoloured as the tunica conjunctiva under violent ophthalmia, its inner surface being, at the same time, to a greater or less extent, encrusted with coagulable lymph. These appearances are represented in the drawing which I now shew you.

So far the appearances resemble those of inflammation of a serous membrane; but when the disease has been of long duration, a change takes place in the condition of the synovial membrane, quite different from what is ever observed in the serous membranes. It becomes thickened, of a soft pulpy consistence; the inner surface is no longer smooth and uniform, but processes of soft vascular substance project from it, in the manner of fringes, into the cavity of the joint. There is an excellent series, both of preparations and of drawings, on the table, showing all these appearances. The drawings especially are very instructive, having been made from the recent subject previously to the parts being immersed in alcohol.

In the commencement of this disease the morbid changes are, of course, confined to the synovial membrane; in a more advanced stage these changes extend to the other textures. That portion of the membrane which covers the cartilages, though it resists the disease in the first instance, becomes affected afterwards. The cartilages themselves adhere less closely to the bone than under ordinary circumstances, and by-and-bye they begin to ulcerate; generally on the patella in the first instance, on the femur and tibia afterwards. The appearances of ulceration of the cartilage in its various stages are represented in these drawings.

I call the process by which, in these cases, the cartilage is absorbed, *ulceration*. It seems to me to correspond, in all essential circumstances, to ulceration of soft parts. It is consequent on inflammation; and although it may proceed to a considerable extent without suppuration, it is followed by suppuration ultimately. Many facts, not only in the history of diseases of the joints, but in the history of other diseases also, justify the opinion that the secretion of pus, although the usual is not the necessary concomitant of ulceration.

There has been, however, some question as to the manner in which the absorption or ulceration of the articular cartilages takes place. It has been said that cartilage in itself is incapable of ulceration, and that the absorption of it is accomplished only through the agency of those fringes of the synovial membrane which you have seen lying in contact with its surface. In a future lecture I shall adduce what I believe to be sufficient reasons for the opinion that this view of the subject is not well founded, and that there

is no essential difference between the process of ulceration in cartilage and in other textures.

I have already stated that the fluid found in the cavity of the joint, when the synovial membrane is inflamed, is serous. In cases of a slight degree of inflammation, it is slightly turbid; in severer cases it is very turbid, with flakes of coagulated lymph floating in it. Under certain circumstances the synovial membrane will secrete, not mere serum, but actual pus. In like manner, serous membranes occasionally secrete pus, though, under ordinary circumstances, they merely secrete serum. The cavity of the knee-joint is then converted into one large abscess; the abscess being bounded in some parts by inflamed synovial membrane, and in others by the bones of the joint. I say by the bones of the joint; for the cartilages, whenever they come in contact with the purulent secretion, become absorbed.

Now, let us suppose that there has been inflammation of the synovial membrane, and that it has subsided. In what condition is the joint afterwards? Sometimes the membrane is left thickened, of a gristly texture, and that may happen even where the cartilages and bones have altogether escaped the invasion of the disease. In other cases, the cartilages being absorbed, the cavity of the joint is completely filled up by the thickened synovial membrane, and the coagulated lymph effused from its surface. These parts all adhere the one to the other, and anchylosis by soft substance, in the first instance, and by bony substance ultimately, is the consequence. However, complete anchylosis does not occur except the cartilages have been completely absorbed. Where the cartilages have been only partially absorbed, a healing process is established. A kind of membrane is formed upon the surface of the bone in the place of the cartilage, and the joint retains its complete mobility.

Inflammation of the synovial membrane of the knee-joint may take place under a great variety of circumstances. It may be the result of local injury, such as a punctured wound, a contusion, or a severe wrench, and then it is altogether a local disease. In other cases, and more frequently, it is produced by causes that operate on the general system, and it must be considered as a symptom of a constitutional malady. A patient, for instance, is exposed to wet and cold: this is followed by pains in the limbs; by-and-bye one knee-joint becomes painful, swollen, and the synovial membrane is inflamed. It is said that the inflammation is consequent upon checked perspiration, and the disease is called rheumatic inflammation. I have no doubt that this explanation is correct. There is something noxious in the system that is expelled from the skin by perspiration, and hence it is that whenever the skin ceases to perspire the general system suffers. In other cases the disease occurs in a person who leads an easy life, who indulges in eating and drinking, and takes but little exercise, whose urine is high coloured, depositing a sediment of lithate of ammonia, staining the chamber-pot of a red colour. I need not tell you that I am describing a gouty patient. Nothing is more common than for this gouty condition of the system to manifest itself by producing inflammation of the synovial membrane of the knee. If I were asked—What is the most common cause of inflammation of the synovial membrane of this or of any other joints, in the affluent classes of society? I should answer, The gouty poison in the system: the existence of which poison is indicated by a too abundant formation of lithic acid. Many persons thus affected will not allow that they are actually gouty; nevertheless, you may be assured that a large proportion of the diseases of the affluent classes have this gouty origin. These observations are of practical importance. The origin of inflammation of the synovial mem-

brane in the lower, is generally different from that in the higher classes; and in either the one or the other anything that disturbs the constitution may produce it; for example, the syphilitic poison, the unguarded exhibition of mercury, or general cachexia from other causes.

We distinguish acute from chronic inflammation of the synovial membrane, and it is convenient to make this distinction; yet it is one made rather for the purpose of helping us in our investigations, than because it corresponds exactly to the reality of things. There are some cases in which you say at once, here is acute, and others in which you say, here is chronic inflammation, but there are a great number of cases which lie between the two, and in which you cannot very well say that they belong to the one class or to the other. In a large proportion of cases the character of acute inflammation predominates in the first instance, and that of chronic afterwards.

We will assume that the case is one of acute inflammation of the synovial membrane of the knee. The patient complains of pain in the joint, and it is stiff. It is very likely that the pain attacks him quite suddenly, as if a pen-knife had been run into the joint; but sometimes it comes on gradually: at all events, in the course of time, varying from a few hours to one or two days, the joint begins to swell, in consequence of the effusion of fluid into it. The swelling increases, the joint becomes exceedingly distended, and there is not only the pain of inflammation, but of tension, and not of mere tension, but of the tension of an inflamed part. Constitutional disturbance supervenes, indicated by a frequent pulse, hot skin, furred tongue, restlessness, and want of sleep. The joint becomes tender to the touch, and the patient cannot bear to move it. Recollecting the anatomy of the knee-joint, you will know what the form of the swelling must necessarily be. The synovial membrane being distended, it will bulge out in those parts in which there is the least resistance. The ligaments behind and on the side of the joint prevent the swelling bulging in these directions, whereas the loose cellular membrane under the extensor muscles of the thigh allow it to extend up the anterior part of the thigh, so that the fluctuation of the fluid is quite distinct above the patella, the patella itself being elevated by the fluid underneath. The appearance is very characteristic, and when once you have seen it you will never mistake it. These symptoms proceed until the inflammation is subdued, either from having run its course, or by the application of suitable remedies. When acute inflammation is subdued, it generally subsides into inflammation having a chronic character.

In the chronic form of the disease there is pain in the part, but it is less in degree, nor is it aggravated to the same extent by the motion of the joint. The local symptoms of chronic inflammation are the same as those of acute inflammation, but modified in the way which I have stated; and probably there is little or no constitutional disturbance.

It is only in a very small proportion of cases that the disease proceeds so far as to terminate in ulceration of the cartilages. Where this does happen, a new order of symptoms shows itself. The pain is of a different kind; it is more intense, and attended with involuntary startings of the limb, during which the pain is aggravated. These startings are the source of great distress at night, awaking the patient whenever he falls asleep.

The constitution now suffers in another way. There is loss of flesh and appetite, with a frequent pulse, and probably perspirations at night. In short, there are symptoms of a hectic fever. Ulceration may, as I have already explained, proceed to a great extent without suppuration being established. If the destruction of the cartilage be only

partial, the joint may retain its mobility; otherwise the disease terminates in ankylosis, the patient having a very useful limb, although the joint is stiff.

But here is another matter which demands our especial notice:—The patient very generally lies with the leg bent upon the thigh. It is better that it should not be placed in that position at first, but the patient very often gets it there before you are aware of it; and it is very difficult, when it is once in the bent position, to make it straight again. Now observe what happens; the synovial membrane and the ligaments are all distended, and must be all stretched, to a greater or less extent; and when the cartilages are ulcerated, very often the internal ligaments at one or other of their extremities become separated from the bone. The flexor muscles are constantly pulling at the head of the tibia, and by little and little they draw it backward, until at last it is removed from its proper place, the condyles of the femur projecting in front of the head of the tibia, and the latter being lodged in the ham. There is then dislocation, sometimes complete, but more frequently incomplete, the head of the tibia being still partially in contact with the articulating surface of the femur. Even so great a change as this may take place without suppuration. I have known many persons recover with this kind of dislocation of the knee, in whom abscess never shewed itself. In fact, abscess is not a very common consequence of inflammation of the synovial membrane of the knee, being for the most part limited to two orders of cases; one, in which it supervenes after a long period, during which the disease has been neglected, the patient walking about and using the limb, in spite of great suffering; the other, in which the first access of inflammation has been of more than usual intensity, the disease going on to suppuration in the first instance.

With regard to treatment in all cases of inflammation, and I may add, of other diseases of a joint, the first and most important thing is, to keep the joint in a state of perfect quietude. In an acute attack the patient suffers so much from motion that you need scarcely give him any injunctions on the subject. This, in fact, is the method that nature adopts for the purpose of informing him that the joint should not be moved. In case of chronic inflammation, also, the pain on motion is often sufficient to produce the same effect; but sometimes it is not, and then you must have recourse to some special means for keeping the joint in a state of repose. You may bind it up with a great quantity of diachylon plaster, and a roller over it, or with a starch bandage, either of which contrivances will keep the joint quiet, acting as a splint. But there are objections to both these plans, especially the latter. I will relate a case, which will best explain what I mean. In the case of a lady labouring under inflammation of the synovial membrane of the knee, I had applied some leathern splints to keep the joint quiet. This was just at the time that starch bandages came into use; she went into the country, and her surgeon there took off my splints, and applied a great quantity of these bandages. They supported the knee well enough; and when she came to London again, I said, "The starch bandage does very well; we will leave it on." Two or three evenings afterwards I was sent for; with an urgent message, entreating that I would go to the house as soon as possible. I went, and found my patient in a state of intense agony. She had had a fresh attack of inflammation of the synovial membrane. The knee was beginning to swell, but the starch bandage, binding the joint like an iron hoop, prevented the effusion of fluid from taking place. With some difficulty I took it off, which probably she would not have been able to do for herself, and unless it had been relieved I know not what might have been the consequence. You see the objection, then, to these bandages—which applies in a great degree to those of diachylon plaster also—that the patient cannot very

easily remove them himself. The best contrivance for keeping the joint quiet is splints, made of thick and stiff leather, macerated in warm water, and allowed to dry on the part. They should be pretty broad splints, one being applied to each side of the joint, nicely adjusted to it, and kept on by a bandage. These splints, when dry, become as hard as a board, but they are easy to be worn, because they exactly fit. A row of artificial teeth is made of the hardest material—of ivory or gold; yet it is easy to be borne because it exactly fits. Make equal pressure everywhere; and these splints cannot fail to fit the parts to which they are applied, as they are moulded upon them in the first instance. They give a more complete support than can be obtained in any other way; and they have this advantage, that if the joint should swell, or the splints be uncomfortable, the patient can easily re-adjust them for himself, making that degree of pressure which is agreeable to his own feelings.

In a more advanced stage of the disease, when the cure is nearly completed, and it is your object to limit the motions of the joint—not because there are any serious symptoms at the time, but lest there should be a recurrence of the inflammation—a bandage, made by Schoolbred, in Jermynstreet, may be applied with advantage. It is composed of spiral wire, enclosed between two pieces of leather, with a spiral piece of leather, of moderate thickness, behind, and laced on one side. The leather behind makes a very excellent splint, and the bandage being elastic, if the knee should swell a little, it does not matter; besides which, the patient may draw the lace as tight or as loose as he pleases. In many cases, after inflammation of the synovial membrane has subsided, and when the patient first begins to get about, it is advisable to let him be provided with one of these bandages. At the same time the heel of the shoe should be a little raised, so as to keep the knee slightly bent: this being much more convenient to the patient than the absolutely straight position.

In cases of acute inflammation it may be necessary to bleed from the arm, to apply leeches, or to take blood by cupping not from over the joint itself, but from the neighbourhood: for the pressure of the cupping-glasses will bruise the joint and do harm, and blood taken in the neighbourhood gives as much relief as if it were taken more immediately from the part affected. With respect to the extent to which blood-letting should be had recourse to, it is impossible to lay down any general rule; but I may mention that at this day we do not for the most part find occasion to abstract blood so freely as was done in former times, because we have other means of subduing inflammation; of which I shall speak presently. When the violence of the inflammation has subsided, the patient may derive benefit from the application of blisters. The first blister may be applied not on the knee, but on the thigh above the knee, and afterwards on the joint itself. Blisters do harm when there is any very active inflammation going on, but they do great service afterwards; and they operate advantageously in two ways. First, by exciting inflammation in the skin, they draw away the blood from the synovial membrane, and lessen the inflammation there; and secondly, by causing a great secretion of serum from the skin, they in some way or another, cause the absorption of the fluid from the joint, and the fluid being absorbed, the tension of the synovial membrane which tends to keep up the inflammation is relieved.

I said that we had other means of subduing inflammation besides blood-letting. Of course purging and diaphoretic medicines are useful in cases of inflammation wherever situated, but I meant to allude especially to what may be called specific remedies; namely, mercury and colchicum. A gouty person sends for you with acute inflammation of the knee, the urine depositing a red sediment. You find that he has lived freely, taken but little exercise, that acid is genera-

ted in the stomach, that he has been for some time flatulent, and his bowels costive. Having taken care that he is in the first instance freely purged, you may give him 15 minims of the *vinum colchici* in a saline draught 2 or 3 times a day. Never give more than that, for large doses of colchicum are dangerous, and small ones accomplish all that is required. Even the latter should not be taken for more than two or three days at a time. Where inflammation of the synovial membrane depends on a gouty diathesis, the effects of colchicum are sometimes marvellous. I have known patients suffering extreme agony to be completely relieved by it in a few hours. But let me repeat, for this is of importance, that you should not venture on the exhibition of colchicum in this or other cases, without previously administering purgatives, and they should also be given occasionally while it is being used. Small doses of mercury also, the blue pill for example, may be given at the same time. The tendency of colchicum is to produce white evacuations, which indicate, I suppose, a diminished secretion of bile. Of course it is not right that bile should not be secreted and evacuated, and the combination of mercury with the purgatives, at the same time that you exhibit the colchicum, prevents the injurious effects that might otherwise arise from the biliary secretion. Mercury may be administered with advantage in another way; that is, not as a purgative, not merely with a view to act on the secretion of the liver, but in larger or more frequent doses, so as to produce its specific effects on the general system. Such mercurial treatment may be often had recourse to with advantage in cases of gouty inflammation, but still more in cases of what may be properly called rheumatic inflammation. The combination of calomel with opium is a very convenient method of giving it in these cases, as it is in those of iritis. Useful as is the mercurial treatment during the active inflammatory state of the disease, it is still more useful at a later period, accomplishing that which can scarcely be accomplished by other means; as I shall explain presently.

There is no essential difference between the treatment of chronic and acute inflammation of the synovial membrane, except that in the former such active measures are not required as in the latter. Leeches may be necessary, but blood-letting from the arm is never requisite. Blisters are very useful here, and may frequently be applied without having recourse to leeches. You may employ either a succession of blisters, or one blister kept open for some time with savine cerate. In cases of gouty inflammation of the synovial membrane having a chronic character, colchicum may be exhibited as an alterative—one or two grains of acetous extract, with as much blue-pill, every night, and aperient medicine every third or fourth morning; or you may give the acetous extract, with calomel and the compound extract of colocynth, every second or third night: watching the effect of the remedies, and continuing their use for a longer or shorter time, according to circumstances. In such cases a course of the iodide of potassium in small doses, combined with alkaline remedies, may also be productive of benefit. In slighter cases of the disease, liniments that stimulate the skin, but which fall short of a blister, may be usefully employed. The volatile liniment, with oil of turpentine added to it, or the compound camphor liniment, may be rubbed on two or three times daily. The following makes an excellent liniment:—Take an ounce and a half of olive-oil and a drachm of sulphuric acid; when these are well mixed together, add half an ounce of oil of turpentine. This makes a black liniment, which may be rubbed on with a bit of lint twice daily until the skin becomes inflamed and tender. It will produce a good deal of inflammation in the skin, but not a blister. Another convenient method of stimulating the skin is to paint the knee by means of a camel's hair brush with a solution of a drachm of iodine in an ounce of alcohol.

This may be omitted when the skin is tender, then applied again, and so on.

I said that mercury was useful in another and more advanced stage of the disease, when the altered character of the pain, attended with starting of the limb at night, indicates that ulceration is going on in the cartilages. Here the only remedy is mercury, and the effect of it is remarkable. Make the gums sore, and the patient, who was suffering tortures, will, in a few days, be quite relieved. If it be administered at a sufficiently early period, it will save the mobility of the joint; if it be exhibited at a later period, it will save the limb, but will not prevent ankylosis. Mercury should be given here in the same manner as in cases of iritis, or chronic inflammation of the testicle. Calomel and opium may be administered two or three times a day till the gums are sore, mere alterative doses being insufficient. It is, however, seldom necessary to continue the exhibition of mercury for any very lengthened period. I think that one of the greatest improvements of modern surgery is the exhibition of mercury in these and some other cases of ulceration of the articular cartilage. I do not know any other remedy that will answer the same purpose.

OBSERVATIONS ON LIGATURES AND ANEURISMS.

By T. W. KING, F.R.C.S.E.—Lecturer on Pathology at Guy's Hospital.

Some observation and reading have brought me to an indifferent estimation of the existing theories, and even practices, as to securing arteries. I deem it safe to speak of discrepancies, deficiencies, and serious errors, and I shall not hesitate gradually to unfold a set of remarks which, if true, must eventually modify the general view of the matters in question. I find a good deal to complain of in experimenters, and most of all in writers; but it will be my single object to set down such facts and reasonings as may appear needful and just. It may be, in the main, needless to discuss the doubtful and erroneous opinions which some hold, and it is not imperative rashly to advance to any general conclusion.

In reviewing the course of my examination of the present subject during the past year or two, the following opinions present themselves; and I venture to set them down to explain my ultimate object, and to shew that if I am in error, it has been a somewhat complicated temptation which has misled me.

If I am not mistaken, we have—

1. Actually a succession of writers overlooking the better points of their predecessors.
2. Experimental data, partial or erroneous, or admitting of very different and better explanations than have been anticipated, and even of the most important additional deductions.
3. Great physiological principles, apparently correcting the prevailing opinions.
4. New and essential demonstrations from pathology, which compel us to remodel our views.
5. There are broad general facts in surgery, which seem to lead inevitably to a revision of present principles.
6. Finally, all these several considerations, pointing in one sufficiently direct course, form, to my mind, an argument cumulative, which it will be difficult to set aside.

SECT. I.—*A General View of Facts relative to Bleeding after Ligature of Arteries*.*

* The following paper was read before the Physical Society of Guy's Hospital, by Mr. G. H. King. Mr. King had collected numerous facts on the subject at my request, and I still hope to make good use of his labours. But for the initiative thought, and my friend's diffidence, his name ought to have taken the place of mine at the head of this chapter, which, however, has gradually expanded.

There is a critical day for the discharge of ligatures, before which fatal bleedings arise, and after which, the thread comes off safely. Late hemorrhages are comparatively safe, and tardy ligatures harmless.—Dr. Norris's Statistics of the Subclavian.

A healthy coachmaker, in the country, had popliteal aneurism. The femoral artery was tied, and hæmorrhages followed. The iliac was tied with the like result; and I think I should state that it was a third ligature which induced the fatal bleeding.

The event here sketched, occurred some years ago, and is by no means unique. The reader will feel that such a case, for a first experience as to the tying of arteries, is not a little impressive. The fact is, perhaps like too many others, in having hitherto remained unpublished.

Mr. B. Phillips (Med. Gaz. 15, 870) states, that of 171 ligatures of arterial trunks, between the years 1824-34, one in three was fatal, and that one-seventh of the successful cases had some secondary hæmorrhage.—It appears that the recorded successful ligatures of the iliacs were 74 per cent.

Femoral,	74 per cent.
Humoral,	73 “
Carotid,	66½ “
Subclavian,	49 “

Humoral and femoral by the old plans, 75 “

(To be Continued.)

MIDWIFERY.

DISEASES OF CHILDREN.

M. GUERSANT ON THE INFLUENCE OF RACHITIS ON FRACTURES IN CHILDREN.

From statistical researches founded on a medium of eighty cases of fracture, yearly, we have remarked, that about a third of the fractures which we observe, occur in rachitic children. The circumstances which predispose them to fractures are two-fold; the anatomical structure of the rachitic bones, and the great weakness of rachitic children, which exposes them to frequent falls. The structure of rachitic bones varies according to the period of the disease. In the first period, the spongy tissue is gorged with blood, more especially in the extremities of the long bones. In the second stage, the vascular system is still more developed, the compact tissue softens, the medullary canal becomes larger, and the bones bend in various directions. In the third period, the disease remains stationary, and then improves, the cellular structure becoming less vascular, and the bones regaining a certain degree of hardness. The predominant feature in these various states is extreme fragility of the bones. This fragility, however, is fortunately compensated by the thickness of the periosteum in children generally, and more especially in rachitic children.

The symptoms of fracture in rachitic children are very different from those which are met with under other circumstances. There is no crepitation, owing to the softness of the bones; often no deformity, on account of the periostic covering; and when deformity exists, there is no means of distinguishing it from the curvatures that are so frequent in rachitic children. These are the only symptoms which enable us to recognise the fracture:—1st. Abnormal mobility of the bones modified by the resistance of the periosteum; 2nd. Flexibility of the limb at the seat of the fracture. If the existence of a fracture is not recognised, or if a lengthened period elapses before the surgeon is called in, the periosteum may be ruptured, and then the signs of fracture become more apparent. There is then deformity,

riding of the fragments, and even crepitation, when the general rachitic affection is not too advanced.

The symptoms of fracture persist a long while after the accident, even when it is treated properly. Fifteen days afterwards, the fragments are generally still found moveable, whereas, in a healthy child at that time, consolidation has always taken place. Consolidation is thus always tardy, and the more so the more severe the general disease. In addition to the direct unfavourable influence of rickets, there are other morbid influences to which the patients are often exposed. Thus, they are frequently attacked with pneumonia, bronchial catarrh, and eruptive fevers, to which ricketty children are extremely predisposed, these diseases always lengthening the treatment of the fracture.

M. Guersant reduces the treatment of these fractures to the mere application of a roller-bandage applied to the limb, and three or four small splints placed at the seat of the fracture, the whole being again kept in place by another circular bandage. The splints must not be allowed to rest on the osseous protuberances, lest excoriations should follow; this is the more important, as the extremities of the long bones are morbidly swollen. The entire apparatus must be surrounded with a piece of oil-skin, if it is one of the inferior limbs that is fractured, owing to the circumstances of very young children often wetting their bed. M. Guersant does not approve of any other forms of apparatus, all kinds of padding or cushions being soon destroyed, and the starch bandage being soon softened, by the contract of the urine.

The general treatment ought to consist principally, as in simple rachitis, in a good and tonic alimentation. Some writers have latterly asserted that a substantial diet is not beneficial in rachitis; but this is an error, which may be explained by the circumstance of substantial food being sometimes given too suddenly to children who have previously been living on very low diet. The change should be gradual, so as to allow the stomach to become accustomed to the difference in the food.—*Clinique des Hopitaux des Enfants.*

CAUTIONS WITH REGARD TO THE PREMONITORY SIGNS OF PUERPERAL CONVULSIONS.

By Dr. MEIGS and M. COLOMBAT.

Let the physician be aware of the danger of headache in women in advanced stages of gestation. A severe headache, and especially one accompanied with a sense of weight on the crown, or a severe pain that can be covered with the thumb, is but one step removed from eclampsia. Such a person ought to be bled freely from the arm, if it be possible to do so without flying in the very face of powerful counter-indications. I have not spared the lancet in many such cases; but I may confidently assert, that where I have done so, I have had cause most bitterly to regret it. A severe headache in a woman advanced in pregnancy should be taken as a sign that she ought to be let blood—almost, I was about to add, without inquiring of the pulse. M.

For those cases of insomnia that are coincident with a plethoric habit of body, we should direct a venesection, which is, under such circumstances, the first and best of sedatives. C. [Not merely to cure the vigil, but, what is far more important, to ward off the attack of convulsion or apoplexy, which should be held as threatened, and even as an imminent danger, for persons in whom the insomnia has arisen to a considerable height.] M.

If a woman in labour should say, Sir, I cannot see you, the room has been darkened; or should she say, I see every object doubled, or only half of any object, I esteem it far more prudent to look upon the complaint as one exigent of immediate treatment, than to say, along with M. Colombat,

that it arises from sympathy with the womb, and pass it slightly by. A woman in labour said to me, "Doctor, what is the matter, sir? I cannot see you." "Give me a bandage and basin," said I to the nurse; "quick, quick!" but before I could tie up the arm, she was in eclampsia. M.

CHEMISTRY, MATERIA MEDICA AND PHARMACY.

FERRUGINEOUS PILL OF MERCURY.

The following formula for preparing the above is recommended by Professor McLean in the Illinois Medical Journal, of June 1845.

Mercury, 1 oz.; Confection of Roses, $1\frac{1}{2}$ oz.; Sesquioxide of Iron, $\frac{1}{2}$ oz.; Liquorice Root in powder, $\frac{1}{2}$ oz.

Mix the iron and the confection of roses, then add the mercury, and rub till the globules disappear; lastly, add the liquorice, and thoroughly incorporate the whole into a mass.

The object of this preparation is to obtain the united effects of the iron and mercury where both are indicated, to serve as a substitute for the blue pill alone when required, and to possess a mixture of certain and uniform strength, and consequently uniform in its operation; while the addition of the iron renders the reduction of the mercury an easy matter, requiring but five or ten minutes trituration for that object. Country practitioners may accordingly find this formula occasionally of essential service to them.

TO PRESERVE COLCHICUM CORMS.

Dr. Houlton suggests, in the Pharmaceutic Journal, that the corms should be dried without slicing. They should be stripped of their loose coats, the little bud (embryo) carefully picked out, and then be permitted to dry. Thus prepared, the corms will maintain unimpaired, their medical properties, if kept dry, which it is well known they frequently lose when sliced.

ANALYSIS OF COD LIVER OIL.

This animal oil which has, within a few years past, acquired considerable reputation in the treatment of several diseases, has been analysed by Mr. Tough. There are three varieties of it, the white, brown, and black. The first separates spontaneously from the second by rest, while the third or black kind, is extracted from the livers by boiling in water, after the white and brown have been removed.

The chief active principles which these oils contain, are iodine, chlorine and bromine, with phosphoric and sulphuric acid, and bases of lime, magnesia and soda. The iodine exists in largest proportion in the brown, being 0.406 p. cent.; the white and black contain it in the proportions respectively of .03 and .02.; the brown contains the chlorine with a trace of bromine and in greatest abundance, the quantity being as much as 9.15. The white contains 1.04 p. cent., and the black 0.08. The animal proximate principles abound most in the black and white varieties, the inorganic principles in the brown.

MODE OF DETECTING THE ADULTERATION OF VINEGAR WITH SULPHURIC ACID.

Fecula or starch is recommended as the best and most simple test for the discovery of this cheat. It is well known "that dilute sulphuric acid, by aid of heat, converts fecula first into dextrine, and if the heat be continued, into glucose or grape sugar. It then loses the property of turning blue when treated with iodine. In the first case this reagent colours it of a vinous violet, in the second there is no colouration at all. A specimen of pure vinegar, and another of the suspected fluid being taken, to each a small portion of fecula is to be added, and heat applied for about ten minutes. On then testing "these two liquors separately by tincture of iodine, in pure vinegar the colouration is blue as usual, and in the other it presents a violet tint, which approaches vinous red. If the ebullition of the vinegar be continued, and if the testing be repeated with a small quantity, the colouration seems to become more and more vinous, whilst that of pure vinegar always remains the same. Finally after 20 or 30 minutes boiling, the adulterated vinegar is no longer coloured by iodine.—*Chemist.*

British American Journal.

MONTREAL, MAY 1, 1846.

TO OUR SUBSCRIBERS.

The revolution of a year has given to the readers of the British American Journal, a specimen of the utility of such a work, as its Editors contemplated; and it has left us in possession of the additional experience that may enable us to render it for the future more deserving still of public approbation. It was scarcely to have been expected, that a periodical of this nature, furnishing no food to amuse, and separated from the party politics in which the great body of the community find for the most part a special gratification, should be sustained with that interest, with which the organs of party passions are made to float so prosperously. The nature of its objects precludes it from this advantage. Addressed to the communication of knowledge, in the several departments of Medical and Physical Science, its success was seen from the beginning, to be dependant upon the good-will and favourable consideration of those, whose profession and taste inclined them to such pursuits; and it is pleasing to think, that in a thinly settled population, there are so many to whom these pursuits appear valuable, as to have afforded such a fair proportion of subscribers, as to guarantee its existence and prosperity. We beg leave earnestly to solicit still their patronage, and what is of equal importance to us, their best endeavours to sustain it, by extending, as may seem best to them, its circulation.

The interests of the Medical Profession require, in a special manner, to be regarded and maintained. In the present conjuncture they may be sacrificed beyond hope, by the lending of legislative sanction, to measures that may affect its best interests. By demonstrating the mischievous consequences of inconsiderate and ill-judged legislation on a subject which requires to be managed with the full knowledge that the working of Medical Institutions in other countries might supply, an incalculable service may be done to the Profession; and this Journal supplies at least a medium, through which the experience of medical men may be conveyed; and let us add, a medium which will not be overlooked, if the Profession be faithful to its own honour and interests.

In regard to the department of Physical Science, we are inclined still to be more urgent for the supply of interesting matter. The leisure essential for the prosecution of Natural History may not generally be great; but the field which, in this widely extended Province is open to the naturalist, is a temptation to him by which we trust we shall still further profit. This department of our Journal has not been sustained by contributions so extensively as we imagined it would have been: but we trust that when it is now found that a medium of communication is furnished to the naturalist, in his own country, or it may be, the country of his adoption, it will be more generally taken advantage of. To the contributors to this department of the Journal, as well as to the Medical, in the volume which has closed, we return our warmest acknowledgments for their support, a support which we venture to hope has not been misplaced, and of which we would respectfully solicit a continuance.

The year has closed, exhibiting a small balance due the publisher; to meet which there are subscriptions due the Journal of more than double the amount. Those who have not already paid their subscriptions for the past year, are requested to do so at once. We feel persuaded that the Members of the Profession will agree in this opinion, that the Editorial responsibility connected with a Journal of this nature is sufficiently severe, without having superadded to it any of a pecuniary kind.

THE MEDICAL BILL, AND THE SCHOOL OF MEDICINE OF MONTREAL.

In the progress of the Medical Bill, which is now before the Legislative Assembly, a question has arisen which deeply affects the best interests of the profession of this Province. One would have imagined, that to secure an object of such paramount importance as the entailment of a proper system of medical education on

young men desirous of practising as physicians and surgeons, an object which reflects most immediately on the dearest and best interests of the community at large—to regulate the practice of medicine in its various branches, to protect the licensed practitioner, and to punish the ignorant pretender, that all parties would have striven harmoniously together, that no divellent or discordant principles would have arisen to mar or to endanger a measure of such vast utility. We regret to observe that the reverse is the case, and that unless a sufficiency of conservatism be found in the House, that species of conservatism which, recognising with careful and prudent forethought the true interests of an enlightened profession, would shrink from sacrificing them to what might be deemed a present expediency, regardless of remote consequences, or to satiate the overweening ambition of a few on a flimsy plea of fancied injustice, unless the demand be acceded to, such a result, we fear, will be inevitable. We say deliberately, the ambition of a few, for there can be no doubt that the passage of the Bill materially depends upon a concession to the pretensions which the school of medicine of this city is making, to have their certificates or diplomas recognised as *ad practicandum* licenses, thus adding to the already too great number of licensing boards for the Province. We regard the question at issue as a most important one, one too serious to be passed lightly by, one demanding the deepest and most serious consideration of the profession generally, and, as far as the Legislature is concerned, not to be dismissed without calm deliberation.

It has been most industriously and insidiously attempted to convert the question into one of McGill College, *versus* the School of Medicine; to assign the opposition to the pretensions of the School of Medicine taken by some members of the former, to a persecution of the latter, on the plea of a fear of rivalry. However desirous the School of Medicine may be thus to confine and narrow down the motives to the opposition which they encounter, (and it is their interest to have it so believed) we beg to assure them that such an incentive to the opposition exists but in their own imagination; we deny most explicitly and most emphatically any direct interest which either of the Universities of McGill College or King's College may have in the matter. It is a question which does not affect either of them in the slightest degree. The concession of the privilege, which is desired by the School of Medicine, will not be the means of withdrawing one graduate from the halls of either, for so long as a graduate holds a grade above that of the possessor of a mere diploma, so long as degrees are considered honours, and their value estimated by the

difficulty of obtaining them, so long will the halls of the Universities be frequented, and the confidence of the public be unhesitatingly reposed in them. This, we maintain, is not the light in which the question is to be viewed, much as the opponents of the Bill, viz., the School of Medicine and its supporters, would desire it. It must be placed on broader grounds; it must be viewed through no distorting medium of prejudice, or passion, or interest; and if we can make it appear that the interests of the profession generally, are the interests which would be really affected by the concession of the power which the School of Medicine is demanding, it will then follow, that the School of Medicine is pursuing a course of policy which is hostile to the best interests of that profession from which it claims its support, and that the dignity and reputation of the profession must be sustained, although the School of Medicine be made to totter, or even to crumble into dust. This Journal has advocated no line of party politics. Undertaken for the benefit of the profession, and liberally and generously sustained by it, it will be ever found to advocate the general good of that profession. In the question before us, we see the best interests of that profession menaced, and we would be wanting in our duty did we not solemnly protest against the pretensions of the School of Medicine; and in laying these, our views, open to the profession generally, we call upon that profession to support us in them, fully persuaded, that a large, a very large, majority of the British practitioners of Canada, who desire to see their profession placed on some more elevated and stable position than it now occupies, will fully sustain us.

The cause of the opposition, manifested by the School of Medicine and its supporters to the bill, will be met with in the following extract from the third clause, and in that portion of it which we have italicized:—

“And be it enacted, That from and after the passing of this Act, no person shall receive a license to practice Medicine, Surgery, or Midwifery for gain or profit within this Province, who shall not have obtained a Certificate from some Medical Board to be appointed and nominated as hereinafter mentioned, which shall be founded on the production of a Diploma or Degree from some University, College, or School of Medicine incorporated by Royal Charter, &c.”

Now, as the School of Medicine is not incorporated by Royal Charter, but by an act of the Provincial Parliament, it is clear that their Certificates or Diplomas, would not entitle the holder to a license on their mere presentation to the Medical Boards, or would not possess the *ad practicandum* character. This power the School of Medicine sought to obtain at the last session of the Legislature, but it was denied them, and very wisely too. The *direct* application for the power refused, it is

now sought to be obtained in an *indirect* manner, viz, by substituting for the italicized portion of the extract above given, the words “incorporated School of Medicine,” thus endeavouring to secure in the Medical bill, that privilege which is *expressly denied* them in their own act of incorporation;* and by the opposition to the bill thus manifested, and on these grounds, endangering its passage through the two branches of the Legislature, unless by the alteration attempted, it is rendered pliable and subservient to their own interests. We are well aware that the act of incorporation, under which the School of Medicine is constituted, does not authorize that body to grant a Diploma. It authorizes them, however, to grant a Certificate, which is to be “one of attendance” merely, and, therefore, totally unfitted and valueless before the Medical Boards, for it is neither analogous to the “Diploma” of the Colleges of Surgeons of Great Britain, nor to the “Certificates of qualification” of the Societies of Apothecaries. Still, this *legal impediment to their reception* would be obviated by the substitution, or the addition of the word Diploma, for the authority which would confer an *ad practicandum* character on the Diploma of the incorporated School of Medicine, would readily acquiesce in any alteration in their act of incorporation, likely to facilitate and secure that object. We regard the objection taken to the bill by the School of Medicine and its supporters, as the first step in the drama which is afterwards to be played, and which is to be resisted now, if to be resisted at all with any regard to ulterior good.

If then, to the Diplomas or Certificates of the School of Medicine, the *ad practicandum* character be allowed it is obvious, that it becomes an independent licensing board: we say independent, for the license, as a matter of direct consequence, succeeds the mere presentation of the Diploma or Certificate to the board.

And it then becomes a question whether the prerogative thus accorded be beneficial or injurious to the best interests of the Profession of the Province, which is the point upon which issue is joined? or whether those interests are likely to be promoted or enhanced, by augmenting the number of licensing boards, which are already too numerous in proportion to the population, and the actual demand for them.

We lay it down in the first place, as an axiom, that

* And be it enacted, That on the presentation by any pupil of the said Medical School, of his *certificate of attendance*, from the said corporation, to the body or persons appointed to examine applicants for Licenses to practise Physic, Surgery, Midwifery, or Pharmacy, they shall examine the said Certificate, and having done so, and having ascertained in what capacity or department the applicant is therein certified as having attended such lectures, and having duly examined him, shall themselves certify accordingly to the Governor of this Province, a License to practice may accordingly be issued to such applicant in the usual manner and on payment of the usual fees.” 8 Vict., cap. 31. sect. 6.

the more general and substantial the preliminary acquirements of a candidate be, the more solid the professional education which he receives is rendered, the greater the impediments thrown in the way of acquiring degrees or diplomas, the more stable, elevated, and enlightened will become the general character of the profession of which he is to become a member. This we lay down as an axiom, upon which every step of legislation for medical education should be based, and which should be steadily kept in view. If young men are admitted to the study of medicine with improperly trained and educated minds, rendering them incapable of receiving, or profiting by, scientific truths, and if easy access be afforded to the acquisition of degrees or diplomas, the character of the profession will surely deteriorate. That the latter will become an inevitable and certain consequence of a multiplicity of interested licensing boards to a very limited population, and that the former is an equally legitimate consequence of an opposite state of affairs, facts based on the medical history of nations will abundantly testify; and for this purpose let us examine the ratio which colleges and universities possessing the power of conferring degrees or diplomas bear to the population; and also the relative ratio of their licensing boards.

In Great Britain, there are 18 corporate bodies granting Degrees, Diplomas, or Certificates. This number includes the power exercised by the Archbishop of Canterbury.

In Germany, there is at least one in each kingdom, duchy, and principality, &c., of which there are 38 forming the confederation.

In France there are 21.

In Norway there is but one.

In the United States there are 31.

In this country there are two, King's College, and McGill College; to which we may add, for the purposes of this statistical table, the schools of medicine, in this city and Quebec, to both of which the Legislature at its last session conceded the power of granting "Certificates." The following table will then exhibit the ratio which such institutions bear to the populations of the respective countries.

Country.	Year of Census.	Population.	No. of Universities, Colleges, &c.	Ratio to Population.
Great Britain & Ireland	1841	26,835,773	18	1a1,490,876
Germanic Confederation	..	39,426,754*	38	1a1,037,546
France	..	34,136,677*	21	1a1,625,556
Norway	..	1,500,000†	1	1a1,500,000
United States	1840	17,063,353	31	1a 550,450
Canada	{	{	{	{
	Canada East..1844	693,649	4	1a 299,926
	Canada West..1842	506,055		

* Edinburgh Almanac, 1843. † According to the Statistical Journal of July 1839, Norway, in 1835, possessed a population, by census, of 1,194,827 souls. The population may be now safely estimated at one and a half million.

From this table, however, which we have now given, we only desire to exhibit the strange anomaly, with reference to other countries which Canada now presents in the number of institutions granting Degrees and Certificates to the population; for it is perfectly clear that, under such circumstances, no one school can flourish with a limited population furnishing but a limited number of students.

More immediately connected with the character of the profession is the number of licensing boards in the different countries, or institutions granting Degrees or Diplomas, which are *ad practicandum* licenses. So long as these licensing boards are not under the controul of personal interest, it is in reality a matter of little moment, how many there may be; but when circumstances arise, which will give them a direct pecuniary interest in passing through their hands as many licences as possible, the interests of the profession become then endangered, and its character jeopardized; and to obviate a consequence of this nature, they should be as limited in number as possible, or what would be preferable, if practicable, that all such boards should be abolished.

Dependant upon this view, as best subserving the interests of the profession, is the proposal contained in Sir James Graham's Medical Bill for Great Britain and Ireland, to reduce the number of licensing boards to 3, abstracting that power from the various bodies which now exercise it. One certain effect of this course will be the amelioration of the character of the profession by the enforcement of uniformity in the course of education, and making merit alone the standard of the qualification for license to practice.

Great Britain possesses 18 Corporations possessing the power of granting degrees, licenses or letters testimonial of some kind or other. From this list we may exclude the power held by the Archbishop of Canterbury, a power which is now seldom, we may with perfect propriety, say never exercised.

Of the 21 Universities, Academies, and Royal Colleges of France, granting Degrees, but two only grant *ad practicandum* licenses, viz., the University of Paris, and that of Montpellier.

In Norway, there is only one University, the Degree of which only is the Certificate of license, viz., the University of Christiania.

In the Germanic Confederation, there are 38, one in each state of the confederation, and which are independent of the Universities. The Degrees of the Universities do not possess the *ad practicandum* character.

In the United States there are 31 Universities, the degrees of all which are *ad practicandum* licenses.

In Canada, there are now two Universities, the de-

degrees of which are *ad practicandum* licenses, and three Medical Boards, one at Toronto, Quebec, and Montreal.

	Population.	Licensing Boards.	Ratio to Population.
Great Britain,	26,835,773	17	1 a 1,578,339
Germanic Confederation,	39,426,754	38	1 a 1,037,546
France,	34,136,677	2	1 a 17,068,338
Norway,	1,500,000	1	1 a 1,500,000
United States,	17,063,353	31	1 a 550,430
Canada,	1,199,704	5	1 a 239,940

Before attempting to draw any inferences from this table, it is right first to premise, that we ought to expunge from it, all references to the Germanic confederation, and with propriety, three out of the five licensing boards for this country; for these bodies being constituted without reference to the Universities, cannot be supposed to be influenced by any of the motives which would induce them to pass improperly prepared candidates for license. It is the freedom from bias of this nature, which has maintained the character of the German profession at its present high standing. None are permitted to practise in that country who have not passed the state examination. What the character of that profession would have been had the degrees of the numerous Universities possessed the *ad practicandum* character, may be estimated from the following short extract from a speech by Dr. Malgaigne, at the Medical Convention held last year at Paris:—

“Shall I speak of some German Universities, of that of Giessen for instance, whose commercial agent, Mr. Bond, advertised for months in the Medical and Political papers, the £50 Degrees? Shall I say that the faculty of Wurtzbourg has ceased to exist in consequence of the same abuses? Is it necessary to add, that the Marbourg forwards its Diplomas by post or by waggon, to whosoever asks for them, even to women? And we all have seen Madame Boivin, who had never put her foot within the gates of Marbourg, displaying the Diploma of M. D., purchased from that University, &c.”

But with reference to the influence exerted on the profession, by Universities and Colleges granting *ad practicandum* Degrees and Diplomas, let us look for a moment at the state of the profession in France, and England, and the United States, and we will find, that in strict accordance with the limited number of such institutions, rises proportionately the character of the profession. The character of the profession in Great Britain, is confessedly lower than that in France; and that this effect is clearly interwoven with the number of corporations granting licenses, may be clearly gleaned from Sir James Graham's proposal, viz. the institution of three examining

boards for the three Kingdoms, whose members uninfluenced by any feeling arising from connection with local Universities or Colleges, can have no interest in either rejecting or licensing candidates. But what shall we say of the United States, where the free trade principle, in medical teaching, has run riot; where the cry of “no monopoly” has ever been the order of the day, where Universities granting *ad practicandum* degrees have sprung up, and are daily springing up like mushrooms. What, we ask, has been the effect on the profession there? To this question Dr. Stewart's address, in the review department of this Journal, will furnish an abundant answer. Are we asked whether similar consequences would follow here, if the Montreal School of Medicine obtained the power of granting *ad practicandum* diplomas? The question is a delicate one, but we will meet it. We would not say that similar abuses, and similar consequences to the character of the profession, would positively follow the delegation of the power sought for, but *who could say that they would not*. It is not too much to state, that we are men of like passions, sentiments, and feelings, with those of the United States, and that by similar actuating causes, we would not be dissimilarly influenced.

But it is alleged, that if the power of granting an *ad practicandum* Diploma be not accorded to the School of Medicine, a manifest act of injustice would be committed against that institution; that they are equally entitled to that privilege with the Universities; that they labour in their course of instruction with great assiduity, and are equally competent to turn out, with the Universities, young men of equal professional attainments. Now in this argument there is a great deal of plausibility; but nothing sound or substantial. Concede the privilege, and we ask how long will all this continue. The various Universities in the United States began their careers under an equally plausible regard for the public benefit and good. The privileges which they possessed have been avowedly greatly abused, and by consequence, the profession in that country has been degraded in its character. Now the act of injustice which would be committed, would be not against the School of Medicine, but against the profession, whose best interests would be most seriously endangered, and those interests demand that no such concession be made.

Besides, admitting for a moment that the pretensions of the School of Medicine are confirmed, that by an act of the Legislature they are erected into an independent licensing board, it will be impossible then to refuse a similar boon to any other similarly incorporated school of medicine, which does, or may hereafter, exist; and these may be found to exist, and to multiply in exact accordance with the ambition of any six or seven

practitioners residing in any one single place. Would not a most manifest act of injustice be committed against any one or all of these if the privilege accorded to the School of Medicine of this city be denied to them?

There is also another great objection to be urged against granting the privilege demanded by the School of Medicine, viz., that they do not possess any governing body, and are not responsible for their acts to any superior tribunal; they are, in fact, self-elected and irresponsible, and their acts completely independent. Now, there is not, in the whole catalogue of licensing bodies in Great Britain and Ireland, or on the Continent of Europe or America, one institution possessing this privilege, whose acts are not controlled by a higher body, in the shape of a Council, Board, Senatus, Company (as in the case of the two companies of apothecaries of London and Dublin) Governors, Visitors or Chancellors; and yet in England abuses of this privilege have increased to such an extent as to require an act of the Legislature to withdraw those powers from them, and vest them in a more limited and unbiassed number. If, then, such evils have arisen where apparently every precaution was taken to prevent them, how much more likely are they to arise when the teachers, who are likewise the examiners, are completely independent of any controlling body, and have a direct interest in licensing as many as they possibly can.

But the pretensions of the School of Medicine, we now affirm, are without a parallel in the history of medicine. Not satisfied with an act of incorporation, which places them on a parallel with Queen's College, Birmingham,* as far as Provincial acts may be paralleled with Imperial ones, and far above any of the justly celebrated Provincial or Metropolitan schools of the mother country, without a tithe of their facilities for instruction, their ambition leads them onwards, and they desire nothing else than to be endowed with powers of a character analagous to those of the Universities. Ambition is laudable when, in its attainment, good may be effected; it is highly reprehensible when evils of magnitude are to follow in its train. The last will inevitably be the result if the ambition of the school be gratified. The poet tells us of a state in which

* * * The ancestors of nature hold
Eternal anarchy, amidst the noise
Of endless wars, and by confusion stand.

not dissimilar in its consequences will be the concession of the privilege demanded. In thus expos-

* Queen's College, Birmingham, is incorporated by Royal Charter, but possesses no other privilege. The "certificate" which it grants is one of "honour," and is given annually to the most proficient student.

ing the dangers to the best interests of the profession, which will certainly follow the concession of the power demanded by the School of Medicine, our observations have been dictated by no special feelings of hostility to that body. As long as they did well we let them alone; indeed, we have not breathed their name in previous pages of this Journal; and this silence would have been still further prolonged until some cause for praise was found, or reason for censure, as in the present case; but it could scarcely be expected that our silence would be longer maintained, when they are endeavouring to sacrifice what we certainly consider the best and truest interests of the profession on the altar of their own selfish and paltry ambition.

THE MEDICAL BILL.

On Thursday evening, April 23, the second reading of the Bill came on in the Legislative Assembly. After a few remarks, it was referred to a select committee, consisting of the Honourable the Attorney General, and Drs. Foster, Jessup, Bouthillier, and Taché.

ELLIS'S MEDICAL FORMULARY—CORRECTION.—The Publishers of this Work respectfully request those persons who have the seventh edition, to correct a typographical error for the "MEDICATED HYDROCYANATE OF POTASSIUM," at page 83; wherein the symbol for an ounce is used in place of that for a drachm. The following is the correct prescription, and corresponds with the proportions directed in all the previous editions of the Work:

R. Potassii hydrocyanici medicati, ʒj.
Aquæ destillatæ, Oj.
Sacchari purificati, ʒiiss.

Fiat solutio.—Dose, a table-spoonful night and morning.

We have received the foregoing from Messrs. Lea and Blanchard, and gladly comply with their request to announce the error, as it is a most important one. The error has already been productive of one lamentable result. In the *St. Louis Medical and Surgical Journal*, lately received, we find recorded the sudden death of a Dr. Baber, of Macon, from a dose of the medicine prepared according to the erroneous formula in the work. We have not received the work, and would like to see it. Why do the publishers in the United States not forward us new works for review?

Pectoral de Cerise or Compound Cherry Pectoral.

—This compound comes from the laboratory of Mr. Ayer, a druggist at Lowell; and having been made acquainted with the nature of the pharmaceutic agents, which enter into its composition, we regard it as likely to subserve in an efficient manner some important indications in which a sedative effect, conjoined with a freer expectoration, are required in certain diseases of the lungs. We have a positive antipathy to notice in any manner, any of the nostrums or quack medicines,

with which the country is deluged; but this preparation cannot be comprised under this class, as its proposer has furnished us with its formula. It is certainly an elegant form for the exhibition of some of our most active agents. The following is the formula:—

R. Morphæ Acetat. gr. iv.
Tinct. Sanguinar. Canaden. ʒij.
Vin. Antimonii Tartrat,
Vin. Ipecac. aa. ʒiij.
Syrup, Prun. Virgin. ʒiij. M.

Messrs. W. Lyman & Co., have been appointed the agents for its sale in this city.

Quebec Medical Board.—At the quarterly meeting of this Board, held on the 5th February ult., the following gentlemen, after due examination, received Certificates for license to practice, viz., Messrs. Remi Cahier, and Chrysogone Sirois.

BILL.

An Act to regulate the Study and practice of Medicine, Surgery and Midwifery, within this Province.

Whereas it is expedient to provide more effectual Regulations than those at present existing with respect to persons practising Physic, Surgery and Midwifery, within this Province, and to regulate Druggists and others vending or distributing Medicines by retail:—Be it therefore enacted, &c.

And it is hereby enacted by the authority of the same, That from and after the passing of this Act, the Act or Ordinance of the Legislative Council of the late Province of Quebec, passed in the twenty-eighth year of the Reign of His late Majesty King George the Third, and intitled, "An Act or Ordinance to prevent persons practising Physic and Surgery within the Province of Quebec, or Midwifery in the Towns of Quebec and Montreal without License,"—and the Act of the Legislature of Upper Canada, passed in the fifty-ninth year of the same Reign, and intitled, "An Act to repeal an Act passed in the fifty-fifth year of His Majesty's Reign, intitled, 'An Act to license Practitioners in Physic and Surgery throughout this Province,' and to make further provision for licensing such Practitioners,"—and the Act of the said Legislature, passed in the same year of the same Reign, and intitled, "An Act to repeal part of and to amend an Act, passed in the fifty-ninth year of his Majesty's Reign, intitled, 'An Act to repeal an Act passed in the fifty-fifth year of His Majesty's Reign, intitled, 'An Act to license Practitioners in Physic and Surgery, throughout this Province,' and to make further provision for licensing such Practitioners,"—and the Act of the said Legislature, passed in the eighth year of the Reign of His late Majesty King George the Fourth, intitled, "An Act to amend the Laws regulating the Practice of Physic, Surgery and Midwifery in this Province," and the Act of the Legislature of this Province passed in the Session held in the fourth and fifth years of Her Majesty's Reign, and intitled, "An Act to enable persons authorized to practise Physic or Surgery, in Upper or Lower Canada, to practise in the Province of Canada,"—and all Acts thereby continued, amended or repealed, and all other Acts or parts of Acts relating in any manner to the Practise of Physic, Surgery or Midwifery, either in Lower Canada or in Upper Canada, or in any manner relating to the mode of obtaining Licenses to Practise Physic, Surgery or Midwifery, shall be and are hereby repealed.

II. And be it enacted, That from and after the passing of this Act, no person shall be allowed to commence the Study of Medicine or any branch thereof with the view of practising as a Physician, Surgeon, Man-Midwife, Chemist or Druggist, until he has satisfied some Medical Board to be appointed and nominated as hereinafter mentioned, either by Certificate or examination that

he has received a liberal education, including a competent knowledge of the classics.

III. And be it enacted, That from and after the passing of this Act no person shall receive a License to practise Medicine, Surgery or Midwifery for gain or profit, within this Province, who shall not have obtained a Certificate from some Medical Board to be appointed and nominated as hereinafter mentioned, which shall be founded on the production of a Diploma, or Degree from some University, College, or School of Medicine incorporated by Royal Charter, within the dominions of Her Majesty, or on a Commission or Warrant as Physician or Surgeon in Her Majesty's Naval or Military Service, or in default of such Diploma, Degree or Commission, a Certificate founded on a satisfactory examination by such Medical Board as to his qualification, competency and ability to practise Medicine, Surgery and Midwifery: Provided always that previous to examination as aforesaid, he shall give satisfactory proof of his having studied Medicine Surgery and Midwifery for at least four years, under some competent Practitioner or Practitioners, and of his having during at least three of those years attended two Courses of Lectures at some University, College, or incorporated School of Medicine on the following branches of Medical Study, that is to say: Anatomy and Physiology, Chemistry and Pharmacy, Materia Medica, Theory and Practice of Physic, Principles and Practice of Surgery, Midwifery, and Diseases of Women and Children, Institutes of Medicine and Practical Anatomy, each of which courses of Lectures shall have continued at least six months, and have consisted of at least one hundred Lectures of not less than one hour each (one examination per week to be considered equivalent to a Lecture) and also of his having attended regularly for at least one year, or two periods of six months, the practice of some Public Hospital, where there are on the average at least fifty patients and at least two Medical attendants, and moreover one Course of Clinical Medicine and one of Clinical Surgery, each of six months duration: Provided always, that if any Student of Medicine, Surgery or Midwifery shall have commenced his studies within the four years next before the passing of this Act, and more than three years and a half before the passing thereof, he shall be entitled to apply for a License after the termination of four years of such study, and after having undergone a satisfactory examination by the said Medical Board without being required to exhibit testimonials of having attended more than once the several branches of Medical Study otherwise enjoined: Provided always, that nothing in this Act contained, shall be construed to extend to any candidate who shall produce a Degree or Diploma from any European (not British) or American University, or College of Medicine, if such candidate satisfy the Medical Board that he has been engaged in the study of Medicine, Surgery and Midwifery, during an uninterrupted period of not less than four years, and that he has attended at least one complete Course of Lectures in the various branches of Medicine as above specified, at some University, College or Incorporated School of Medicine, within the dominions of Her Majesty, and has moreover submitted to an examination as to his knowledge of Medicine, Surgery and Midwifery, and his competency to practise any or either of them, before any of the Medical Boards hereinafter mentioned.

IV. And be it enacted, That every person so receiving and obtaining such Certificate from any Medical Board shall forthwith pay to the Secretary of such Board the sum of (£1 10s.) currency, which sum shall be expended in defraying the incidental expenses of such Medical Board, as well as in keeping the Register thereof, as in the execution of the several duties hereby assigned to them.

V. And be it enacted, That every person so receiving and obtaining such Certificate from such Medical Board shall transmit the same to the Governor of this Province; and it shall and may be lawful on the application of such person; for the Governor to grant to such applicant a License under his Hand and Seal to practise Medicine, Surgery and Midwifery; or any of them, according to such certificate, within this Province.

VI. And be it enacted, That before the issuing of such License to practise as aforesaid, the applicant shall pay into the hands of the Provincial Secretary, the sum of _____ currency, to the public uses of the Province.

VII. And be it enacted, That if any doubt or suspicion should arise regarding the identity of any person presenting a Diploma

or Degree, Commission or Warrant as aforesaid, before any Medical Board, with the person named in such Diploma or Degree, Commission or Warrant, it shall be lawful for the said Medical Board, through the Chairman presiding for the time being, and he is hereby required and authorised to administer an oath or solemn affirmation (if such person be one of those authorized to affirm instead of taking an oath in civil cases) to the person presenting such Diploma, Degree, Commission or Warrant, as to such identity: and if any person so presenting such Diploma, Degree, Commission or Warrant, and applying for a Certificate or License as aforesaid shall be guilty of false swearing or false affirmation, in such oath or affirmation, such person shall be deemed guilty of wilful and corrupt perjury, and on conviction thereof shall be liable to the pains and penalties to which any person convicted of that offence is liable by the Laws of the Province.

VII. And be it enacted, That no person shall from and after the passing of this Act, receive a License to sell Drugs or Medicines as a Druggist or Apothecary, within any City, Town, Corporate, or Village in this Province, who shall not have served a regular and continued apprenticeship of at least four years, with some Medical Practitioner or Licensed Druggist or Apothecary, and have attended during the two last years of such apprenticeship two Courses of Lectures on Chemistry, and two Courses of Lectures on the *Materia Medica*, (each of the duration of at least six months, and each consisting of at least one hundred lectures as aforesaid,) and one Course of Lectures on Botany of three months duration, if such Course of Lectures be obtainable; or who shall not have undergone a satisfactory examination touching his knowledge of the qualities, characters and effects of Drugs and Medicines before one of the Medical Boards hereinafter mentioned, under like formalities and on like conditions as are by this Act required for persons applying for a License to practise Physic, Surgery or Midwifery.

IX. And be it enacted, That nothing in this Act contained shall extend, or be construed to extend, to prevent women from practising as Midwives within this Province; Provided always, that after the expiration of two years from the passing of this Act, no woman shall practise for gain or hope of gain in any shape as a Midwife, unless she shall have presented herself before some Medical Board to be appointed and nominated as hereinafter mentioned and obtained therefrom a Certificate as to her qualification and competency to practise: Provided also, that in country places too far removed from Medical Boards, any woman may at the expiration of two years after the passing of this Act, obtain a License to practise as a Midwife in the especial District in which she resides, on submitting to an examination before, and obtaining a Certificate of qualification from any two regularly licensed Physicians or Surgeons practising in the same District.

X. And be it enacted, That nothing in this Act contained shall extend or be construed to extend, to prevent those persons practising as Apothecaries, Chemists and Druggists at the time of the passing of this Act, in that part of the Province heretofore called Upper Canada, from continuing to practise as such: Provided they have been engaged in that practice years before the passing of, this Act.

XI. And be it enacted, That every Apothecary, Chemist and Druggist within this Province shall be bound carefully to keep in some private and safe place in his Shop or Dispensary, and in yellow bottles so as to be clearly and easily distinguished, with proper and legible labels in large letters upon each bottle or vessel, in order to prevent mistakes either by himself, his pupil, student, or other person intrusted with his Shop or Dispensary, allarsenic, corrosive sublimate, and every other substance generally known under the denomination of poison, under the penalty of (10) pounds currency for the first offence, and (20) pounds currency for every subsequent offence, and shall, unless the penalty be paid, be committed to the Common Gaol of the District for a period not exceeding three months, if convicted of the offence on the testimony of two credible witnesses before any Court of competent Jurisdiction.

XII. And be it enacted, That the practice of Medicine, Surgery or Midwifery within this Province, for hire, gain or lucre, or hope of hire, gain or lucre, or the retailing of any Drugs or Medicines within any City, Town Corporate or Village, in which a Licensed Druggist may dwell, by any person not having a License, or not specially excepted, shall be deemed and considered to be a misdemeanor, and may be prosecuted and punished as

any other misdemeanor may be; and every act of so practising on a separate day, shall be a separate offence; and upon the trial of any person charged with such misdemeanor, the burthen of proof as to the License or right of the person tried to practise Medicine, Surgery or Midwifery, or as a Chemist, Apothecary or Druggist in the Province shall be upon the defendant; but no prosecution shall be commenced for such misdemeanor after three months from the commission of the supposed offence; and no person convicted of such misdemeanor shall be sentenced to a longer period of imprisonment than three months, nor to a greater fine than pounds currency, nor to a less fine than pounds currency; Provided always, that nothing herein contained shall extend or be construed to extend to prevent any Physician or Surgeon, or other Medical Officer of Her Majesty's Navy or Army, on full pay from practising as such, while stationed within the said Province, and actually employed in the said Navy or Army.

XIII. Provided always, and be it enacted, That the restrictions and penalties herein-before mentioned, shall not extend to prevent any Physician or Surgeon residing within the United States of America, and near the Province line, and authorised under the laws of the said United States to practise Physic or Surgery, from occasionally and in urgent cases, visiting sick persons on this side the Province line, or from prescribing for such persons, when he shall be called upon so to do.

XIV. And be it enacted, That for the purpose of carrying this Act into execution, it shall be lawful for the Governor of this Province to constitute, nominate and appoint under his Hand and Seal at Arms, one or more Medical Boards within this Province, consisting respectively of at least fifteen persons legally authorised to practice as Physicians, Surgeons, or Man-midwives, and actually practising as such, (not being Physicians or Surgeons on full pay in Her Majesty's Army or Navy,) and from time to time to remove any or all of the Members of any such Board, and appoint another or others in his or their place or stead, and seven members of any such Board shall be a *quorum*, and a majority of such *quorum* may exercise any of the powers of the Board, and each such Board is hereby required to hold a stated meeting once at least in every three months, at such place as shall be appointed by the Governor of this Province, of which meeting at least three weeks notice shall be given in at least two newspapers, one of which shall be if possible a French one, published in the City or Town at which such Board shall hold its meeting, or if there be no such newspapers then in two newspapers published nearest to the place at which such meeting shall be so held; and at any such meeting, the Member present whose License shall be of the oldest date shall preside; and each such Board shall have power and authority to frame By-laws and regulations for its government, and from time to time to alter and amend the same by other By-laws; Provided, such By-laws or Regulations be not repugnant nor contrary to the laws of this Province, nor to the true intent and meaning of this Act, and be approved of by the Governor of this Province, before they shall have any force or effect.

XV. And be it enacted, That each such Medical Board at any of its stated meetings as aforesaid, or at any extraordinary meetings that may be called together in conformity with its By-laws and Regulations, shall hear and examine the testimonials and qualifications of each and every person so appearing before such Board, and who shall be desirous of obtaining a License to practise Physic, Surgery or Midwifery or any of them, and who shall have notified the Secretary of the said Board of his or their intention thereof, and deposited his testimonials, at least seven days previous to such meeting, and such Board being satisfied of the correctness of the Diploma, Degree or Commission exhibited by the applicant, and of the identity of the person presenting the same, or in default of such document, having examined into and become satisfied of the qualification, competency and ability of such applicant to practise Medicine, Surgery or Midwifery, and of his having attained the age of twenty-one years and of his having studied four years as aforesaid and of his having attended in three separate years complete Courses of Lectures on the different branches before mentioned of the Medical Profession, in some University, College or Incorporated School of Medicine where the Courses of Lectures are continued during at least six months, and of having attended for at least one year the practise of some public Hospital where there are at least on an average fifty patients, and at least two Medical attendants,—or of having ex-

amined into the qualification, competency or ability of any applicant to sell Drugs or Medicines as a Druggist or Apothecary, within any City or Town corporate within this Province, and of his having served a regular and continued apprenticeship with some regular Medical Practitioner or Licensed Druggist or Apothecary during a period of four years at the least, and of his having attended the Courses of Lectures hereinbefore mentioned, of the duration specified, shall be bound to grant a Certificate of the same, under the Hands and Seals of the Members of the said Board present at such meeting, or a majority thereof, which shall entitle the person to whom it shall be so given, to apply for and obtain a License to practise Medicine, Surgery and Midwifery or any of them, as the case may be, or to sell Drugs and Medicines as a Druggist and Apothecary as aforesaid, from the Governor of this Province.

XVI. And be it enacted, That nothing in this Act contained shall extend or be construed to extend to prevent persons duly licensed to practise Medicine or Surgery from practising as Apothecaries, Chemists or Druggists within any part of this Province.

XVII. And be it enacted, That it shall be annually the duty of the Medical Boards to apply the surplus funds accruing from the fees of Licenciates, after defraying their own necessary expenses, towards the giving of premiums, for the best papers on subjects of Medical Science at the discretion of the Board under such restrictions and limitations as to the Boards may appear fit and proper.

XVIII. And be it enacted, That with a view to check and abate the ravages of small pox, all persons inoculating any infant, youth or adult person with virus taken from the person of an individual labouring under that disease and commonly known under the name of natural pox, shall be guilty of a misdemeanor, and any person convicted of the same on the testimony of two credible witnesses before any two Justices of the Peace, shall be fined in the sum of (five) pounds currency for the first offence, and (10) pounds currency for every subsequent one, and in default of such fine not being paid shall be committed to the Common Gaol of the District for a period of not less than three months, nor more than months.

XIX. And be it enacted, That all penalties imposed by this Act shall be payable to Her Majesty, and reserved to the public uses of the Province, and shall make part of the Consolidated Revenue Fund thereof, and the application of the same shall be accounted for to Her Majesty, Her Heirs and Successors, through the Lords Commissioners of Her Majesty's Treasury for the time being, in such manner and form as Her Majesty, Her Heirs and Successors shall be pleased to direct.

REPORT OF THE TORONTO LUNATIC ASYLUM.

We acknowledge the reception from Dr. Rees, the late Physician of the Toronto Lunatic Asylum for the Insane, of the Report of that Institution for the last year, with a Summary for the last five years. At the late hour at which they were received, we find it impracticable to pay that attention to them which their importance demands. The crowded state of our columns, from matters which are of extreme importance to the profession at large, entirely precludes this. We have, however, examined the documents, and find in them abundant demonstration of Dr. Rees' perfect fitness for the full discharge of the important duties with which he had been invested, and which, we are sorry to understand, have been rather abruptly terminated. Dr. Rees' health has been much impaired from, we understand, some injuries received from a lunatic, and he is now preferring some claims to the Government for salary, awarded by the Provincial statute, in which we hope he will be successful. We have never heard but one sentiment in his favour, viz., one of praise; and it is to his exertions that the Toronto Asylum chiefly owes its existence.

The Journal will appear in future the 1st of the

month, instead of the 15th, by which arrangement we will be enabled, especially during the winter months, to furnish the latest medical intelligence from the mother country.

Return of interments in the city of Quebec, for the months of January, February, and March, 1846.

Month.	Male.	Female.	Total.	1 year and under								
				1 to 3.	3 to 10.	10 to 20.	20 to 35.	35 to 50.	50 to 65.	65 to 70.	70 to 80.	80 to 85.
Jan.	75	65	140	41	36	19	16	9	9	7	2	1
Feb.	121	94	215	70	87	30	7	9	10	1	1	
March	109	105	214	59	72	33	6	24	7	6	1	4
Total	305	264	569	170	195	82	29	42	26	14	4	5

BOOKS, &c., RECEIVED DURING THE MONTH.

- London Medical Gazette, October 3, 1844.
- Annual Report of the Board of Trustees, of the Massachusetts General Hospital, for year 1845.
- The American Journal and Library of Dental Science, March number.
- Dublin Medical Press, Feb. 4th, 11th, 18th, and 25th; March 4th, 7th, 11th, 18th, 25th, and April 1st.
- Provincial Medical and Surgical Journal, Feb. 4th and 18th; March 4th.
- Stockton's Dental Intelligencer, Vol. ii., No. 4.
- Boston Medical and Surgical Journal, Nos. 7, 8, 9, 10, 11, 12.
- Missouri Medical and Surgical Journal, No. 10. and 11.
- American Journal of Insanity, Vol. ii., No. 4, April.
- New Orleans Medical and Surgical Journal, Vol. ii., No. 5, March.
- St. Louis Medical and Surgical Journal, Vol. iii., Nos. 10 and 11.
- New York Medical and Surgical Reporter, Nos. 12, 13 and 14.
- The Medical News and Library, April, 1846.
- The Southern Medical and Surgical Journal, April.
- The American Journal of the Medical Sciences, April.
- The Illinois Medical and Surgical Journal, Vol. ii., Nos. 11 and 12.
- Summary of the Transactions of the College of Physicians, Philadelphia, from Nov. 1845, to March 1846.
- G. & H. G Langley's Medical Catalogue, for 1846; 8 Astor House, New York.
- Southern Journal of Medicine and Pharmacy, Vol. i., No. 2.
- We would esteem it a favour to be put in possession of the first number.
- The comparative merits of Alloëopathy, the old medical practice, and Homeöopathy the reformed medical practice practically illustrated by J. G. Rosenstein, M.D., Montreal, 1846.

NOTICE TO CORRESPONDENTS.

We acknowledge from Messrs. Longman & Co., London, the receipt of a note accompanying an October number of the London Medical Gazette, with a request to exchange. It will give us much pleasure to reciprocate, and we shall accordingly transmit our numbers regularly with their issue, commencing from this number, the first of the 2d vol. Messrs. Longman & Co's note, though dated October 6, did not reach us until the 26th March; why it was so long in route, we cannot comprehend.

ERRATA.

At page 313, line 25, in Dr. Marsden's paper—for supra, read *infra*. The 6th line from the bottom, for Trimæus read *Linnæus*. Negative signs should have been prefixed to the following observations on the Toronto Registers for January and February, to indicate temperatures below zero, January 22, at 7 a.m.—0°.4 for 0°.4. Lowest Temperature—1°.9, for 1°.9. Feb. 12, 7 a.m.—5°.3, for 5°.3. Feb. 26,—10°.8 10°.0.—3°.1 for 10°.8, 10°.0, and 3°.1 at 7 a.m., and 10 p.m., and mean, respectively. Feb. 27,—12°.4, for 12.4, 7 a.m. Lowest Temperature—16°.7 for 16°.7

BILL OF MORTALITY for the CITY of MONTREAL, for the month ending MARCH 31, 1846.

DISEASES	Male.	Female.	Total.	Under 1.	1 & under 3	3 — 5		5 — 10		10 — 15		15 — 25		25 — 35		35 — 45		45 — 55		55 — 75		75 upwards.
						3	5	5	10	10	15	25	35	45	55	75						
EPIDEMIC OR INFECTIOUS.....	Measles,.....	13	10	23	8	5	6	4														
	Scarlatina,.....	3	7	10	2	2	4	2														
	Small-pox,.....		1	1	1																	
	Hooping Cough,.....	1	2	3	1	2																
DISEASES OF BRAIN AND NERVOUS SYSTEM,.....	Fever,.....	23	12	35	14	9	4	4			2								1	1		
	Paralysis.....	1	1	2						1												
	Dentition,.....	2	3	5	2	3																
	Apoplexy,.....		1	1											1							
DISEASES OF THE THORACIC VISCERA,.....	Insanity,.....		1	1										1								
	Consumption,.....	16	23	39	4	3	1	1	1	1	10		7	6				9	1			
	Croup,.....	7	3	10	6	2	2															
	Ossification of the Heart,.....	1		1													1					
DISEASES OF ABDOMINAL VISCERA,.....	Jaundice,.....		1	1		1																
	Dropsy,.....	2		2					1		1											
	Child-birth,.....		1	1								1										
OTHER DISEASES, AND DISEASES NOT SPECIALLY DESIGNATED,.....	Sudden&Accid'tal Killed,.....	2	1	3							1			1							1	
	Cancer,.....	1	1	1										1								
	Gangrene,.....		1	1																		
	Inflammation,.....	13	10	23	8	5	1				1		1	2	1	4						
	Still-born,.....	5	4	9	9																	
	Debility,.....	1	6	7																	3	4
	Total,.....	92	88	180	55	32	18	12	4	15	14	8	15	14	8	15	6	15	6	5		

MONTHLY METEOROLOGICAL REGISTER AT MONTREAL FOR MARCH, 1846.

DATE.	THERMOMETER.				BAROMETER.				WINDS.			WEATHER.		
	7 A.M.	3 P.M.	10 P.M.	Mean.	7 A.M.	3 P.M.	10 P.M.	Mean.	7 A.M.	Noon.	6 P.M.	7 A.M.	3 P.M.	10 P.M.
	1,	— 5	+16	+ 1	+ 5.5	30.44	30.37	30.43	30.41	N. W.	N. W.	N. W.	Fair	Fair
2,	— 6	" 17	" 10	+ 5.5	30.50	30.44	30.47	30.47	N. W.	N. W.	N. W.	Fair	Fair	Fair
3,	+ 5	" 22	" 11	" 13.5	30.50	30.41	30.22	30.38	N. W.	N. W.	N. W.	Fair	Fair	Fair
4,	" 18	" 41	" 33	" 29.5	30.10	29.96	29.61	29.89	W. N. W.	W.	W. by S.	Fair	Fair	Rain
5,	" 37	" 38	" 23	" 37.5	29.62	29.74	29.90	29.75	W. by N.	N. W.	N. W.	Cloudy	Fair	Fair
6,	" 11	" 30	" 16	" 20.5	29.94	29.96	30.02	29.97	N. W.	N. W.	N. W.	Fair	Fair	Fair
7,	" 12	" 27	" 15	" 19.5	30.12	30.08	29.96	30.05	N. W.	N. W.	N. W.	Fair	Fair	Fair
8,	" 12	" 34	" 26	" 23.—	29.86	29.82	29.92	29.87	N. W.	N. W.	N. W.	Snow	Fair	Fair
9,	" 25	" 40	" 30	" 32.5	29.93	30.04	30.17	30.05	N. W.	N. W.	N. W. by W	Fair	Fair	Fair
10,	" 26	" 36	" 23	" 31.—	30.33	30.32	30.30	30.32	N. W. by W	N. W.	W. N. W	Fair	Fair	Fair
11,	" 18	" 43	" 33	" 30.5	30.35	30.30	30.37	30.34	W. by S.	W. S. W.	S. W.	Fair	Fair	Fair
12,	" 32	" 44	" 37	" 38.—	30.18	30.12	30.00	30.10	W. S. W.	W. by S.	S. W.	Fair	Fair	Fair
13,	" 42	" 46	" 41	" 44.—	29.94	29.81	29.60	29.78	S. W.	S. W.	S. W. by S.	Rain	Rain	Rain
14,	" 45	" 46	" 33	" 45.5	29.48	29.39	29.28	29.38	S. by E.	S.	S.	Foggy	Rain	Fair
15,	" 32	" 44	" 34	" 38.—	29.42	29.45	29.60	29.49	S. W.	W.	W. S. W.	Fair	Fair	Fair
16,	" 33	" 45	" 32	" 39.—	29.70	29.72	29.77	29.73	W. by S.	W.	W.	Fair	Fair	Fair
17,	" 26	" 36	" 38	" 31.—	29.87	29.81	30.00	29.89	N. W. by W	N. W. by W	N. W.	Fair	Fair	Fair
18,	" 23	" 40	" 33	" 31.5	30.10	30.07	30.03	30.07	N. W.	N. W.	N. W. by W	Fair	Fair	Fair
19,	" 31	" 49	" 34	" 40.—	29.97	29.96	29.97	29.97	W. N. W.	W.	W.	Fair	Fair	Fair
20,	" 34	" 50	" 41	" 42.—	30.00	29.94	29.98	29.97	W.	W.	W.	Fair	Fair	Fair
21,	" 43	" 45	" 34	" 44.—	29.88	30.00	30.20	30.03	W. by N.	W. by N.	W. by N.	Cloudy	Fair	Fair
22,	" 28	" 40	" 33	" 34.—	30.40	30.34	30.30	30.35	N. W. by W	N. W. by W	N. W. by W	Fair	Fair	Fair
23,	" 27	" 46	" 34	" 36.5	30.28	30.16	29.96	30.13	N. W. by W	N. W. by W	N. W.	Fair	Fair	Fair
24,	" 33	" 46	" 35	" 39.5	29.93	29.92	29.88	29.91	N. W.	N. W. by W	N. W.	Cloudy	Fair	Fair
25,	" 33	" 48	" 45	" 40.5	29.75	29.68	29.55	29.66	N. W.	N. W. by N.	N. W.	Rain	Rain	Cloudy
26,	" 38	" 48	" 36	" 43.—	29.53	29.50	29.52	29.52	E. by S.	E. by S.	E. by S.	Rain	Rain	Fair
27,	" 37	" 50	" 37	" 43.5	29.60	29.67	29.72	29.66	E.	F.	E.	Foggy	Fair	Fair
28,	" 38	" 50	" 37	" 44.—	29.73	29.76	29.80	29.77	S. W. by W	S. W. by W	W.	Fair	Fair	Fair
29,	" 36	" 46	" 36	" 41.—	29.88	29.89	29.96	29.91	W.	W.	W.	Cloudy	Fair	Rain
30,	" 31	" 42	" 35	" 36.5	30.10	30.12	30.16	30.13	W.	W.	W.	Snow	Fair	Cloud
31,	" 34	" 46	" 33	" 40.—	30.21	30.24	30.30	30.25	W.	W.	W.	Fair	Fair	Fair

THERM. } Max. Temp., +50° on the 20th, 27th, 28th.
 } Min. " — 6° " 2d.
 Mean of the Month, +33°.55.

BAROMETER, } Maximum, 30.50 Inches on the 2d & 3d.
 } Minimum, 29.28 " " 14th.
 Mean of Month, 29.974 Inches.

