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THE

BRITISH AMERICAN JOURNAL.

ORIGINAL COMMUNICATIONS.

ART. XXVI.—*Statistics of the University Lying-in Hospital, Montreal.* By ARCHIBALD HALL, M.D., Physician Accoucheur to the same; Professor of Midwifery, &c., University of McGill College; President of the College of Physicians and Surgeons of Lower Canada; Honorary Fellow of the Obstetrical Society of London, &c., &c.

(*Continued.*)

In my first paper on the Statistics of the University Lying-in Hospital, published in the second number of the *British American Journal*, I considered in detail all the circumstances connected with the cases treated in it as far as the records permitted, with the exception of the labours themselves and their peculiarities. These I reserved for a future occasion, and it is to these that I purpose now to address myself; but before doing so, I desire briefly to supply an omission in not having alluded to the monstrosities observed during the currency of the practice as more immediately appertaining to the subject of that paper.

Monstrosities, or the effects of imperfect development on the one hand, or of superfluous development on the other, have been noticed six times since the establishment of the Hospital. Two infants were born anencephalic, one of them having had only a single nostril. Both lived a few minutes after birth. Another infant was born wanting all the ribs from the second to the seventh on the left side, thus exhibiting at each expiratory effort a deep soft sulcus through which the heart's action could be distinctly perceived and felt. Superadded to these deficiencies in the osseous organization of this infant, a like absence occurred in the spinous processes of all the vertebræ from the second or third cervical to the last lumbar constituting a Spina Bifida of no ordinary character. This infant, strangely, imperfectly organized as it was, lived about twenty-four hours. The fourth was born with six fingers on the left hand, and a corresponding number of toes on the left foot, these supernumerary appendages having been removed by ligation shortly after its birth. The fifth one had Spina Bifida, the posterior part of the third Lumbar vertebra being wanting. And the last one presented a very unusual appearance. "The parietal bones were separated by a sagittal suture, 2½ inches in width. Attached to the integument were two tumours, one above the other, the one next to the cranium was smaller than the

one above it, and the deciduous membrane and amnion which enclosed the product of conception extended to these tumours by a cord-like process and enveloped them." The patient who bore this child stated that she had received a blow from a cudgel during her pregnancy on the left side of the abdomen; the woman, however, bore her child the full term of gestation, but it was still born, and died soon after its birth. It presented by the feet.

To proceed now with the more immediate subject of this paper.

Out of the 1949 entries in the books of the Hospital, I can only find 849 of which a record of the peculiarities of the labours remains; and if to this number we add the 354, whose statistics were given in a very general manner by the late Dr. McCulloch in the *British American Journal* of 1847, and which I now propose to make use of to the extent they permit, we have then the number of 1203 cases as the basis of our present statistical observations.

An inspection of the register will disclose the fact that the classification of the labours adopted was the old one of "Natural, Preternatural, Laborious and Complex," an excellent enough one for ordinary purposes, but scarcely precise enough for statistical uses. With the exception of the 354 cases which furnished the basis of Dr. McCulloch's observations, whose division in that paper I adopt as suitable to my present purposes, I have carefully examined the details of the remaining 849 labours, exclusive of the multiple pregnancies of which I have the record, and have reduced them to Nægele's system of classification, the one which seems to me the simplest, and at the same time the most scientific and truthful. Following, then, this system of classification, we have the following numbers of each of his four principal varieties of presentation:

Occipito-Iliac,	1153
Sacro-Iliac,	33
Mento-Iliac,	10
Cephalo-Iliac,	7
	1203

Following up these four principal divisions, I find the following varieties in the presentations.

1 Occipito-Iliac.—1st Position	1101 cases.		
2nd "	28 "		
3rd "	8 "		
4th "	9 "		
5th "	3 "		
6th "	4 "		
		1153	
2 Sacro-Iliac—Anterior	30 "		
Posterior	2 "		
Left Transverse	1 "		
		33	
3 Mento-Iliac—Anterior	8 "		
Posterior	2 "		
		10	
4 Cephalo-Iliac—Left lateral plane	5 "		
Right lateral plane	2 "		
		7	
		Total cases—1203	

While the Occipito-Iliac presentations are thus shewn to exhibit the large preponderance of about 96 per cent. of the whole accouchements, the other forms of presentation show the following ratios; the Sacro-Iliac presentations, 1 in every 36.45 labours or 2.7 per cent; the Mento-Iliac presentations 1 in every 120.3 labours or 0.8 per cent; and the Cephalo-Iliac presentations 1 in every 171.8 labours or 0.4 per cent.

Besides these cases we have to enumerate nineteen cases of twins which include those enumerated by the late Dr. McCulloch and one case of Triplets. The results of these labours may be thus briefly noticed.

The offspring from the twin cases was 20 boys and 18 girls; and with regard to their mode of presentation I find that 24 presented by the vertex and 14 by the breech or feet, and of the whole number, only one, a boy, was lost. The proportion of twins to the whole births bears a ratio of 1 to every 63.3 labours. The relative weights of the males as compared with the females in these cases were detailed in my previous paper.

The Triplet case alluded to produced two boys and one girl; of whom one a boy was still born but afterwards died, although every effort was made to resuscitate it. In this case the first presented by the breech, and the other two by the vertex. The ratio of Triplet cases to the whole is as 1 to 1968. Alluding to multiple pregnancies, Churchill furnishes the following comparative ratios from British, German, and French practice, that of twins 1 to $77\frac{3}{4}$ cases, and that of triplets as 1 to 5840 cases.

After these prefatory remarks let us examine the complications which have been manifested in the different labours.

Among the Occipito-Iliac presentations I find the vertex complicated with a collateral descent of one hand eight times; and with that of both hands once. In seven of these cases the right hand was the one which descended along with the head, the hand most commonly placed near the ear. In one case only was it the left hand. All these cases terminated favorably with one exception in which the child was still born but was afterwards resuscitated by the usual appliances. This latter case was additionally complicated with an entortillement of the cord around the child's neck. There was no appeal to operative assistance in any of these cases.

There were four cases in which the presentation of the vertex became complicated with a Prolapsus of the Funis to a greater or less extent. In two of these cases the prolapsed cord was returned and maintained above the brim of the Pelvis, the infants having been born vigorously alive; in a third case under like circumstances the child was still born, yet every effort at resuscitation was fruitless; and in the fourth case, the child had been dead for at least twenty-four hours, as afterwards ascertained. But in this case the vertex presented in the 3rd position, and although the funis was returned, it became necessary to resort to the long forceps as the head had not become engaged in the cavity of the Pelvis. This infant was of course brought into the world dead.

One Occipito-Iliac case was complicated with mania, which declared itself four days before the accouchement. Nothing peculiar transpired in regard to this event, nevertheless the maniacal symptoms continued for seventeen days after-

wards, when she was discharged without much amelioration of her condition, and placed under the care of her friends, as the case had become no longer suited to the Hospital. Another case of this class was complicated with epilepsy, to which the patient had been subject for several years previously. In this case, the presentation was natural, but in consequence of the supervention of an attack immediate delivery was necessitated. The child was born dead, and the woman died five hours after the accouchement had been completed.

In another case, the patient had been brought to the Hospital comatose, and had been so for fourteen hours previously, the coma having resulted from puerperal convulsions, of which no less than seventeen fits had occurred before her admission; it does not appear that the woman had received any treatment prior to her admission. The forceps were used in this case,—the child was born dead, but the mother recovered and was discharged on the fifteenth day afterwards. In another instance, convulsions threatened after the delivery of the child and before that of the placenta. The timely employment of the lancet, and immediate extraction of the after-birth arrested the further progress of the symptoms.

Another case was complicated with extensive œdema of the labia majora. After labour had commenced, the labia were punctured, which effectually removed any obstacle to the delivery which might have been afforded by this condition of the vulvar aperture. It was this patient's first child.

A rather singular complication was exhibited in another patient. After admission she became affected with jaundice which necessitated her removal to the Montreal General Hospital, where shortly after her entrance severe cerebral symptoms manifested themselves accompanied with violent delirium. This condition terminated in puerperal convulsions which continued until her death, which took place a few hours after her delivery which was effected by Dr. Craik, the house surgeon of that Institution, artificially. The child in this instance was born dead. I was informed that at the autopsy which took place, the liver was found very much atrophied.

As apparently connected with this case, I may incidentally remark that one or two cases of a somewhat similar character occurred in private practice about the same time. I saw one of these cases with Prof. Holmes. She was married and in the sixth month of her second pregnancy. She was taken ill on a Friday with the premonitory symptoms of jaundice, which declared itself more and more unmistakably until she was first seen on the following Thursday by Dr. Holmes. On the following day severe delirium set in succeeded by coma, at which period I saw her. She died early on the following day. At the post-mortem examination of this case, the liver was also found considerably atrophied, especially the left lobe, of an intensely yellow colour, and so soft as to break down readily under the finger. This case furnished the material for an important monograph from the pen of Dr. Holmes, which appeared in the Montreal Medical Chronicle for January 1856.

One case occurred in which the vertex presented complicated with additional presentations of the left hand, right foot and Funis. This very rare complication was reported in the same Journal for June 1855, by the gentleman in attendance upon it, and I will allude to it more particularly hereafter.

One case of laceration of the perineum occurred, and in a rather singular manner. The presentation was normal, but complicated by severe, occasional spasmodic rigidity of the lower extremities. These having been considered as not involuntary, the patient was cautioned very emphatically not to permit them. Notwithstanding this caution, she closed her thighs on the head of the fœtus when it was pressing on the perineum, and the occiput beginning to emerge. This forced the face violently against the perineum, and notwithstanding every exertion on the part of the gentleman in attendance to prevent it, the perineum yielded, and a considerable laceration took place, which was afterwards treated in the the usual manner.

Cases of Placenta Prævia occurred three times: in two of these instances the placenta was only partially implanted over the os uteri, and in the other case, completely. I will notice this latter case on a future page.

Rigidity of the os externum uteri was frequently observed, but very seldom as offering any serious impediment to the progress of the labour. Eight cases are on record however, in which this condition of that part very materially protracted the labour, and became in fact the real obstacle, demanding the employment of energetic means to subdue it. In one case I find that Belladonna inuntions had been resorted to without the slightest apparent effect; and after several hours had elapsed, it was finally subdued by the exhibition of twenty minims of Vin. Ipecac. every hour. The ordinary method pursued now in these annoying cases, which, while it rapidly subdues the rigidity, at the same time saves the time and anxiety of the attendant, is the administration of one grain doses of Tartar Emetic given every half hour. I have rarely been compelled to administer more than two such doses, while in the large majority of cases, I have usually found it to yield in the course of twenty or twenty-five minutes after the exhibition of the first dose.

In one case the child was dead born at full term, covered thickly with the copper coloured rash of tertiary Syphilis. The infant had not been long dead, as the skin evinced few of the signs of maceration. It occurred in the case of a married woman, who does not appear to have ever suffered from any of the primary symptoms of that affection, although occasionally herself covered with a rash for which she could not account, but which had yielded to the medical treatment adopted from time to time as it appeared.

Nineteen cases of Puerperal fever occurred in the Hospital at different periods since its establishment, and in every instance necessitating its temporary closure. One of these cases, although I place it under this head, was an unmistakable, and well marked case of Uterine Phlebitis, in which the formation of secondary abscesses took place in the joints of the elbow and wrist. This woman recovered. Of these cases seven terminated fatally, and the fortunate issue in the remaining is chiefly attributable to the very prompt treatment to which the patients were submitted after the existence of the disease in the Hospital had been too emphatically realized.

Seven severe cases of Uterine Hæmorrhage occurred, five before the delivery of the placenta, and two after. The Hæmorrhage in all these cases was controlled by the usual means, no ulterior bad consequences having resulted.

As a matter of curiosity I now record the following circumstance which is certainly curious, if true, and there does not seem to exist any good or sufficient ground for doubting the woman's veracity, as she could have gained or secured nothing by the falsehood whatever, if one. This patient, a respectable looking married woman, 40 years of age, and the mother of four previous children, declared that she had not perceived any catamenial flow whatever, since the birth of her fourth child, then six years of age. I think this may be set down as another instance of the vagaries, sometimes exhibited by Dame Nature in the performance of this function. Equally singular anomalies are on record.

The forceps were employed in nineteen instances, the short forceps seventeen times, and the long forceps twice. One case in which the latter was used has been already alluded to, and the other was one in which contraction of the antero-posterior diameter of the brim existed, and the attempt to deliver having been ineffectually made by this instrument, it was afterwards effected by version. The chief features of this case will be detailed afterwards. In the seventeen short forceps cases, the child was extracted dead in two instances, the fœtuses having exhibited the ordinary signs of death having taken place some days previously. In one of these cases the child was not only dead, but both it and the placenta were very considerably decomposed. In the other two cases, the infants were born "still." To both the usual means of resuscitation were applied, but only in one case with success. In the remaining thirteen cases the infants were living when born. In only one case was the issue unfavourable to the mother. I will give an abstract of this case also shortly.

Podalic version was performed six times. In five of these cases the presentations were some portions of the infant's lateral planes. In the sixth case, it was performed to convert a vertex into a footling case, and effect the delivery through a contracted brim, which did not appear possible in any manner, except by means of craniotomy. I have briefly alluded to this case in the last paragraph. In one instance of arm presentation, the late Dr. McCulloch succeeded, by means of *external manipulation*, (a practice again lately urged for adoption more generally,) in bringing the head to the brim of the pelvis, thus avoiding the hazards of this operation.

No cases have as yet occurred in the Hospital, requiring the performance of any of the other obstetrical operations, a matter of some congratulation.

A word lastly as to the general employment of chloroform. During the attendance of the late Dr. McCulloch, as well as since I have had charge of the Hospital, chloroform has been but sparingly used; its general use is prohibited in all ordinary labours; but it is employed whenever anything untoward occurs which demands an artificial assistance. It has accordingly been employed in all cases of version, and in forceps cases, after the blades of the instrument have been introduced and locked. Such are the cases to which its employment has been as yet restricted, because no others have as yet occurred to require it.

I will conclude these statistics, by giving in as short detail as possible, the particulars of some of the principal and most important cases which have occurred in the Hospital since it was opened; and to render these observations as complete as possible, I will place under contribution Dr. McCulloch's commu-

nication in a former series of this Journal, previously alluded to, as also that of Dr. Fenwick.

MONTREAL, April 25th, 1860.

XXVII.—*Contributions to Clinical Surgery and Medicine.* By ROBERT L. MACDONNELL, M. D., Surgeon to St. Patrick's Hospital.

No. 5. *Cases of Cancer of the Penis.*

Case 1.—*Epithelial Cancer of Penis.—Amputation.—Death three years after operation.*

A retired naval officer consulted me in Nov. 1845, on account of a small cancerous tumour occupying the left side of the glans penis, near the corona, and involving the reflexion of the lining membrane of the prepuce. It was about the size of a large marble, deeply rooted and ulcerated. The ulcerated surface presenting the usual appearances. On examination, I found that when a large sized catheter was introduced into the urethra, the tumour could be moved and was not connected to the walls of that canal, and this led me to remove the disease by longitudinal excision, so as to leave the orifice of the urethra and the greater part of the glans untouched. The patient was very much opposed to having another medical man present, and assuring me that I could depend upon his steadiness and nerve to assist me at every step, I proceeded to operate in the following manner. A large silver catheter passed into the urethra was entrusted to the patient, who also kept the penis steady. I then dissected the tumour carefully from the surrounding parts, and was glad to find that I could do so from the wall of the urethra without opening that canal. There was a good deal of hemorrhage which was soon arrested by the application of powdered tannin. The catheter was left in, and the patient was instructed how to apply a narrow bandage around the penis, keeping the catheter *in situ* as a fixed point, so as to arrest any further bleeding.

There was nothing remarkable in the subsequent progress of the case. The patient enjoyed good health for a couple of years. His relatives here were not even aware, I believe, that he had been operated upon, and one of them informed me lately that he died in Dublin of cancer about three years subsequent to the operation.

Case 2.—*Epithelial cancer of Penis.—Amputation.—Death three years after operation.*

J. R., aged 46, a strong healthy looking man, though of intemperate habits, was sent to me by Dr. Fenwick, under whose care he had been for some months. He presented a large ulcer on the penis partly involving the glans and the prepuce and extending backwards to the body of the penis. It was about three quarters of an inch in diameter, of an oblong shape, and covered with hard gristly granulations with deep firm roots, not bleeding when touched, and having on their surface a thick dirty yellow secretion; in other respects these

granulations though large were rather healthy looking. He suffered but little pain in the ulcer, and did not seem to be much inconvenienced by its presence. The disease had been treated very actively by escharotics without success, and as he was convinced himself that it was of a malignant nature he readily agreed to its removal. Previous to operating, I gave him the benefit of any remaining doubt as to its nature. He was admitted into St. Patrick's Hospital, and subjected to a mild mercurial course combined with iodine. This did not produce any effect one way or the other upon the disease, and on the 29th June I amputated the penis in the usual way, with one sweep of the knife—the patient having been placed under the influence of chloroform. There was only one vessel requiring a ligature. A silver catheter was introduced and the stump of the penis boundly gently upon it by means of a narrow roller, and cold water dressing was applied to the wound.

Nothing worthy of note occurred after the operation, and the wound healed rapidly. The patient unfortunately returned to his irregular mode of life, and neglected the advice I gave him to keep the orifice open by introducing a bougie from time to time. At the end of some months he applied at the hospital for re-admission, when it was found very difficult to get an instrument into the urethra. After a little time, however, he was able to pass a catheter for himself, and was discharged.

For more than two years after the operation was performed, this man remained free from any return of the disease. He was in good health and was seen daily working at his employment. The disease returned at the end of last summer, just three years after the operation, and he died of epithelial cancer of the penis and inguinal glands, in the Montreal General Hospital, a few months ago.

Case 3.—*Encephaloid Cancer of Penis. Frequent Attacks of Hemorrhage.—Amputation.—Death three years after operation.*

A tall sickly looking man, formerly a soldier, and of very intemperate habits, was sent to me for admission into St. Patrick's Hospital by Dr. Godfrey, on account of a malignant ulcerating mass engaging the left side of the prepuce and corresponding three fourths of the glans. The patient who was married, stated that though much addicted to drinking, he had not exposed himself to syphilitic infection for many years, and when he first noticed a slight soft tumour at the junction of the prepuce with the penis behind the glans, he was reluctant to consult a surgeon lest his wife might charge him with infidelity, and though conscious of its non-venereal character he became greatly alarmed at its rapid growth. This small tumour was first noticed five months before he applied to Dr. Godfrey. It quickly increased in size, and a month before he applied to me it became ulcerated on its surface and a profuse watery and fœtid discharge commenced flowing, and occasionally hemorrhage took place, at first slight, but latterly very profuse. These attacks of bleeding were difficult to arrest and usually left him weak and pale, and for several days after an attack he felt miserable and prostrated, and was obliged to have recourse to his usual remedy—whiskey, in which he indulged to a great

extent. The attacks of bleeding became more frequent, and the loss, each time, becoming more profuse, he at last consented to amputation and a day was appointed for his entrance into hospital. In the meantime, however, a very profuse bleeding took place which nearly carried him off, and as I dreaded delaying the operation any longer, it was performed on the same day as the second case just related. Two arteries required ligature, and on visiting him in the afternoon, there was a good deal of bleeding from the surface of the stump. The clots were removed, and a narrow roller applied round the stump so as to bind the penis on the silver catheter already introduced, and a plentiful supply of tannin was sprinkled on the bleeding surface, which had the effect of immediately arresting all oozing.

Nothing worthy of remark occurred during the healing of the wound. In about three weeks, the patient returned to his occupation. He visited me several times after leaving the hospital and about three years after the operation he died of internal disease most probably of a malignant form, but of this I am not certain as I did not attend him in his last illness.

These three specimens of cancer are in the Museum of McGill College.

There are few diseases more rarely observed by the surgeon than cancer of the penis. I recollect the late Sir P. Crampton stating in a clinical lecture that he had seen only five cases during his long and extensive practice. One of these cases occurred in the person of a surgeon of the Meath Hospital, and was concealed from the knowledge of his colleagues till it had assumed so extensive a development as to prevent all interference. On the occasion to which I allude, that eminent surgeon removed the penis from a strong healthy-looking countryman, in a novel manner. The patient was engaged in describing the origin and progress of the disease, when an assistant drew the penis over the edge of a table and at the moment it was properly stretched, Sir Philip applied a broad chisel to its dorsal aspect, and with a sharp tap of a mallet severed the diseased mass from the healthy portion of the organ. The man was surprised to find that an almost painless operation had been performed by this original method. I may mention that Sir Philip amputated the index finger of a young woman for neuralgia by the same method on the same day. He explained to the class, that he was led to adopt this plan from observing how often patients undergo severe injuries without pain, when they are inflicted suddenly, and when the attention is rivetted on some other object.

The statistics of the French Hospitals also prove the rarity of this disease. Walshe states that out of 8289 cases of cancer, the disease presented itself only 10 times in the penis. I am very much disposed to doubt the accuracy of such statistics. I have myself seen 9 cases of the disease and I am perfectly satisfied that I have not seen 7471 cases of cancer in other organs and situations, which should be the proportion allowed me for investigation by the French Statisticians.*

*Surgeons should be extremely cautious in regulating their practice by the tables of Statisticians. In an able paper recently published by Professor Howard of McGill College on *Myeloid Tumours*, a table is given of all the cases recently published, and amongst them is one of a lady from whom the late Mr. Bransby Cooper removed a tumour of the radius. Dr. Howard quotes this case as an example

The epithelial form of cancer is that which usually attacks the penis. I have seen only one instance of encephaloid, viz., that given above, and in that, death would in all probability soon have taken place from frequent attacks of bleeding had not the operation been performed. It is also worthy of remark that the patients did not suffer the excessive pain said to attend the disease, almost invariably.

Nor did I notice the dreadful melancholy which some of the French Surgeons state, always follows amputation of the penis. The friends of the first patient did not notice any difference in his manner; and the habits of the other two were not more than usually dissipated—they had always been drunkards and continued so to the last. This point is not touched upon by English writers, but it has acquired importance in the eyes of some French authors from the fact that an eminent surgeon was assassinated by a patient whose penis he had amputated and who became, from that moment, morose and melancholy.

From the time that Hey published his cases of cancer of the penis, the text books have repeated his statement that the disease occurs chiefly in those who are the subjects of congenital phymosis. Now, this condition was not present in the above cases, nor in two others that I had an opportunity of examining, expressly with reference to this point.

I need not now draw attention to the modern method of amputation, in preference to removing the mass by ligature, a plan followed by the older surgeons, from the erroneous notions they entertained that wounds of the penis must necessarily prove fatal from hemorrhage, nor do I intend occupying the reader's time, with a detail of the method proposed for preventing a closure of the urethral orifice, viz., by dissecting off the end of the organ in such a way as to

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of the indisposition of such tumours to return, whereas I had to amputate this lady's arm in consequence of a return of the disease in less than three years after Mr. Cooper's operation. It was called *Enchondroma* by Mr. Cooper, and a very minute microscopic description was given of its composition, and was quoted by Dr. Howard as an example of "Myeloid tumour." I am content to style it by the old fashioned term, "osteo-sarcoma" and I dare say most of my readers will understand its peculiarities better, by its old name. I am not surprised that Dr. Howard should have taken this case to support his views, for the following passage from Mr. Cooper's paper would lead any one to form the same opinion. "From the character of the abnormal development, there is *evidently nothing to fear in the form of a malignant disease, and there is also reason to believe that, as the diseased mass is removed, a healthy action may be re-established in the parts, and that, wanting the irritating stimulus to secrete and throw out the constituents of the abnormal growth, there will be no tendency for the disease to return.* The microscopic examination of the tumour was made by my friend Mr. Quekett."—*Med. Times*, for February, 1852.

Need I state how disappointed this poor lady and her friends were to find that the disease began to return about the very time the above lines were penned—although the strongest assurances to the contrary were given before she had consented to the operation.

I do not wish it to be supposed that I consider the above statements to detract in the least from the value of Dr. Howard's excellent paper on Myeloid Disease—on the contrary, I consider it one of the clearest and ablest memoirs we have on the subject, and that it reflects great credit on the able author and the school with which he is connected.

allow the mucous lining of the urethra to be reflected back and stitched to the cutaneous covering of the penis. The disease is so rare, and the ultimate success of the operation so uncertain, that we have no data to guide us in this matter, and I therefore prefer the more rapid and less complicated plan adopted in the above cases. But, I do not recommend complete removal of the end of the penis when the disease is so situated as to admit of extirpation, as was performed in the first case I have given. For this improvement we are indebted to Lisfranc, who found that the disease did not always extend to the fibrous sheath of the organ, although the deep and fixed attachment of a cancer in this situation are well known to practical surgeons.

Montreal, 1st May, 1860

ART. XXVIII.—*A Unique case of Surgery—Severe burn followed by exfoliation of the whole upper portion of the skull,* by HARVEY J. PHILPOT, M.D, M.R.C.S.L., Simcoe, C. W.

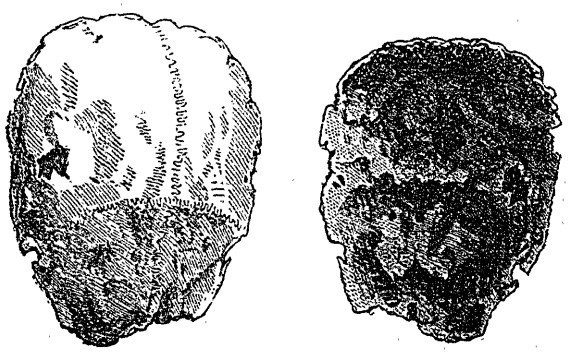
Mrs. B— an Irishwoman aged 50 residing within a few miles of our County Town, on the 29th of October 1857, whilst engaged in cooking her breakfast over the open fireplace was suddenly seized with a fit, and falling forwards on the burning brands suffered a severe injury of the scalp, face, and neck; portions of the parietal and frontal bones were denuded entirely of flesh and charred by the flames. Dr. J. M. Salmon, my partner, was in attendance shortly after the accident, and applied Linseed Oil and Lime Water which had the desired effect of easing the pain, together with the internal use of Tinct. opii. and Spt. Amm. Aromaticus. A severe attack of irritative fever set in consequent upon the great shock to the nervous system, which however yielded to treatment, and no other unfavourable symptoms supervened.

Mrs. B— residing at a distance, and consequently not able to receive much medical attendance, left the charge of her head to a great extent to the care of nature. With the assistance of a weak stimulating lotion, in the course of a few weeks a large slough was thrown off, which left behind it a healthy granulating surface upon the free margin of the scalp, surrounding the denuded surface of the upper two thirds of the two parietal, and the frontal bones. I called to see her occasionally by request, and had a fair opportunity of observing the efforts made by nature to restore to my patient's cranium this severe loss of personal property. One morning I called "*en passant,*" and upon entering the house, to my unfeigned astonishment, was greeted by my patient herself with her head bound up, Turk fashion, in a turban of well greased cloths, and bearing in her hands what I discovered at a glance to be her entire skull cap. After alternately scrutinizing her and the semi-skull she held in her hand, seeing that she still remained alive, after opening her mouth and otherwise exerting herself, I at last found courage to address her. She told me that a week or two previous, on the 15th of August 1858, just ten months after the accident, whilst applying as usual the lotion upon a piece of rag to the front portion of her head, she felt the bone move, and using a little extra force succeeded in

bringing away the whole top of her head. It caused little or no pain, and no bad symptoms fcllowed. Upon removing the dressing of soft greased cloths I found the entire upper surface of the Cerebrum exposed, covered only by its enveloping membranes, and looking like a large fleshy pulsating tumour surrounded by a border formed by the free margin of the lateral portions of the scalp. She seemed to suffer pain every now and then, but otherwise was well and hearty, and busily employed herself knitting. I coaxed her to give me the bone which at last she consented to do, and I bore it off with me in triumph: it measures across the longitudinal diameter $5\frac{3}{4}$ inches, and $4\frac{1}{2}$ inches across the transverse diameter of its concavity.

On the internal surface there are patches left of the *internal* table of the skull, the remaining portion consisting of the exposed diploe. The woman when last I saw her was busily occupied in the garden. Her appearance is truly horrible; the much to be dreaded cicatrix, the result of injury done to the neck and breast by the flames, has drawn down the chin to the upper portion of her Sternum by innumerable fleshy bands. Ectropion of the upper lid of the right eye, arising from the cicatrization of an ulcer of the integument, exposed to view the eye itself partially destroyed by the devouring element. Of the forehead itself only sufficient is left to show the integument, which before the accident supported the supercilia, now no more to be seen or even traced. It is now nearly two years and a half since the accident happened, and Mrs B— seems to suffer but little inconvenience from "the house she lives in" being roofless. She is very desirous of getting the skull-cap in her own possession again, as the neighbours tell her her head will never heal up without its being so.

The subjoined wood-cuts from photographs are representations of the exfoliated piece of the skull, that on the left side being the front view, that on the right the internal surface, the small black portions representing the only remaining patches of the internal table.



SIMCOE, March 23rd 1860.

ART. XXIX.—*On some points in connection with Sanitary Science.* By DAVID WOODS, M. D., L.R.C.S.I., Asst. Surgeon to the Forces.

The historic records of nations from the earliest down to the latest times, present us, in each and all, with periods of elevation, culmination, and finally of decay. In some, the attainment to greatness was dependent to a very large extent, not on the people themselves, but was rather owing to a race of despots, who by their extensive and enlarged minds, and their wide spread knowledge of mankind, were enabled to elevate the lands over which they ruled to temporary greatness, but such greatness was never in such cases permanent, but rapidly died away, when the men by whom it had been effected disappeared from the scene. Nations like individuals, require that cycles, whether of years or centuries should be passed in their attainment to greatness, and when such conditions have not been complied with, the structure as a rule, falls to pieces even more rapidly than it was built up. Necessarily and intimately connected with a nation's progress in advancement towards a high civilization in the arts and forms of life, is that tendency which civilized man has to enquire into the conditions of his own existence, to enquire on what they are dependent, and how the individual singly, or society at large, may be affected by the external circumstances of time or place.

Human progress in its onward march, fails not to see how health, and life, and the good of the body politic generally, are affected by such external conditions, and as it is a self-evident fact, that the wealth of the entire nation is dependent on the capabilities of productive power incident to each individual composing the mass, it becomes a necessity in the advancement of the country, that causes injuriously affecting health should be taken account of, and as far as possible removed. It is only, however, in lands, in which progress in wealth and civilization is going on in a high degree, that this kind of reasoning as regards the causes of mortality, their prevention, and the capabilities thereon dependent of its population obtains, we find under conditions less advanced, another cause and one much more general, which usually directs attention towards investigating and warding off the accidents of disease and death. This latter takes effect through the fear of death and wide spread devastation accompanying and following in the train of pestilential diseases, and holds good for the most part in countries where legislative wisdom is neither far enough advanced, nor its acquired capabilities sufficiently powerful to carry out measures adapted to the purpose. Often it happens, however, that even the frightful impress, made by the march of epidemic pestilence, fails to rouse a people to a proper sense of their danger; and when such is the case, human life has no marketable value, and is therefore, looking at it in an economic point of view, not worth the preservation. If we look back for a brief period into the condition of the North American Indian races, and the same will apply to almost all half civilized nations and savage tribes, we find the low value at which human life was and is estimated. Child murder was common, and to prevent old age, or rather that period of life, which with civilized man is looked up to for wisdom and advice, becoming a burthen, cool, deliberate, and even sought for sacrifice of life, was

adopted. But it is not alone in a people so degraded as the American Indians that practices such as I have described prevail. In a people boasting of their civilization, and looking upon the exterior world as made up of barbarians, (the Chinese) child murder is common, human life is disregarded, and as a natural corollary the state of the population wretched in the extreme. Let any one attentively consider the condition of the people of Cairo, as described by Dr. Mead, in 1720, and the wonder will be, not that plague and pestilence with their train of death and misery should there abound, but rather that human life should be at all capable of existing under such conditions as these people surround themselves with; and in other parts of the world which I myself have seen like conditions obtain. I shall never forget the aspect presented by Varna, when the British army returned to that seaport to embark for the Crimea. Miles distant a horrid odour greeted the nostrils, the nearer and nearer we approached the town, the more thickly was the road polluted with the carcases of animals, left to rot where they had perished, and finally as we marched round the walls of the place to reach the shipping, there lay directly in our path the skins and entrails of hundreds, nay of thousands of animals, which had been slaughtered to supply the army with food, decaying under a burning sun, and the miasma from which, when added to the exhalations emanating from the marshes in that pestilential locality, were sufficient to originate a tribe of zymotic diseases. The state of the town may be adduced as an example of the degraded and sickly condition of the inhabitants. The streets were narrow, unpaved, and full of holes, filled with rank and decomposing fluid, and solid organic material; the houses mostly of wood, ricketty, and swarming with vermin; the inhabitants dirty, ill-clad, and sickly looking. These facts having their origin in the sanitary state of a people, show how ill-suited was the Turkish race to uphold that celebrity it so rapidly and so violently attained; and, how if those elements necessary for human progression do not innately belong to a people, their rapid culmination will just as certainly be followed by rapid decay. The statistics furnished from the Registrar General's Office place it beyond doubt, that England at the present time is the most healthy country in the world, and this notwithstanding the vast number of fatal cases arising from zymotic disease, (or diseases depending for their origin on a poison capable of removal) and amounting to 140,000 per annum. (The return for 1857 is here alluded to.) Yet if we look back for a brief period into her history, we shall find that it was only during the 18th century that she became exempt from these terrible and fatal pestilential visitations, at present almost wholly confined to the northern and south eastern shores of the Mediterranean Sea; and that previous to this period, England as regards sanitary measures was far behind other nations in Europe, more especially Holland, the low-lying position of which relatively to the level of the sea, early induced attention to matters of this nature.

It was only however when statistics were brought to bear upon the relations of disease and death to population, and that the causes of death began to receive attention, that the world became fully aware how vast was the loss of human life arising from causes under the control of mankind, and capable of entire removal or great amelioration. The further study of this subject led us to look to

climate, locality, and temperature, for the special causes of disease, and for the first time in the history of medicine a gate seemed opening by which we might arrive at the hitherto occult origin of maladies. The conjoint science of statistics will in some respects give to the study of medicine all the characters of mathematical exactitude, and by following out this course in all matters to which we can apply it, we shall thus do away with that uncertainty behind which the quack conceals his imposition and the half-educated practitioner his baneful ignorance. We shall proceed in the further examination to study our subject in its moral, medical, and economic bearing, and to elucidate the influence, its study and practice are likely to have on the saving of human life and the general amelioration of mankind.

In every age and at every time the profession of the physician has been necessarily conjoined with that of the philanthropist; his mission ever one of kindness has been to alleviate suffering, and often by the blessings of his skill, to call into effect those almost Godlike functions of the healing art, restoring sight to the blind, and enabling the mind darkened by insanity to return to its sphere of usefulness in society. How often does the medical man give his assistance in the homes of vice, wretchedness and poverty, in hovels reeking with pestilence, and at the imminent risk of his own life, enter when all else have fled; but how frequently does it happen that his skill is unavailing, that the external conditions by which the sufferer is surrounded preclude the possibility of recovery: the place reeks with miasmatic poison, the mainsprings of life have been undermined by a long course of vice; body and soul go down together. It is with such cases as these that sanitary science and sanitary legislation have to deal, numbering as they do their thousands nay tens of thousands. The professor of curative medicine merely offers his skill to save the body, but when he conjoins with his curative knowledge that of preventive science he takes a position far higher, he saves body and soul alike; his usefulness exercising an influence posterior to the present on generations yet unborn. It is in localities low, ill-drained and crowded out of all proportion to surface area; that epidemics take their rise, and immorality its origin. Crowded and huddled together without distinction of age or sex, living under circumstances the most depressing in their character, inhaling an atmosphere loaded with organic miasms, is it to be wondered at that vice and disease go hand in hand together until spreading like a foul ulcer from such vile sources they inundate the land, and reaching at length the abodes of the rich teach them the lesson, that even for their own protection measures must be taken to uproot with a strong arm foci such as these. Lord Shaftesbury in his address on public health at the meeting of the National Association for the Promotion of Social Science in 1858, after alluding to the condition of the London poor, thus proceeds,—"Go amongst people, hear with your own ears and see with your own eyes, what I now state, the utter corruption of language and of thought and of practice in all those districts. When I state this I am not speaking in condemnation of those people, for I maintain that the circumstances in which they are, are such, that these things come upon them almost by inevitably necessity. I speak not only of health, but when two, three or four families are crammed together in a narrow house, can you wonder at any amount

of sin, can you wonder at any amount of vice, can you wonder at any thing occurring which we cannot mention in this mixed assembly."

It is only by looking around us and examining society retrospectively, that we become fully aware how neglect of cleanliness and ordinary sanitary habits tend by degrading the mind and debilitating the body to induce immoral habits and lower the status of the race. Filthiness naturally tends to disease, disease to debt, debt to immoral dealings and the last and final step is taken from which there is no return. The question has been mooted and opinions have gone forth that the sciences of preventive and curative medicine are so totally at variance with each other that they should be widely separated and practised by distinct branches of the profession, an error which could only have originated with those totally unacquainted with the requirements necessary to a sound medical education. Who so capable of dealing with and understanding the causes external to the body, which have such a powerful influence in changing and perverting the functions of the organism as he who has studied that organism as well in its physiological or healthy manifestations as also in its pathological characters, resulting from the causes which have produced the change. The true method by which causes may be discovered, discriminated, and successfully examined as to their removal, must necessarily imply a thorough knowledge of the effects produced, for if we know not effects, how can we understand causes. It was the action of gravity on matter evincing its effects, that first led Newton to divine the law. Experience again tells us that life whether animal or vegetable, if placed in a position to which light is not admitted, rapidly blights and ultimately dies; in so far then we learn the influence of light on organic beings, and applying this knowledge to other cases which may come before us and in which we find like conditions prevailing and like ultimate effects resulting, we can easily understand the cause of disease and apply our remedy accordingly. In connection with the effects of light, an eminent actuary has deduced from statistics, that the deaths in patients placed along the dark hall of a ward relatively to those lying in juxta-position to that on which the sun's rays fell were out of all proportion to what might have been expected viz. four to one. Who again so capable of estimating the causes of fever disease as he who has examined the putrid and pulpy heart of typhus, or the diseased glandular or mucous surface, in typhoid fevers. The ordinary observer seeing a crowded and noisome alley reeking with typhus, may and most likely will connect cause and effect, but whilst his knowledge is only general, that of the physician whose whole life is spent in observing the effects of external conditions not on the sick merely, but on mankind generally, is special. His scientific knowledge again embracing, as it should do a knowledge of the ultimate composition of matter, whether solid fluid or gaseous, enables him to apply that knowledge in a manner which the mere general observer is totally unable to do.

I might adduce many other examples to show how intimately related are the two branches of the profession, but that men may be thorough sanitarians, and contribute their full quota of assistance, the study of subjects is necessary which at the present day receive but a small share of attention in Schools of Medicine. A knowledge of the laws of matter, physical as well as chemical is absolutely

necessary to the sanitary reformer of the present day, having regard to the effects of ventilation and drainage, light, heat, moisture, &c., in the preservation of health and prevention of disease. How intimately again are the latter connected with local position, having reference to climate, &c., which again connects the subject with those of physical and medical geography, more particularly interesting to him who of necessity has to study and treat disease in all parts of the world. As each Zone has its peculiar life whether animal or vegetable, so each has its peculiar and specific diseases, and the isothermal relations varying according to the elevation above the level of the sea, we may have in any particular country where a mountainous feature prevails, different forms of life, difference of climate, and as a necessary result marked difference in the types and genera of disease, each type and genus yet connected with those of places far distant, where the same isothermal relations and conditions exist. As an example under this head we may adduce yellow fever, localised in its site by certain parallels which it never exceeds, and held in check by a certain temperature below which it is incapable of attacking the human race; this scourge to certain parts of the world thus presents us with a remarkable example of the abeyance of disease to natural causes, which prevent it from spreading it sravages to more temperate climes than those in which it now holds sway. But it is not alone yellow fever which is thus localised. Very few diseases are there which prevail in all parts of the world; typhus is essentially the child of the sub-torrid and temperate zones. Even phthisis, that most prevalent of all maladies, is not found in all lands, decreasing as we proceed northward from the 48th parallel of North latitude in America, and the 58th in Europe, the isothermal line cutting the Eastern coast of America further south than the West coast of Europe. A general examination of disease, affords us a tolerably fixed classification, having relation to the different Zones into which the surface of the Earth has been divided; thus the torrid Zone is characterized for the most part by Alvine fluxes, liver diseases, yellow fever, and those of the remittent type. The sub-torrid and temperate by fevers of the typhoid class, and according to the prevailing epidemic constitution by sthenic or asthenic inflammatory diseases; whilst the arctic and sub-arctic Zones are essentially marked by giving origin to catarrhal diseases and colds. But diseases are not to be divided alone with reference to their Zones of position; it is necessary to look much more closely into their habitats to localise them in certain spots, where the nature of the surface has everything to do with their production; thus we find from experience that cholera has a special liking for tertiary and clayey soils, and the same thing may be said also to a great extent of fevers of the periodic type. This fact only confirms what previous reasoning must have deduced, for the older formations having been long exposed to compression by overlying masses, and these latter subsequently removed by denudation, leave the underlying, harder and immoveable parts, mayhap upheaved at various angles of declination in such a position as to be either non-absorbent or non-retentive of surface drainage.

The more modern deposits resting for the most part in basins, (of the chalk in England) and made up of retentive and less indurated materials, offer the most likely ground for the retention of moist and decaying organic material,

which, when acted on by any heat-producing power yields up its poison in a gaseous form, and either directly produces disease of the periodic type or by weakening the constitutions of those exposed to its influence as was the case with our troops in Bulgaria, so affects individuals thus exposed as to render them an easy prey to other pestilential influences prevailing around. In connection with marshy regions, I may here allude to a singular circumstance with reference to phthisis and fevers of the remittent and intermittent type, which has been noted to obtain on this Continent. It has been remarked that wherever the forest has been cut down, and the land drained to any extent, fevers of the type alluded to, have as might be expected ceased to prevail, but pulmonary phthisis has taken their place. This circumstance may, however, I think be explained without having reference to any extraordinary cause. The clearing and draining of a locality is naturally followed by its settlement, and phthisis being one of the most prevalent of human diseases, only fulfils its mission in attacking individuals wherever it may find them prone to its influence. The original clearers of the soil were for the most part and naturally, a hardy race, but it does not follow that their offspring should be equally so. However this may be, I noted the fact, that during the residence of the regiment to which I was attached in Bulgaria (an essentially marshy country) out of a strength of between 800 and 900 men, not one case of tubercular disease manifested itself; the period extended over three months, and the fact was certainly remarkable as regards a British regiment. Before leaving this part of my subject I may be permitted to allude to some curious and interesting facts, not without their value, relating to the aptitude for acclimatization, and therefore for colonization, present in certain races, and the almost insurmountable obstacles presented by climate and locality to Europeans settling in certain parts of the globe; thus it appears by returns furnished to the French Minister of War, that the mortality in Algeria among the European population, averages annually 64 in the 1000, the average in France not amounting to more than 24. By some records furnished from Australia, which we consider a most healthy and equable climate, it has been made to appear, that the Anglo-Saxon race require constant renewal on that continent to prevent their extinction; the statistics of our Army in India in this respect afford also a gloomy picture, but, perhaps, the most remarkable fact with reference to the power of mankind over the influences alluded to, is furnished by the Jews, who irrespective of the most unfavourable external condition localise themselves wherever the exercise of physical or mental labour can produce results. M. Bondin an eminent medical officer in the French Army thus alludes to them :—"The Jews at the present moment are to be found in every part of the world, in Europe from Norway to Gibraltar; in Africa from Algiers to the Cape of Good Hope; in Asia from Cochin to the Caucasus, from Jaffa to Pekin, in America he is to be met with from Montevideo to Quebec, for the last fifty years he has invaded Australia, and has given proof of his power of acclimatisation under the tropics, where people of European origin have constantly failed to perpetuate themselves. In relation to altitude, although he seldom inhabits the mountains for his tendencies are usually industrial or commercial, yet there is nothing to make us suppose that he possesses any physical

incompatibility for residence in elevated localities. On the other hand he has lived for many ages and lives on still on the only point of land the Valley of the Jordan which is situated more than 400 metres *below* the level of the sea, and where it is doubtful whether any European would ever succeed in propagating his race. Finally, wherever the Jewish race has been studied up to the present time, it has been found to submit to statistical laws of births, deaths, and proportions of sex, differing completely from those which govern the nationalities among whom they reside. Assuredly, so unexpected a fact, one so contrary to reasoning, is not one of the least interesting of the facts which medical geography has revealed to us. Compare with this aptitude for localisation the proportion of deaths among British troops in Ceylon over that of the Native force, and the difficulty of acclimitization becomes apparent:

British	Troops,	69 per 1,000
Negro	"	50 " "
Malay	"	24 " "
Native	" of Bengal, &c.,	12 " "

Thus, as remarks M. Bondin, race and nationality show themselves of the highest importance, in the consideration of recruiting for foreign stations, not alone as an object of humanity, but of the highest consequence in Political and Financial Economy. From the foregoing brief review of the influence which locality, climate, and meteorological causes, exercise over the types of disease, their production and intensity, as also on the localisation of the human family, we learn how necessary it is that subjects of this nature should receive a large share of attention, not alone for determining the first causes of disease, but more especially that external influences unfavourable in their effect on the constitution may be brought into abeyance. Neither is it alone to those pursuing the practice of the Medical profession at various times in different parts of the globe, as falls to the lot of the Army Medical officer that this subject becomes one of the highest interest, it should be equally so to the physician in whatever part of the world he may reside, in case he wishes to understand the science of preventive medicine. The first causes of disease are interesting to all alike, and judging from analogy, we may, I think, assume that they are neither so numerous nor so varied as the effects which they produce on the human frame. Nature works by means of a few simple laws in all cases, and the varied effects which we witness are the result of varieties of mode of life, temperament, &c. We have already remarked that similar geological position gives rise to or is associated with similar pathological conditions, no matter how widely apart the localities, The yellow fever of the more southern latitudes has its homologue in the severe paludal fevers or what has been more particularly called the lake fevers of Canada, as also in the remittents of this and other countries, and thus should we be so fortunate as to arrive after strict and attentive observation of any one of these maladies at facts relating to its first cause, and the intimate nature of the cause with the effect, we may deduce as a corollary that of those so closely associated in their habitats and symptoms, and knowing the means of prevention for one to apply the same to all whether they take the type of the

mild intermittent or terribly fatal yellow fever. Having considered and pointed out how a knowledge of the subject alluded to may be useful, we shall now proceed to its practical application, and show how the knowledge has been instrumental in saving human life. (*To be continued.*)

Montreal, May 1st, 1860.

REVIEWS, &c.

ART. XXX.—*Contributions to Operative Surgery and Surgical Pathology.* By J. M. CARNOCHAN, &c., &c.

On Restoration of the Entire Upper Lip.

Mr. Carnochan gives the particulars of two cases of malignant disease of the upper lip, and details the steps he took to form a new lip, in which he succeeded very well; and so will any Surgeon of common skill, if he will do precisely as Mr. Carnochan did, viz. follow the very clear and simple directions given to us by Serre of Montpelier many years ago in his able treatise on Plastic Surgery. Mr. Carnochan removed the mass by the usual ∧ shaped incisions, he then carried his knife in a horizontal direction from the apex of the wound on the cheek towards the ear, and also from the commissure of the lip outwards on the cheek to the same extent as the upper incision. A similar flap was made from the other cheek, and the two flaps being gently stretched, were brought into apposition in the median line and united by sutures.

Mr. Carnochan states that restoration of the entire upper lip was never before performed in the United States, and claims for his mode of conducting the operation the merit of originality. He alludes however to Lisfranc and the younger Bérard, as having "each related a successful case." The reader will find that the atlas which accompanies the treatise of Serre, plates XIII and XIV, gives four illustrations of this operation, and there are four diagrams to point out the line of incisions. These we have shewn to several friends, and we may mention, that we have been familiar with the operation for several years, and have practised modifications of it in our own plastic operations. It is true that Mr. Carnochan styles this the *Celsian* operation, but few of us would now know anything about it were it not for Serre's cases of illustrations, though he was accused by Payan of plagiarism from Celsus. Serre defends himself in the following words.

"J'ai dit, au commençant, ce que l'on devait aux travaux de ce medecin, et je n'ai certainement pas la prétention de lui disputer ici la priorité sur ce point; mais vouloir trouver dans une phrase latine de quatre lignes la description succinte et précise d'un mode opératoire qui, selon toutes les apparences, n'a jamais été mis en pratique par celui-la même qui en parle, c'est aller au-delà des faits, et ravir aux modernes la part de gloire qui leur revient."*

* *Traité sur l'art de restorer les difformations de la face.* Montpelier, 1842, p. 205.

We doubt very much if our readers would form a clear idea of performing the operation from the directions of Celsus which we now quote.

"The method of cure is this; to reduce that, which is mutilated, into a square; from its interior angles to cut in transverse lines so as as to divide the part that lies within these lines from that beyond them; then to draw together the parts we have thus opened; if they do not fully meet, then beyond the lines we made before, to cut in two places, in a lunated form, with the horns turned towards the wound, so as only to separate the surface of the skin; for by this means what we draw together will be more at liberty to follow; which is is not to be forced by violence, but gently drawn, so as it may easily follow, and when let go, not recede far, p. 366."†

Mr. Carnochan may have obtained from the above very obscure passage the rules for operating which he has followed in the cases he has published; if so, it is to be regretted he was not acquainted with the more recent work of Serre, which would have rendered unnecessary the illustrations that accompany his cases.

ART. XXXI.—*Selected Monographs: Kussmaul and Tenner on Epileptiform convulsions from Hæmorrhage. Wagner on the resection of bones and joints. Graafe's three memoirs on Iridectomy in Iritis, Choroiditis, and Glaucoma. The New Sydenham Society.* London, 1859, pp. 380.

We have just received from Dr. Fenwick, the Honorary local Secretary for Canada, the foregoing work, the fifth and last volume published by the New Sydenham Society, for the year 1859. This Society has faithfully and well discharged its obligations to its members, the present, as well as the preceeding four volumes, being all works of the highest merit, and their subjects, masterly and thoroughly treated as they are by their respective authors, being on topics which are anxiously occupying the attention of the Profession at the present day. The "memoirs on Diptheria from the writings of Bretonneau, Guerrant, Trousseau, Bouchut, Empis, and Daviot, with the Bibliographical Appendix of Dr. Chatto, is extremely valuable, and should be in the Library of every physician, and appearing last year at the time in which it did, came opportunely and supplied a desideratum much felt. The other volumes are of great value. They are "Gooch on the diseases of Women and Children;" "Diday on Infantile Syphilis;" and "Van Dor Kolk on the Spinal cord and Medulla Oblongata, and the proximate cause and treatment of Epilepsy." The promises of the Society for the present year are equally rich, and we have not the slightest doubt will be as rigidly fulfilled. It proposes to issue at least five other volumes, one of which will be, if the list of members reach 3000, which we doubt not it will when its merits are more widely diffused, "Hebra's Atlas of Skin diseases," a work which from its costliness is now extremely rare, and utterly beyond the reach of all except the wealthiest members of the Profession.

We regret to see such few names from Canada in the list of members; 9 being the number which the profession in this country furnishes. When we observe that the subscription for membership is only $5, we feel assured, that this short

† Grieve's translation of Celsus, p. 366.

coming can only be due to the fact that the Society is but young and scarcely, as yet, known out of England. We should have much wished to have considered in detail the work upon "convulsions," before us. The space at our disposal, and the late period at which it came to hand preclude this. We may seize some future opportunity for doing so. We shall only observe, that the whole five volumes are neatly and substantially bound in cloth, and extremely well printed.

PERISCOPIC DEPARTMENT.

SURGERY.

ACUPRESSURE, A NEW METHOD OF ARRESTING HÆMORRHAGE BY ARTERIAL PRESSURE WITH NEEDLES.

By J. Y. Simpson, M.D., Professor of Midwifery, &c., Edinburgh.

Dr. Simpson had tested, with perfect success, the effect of acupressure as a means of effectually closing arteries and staunching hæmorrhage first upon the lower animals, and lately in two or three operations on the human subject. The instruments which he proposed should be used for the purpose, were very sharp-pointed slender needles or pins of passive or non-oxydizable iron, headed with wax or glass, and in other respects also like the hare-lip needles commonly used by surgeons at the present day, but longer when circumstances required it. They might be coated with silver or zinc on the surface, if such protection were deemed requisite.

At first, Dr. Simpson believed that in using acupressure as a hæmostatic means, it would be necessary to compress the tube of the bleeding artery between two needles, one placed on either side of it. But in his later experiments upon the living as well as the dead body (as in amputations on the latter and subsequently injecting tepid water through the arteries, in imitation of the flow of blood), he had found, that the compression of one needle was usually perfectly sufficient to shut up an artery, and that even sometimes, when two or more bleeding points were near, they could be closed simultaneously by the action of one needle or pin.

The whole process consists in passing the needle *twice* through the substance of the wound, so as to compress together and close, by the middle portion of the needle, the tube of the bleeding artery a line or two, or more, on the cardiac side of the bleeding point. The only part of the needle which is left exposed on the fresh surface of the wound is the small middle portion of it which passes over and compresses the arterial tube, and the whole needle is withdrawn on the second or third day, or as soon as the artery is supposed to be adequately closed, thus leaving *nothing* whatever in the shape of a foreign body within the wound, or in the tissues composing its sides or flaps. To produce adequate closing pressure upon any arterial tube which it is desired to constrict, the needle must be passed over it so as to compress the tube with sufficient power and force against some resisting body. Such a resisting body will be most frequently found—1st, in the cutaneous walls and component tissues of the wound; 2d, sometimes in a neighboring bone, or other resistent point against which the artery may be pinned and compressed by the acupressure needle; and 3d, in a few rare cases it may possibly be found in practice, that a second needle may require to be introduced to serve as a point

against which the desired compression is to be made. Most commonly the first of these three plans seems perfectly sufficient, and that even in amputation of the thigh; a thicker or deeper flap merely requiring a proportionally longer needle. In acting upon this mode, the surgeon may place the tip of the forefinger of his left hand upon the bleeding mouth of the artery which he intends to compress and close; holding the needle in his right hand, he passes it through the *cutaneous* surface of the flap, and pushes it inward till its point projects out to the extent of a few lines on the raw surface of the wound, a little to the right of, and anterior to his finger tip; he then, by the action of his right hand upon the head of the needle, turns and directs its sharp extremity so that it makes a bridge, as it were, *across* the site of the tube of the bleeding artery, immediately in front of the point of the finger, with which he is shutting up its orifice; he next, either with this same forefinger of the left hand, or with the side of the extremity of the needle itself, compresses the locality of the bleeding arterial orifice and tube, and then pushes on the needle with his right hand, so as to make it *re-enter* the surface of the wound a little to the left side of the artery; and lastly, by pressing the needle further on in this direction, its point re-emerges through the *cutaneous* surface of the flap—the site of the tube of the bleeding artery being in this way left pinned down in a compressed state by the arc or bridge of steel that is passed over it.

The needle thus passes first from and through the skin of the flap *inward* to the raw surface of the wound and after bridging over the site of the artery, it passes, secondly, from the rear surface of the wound *outward* again, to and through the skin. Sometimes the needle will be best passed by the aid of the eye alone, and without guiding its course by the finger tip applied to the bleeding orifice. It compresses not the arterial tube alone, but the structures also placed over and around the *site* of the tube. When the needle is completely adjusted, all of it that is seen, and that not necessarily so, on the surface of the raw wound, is the small portion of it passing over the site of the artery; while externally, upon the cutaneous surface of the flap, we have remaining exposed more or less of its two extremities, namely, its point and its head. The rest of it is hidden in the structures of the flap, or side of the wound. The degree of pressure required to close effectually the tube of an artery, is certainly much less than medical practitioners generally imagine; but in the above proceeding the amount of pressure can be regulated and increased, when required, by the acuteness of the angle at which the needle is introduced and again passed out—the cutaneous and other structures of the flap serving as the resisting medium against which the needle compresses the arterial tube. If it were ever, perchance, necessary to produce greater compression than can be thus accomplished by the needle alone, this increased pressure could be readily obtained by throwing around the two extremities of the needle, which are exposed cutaneously, a figure of eight ligature, as in hare-lip, with or without a small compress placed between the arc of the ligature and the skin. In practice, however, the pressure of the needle upon the artery will, without any such external aid, be found to err more frequently, at first, in the way of excess than in the way of defect.

The process of the adjustment of the needle is difficult to describe shortly by words, but the whole of it is readily seen and imitated when repeated upon a piece of cloth or soft leather. We fasten the stalk of a flower in the lapelle of our coat by a pin, passed exactly in this manner, to compress a bleeding artery against a bone is somewhat more complicated, but not much so. In accomplishing it, we have to introduce from the cutaneous surface a long needle through the flap of the wound, obliquely, to near the site of the artery, and then compressing against the bone, with the fingers of the other hand, or with the end of the needle itself, the part containing the artery, we make the needle, after passing over this compressed part, and after testing whether it has closed the vessel or not, enter into the tissues beyond, and, if necessary, even emerge from the cutaneous surface on the other side, at an angle somewhat oblique to that at which it entered; thus taking advantage of the resiliency and resistance of the soft textures, to make them

push the needle with the necessary degree of force against the artery and bone. Arteries in particular parts require special adjustments and modifications to compress them against the neighboring bone, which only anatomy and experience can point out. There is always sufficient soft tissue on either side of the artery for the needle to get a purchase upon, to compressthe arterial tube against the bone, or other resistent point; and a comparatively slight purchase of this kind is generally all that is required. In two cases, Dr. S. had found that branch of the internal mammary artery which so frequently bleeds in the bottom of the wound after excision of the mamma, easily and perfectly closed by a needle passed through the flap to near the artery, then lifted over it and (after compressing it so as to stop the flow of blood) pushed onward into the tissues beyond. Possibly, in some amputations, an acupressure needle, or needles, may yet be passed, immediately before the operation, half an inch or so above the proposed line of amputation, so as to shut the principal artery or arteries, and render the operation comparatively bloodless. If so, these needles would serve, at one and the same time, the present uses of both tourniquet and arterial ligatures. Perhaps this will be found, in some cases, as simple and effectual means of compressing and closing arterial trunks for hemorrhage and other practical purposes; as, for example, the artery leading to an aneurism—as the femoral artery in popliteal aneurism—changing the operation for that disease into a simple process of acupressure, instead of a process of delicate dissection and deligation, when in any case the milder methods of compression, munipulation, and continuous flexion of the knee fail. It has been hitherto a difficult problem to obstruct the vessels of the ovarian ligament in ovariatomy, without leaving a foreign body, whether clamp or ligature, upon the stalk of the tumour, to ulcerate and slough through it. If the stalk be transfixed, and properly and strongly pinned in its whole breadth, to the interior of the relaxed abdominal walls, by one or more acupressure needles passed through these abdominal walls from without, this difficulty may possibly be overcome.

That needles used for the purpose of acupressure, and passed freely through the walls and flaps of wounds, will not be attended by any great degree of disturbance or irritation, is rendered in the highest degree probable by all that we know of the tolerance of living animal tissues to the contact of metallic bodies. Long ago, John Hunter pointed out that small shot, needles, pins, etc., when passed into, and embedded in the living body, seldom or never produced any inflammatory action or none at least beyond the stage of adhesive inflammation, even when lodged for years. Sometime ago, when the subject of acupuncture specially attracted the attention of medical men, Cloquet, Pelletan, Pouillet, and others, showed that the passage and retention of long acupuncture needles was attended with little or no irritation in the implicated living tissues. The reviewer of their works and experiments in the *Edinburgh Medical Journal*, for 1827, observes: "It is a remarkable circumstance that the acupuncture needles never cause inflammation in their neighborhood. If they are rudely handled or ruffled by the clothes of the patients, they may produce a little irritation; but if they are properly secured and protected, they may be left in the body for an *indefinite* length of time without causing any of the effects which usually arise on account of the presence of foreign bodies. In one of M. Cloquet's patients, they were left in the temples for eighteen days; and in cases in which needles have been swallowed, they have remained without causing inflammation for a much longer period. It appears probable, from the facts collected on the subject, that metallic bodies of every kind may remain imbedded in the animal tissues without being productive of injury." All the late observations and experiments upon metallic sutures are confirmatory of the same great pathological law of the tolerance of living tissues for the contact of metallic bodies imbedded within their substance. In the operation for hare-lip, where the whole success or failure of the operation depends upon the establishment or not of union by the first intention, surgeons use needles to keep the lips of the wound approximated, often compressing these needles strongly with their figure-of-eight ligatures, and find this measure the most successful means which they can adopt for accomplishing primary adhesion.

The acupressure of arteries, when compared with a ligature of them, appears, as a means of arresting hæmorrhage, to present various important advantages:

1st. Acupressure will be found more easy, simple and expeditious in its application, than the ligature.

2d. The needles in acupressure can scarcely be considered as foreign irritating bodies in the wound, and may always be entirely removed in two or three days, or as soon as the artery is considered closed; whilst the ligatures are true foreign irritating bodies, and cannot be removed till they have ulcerated through the tied vessels.

3d. The ligature inevitably produces ulceration, suppuration, and gangrene at each arterial point at which it is applied; whilst the closure of arterial tubes by acupressure is not attended by any such severe and morbid consequence.

4th. The chances, therefore, of the union of wounds by the first intention should be much greater under the arrestment of surgical hæmorrhage by acupressure than by the ligature.

5th. Phlebitis, Pyæmia, etc., or in other words, traumatic or surgical fever, seem not unfrequently to be excited by the unhealthy local suppurations and limited sloughings which are liable to be set up in wounds by the presence and irritation of the ligatures.

6th. Such dangerous and fatal complications are less likely to be excited by the employment of acupressure, seeing the presence of a metallic needle has no such tendency to create local suppurations and sloughs in the wound, such as occur in the seats of arterial ligatures.

And 7th. Hence, under the use of acupressure, we are entitled to expect both, *first*, that surgical wounds will heal more kindly, and close more speedily; and *secondly*, that surgical operations and injuries will be less frequently attended, than at present, by the disastrous effects and perils of surgical fever."—*Philadelphia Medical and Surgical Reporter.*

ON TWO MODIFICATIONS OF THE OPERATION FOR CATARACT.

By Dr. Von Græfe. (Communication made to the "Verein der Berliner Aerzte.")

One of the most common operations for cataract, that of extraction and the formation of a large flap, affords about ten favourable results in twelve cases; in one case only a partial restoration of sight is procured, and in the other suppuration of the eye is caused by loss of the flap. Division of the lens, which has been proposed as a substitute to the above method, is only applicable in cases where the lens is capable of being absorbed; when the nucleus of the lens is hard and yellow, it is apt to be followed by iritis, and must under such circumstances, give way to extraction. In the operation of reclination the lens acts as an irritant, and produces internal ophthalmia, increase of intra-ocular pressure, excavation of the optic nerve, and amaurosis. The statistics of the operation show that vision is preserved in only one-half of the cases. In old persons, therefore, extraction with the formation of a flap should be preferred to all other operations, which may, however, be used in exceptional cases.

The dangers of extraction are owing to the extensive flap of the cornea, on account of which comparatively little tissue is left for the supply of nourishment, which evil is further increased, and the mortification of the flap is favoured by the contusion produced by the lens on its escape. This latter difficulty is obviated by the linear section; but this is only applicable in cases of soft cataract, as in hard ones the frequent introduction of Daniel's scoop causes dangerous irritation of the iris.

In order to render the linear section applicable to a greater number of cases, Dr. Von Grafe has made the following modification: The linear incision is made in the sclerotica in such a manner as that the inner cut occupies the border between the sclerotica and cornea; the *iris is then drawn out, and a portion of it snipped off, so as to form*

a broad coloboma. A broad Daniel's scoop is pushed behind the lens, which, being broken up into small pieces, is removed without fear of subsequent irritation of the iris. This operation is suitable to soft cataracts with a moderately large and hard nucleus, and is to be preferred in old persons, in whom the state of the constitution would give reason to apprehend mortification of the cornea in the flap operation of extraction. The coloboma, which has but little influence on the sight, should be made on the temporal side instead of above, where it would be less visible, but would, in this situation, render the different steps of the operation more difficult.

The second modification proposed by Von Grafe has reference to the operation of division of the lens. The operation consists in making an upward coloboma, eight days before the division of the lens. This preparatory measure has, As Von Græfe alleges, the advantages of being followed by less swelling of the lens, one of the dangers of the other operation; larger wounds can be made in the capsule, and absorption takes place more readily, being effected in from four to six weeks, while in the simple operation of division it takes as many months.—*Allgemeine Medizinische Ctrlztg.* 1859.

ON EUSTACHIAN CATHETERISM.

By Dr. Decimus Hodgson, Assistant Surgeon, Royal Artillery.

Each eustachian tube opens into the upper and lateral part of the pharynx by an expanded orifice, placed on the inner surface of the internal pterygoid plate, by the side of the posterior nasal aperture, and that the passage to this opening is along the floor of the nasal cavity. The eustachian catheter which I employ is a slender tube, about seven inches in length, curved much in the same way as the urethral catheter, but perforated at the tip, and there furnished with a kind of bulb. The external extremity is provided with an arrangement to admit of the attachment of an injecting apparatus, and with a pair of rings which are placed at right angles to the direction of the curve, so as to facilitate the manipulation of the instrument, at the same time that they serve as a guide for the position of the tip.

A single instrument, of the proper size, may be sufficient for those who have only adults to treat. Gentlemen who have younger persons under their care will find it necessary to have two or three sizes. The distance between the external aperture of the nostril and the orifice of the eustachian tube, corresponds closely with that between the first upper incisor tooth and the attachment of the soft to the hard palate. The catheter may be furnished with an apparatus for defining this distance, as obtained from measurement of the part of the mouth indicated; or, if not so supplied, a piece of string tied tightly round it at the required distance, answers the purpose sufficiently well.

Previous to its introduction, the catheter ought to be warmed by a brisk friction with the hand. It need not be oiled, the mucus of the nose serving sufficiently to lubricate the passage. In introducing the catheter, the external extremity is held by the thumb, on one part, and the tips of the index and middle fingers on the other, in so light a manner that, in the event of the patient sneezing or coughing, the instrument may yield without inflicting any injury, the concavity of the catheter is downwards, as it passes along the floor of the nose. The tip is introduced into the nostril, corresponding to the tube to be examined, and is kept in contact with the floor of the nose as the instrument passes onwards. In this part of the proceeding, the handle, which at first presented somewhat downwards, gradually ascends as the tip progresses. This catheter is passed on this manner steadily, but lightly, until the mark indicating the distance of the eustachian orifice has disappeared a line or two in the nostril. The tip is now a little beyond the orifice of the tube. At this stage the instrument is withdrawn, so as to bring the mark into view; and coincidently with this partial withdrawal, the tip is gently turned outwards and upwards. The latter manœuvre introduces the instrument into the orifice

of the eustachian tube. The rings on the external extremity of the catheter are at right angles, or nearly so, to their position at earlier stages of the operation; and the surgeon can ascertain, by a gentle antero-posterior movement, that the tip is implicated, so to speak, in the orifice of the tube.

I do not wish to overrate the facilities of this little operation when I state that, judging from my own experience in a considerable number of cases, the instrument *literally cannot do otherwise than enter the eustachian orifice*, if introduced in the manner described. At the same time, I must confess that it is not a pleasant operation to the patient, and that it is desirable, in many cases, not to persist in carrying it out at the first, or even second or third attempt. The internal parts of the nose are sometimes very sensitive, and the catheter produces a tickling, or even painful sensation, which can only be avoided by introducing it at the first trial a short distance, the second a little further, and so on until the mucous membrane tolerates its presence. Seeing that the disease for which the instrument is introduced is not a critical malady, and is not likely to be aggravated by a reasonable amount of delay, it may be concluded that no objection can be taken to preparatory measures extending over a day or two at most.

When the catheter has been introduced, it may be desirable to ascertain the character and amount of obstruction in the tube. This may be done by simply fitting an india-rubber tube to the external extremity of the instrument, and breathing in a *very gentle* and graduated current of air. Should the tube be free, the current enters the ear, and is perceived by the patient immediately. More or less mucous obstruction is indicated by the current either not entering the ear at all,or producing a series of crepitating sounds such as are produced by air forced through a tenacious fluid.

As auxiliary treatment, I have employed inhalation of pure and medicated vapour, counter-irritation behind the ears, attention to the condition of the mucous membrane of the fauces and soft palate, and a tonic plan of treatment by iodide of potassium, or such other medicines as the nature of the case seemed to demand. The use of iodide of potassium internally, and appropriate topical applications to the fauces, are especially indicated in those cases, by no means rare, in which deafness is accompanied by a syphilitic affection of the throat. I presume the syphilitic affection may extend, under circumstances, along the eustachian tube, and originate or keep up a state of deafness. In thess cases, I have found large doses of iodide of potassium beneficial.—*Glasgow Medical Journal.*

MIDWIFERY.

ON TURNING BY EXTERNAL MANIPULATION.

By Dr. Noeggerath.

Dr. Noeggerath calls attention to this procedure because he believes that it is put into force and appreciated in the United States far less than it deserves to be. Prior to the discovery of obstetrical auscultation, the bulk of accoucheurs doubted the possibility of ascertaining accurately the position of the child by external examination, although even at that period two of the most celebrated German practitioners, Wigand and W. Schmidt, attached the highest importance to this. Since the practice of auscultation, however, has become general, it is agreed that the position may be accurately made out by its aid; and Dr. Noeggerath declares, as the result of no inconsiderable experience, that if required to establish the diagnosis in a case of transverse presentation, at the beginning of the labour, by one method to the exclusion of the other, he would rather dispense entirely with the internal than with the external examination. In some few instances the thickness of the walls of the abdomen, the tenderness of the uterus, or an undue mobility of the fœtus, excludes the chances of a satisfactory external examina-

tion. The facts of the not infrequent occurrence of spontaneous version of the fœtus, naturally first directed attention to external manipulation on the part of Wigand and others of the older practitioners; and the greater precision of diagnosis has led to its more successful and more extended application. The *modus operandi*, however, directed by Wigand, is the same as that which is followed at the present day. All the leading accoucheurs of Germany have furnished their testimony in favour of the practice; and especially has this been the case with Joerg, Busch, and Kilian. In England the subject has attracted no attention, so that it is hardly even alluded to in the text-books; but in France the practice has been adopted by several accoucheurs; and the text-books of Cazeaux and Maffei, especially of the latter, may be advantageously consulted upon the matter. The great advantage of the procedure is the safety for both mother and child, while it is devoid of the fear and suffering attendant upon most other operations. Its superiority to ordinary turning, on the grounds of freedom from suffering for the mother and absence of danger to the child, is indeed obvious.

"Before speaking of the indications, let me say a few words in regard to the manner in which these manipulations may influence the position of the fœtus in utero. While the first advocates of this proceeding imagined that the direct motion imparted to the fœtal parts by outside pressure was the only way in which their position was influenced, it was left to the ingenuity of Drs. Joerg, Busch, and Kilian, to call our attention to the *dynamic* effect of these manipulations upon the uterus. There is no doubt a great deal of truth in this view, if we bear in mind that the largest number of transverse or oblique presentations is not only accompanied, but even caused by deformities of the usually ovoid form of the womb; and if they should be corrected, the situation of the fœtus would also come nearer to a more natural condition. Then we can easily imagine why pressure exerted upon the womb from the outside will be apt to correct malpositions of the fœtus. But it is our conviction that neither the dynamical nor the mechanical effect does either of them alone effect the change. It is a combination of both that does the work.

"The operation is indicated in all those cases where the child presents in an oblique or transverse position, in such a way that the head is situated not far from the pelvic entrance, provided that there is nothing in the case which actually demands, or possibly may after a while demand, an actual interference for hastening the process of labour. For example, in all cases of neck and shoulder presentations, in all presentations of the trunk, where the head is situated nearer to the pelvis than to the chest, we may try to correct the position by external manipulation. . . . . The caution not to try version by external manipulation in cases wherein we want a prompt delivery of the child by all means, is derived from the fact that such trials do sometimes prove unsuccessful, at least unless continued for a long time. It would be wrong, for instance, to try these manipulations, in a case of hæmorrhage or convulsion, because of the loss of valuable time, which ought to have been employed in a prompter mode of delivery; and even should we succeed in bringing down the head to the upper strait, this would afterwards prove a bar to the easy performance of delivery by the feet, if required by inefficiency of pains, which failed to firmly engage the head in the pelvic brim, as a preparatory step for delivery with the forceps."

The accoucheur having assured himself by repeated inspection, palpation, and auscultation of the exact mode of the presentation of the child, he takes his position at the side of the bed opposite that where the head is located, the woman having laid down on her back." "Suppose the head is felt in the iliac fossa, the operator places his hand upon the cranial protuberance, while his left hand is placed on that portion of the uterus where the nates are situated. Now, gentle frictions are made over the points indicated, and at once a pressure effected upon the head with a tendency to push it downwards, and towards the mesian line, while the breech is gently pushed upwards towards the opposite side. All this is done during an interval of the pains. As soon as another pain begins, both hands keeps their places, the woman turning on the left side. With the remission of the pain the same manœuvre must be repeated and continued until a change

of presentation is effected. This having been ascertained by internal examination, the woman keeps on her left side, and a small hard pillow is to be placed just underneath that portion of the abdomen, where the fœtal head was at first situated. If, after a number of pains, the head is found to have retaken its former situation, the manipulations must be repeated, and, after turning has been again effected, it is advisable to rupture the membranes, in order to keep the head from returning from where it was formerly imbedded. In some cases it is necessary to repeat these manipulations three or four times before the head becomes firmly engaged in the upper strait; but, should the operator not have succeeded before the waters are discharged, it is not safe, or of any use, to persevere."—*New York Journal of Medicine.*

CASE OF REDUCTION OF AN INVERTED UTERUS.

Dr. Irvin relates the case of a woman who, after being in labour for about six hours with her eleventh child, and having a very roomy pelvis, was then delivered after two or three uterine contractions, which also inverted the uterus with the placenta attached. The cord being very short, the weight of the child dragged the uterus between the thighs nearly as far as the knees. The cord was divided, and several unsuccessful attempts were made to reduce the organ with the placenta still attached to it. The hæmorrhage becoming very alarming, the author following Dr. Meig's injunctions, separated the placenta, and it greatly diminished. "Placing my right hand under the uterus, and supporting it in a line with the axis of the pelvis with my left, I pressed the tips of my fingers firmly against the fundus, and pushed it upwards. After a little while the tumour softened, and I found that I had indented the fundus, the pressure being continued until my fingers were arrested by the contracted os, which yielded in about a minute. I then carried my hand upward in the pelvic axis, and when I had introduced my arm half-way to the elbow, the fundus suddenly shot away from my hand, and the organ resumed its natural position." The case did very well.—*North American Medico-Chirurgical Review.*

ON TRANSFUSION IN PUERPERAL HEMORRHAGES.

By Dr. Edouard Martin, Professor of Obstetrics, &c., &c.

In September 1825, James Blundell performed the first successful operation of transfusion on a woman dying from postpartum hemorrhage. Since then, transfusion has been performed fifty-seven times in obstetrical practice, with forty-five recoveries, under circumstances in which the most experienced physicians could not but pronounce death inevitably at hand; while even, in most of the remaining twelve cases, the fatal issue was brought about by diseases and occurrences which had no connection whatever with the operation. Whether the transfused blood acts by *restitution*, as absolutely supplying the lost blood, or by *stimulation* of the walls of the vessels, and especially the heart, so that its activity is prolonged until the lost quantity of blood is otherwise reproduced, has been the subject of much contention. The truth seems to be, that the two *modi operandi* co-exist—the latter, *i. e.* the stimulation, being the most important. It has also been proved that the corpuscles of the blood are the proper restorators, while the serum assists their action very much.

The dangers of transfusion have been greatly exaggerated. That death results from injecting blood corpuscles of a different form or size than those in the species to which the subject of the operation belongs, needs no consideration here, since only human blood is to be transfused in exsanguious puerpera. Altogether, faulty methods of operating, selecting the blood of greatly excited or otherwise abnormally affected individuals

&c., must also here be excluded. Even the danger of entrance of air into the vessels can be suspected in but a single case out of the fifty-seven; and in this case, transfusion was practised by opening the *jugular* vein; while when choosing the proper vessels, (the cutaneous veins of the arm,) with the proper precautions, the danger of its occurrence must be regarded as very small,—owing, perhaps, to the entrance of an amount of air insufficient to produce dangerous symptoms, or perhaps to its entrance being so gradual, and its mixing with the blood so intimate, before reaching the heart, as not materially to interfere with normal circulation. The possibility of coagulation of the blood, with the dangerous consequences of thrombosis and emboly, has not in practice proved as likely to occur as it was ever feared; and the danger of inflammation of the vein at the place of injection, though it has occurred, (as phlebitis has, however, also occurred after simple venesection,) is, as all the other dangerous consequences of transfusion, *insignificant* compared with its value in saving the life of the exsanguinated.

As to the indications in obstetrical practice:

"*Whenever, with the presence of symptoms of great exsanguination*—general pallour of the skin, cold extremities, small, almost imperceptible pulse, attacks of fainting—*restoration through the alimentary canal is rendered impossible*, by vomiting up of the remedial and nutritive substances, by inability of swallowing, by severe gastric catarrh, &c., *the time has come for transfusion, and I advise not at all to delay this almost dangerless operation.*" *The continuance of flooding*—providing nothing else is neglected to stop it—*is no contra-indication, but rather the reverse.*

For the performance of transfusion, Dr. Martin recommends—besides a lancet or bistouri for the incision in the skin, and a glass syringe, seven inches long, amply holding two ounces—a slightly curved trocar, four and a half inches long, (three of which is handle,) the end of the silver canula, receiving the point of the syringe, being funnel shaped, and covered with a thin plate of caoutchouc.* "Having determined on the operation, choose a strong, healthy and willing man, or in the absence of such, a healthy, resolute, not frightened or depressed female, from whom to abstract the blood, and one or more intelligent assistants. Having procured a basin with clear, warm water, of 100° to 104° F., and a smooth porcelain cup, to catch the blood, fill the glass syringe, as well as the cup, with warm water, or immerse the latter in it in the basin. Then, during the same time that you lay bare the median, or if that should appear too small, the cephalic or basilic vein, by means of a cutaneous incision, one to one and a half inches long, and introduce the trocar half an inch, in the direction towards the heart into the vein,(which may to this end be raised a little by means of a couple of threads drawn underneath,)—let an assistant perform venesection on the arm of the individual whose blood is to be transfused. Now, while the blood is running into the emptied cup which may still be allowed to float in the basin,empty also the syringe ofthe warm water, and at once take up the fresh blood from the cup, being careful to see that the blood in the glass is liquid, and not frothy. Without hesitancy, place the point of the filled syringe in the funnel shaped caoutchouc-covered opening of the trocar canula, which is fixedly held in the vein by a reliable assistant, after removing the stilet, and slowly push the piston inwards. After removal of the syringe,be sure to cleanse it immediately with warm water, unless you think it advisable to refill it at once with the still flowing blood, and to repeat the injection immediately. Examination of the pulse and heart and observation of the features, assures us of our success. Should this not yet be complete the whole procedure is to be repeated, after taking care to have no coagula in the syringe or in the canula. Since it is not always easy to find the median vein, it being collapsed in the exsanguious, it may sometimes become necessary to look for it on both arms; and it has occurred, and without injurious consequences, that transfusion was performed first on one arm and then on the other.

"Having transfused the necessary quantity of blood, the canula is removed from the vein, and the wound dressed, just as after common venesection. It is, of course, un-

derstood that the greatest attention must, for some days, be bestowed upon this little wound; that the first symptoms of inflammation must be met with cold applications of lead water, or snow, ice, &c., &c., and that, altogether, the patient must be carefully watched in every particular. *The North American Medical Reporter.*

RETROVERSION OF THE UTERUS IN PREGNANCY.

By R. Barnes, M. D., &c.

Retroversion of the gravid womb is a displacement by which the organ is dislocated from its normal erect, or slightly forward inclining attitude, and thrown back, revolving on its transverse axis, so that the fundus becomes impacted under the projecting promontory of the sacrum. In most cases the *cervix* and *os* are carried upward and forward behind the symphysis. There is more or less of retroflexion accompanying this affection. There are two distinct forms; in one it is produced gradually, in the other suddenly. Retroversion is exceedingly rare in women pregnant for the first time. In the gradual forms there exists some degree of prolapsus at the time of conception and afterwards. The uterus being thus low in the pelvis, grows in that situation, and on reaching a certain size, instead of rising out of the cavity, it projects itself against the promontory. Continuing to enlarge, it is gradually turned upon its transverse axis. When it fills the pelvis, the symptoms of pressure are developed. The obstruction of the bladder, formerly slight, is now constant. In the sudden form it is produced in a different manner, although here too there must exist a predisposing condition. Under powerful straining efforts, the pressure of the abdominal muscles is thrown upon the *fundus uteri*, which is thus driven back under the promontory. Or a woman encounters a violent concussion, and it has been found that the womb has been thrown down with the pelvis.

The prominent symptoms are the great desire to empty the bladder; hence arise straining, tenesmus, and pains simulating those of labour. To these may be added uræmia, if the bladder is not relieved. The diagnosis may be made by examination, externally, of the abdomen, per vaginam, per rectum, and per vesicam. When the tip of the finger enter the vagina, it is arrested by a solid globular body, only permittrng the finger to pass up with difficulty between it and the symphysis, where the *os uteri* will be found close behind, and above the level of the *crista pubis*. Per rectum, a large, solid, globular tumor will be found in the hollow of the sacrum, compressing the rectum. The examination per vesicam must be made with a male flexIble catheter, directed well forward. When the bladder is empty, the abdominal tumor, which may at first have been mistaken for a gravid uterus or dropsy, has disappeared. The abdominal walls become flaccid, admit of free examination, and on feeling above the pubes for the womb, that organ is not found. Hence the conclusion is that the tnmor found per vaginam, filling the pelvis, is the gravid uterus.

The treatment must vary according to the state of the case. The bladder must be emptied three or four times in the twenty-four hours. Unload the rectum by warm water enemata. Then by making the woman lie in the prone position, with the pelvis raised, frequently spontaneous reposition will occur, and the cure be effected.

If more serious, manipulation must be employed. Never attempt to hook down the *cervix* by pressing the finger on the *os*. Introduce the whole hand into the vagina, doubling the fist, and apply the flat surface made by the first phalanges to the fundus, and thus make pressure. The fingers alone, thus applied, would be extremely liable to cause detachment of the placenta, should it lie upon that wall of the womb thus pressed and indented. At the same time, the patient should be placed on her elbows and knees to obtain the aid of gavitation. Reasonable force *only* must be employed. If the attempt fails, give an opiate, and let her rest. Next time employ chloroform, and place

the patient on her left side, in the usual obsteric position. Should reduction still be impracticable, and the symptoms be urgent, lessen the bulk of the distending body, by producing abortion. The liquor amnii may be evacuated by a cathether, or a douche bath applied. Finally, puncture the walls of the uterus. If this is attempted by the vagina, the trocar must be directed perpendicularly to the uterine walls, hence point it obliquely backward to the hollow of the sacrum. After the evacuation of the liquor amnii, as the danger is less urgent, the attempts to reduce the uterus may be suspended for a while. Nature will expel the contents of the womb, and by involution its bulk will be lessened, and there will be a spontaneous termination of the difficulty. Opium ond chloroform are the most useful means to relieve pain and spasms. Stimulants and nourishment must be given to support the strength, and ursenic poisoning may be met by nitromuriatic acid and ether.—(*Lancet*, December 3, 1859.)

UTERINE CATHETERISM WITH CAT-GUT, AS A MEANS OF PRODUCING ARTIFICIAL PREMATURE LABOR.

By Dr. C. Braun.

In substituting the cat-gut for the uterine sound, and injections, M. Braun proposes especially to avoid those lesions of the membranes to which the employment of the other two methods so easily give rise. The bougies which he uses are one foot in length, and two or three lines in diameter. Before introducing one of these into the uterus, it is softened at one end to the extent of a third of an inch, by being dipped in hot water. It is then anointed and passed into the uterine cavity, directed by the index finger of the left hand, and pressed in by a gentle rotation. It should be arrested after having passed about twice the breadth of the finger into the orifice of the neck.

M. Braun prefers these bougies to gum elastic probes; he has always observed them to provoke the pains about the end of twenty-six hours. He withdraws the bougie a short time prior to the rupture of the pouch of waters or the birth of the infant. He has employed uterine catheterism, either with the cat-gut or with the elastic probe, twelve times during the years 1857 and 1858, for the purpose of producing premature labor; of sixteen infants, he recorded eleven who lived, and five still-born. Eight mothers were saved, and the four who died, succumbed to causes foreign to the operation, as pneumonia, tuberculosis, Bright's disease. The operation was performed five times with the cat-gut, and four times with French, very flexible, gum-elastic probes; in none of these cases were the membranes broken. This accident, on the contrary, he was not able to avoid in three cases where he employed probes which were very slightly flexible, obtained from English instrument makers.—(*Wiener Medizinische Wochenschrift*, 1858, No. 46; *Gazette Hebdomadaire*, December, 2, 1859.)

POST-PARTUM HEMORRHAGE: ITS PREVENTION.

By T. Gaillard Thomas, M. D., of New York.

The frequency of this form of hemorrhage is, in a great degree, due to a neglect of the proper measures for its prevention. Contraction of the uterus, and that alone, will check any hemorrhage from its cavity. The causes of this accident of labours are inertia uteri, uterine exhaustion, sudden emptying of the womb, adherent placenta, accumulation of blood in the uterus, mental emotion, and an excited state of the circulation. The means for the prevention of hemorrhage are the observance of the following rules:—After delivery of the head, permit the uterus to expel the body, unless it be absolutely necessary to interfere.

Let the hand of an assistant firmly compress the uterus, and follow the child down in its birth.

After the delivery, let the uterus constantly be held in the hand until the bandage is applied. Never apply the bandage until the delivery of the placenta. If the placenta is detached, remove it within twenty minutes. Avoid stimulants during and after delivery.

Remain in the *lying-in chamber* for one hour after delivery. Before leaving the house always apply the child to the breast. Enjoin perfect quiet and exclusion of visitors.

If there is reason to anticipate hemorrhage, give ergot as the head is passing the perineum.

He analyzes each rule, and gives his reasons for it in detail.

He objects to the application of the bandage prior to the delivery of the placenta, because it becomes saturated with the blood which has collected, and that which accompanies the expulsion of the placenta; it prevents the observance of the second and third rules, and the recognition of the dilatation of the uterus; its application annoys the patient when she most needs rest, and possesses little value to prevent harm. In the words of Paul Dubois, at Paris, the bandage is never used, and yet hemorrhage is as rare there as elsewhere. Stimulants should only be used when required by syncope or extreme debility, as they increase the force of the heart's action, render the patient restless and uncomfortable, and produce an excited condition predisposing to hemorrhage. A large majority of the cases of hemorrhage occur within the first hour, and especially the first half hour succeeding delivery; hence the propriety of remaining, as the physician can at once meet the impending danger when it is first commencing to be formidable.

The application of the child to the breast exerts a reflex influence upon the uterus of a most salutary kind. This has even been found to act by increasing pains which are tardy in labor; it has been recommended by Scanzoni to apply a child to the nipples, or for the nurse to stroke them or otherwise irritate them. Rigby and Marshall Hall equally agree upon the value of this method. The value of the other rules is too obvious to require extended remarks.—*New York Journal of Medicine.*

THE RELATIVE FREQUENCY OF THE VARIOUS PRESENTATIONS OF THE FŒTUS.

By Wm. C. Rogers, M. D., of Green Island, Albany county, N. Y.

Whole number of presentations	88,342
Head (including 'face to pubis,' etc.)	85,210
Breech	1,754
Feet and knees	445
Funis (the accompanying presentation not given)	219
Arm	83
" and head	38
" " and funis	9
Head and funis	57
Placenta	25
Face	299
Shoulder	69
Transverse	120
Sacrum	1
Back	6
Belly	6
Forehead	1

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MEDICINE.

CHYLOUS OR MILKY URINE.

By C. E. Isaacs, M.D.

The Transactions of the New York Academy of Medicine, vol. ii. part iv., contain interesting remarks upon a rare form of disease, whose pathology is not definitely settled. Two illustrations of the affection occurred at the Seamen's Retreat, Staten Island, under the care of Dr. T. C. Moffatt, chief physician of that institution. The first case was a Spaniard, who was admitted November 13th, 1858, for abscess of the scrotum. He had noticed three years previously that his urine was occasionally of the color of milk, and remained so for several years. It is now noticed that the urine voided after meals is always milky. When retention sometimes occurs for a few hours, the ejection of a long, fibrinous coagulum precedes the flow of milky urine. He had had gonorrhœa and syphilis, and had taken large quantities of mercury and iodide of potassium. Long continued pain in the lumbar region preceded the first apparent change of color in the urine. The early morning urine is clear, but becomes milky after breakfast.

When subjected to examination, it was found to coagulate by heat, nitric acid, and alcohol. That the milk-white color of the urine was due to an intimate mixture of oily matter with albumen, forming a kind of emulsion, was proved by agitating a small quantity of the urine with sulphuric ether. The urine instantly separated into two distinct portions; the upper layer, of a deep-yellow color, being composed of the ether; while the inferior layer, brownish-yellow and semi-transparent, consisted of albumen. The upper layer left, on evaporation, a copious deposit of oil. No red globules or tube-casts were discovered, after very careful examination. To sum up the various results of chemical tests and microscopical examinations, it was conclusively exhibited that the principal normal constituents of the urine, probably all of them, were present. The same results were obtained from different specimens. He took gallic acid, ℈j to ʒss, three times a day, but was sent home before any beneficial result that might follow could be studied.

The second case, a native of Santa Cruz, a sailor, who had been occupied for five days in taking in a cargo of spirits of turpentine, was admitted in 1855 for hæmaturia, and was soon after discharged cured. In a subsequent voyage, while at Sidney, N. S. W., he was under treatment for periosteal swelling of the tibia, and ten weeks before sailing he experienced constant desire to urinate, and noticed that small clots of blood at times interrupted the free flow of urine. Soon after sailing, he observed that his urine was milky, and he was obliged to urinate about twenty times in the twenty-four hours. The urine became like solidified jelly five minutes after it was voided; fibrinous lumps and strings passed with the fluid—some of them yellow, others reddish—varying in size from a pea to a large pigeon's egg; all contained myriads of red globules. When the urine was allowed to stand, a red layer formed at the bottom of the vessel. The odor of the urine was, in both cases, that of moist clay. No oil globules were detected under the microscope in the fluid portion that remained after the separation of the coagulum. Nitric acid produced coagulation, but this result was not attained by the application of heat until several weeks afterwards. He was put upon the use of gallic acid, and afterwards upon tannin and alum. In October, 1858, he passed a gallon a day; and this quantity was not influenced by diet or exercise. Gradually, under the use of good diet, the milky appearance disappeared and the coagulum became very slight; but he finally passed into a typhous condition, which terminated in death early in 1859.

Post-mortem examination of the kidneys showed them to be in a healthy condition.

In a case reported in the *Medical Times and Gazette*, by Dr. Bence Jones, the patient had passed milky urine for twenty-five years. Dr. Golding Bird relates the

case of a woman who passed milky urine on rising from bed. Other cases are reported by different writers. The cause is, probably, exposure to external influences, and in the second case mentioned by Dr. Isaacs, perhaps inhalation of spirits of turpentine, while so far as has been observed, it is a disease of hot climates. Dr. Isaacs arrives at several conclusions, founded on recorded cases and opinions :—1. That the disease may continue for months and years without much apparent injury to the general health. 2. That there may be intermissions of healthy conditions of the urine, perhaps in the same day. 3. That there may be little or no emaciation, and the patient may abound in adipose tissue. 4. That, generally, the fatty matter appears in the urine after eating. 5. That astringents, and especially gallic acid, seem beneficial, but that the disease is very rarely under the permanent control of medicine. 6. That in two cases examined, the kidneys were healthy. 7. That there were probably no organic lesions of any other organs.

We coincide with Dr. Isaacs in the remark that the number of cases recorded has been so small that the true pathology cannot yet be readily determined.—(*Transactions of the N. Y. Academy of Medicine*, vol. ii. part iv., 1859.

INJECTION OF SULPHATE OF ATROPINE ON THE PNEUMOGASTRIC NERVE IN ASTHMA.

By Professor Courty.

Professor Courty, of Montpelier, has communicated to the Academy of Sciences of Paris a case wherein he used this novel kind of treatment. The patient was a lady aged fifty-four, who for several years had suffered from very severe fits of asthma. No organic disease of the heart was discovered. Relief was obtained in several fits, which occurred at three and four months interval, by emetics, purgatives, frictions with mercurial and belladonna ointments, opium, valerian, and blisters dressed with morphine, sulphurous waters, etc.

In August of this year, the fit having recurred, M. Courty injected on the internal side of the sterno-mastoid muscle, and on a level with the thyroid body, six drops of a solution of sulphate of atropine (one grain of the salt to one hundred of water,) just on the tract of the sheath which contains the vessels and the pneumogastric nerve. The trocar was introduced to the depth of only three or four lines, for fear of injuring the important vessels of the region. Symptoms of narcotism were observed, but the breathing was freer. The effects of the atropine injection lasted till the next day, when a second and similar injection was made on the right side. The narcotism now persisted during three days, and was combated by purgatives, enemata, tartar emetic, etc.; and on the fourth day, a third injection of seven drops was had recourse to, the canula being introduced a little below the former puncture on the right side, to the depth of eight or nine lines, and moved about to allow the liquid to penetrate. Strong narcotism ensued but it did not last long, and the fit of asthma was completely controlled.—(*Lancet*, December 24, 1859.)

LARYNGISIMUS STRIDULUS.

By A. Jacobi, M.D., of New York.

This is emphatically an infantile disease, and is observed in both healthy and sick, asleep or awake, playing, eating, or singing. The first stage is a sudden and entire apnœa. Respiration is stopped for a few seconds, or even a minute, the face is pale or bluish, the skin cool, the heart's action scarcely perceptible, the muscular system paralyzed. Reaction, or the second stage, is shown by a violent, deep, crowing inspiration. The third stage is that of complete recovery. In severe cases, there may also

be tonic convulsions and involuntary evacuations. It is seldom fatal, and is apt to last for months. Death, when it occurs, is always seen in the first stage. These symptoms can only be explained by a functional trouble, a paralysis perhaps of the spine and nervous centres. Its duration is various, some having it but once, others for months or years. It is most frequent about the commencement of dentition. The mildness or severity of the attacks depends on the constitution and occasional causes. Hypertrophy of the thymus gland has no influence in the production of this disease, as was once thought; hence the name "thymic asthma" is incorrect. It may arise also from disturbance of the alimentary canal, by any cause, as excess in feeding, and dentition. It is highly probable that hypertrophy of the thyroid gland is a cause. The treatment has been very various. The indication is the thorough irritation of the respiratory muscles. Electricity would be of great value, could it be applied at the right moment. The patient should be kept in a sitting posture, allowed plenty of fresh air, the face sprinkled with cold water, and ice or cold water applied to the sternum. Artificial respiration, kept up till the paralysis has been removed, has proved of value. To prevent a return, attend to any cerebral disease. Tonics should be exhibited, if demanded; nutritious and digestible diet given; anti-scrofulous treatment, cod-liver oil, iron, and iodide of iron, etc. Much circumspection is needed in selecting the means of removing the disease. One case recently has shown the necessity of mental education. A little girl aged eleven months was affected so as to become "asphyctic" whenever contradicted. A pailful of cold water was ordered to be kept ready, and poured over her as soon as any symptoms of an approaching attack presented. In the course of a week, three or four such doses proved sufficient to soothe the temperament of the patient, and to entirely remove her attacks of laryngismus stridulus.—*New York Journal of Medicine*, January, 1860.

MATERIA MEDICA.

PHOSPHORUS IN PARALYSIS OF THE MUSCLES OF THE EYE.

By M. Tavignot.

M. Tavignot, in localized paralysis of the muscles of the eye, employs with success the following liniment: Walnut-oil, ʒ xxv; naphtha, ʒ xiij; phosphorus gr. iij. Friction are performed in the evening by means of a piece of flannel; this remaining also fastened around the forehead all night.

M. Tavignot also administers the following emulsion internally: Oil of almonds ʒ ijss; phosphorus gr. jss; gum-sirup, ʒ xxijss; powdered gum, ʒ ss. To be well shaken when administered, the dose being at first one, and then two and three teaspoonfuls per diem. —*Ibid.*

TREATMENT OF THE HYSTERIC PAROXYSM BY CHLOROFORM.

By M. Briquet.

The hysterical paroxysm should not be left to itself, inasmuch as it becomes a predisposing cause of future attacks, and always produces an injurious disturbance of the economy. M. Briquet arrests it by chloroform. A little dossil of charpie is wet with this fluid, and applied to the nostrils, the mouth being closed. In a short time the agitation ceases, and the attack is cut short. After a little time the patient awakes with a slight headache, perhaps the effect of the chloroform, and is soon as well as before. During the first few inspirations the agitation is considerable, and the patient requires to be held; this, however, soon passes off, and a tranquil sleep comes on. Hysterical patients seem to be very susceptible to the effects of this remedy. M. Briquet

has used this agent thus for twelve years, yet has never seen either convulsions, coma, or dangerous syncope after it; the resistance is slight, if any, and the convulsive condition imparts to these patients a muscular power and an amount of vital resistance which entirely protects them from the accidents resulting from debility. The remedy succeeds in nine out of ten cases. Those who prove refractory are the robust, of sanguineous temperament, and in whom the attack is very violent. In such, the good results are temporary. Fortunately, they are rare. When the paroxysm seems to originate from a painful point in the limbs or trunk, which is quite common, the same agent applied topically during the intervals frequently causes the pain to disappear, and puts a stop to the attacks thus induced.—(*Med. Times and Gazette*, January, 1860; *Archives Gen.*, xiii., 664.)

POWDER FOR CHRONIC CORYZA.

By M. Monnerat.

M. Monnerat has, for some time, observed that subnitrate of bismuth might be employed with advantage as a local application in the acute stage of coryza. When the affection has become chronic, it no longer yields to the bismuth salt employed alone. In such cases, Dr. Sobrier states that he has found it useful to add the iodide of sulphur. His formula consists of four grammes of subnitrate of bismuth, eight grammes of powdered liquorice, and thirty centigrammes of iodide of sulphur. He prescribes ten or twelve pinches, or more during the day, according to the results obtained.—*Bull. de Thérap.*

IODIDE OF AMMONIUM IN THE TREATMENT OF CONSTITUTIONAL SYPHILIS.

By Dr. Gamberini.

This remedy has been employed in England, particularly by Dr. Richardson, in the Royal Infirmary of London, in the form of ointment, and, internally, in a dose of one to five grains in scrofula, rheumatism, syphilis—in short, in all the cases where iodide of potassium is generally used. Dr. Gamberini has applied it on a greater scale to the treatment of syphilitic diseases. In the fourteen cases which he subjected to the experiment, his expectation was answered by success.

According to the author, the iodide of ammonium, called also hydriodate of ammonia, is indicated in all cases where iodide of potassium or sodium are employed. The dose of the medicine is two to sixteen grains daily.

Intolerance of it is experienced only in exceptional cases, and manifests itself by a burning sensation in the throat, and a sense of heat in the stomach, which ceases rapidly when the use of the medicine is suspended for a day or two.

The external use of this iodide, three grains to an o unce of olive oil, aids in the removal of the nocturnal syphilitic pains of the muscles and joints. M. Gamberini finds the iodide of ammonium preferable to that of potassium or sodium:—

1. Because, while it produces the same therapeutic effect as the other alkaline iodides, it has the advantage of acting more promptly than they. 2. Because it requires larger doses of iodide of potassium or sodium to obtain the results which are procured by a very small dose of iodide of ammonium.—*Union Medicale.*

EXCORIATED NIPPLES.

Dr. Pierce observes that he has seen the stramonium ointment, as well as the whole list of astringent and stimulating preparations used; but no one has been so universally followed by good results as that made after the following prescription, R. Acid tannic, gr.xx., glycerinæ, alcohol, aa. ℥ j. M.—*Boston Medical Journal.*

COLLYRIUM IN THE OPHTHALMIA OF NEW-BORN INFANTS.

By M. Foucher.

M. Foucher employs the following collyrium: Glycerin, ʒ viij; nitrate of silver, gr. jss ad gr. iij. The eye is first washed by injecting a very weak solution of chloride of sodium, and then a drop of the above collyrium is deposited on the internal surface of the eyelids by means of a small camel's-hair pencil.—*Ibid.*

INJECTION OF TINCTURE OF ALOES IN GLEET.

By M. Gamberini.

M. Gamberini, of Bologna, states that in some cases in which other injections have failed, he has derived great advantage from injecting tincture of aloes, fourteen parts diluted with one hundred and twenty parts of water.—*Ibid.*

MISCELLANEOUS.

HOSPITAL ECONOMICS.

The following tables may be consulted with advantage by those who are interested in Hospital expenditure. The first is a comparative statement of expenditure, etc., of the Nottingham General Hospital during the last twenty years:—

Hospital Year from March to February.	No. of In-Patients.	No. of Out-Patients.	Average Cost of each In-Patient.	Average Cost of each Out-Patient.	Average No. of days each In-Patient was in the House.	Cost per day of each In-Patient.	Total Cost of Apothecary's Department.	Total Cost of Wine, Spirits, and Porter.	Contract Price of Meat per stone.	Contract Price of Bread per stone.
			£ s. d.	s. d.		s. d.	£ s. d.	£ s. d.	s. d.	s. d.
1831	636	1794	3 11 0	4 3	46½	1 6½	519 11 3	24 1 0	7 0	2 8
1832	666	1558	3 7 8	4 8	43	1 6½	359 9 1	47 2 10	6 9	2 2
1833	662	1643	3 13 2	3 9	45	1 7½	432 2 7	48 19 0	7 0	2 6
1834	753	1810	4 5 10	4 10	39	2 2	505 6 4	51 14 2	6 6	1 10
1835	790	1643	3 16 7½	4 8	47	1 7	569 3 11	97 0 0	5 7½	1 5½
1836	683	1156	4 2 0	5 10	50	1 7½	764 2 1	120 17 6	6 4	1 10
1837	660	1881	4 14 11	3 6	48½	2 0	448 4 6	84 4 6	6 7½	2 0¼
1838	805	2090	3 5 3	3 9	47	1 6	628 14 7	38 17 3	6 3½	2 5
1839	829	2186	3 8 6½	2 11	46½	1 6½	454 3 0	64 6 6	6 3½	2 7½
1840	815	2126	3 6 7	2 6	46½	1 6	414 14 0	43 4 0	6 9	2 6¾
1841	861	2018	3 2 10	2 6	43½	1 6	397 18 1	45 15 4	6 11½	2 6
1842	985	2793	2 18 7	2 5	41½	1 6	485 13 4	77 4 2	6 10	2 3
1843	1029	2866	2 15 8	1 11	42	1 5½	427 2 0	71 15 1	5 9	1 11½
1844	1102	2911	2 14 4	2 4	40	1 5	503 2 9	102 15 6	5 11	1 11¾
1845	1214	3069	2 12 8	1 8½	36½	1 5	420 11 1	82 16 0	6 6	2 1½
1846	1232	4142	3 1 11	2 1	38	1 6½	608 5 6	142 17 6	7 2	2 3
1847	1131	3843	3 0 6	1 7½	41½	1 6	428 19 2	94 1 0	7 5	2 4
1848	1037	4295	2 17 9	1 10	44	1 4½	480 4 6	101 13 6	7 7	2 0
1849	1107	5864	2 13 40	1 5¼	39	1 4¼	461 17 1	82 0 6	6 3½	1 11
1850	1144	6788	2 10 8¼	1 4¼	38¼	1 4	482 14 11	91 10 0	5 10	1 10

The following table gives a comparative statement of expenditure, etc., of twenty provincial Hospitals :—

Name of Hospital.	Annual No. of In-Patients.	Daily Average No. in the House.	Average No. of days each remained in the House.	Actual Cost of each In-Patient.			Cost of each In-Patient per day.		Cost of each In-Patient as compared with Nottingham Hospital—*i. e.* 38¼ days.			Annual No. of Out-Patients.	Cost of each Out-Patient.	
				£	s.	d.	s.	d.	£	s.	d.		s.	d.
Sussex County Hospital, Brighton,	895	110	44½	4	16	1	2	2	4	3	1	2127	3	8
Staffordshire General Infirmary,	590	52	32	3	8	0	2	1½	4	1	5½	1100	1	10
Liverpool General Infirmary, (a),	2625	200	27¼	2	13	10	1	11	3	14	5	.....	.....	
Norfolk and Norwich Hospital,	689	89	45	4	6	2	1	11	3	14	5	733	3	5
Worcester Infirmary,	912	95	38	3	14	2	1	11	3	14	5	1736	3	2
York County Hospital	397	37½	34	3	4	3	1	10½	3	12	8	1087	2	3
Bristol Infirmary,	2344	229	35½	3	6	0	1	10¼	3	11	9	9211	1	11
Carlisle Infirmary,	338	30	40	3	15	0	1	10	3	10	2	1234	3	5
Addenbrooke's Hospital, Cambridge,	760	79	38	3	6	2	1	8¾	3	6	6	1150	4	4
Salisbury Infirmary,	956	93	35½	3	2	3	1	8¾	3	6	6	1195	4	4
Bedford General Infirmary,	782	81	37½	3	4	3	1	8½	3	5	8	1265	4	3
Gloucester Infirmary,	685	102	54	4	8	2	1	7½	3	2	6	532	4	9
Hants County Hospital,	912	118	47	3	16	8	1	7½	3	2	6	949	4	7
Radcliffe Infirmary, Oxford,	1009	107	39½	3	3	0	1	7	3	0	11	1403	2	9
Leicester Infirmary,	874	91	35	2	8	10	1	7	3	0	11	1991	2	3
Derbyshire General Infirmary,	728	68	33½	2	11	9	1	7	3	0	11	1620	2	8
Leeds General Infirmary	1546	135	29	2	0	9	1	7	3	0	11	2532	3	8
Hull General Infirmary,	870	79	33	2	6	6	1	5¾	2	16	8	1356	3	7
Birmingham Genl. Hospital,	2460	193	28¼	2	1	0	1	5½	2	16	0	19928	1	4
Nottingham Genl. Hospital,	1144	120	38⅓	2	10	8¼	1	4	2	10	8¼	6788	1	4½

(a) Out-Patients are not admitted at this Infirmary.

THE PHYSICIAN ASTRONOMER.

At a meeting of the Academy of Sciences in Paris, on December 26th, 1859, M. Leverrier made the following interesting communication: Dr. Lescarbault, a medical man in busy practice at Orgères, in the department of the Eure-et-Loire, is also a zealous astronomer, and a man who supplies by his ingenuity the deficiency of the means which he possesses for prosecuting his favourite science. In March last, M. Lescarbault observed the passage over the sun's disk of a planet within the orbit of Mercury; and he communicated the fact to M. Leverrier, who had noticed certain perturbations in the motion of Mercury, that, in his opinion, could only be explained by the presence of another planet. This was in September last; and thereupon M. Leverrier visited him, together with Mr. Vallée, and had been enabled to confirm the title of M. Lescarbault to the discovery. On arriving at Orgères, M. Leverrier found a regular observatory, with instruments, chiefly contrived by the doctor himself, whose finances were limited. For want of paper, Dr. Lescarbault had generally written down his observations with charcoal on a deal board; which, with the doctor's calculations written on it, was presented to the Academy by M. Leverrier.—*Medical News.*

THE

British American Journal.

MONTREAL, MAY, 1860.

DR. SMALLWOOD'S OBSERVATORY.

If France, with her splendid array of scientific names, feels herself not dishonoured in awarding high praise and honours to her physician-astronomer, Dr. Lescarbault, because of his discovery of the intra-mercurial planet, we also have been doing honour to one, tardy though it may be, who amidst the troubles of an active professional life, has devoted himself to the close observation of meteorological phenomena for a period of a quarter of a century, with, like the former, instruments mainly of his own construction, and who has aided in the advancement of science, if not by such a brilliant discovery as that of Lescarbault, at least by assisting in the development of certain laws, connected with the electrical condition of the atmosphere, and its ozonogenetic properties, which may unfold principles of the highest importance to mankind. We have been acquainted with Dr. Smallwood's labours for many years past, but never until we paid an especial visit to his house, were we aware of the sacrifices which he had made in the pursuit of a favourite science, nor the industry and skill which he had exhibited in the construction of most of his apparatus. The Legislative grant of $1000 now made in his favour, will certainly assist him in carrying out his observations on a larger and more important scale; but it will, at best, go but a small way to the complete fulfillment of an object which has, to say the very least of it, a country's good at heart. We are indeed pleased that the Government has made such an appropriation, and we assure it, that it will be by no means misapplied. We are sorry that it has not been larger, as more than the appropriation will be required for the purchase only of the Magnetic instruments necessary for the observations, and this even with the greatest of economy. This however will be rectified by a continuation of the grant. The only regret which we have about the matter is, that the observer and his observatory are not within, or at least immediately beyond the precincts of the city, that a more ready access might at all times be afforded to the observatory.

While writing upon matters of meteorological study, a favourite one of our own, we cannot forbear doing justice to one, who, quietly and unobtrusively, has been making tri-daily observations of the less attractive phenomena during a period of nearly half a century, and whose observations have found a weekly nook in the columns of the Montreal Herald for fully that period of time, and if

we mistake not in those of the Journal, whose previous decease paved the way for the commencement of that esteemed periodical. The name of Mr. W. Skakel in matters of Meteorological science is not to be lightly passed over; and although no legislative grant, no public recognition, would bear even a seeming of reward to his labours, his name must descend to posterity, as one of the earliest, if not the earliest cultivator of this science in this City, if not in the Province. We of course mean the observation of the phenomena at regular stated hours, over prolonged periods of time. We again repeat, that we feel extremely pleased that, with regard to Dr. Smallwood, the Government has seen fit thus to mark its appreciation of his merits.

THE CONVOCATION AT McGILL COLLEGE.

The annual convocation of this University was held, in the large hall of the McGill Normal School building on Friday, May 4th, when the degree of doctor in medicine and surgey was conferred on the following twenty-three gentlemen, whose names, residences and inaugural dissertations we subjoin. It is necessary for the purpose of economizing space to restrict ourselves to the proceedings which obtained in the Faculty of Medicine alone;

The Dean of Faculty, Prof. Holmes, having been called upon by the Principal to report the condition and progress in his own department, announced among other matters of interest the names of the following prize-men.

For the best final examination on the subjects of Medicine theoretical and practical, Surgery, Midwifery, and Medical Jurisprudence; Mr. Henry Warren of Whitby, C. W.

For the best primary examination on the subjects of Anatomy, Chemistry, Materia, Medica, and Institutes of Medicine, Messrs. J. M. Drake, and T. Sutherland, both of Montreal.

For the best inaugural dissertation, Mr. J. A. Pickup of Montreal.

The Materia Medica prize. Mr. Mills Church. On Tobacco.

The Clinical Medicine prize. Best report of six cases. Mr. H. Warren.

For best reported single case. Mr. R. W. Burnham, of Port Hope, C. W.

For Clinical Surgery prize. Best report of six cases, Mr. R. W. Burnham.

For best written answers on cases treated in the Clinical wards, Mr. H. Warren.

The Dean then called upon Mr. Powell, who had been deputen by the graduating class to deliver their valedictory address, to fulfill his duty in this respect which was accomplished in an exceedingly eloquent manner.

The Registrar of the Faculty of Medicine was then requested to administer to the gentlemen about to graduate in Medicine, the official oath, or the *Spon Academica*, which having been performed, and the Registry having been signed, the following gentlemen were presented by the Dean to the Principal who conferred upon them the degree. Their names are as follows:—

Henry Warren, Whitby, C. W., on Pulmonary Emphysema.

Alexander Ault, Aultsville, C. W., on Tetanus.

Adolphe Robillard, Ottawa, C. W., on Puerperal fever.

David Woods, L.R.C.SI.., Staff Surgeon, Montreal, on Sanitary science.

Louis G. Turgeon, Terrebonne, C. E., on Phthisis Pulmonalis.
John Erskine, Dundas, C. E., on Bibirina.
Gustave Chevalier, Sorel, C. E., on Abortion.
William P. O. Whitwell, Philipsburgh, C. E., on Authygiansis.
Henri Adolphe Mignault, St. Denis, C. E., on Life and Vital Force.
Alexander McLean, Prince Edward Island, on Erysipelas.
Arthur Courthope Poussette, Sarnia, C. W., on Opium.
Edwin Augustus Hulbert, Prescott, C. W., on Tetanus.
John Wallworth Pickup, Montreal, C. E., on Saturnine Poisoning.
William Edward Bowman, Montreal, C. E., on Hæmaturia.
Robert Wilkins Burnham, Port Hope, C. W., on Bright's disease.
George Lloyd McKelcan, Hamilton, C. W., on Pneumonia.
Louis Robitaille, Varennes, C. E., on Croup.
Louis J. A. McMillan Rigaud C. E., on Pleurisy.
Israel Wood Powell, Port Dover, C. W., on the Intermittent fever of U. C.
Francis Wayland Campbell, Montreal, on Small Pox.
Henry Thomas Tait, Melbourne, C. E., on Vesico-vaginal Fistula.
Charles H. Donnelly, Hamilton, C. W. on Abortion.
Louis Duhamel, Ottawa, C. W., on Apoplexy.

The following three gentlemen passed their final examination, but were unable to graduate in consequence of not having obtained their majority.

Herbert H. Read, Minudi, Nova Scotia.
John Rolph Malcolm, Oakland, C. W.
Charles Battersby, Toronto, C. W.

This part of the proceedings terminated by the delivery of the valedictory charge to the new graduates by Prof. Wright, who selected as his theme the important one of "professional success." We regret that, from want of space, we are unable to reproduce it in our columns, but we cannot forbear observing that we have rarely listened to an address, clothed in more apt and felicitously expressed language or delivered with more eloquence. We congratulate Prof. Wright on his own complete *success* on this occasion.

We were almost forgetting to remark, that the Dean of Faculty in alluding to the annually increasing attendance of students upon the medical classes, observed that the premises occupied by the Faculty in Cotê Street, were now too small, and inconvenient for the purposes required of them, that the Governors had taken possession of them, and contemplated erecting during the vacation in the summer months, an additional building in rear of the present one, and adapting the whole in a superior manner to the necessities of the faculty and the future better convenience of the students. No move yet made by the Governors in favour of the Faculty will give such general satisfaction as this one.

As at this period our Universities are either to hold or have held their Convocations, we were very desirous of giving in the present number a resumé of similar proceedings in the Sister Colleges. Unfortunately we are unable to do so at present, although an application was made for the required information. It is not improbable that we addressed the wrong parties. We trust however that our ensuing number will contain the names of the graduates of the University

of Toronto, of Victoria College, Cobourg, and Queen's College, Kingston. That of the Laval University must be still further postponed, as we have learned that its convocation will not be held until the month of July or August next.

COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

The semi-annual meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada was held this day, May 8th 1860, in the rooms of the Mechanics Institute, when were present: Drs. Hall, Chamberlin, Smallwood, Fraser, Scott, Brigham, Boyer, Weilbrenner, Glines, Marmette, Russell, Tétu, Turcotte, Wolff, Foster, Bibaud, Badeau, Robillard, Munro, Jones, Peltier.

The Chair having been taken by the President, Dr. Hall,

The minutes of the last semi-annual meeting were read and approved.

Letters were received and read from Drs. Landry and Johnston, excusing their attendance.

Dr. Hall verbally reported that he had, in accordance with the resolutions of the Board, at the last semi-annual meeting, placed himself in communication with the Attorney General East, in regard to the validity of our Licenses for practice in Upper Canada. He regretted to state, that he had received no reply to his letters. There should however exist no doubt on the subject, as the 4 & 5 Vict. Cap. 41, is most explicit on the point. The Board fully concurred in this opinion.

The Secretary read a letter from Dr.Benjamin Workman of Toronto, on the same subject, and was authorized to reply as stated above.

The Secretary announced to the Board the death since its last meeting of Dr. W. H. Fowler, of Melbourne, E. T., one of its worthy and esteemed members; whereupon it was proposed by Dr. Smallwood, seconded by Dr.Weilbrenner and carried:

"That in the decease of our Fellow Governor Dr. Fowler, we have lost an esteemed and valued associate, and that while we feel the deprivation which we have sustained, we are not unmindful of the sorrows of his afflicted family to whom we beg to offer our sincere condolence."

"That a copy of the above resolution be sent to Mrs. Fowler."

The Board then proceeded in compliance with the By-Laws to fill up the vacant Governorship, which resulted in the election of Dr. Gilbert, of Hatley, E. T.

Letters were read from Drs'. Johnston and Marsden, which were ordered to be fyled.

Dr. Gilbert was now introduced to the Board and took his seat.

Dr. S. Brooks of Sherbrooke was ballotted for and elected a member of the College.

After some remarks by Dr. Peltier, Secretary, relating to certain accounts against the College for advertising, it was proposed by Dr. Russell, seconded by Dr. Smallwood, and carried:

"That no advertisement be inserted in any newspaper without a written order from the Secretary, countersigned by the President or Vice-President."

The opinion was furthermore expressed that the advertisements be restricted to one English and one French newspaper in the cities of Quebec and Montreal.

There being no further routine business before the Board, the President proceeded to administer the oath to the following nine gentlemen, graduates of the University of McGill College, who received their licences to practice.

Gustave Chevalier, M. D. William E. Bowman, M. D. Francis W. Campbell, M. D. Henry T. Tait, M. D. John Erskine, M. D. Louis J. A. McMillan. M. D. Louis Robitaille, M. D. Louis G. Turgeon, M. D. William P. O. Whitwell, M. D.

The President then named the different Committees for examination, classical and professional.

The following thirteen gentlemen, after undergoing a satisfactory preliminary examination in classics, &c., were admitted to the study of medicine:

Messrs. Ludger Carreau, Joseph Leman, Edward Letourneau, Denis Desaulniers, Ludger Fafard, François Labelle, George Leprohon, Alexis Laferrière, Cornelius Phelan, Edward Roy, John Richardson, Cleophas Roy, and Thomas Roy.

The following gentlemen were examined in Chemistry, Materia Medica, and Pharmacy, and having satisfied the Board as to their qualifications, received their Licences as Apothecaries, Chemists, and Druggists:

Messrs. Roch Dugal, James Marsh, Paschal Lajoie, and Lactance Trudeau.

The following gentlemen, after having undergone satisfactory examinations, received their Licenses to practice as Physicians and Surgeons:

Alexander D. Riddell, M. D., of the University of New York, Romauld Gariepy and Elzear Desjardins, Esqrs., both of the Laval University, Quebec, and the following gentlemen from the School of Medicine and Surgery, of Montreal:

Messrs. Alfred T. Brosseau, Octave Tanguay, Joseph Lenoir, Charles Lescault, H. M. Barcelo, Jules Leclair, Jos. M. Desroches, V. P. Lavallée, Joseph Fortier, Louis Phillippe Brassard, Hercule Lémery.

Before concluding the proceedings of the day, Dr. Russell of Quebec, called the attention of the Board to the fact, that Botany was a course which the Act of Incorporation enforced upon all students "if obtainable in the Province" and that for several years past it had been so obtainable, and became therefore an additional compulsory class, whereupon it was proposed by him, seconded by Dr. Wolff, and carried by a large majority.

"That it be an instruction from this Board to the Secretaries, that a course of Botany will in future be indispensable for candidates for examination."

No further business being before the meeting, the Board was adjourned.

HECTOR PELTIER, M.D., Edin.,

Sec. C. P. & S. of L. C. for the Dist. of Montreal.

BILLS BEFORE PARLIAMENT.

I.—*An Act for more adequately securing the health of localities in Upper Canada against risk from infection arising from the bodies of persons who die of malignant infectious diseases lying uninterred.*

This important measure was introduced into the Legislative Assembly by John Cameron, Esq., was received and read a first time on the 16th March 1860, since which period we have, although rather carefully watching the proceedings of the House, completely lost sight of it. We are afraid it has been consigned to the "tomb of all the Capulets," with other things good, bad and indifferent. But however much we may approve of this method of disposing of a host of Bills, whose object mainly would seem to be the exhibition of the industry and perhaps ingenuity of their authors, we sometimes meet with exceptions, of which the Bill before us is an example, which do not merit such a fate. For the information of those of our Upper Canadian subscribers who have not seen the Bill, but may take some interest in it, we will briefly recapitulate its chief provisions.

It enacts that the body of any person dying of Cholera, Typhus fever, Scarlet Fever, Small Pox, Erysipelas, Puerperal fever or other contagious disease, in any locality or district, in any city, county or municipality in Upper Canada in which there is a public cemetery, shall be removed from the dwelling or place where he may have died, within (to be) specified periods in summer or winter, and shall be deposited for interment without delay in the nearest cemetery. Clause 2 enacts that the trustees af such cemeteries shall make provision for the proper reception, &c., of such bodies. Clause 3 provides that notice of the decease shall be given by the occupant of the house in which it takes place, and if unable or unwilling to comply with the formality he must signify such. Clause 4 provides that in cases of such inability or unwillingness to remove or inter the body, such duty shall be performed by (a party not designated) at the expense of the county or municipality. In clause 5 it is provided that in cases where such bodies are not removed for interment within the specified time, the removal shall be performed by order of a Magistrate, Justice of the Peace or Coroner. Clause 6 attaches a penalty to persons not giving the notice or not burying the body as required by the act. The seventh clause provides for the payment of the necessary disbursements by the Treasurer of the municipality or county and the eight clause provides that the expenses may be recovered from the relations in certain cases.

Although the principle involved in this Bill is based upon a point by no means yet positively determined, that the dead bodies of persons dying of infectious diseases are still capable of propagating those diseases, we think this Bill an essentially good one, as it gives the living the benefit of a doubt, and therefore cannot by any possibility be productive of injury to any one.

We can easily understand however, where its provisions might be productive of extreme annoyance, and we allude especially to the compulsory removal of the dead body within a limited time after death. In this country it is customary, as we believe it is almost every where in Christendom, to allow an interval of at least

two days to intervene between the death and the burial. Among the rich whose dwellings are commonly better ventilated and cleanlier than those of the poorer classes, there would be naturally felt a strong desire to retain this custom, and even admitting the capability of the dead body to propagate its disease, there can be no doubt that its powers in this respect would be much diminished, if indeed they were not under such conditions reduced to nullity, and therefore the preservation of the custom might not be inductive of injury. A like argument could hardly apply to the poorer classes; and although the earlier removal of their dead under such circumstances might be imperative, it would prove an Herculean task to make them appreciate the cogency of the reasoning which resulted in such a different treatment. That legislation must be pernicious, which tampers, however slightly, with the feelings and affections of a people, and we must confess to the difficulty which strongly impressed itself on our mind when perusing the Bill. Had however the time permitted to elapse between the decease and the removal been specified, it is possible that all our difficulties would have vanished. We should much wish to see the Bill pursuing "the even tenor of its way," and above all to chronicle its having received the Vice-Regal assent.

II.—*An Act to prevent the adulteration of Articles of Food and Drink, and to provide for the inspection thereof.*

This is another measure introduced by Dunbar Ross, Esq., and is as much remarkable for its common good sense, as the bill introduced by the same gentleman, and commented upon in our last number, was for qualities of an opposite character. We believe that the present bill has been based upon the one recently introduced into the British House of Commons. We have not seen this last, and cannot therefore indicate their points of similarity or variance.

No legislative enactment is more desirable than that embodied in the Bill before us. It would be hard indeed to find the article of food or drink which is not adulterated. From the bread we eat to the water we drink all is adulterated. In the latter case we have not only to charge Dame Nature in employing her own hand in giving us varying quantities of the crenic and apocrenic acids, but even our water committee must try their hand also and supply us ad libitum with varying quantities of alluvium. The bill is a very important one, and we hope to be able to record at an early period its having passed both Houses. We notice that it provides for the appointment of a qualified inspector and analyst, and rests his nomination in the Board of Governors of the College of Physicians and Surgeons of Lower Canada. This is as it ought to be, and we are sure that the Board will never abuse the important trust thus intended to be confided to it.

III. *An Act to regulate the Education of Apothecaries, Chemists, and Druggists and the sale of Poisons.*

The foregoing is the title of one of the most important Bills submitted to the Legislature at its present session, and we are happy to announce that under the active supervision of Sir E. Taché, it has passed through the Legislative Council, and was received by the Legislative Assembly on the 3rd instant.

Of the various means which may be adopted to deprive a human being of his life, there is not one which has been stamped with a greater degree of infamy than poisoning. Sureness and secrecy in these cases go for the accomplishment of the object hand by hand, while the latter is usually the powerful incentive to the adoption of the method. How important then is it that every possible clue to the detection of the poison and the poisoner should be afforded, that no link should be wanting by which the mystery which too commonly enshrouds these cases should be dispelled. This important point is we think amply attained in the Bill now lying before us.

But this is not all, the Bill contemplates the thorough professional education of all who wish to practise as Apothecaries, Chemists and Druggists; and in this respect the measure is singularly defective. Besides demanding a thorough classical education, all that the Bill now wants is attendance upon one course of Botany. At it originally stood and was intended, it furthermore insisted upon attendance on two six month's courses of Chemistry, and two of Materia Medica, courses of far greater value and importance to him than Botany. These enactements have been, through some accident we are confident, omitted in the copy of the Bill last sent to us, but we feel assured that it is only necessary to direct the attention of the Honorable mover of the Bill to the omission to ensure its speedy rectification.

We have been requested to state, that a gentleman aged about 27 years, wishes to obtain a situation as assistant to some Medical man in active practice. He is from England, has followed the medical courses at St. Thomas' Hospital, and acted as an assistant in the Baltic fleet during the Russian war, but has not passed any of the Halls or Colleges in England. He is desirous of effecting for a limited time an engagement as indicated. Applications may be made to the Editor of this Journal.

BOOKS &c., RECEIVED FOR REVIEW.

LECTURES ON THE DISEASES OF INFANCY AND CHILDHOOD, by Charles West, M.D., &c., third American, from the fourth revised and enlarged London Edition. Philadelphia: Blanchard and Lea, 1860, 8vo. pp. 630, price $2·50.

THE DISEASES OF THE EAR, THEIR NATURE, DIAGNOSIS AND TREATMENT, by Joseph Toynbee, F.R.S. &c. Philadelphia: Blanchard and Lea, 1860, 8vo. p.p. 440, price $3·00.

DENTAL ANOMALIES AND THEIR INFLUENCE UPON THE PRODUCTION OF DISEASES OF THE MAXILLARY BONES, by A. M. Forget, M.D., C. L. D. &c., Memoir crowned by the Academy of sciences, at its meeting of the 14th March, 1859. Paris: Victor Maison. Translated from the French. Philadelphia: Jones and White, ph. pp. 34, and 6 plates. Price $0.40, obtainable from the publishers on receipt of order, &c.

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT *MONTREAL* IN APRIL, 1860.

By Archibald Hall, M.D.

Day.	DAILY MEANS OF THE: Barometer corrected and red'd to F. 32°	Temperature of the Air.	Dew Point.	Relative Humidity.	Ozone.	CLOUDS: Amnt.	CLOUDS: General Description.	THERMOMETER: Maximum read at 9, P. M.	THERMOMETER: Minimum read at 7, A. M.	WIND: Its general Direction and Mean Force from 0 Calm to 10 Violent Hurricane.		RAIN AND SNOW: Rain in 24 hours read at 10, A.M.	RAIN AND SNOW: Snow in 24hours read at 10 A.M.	RAIN AND SNOW: Total rain and melted snow.	GENERAL OBSERVATIONS.
	Inc's.	°	°	0. 100	0. 10	0. 10		°	°		0. 10	Inch.	Inch.	Inch.	
1	29.498	35.1	26.1	.69	3.5	9.3	Cu. St.	52.0	21.2	N.	1.6	.....	.....	.....	Solar and Lunar Halo.
2	29.829	18.2	9.7	.83	1.5	9.8	Strat.	28.0	9.5	N.W.	3.0	.....	.....	.....	Faint Auroral light.
3	29.559	30.0	24.7	.84	2.5	10.0	Cu. St.	38.2	16.2	S.	2.6	.....	.....	.....	
4	29.529	35.5	29.2	.78	3.7	5.0	Cu. St.	42.0	27.7	N.	3.0	.....	Inap.	Inap.	
5	29.516	36.3	34.3	.93	9.0	10.0	Nim.	43.0	32.0	N.	1.0	0.15	.....	0.15	
6	29.942	37.4	28.7	.71	4.0	3.6	Cu. St.	42.5	29.0	N.N.E.	2.6	0.05	0.50	0.24	
7	30.070	40.9	29.3	.58	5.5	1.0	Cir. St.	50.3	26.4	S.E.	1.0	.....	.....	.....	Faint Auroral light.
8	29.742	39.5	35.3	.86	9.7	10.0	Nim.	44.2	37.0	S.	2.3	0.14	.....	0.14	
9	29.991	40.8	32.7	.73	3.5	3.3	Cir. St.	46.4	40.0	N.N.E.	2.3	0.30	.....	0.30	Splendid Auroral display.
10	29.866	38.3	32.5	.76	8.0	7.6	Nim.	44.4	29.0	S.S.E.	4.3	.....	.....	.....	Rain with fine hail..
11	29.827	40.4	31.6	.67	3.5	6.6	Cu. St.	48.9	33.8	N.N.E.	2.0	0.20	.....	0.20	Aurora with streamers.
12	29.835	40.6	30.3	.63	5.5	4.3	Nim.	49.3	28.8	E.S.E.	3.3	.....	.....	.....	
13	29.681	39.0	31.7	.75	5.0	7.6	Cu. St.	45.0	33.7	W.	3.6	0.05	.....	0.05	Aurora with streamers.
14	29.815	25 2	17.0	.82	2.0	4.6	Cu.	41.0	17.5	W.N.W.	5.0	.....	.....	.....	Aurora with faint streamers.
15	30.147	27.3	19.0	.80	2.2	0.0	0	34.8	11.6	W.N.W.	4 0	.....	.....	.....	
16	30.026	38.9	32.6	.75	4.7	7.6	Cir. Cu.	47.0	20.0	E.S.E.	2.3	.....	.....	.....	First steamer to Quebec.
17	29.784	43.7	37.8	.78	5.5	5.0	Nim.	61.5	36.0	W.N.W.	4.0	0.43	.....	0.43	Thu. *Hir. Bic.* seen ft. au. lt.
18	30.483	35.6	24.2	.62	3.5	0.0	0	42.9	24.0	N.N.W.	2.6	.....	.....	.....	Faint Aurora with streamers
19	30.288	46.0	27.7	.39	2.0	2.0	Cir. St.	56.2	29.0	S.W.	1.0	.....	.....	.....	Butterflies (*van. anti.*) seen.
20	29.857	53.0	38.1	.55	1.5	9.3	Cu. St.	64.0	29.3	E.S.E.	1.0	.....	.....	.....	
21	29.761	50.3	35.5	.53	4.0	7.6	Cu. St.	60.5	39.8	N.N.E.	3.6	.....	.....	.....	
22	29.767	47.6	36.2	.61	3.0	6.3	Cir. Cu.	57.3	37.0	N.E.	2.0	.....	.....	.....	
23	29.825	45.4	30.3	.47	1.7	1.3	Cir. Cu.	52.4	38.2	W.	3.0	.....	.....	.....	Auroral light at 11.30 p.m.
24	29.781	35.6	21.5	.57	2.0	7.6	Cu. St.	46.4	30.5	W. S.W.	2.6	.....	.....	.....	Occultation of Venus.
25	29.715	40.2	24.7	.42	2.5	4.3	Cu.	45.5	24.5	N.N.W.	1.0	.....	Inap.	Inap.	Slight snow, hard frost.
26	29.863	45.4	30.5	.48	1.0	3.6	Cu.	55.0	25.5	N.W.	2.6	.....	.....	.....	{ Aur. lt. with str., conj. of
27	30.036	48.0	28.4	.29	1.0	0.0	0	56.6	31.0	W.N.W.	2.0	.....	.....	.....	{ Jupiter with moon.
28	30.186	50.2	34.5	.49	1.0	0.0	0	61.0	35.4	W.N.W.	1.3	.....	.....	.....	Auroral light.
29	30.103	53.2	37.7	.53	1.5	0.0	0	67.0	36.8	N.N.E.	1.3	.....	.....	.....	
30	30.023	61.2	45.9	.55	2.0	0.0	0	71.6	40.0	S.	1.3	.....	.....	.....	
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	
S's	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1.32	0.50	1.51	
M's	29.880	40.65	29.95	.650	.....	.....	.....	49.83	29.01	.....	.....	.....	.....	.....	

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT *TORONTO* IN APRIL, 1860.

Compiled from the Records of the Magnetic Observatory.

Day.	DAILY MEANS OF THE: Barometer reduced to 32° Fah.	Temperature of the Air.	Relative Humidity.	Amount of Cloudiness.	THERMOMETER: Max'm read at 6, A.M. of next day.	THERMOMETER: Min'm read at 2, P.M. of same day.	Dew Point at 3, P.M.	WIND: General Direction.	WIND: Mean Velocity in Miles per hour.	RAIN AND SNOW in 24 hours, ending at 6 A.M. next day: Rain.	Snow.	Total rain and melted Snow.	Ozone in 24 hours ending 6 A.M. of next day.	GENERAL REMARKS.
	Inches.	°	0—100	0—10	°	°	°			Inch.	Inch.	Inch.		
1	.....	Sunday			36.5	33.0	.....	N. 35 W.	20.69	.....	.....	.....		
2	29.499	26.42	57	4	32.7	19.5	9.0	South.	9.57	.....	0.1	0.010		
3	.080	40.93	76	6	52.4	26.8	41.0	S. 31 W.	7.64	.....	.....	.....		
4	.009	43.70	75	7	52.0	32.2	42.5	N. 69 W.	14.58	.410	.....	.401		
5	.211	39.43	72	6	48.5	26.0	36.5	N. 81 W.	9.20	.010	.....	.010		
6	.....	Good	Friday	.....	49.0	32.0	.....	S. 16 W.	5.72	.....	.....	.....		
7	.608	41.42	75	10	45.2	29.8	31.0	N. 65 E.	8.77	.052	.....	.052		
8	.....	Sunday			57.0	39.0	.....	N. 4 E.	7.48	.....	.....	.....		
9	.613	42.08	75	9	45.5	41.0	35.5	N. 54 E.	9.79	.....	.....	.....		Faint Aurora.
10	.441	41.85	90	10	50.0	35.8	47.0	N. 2 W.	9.15	.135	.....	.135		
11	.641	39.35	72	5	50.2	34.8	34.0	N. 27 W.	6.13	.....	.....	.....		Faint Aurora.
12	.516	40.53	77	5	51.0	27.6	43.0	S. 77 W.	15.49	.045	.....	.045		Auroral light and streamers.
13	.552	40.72	79	7	52.4	33.8	40.0	N. 87 W.	18.07	.140	0.2	.160		
14	.705	27.90	72	4	32.8	26.0	21.0	N. 61 W.	14.63	.....	Inap.	Inap.		
15	.....	Sunday			34.2	21.5	.....	S. 86 E.	10.10	.....	.....	.....		Solar Halo.
16	.496	39.00	84	9	43.6	30.2	33.5	N. 65 E.	7.79	.120	.....	.120		Light'g in east at midnight.
17	.742	40.53	68	4	50.2	37.0	34.0	N. 73 W.	18.92	.....	.....	.....		
18	30.191	33.90	61	0	41.0	25.0	11.5	S. 85 E.	5.90	.....	.....	.....		Faint Aurora.
19	29.860	43.73	63	6	50.2	28.2	27.0	N. 47 W.	7.05	.060	.....	.060		
20	.489	44.88	95	10	50.0	40.8	46.0	N. 25 E.	2.78	.100	.....	.100		Thunder storm at night.
21	.435	49.42	84	10	53.3	42.5	45.0	N. 11 E.	8.75	.140	.....	.140		
22	.....	Sunday			44.2	37.5	.....	N. 25 W.	13.27	.070	.....	.070		
23	.616	36.98	68	5	46.8	34.2	33.0	N. 45 W.	10.17	.....	.....	.....		Faint Aurora.
24	.582	32.77	77	10	41.8	28.8	18.0	N. 75 W.	15.83	.....	Inap.	Inap.		Thin ice.
25	.524	33.85	73	6	39.0	31.0	27.0	N. 40 W.	16.18	.....	Inap.	Inap.		Do.
26	.756	36.70	69	6	45.0	29.0	28.0	N. 46 W.	10.22	.....	.....	.....		Ice ¼ inch thick.
27	.881	40.87	64	3	49.6	28.0	26.0	S. 31 W.	7.05	.....	.....	.....		Thin ice, perfect halo at noon
28	.838	41.63	73	0	51.0	32.8	34.5	N. 79 E.	5.62	.....	.....	.....		Do.
29	.....	Sunday			54.2	35.0	.....	N. 67 E.	4.50	.....	.....	.....		Do.
30	.577	50.72	70	1	61.8	37.0	38.0	N. 35 E.	8.42	.....	.....	.....		Hoar frost.
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		
S's	.....	.....	.....	.....	.....	.....	.....	.....	.....	1.282	0.3	1.312		
M's	29.5776	39.55	74	6	47.00	32.19	32.58	N. 37 W.	10.30	.....	.....	.....		