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BRITISH AMERICAN

MEDICAL AND PHYSICAL JOURNAL ;

EDITED BY

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# BRITISH AMERICAN MEDICAL & PHYSICAL JOURNAL.

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[NEW SERIES.

*Observations upon the Diagnosis of Cardiac Disease, founded upon a case of Mitral Disease with regurgitation through the Left and Right Auriculo-Ventricular Orifices, associated with general Dilatation and Hypertrophy of the Heart, by R. PALMER HOWARD, M.D., Licentiate Royal College Surgeons, Edinb., Associate Member of the Surgical Society of Ireland, &c.*

Henry S—, a Shoemaker, aged 26, of sanguineo-lymphatic temperament and well developed frame. Has had three several attacks of rheumatic fever, 4, 5 and 8 years ago respectively, in none of which was he conscious of any cardiac uneasiness, nor was treatment directed to this organ. About 12 months after the last attack, for the first time, while running to a fire, his breath failed him, his heart beat violently, and he was obliged to stand still. From this period he gradually became "short-winded", any exertion brought on violent palpitations which have been tolerably constant for the last 2½ years. All this time he pursued his occupation with the exception of occasional intermissions, when under medical treatment for the cardiac affection. Has not had a cough until recently. His grandfather and family were subject to rheumatism; his father suffers from pains in the shoulders with stiffness of the joints; and one of his sisters died of disease of the heart, succeeding that affection. No rheumatic predisposition on the maternal side.

On Sunday, the 26th Augt., being as well as usual, he climbed up several trees, which exhausted him, and induced

dyspnœa and palpitation; however, he continued at work for the next three days, but was then obliged to abandon it on account of the violence of the palpitations which, for the first time, were attended with severe pain, extending across the epigastrium, occurring in paroxysms, especially at night, lasting several hours, preventing sleep, and obliging him to sit up and lean forward to relieve his sense of suffocation. His sleep was now disturbed by frightful dreams and frequent startings up in alarm. He observed his garters to be getting tight, and his abdomen felt enlarged as if by "wind." A practitioner who had formerly visited him was sent for, but pronounced his case beyond the reach of medical assistance.

On the 6th Sept., I paid my first visit at 6 p.m., and found him sitting on a sofa leaning forward and resting his head on a pillow upon the table. Countenance anxious, face pale, and somewhat puffed, lips livid, eyes not injected, pupils dilated, and skin warm and moist, large drops of perspiration studded his forehead and face; feet, ankles and lower part of legs a little swollen, of a purplish hue, pitting but slightly on pressure; abdomen apparently enlarged, but palpation failed to detect fluid in the peritonæum. Tongue slightly furred except at point; bowels free, stools said to be light coloured, and urine to be normal in quantity and colour. Pulse intermitting, unequal and irregular, 1 or 2 full soft beats being followed by 2 or 3 small weak, and scarcely perceptible throbs, making about 90 vibrations in a minute.

Visible pulsation of the external jugulars, especially in that of the right side; no musical *bruit* audible; no visible arterial pulsation. Has a tolerably frequent cough, accompanied by scanty, frothy, mucous expectoration; respiration, wheezing.

On inspecting the chest in the sitting posture, undulations of the parietes are observed over a space extending from about one inch on the outside of the left nipple to right margin of sternum, and down to epigastrium. Over this region there is decided dulness, and the hand encounters a moderately strong, irregular cardiac impulse; pressure on the lower part of this dull locality, viz., on the epigastrium, caused pain, and the heaving of the heart is here very resisting. A purring tremor is felt two inches below left nipple.

A loud systolic murmur is heard most distinctly over the left ventricle, viz., two inches below left nipple, and again one inch to the right of it and in a line with same; also at inferior angle of left scapula,—it is inaudible in the course of the aorta, and is much softer at right margin of sternum in a line with the mamma. The second sound is very audible in last two named localities, while it is but feebly so over the mitral, and is quite inaudible one inch below left nipple. The cardiac sounds are audible under the clavicles and in dorsal regions.

Anterior, posterior and lateral regions of the thorax very clear on percussion. Inspiratory murmur, slow and almost puerile over the chest generally. No moist râles—slight cooing at right sterno-clavicular articulation. Expiratory murmur not exaggerated. Pressure over liver, which extends below ribs, causes pain.

Enjoined bodily and mental rest. To have the following pills at bed time:—  
R. Pil. Hyd., Ext. Colocynth. Comp. et Ext. Hyos. aa gr. v. m. ff. pil. iij.

7th Sept., 9 a.m.—Passed a restless night. Has had two or three alvine evacuations, the first scybalous, the rest pul-taceous and clay coloured, devoid of bile.

Having corroborated my first examination, I formed and recorded in my case book on returning home the following

DIAGNOSIS.—*Mitral and Tricuspid Regurgitation. Dilatation and slight Hypertrophy of left ventricle—Simple Dilatation of right ventricle. Prognosis unfavourable.*—I dry-cupped the scapular regions and prescribed oz. ss of the following mixture three times a day:—  
R. Scillæ tinct. <sup>dr.</sup>ij, Ætheris spt. nit. dr. iij, ferri sesquichl. tinct. m. lxxx, mist. campli. <sup>oz.</sup>ij. m.

At 10, p.m., he was in such distress that I was sent for; he had been very drowsy all day; at 7 in the evening vomiting ensued, produced by paroxysms of coughing, and contents of stomach were thrice evacuated; two sputa of red blood were found in the last vomit, the others not examined. Skin is hot, breathing oppressed and wheezing, and an indescribable sense of distress at precordia. Respiratory sound in dorsal regions, loud and sonorous. Heart's action, as in last report. Two oz. blood were instantly abstracted by cupping from left posterior thoracic region, and the mixture, of which he had taken but one dose, was ordered to be given every 3 hours.

The 9th.—Obtained immediate relief after the cupping. To have gr. v each of pil. hyd. et ext. hyoscyam., to promote the bilious secretion, and to evacuate the bowels. On the 9th, a blister 4 inches square was applied to front of chest, to be dressed with ceratum sabinæ. The squills were increased to three drachms.

Under this treatment, with an occasional glass of port, he obtained considerable relief up to the 20th, when it is

reported that he has been able to sleep for the last few nights. Expectorates copiously. Jugulars which had ceased to pulsate on the 17th, now do so. Cardiac phenomena as before. Thorax normally resonant except over enlarged heart. Sonorous and sibilant râles audible in left back and in right mammary region. Vesicular murmur scarcely distinguishable in former locality.—Substituted liq. ammoniæ acetatis for the camphor mixture. On the 24th, another blister was placed below right clavicle. The 27th, left infra-scapular region emits a dull sound on percussion; cooing and piping notes supplant the vesicular murmur in same locality.—No bronchophony. The vesicular sound is mixed with mucous râles and cooing notes over rest of chest. Cardiac sounds less audible than usual. Systolic 'bruit' present. Considerable puffiness and lividness of face and lips. Œdema of feet and ankles. Complains of debility; and anorexia has existed for a few days.  $\frac{1}{2}$  gr. quinine was prescribed three times a day.

30th.—Lips of a better colour; appetite improved; urine said to be less copious than natural; cough frequent; expectoration has been more scanty than usual and streaked with blood last two days. Pulse, weak, unequal, irregular.

In recumbent posture, cardiac dullness now extends one inch above left nipple, but has its former limits elsewhere. Heart's sounds and systolic 'bruit' as before; cardiac region projects considerably, and the impulse raises the auscultator's head and shakes the patient's person. Less comparative dullness in left infra-scapular region; the respiratory sounds indicate engorgement; veins of neck not distended.

1st Oct.—Had what may be called an asthmatic paroxysm last night, viz., orthopnoea, frequent coughing and palpit-

tion, which terminated in vomiting, and expectoration of a teacup full of viscid, glairy, sanguinolent sputa, and in copious perspiration, which left him very weak, the straining caused pain at lower part of abdomen. He had not taken the expectorant mixture during the day. A pint and a half of urine passed in last 24 hours. Respiratory sounds indicate congestion of left lung posteriorly. Abstracted oz. i of blood from left back, and dry cupped the right. To have the cough mixture every hour and a half, and a tea-spoonful of wine occasionally.

2d Oct.—Relieved. Œdema of face increasing, slight anasarca of depending parts of trunk. Urine, scanty and high coloured. The following diuretic pill to be taken 3 times a day: R. Scillæ pulv. gr. i, Digitalis pulv. gr. ss, Pil. Hyd. gr. iij, Cons. Rosar. qs. ft. Pil. Gin and water as drink.

Oct. 4th.—Passed about a pint and a half of muddy, high coloured urine in last 24 hours.

The 5th.—Temporal and external jugular veins distended, latter pulsate; epigastric and mammary veins are very distinct. Complains of great tightness across umbilicus. The liver extends below the ribs. The Œdema pedum has disappeared. Urine contains no albumen, but deposits the lithates abundantly. Decubitus on the left side, in which posture dullness extends from the inferior border of 2d rib to lower part of epigastric region, and from a point two inches to the outside of left nipple, to one inch to the right of sternum. Cardiac impulse evident particularly below and to the outside of left nipple. The systolic murmur and the normal 2d sound are very audible under the ensiform cartilage; the latter is very loud and clear at upper part of sternum, while the first sound is scarcely audible and its attending murmur is inaudible

in the same locality. Respiratory sound very faint in front of left side of chest; very puerile on right side.

Does the great increase of dullness vertically and transversely indicate effusion into the pericardium, or excessive dilatation without attenuation of the heart's cavities?

Oct. 8th.—Œdema disappearing; urine copious. The systolic soufflet audible at right sterno-clavicular articulation, but louder at the lower part of middle sternal region. Had severe asthmatic paroxysms on the nights of the 5th and 6th respectively. Pills to be stopped as mouth is sore.

Oct. 13th.—Had returns of the asthmatic paroxysms on the nights of the 9th and 10th. Last night suffered from an indescribable uneasiness, great prostration, with fluttering pulse and sense of impending death. Was unable even to take a drink, and his short snatches of sleep were interrupted by frightful dreams. Has since rallied, and is now, 3, p.m., better. The external jugulars are as thick as my little finger, and like the temporal veins, pulsate. Anasarca is appearing in depending parts of the body, viz., in the left arm, side and thigh on which he lies. Heart's action quick and weak. Vibration of intercostal spaces. "Fremissement cataire" felt over left mammary region. Cardiac sounds as before, but the systolic murmur is very audible on its right side, though more so near the left nipple. Respiratory sound, inaudible over front of left chest. No increase of dullness posteriorly. To take the expectorant mixture every 2 hours as the bronchial secretion has been more scanty than usual.

14th.—Changed the mixture for the following: a table spoonful of which to be taken every two hours—R infusi

<sup>ca.</sup>  
sassa, oz. x, scillæ tinct. camphoræ co. tinct. aa dr. ij, acidi nitric. dilut. dr. ij, <sup>m.</sup>

16th.—Has been relieved last two days, but the œdema increases. To have oz. i of the following diuretic mixture night and morning: R digitalis infus. oss. scillæ tinct. dr. ij, Ætheris spl. nit. oz. ss, potassæ bitart, dr. iij, cardom. emp. tinct. dr. iij, ammoniæ suqui carb. dr. ss, <sup>m.</sup>

20th.—The diuretic acted well—the quantity of urine being considerably increased, and the alvine evacuations also. Appetite improved. To-day, at my visit I found him in one of his asthmatic paroxysms, which had ensued shortly after taking food, and lasted about 15 minutes, I cannot refrain from describing his state—He was sitting on the side of the bed, with his feet hanging down; face turgid and rather purple; countenance very anxious; respirations short, hurried and heaving; frequent straining to cough up contents of bronchi, which were ejected in mouthfuls, and consisted of sanguinolent sero-mucus; restlessness, great debility and extreme sensation of "bursting."

21st.—Suspended the diuretic for 24 hours.

23d.—Abdomen enlarged, and contains considerable quantity of fluid. The diuretic to be taken three times a day, instead of twice.

26th.—At the request of the patient's friends, Dr. MacDonnell was called in consultation, who, after examining the patient, coincided with me as to the nature of the case, its incurability and proper treatment. He suggested changing the form of the diuretic, as the patient was tired of taking medicine; thus xxm of tinct. ferri sesquichl. and viij m. of oleum sabinæ, to be given 4 times a day in a tea-spoonful of nitric spirit of æther.

27th.—His body generally, was co-

vered with perspiration last night. Has slept profoundly last few hours, and breathing is stertorous. Pupils normal.

31st.—Has had more ease last few days than usual. As he had been sitting up a couple of hours when I called, a good opportunity was afforded of examining left-side of thorax. The anasarca had gravitated to lower part of body.

Dulness over left back below middle of scapula; no respiratory sound nor vocal resonance present here. Upper portion of left scapular region clear on percussion; left lateral regions not dull; respiratory sound, puerile, mixed with muco-crepitation at end of inspiration. Absence of respiration in left mammary region. Changed the mixture for the following R. *atheris* spt. nit. oz. ss, *ferri susquichl.* tinct. *scillæ* tinct. aa dr. ij, *potass.* bitart. dr. ij, *aquæ* oz. iij, *℞.*, capt. oz. ss ter die; imperial as drink. The following aperient R. *pulv. jalapæ*, dr. ss, *hydrag. chlorid. et magnese sulph.* aa gr v. statim sumend.

Nov. 3d.—Cardiac sounds less audible than usual. Systolic murmur still heard. Strong pulsation of heart towards left side of infra-mammary region. Undulating movements of left mammary regions, the parietes of which are raised into a longitudinal fold or roll by œdema. Had a very restless night and is much exhausted.

The above mixture was continued until the 5th, and an occasional purgative given, but the abdomen increasing in size the digitalis mixture was again resorted to. On the 10th, 11th and 12th *hydragogue cathartics* were given, as the ascites created much uneasiness. On the 13th he imagined that he could not evacuate the bladder completely. I introduced a catheter and drew off about oz. iij of high coloured urine. The scrotum is filling with serum. The external jugulars are very much enlarged,

firm and throbbing. The 2d sound of heart not very distinctly audible.

16th.—Scrotum so distended that it conceals the glans penis, and impedes micturition; urine, scanty and high coloured, devoid of albumen; skin moist, and last night he perspired about the head and face. Stop diuretics, and administer oz. ss of the following diaphoretic mixture every 4th or 6th hour: R. *amon acetatis liq.* oz. ss, *camphoræ* gr v, *acaciæ pulv.* q. s., *aquæ* oz. iss, *℞.* Hot bricks to feet, and warm flannels to surface.

17th.—Introduced an acupuncture needle at 5 or 6 different points into scrotum, and afterwards wrapped the latter in wadding. Deep straw-coloured serum to the amount of about 4 pints escaped during the afternoon.

18th.—After the operation, became very drowsy, but slept little till 3 this morning; perspired profusely all night.

21st.—Was very low and weak yesterday; has not perspired much during the last 24 hours; urine abundant, clear and free of deposit; is dull and indifferent to external things; face rather purple the last two days; pupils contracted, although eyes kept closed; respiration rapid, puerile and limited to right side; cardiac sounds distinct; anasarca and ascites much reduced. To have beef tea and gin or brandy, ad libitum.

22d.—States that last night was the best he has spent these three months; in last 24 hours has evacuated 9 pints of urine, by measurement; abdomen soft, much reduced in circumference; veins less gorged and their pulsations less distinct; pulse weak; appears drowsy; conjunctivæ are yellowish.—Continue beef tea and gin.

23d.—Passed 6 pints of urine; is brighter and more lively.

24th.—Had a bad night; urine dimi-

nished to oij, muddy, copious deposit of lithates and purpurates.

25th.—Had a better night; talked much during sleep; great drowsiness; pupils rather small, although eyelids kept closed; jugulars undulate rapidly; pulse very weak; great debility; legs more swelled; passed oij of urine in last 24 hours; perspired a little. To have gin punch every two hours.

26th.—I was sent for this morning as it was feared he was dying. He had spent a very restless night, requiring his posture to be frequently changed; raved during his brief dosings. About 4 a.m. coughed up a cupful of clear blood; this was repeated two or three times. Since 8 a.m. has been apparently 'choking.' I found him in articulo mortis; his face blue; external jugulars turgid and almost as resisting as arteries; breathing gasping, and accompanied by action of muscles of forced respiration; each inspiration accompanied by grinding of the teeth, and contraction of muscles of lip and angle of mouth, giving a horrible expression to the countenance, rendered more frightful as it was by the discharge of blood and mucus from the nostrils and mouth; no pulse at wrists. The stethoscope detected great engorgement of left lung. The jugulars appeared to flutter a little; and in this state he died in a quarter of an hour after my arrival.

(To be continued.)

*Lusus Natura.*—*Fetus of a Turkey with four legs and four wings, by* GEORGE D. GIBB, M.D., *Member Natural History Society of Montreal, &c.*

On the 2nd June, 1849, a French Canadian brought me the dead chicken of Turkey, hatched a couple of days previously, and living a few minutes after birth. He stated that two of the eggs under the hen had each contained two chickens which were born alive, and another egg gave birth to a chicken, the

subject of these remarks, which possessed four legs and four wings, one pair of each being smaller than the other, and the legs being placed opposite one another. The preparation itself, which is exceedingly curious to examine, is an example of one of those freaks of nature, where a double yolk, in the course of its developement and growth, has become attached with a union or amalgamation (so to speak) of the systems. It would be impossible to give a perfectly accurate description of its anatomical arrangement without a dissection, and consequent loss of the preparation, but as it is preserved in alcohol as an interesting example of monstrosity in the bird tribe, I shall merely give a description of it as it now exists, from external examination.

The body of a perfect chicken, in a complete state of development, is presented to view, with its legs and wings naturally formed and of equal size; upon the right half of the chest and abdomen anteriorly, a smaller chicken, one half the size, is engrafted with its anterior and left aspects; presenting upon the right side of the perfect chicken, the dorsal surface of the smaller bird with its two small wings, and two legs hanging downwards and fronting those of the other bird. On tracing the spinal column upwards from the dorsal region, the cervical vertebræ of both are found to unite near the skull, with a projecting tumour as if an attempt had been made to form a head, but a single head appears to serve for both bodies. From the peculiar union of the two bodies, only the top of the sternum of the perfect bird can be felt, the breadth of its shoulders is increased, and slight lateral curvature of the spine exists. The size of the chicken is here smaller than when a single bird is produced from one egg.

I noticed in a recent number of the *Lancet*, the production before the Westminster Medical Society, by Dr. Cormack, of two hen-eggs, united at one end by a narrow neck, which was considered unique. If they had been hatched, we might have expected some singular formation in one or both kinds, or perhaps two single chickens in the usual way. Eggs with double yolks are not uncommon, and even a triple yolk is sometimes found. It is rather a singular fact that two of the eggs in the nest from which the present monstrosity was obtained, should be double yolked, and produce twin chickens alive, and also a third egg in the same condition, but instead of producing two separate chicks, they should be united into one with eight extremities.

48, Craig street, }  
Montreal, April 15, 1850. }

*Peculiar effects of Ipecacuanha from Idiosyncrasy, by F. W. SHERRIFF, M.D., Huntingdon.*

Having for several years been affected in a singular manner by ipecacuanha, both when respiring the particles of the powder, and also from taking it internally, I conceive that a statement of its effects might prove interesting and instructive to your readers, as it is possible a similar case might be met with in practice.

In October, 1840, I had an attack of measles, attended with severe cough and dyspnoea, this being the second time in which I was affected with this disease. During the following year, I had several attacks of severe catarrh, attended with asthmatic symptoms. In the spring of 1841, these attacks became very frequent, but which, although severe, never lasted more than twelve hours, always ending in a copious secretion of mucus. I now became rather alarmed, and was often puzzled to account for the asthma, as my health was in general good, and the attacks

always came on unexpectedly. At last, in reading the article "Asthma" in the *Cyclopædia of Practical Medicine* I there learned for the first time, that ipecacuanha frequently induced a similar affection, and I immediately concluded that such was my case. I instantly went to my surgery, and began to prepare Dover's powder, and was in a few minutes violently affected. This experiment I frequently repeated, and always with the same result; and now, mixing even a grain of Dover's powder will cause wheezing and cough.

To be affected in this manner by ipecacuanha, is, I believe, not uncommon; but the manner in which I am affected when taking it internally, is, I think, very remarkable. Three years ago, feeling unwell, I took a scruple of ipecac. in a wine-glass full of warm water. In five minutes, the mucus membranes of my nose, mouth and throat became violently irritated. Urgent dyspnoea came on, my nostrils were impervious to air, and I had to sit erect and actually gasp for breath. Yellow coloured water began to run from my nostrils, which soon changed to bloody serum; my mouth and throat appeared much inflamed, and discharged much thick slime and mucus. In an hour I vomited freely with some relief, but for three weeks I had severe cough and great tenderness in my chest. About a year afterwards, I had catarrh, and one evening I took a draught containing *vin. ipecac. tinct. opii. acet. scill.* of each half a drachm. In a few minutes, I became affected as before, but not with such severity. I obtained relief this time by going into a warm bath, which caused an eruption of scarlet blotches all over my body. When affected on former occasions by inhaling the powder, I have been frequently relieved by smoking tobacco. Until the last six years, I had often taken large doses and been in the constant practice of preparing it pharmaceutically, without the slightest injury or inconvenience; and I have no doubt that this idiosyncrasy has been caused by measles.

Huntingdon, Feb. 15, 1850.

*The Transactions of the American Medical Association, instituted 1847.—Vol. 2, Philadelphia, 1849. 8vo, pp. 956.*

This valuable volume, comprising the proceedings of the last meeting of the Association, with the reports of the Standing Committees, has been on our table for some time. The standing committees relate 1stly, to the Medical Sciences generally; 2dly, Practical Medicine; 3dly, Surgery; 4thly, Obstetrics; 5thly, Medical Education; 6thly, Medical Literature; 7thly, Publication; 8thly, Public Hygiene; 9thly, Adulterated Drugs, and 10thly, Indigenous Medical Botany. Comprised in the reports of these several Committees are a large number of truly valuable documents, reflecting the highest credit upon their authors. Passing from the purely medical and surgical department of the work, to that of a semi-medical character, we have perused the reports of the Committees on Medical Education, Medical Literature, and Public Hygiene with especial gratification. The hygienic reports for Concord, N.H., Portland, M., New York, Philadelphia, Boston and Lowell, Baltimore, Charleston, S.C., New Orleans, Louisville, Ky., and Cincinnati, have attracted especial attention; but of all, those of Boston and Lowell are marked for their precision and the labour bestowed upon them by their authors or author, Dr. Curtis. We notice that this Association meets this year in the month of May, at Cincinnati—it has our best wishes for its prosperity. We hope that the time is not far distant when a *British American Association*, with similar objects in view, will be holding its annual meetings, and with an influence, on public opinion equal with that, which there can be no question, its elder sister is now producing.

*Researches on the Natural History of Death, by BENNET DOWLER, M.D.—New Orleans, 1850. Pamphlet, pp. 22.*

In 1837, Professor Manni, of the University of Rome, offered, through the intervention of the French Academy, a prize of 1500 francs, for the best work on the signs of apparent death. This prize was lately awarded to M. Bouchut, who assigned in his paper the following as the *immediate* and *remote* signs. The *immediate* consist in—1st, The prolonged cessation of the heart sounds. 2d, The simultaneous relaxation of the sphincters. 3d, The sinking of the globe of the eye, with loss of transparency of the cornea. The *remote* consist in—1st, Cadaveric rigidity. 2d, Absence of muscular contractility under the influence of galvanism; and 3d, Putrefaction. Dr. Dowler exhibits forcibly the inconclusiveness of all the signs regarded by M. Bouchut as *immediate*, and forthwith proceeds to point out one not noticed by previous writers, viz., the thermometrical test. On this point, we will let our author speak for himself:—

“I propose the thermometer as a means of testing death, possessing as it does, superior certainty over the stethoscope. The latter method takes for granted, that in apparent death, the heart’s action continues; that it cannot be for a time suspended, and that its action can always be heard! The very analogies of apparent or temporary death seem to oppose or contradict these assumptions. The analogies and the positive facts known of animal temperature, teach that, during life, the body is not heated and cooled like inert matter. Place two or three thermometers in the armpits—in the bend of the arm, (the forearm being flexed,)—in the mouth and within the sphincters, to ascertain the heat of the surface, and of the centres, (the rectum is the best, and most accessible centre.) The application of the thermometer requires no skill, and is open to the inspection of all, and is a test for all the warm blooded animals—

at least for man. While the auscultatory test takes for granted that there can be no temporary inaction of the heart, and that all its motions can be heard; the thermometrical test takes nothing for granted without the most indubitable proof. Its great axiom is that man, in his living state, maintains an uniform temperature, independent of the surrounding media, while a dead man, like other inert matter, has no independence of this kind, but steadily responds to, and is governed by, calorific conditions altogether physical—heating and being heated, receiving and radiating caloric. This is not the result of speculation, but of prolonged and varied experimental research.

The refrigeration of the body before death, in cholera, congestive, and the like, is not physical refrigeration, responding to the calorific condition of the surrounding media; it is a morbid, or physiological caloricity, which, for a time, augments or continues stationary after death, until it shall be replaced by physical refrigeration, as its phenomenal history clearly shows.

The facts which I have published concerning post mortem caloricity, do not invalidate this thermometrical test; for soon or late the physical refrigeration must take place. I may here add, that the speculative opinion which prevails among those who do not take the trouble to make experiments, namely, that these calorific movements are the effects of putrefaction, is wholly unfounded, (so far as it regards the human subject;) how much soever it may be countenanced by certain analogies derived from other inert matter. The calorific, and the putrefactive periods, so far from coinciding, antagonize each other, so long as the heat is not in accordance with the ordinary physical laws of caloric. The point of coincidence and equilibrium, is really the point of putrefaction, unless the circumstances be of an extraordinary character, such as involve the freezing point, or that of torrefaction. But the predominance of the invariable law of physical refrigeration, is a criterion always attainable, and may be proved, as to its times, distances, and velocities, by arithmetical calculation: ascertain the temperatures of the media, and of the heated body, the velocity of the refrigeration will be proportioned to the times

and distances, and will proceed from the surface to the centre, until the equilibrium be attained. The only objection that lies against this rule relates to the calorific conditions, where the differences between the heated body and the media are very slight; but this is of no importance in practice, because there is always a marked difference between the average temperature of the air in the shade, and that of a living, or recently dead person."

Dr. Dowler is an eminent and attentive physiologist and observer of nature; and his views, on many points original and based upon experiment, are worthy of further investigation. The paper before us is attractive both from its style and the nature of the subject on which it treats.

*A Treatise on the Etiology, Pathology and Treatment of Congenital Dislocations of the Head of the Femur. Illustrated with plates—by JOHN MURRAY CARNOCHAN, M.D., p.p. 235, New York, 8vo.—S. S. & W. Wood.*

Amongst the many original works of merit that have lately issued from the American press, the one whose title is given above, takes a very high place. The subject is one which has only lately been brought prominently before the attention of the profession. Occasional reference to it may be found in Paré, Palletta, and others, quotations from whose writings are given by Dr. Carnochan; and the observations of these authors are too explicit and full to justify the assertion of Dupuytren, that he had found no notice of it prior to the publication of his Essay in 1826. He thus opens his chapter on this malformation—"Il est une espèce de déplacement de l'extrémité supérieure des fémurs de laquelle je n'ai trouvé aucune indication dans les auteurs, quelques recherches que j'ai faites pour la découvrir."\* It is notwithstanding to the

\*Leçons Orales de Clinique Chirurgicale.—Tome 1, p. 195.

observations of Dupuytren, that we are indebted for what is known of the disease, and the views of that distinguished surgeon were confirmed and enlarged upon by the writings of Cuillard Belloniere, of Paris, and Drs. Hutton and Adams, of Dublin. Dupuytren collected twenty-six cases, of which twenty-two were in females and four in males, and in many the malformation presented itself on both sides; in some it was hereditary, having occurred in members of three succeeding generations. In many of these cases, the persons of the patients bore evidence to the errors of diagnosis, committed by surgeons under whose treatment they had been placed. In one of them as many as twenty-one moxas had been applied, under the impression that it was a case of morbus coxæ. As before mentioned, Dupuytren's paper was followed by Cuillard Belloniere, which was published in 1828; this was followed by the paper of Dr. Hutton, read at a meeting of the "British Association for the advancement of Science," held in Dublin in 1835, an abstract of which was printed in the Dublin Medical Journal, Vol. viii. Under the title of "Abnormal Condition of the Hip Joint" Mr. Adams contributed an able article to "Todd's Cyclopædia of Anatomy and Physiology," at the commencement of which he treats at great length of this condition of the joint; he analyses Dupuytren's cases, and introduces several others of great interest, which he, Drs. Hutton and Harrison, of Dublin, and Dr. Handyside, of Edinburgh, had witnessed. It is to this paper that the profession is indebted for the first published drawings of the deformity and the post mortem appearances, yet Dr. Carnochan not only overlooks this communication, but asserts that no one had inquired into the matter since 1826, the

date of Dupuytren's Memoir. That we may not be charged with mis-stating his views, we will allow him to express them in his own words—"It is somewhat remarkable that those dislocations of the hip joint which have been denominated *original* or *congenital*, and which are of equal importance in a scientific point of view with the traumatic displacements of the head of the femur, should have been so entirely overlooked by the surgical writers of England and of this country. The great authority on the subject of dislocations, Sir Astley Cooper, in his enumeration of the different varieties of articular displacement, has not referred to any other luxations of the head of the femur, than those happening during the different epochs of extra-uterine existence, and resulting from external violence, from relaxation of the ligaments from paralysis of the muscles, from excess of the synovial secretion, or from strumous ulceration of the joint; and even Brodie, whose researches into the pathology of the joints have been so extensive and erudite, has not made a cursory allusion to the remarkable dislocation of the femur of which we are about to treat, and which has frequently been mistaken for other diseases of this part, and especially for *morbus coxarius*. In examining the extensive collections in the museums attached to St. Thomas' and Guy's, and to the other hospitals of London and Great Britain, I was unable to find any specimens illustrative of congenital dislocation of the head of the femur; and I may make the same remark in regard to the pathological collections of this country."—p. 12.

We cannot suppose an honorable surgeon like Dr. Carnochan, capable of so low a quibble, as to use the terms *England* and *Great Britain*, merely to delude his readers—he himself well

knowing that in Ireland and Scotland the disease was recognised by surgeons, and that a distinguished member of the profession in Ireland had contributed an elaborate article on the subject to the *British Cyclopadia of Anatomy*. From such an imputation we fully acquit him; we cannot, however, so readily excuse his overlooking the specimens of the disease contained in the London museums, for we find Mr. Adams stating, that "in the very valuable museums of London we can recognise unquestionable specimens of this congenital malformation of the bones of the hip joint. In Dublin we know some living examples of it, and our museums contain preparations showing some of its varieties, and most of its anatomical characters."—*Todd's Cyclopadia*: vol. ii, p. 780.

We also find in the translation of Chelius' *Surgery*, (which, from the numerous and valuable notes added to it by Mr. South, may now be considered a *British* work on surgery,) published in 1847, a long and well written chapter is devoted to congenital dislocation of the thigh bone. Chelius saw nine cases; South, one case of this malformation.

Having now laid before our readers a short history of the literature of the subject, and having placed Dr. Carnochan's Treatise in its proper chronological position, we proceed to lay before such of them as may not be aware of what has been written on this malformation, a brief outline of its pathology, and the symptoms by which it may be recognised; and in doing so, we have great pleasure in acknowledging the assistance Dr. C. has afforded us in the performance of our task. We will not occupy the reader's attention by entering into the various theories put forward by Breschet, Strommeyer, Guerin,

Cruveilhier and Chelius, to account for the deformity, nor is it our intention to offer any speculations of our own on the subject, but pass at once to a detail of the symptoms presented in a well marked case.

What strikes the observer on his first examination of such patients, is the great disproportion between the size of the body and that of the extremities. The lower extremities appear, as Dupuytren observes, as if they belonged to a person of lower stature. A well marked curvature of the lumbar region, and prominence of the abdomen are also perceptible, and the whole trunk appears pushed down between the thighs, so that the fingers may be brought to the knees while the patient is in the erect posture. The trochanters project outwardly, and together with the muscles, connected with them, form a well marked elevation of a pyramidal shape, the base of which is formed by the os innominatum, the consequence of which is, that the tuberosities of the ischia are left bare and uncovered by muscles, and of course appear more than usually prominent; the fold of the groin is placed more vertical and is better marked than usual, as is also the fold of the the nates. The lower extremities are badly developed, and for the most part the thighs are turned obliquely outwards. Dupuytren asserted, that patients with this malformation, could not stand with the sole completely to the ground, but the observations of subsequent writers do not confirm his views. When the patient is standing at ease "the toes of each foot are directed straight forward, when both hip joints are the seat of the disease; sometimes, however, the feet are turned outwards and sometimes inwards. One of the most characteristic differential signs of congenital dislocation of the head of the

femur upon the dorsum ilii, is the appearance, as soon as the patient is placed horizontally on the back, of most of the symptoms observable to the eye, when he is standing in the erect posture. The superincumbent weight of the trunk is then removed, and the muscles around the articulation now permit the great trochanters to descend to a nearly natural position; and as the small trochanters also approach their normal situation, the psoæ and internal iliac muscles become relaxed, and thus the curvature of the loins, and the corresponding convexity of the abdomen anteriorly, is diminished or effaced." (p. 96.)

Another curious feature is, that when the patient is in the recumbent posture, we can draw the legs downwards so as to bring the head of the bone into the acetabulum; it descends, and the great trochanters become more separated from the crest of the ilium, and the projection they previously formed is found to have diminished; while on the contrary, if force in an opposite direction is applied, that is, from below upwards, the head of the femur does not meet with resistance at the natural locality of the acetabulum, but mounts with facility to its abnormal position upon the dorsum ilii. When the head of the bone is absent, this fact may be detected by our failing to feel it rotating when the fingers are pressed deep into the groin, as in ordinary cases when we rotate the femur. Where the disease is well marked, the patient walks with a peculiar hobbling gait. The patient when about to walk, is seen to elevate himself upon the point of one foot, and to lift the other with great effort, so as to advance it, and simultaneously the trochanter is found to be brought much closer to the crest of the ilium, than when the patient was standing—there results, from these combined

movements, very awkward oscillations of the trunk. It is a curious fact, that in the acts of running, jumping and dancing! these ungraceful movements are much less noticeable. The movements of extension, *adduction* are easily performed, *abduction* imperfectly, but flexion can be carried to such an extent as to allow of the limb touching the shoulder in some instances. All these movements, be it observed, are not productive of the least pain—a striking difference here exists between congenital and accidental dislocation. The extent of these movements is sometimes limited by the formation of osseous matter around the joint.

When the disease is confined to one joint the symptoms are nearly the same, except that the spine is curved laterally; a somewhat greater flatness of the buttock is observed: the fold of the nates is placed higher, the inguinal fold is less deep, and the affected limb is atrophied and its muscles soft and flabby. There are some minor peculiarities, for an account of which we refer the reader to Dr. Carnochan's treatise. We pass at once to the pathology of this interesting disease of which Dr. C. gives an excellent account, too long however for quotation.

Some of the muscles around the joint are found to be well developed, others are atrophied and converted into a fatty structure. The acetabulum is sometimes quite absent; sometimes an irregular bony eminence occupies its place, without cotyloid ligament or cartilage, surrounded by the muscles which go for insertion to the lesser trochanter. The round ligament is often found elongated, flattened and worn (as it were) whilst the head of the bone is lodged in a new cavity, similar to what is formed in cases of unreduced accidental dislocations.

Dupuytren asserted that the head

preserves its ordinary relations to the rest of the bone; but Mr. Adams remarks that he has not always found this to be the case; for he has observed, besides the conical appearance of the head, alluded to by Dupuytren, "that the neck of the femur, instead of having its axis directed, as it naturally is, from behind forwards, upwards and inwards, has in this malformation lost its usual relation with the shaft of the thigh bone, and the axis is directed upwards and almost directly forwards," and Dr. Hutton also observes that in his case, "the relative position of the neck and shaft appeared as it might be supposed to do, if the lower portion of the femur being fixed, the upper portion were twisted forwards, the head moving through one fourth of a circle." Another point alluded to by Mr. Adams is, that the head of the femur in place of being directed backwards, as in ordinary luxation on the dorsum ilii, is directed forwards, so as to lie close to the anterior inferior spinous process of the ilium, whilst the great trochanter is directed backwards. Characteristic alterations in the shape of the pelvis were likewise pointed out by Mr. Adams in the paper before mentioned, such as the great prominence and direction inwards of the anterior and superior spine of the ilium, the depth of the notch between it and the inferior spinous process, the convexity of the external iliac fossa, the concavity of the internal fossa, the obtuseness of the subpubic angle, the obliquity of the ramus of the pubes and ischia, and the great extension of the tuberosities of the ischia.

These are the more prominent features of the disease, it is not however to be supposed that we have included all, for our space does not admit it.

We now pass to what is the most novel portion of the work, viz., the treatment. It appears that Duval and La-

fond endeavoured, in the case of a child nine years old, to reduce and keep in its place the head of the femur, but without success; in 1835, M.M. Humbert and Jacquier also made efforts to remedy the malformation which, at the time, attracted a good deal of attention, though it does not appear that they succeeded; and a similar result followed the exertions of Bouvier. The trials of Pravaz, of Lyons, were, however, successful. In one of his cases the diagnosis had been confirmed by an eminent surgeon, Mons. Richard, of Nancy, in 1836, and the commission of the Royal Academy of Medicine, composed of M. M. Blandin, Gerdy, Sanson and Naquart reported on the case in 1838. Their decision proved beyond doubt, that a cure had been effected, and it ended with the following sentence:—"nous affirmons que ce jeune malade n'est point affecté aujourd'hui de luxation congenitale."

Mons. Guerin has also succeeded in similar cases, but as this deformity requires a complicated machinery for its treatment, we beg to refer our readers to Dr. Carnochan's treatise for ample directions for its application.

In conclusion, we cannot too highly recommend Dr. C's work to our readers, to many of whom, we doubt not, its subject is quite new. If we have proved that Dr. C's is not the only one in the English language on congenital dislocation of the femur, and that the malformation has not been altogether overlooked by British writers on affections of the joints, we have been induced to do so from a sense of justice to those writers. We have now the great pleasure of acknowledging that his is by far the most complete and systematic work in the English language, and the only one which contains any directions for treatment. It would be also great injustice

to Dr. C. if we passed over without comment, the many beautiful engravings he has given of the disease, which for accuracy, finish and clearness, excel, we think, anything of the kind that has issued from the London press: and the type, paper and binding are equal to the works of Longman or Churchill, and are a vast improvement on the hideous calf-skin binding, and unsized paper of the American Medical works in general.

*The Anatomy, Physiology and Pathology of the Eye*, by HENRY HOWARD, M.R.C.S.L., Surgeon to the Montreal Eye and Ear Institution.—Armour & Ramsay, Montreal—J. Churchill, London, 8vo. p.p. 505.

We have received an early copy of the above work, and proceed to lay a short account of its contents before our readers. The first part contains a brief but clear description of the anatomy of the Eye and its appendages, which we doubt not, will be useful to such of our readers, as may have become rusty in this branch of anatomy. The Physiological part contains an exposition on Optics, and some peculiar views on the functions of the muscles of the eye, a few of which we will at once examine. At page 31, we find it stated, that the periosteum of the orbit "is of the same use as that adhering to any other bones of the body," and amongst other properties Mr. Howard claims for it "great elasticity." It is needless to say that the periosteum being composed of *white* fibrous tissue is devoid of elasticity. At page 32, speaking of the voluntary and involuntary movements of the eye, he observes "the muscles of the eye-ball, which direct the eye to objects during the waking state, are most certainly strictly voluntary and always connected with the exercise of the sense of vision"; and in a note to this sentence, he adds,

"unless we except the internal rectus, which is considered to act automatically with the external rectus of the opposite side, and the two external recti which cannot be made to act consentaneously". It is quite true that it is not possible to put the two external recti consentaneously in action, so as to make both eyes look outwards at the same time, but if we look inwards towards the nose, it is by the consentaneous action of both the external recti that the eyes are brought back to their position, so as to look straight forward. This point has been dwelt upon by Dr. Radcliffe Hall.

Mr. Howard also objects to the doctrine of some physiologists, that the recti muscles are capable of retracting the eye within the orbit when the lids are closed,\* and in this, we think he is quite correct; he assigns as his objection the fact, "that the eye-ball is no more protruded when the eyelids are open than when they are shut," to which we may add, that if nature intended the eye of man to be *retracted*, she would, in addition to the muscles with which she has supplied the organ, have given him a *retractor* muscle, as she has done to the horse. It is well known, that owing to the great development and scope of action of this muscle, operations on the eye of the horse cannot be performed, which in man are of easy performance, as for instance, extraction or couching for cataract. Now, if the eye of man were capable of retraction, surely the same difficulty would be encountered by the oculist, whenever he attempted either of those operations, but such we do not find to be the case, and consequently, we are inclined to adopt Mr. H.'s view, to which both comparative anatomy, and the results of human and veterinary surgery

\*It is furnished with muscles capable of moving it towards any side, and of protruding or sinking it.—Todd & Bowman's Physiology, part 3, p. 16.

lend valuable support\*. Our author contends that the principal use of the inferior oblique muscle is to turn upwards and inwards the cornea, so as to bring it almost within the orbit, and thus, it becomes a *protector* for the eye—for when a foreign body comes in contact with the eyeball, this muscle is instantly thrown into spasmodic action, and the cornea is carried upwards and inwards and retained in that position as long as the irritation is kept up, no matter what efforts are made to overcome this action.

Its contraction is also simultaneous with that of the orbicularis palpebrarum—for as soon as the eye-lids are closed in sleep, the cornea is drawn upwards and inwards. The inferior oblique acts consentaneously with the levator palpebræ. When the upper lid is drawn up, as in awaking from sleep, the cornea is directed downwards, by the contraction of the former muscle, “so that the superior oblique muscle is the true but negative depressor of the lower lid; this is a novel statement, but of which conclusive evidence will be presently adduced,” p. 37. We will allow Mr. Howard to argue this point in his own words:—

“Previously to the views set forth by Sir C. Bell, anatomists and physiologists, perceiving that in opening the eyes the lower lid is depressed, sought, but in vain, for a depressor for it. He looked for a direct muscular depressor, and thought that he had found it in the levator palpebræ superioris; which he said not only raised the upper, but depressed the lower lid. The following are his words (page 153, third edition of his work on the nervous system):—‘The muscle, levator palpebræ superioris, opens wide the eyelids, depressing the lower eyelid, at the same time that it elevates the upper one. If we put the finger upon the lower eyelid, so as to

feel the ball when the eye is shut, and then open the eye, we shall feel that during this action, the eyeball is pushed outwards. Now, the lower lid is so adapted as to slip off the convex surface of the ball in this action, and to be depressed, whilst the upper eyelid is elevated.’ He then gives a plate of the eye and levator muscle, shewing that the muscle, from its origin to its insertion, is in contact with half the circumference of the globe; and infers the above conclusion to be the result of its contraction, evidently having forgotten at the time, that the levator was not in such close contact with the globe of the eye as he stated—the superior rectus muscle lying between them, so that the contraction of the levator could not produce the effect he alleged. He was wrong in supposing the eyeball to be *protruded* at all. If the finger be placed on the lid, as he recommends, it would appear as though the eye-ball protruded; and certainly the lower lid is depressed, but not by the agent to which he ascribes it: it is effected in this way,—The globe of the eye is composed of the segments of two spheres of different diameters, of which the cornea is the segment of the less sphere; in consequence of which the antero-posterior diameter of the globe is much its largest diameter. Hence it follows, that when the orbicularis closes the eyelids, and the consentaneous contraction of the inferior oblique takes place, by which the cornea is upturned, the situation previously occupied by the cornea, is filled by the rising of the lower eyelid, due partly to the elasticity of its structure, and partly to the contraction of the lower orbicular fibres. But when the eyelids open, these fibres of the orbicularis being relaxed, the cornea pushes the lower eyelid outwards and downwards to its original place; and as this is effected by the superior oblique, acting consentaneously with the levator palpebræ superioris, my position is maintained, that the superior oblique is the muscle whose action is the real cause of the depression of the lower eyelid. (Under ordinary circumstances, when we look at any thing in the line of the cheek bones, the rectus inferior, by still further depressing the cornea, becomes in a similar manner the voluntary depressor of the lower eyelid.) That this is the case is easily proved; thus, hold the

\*It is curious, that whilst some anatomists assert that the eye is retracted, others claim for particular structures the property of preventing retraction, thus Ferrall assigns as one use of the *ocular fascia* that “of preventing the recti muscles retracting the eye.”

upper and lower lids of a person close to the edges of the orbit, so as not to allow any voluntary effort of the orbicularis to close the lids, then let him make the effort, when it will be found that the cornea will turn upwards and inwards under the orbit. Then let the person relax the fibres of the orbicularis and bring the levator palpebræ muscle into action, when the cornea will at once turn downwards and outwards by the action of the superior oblique, and in so doing bring the cornea against the lower lid, and depress it. My attention was first drawn to this fact by observing a man, who presented himself at the Eye and Ear Institution with ectropium of both lids of one eye. I directed him to shut his eyes, knowing that he could not do it. When he made the effort, up went the cornea out of my view, so that the man was in complete darkness, and fully under the conviction that he had both his eyes shut; and when I asked him to open them, the above detailed action of the superior oblique was shown, by the cornea turning downwards and inwards, and then instantly assuming the ordinary appearance of the eye when regarding an object.

Again, let a person close both eyes, and put a finger upon one, so as to feel the eye-ball through the lids, then let the other eye be opened, when it will be found that the cornea of the closed eye will come down and press against the lower lid upon which the finger is. It may be asked, how is the cornea turned down when the eyelid is closed, if, as has been already stated, the superior oblique acts in unison with the levator? The answer is, in the same way that the inferior oblique acts, when the orbicularis cannot close the eyelids. It does act, but is prevented from raising the lid by artificial means. Another answer is, as has been already explained, viz:—that the eyes act consentaneously, so that one eye cannot be kept motionless while the other is in action, even though the former should be blind."

In his description of the *ocular fascia*, Mr. Howard erroneously attributes the discovery of this structure to Mons. Bonnet. It was first described by Tenon, (*Tenon sur un nouvelle tunique de l'œil, Mem. et Observ. sur l'Anatomie*). Dalrymple described it in the year 1834,

and Malgaigne has noticed it twice, first in 1838, in his *Anatomie Chirurg.*, and again in his *Manuel de Medecine Operatoire*. The next author who described it, if we forget not, was Mons. Bonnet, and last of all we find Mr. Ferrall pointing it out to anatomists as a new structure under the name of *Tunica Vaginalis oculi*. Mr. F.'s paper appeared in the Dublin Med. Journal for 1841.

At page 42, we find the discovery of sensitive and motor nerves attributed to Sir Charles Bell. It must be evident that the author means, that to Sir Charles Bell we are indebted for showing that the motor nerves take their origin from the anterior, and the sensitive from the posterior tract of the spinal column.

We pass now to what is really necessary to know, in order to understand many points discussed throughout the treatise, viz., Mr. H.'s peculiar views of the physiology of the Ophthalmic branch of the fifth nerve. We will state those briefly, referring our readers to the work for further information on each point. At page 45, we find the following description of the fifth nerve:—

"The fifth is a most important nerve; it possesses many properties, but more particularly, that of sensation. It gives feeling to all the parts to which it is distributed, the head, face, and skin covering them; the eyes, nose, tongue, mouth, &c. Pathology proves that this nerve is also a nutritive nerve, for if it be paralysed, the parts which are supplied by it become emaciated; and if the part be mucous membrane, its natural secretion ceases, and the parts ulcerate. Indeed the parts supplied by this nerve are dependent upon it for all the healthy actions, more particularly the eye; for instance, if this nerve be in an unhealthy state, absorption cannot be excited, except by restoring the nerve to its normal state. (This subject is fully explained in the chapter which treats of cataract, opacities of the cornea, &c.) It is to Sir C. Bell that we are indebted for the knowledge that this is a nerve of sensa-

tion. If it be injured, either by disease or accident, at the spot where it escapes from the cranium, the result is, that one side of the face loses its sense of touch; so that the parts may be cut, but the patient does not feel it, although the power of motion is retained."

As Mr. H. does not allude to the motor portion of the fifth, the reader ignorant of the physiology of this nerve, would suppose it possessed no such property, and from Mr. H.'s description of the fifth nerve, escaping at a spot from the cranium, one would infer that the entire nerve escaped outwards by one opening, whereas it is known to all anatomists that the three branches of the Casserian ganglion escape from the cranium by different openings, and that an injury inflicted on one branch, at its particular point of exit, will not necessarily involve the other branches.

Mr. H. maintains that the fifth is the *protector nerve* of the eye,—first, by giving notice of foreign bodies in contact with the globe. Secondly, it is sensible to the stimulus of light, and thus protects the retina\*. This latter view obtains support from what is observed in conjunctivitis and strumous ophthalmia in both of which, the intolerance of light is unconnected with any affection of the iris. Thirdly, Mr. H. thinks that the iris is also subject to the stimulus of light, and is dependent on the branch of the nasal for this property.

He also states that Belladonna has no power over the retina, and that the temporary amaurosis that follows its use, is caused by its action on the fifth pair of nerves, whereby dilatation of the pupil is caused, and thus this form of amaurosis

is produced. We agree in excluding its influence on the retina, but as we are not so certain that his views are correct, we content ourselves with merely stating, that the best marked temporary amaurosis from the use of belladonna that we have witnessed, occurred in the case of a gentleman whom we had recommended to apply an ointment containing belladonna to an inflamed testicle. Here its *direct* effect on the fifth pair was out of the question. There are many other points of interest discussed in this chapter, but our limits admonish us to proceed to the more practical part of the subject.

In examining some of Mr. H.'s anatomical and physiological descriptions, we may appear to some of our readers to have been hypercritical, but we felt it our duty as journalists to point out what we considered objectionable either in manner or matter, in order to encourage more accuracy and precision in the profession generally. We have now the pleasing task before us of directing our readers to the highly practical parts of the work. The first portion of this part, is taken up with a succinct account of the diseases and accidents to which the orbit is subject. At page 220, our author describes his operation for entropium, which we have reason to believe has been very successful. It is a modification of Scarpa's and differs from that of Jacob, in having the longitudinal incision carried through the integument instead of through the conjunctiva. We give the account of it in the writer's own words:—

"I make two perpendicular incisions, as recommended by Jacob, and unite them by a longitudinal incision, by excising a piece of the integuments in the manner recommended for simple acute entropion; I then bring the edges of this last wound together by sutures, and get them to unite by the first intention; but, following Dr. Jacob's plan, I prevent the per-

\*It is not to be overlooked, that most severe photophobia, is occasionally produced by the irritation of carious teeth. Dr. Hays, of Philadelphia, has recently published some interesting cases, illustrative of this pathological point, and as in all the examples cited by him, the photophobia ceased on the teeth being extracted, it is manifest that the views of Mr. Howard derive from the above circumstance great confirmation.

pendicular incisions from uniting, by touching their edges with the sulphate of copper. The two perpendicular incisions should enclose between them the exact portion of the lid that is inverted; but care must be taken not to wound the puncta or lachrymal ducts. I conceive that Dr. Jacob's mistake was uniting these incisions by a longitudinal incision through the conjunctiva and cartilage; as the healing of this wound, whether by granulation or adhesion, must tend to bend the lid still more toward the eyeball."

In the treatment of purulent and gonorrhœal ophthalmia, Mr. H. does not speak very favorably of either general or local bleeding. He relies upon purgatives and diaphoretics with low diet as general means, and upon a strong solution of nitrate of silver locally. He does not, however, object to scarifying the congested or tumid membrane, and if need be, of even snipping off a piece with a small scissors, as recommended by Tyrrell. Mr. H.'s description of his local treatment is as follows, and in most particulars, is identical with what we ourselves have employed for some years, and which we can strongly recommend to our readers:—

"Before I give the opinions of others I shall describe, in as short a space as possible, the local treatment adopted by myself in such cases. When met with in the early stage, I first cleanse the eye well with a sponge and warm water, then, if possible, evert the lids one after the other, beginning with the upper; I next sponge and dry the palpebral conjunctiva, then brush every part of it over, up to the line of reflection, with a hair pencil, previously wetted and applied to a piece of the nitrate of silver, upon doing which the whole part becomes white.—I leave no part of the palpebral conjunctiva that I do not touch, even the caruncula and semi-lunar membrane, and if the sclerotic conjunctiva be much inflamed, but not ecchymosed, I pass the brush over it also; I then let a little milk pass over the eye, and immediately after, restore the lids to their natural position. Every twelve hours thereafter I drop on the eye, and allow to remain there for

four or five minutes, a large drop of the ten grain solution of the nitrate of silver; and if, in forty-eight hours after the first application, or even thirty-six hours, I find the purulent discharge not decreasing, I repeat the same treatment as on the first day, and use the ten grain solution as before. This treatment I continue until the inflammation begins to abate; then I substitute the saturated solution of the acetate of lead, which I continue until the disease disappears. The above mode of applying the nitrate of silver is preferable to using it in pencil; first, because it can be applied more generally over the parts; and, secondly, if the patient starts, there is no danger of hurting the eye.

Under the head of *gonorrhœal ophthalmia of infants*, we find some valuable directions for the accoucheur, which may be perused with great advantage by the junior practitioner. The treatment recommended for this affection is nearly the same as that for the disease in the adult, with this addition, that a lotion of alum is advised to be applied frequently whilst the infant is awake, and small folds of linen saturated with it, are to be laid over the lids while asleep—p. 288.

At page 312, we have a good description and one evidently drawn from nature, of scleritis, which Mr. H. very correctly maintains has no right to be considered a rheumatic affection, as M'Kenzie and others have asserted. We have seen it more frequently unconnected with rheumatism, scrofula, or syphilis, than combined with any of these diseases, and we wonder how it has happened to be so generally supposed, of a rheumatic or gouty character. Mr. H. uses in this disease, a combination of quinine, opium and calomel: the latter is not pushed so far as to cause ptialism except in some cases—for he very justly observes, the iris is very frequently engaged in the inflammation, and so is the conjunctiva—and consequently, a modified plan of treatment must be pursued. He also speaks very favorably of the

use of the hydriodate of potash, as recommended by Dr. MacDonnell, of this city, both in the acute and chronic forms or scleratitis.

In *choroiditis* Mr. H. places reliance on calomel, quinine and hyoscyamus, in small doses, iodine and blisters to the back of the neck, and collyria of nitrate of silver if the conjunctiva is inflamed. He does not say that this plan has been successful, and from what we have seen of the disease, we believe no treatment can do more than palliate. We have seen M'Kenzie's plan of puncturing the globe employed frequently, but without success. We give the following directions for the treatment of *acute retinitis*, as a specimen of Mr. H.'s method of conveying instruction. The directions are clearly and explicitly given, and intelligible to the merest tyro in ophthalmic surgery :

“Perhaps there is not a disease of the eye in which blood-letting can be resorted to with such decided advantage, as in acute retinitis: but that real benefit may be derived from this treatment, it must be adopted at the very commencement of the attack, for when once lymph is deposited upon the retina, very little benefit will be derived from it. As to the quantity of blood that should be taken at a time, or the number of times it should be taken, it will altogether depend upon the violence of the symptoms, and the patient's general constitution; but the first bleeding should produce a decided diminution in the vascular system, and, generally speaking, it will be well to bleed *ad deliquium*; such a bleeding at first may prevent the necessity of two or three after bleedings, and all that may then be required will be cupping and leeching. After the bleeding the patient should get a good purgative, the best perhaps a dose of croton oil. After the bowels have been well acted upon, the sooner the patient is put under the influence of mercury the better, and to attain this object one grain of calomel with a quarter of a grain of opium, should be given every three or four hours, until the system is affected. If the opium should be found to disagree with the patient,

hyoscyamus may be substituted. Exclusion of strong light: spare diet, and rest of eyes, body, and mind, should be strictly enforced. The pupil should be kept under the influence of belladonna.

When once suppuration sets in, and pus is poured into the chambers of the eye, the sight is gone, and all the practitioner can then do is to relieve the patient's sufferings, and try to preserve the shape of the eye; this latter is sometimes very difficult, for if the chambers of the eye are filled with pus, threatening the rupture of the cornea, and accompanied with great pain, and much constitutional disturbance, the sooner the matter is evacuated by opening the cornea the better, after which a poultice may be applied till the whole of the humours come away, when the eye-ball will shrink up, and the eyelids become closed.”

At page 366, we find that Mr. H.'s experience of the value of turpentine in iritis, especially of a syphilitic nature, coincides with that of most practical surgeons who have paid any attention to diseases of the eye. Our readers may be reminded that on this subject much diversity of opinion exists, and even some able writers, as Lawrence in the last edition of his work on the eye, merely alludes to turpentine as a remedy that has been recommended, and adds, that he has never tried it himself. Mr. H.'s observations are therefore well entitled to attention. He says—

“In the year 1829, he [Mr. Hugh Carmichael of Dublin] published an essay on the subject, and since that time he has been abused by some, and applauded by others; I am inclined to rank myself among the latter class, for I have found turpentine a most valuable remedy, not only in syphilitic iritis but in every other form of the disease; but I must at the same time confess, that it has been so where mercury failed, or where, from some cause mercury was not admissible. I have also met with cases where turpentine had no effect in checking the inflammation, and from the moment the system became affected from mercury the disease rapidly disappeared; therefore, I never would give tur-

pentine in preference to mercury, but as a substitute, when, from some peculiar cause, mercury could not be administered, or when mercury had already failed in producing any good effect. Giving turpentine after mercury I think I have found to prevent a relapse of the disease: some have said that they found no good effects from turpentine, till it produced strangury; my experience of it is different, for I have found that where strangury was produced, the disease became worse, and the remedy had to be given up for a few days till the urinary irritation had subsided, after which it was again repeated."

We have often given turpentine as above recommended, and must say, that we never saw any benefit derived from its use when strangury became troublesome.

Another decided improvement in ophthalmic surgery is recommended by Mr. H., viz., the treatment of granular conjunctivitis by pulverized acetate of lead. We observe that Mons. Buys, of Bruges, has also recommended the same, but as our fellow citizen has made no secret of his having employed this remedy for the last three or four years, he is justly entitled to the credit of the discovery. His plan is as follows: the lids being everted all discharge is removed by a soft sponge, after which, the granulations are dusted with the pulverised acetate, which is allowed to remain on the lids for four or five minutes; it is then washed off, and if much irritation is complained of, the granulations are smeared over with olive oil, conveyed on a camel hair brush. The subsequent treatment consists in dropping into the eye daily, a saturated solution of the acetate of lead, and applying Janin's ointment to the lids at night.—p. 378.

Mr. H. states that the objection to lead collyria, viz., that they leave a black deposit on the cornea when the conjunctiva is ulcerated, as was first pointed out by Dr. Jacob, cannot be urged against the

saturated solution which he employs, and which should be filtered through fine paper before it is used. We have used this lotion frequently, and have found it free from the objection above alluded to. In the treatment of "granular eyelids," Mr. H. tells us, that the patient should *not be confined to the house*, and we believe, that all hospital surgeons who have been plagued with these cases, will fully coincide with him.

At page 387, Mr. H. very properly alludes to the great error committed by many surgeons in attributing ulceration of the cornea, in many cases to the vessels seen on the cornea, which they look upon as signs of corneitis, whereas in fact, these vessels are sent to convey material for filling up the ulcer, and ought not to be interfered with, for as soon as the ulcer is healed, they disappear, and consequently, their division, as practised by some, is not only unnecessary but highly injurious.

In opacities of the cornea, as our readers may have learned from a paper of Mr. H.'s in one of the earlier numbers of this journal, he places great confidence in the fumes of Hydrocyanic acid, as first recommended by Dr. Turnbull, of London. We have not made use of this remedy, nor have we the opportunities necessary to enable us to make careful and numerous experiments to determine its value, but it must be gratifying to Mr. H. to find that though many doubted its utility at first, the able reviewer of M. Desmarre's recent work on the eye, in the British and Foreign Medical Review states that *he has found no remedy or plan of treatment in opacities so useful as the vapour of hydrocyanic acid.*

Our limits will not admit of our enlarging further. We have given sufficient to enable the reader to form his own conclusion, and we are greatly mistaken if he do not agree with us that Mr.

H's treatise reflects great credit upon his industry and practical abilities. His work is not a mere compilation, for though he has given the views of the best writers on each subject, yet there is scarcely one to which he has not brought the result of his own experience, and it is but justice to add, that that experience has been derived from an unremitting and exclusive attention to ophthalmic diseases for some years past. Mr. H. had the great advantage of being educated as an Oculist by Dr. Jacob of Dublin, one of the most distinguished Ophthalmic Surgeons of the age, and to the study of this subject he has brought steady application, extensive reading, and though last, not least, a strong predilection for the investigation and treatment of diseases of the eye;—it was but natural then, that he should have attempted to diffuse more generally accurate ideas on the nature and treatment of these affections, for most assuredly such information is much needed in Canada—yet how few would have made the experiment of publishing the first medical work which has issued from our colonial press?—On this last account, if for no other, we hail with delight, the dawn of Canadian Medical Literature, and we trust that this Journal may have occasion to notice frequently the productions of our medical brethren throughout the Province, and that Messrs. Lovell & Gibson, who have given us such an excellent specimen of their art, in the “getting up” of the work, as regards paper, printing and binding, may have numerous opportunities of improving (if such is possible) upon this their first attempt.

In conclusion, we would strongly recommend the purchase of “Howard on the eye,” to our junior brethren of British origin; and to our French Canadian confrères, we feel confident, it would be

found of great assistance, for, of all English works, it is best suited to their wants, not merely because it treats of the diseases as we here find them, but because it is written in a plain and clear style, and is free from the absurd pedantry with which the German *Ophthalmologists*, (as they are pleased to style themselves), and their imitators in Great Britain and Ireland, have surrounded the science.

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## SURGERY.

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*Cases of Ascending or Intermuscular Hernia, with observations,* by JAMES LUKE, Esq., Surgeon to the London Hospital.—There is a variety of inguinal hernia apparently not generally known to surgeons, which I venture to designate as Ascending or Intermuscular, (for reasons which will appear in the sequel), to which I am anxious to draw attention from the circumstance that it is liable to cause some difficulty in diagnosis, and when strangulated to become a matter of more than usual interest and occasional embarrassment.

To illustrate the subject it is proposed to relate a few cases, which partake of the same general character, although they exhibit modifications of sufficient interest to be noticed in the description. Before relating those cases, I propose to give some account of the form of hernia to which they relate, that a clearer understanding of its mode of formation may be obtained. In doing so, it will be needful to recall to the recollection of the reader the relations which a hernia, in the most common forms, bears to the inguinal rings and canal through which it descends, because the immediate subjects of this communication are examples merely of deviations from those relations.

It will be remembered that an inguinal hernia of the ordinary kind, after issuing from the abdomen through the internal ring, descends in the inguinal canal in front of the spermatic cord in the male, and of the round ligament in the female, from whence it passes

through the external ring to the scrotum in the former, and to the pubis in the latter.

A hernia, however, at its exit from its abdomen, is liable to be pushed aside, or have its course altered, by any opposing obstacle; for its tendency is always to pass in that direction in which it meets with least impediment to its course. In the cases before us such impediments do occasionally arise, and more particularly in the female; a circumstance attributable to the lesser anatomical development of the canal and external ring in that sex, from which probably proceeds the more frequent occurrence of the form of hernia mentioned below. In the male sex the canal and rings are sufficiently large to allow of a hernial descent, so that we continually observe that the direction of an inguinal hernia in the male is downwards, unless it be turned aside, or its direction altered by artificial means, and especially by the pressure of a truss. In the female, however, natural obstacles occur in the downward direction; it therefore sometimes happens that the lesser impediments to the progress of a hernia lie in an upward or outward direction, in which case the tumor, after passing from the internal ring, turns towards the ilium, and becomes interposed between the layers of abdominal muscles above and on the outside of the ring. Such herniæ are covered anteriorly by the internal oblique muscle, and bear nearly the same relation to the tegumentary surface as an ordinary hernia confined to the inguinal canal, but differ materially from it in its relation to the internal ring. The tumor lies nearer to the ilium in this form of hernia, in a position which, being not usually occupied by hernia, may give rise to some difficulty in diagnosis, and may through inadvertence be mistaken for some other disease, either of the cæcum on the right; or colon on the left side. It also lies somewhat buried, when small, under a covering of muscular structure, and occasionally under an accumulation of adipose tissue, and may on that account be passed over altogether without notice. In its position it constitutes the kind of hernia which I have named above. It is important that such cases should be well understood; and the relation of the following cases will probably help this matter. Although not the first, the most

perfect specimen of the kind of case referred to in the foregoing observations, occurred to a person about 60 years of age, residing in the neighborhood of Bethnal Green. She was of thin spare habit, and when I first saw her, had suffered during four days from obstruction of the bowels and sickness, the symptoms having increased in severity up to the time of my visit. On the day previous, a fulness had been observed a little to the inside of the right spine of the ilium, which had not been noticed during the two first days of her illness, and was supposed to be connected with the cæcum, from the circumstance of its position and apparent depth. When I examined the part very carefully, it appeared to contain an ill-defined tumor, lying deeply, but within the walls of the abdomen, and not within the abdomen itself. Its position was to the outside of the situation of the internal ring, with its inner side resting upon the ring. It was somewhat rounded in form, and painful on pressure. Connecting it with the existing symptoms of intestinal obstruction, I concluded that it was a hernial tumor in a state of strangulation, and advised an operation, in the performance of which the integuments were incised perpendicularly over the tumor, and consequently on the outside of the internal ring.—The abdominal tendon being divided, the tumor was brought into view, covered by the lower border of the internal oblique muscle. It was about the size of a pullet's egg, and had the ordinary characteristics of a strangulated hernia, but with its neck of communication with the abdominal cavity at its lowest part, this being at the internal ring, where the stricture upon the contents was found, apparently produced by its margins.—These were divided without opening the sac, and the hernia reduced within the abdomen. Relief to the symptoms of obstruction speedily followed this proceeding, and recovery gradually, though slowly, took place, it being delayed by circumstances unconnected with the hernia.

The next case came under my notice in consultation with Mr. Byles, in a female between 50 and 60 years of age, suffering from acute symptoms of intestinal obstruction, attended by peritoneal inflammation and abdominal tension.—She was the subject of a moderate-sized,

umbilical hernia, which was irreducible, without impulse, and inflamed. On examining the lower part of the abdomen, there was discovered a small tumor on the left side, lying deeply under a thick covering of fat, and exteriorly to the usual seat of an inguinal hernia. It was painful when pressed. It was considered to be a hernia, and in a state of strangulation, although some doubts were entertained whether the umbilical hernia was not really the one strangulated. An incision was made through the abdominal tendon, which exposed to view a small tumor, lying as in the former case exteriorly to the internal ring. When the sac was laid open, its communication with the abdomen was found to be at its lowest part, and the intestine so tilted upwards over the upper and outer margin of the internal ring which formed the stricture, that some difficulty was experienced in getting at the part which is usually divided for its relief. This division being accomplished, the hernial contents were reduced into the abdomen and the wound closed. This patient had a good recovery. At a distance of five weeks from the operation she was seized with apoplexy, and died.

A modified form of the same kind of hernia came under my notice in a post-mortem examination of a patient who had been operated on by the late Mr. R. C. Headington, formerly an upright and distinguished surgeon to the London Hospital. The subject was a female, about 60 years of age, and the operation was performed in the London Hospital. The hernia, I was informed, presented the ordinary appearance of an inguinal hernia of the left side, descending upon the pubis through the external ring.—The requisite incisions were made over the tumor, and the lower part of the sac laid freely open. Of the seat of stricture I was not informed. When efforts at reducing the hernial contents were made, they were attended with apparent success; but, on remitting the effort, the contents returned to their former place in the sac. Renewed efforts were attended by the same results; and, after being several times repeated, with each time a recurrence of the descent, were finally abandoned, and the contents were allowed to remain unreduced, the wound being closed over them. The patient shortly died.

On dissecting the integuments from the lower part of the abdomen, the opened hernial tumor presented below the external ring in the usual manner, and was readily traced to its communication with the abdomen at the internal ring, but it also extended in a direction towards the spine of the ileum beyond the ring, and between the layers of the abdominal muscles. Thus the sac was found to be far more capacious than was suspected before death; and the circumstances attending its relations to the abdominal aperture explained the difficulty which had occurred during the operation. The hernial contents, when apparently reduced into the abdomen, had not been so in reality, but had been transposed from one part of the sac, and that the lowest, to the other or upper, which lay *above and to the outside* of the internal ring. No difficulty could arise in such a case in respect to diagnosis of the existence of hernia, yet to the operator an embarrassment might ensue like to that which occurred in this; and its relation is of importance, as forewarning him of a probable though remote contingency, and preparing him, by a foreknowledge of it, with the means best suited to meet the difficulty.

These cases, even in the female, are unfrequent; they are still more so in the male, and, I believe, never occur in that sex, unless produced by means wholly independent of anatomical formation and development. They may, however, be produced by other causes; and the subject has an important bearing upon the application of trusses to the relief of the ordinary kinds of inguinal protrusions. From the manner in which a truss is usually applied, and from the sufficiency in the size of its pad, both the internal and external inguinal rings are guarded, and the more especially when the two are approximated by the descent of the former, as is common in old hernia. But in an incipient hernia, when the rings are in their normal position, or nearly so, a truss may be so applied as to guard the external ring and lower part of the inguinal canal only. In that case the hernia is not prevented from protrusion through the internal ring; and its increase in size may continue, notwithstanding this imperfect use of the instrument. If such increase does take place, the truss has no other effect than to alter the course

of the hernia by preventing its *descent* through the canal and external ring, and constraining it to take that direction which alone is open to it. That direction appears to be upward and outward; and thus the intermuscular hernia, as described above in the foregoing cases, is produced. To prevent such a form of hernia in a male, arising from the use of a truss, is an important desideratum, and appears easily attainable by its proper application. As the occurrence is the result of pressure of the pad upon the lower part of the canal and external ring, while the internal ring remains unguarded, there are two courses open for selection. The one course is to remove the pressure of the truss altogether, by which means the hernia will have an opportunity of descending in its usual course; the other is to guard the internal ring also, and to prevent protrusion from the abdomen altogether. Of the two it need scarcely be observed that the last is to be preferred. Although this is generally done, it is not always so; and it may serve a good purpose to show what may take place, and what has taken place, from inattention to this deficiency in the application of trusses. They should always be so applied as to guard the *internal ring*.

An illustration of the above came under my notice a short time since, in the case of a gentleman, about 50 years of age, who first applied to me in consequence of some uneasy feelings which he experienced in the abdomen, and irregular action of the bowels, attended by occasional flatulence and nausea. He also complained of pain in the region of the cæcum, in examining which and the adjacent part it was found that he was the subject of hernia. This had descended partially into the scrotum; but he had been in the habit for some years of retaining it by means of a truss. A much larger tumor occupied the space between the crest of the ileum and the usual seat of the internal ring, which, by the communication of impulse, was ascertained to be connected with the lower tumor.—Thus it was found that the entire hernial sac was of very considerable dimensions, and contained a large mass of viscera. Probably to this circumstance were referable the symptoms of intestinal derangement which were the immediate cause of his application. It became,

therefore, an object of primary importance in the treatment that the contents should be replaced within the abdomen. In the attempt to accomplish the reduction the lower tumor was readily made to disappear; but, as it did so, the upper tumor became more full and large. Attempts at reduction of the upper tumor in the upward direction were wholly unavailing; but, when pressure was made upon it in a direction downwards, in the course of the inguinal canal, while the other hand was kept upon its lower extremity, so as to prevent the contents from descending through the external ring, it was, by a little manipulation, partially returned into the cavity of the abdomen. Old adhesions of the contents either to each other or to the sac, appeared to be the obstacle to the reduction being complete. Sufficient, however, was accomplished to afford some relief to the patient, and the intestinal disturbance became less severe. Should strangulation occur in this case, the circumstances which complicate it are well calculated to try the skill of the most experienced surgeon who shall undertake an operation for its relief; all which complication, with all its present ills and prospective embarrassments, I think, might have been prevented by the proper use, in the right position, and at an early period, of an efficient truss.—*London Medical Gazette*.

## PRACTICE OF MEDICINE & PATHOLOGY

*The Powers of Nature in the Treatment of Cholera.*—We are, unfortunately obliged to admit that the best efforts of medical men in combating cholera, have met with a doubtful share of success; but we cannot allow, as some persons maintain, that medicine is quite powerless regarding this disease. In support of our opinion, we shall quote a passage from a paper by Dr. Contour, published in the "Bulletin General de Therapeutique." The author gives a sketch of the treatment of cholera, in Russia, in the years 1846, 1847, and 1848, and relates the following fact:—Among the numerous religious sects of Russia, there is one, the adherents of which are bound to refuse medical aid. Among these fatalists, as it were, the confirmed cholera has been extremely destructive, as nearly

all the patients died. At Moscow, on the other hand, the mortality in the twelve hospitals, both permanent and temporary, has varied from 62 to 36 per cent.—*London Lancet*.

*On the Treatment of Chilblains:* by M. OSSIEUR.—In the earliest stage, friction, either employed dry, or with brandy; sp. camphor, is the simplest and best means; but when the parts have become red, swollen, shining, and even covered with phlyctenæ, but prior to ulceration, the formula recommended by M. Coffin may be used with the greatest advantage: Camphor, 4 parts; Ess. Oil Turpentine, 30 parts. When the practitioner is only consulted after ulceration has for some time taken place, M. Devergie's ointment is then the best application: Lard, 1 oz.; Liq. Plumb. Subac., 12 drops; Thebaic Extract, 3 grains; Creasote, 10 drops.—*Brit. & For. Med. Chir. Rev., from Bull. de Therap.*

## MATERIA MEDICA.

*On the Varieties of Chloroform:* by M. M. SOUBEIRAN and MIALHE. (*Journ. de Pharm.*, July, 1849.)—Chloroform is obtained as is known, both from common and methylic alcohol (pyroxylic spirits.) The products although generally considered as identical in composition, have such different properties as to render an investigation very desirable.

The methylic chloroform differs from the alcoholic in having an empyreumatic and nauseous odor, a lower specific gravity, and a lower boiling point, while its effects upon the system are disagreeable, producing sickness and heaviness in the head. The properties are communicated by a substance which could be separated by repeated rectification over chlorid of calcium, the salt retaining it. By washing with water, an oil was separated, lighter than water, with a boiling point from 185° to 271°, and possessing a peculiar and very strong empyreumatic odor. Chlorine is a constituent. Sulphuric acid was found to be the most suitable substance for destroying this impurity of the chloroform, which was then found to be in every respect identical with that obtained from common alcohol.

This impurity amounted in some com-

mercial chloroforms to 6 per cent.—Chloroform, from common alcohol, furnished a very small quantity of an oil containing chlorine, but differing from that before described.

The authors consider these oils as chlorinated compounds, intermediate between chloroform and one of the chlorids of carbon. They also advise that the preparation from methylic alcohol should not be used for inhalation—even that from common alcohol needing a redistillation—as the residue obtained will be found to produce in a remarkable degree headache and giddiness.

The authors have also noticed the curious fact, that when chloroform is poured upon a double filter, part runs through and part is congealed, by rapid evaporation, into silky scales.—*American Journal of Science and Arts*.

## MEDICAL JURISPRUDENCE.

*Trial of Doctor Webster for the Murder of Doctor Parkman.*—Present, Chief Justice Shaw, Associate Judges Wilde, Metcalf and Dewey, Counsel for the Commonwealth—Hon. John H. Clifford, of New Bedford, Attorney General; Geo. Bemis, Esq., of Boston. Counsel for Defence—Hon. Pliny Merrick and E. D. Sohier, Esq., of Boston. Private Court Room, gallery and avenues were crowded to excess by anxious multitudes. At nine o'clock this morning Dr. Webster was taken from his cell in Seventh street jail, where he had enjoyed a comfortable sleep last night. He moved out with a quick, firm step, and cheerful air. He was then conducted to a hackney coach, in irons, and was conveyed to the Court House accompanied by officer Edward J. Jones. A little before nine o'clock, and some time before the Judges took their places upon the bench, the prisoner entered and immediately took his seat in the dock. About nine o'clock the Judge entered the court-room; every available place of accommodation was jammed to excess. On the prisoner being called to plead, he stood up firmly in the dock and pleaded not guilty, in a strong and firm tone of voice, and while several of the jurors were being examined by the court as to whether or not they had formed or expressed an opinion, he manifested much anxiety as to

the answers given. There was a degree of deep solemnity about the Court room as the examination proceeded.—When the Jury were sworn and the Clerk of the Court proceeded to read the indictments, the prisoner stood up in the dock and listened to the reading with marked attention. Justice Shaw ordered the Clerk to call over the names of the persons summoned to serve as jurors in this case. The number amounted to sixty-one. After a number of Jurors had been called, challenged and set aside, a Jury of twelve was finally sworn.

The Attorney General addressed the Jury, and proceeded to call witnesses for the prosecution :

Robert G. Shaw, called and sworn—Was a brother-in-law of Dr. George Parkman ; he was about 67. Described the search when Dr. Parkman was missing ; I first knew of the discovery of the remains on Friday evening ; I saw the remains. I thought they were Dr. Parkman's remains by the hair on his breast, and by the peculiar appearance of one of his legs. He called at my home one cold morning, and I spoke to him about going so thinly clad, without an overcoat ; he sat down, and pulling up his pantaloons ; he wore no drawers, showed me his leg, and by my recollection of it in form and appearance, I judged it and the limb I saw at the College to be identical ; I also saw the set of teeth found in the grate ; but I am more certain of the identification of the body from the hair upon his breast ; I claimed and received the remains as those of my brother-in-law, George Parkman.

About the 18th April last, I received a note from Prof. Webster, requesting a private interview, and by appointment he called at my residence. He stated he was hard pressed for money, and expected the Sheriff would be in his house if he did not raise a certain sum of money immediately ; he then proposed to sell me a cabinet of minerals ; I replied that I did not want them. He pressed me very hard ; spoke of his family, and his position in college as dependent on obtaining the money, and offered to dispose of the minerals for \$1,200, stating that they had cost him much more. He finally worked on my feelings and I consented to the purchase. Some time afterwards, I was walking

with Dr. Parkman, when we met Prof. Webster in the street, and bowed to him ; I asked Dr. Parkman what salary Professor Webster got at the the college ; he said, \$1,200 a-year ; I replied that it seemed rather small, and that he seemed hard pressed for money, remarking that he had applied to me, and I had purchased his cabinet of minerals ; he said, "They are not his to sell!" and told me that he had a mortgage upon him ; I was very much surprised, and went home with Dr. Parkman, who showed me his mortgage ; he said—"It is a downright piece of dishonesty on the part of Dr. Webster, and he ought to be punished."

Mr. Shaw further stated that in April, 1848, Dr. Webster being in pressing want of money, mortgaged his cabinet of minerals, containing 5000 specimens, to Mr. Shaw for \$1200, \$600 of which were then paid, and the remainder in June, when a bill of sale and catalogue were given to Mr. S. Subsequently, this was mentioned by the latter to Dr. Parkman, who stated that he had a previous mortgage on them, which was at once shown to Mr. Shaw. It was dated Jan. 22nd, 1847, and conveyed the whole of Dr. Webster's furniture and effects to Dr. P., including the minerals, failing the payment, in four years, of \$2400.—It was afterwards proposed by Prof. Webster, to other individuals, that these minerals should be purchased of him and given to the College, and Mr. Shaw was called on to subscribe for this purpose, who agreed to deduct \$500 from the \$1200 owed him by Dr. W. The remaining \$700 was afterwards paid him, but none of the money subscribed reached Dr. Parkman, who had since often importuned Dr. W.

After Mr. Shaw had concluded his evidence, other witnesses were examined who proved the disappearance of Dr. Parkman on the 23rd of Nov. at or about the hour of two o'clock.

The jury, by direction of the Court, this morning examined the Medical College, in connection with the counsel for the Commonwealth and the prisoner, who were forbidden to enter into any argument but were permitted thoroughly to show and explain the localities.

Marshal Tukey—Am City Marshal ; was informed of the disappearance of Dr. Parkman on the forenoon of Saturday, November 24 ; first heard of the

discovery of remains at the Medical College on Friday, Nov. 30th, in the afternoon; went immediately to the Medical College; I was informed by Littlefield, whilst at my office, that he had succeeded in piercing the centre wall of the Medical College, and had found in the vault of the privy of Prof. Webster's laboratory, the remains of a human body; I put a revolver in my pocket, and started immediately for the house of Robert G. Shaw, jr.; informed him of the facts stated by Littlefield, and he went in my company and that of Dr. H. Bigelow, the younger, to the Medical College in North Grove street. We entered the building, and descended through the trap door referred to into the cellar; we passed along the foundation of the centre wall of the building until we came to the hole in the wall made by Littlefield; it looked as though lately made—pieces of broken brick lay round the spot; we looked into the vault through the hole, and could hear the water splashing in the vault, and there saw the remains as first discovered; after looking at them a few minutes, I ordered Trenholm and Littlefield to enter the privy and bring out the parts of the body; Littlefield went to get a plank, and they entered and brought forth the remains; I asked Dr. Bigelow if those were parts of a human body? he replied they were; I asked him if that was a proper place for them to be put in? he said no; when Littlefield and officer Trenholm were in the vault we heard some one walking above us; Littlefield came out of the vault and said that Dr. Webster was in his room then; with that we went up stairs and searched the building, asking the officers first, if all were secured about; they then replied yes; by my orders the officers then looked all over the building, but found no one; asked the officers if they had searched the lecture room; they said yes; we went also to the laboratory, and it was discovered that Prof. Webster was not there; when we went there I looked into the large furnace; about that time I saw Constable Clapp with something in his hand; I examined it, and saw that it was slug, or cinder of coal, mixed with fragments of bones. [The box containing the bones that were found in the furnace, was here exhibited to the Court by the witness; also, a large knife, which he stated he had

found on the premises.] I immediately despatched officers to arrest Prof. Webster at Cambridge.

Calvin Moore, Mrs. Moore, George Moore, D. Prouty, L. Fuller, A. Fuller, and P. Holland, all proved their having seen Dr. Parkman on the 23rd a little before 2 o'clock, going in the direction of the Medical College.

Jabez Pratt, one of the coroners of the county, sworn—Was called upon in the course of Friday, Nov. 30, by officer Spear, between nine and ten o'clock, to view the remains; went to the house of S. D. Parker, Esq., Mount Vernon street, with Dr. Martin Gay and one or two others; saw Dr. Webster in the cell beneath the jail office; a warrant was in my hands for the arrest of Dr. Webster; Dr. W. was lying upon his face apparently in great distress; desired him to be calm, and requested him to get up; he said he was unable to get up; he was agitated, and trembled all over; he exclaimed, "What will become of my poor family?" He was afterwards lifted up, and assisted up stairs; don't remember whether he perspired; was nearly helpless, and could not use his limbs; was seated on a chair in the office; some person offered him water; he took no notice of it; he was so agitated he could not drink; they put the tumbler to his mouth; he thrust it from him; Mr. Parker had directed before they went down that no person should converse with Dr. Webster on the subject of his arrest; Mr. Parker conversed with him; he stated to Doctor Webster that there had been some discoveries made at the Medical College, and they had come there to see if he was willing to go down and make any explanations he might please; don't remember the answer, but he consented to go; Leighton, one of the keepers of the jail and myself, rode in the same carriage with Dr. Webster; saw the perspiration on him when sitting in the chair in the jail office, not before; complained of being cold on arriving at the College; he was helped up the stairs; don't remember the conversation in the carriage, particularly; remember that he complained of the manner in which he had been taken from his family; entered the College by the front steps; went into the lecture room of Professor Webster; think Cummings and Leighton were the officers who had hold of

Doctor Webster; went from the lecture-room to the laboratory in the rear; thinks the Doctor was first, and they had to break it open; after going into the back room, some person inquired for the key to the small room at the back of it; Prof. Webster replied that was his private room, where he prepared his lectures, and kept dangerous things; he had not the key; Mr. Clapp had taken all his keys from him; the door was broken open, there was a court term which he used when he entered; there were drawers or closets on the opposite side; either they were stuck, or were locked; some were broken; Dr. W. objected to its being done; said they contained only some demijohns and bottles; discovered nothing there of importance; then went down stairs; there was an inquiry made for the key of the privy; Dr. W. said it was hanging on a nail; don't remember whether this was made before or after going down; did not examine the building particularly, not thinking it was his duty to do so; the key was applied to the door of the privy, and did not fit; the door was broken by my direction, and the seats were torn up, not both at the same time; some persons inquired where was the chimney that was hot; it was pointed out, and the furnace; some person went to the furnace and took off the cover, taking out something; I directed them to let it stay as it was; some one had hold of Dr. W. by the arm all the time; he appeared different from any man I ever saw before; he called for water. When the water was offered him, he would seem to snap at it with his teeth, and push it from him; was more excited in the lower laboratory than up stairs. Mr. Andrews, the jailor came into the laboratory while we were there. We went out of the laboratory into an entry or cellar, where a trap door was opened. Clapp and Littlefield went down, and requested me to. Went down, going on hands and knees. The highest place was not more than four feet. The remains were brought up. Dr. W. was very much agitated. Don't recollect distinctly how Dr. W. appeared then. Did not go back to the jail with Dr. W. The remains were put in the box in a cool place, and officers left in charge. Next day summoned a jury of inquest at 4 o'clock.

Dr. Winslow Lewis, Jr., sworn.—I was one of the physicians who called

at the College on Saturday, after Prof. Webster's arrest; the others were Dr. Martin Gay, and Dr. Charles T. Jackson. Coroner Pratt requested me to attend. It was about 3 o'clock in the afternoon. I called on Dr. George H. Gay and Dr. James W. Stone, and also requested the assistance of Dr. Jeffries Wyman. The next morning (Sunday) Dr. Wyman took charge of the bones and some other articles supposed to have blood on them; Drs Gay, Stone and myself prepared a written report of what we particularly inspected, and rendered that statement to the Coroner's Jury. [The following is the report alluded to.]

*Post-mortem Examination, at the Boston Medical College, Dec. 2, 1849, at 10 A. M.*—Five portions of a human subject were examined; a thorax, a pelvis, two thighs, and a left leg, together with the contents of two boxes containing various articles said to be taken from a furnace. The thorax and left thigh were discolored, apparently with tan and some caustic substance; the three remaining ones were white, fair, and appeared as if soaked in water. The cartilage on the head of the left thigh bone was colored black.

*Remains of Thorax*, which consisted of all the bones except the sternum.—Fracture of the fifth right rib, apparently recent, and about four inches from division between ribs and sternum.

Both clavicles and scapulæ present; clavicles large. Both lungs present, but collapsed. Left lung had pleural adhesions. Structure of both lungs apparently healthy.

Anterior thoracic muscles cut up from the ribs about six inches from the centre on each side, and with the skin thrown on one side.

Posterior portion of integuments from the left scapula to the lumbar vertebra, of a dark color and hardened. Remaining portion of integuments generally of a natural appearance, except a little greenness under the right axilla, probably from commencing decomposition, and some blueness under the left axilla, leaving the skin soft and easily broken, through artificial action.

An opening slightly ragged, about one and a half inches in length, under the left nipple, between the sixth and seventh ribs, extending into the chest.

Remains of thoracic aorta and thoracic

œsophagus present. Heart and diaphragm wanting. Trachea divided through the cricoid cartilage. Spleen contracted; externally granulated and internally red. Left kidney in its natural position and contracted. No liver, right kidney, pancreas, stomach, or intestines.

Sixteen vertebræ present, consisting of three lumbar, twelve dorsal, and the greater portion of the seventh cervical, which appeared to have been sawn through the upper part.

Small quantity of long greyish hair on the front of the chest. Some stained dark greyish hair on the back.

Periosteum removed from the front part of several left ribs. Both arms severed in a very irregular and unscientific manner.

*Pelvic portion* consisted of the bones of the pelvis, two of the inferior lumbar vertebræ, all the integuments, muscles, organs, &c., and the pelvic viscera generally. All of the intestine remaining was about six inches of the rectum, through the anterior and external portion of which a section had been made, and the mucous coat separated from it four or five inches, throughout the whole circumference, but not cut off at the lower end. Hair, upon this portion, of a sandy grey. Both thighs severed from it in a very irregular manner. Integuments divided down to the pubis in the median line. On placing the pelvic portion in apposition with the thoracic, the third and fourth lumbar vertebræ corresponded precisely. The spinous process of the third lumbar vertebræ, with a portion of the transverse of the same, were absent from the thoracic portion, but were found attached to the fourth lumbar vertebræ, which was on the pelvic portion.

*Right Thigh*—On being placed in apposition with the pelvic portion, the bone, flesh and skin corresponded perfectly. Good muscular development, with but little of fatty matter. Patella attached. Some ossification of femoral artery.

*Left Thigh*—Had a string with loose ends, about two and a half feet long, tied round just above the condyle. Patella attached. On being placed in apposition with the pelvis, the bones corresponded, but some portion of the skin and flesh appeared to have been removed, or contracted from artificial means.

On the anterior surface of the thigh, and somewhat on other parts, there were appearances apparently of the action of fire or some caustic matter.

*Left Leg*—Of natural appearance, fair size, and on being placed in apposition with the left thigh, the articulation corresponded.

| MEASUREMENTS.   |     | Inches. | Inches. |
|---|-----|---------|---------|
| Thoracic portion, length.....   |     | 17½     |         |
| “ “ below axilla, circumference.....  | 30  |         |         |
| Pelvic “ length.....  |     | 9½      |         |
| “ “ circumference below crest of ileum.....   | 30½ |         |         |
| Both thighs (of the same length).....   |     | 18      |         |
| “ “ circumference of largest part of each.....  |     | 18½     |         |
| Left leg, length to outer malleolus..   |     | 16      |         |
| Total.....  |     | 61      |         |
| Deduct distance from bottom of pelvis to top of acetabulum.....   |     | 3½      |         |
|   |     | 57½     |         |
| All the parts being placed in apposition, the distance from the seventh cervical vertebræ to the outer malleolus..... |     | 67½     |         |
| Difference.....   |     | ½       |         |
| Circumference of largest part of left leg.....  | 12½ |         |         |
| Right kidney afterwards discovered much contracted and discolored   |     |         |         |
| Distance from sole of foot to the outer malleolus on another subject.   |     | 3       |         |
| Distance from top of head to sixth cervical vertebræ.....   |     | 10      |         |
| Total height, five feet ten and a half inches, or.....  |     | 70½     |         |

These portions appeared to belong to a person of between 50 and 60 years of age. The muscular system was well developed, and but very little of adipose matter. The fragments of bone were found in the ashes and cinders from the furnace in Dr. Webster's laboratory, contained in one of the boxes, were:—1st, Fragments of a cranium, thirty or forty pieces. 2d, Fragments of a temporal bone. 3d, Coronoid portion of the lower jaw, probably of an elderly person. 4th, A portion of the lower jaw, right side, containing a part of the dental canal. 5th, A fragment of an atlas, or first cervical vertebræ. 6th, The body of a cervical vertebræ, probably the second or third. 7th, Fragment of a humeros. 8th, Terminal phalanx of a finger. 9th, Fragments of a tibia, or leg bone. 10th, Fragments of metatarsal bones.—11th, Right os calcis. 12th, Right astragalus. 13th, Several pieces of mineral teeth, the more perfect portions of which being teeth in a block, which, on being shown to Dr. N. C. Keep, were identified as having been made by him

for Dr. Geo. Parkman, and corresponded to the mould in Dr. Keep's possession. Many fragments undetermined. Portion of ulna, and part of olecranon process.

Witness continued—There was nothing in the appearance of the body that I should not have expected to have found in the body of Dr. Parkman; and I should think that the parts had been separated by some hand skilled in anatomy. It is my opinion the five parts belonged to one and the same body. *Cross-examined*—I have been acquainted with Dr. Parkman, and had been intimate with him. I could not say that the idea would have arisen in my mind that the body was that of Dr. Parkman, had I not heard the rumor. That part of the chest in which there was a wound seemed to have been affected by some chemical agency; it was easily torn. I could not swear that there was a stab. The hole penetrated to the region of the heart. I should think that about two gallons of blood could have been drawn from a live person corresponding in size with the parts we there examined. I have no means of knowing what time would be required to burn up a human head. As to how long a time it would take to consume the other portions of the body and contents missing, I cannot tell with any accuracy. It would undoubtedly depend somewhat upon the intensity of the fire, and the kind of fuel used. The lower limbs and muscles of this body were remarkably well developed, considering the slenderness of the chest.

By the Government—As a general thing, a person stabbed in the region of the heart would bleed more internally than externally—that is, it would bleed more into the cavity of the heart. The flow of blood in the *arteries* ceases very shortly after death—though it may flow from the veins twenty-four hours after death.

*Dr. James W. Stone*, sworn. Heard the testimony of Dr. Lewis, and agree in the same. The muscles were exceedingly well developed. The hair of the back was longer than usual; in front it had been burnt so that its length could not so well be determined. I knew Dr. Parkman; there was nothing in these remains which I should not expect to find in his body. He was a great walker and a fast walker. We concluded that the breast bone was removed by some per-

son having knowledge of anatomy; it was done in a surgical way. Should not think these remains could have been those of a subject for dissection. *Cross-examined*.—Particularly examined the ribs to see if there was any incision or stab made, but discovered none; was informed next day that such was found. I did see perforations of the membrane and muscle, but they were too irregular to have been done by a knife.

*Dr. George H. Gay*, sworn. Was one of the physicians who made a written statement to the Coroner's Jury. The separation of the parts of the body indicated some anatomical knowledge. The head was apparently sawed off, as done by surgeons; and other separations were performed after surgical methods. Concur with Dr. Stone that there was no proper indication of stabs in the thorax at the time of examination. Had an impression that the opening was made with a stick, as I had seen an officer cleaning off the dirt with one.

*Dr. Webster Strong*, sworn. I am considerably versed in anatomy, and have made many post-mortem examinations. I have some experience in the matter of burning human remains. Soon after I came to Boston, years ago, the Marshal of the District committed to my charge the dead body of a pirate; the subject was of a robust man, and quite fleshy; it was determined to burn up the flesh; I commenced in the evening, at a place in Cornhill, and kept up a roaring wood fire till morning, throwing on piece after piece of muscle and flesh, but at broad daylight there remained much unconsumed. It requires very strict attention to do this business successfully, and the fuel is a matter of much consequence. Dry wood, and pitch pine in particular, is far better than coal.

I was at the College on Tuesday, near the middle of the day, after the remains were found on Friday night. The physicians had nearly finished their examination. I saw parts of a body lying on a board; they were the chest, the pelvis, the thighs and one leg. I discovered in the chest a clean cut between the ribs, which occurred to me might have been the cause of death. The remains were as bloodless as any meat in the shambles, suggesting to me that he bled to death. The skin had the appearance usually pertaining to an elderly person. I think the subject must have

been between 50 and 60 years of age.—The body was narrow across the shoulders, and nearly corresponded with the width of the hips, which is unusual with males; the length of the body, too, was very marked. The hair was an intermixture of white and grey. From all the appearances, the remains seemed to me to be those of Dr. Parkman. Their formation was especially like this, and I saw nothing in any way dissimilar from what I should expect to find in his body.

*Dr. Frederick S. Ainsworth* sworn.—I am Demonstrator of Anatomy at the Medical College. Every subject brought there for dissection passes through my hands. I keep a regular account of all the subjects, and their disposal. At the time of the examinations there made for the Coroner's Jury, I found none of my material missing. I saw the remains taken from the privy, and am confident they never passed through my hands. In subjects for dissection, I inject the arteries with fluids to preserve the body; none such were found in the remains referred to. Dr. Webster had no official intercourse or connection with the anatomical department of the College. The remains bore no indication of being dissected anatomically; the person who cut up the body might have *seen* such performances before, but had not probably used the knife himself.

(To be continued.)

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#### MISCELLANEOUS.

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*The existing condition of Medical Instruction in the United States.*—From an Address delivered by O. H. TAYLOR, M.D., to the New Jersey State Medical Society. 1849.—Where the reputation of the school, and the emoluments of the professors are made to depend, not on the quality of the instruction, but directly upon the number of the matriculants, and the relative proportion of graduates, it would be asking too much of human nature to expect the dignity and usefulness of the profession to be advanced, or even *upheld*, in the face of a vigorous, and constantly increasing competition; and it cannot be a matter of surprise, nor will the fact be denied, that the value of the medical diploma is, and for years has been, de-

preciating, both in public and professional estimation.

Lest any one should charge me with dwelling too strongly upon this point, I will quote, as a series of public efforts to correct this acknowledged evil, a resolution offered by Dr. Bartlett, at a late meeting of the American Medical Association, at New York, and referred by that body to an able Committee—

“Resolved, That the union of the business of teaching and licensing, in the same hands, is wrong in principle and liable to great abuse in practice. Instead of conferring the right to license on Medical Colleges, and State and County Medical Societies, it should be restricted to one board in each State, composed, in fair proportions, of representatives from its medical Colleges and the profession at large; and the pay for whose services as examiners should, in no degree, depend upon the number licensed by them.”

I shall not attempt to occupy your time and attention with a critical analysis of the remedial measures advocated in this resolution. I have quoted it, merely in proof of the wide spread acknowledgment of the error of principle upon which the present system of medical instruction has been founded and hitherto conducted; and it was no doubt owing to a clear appreciation of the inevitable consequences of this system, that the legislature of New Jersey imposed upon this Society, the duty of overlooking with care and watchfulness, the simple, or mere certificate of a collegiate diploma, and discreetly, for the dignity of the profession, directed that even the graduates of other States should be subjected to an *impartial examination* by a board of our appointment, who were indifferent to personal interest, or private advantage, before being admitted to the legal privileges and immunities of a regularly initiated practitioner of this State. Let me then again solicit the question, how far the New Jersey Medical Society has, with integrity and moral rectitude, complied with its obligations to the public in this respect? Those amongst you who have been called upon to fulfil the delicate duties of the examiner, are painfully aware that while the legal tests of ability have been rendered gradually less and less severe, partly through a misplaced, or at least, a very

questionable lenity; and partly, it may be, from the apparent necessity of the case, arising from the deterioration of elementary teaching, the number of instances in which our boards are compelled, unwillingly, to reject even the graduate applicant, in consequence of ignorance, too gross, and palpable for concealment, is sufficient most amply to establish the wisdom of the legislative restriction, and the truthfulness of the unpleasant portrait I have been compelled to represent before you.

Will any conscientious medical practitioner presume to condemn the laws by which we have been empowered and directed to guard the citizens of New Jersey against the fictitious pretensions of graduates, who, upon our examinations, have disclosed before our official boards, such peculiar qualifications as these?—

#### EXAMPLE NO. 1.

*Examiner*—What are those medicines called, which increase or promote the discharge from the bronchial tubes?

*Candidate*—That was the very part I intended to study before examination.

*Examiner*—What then do you mean by an expectorant?

*Candidate*—I can't exactly tell.

*Examiner*—Well, do you prescribe expectorants in your practice?

*Candidate*—Yes, Sir, by all means.

*Examiner*—Now, as you have been in practice for several months, allow me to inquire what is your favorite expectorant?

*Candidate*—*Jayne's Expectorant*—and I use no other, because *it is the best*.

*Examiner*—Can you tell me the constituents of *Jayne's Expectorant*?

*Candidate*—No, Sir. *He will not tell that.*

#### EXAMPLE NO. 2.

This young graduate came forward, with the strongest letters of recommendation from the highly distinguished professors of his school, as one who had won his medical honors, with unusual eclat.

*Examiner*—What is the synonym of calomel?

*Candidate*—I can't say, exactly.

*Examiner*—How would you write a prescription for *calomel*, and give me the full technical term?

*Candidate*—Hyd: Chlo: Mit:

Upon further examination, the candidate insisted, that this practical contrac-

tion was the proper chemical title of the drug, in its entire length and breadth, and gave ample evidence of his conviction, that all similar contractions employed by pharmacutists, were equally complete. Numerous other questions were answered by him, with a degree of ignorance not less plainly manifest.

#### EXAMPLE, NO. 3.

A graduate not less strongly recommended, under examination for Obstetrics—

*Examiner*—What do you mean by an hour-glass contraction?

The candidate appeared embarrassed, and was unable to answer. The test was therefore applied in a different form, in order to give him time for reflection.

*Examiner*—Well, then, Sir, what would you do in a case of hour-glass contraction?

*Candidate*—*I would pass a wire.*

Gentlemen, were I disposed to cite some of the replies of graduated candidates, before our Board of Examiners, to questions in relation to the doses, and reagents of the more active medicinal poisons, every tendency to satire, would be lost in genuine terror for the safety of human life, when entrusted to the guardianship of such practitioners; but evidence has been already quoted, which may well cause us to frown with indignation, while blushing with shame, and trembling anxiety, at these natural results of the existing condition of medical instruction, and the fearful negligence of those who stand as sentinels before the portals of professional life. It is not my object to dwell censoriously upon the conduct of others, but simply to direct your attention to the manner in which our own legal duties have been fulfilled.

In consideration of the rights, and advantages, bestowed upon us by *law*, we are required, by those laws, to protect the community of New Jersey against the evil consequences of such gross ignorance, and palpable incompetence, as I have just exposed. It is for this purpose and no other, that our charter prohibits even the regular graduate from commencing the practice of Physic or Surgery within this State, (except in cases of consultation) until he shall have passed an examination and received a diploma from the Medical Society of New Jersey—that charter, exacting at

the same time, heavy penalties for all breaches of this regulation, and making it expressly the duty of the district societies, in every county where such penalty shall be incurred, to prosecute for the same.—*New Jersey Medical Reporter for Jan. 7.*

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## British American Journal.

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MONTREAL, MAY 1, 1850.

### THE NEW SERIES.

With the new arrangement under which this Journal exists, we have concluded upon the commencement of a new series, and a new form which permits us to furnish a greater amount of reading matter, rendering it thereby a more valuable acquisition to subscribers. This Journal was never designed from its commencement, to have been the organ of any particular portion of the Profession, and to avoid making it so, even to a semblance, has been always our studious aim. We have laboured for the general good; we have freely criticised all measures proposed for that object—commending what we saw beneficial in them, and condemning what we perceived pernicious in tendency. In Lower Canada, we have now nearly all that we could desire. Torn and distracted as the Profession was, some few short years ago, it has been rescued from its state of anarchy, and placed in a position, in which, if faithful to itself, the most flattering prospects are before it. The Journal has been hitherto private property. For the future, we hope that it will be that of the British American Association, advocating the interests, not of one section of this Province exclusively, but those of the British Provinces generally. Designed, as the Journal is, and as it has ever been, for no one party or race, we invite all to co-operate with us in that work, in which we all are interested,—the advancement of our

Profession in every point of view; and to obtain effectually this important object, let all dissensions be, for the future, buried.

*To our Exchanges.*—We take this opportunity of notifying our contemporaries that we beg a continuance of their exchanges, which have proved so valuable to us during the last five years. To save space, we have omitted noticing their reception for some months back, in our regular issues; but the following list will intimate to those periodicals our desire still to maintain our terms of intimacy:

AMERICAN—Boston Medical and Surgical Journal, American Journal of Science and Art, New York Journal of Medicine, Western Journal of Medicine and Surgery, Western Lancet, New York Medical and Surgical Reporter, American Journal of Insanity, College of Physicians of Philadelphia, American Journal of the Medical Sciences, Medical Examiner and News, New Orleans Medical and Surgical Journal, American Journal of Dental Science (Baltimore), Transylvania Medical Journal, Southern Medical and Surgical Journal, Buffalo Medical Journal, Charleston Medical Journal and Review, New Jersey Medical Reporter, and Northern Lancet.

GREAT BRITAIN—Dublin Quarterly Journal of Medical Science, Dublin Medical Press, British Record of Obsteric Medicine, London Medical Gazette, Provincial Medical and Surgical Journal, Braithwaite's Retrospect.

FRANCE—Gazette Medicale de Paris.

Our contemporaries will please address their exchanges per post direct, for the future. The Postal arrangements between this country and the States permit this; and we receive them more regular.

*Change of Publisher.*—It will be noticed that the publication of this Journal is no longer in the hands of Mr. Becket; but that it has been transferred to Messrs. W. Salter & Co. In taking leave of Mr. Becket, we cannot do less than most cordially thank him for the urbanity with which he has invariably treated us, and observe that, although our intercourse, maintained for the last five years, now ceases, his uniform courtesy will not soon be obliterated from our memory. Although our own connexion with him has ceased, we most sincerely hope that others, of a longer duration and more profitable nature, will speedily fall to his lot.

We must apologize to our subscribers for the tardy appearance of this number. The change of publisher, the altered form, the acquisition of new type, and inconveniences attending upon the removal of the printing establishment to other premises, have all conspired to produce delay. The Journal will hereafter appear regularly on the 1st of each month.

*Trial of Prof. Webster.*—The extreme importance of this trial, whether in view of the social standing of the parties, or the medico-legal points involved, stamp it as one of the most memorable of the present century, and not only render it well worthy of a place in our columns, but will also prove an ample apology for our giving it at some length. Minds are so differently constituted, that however carefully the evidence may be perused, yet it will be found to fail in convincing all alike, or in effecting a precisely similar impression upon all. On several accounts this trial is a most remarkable one. There was an entire absence of wrangling, and but few objections were raised by the defendant's counsel against the character

of the evidence of the witnesses. Another remarkable feature is the exceeding care with which the prosecuting counsel prepared their case: nothing superfluous or irrelevant appears to have been introduced; nothing essential to have been omitted to render clear as possible the criminal's guilt;—witness after witness is introduced, adding link to link, in proper order, until a case appears so strong as to defy the slightest doubt of guilt. And a third remarkable feature of this trial consists in the feebleness of the defence. Dr. Webster *may* be guilty. He certainly *has* been pronounced so. But he *may not* be so. It is possible that he may be the victim of some of those singular congruities of circumstances of which the criminal annals of England afford not only one example, but many. There certainly has been arrayed against him an overwhelming mass of presumptive evidence of a very strong character; and yet, in all that evidence, carefully as we have perused it, *we* could not have pronounced him "Guilty": the return to which *we* could have assented would have been the Scottish verdict of "Not Proven." We think that there *was* a doubt; *if* a doubt, then was it a *reasonable* one, and if a reasonable one, then was the prisoner entitled to the full benefit of it. We shall probably recur to this matter in a future number, and will from time to time continue the abstract of the trial.

*Medical Fees at Coroner Inquests in Upper Canada.*—The iniquity of the system practised at Coroner's Inquests in Upper Canada, has been fully exposed in preceding numbers of this Journal; and the question naturally arises, shall this state of things be permitted longer to continue.—As a mere abstract question, we can

scarcely imagine the existence of men, so devoid of all principle, as to refuse remuneration to a medical witness, who, to elucidate, it may be a question involving the life of another, has to perform duties of a most disagreeable nature. We think that this point will be conceded, and that its equity will be at once admitted.—The nature of the proposed measure, to effect this object, becomes then an open question as regards its details. We have already stated that the fees obtained by medical witnesses in Lower Canada, are one pound for an opinion, and three pounds for a post-mortem examination, and opinion; but here the law controlling this matter rests; no fee is mentioned for the sometimes imperatively necessary procedure of a chemical examination, without which the post-mortem examination alone will prove a mere nullity. The fees already established by law in Lower Canada, should be those for medical witnesses in Upper Canada, and the act should be made operative over both sections of the Province, and be made to include provisions whereby a due remuneration not less than five pounds should be allotted to the fulfilment of the third duty, a duty requiring tact, minute chemical knowledge, and dexterity in manipulating. We call the attention of our medical brethren in Upper Canada, in an especial manner, to this subject. The Legislature will have met, before our next number will have issued from the press, and we entreat them, especially those in the neighbourhood of Toronto, to consider well the subject, and to be sharp, short, and decisive in their operations.

We extract the following from the *Globe* newspaper, and give insertion to it with pleasure. Testimonials of this description are among the *rare aves* of

this country, and being so, should not be lost sight of. Dr. Richardson is spoken of as likely to prove the successful candidate for the Chair of Practical Anatomy in the University of Toronto.

To James H. Richardson, Esq., M. B.  
M. R. C. S. E.

SIR,—We, the undersigned, who have attended your lectures on Practical Anatomy in the University of King's College during the Session of 1849-50, beg leave to express to you a sense of the satisfaction we feel, at the manner in which you have discharged the arduous duties you were so suddenly called upon to assume, in consequence of the increasing illness of our much lamented Professor, the late Dr. Sullivan, and whilst we deplore the loss which the Profession, in common with ourselves, has sustained in his decease—yet, we congratulate ourselves that in the selection of an individual to perform for him the onerous duties connected with the chair he so ably filled, the choice fell upon one who has proved, by the manner in which he has acquitted himself, that he was in every respect worthy of the confidence reposed in him.

Although we regret that so many of our number have returned to their homes, yet we can confidently assert, that whilst tendering to you our sincere thanks for the many instances of kindness we have received, as well as the attention you have invariably evinced to every thing that could conduce to our advancement, we are only reiterating the sentiments they frequently expressed prior to their departure from us.

Wishing you for the future every happiness and success, we would subscribe ourselves your much obliged and grateful pupils,

|                    |                    |
|--------------------|--------------------|
| A. D. Kellog, M.D. | W. C. Chewett.     |
| <i>Licentiate.</i> | John Congn.        |
| James Hackett.     | P. McKenzie.       |
| D. Evans.          | C. S. Eastwood.    |
| A. McCrea.         | Robert Walker.     |
| Walter Boyd.       | John Hyndman.      |
| John O. Baker.     | James McMahon.     |
| Hump'y Dermond.    | Joshua McLean.     |
| Hugh Carfrae,      | <i>Licentiate.</i> |
| Thomas Clark.      |                    |

BAY STREET, March 30, 1850.

MY DEAR SIR,—Will you please to convey to the members of the Anatomical

cal class my grateful acknowledgments, for the kind expression of their satisfaction at the manner in which I have discharged the duties of Lecturer on Practical Anatomy, at King's College, during the past session.

In the unexpected performance of such important duties, I should have almost despaired of success, had I not been constantly encouraged by your diligence and respect, which led me to hope that my services were not altogether unacceptable; and which I shall all always remember with sincere pleasure.

Accept, my dear sir, in behalf of the students of the Anatomical class, my warmest thanks for their well wishes, and believe me ever your's,

JAMES H. RICHARDSON.

Mr. John O. Baker.

At the termination of the Course of Lectures at McGill College, upon Clinical Medicine, delivered by Dr. MacDonnell, an examination was held upon the Science of Auscultation and Percussion, and upon its application to the diagnosis of Thoracic Disease, when the first premium was awarded to Saml. P. Brookes, Esq., of Sherbrooke, Eastern Townships. Mr. Brookes' answering on the use of the stethoscope was highly creditable. Mr. B. also obtained Dr. MacDonnell's Prize for the best series of Clinical Cases taken in the wards of the Hospital during the Winter Session.

On application to Dr. MacD. we have obtained a copy of the written questions, which will give our readers an idea of the progress made in Practical Medicine by some of the Students of McGill College.

EXAMINATION FOR THE STETHOSCOPIC PRIZE.

1. Is copious purulent expectoration always indicative of disease of the respiratory apparatus, or may it arise from a disease not originating in the lungs or pleuræ?

2. Have the sounds of pericarditis ever a metallic character?

3. Upon what pathological state are

the musical sounds of valvular disease supposed to depend for their formation?

4. Does phthisis produce any change in the condition of the heart?

5. Are displacements of the heart from pleuritic effusion attended by abnormal bruits?

6. In a case of intra-thoracic aneurism, what symptoms and signs would lead you to suspect a bursting of the sac, there being no escape of blood outwardly?

7. Does the enlargement of the liver and its disappearance in pneumonia, so frequently noticed in our clinical wards, correspond accurately with the increase or diminution of pulmonic inflammation?

8. Has hepatic enlargement ever been noticed in pericarditis in this Hospital, and has its disappearance followed the absorption of the fluid?

9. What are the distinguishing signs between pulsating cancer within the thorax and aneurism of the aorta?

10. Is gangrene of the lung ever caused by disease *external* to the lung, but within the thorax?

11. Has pulsation of the thorax been noticed in any acute disease of the lung?

12. What are the signs of typhoid softening of the heart, according to Stokes?

13. Copious purulent expectoration may occur in a certain disease of the chest, which is not chronic bronchitis, phthisis, nor pneumonic abscess.—Name the disease?

a. What are the diagnostic signs between empyema with copious purulent expectoration and phthisis?

b. What are the diagnostic signs between this form of empyema and pneumonic abscess?

c. What are the diagnostic signs between this form of empyema and chronic bronchitis?

14. Is it always possible to diagnose between organic and inorganic diseases of the heart at the first examination, and what steps would you take to arrive at an accurate conclusion?

15. Louis, from numerous observations, has deduced a *rule*, establishing the prognosis to be formed in cases of severe hæmoptysis—What is it?

16. After the absorption of pleuritic effusion there is often heard a peculiar

sound, which might be mistaken for one of the physical signs of pneumonia—What is it? and what circumstances would lead you to disconnect it from pneumonia?

17. Mention the cause of difficulty in the diagnosis of isolated cancer of the lung, and lobular pneumonia?

18. What do you understand by "Whispering Bronchophony"?

19. In what cases is "Whispering Bronchophony" more valuable than ordinary bronchophony?

20. What was Beau's theory of the respiratory murmur?

21. What are the objections to this theory?

22. In cases presenting universal hypertrophy of the walls of the heart, and dilatation of all the cavities, what has been the origin of the disease.

23. If mitral valve disease last for some time, what other changes take place in the heart?

24. Would you make the diagnosis of a cavity from well marked pectoriloquy?

25. What physical signs and symptoms accompany regurgitation through the mitral orifice, with dilatation of the right cavities, and regurgitation through the right auriculo-ventricular opening?

26. State the succession of the physical signs in a case of phthisis which has proceeded to solidification, and a case of pneumonia in the second stage of Laennec?

27. If bronchitic rales resist the active treatment employed in inflammation of the lungs, with what diseases would you connect them?

28. What signs and symptoms would indicate the bursting of an empyema into the lung?

29. What signs and symptoms indicate fatty degeneration of the heart?

30. What are the signs of adhesion of the pericardium laid down by writers?

31. Does the hepatic tumour always indicate displacement of the liver, in pleurisy with effusion?

32. What are the varieties of bronchial polypi?

33. From what causes may the heart be displaced?

34. Mention the positions into which it may be displaced by each of these different causes?

35. What are the physical signs of dilated tubes?

36. Upon what circumstances would you base your diagnosis of central pneumonia, if there was a complete absence of the usual physical signs?

37. When pneumonia is accompanied by extensive bronchitis, what is the character of the expectoration?

38. Mention the diseases of the lungs and pleura in which phenomena attributable to the circulating apparatus have been noticed?

39. What symptoms and signs indicate nervous disease of the heart?

40. In the diagnosis of central pneumonia, does the condition of the liver assist us in forming a correct opinion?

41. What are the signs and symptoms which indicate the sudden formation of pneumo thorax from perforation?

42. A bronchitic rale at the apex of the lung is not unfrequently present in the first stage of phthisis—Mention the additional signs requisite to render this one, diagnostic of phthisis?

43. What are the diseases with which you may confound pulsating empyema?

44. In what stage of pneumonia does bronchophony assume the character of ægophony?

45. Dr. Bellingham has given signs which he says indicate extensive disease of the ascending aorta from osseous deposit—What are they? and are they to be relied upon?

46. In a case of pericarditis the return of the friction sound, which may have been absent for some days, often indicates a decrease of disease—How do you account for this?

47. Mention the peculiarities of the expectoration in acute bronchitis, phthisis (advanced stage), chronic bronchitis, pneumonia, cancer of the lung, and gangrene of the lung?

48. What sign of empyema would contra-indicate paracentesis?

49. In a case of pericarditis the friction sound may cease to be heard—Does this indicate absorption?

50. How would you distinguish between chronic pleuritic effusion and hydro-thorax?

51. What are the symptoms of regurgitation through the right auriculo-ventricular orifice?

52. What are the physical signs of emphysema of the lungs?

53. What are the symptoms and physical signs of cardiac polypi?

54. What are the characters of the venous murmur?

55. What are the diagnostic signs of pulsating empyema?

56. What cardiac phenomena may you have in a well marked case of chlorosis?

57. What signs and symptoms would lead you to diagnose a congenital transposition of the thoracic and abdominal viscera?

58. Mention in what disease Hutchinson's spirometer may be found valuable for diagnostic purposes?

59. What are Dr. Latham's views as to the first signs of cardiac disease in acute rheumatism?

60. In a case of acute rheumatic fever, in the absence of physical signs, are there any symptoms which would lead you to suspect that inflammation of the posterior part of the pericardium was setting in?

61. What are the diagnostic signs between cancer of the pylorus, or head of the pancreas, and aneurism of the abdominal aorta?

62. How do you account for the fact, that the friction sounds of pericarditis are usually most intense at the base of the heart?

63. What symptoms and physical signs would indicate extensive disease with dilatation of the descending aorta?

64. What are the diagnostic signs between endocardial and pericardial inflammations?

65. Mention the diseases with which incipient phthisis may be confounded in the male and female?

66. What are the principal symptoms of follicular disease of the pharynx?

67. In a given case you have double *bruit de soufflet* over the aortic valves, with *bruit de soufflet* along the aorta, bruit in the vessels of the neck, with visible pulsation, and thrill in the arteries of the neck and upper extremities—State your diagnosis?

68. It has been stated by Louis that emphysema of the lungs there is a fullness of the supra-clavicular region, whilst Stokes asserts that there is a depression—How do you reconcile this discrepancy?

69. Is mitral valve disease accompanied by any peculiar character of the pulse?

70. State to what extent the science of diagnosis as regards pericarditis and

endocarditis has been advanced respectively by Latham, Collin, Stokes, Watson & Bouillaud?

71. In extensive hæmoptysis can the source of the bleeding be always detected by the stethoscope?

72. In a case recently in this Hospital the act of respiration was made available to diagnosis between pericarditis and endocarditis—How did it assist?

73. What are the physical signs of endocarditis?

74. What condition of the liver has been noticed, in my clinical wards, to accompany pneumonia, in almost every case of that disease?

75. Is the following passage from a Clinical Lecture, quoted in Ranking's Retrospect, correct? or can you prove from actual observation that it requires modification? Dr. Cotton states—"I always regard dry crackling (in *incipient phthisis*) as an unfavourable sign, &c.; for when once established, it *invariably remains* until superseded by the humid variety or other moist rones, and may be heard at every subsequent examination, if not in tranquil, at least in forced respiration."

76. In what diseases have you enlargement of the chest, and in what have you contraction?

77. A delicate child may present complete loss of respiratory murmur of one side of the chest, with absolute dullness and loss of vocal fremitus—What is the disease?

78. In what diseases have you a loss of vocal fremitus?

79. Is bronchial respiration ever heard in pleurisy with effusion?

80. What are the peculiarities of the "*crumpling sound*"?

81. In extensive pleuritic effusion, what physical signs would indicate the absorption of the fluid?

The committee, appointed by the Medico-Chirurgical Society of Montreal to submit to the Medical Profession of United Canada a plan for the formation of a British American Medical and Surgical Association, has the pleasure to report, that the following gentlemen have authorized their names to be added to the list already published, as favorable to the scheme. The committee fully

satisfied of all the advantages that must accrue to the members of the Profession both individually and collectively, by the establishment of such an association, and convinced of the facility with which these anticipated benefits may be secured, by the contemplated new arrangements, does not hesitate again to invite the serious attention of its Medical brethren to the project, and to solicit their hearty co-operation. An opportunity is now afforded to the Profession in Canada, of commencing a great and glorious work; let it not be lost, but rather, let our single ineffectual and scattered elements for action be concentrated and amalgamated into an integral, powerful, and efficient body. When the results are considered, surely the annual expense of Membership ought not to be permitted to present itself as a barrier. There are yet many things that require to be done for the Medical Profession, which none but themselves can do; there is much to be done for the country, which can never be done except by Medical men. To effect these, individual efforts must fail as they have always hitherto done—while united, they must succeed. Let us keep in view the Provincial Medical and Surgical Association of England, and let us emulate its members, in their determination to place the Medical profession here on that footing, which they are making such rapid strides in the land of our forefathers in obtaining for it there.

FIRST LIST.

|              |           |
|--------------|-----------|
| Drs. Nelson, | Montreal. |
| David,       | do.       |
| Crawford,    | do.       |
| Sutherland   | do.       |
| M'Culloch,   | do.       |
| Badgley,     | do.       |
| Arnoldi,     | do.       |
| Mount,       | do.       |
| Campbell,    | do.       |
| Howard,      | do.       |
| M'Donnell,   | do.       |
| Fisher,      | do.       |

|               |              |
|---------------|--------------|
| R. P. Howard, | Montreal     |
| Scott,        | do.          |
| Fenwick,      | do.          |
| Wright,       | do.          |
| Schmidt,      | do.          |
| Gibb,         | do.          |
| Smith,        | do.          |
| Peltier,      | do.          |
| Boyer,        | do.          |
| Vallée,       | do.          |
| Morrin,       | Quebec,      |
| Marsden,      | do.          |
| Von Iffland,  | do.          |
| Smallwood,    | St. Martins. |
| Dickinson,    | Cornwall.    |
| Abbott,       | Granby.      |
| Mason,        | St. Anns.    |
| Rees,         | Toronto.     |

SECOND LIST.

|                   |                        |
|-------------------|------------------------|
| Drs. Holmes,      | Montreal.              |
| Barber,           | do.                    |
| Rolland,          | do.                    |
| Bibaud,           | do.                    |
| Godfrey,          | do.                    |
| Morson,           | do.                    |
| A. Nelson,        | do.                    |
| P. Davignon,      | Longueuil.             |
| A. Rollin,        | do.                    |
| M'Callum,         | St. Johns.             |
| Johustone,        | Sherbrooke.            |
| Lord,             | Lacole.                |
| Gilmour,          | Three Rivers.          |
| M'Naughton,       | St. Anns.              |
| John Fisher,      | St. Thérèse.           |
| A. Bristol,       | Bath.                  |
| Dorland,          | Picton.                |
| Frs. Codd,        | Renfrew, C. W.         |
| George Goldstone, | Cobourg, C.W.          |
| James Gilchrist,  | do.                    |
| D. Beatty,        | do.                    |
| G. H. Law,        | M.R.C.S.L. Darlington. |
| And. Pass,        | C. M., Barrie, C. W.   |
| C. A. Coates,     | Grafton, C. W.         |
| T. W. Smythe,     | Brockville, C. W.      |
| J. Rankin,        | Vaughan, C. W.         |
| Josh. Painchaud,  | Quebec.                |
| F. Blanchet,      | do.                    |
| G. Griffin,       | do.                    |
| Jas. Douglas,     | do.                    |
| G. Douglas,       | do.                    |
| Jas. A. Sewell,   | do.                    |
| J. G. Nault,      | do.                    |
| Chs. Fremont,     | do.                    |
| John S. Hall,     | do.                    |
| P. Baillargeon,   | do.                    |
| J. P. Russell,    | do.                    |
| J. Carrier,       | do.                    |
| P. D. Moffatt,    | do.                    |
| W. Belin,         | L'Assomption.          |
| D. Bergin,        | Cornwall.              |

[Com.]

Remedial nostra, or matters professing to be such, and depending for their employment upon the extensiveness of the circulation of laudatory advertisements, and the amount of money consequently paid by their proprietors for these, have at no time, since we undertook the management of a journal intended solely for the advancement of medical science, found favor in our eyes. *Nor shall they.* We have always adhered to the old maxim, "Ne sutor ultra crepidam." We have always thought, and are daily more convinced of the truthfulness and correctness of our opinion, that all the world was never intended to practise the medical art, inasmuch as all men—aye, and all women too—are unable to make themselves masters of the science of medicine; and it must be admitted, without a cavil, that without a foundation there can be no superstructure. Not that we would dare to question the qualifications of all to become, perhaps even, scientific practitioners of the Healing Art—far from it; but seeing that different gifts have been assigned to different individuals, from the foundation of our world, and that one class is necessarily dependent upon another for its comfort and support—the rich and poor, the educated and illiterate, the professor of science and the simple mechanic—so we hold, that the public should be directed, under God, in the maintenance and preservation of health, by men who have given, and continue to give, the best energies of their mind to this particular study. It is under impressions of this kind that we direct the attention of our professional brethren to the advertisement of Mr. Larocque, on the cover. We have, in common with our medical friends in this city, taken occasion, from time to time, to prescribe, in fitting cases, the Plantagenet Water, derived from a spring on that gentle-

man's property, in the Ottawa District. Commendatory certificates from medical men, perfectly well known to us, have been published in the daily newspapers of this city: our own has appeared among the number. But we now hesitate not to recommend the employment of this Water to the special attention of the profession both in Canada and the United States. Mr. Hunt's analysis, as to its constituents, furnishes at once the key of its applicability and usefulness. We are informed that the proprietor has made arrangements for supplying, during the forthcoming season, the Plantagenet Water throughout our own Province and the United States, by the establishment of necessary depots and the appointment of proper agents.

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#### CORRESPONDENCE.

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#### THE UNIVERSITY OF TORONTO & THE MEDICAL PROFESSION OF WESTERN CANADA.

(For the *British American Journal*.)

The contest between the University representatives of the high-Church Tory, and the no-Church radical parties of Toronto which took place at the recent Convocation for the election of a Chancellor and pro-vice Chancellor under the new regime, may be regarded I presume as a legitimate subject of criticism. As the particulars of that contest have been given to the world already in several of the newspapers, I shall confine the remarks I propose to make upon that part of my subject, to a very limited space: suffice it then to say, that the exhibition was anything but creditable to the *Gentes togati* who figured on that occasion. The boisterous and unrestrained cheering and hissing of the undergraduates and strangers, who had assembled to witness the proceedings; the trickish subtlety of the legal members of the convocation, anxious for delay, or hasty procedure, and "ever watchful for a flaw"; the artful manoeuvring of the medical aspirants to the vacant chair of practical anatomy; and more than all, the shameless inconsistency of the high church party in battling for the offices of an Institution, branded by

themselves as a "Godless University," presented altogether such a scene of human folly and recklessness, as I should hope, for the honor of the College, was never witnessed before on a similar occasion—beneath the dignity of literary satire, and unworthy even of the pencil of the caricaturist. Not the least repulsive part of the performance was the total absence of all discipline, dignity, and reverence for their seniors and superiors, exhibited by some of the beardless youths who took part in the proceedings, one of whom to cap the climax of absurdity was elected pro-vice Chancellor!!

In the discipline and management of the University, the members of our Profession, generally, can feel but little interest; but with the conduct and opinions of the members and dignitaries of that institution, in so far as these affect the welfare of our class, we have much to do.—The University has proved a stumbling-block to us on several occasions: its functionaries, with the exception of Drs. King and Nicoll, have openly arrayed themselves against us in all our endeavours to obtain an Act of Incorporation. In every bill or schedule of a bill, brought forward yet, we recognize their influence. The medical faculty of this College have erected themselves into a privileged class, a patrician order, claiming for themselves the right to govern, or to guide their humbler brethren, whose ignorance and simplicity unfit them for self government; and if our former attempts at rebellion were not punished with the same degree of vigor, as that which the Lacedæmonians were wont to inflict on rebellious Helotes, I suppose we must ascribe the circumstance to their forbearance. How long shall we submit to this usurped authority? What say you, heroes of the lance, not the lance, shall we take up arms again, or adopting the suggestion of Hamlet make our quietus with a bare bodkin. But, alas! the matter in hand is too serious for pleasantries; blighted hopes, empty pockets, and degraded position, are evils of too great magnitude to be made the subject of a jest. Redress, full and complete redress, is the only remedy that can avail. The means are within our reach: shall we seize and employ them and live in honor, competence, and usefulness, or basely pass them by, and sink, step by step, until we arrive at the last round of the so-

cial ladder? I address this question to the great mass of the profession in Western Canada, *but particularly to the country Practitioners.*

I am not a member of Kings College, and consequently I cannot be a Candidate for, or Professor of, any office in the new College; for, according to the dicta of certain members of the convocation, no person who is not a graduate of their college ought to be eligible for any office among them: and although this opinion is at variance with the act of Parliament, they have the power to enforce it and undoubtedly they will do so. Thus we see already one of the provisions of the new constitution virtually set aside, and the ceremony of throwing open a vacancy in any of the faculties to general competition, according to law, is reduced to the level of a practical joke. Let us fancy the caput assembled for the purpose of selecting three individuals, from among a dozen candidates, for the chair of practical anatomy, some of them strangers of superior merit: what an awkward and painful dilemma! How would they dispose of the pre-election which it is well known has taken place.

"*fugit solennia campus;  
Et non admittat dirimit suffragia plebis:  
Decantatque Trubus, et vana versat in urna,  
Nec cœlum servare licet; tonat angue surdo;  
Et læta jurantur aves bubone sinistro."*

This is the way in which like difficulties were settled in ancient Rome, and the practice is worthily transcribed here.

The honor of the caput will not be exposed to so trying an ordeal; for the stranger who would stake his pretensions against the surgeons and M.D.'s (*ad eundem*) of King's College, must be a bold man indeed: only three gentlemen as I am informed will propose for the honor, all of them members of the College.

It is no disparagement, I conceive, of either of those gentlemen, to assert, that among the many hundreds of practitioners in this Province, several might be found who are their superiors in the natural endowments, and their equals in the professional acquirements necessary to form a good teacher. Yet one of the three must be elected; however, I shall not attempt to quarrel with the decision of the Caput in this matter. If the public and the Government are satisfied with this "sub rosa" mode of settling such matters, we who are placed

beyond the pale, need not trouble ourselves about it, albeit it is anything but complimentary to a large number of highly accomplished men—the Graduates and Surgeons of European Colleges scattered over the country, and especially to the Graduates of McGill College, who are natives. It would be a source of regret to me if anything contained in the foregoing remarks should be construed into a desire on my part to underrate the talents of the gentlemen who have proposed for the vacant chair: nothing could be further from my intention. With one of them I have the pleasure of a personal acquaintance, and I entertain a very high opinion of his abilities and worth; and the other two gentlemen I have reason to believe are well qualified for the office.

The Provincial Parliament will meet in May. The Act of Incorporation obtained by our brethren in Lower Canada, with the proposed amendments, will supply all the materials we want for a new bill: let us assemble, organize, and act with energy, and success will crown our efforts. It is proposed that a meeting of the profession shall take place at Toronto, on the 22d of May; gentlemen can be informed of the place and hour of meeting by applying at the bar of Ellas's Hotel, Yonge Street; but everything will depend upon the action or inaction of the rural practitioners,—if we fail again, the disgrace will fall upon them.

A COUNTRY PRACTITIONER.

Home District, C.W. }  
 April 11, 1850. }

To the Editor of the Medical & Physical Journal.

SIR,—I beg, through your Journal, to protest against an absurd custom daily gaining ground of writing "Esq." after the names of Doctors of Medicine. The degree of Doctor of any science is above that of an Esquire, and follows that of a Knight. It is as absurd to write "A. Hall, Esq., M.D.," as it would be to write "Sir Jas. Stuart, Esq., Bart.," or "the Earl of Elgin, Esq." The practice originated in England to distinguish those Physicians who were Justices of the Peace; but its vulgarity is acknowledged, though it is becoming so common here that it will soon be an offence not to commit it. Yours,  
 Montreal, April 15, 1850. LEGULUS.

OBITUARY NOTICES.

Died lately, and suddenly, in Toronto, Abm. Doherty, M. D. aged 65; he was a native of the County of Derry.—*Globe*, March 26, 1850.

In the month of February last, on board of the ship *Charleston*, on the passage from Panama to San Francisco, of Typhus Fever, engendered by the over crowding of the vessel, Dr. Roger Daoust, lately of the Parish of Beauharnois, aged 25 years.

At Fitzroy Harbour, on the 20th ult., James Gordon, M. D., and Surgeon of Edinburgh, after a few days illness; a young man much and deservedly regretted by all who knew him.

At Colborne, on Thursday, 4th ult., Dr. Matthew Craig Gilchrist, aged 54 years

BOOKS &c. RECEIVED.

Remarks on the Natural History of Death; by Bennet Dowler, M. D. New Orleans, 1850.

A Theoretical and Practical Treatise on Midwifery, including diseases of Pregnancy and Parturition; by P. Cazeau, and translated with Notes and Index; by R. P. Thomas, M. D. Philadelphia, Lindsay & Blakiston.

Comparative value of the different Anæsthetic Agents; by George Hayward, M. D., one of the Surgeons of the Massachusetts General Hospital, 1850, Boston.

Report of the trial of Professor G. W. Webster, for the murder of Professor George Parkman, 1850, Boston.

Preliminary Report of the Observations of the Aurora Borealis, made by the N. C. Officers of the Royal Artillery, at the various guard rooms in Canada; by Capt. Lefroy, R. A., F. R. S.

Diseases of the Interior Valley of North America. A systematic treatise—historical, etiological and practical—on the principal diseases of the Interior Valley of North America, &c. &c.; by Daniel Drake, M. D. Cincinnati, Pp. 878, 1850.

The British Record of Obstetric Medicine, Surgery, &c., edited by Charles Clay, M.D., Manchester. We regret to find that this Journal is discontinued, as it was one eminently deserving of extensive patronage. The numbers received constitute Vol. 2.

The Encyclopædia Obstetrica, by Charles Clay, M.D., Manchester. Letter A.

NOTICE TO CORRESPONDENTS.

Dr. Couillard, St. Marie.—*The missing numbers have been sent and the Journal continued.*

Dr. Rankin, Vaughan.—*The matter will be enquired into, and an answer sent.*

Dr. Lord, Lacolle.

Dr. Seagram, Galt.—*Request complied with.*

Dr. Smythe, Brockville.—*Much obliged for good wishes; his hint has been communicated in the proper quarter—Dr. S. will understand.*

Dr. Sewell, Lennoxville.

Dr. Reynolds, Brockville.—*We assure Dr. R. that that paper left our*

*possession at the time indicated. It is not among any of our papers, for we have repeatedly searched, as the matter at the time caused us great annoyance. The paper on "Variola" never came to hand.*

*A parcel has been received from R. & S. S. Wood, New York, enclosing catalogues. These are subject to letter postage by weight, and are not mailable except at heavy expense. Messrs. Wood's plan for the future is to post the catalogue to each party direct. We have succeeded in distributing them as wished.*

Subscribers in arrears are requested to remit the amounts severally due, to Mr. Becket, Great St. James Street, as early as possible; and, as it has become an object of moment to save the 20 per cent. hitherto paid to collectors, our subscribers are particularly requested to remit per post. There is no agent at present authorized to collect for the Journal.

METEOROLOGICAL REGISTER at MONTREAL, for the Month of MARCH, 1850.

| DATE. | THERMOMETER. |         |          |        | BAROMETER. |         |          |       | WIND.   |         |          | WEATHER. |         |          |
|-------|--------------|---------|----------|--------|------------|---------|----------|-------|---------|---------|----------|----------|---------|----------|
|       | 7 A. M.      | 3 P. M. | 10 P. M. | Mean.  | 7 A. M.    | 3 P. M. | 10 P. M. | Mean. | 7 A. M. | 3 P. M. | 10 P. M. | 7 A. M.  | 3 P. M. | 10 P. M. |
| 1     | pls 33       | pls 39  | pls 26   | pl 36. | 28.83      | 28.69   | 29.00    | 28.84 | S       | S W     | S W      | Fair     | Snow    | Snow     |
| 2     | " 17         | " 34    | " 21     | " 25.5 | 29.22      | 29.35   | 29.38    | 29.32 | S W     | S W     | S W      | Fair     | Fair    | Snow     |
| 3     | — 5          | " 12    | " 6      | " 3.5  | 29.76      | 29.65   | 29.80    | 29.74 | S W     | W       | W        | Fair     | Fair    | Fair     |
| 4     | pls 1        | " 16    | " 13     | " 8.5  | 29.96      | 29.93   | 29.96    | 29.95 | W       | W       | W        | Fair     | Fair    | Fair     |
| 5     | " 5          | " 36    | " 26     | " 20.5 | 30.05      | 29.92   | 29.78    | 29.92 | S       | S       | S W      | Fair     | Fair    | O'rc'st  |
| 6     | " 25         | " 41    | " 29     | " 33.  | 29.78      | 29.56   | 29.39    | 29.58 | S W     | S W     | W        | Fair     | Fair    | Clo'dy   |
| 7     | " 28         | " 40    | " 31     | " 34.  | 29.32      | 29.31   | 29.49    | 29.71 | N       | N       | N        | Fair     | Fair    | Fair     |
| 8     | " 25         | " 38    | " 24     | " 31.5 | 29.65      | 29.74   | 29.90    | 29.76 | N       | N       | N        | Clo'dy   | Fair    | Fair     |
| 9     | " 15         | " 29    | " 17     | " 22.  | 30.04      | 29.93   | 29.74    | 29.90 | N       | N       | N        | Fair     | Fair    | Clo'dy   |
| 10    | " 19         | " 24    | " 20     | " 21.5 | 29.60      | 29.54   | 29.63    | 29.59 | W       | S W     | S E      | Snow     | Snow    | Snow     |
| 11    | " 20         | " 23    | " 18     | " 21.5 | 29.74      | 29.82   | 29.84    | 29.80 | S S E   | SE by E | SE by E  | Fair     | Fair    | Clo'dy   |
| 12    | " 12         | " 33    | " 25     | " 22.5 | 29.66      | 30.00   | 29.93    | 29.86 | S S E   | S S E   | S S E    | Fair     | Fair    | Snow     |
| 13    | " 32         | " 48    | " 33     | " 40.  | 29.72      | 29.50   | 29.45    | 29.56 | N       | S       | S        | Snow     | Clo'dy  | Rain     |
| 14    | " 33         | " 35    | " 35     | " 34.  | 29.44      | 29.29   | 29.36    | 29.36 | N W     | N W     | N W      | Rain     | Rain    | Rain     |
| 15    | " 30         | " 38    | " 32     | " 34.  | 29.58      | 29.76   | 29.87    | 29.74 | N W     | N W     | N N E    | Clo'dy   | Clo'dy  | O'rc'st  |
| 16    | " 24         | " 35    | " 27     | " 29.5 | 30.03      | 30.08   | 30.09    | 30.07 | N N E   | N by E  | N by E   | Fair     | Fair    | Fair     |
| 17    | " 17         | " 34    | " 28     | " 25.5 | 30.09      | 29.97   | 29.88    | 29.98 | N       | N       | N        | Fair.    | Fair    | O'rc'st  |
| 18    | " 18         | " 35    | " 23     | " 26.5 | 29.85      | 29.74   | 29.76    | 29.78 | N       | N       | N        | Fair     | Fair    | Fair     |
| 19    | " 12         | " 29    | " 14     | " 20.5 | 30.06      | 30.02   | 30.13    | 30.07 | N       | N       | N        | Fair     | Fair    | Fair     |
| 20    | " 4          | " 23    | " 19     | " 13.5 | 30.34      | 30.23   | 30.20    | 30.25 | N       | W       | W        | Fair     | Fair    | Fair     |
| 21    | " 13         | " 33    | " 26     | " 23.  | 30.10      | 29.86   | 29.76    | 29.94 | W       | W       | W        | Fair     | Fair    | Clo'dy   |
| 22    | " 19         | " 37    | " 31     | " 28.  | 29.72      | 29.53   | 29.54    | 29.60 | W       | W       | W        | Fair     | Fair    | O'rc'st  |
| 23    | " 23         | " 34    | " 27     | " 28.5 | 29.52      | 29.45   | 29.43    | 29.47 | N W     | N W     | N W      | O'rc'st  | O'rc'st | Clo'dy   |
| 24    | " 28         | " 42    | " 29     | " 35.  | 29.44      | 29.32   | 29.32    | 29.36 | W       | W       | W        | Snow     | Fair    | Clo'dy   |
| 25    | " 23         | " 21    | " 25     | " 27.  | 29.36      | 29.30   | 29.33    | 29.33 | W S W   | W S W   | N N E    | Fair     | Fair    | O'rc'st  |
| 26    | " 21         | " 29    | " 31     | " 25.  | 29.38      | 29.34   | 29.52    | 29.41 | W       | W       | S W      | Snow     | Snow    | Fair     |
| 27    | " 20         | " 35    | " 28     | " 27.5 | 29.57      | 29.55   | 29.57    | 29.56 | S W     | S W     | W S W    | Fair     | Snow    | O'rc'st  |
| 28    | " 24         | " 40    | " 34     | " 32.  | 29.56      | 29.44   | 29.46    | 29.49 | W       | W       | W        | Fair     | Fair    | O'rc'st  |
| 29    | " 32         | " 38    | " 32     | " 35.  | 29.52      | 29.48   | 29.56    | 29.52 | W S W   | W S W   | W S W    | O'rc'st  | Fair    | Fair     |
| 30    | " 30         | " 43    | " 35     | " 36.5 | 29.69      | 29.73   | 29.80    | 29.74 | W S W   | W       | W        | Fair     | Fair    | Fair     |
| 31    | " 33         | " 45    | " 35     | " 39.  | 29.85      | 29.81   | 29.79    | 29.82 | W       | W       | W        | Fair     | Fair    | Fair     |

THERMOMETER. { Maximum pl 48° on the 13th  
 { Minimum, — 5° " 3rd  
 Mean of the Month, 27°

BAROMETER. { Maximum, 30.34 inches on the 20th  
 { Minimum, 28.69 " " 1st  
 Mean of the Month, 29.678 inches

