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THE

# BRITISH AMERICAN JOURNAL

OF

# MEDICAL AND PHYSICAL SCIENCE.

EDITED BY

ARCHIBALD HALL, M.D., L.R.C.S.E.,

Lecturer on Chemistry, University of McGill College; Member of the Medical Board of Examiners for the District of Montreal: one of the Physicians of the Montreal General Hospital: one of the Consulting Physicians to the University Lying-in-Hospital, &c. &c.

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# INDEX.

	PAGE		PAGE
Abortion and Menstruation during Pregnancy, . . . . .	17	Chloroform, Hydrophobia treated by, . . . . .	242
Abscess case of Ischio-rectal, . . . . .	92	“ Use of, in Midwifery, . . . . .	252
Acid Prussic, on fatal doses of, . . . . . 94, 117, 145	187	“ Death from Inhalation of, . . . . .	253
“ Hydrated Hydro-sulphuric, . . . . .	330	“ Death from, in India, . . . . .	254
“ Springs and Gypsum Deposits of the Onondaga Salt Group, . . . . .	166, 194	“ Fatal Effects from, . . . . .	254
Act, proposed, of incorporation of Profession of U.C., . . . . .	333	“ Local Application of, in Lumbago, . . . . .	312
“ For Incorporating the Profession of U. C., and Proceedings in the House, . . . . .	336	“ and Camphor Mixture, . . . . .	329
“ For Preserving the Public Health, . . . . .	24	Cholera, The, . . . . . 193, 218	
Action for Practising without License, . . . . .	256	“ Directions as to the Prevention and Treatment, by the R. C. P. L., . . . . .	244
Adulterated Medicines, . . . . .	180	“ Lecture on the Nature and Treatment of, by Dr. Bell, . . . . . 218, 273, 303	
Air and Water of Towns, Report on, . . . . .	309	“ and Measures of Precaution, . . . . .	255
Alkalinity and Acidity of certain fluids in health and disease, . . . . .	202	“ in New York, . . . . .	258
Arachnitis, case of Acute Cerebro-spinal, . . . . .	256	“ Observations on, . . . . . 266, 292, 303	
ARNOLD, DR., Reply of, to Dr. Worthington, . . . . .	5	“ Lecture on the, by Dr. Ross, . . . . .	307
Asphyxia, Case of, caused by Spasmodic contraction of Thoracic and Abdominal Muscles, . . . . .	85	“ Russel's Suggestions as to its Nature, . . . . .	322
“ Case of, further observations on, . . . . .	314	Christison's Dispensary, with Additions, . . . . .	241
Assembly, Legislative, Proceedings on Medical Affairs in, . . . . .	82	Cod Liver Oil, Treatment of Phthisis by, . . . . .	99
Association, The Detroit Sydenham, . . . . .	134, 166	Cod Liver Oil, . . . . .	278
“ Dr. Coderre's Letter and the Repeal, . . . . .	283	CODERRE, DR., Letter, . . . . .	104
“ Proceedings of the Repeal, . . . . .	321	College of Physicians and Surgeons, Meeting of, . . . . .	23
“ The Repeal, and its Petition to the House, . . . . .	15	“ “ “ Meeting of Corporation of, . . . . .	49
Atropine in painful Affections of the Face, . . . . .	231	“ “ “ U. C. Licentiate of, . . . . . 53, 193	
Auroral Display of Nov. 17, 1848, . . . . .		“ “ “ C. E. Licentiate of, . . . . . 49, 82	
B.		“ Philadelphia, Summary of Transactions of, . . . . . 69, 328	
BADGLEY, F., M.D., on the Irish Emigrant Fever, 29, 88, 172	327	“ Physicians and Surgeons, The past proceedings of the Governors of, . . . . . 104	
Beck's Infant Therapeutics, . . . . .	12	“ “ “ L. C., By-Laws of, . . . . . 190	
Bedford's, DR., Introductory Lecture, . . . . .	12	“ “ “ L. C., Abstract of Minutes of last Meeting of, . . . . . 192	
Books, &c., Received, 26, 54, 83, 111, 139, 167, 195, 223, 259, 287, 315	63	“ “ “ L. C., Meeting of Corporation of, . . . . . 49	
BOVILL, J., M.D., Report of Cases at the Toronto General Dispensary, . . . . .	113, 141, 169, 197, 224, 261	“ “ “ U. C., . . . . . 221	
“ “ Observations on the Climate of Barbadoes, with Remarks on Angioleucitis, or Barbadoes Leg, . . . . .	128	College, McGill, Convocation at, . . . . . 24, 53	
Bowditch's Young Stethoscopist, . . . . .	181	“ King's, “ . . . . . 193	
Brandy Drinkers, New mode of Reclaiming, . . . . .	22	Collodion, Employment of, in Fistulous Openings, . . . . .	310
British Colonist again, . . . . .	159	Concussion, Case of Severe, from a Fall, . . . . .	57
BROOKE, C., Description of an Apparatus for Enregistrement of Magnetometers, &c., . . . . .	70	Convulsions, Puerperal, Letheon in, . . . . .	252
“ “ Brown's Memoranda on Anatomy, Surgery, and Physiology, . . . . .	53	Coroner's Inquest, Death from Salivation in third stage of Phthisis, . . . . .	136
By-Laws, Code of, . . . . .	190	Correspondence, Transatlantic, . . . . .	320
“ College of Physicians and Surgeons of Lower Canada, . . . . .	325	Correspondents, Notice to, 26, 54, 83, 111, 138, 167, 195, 223, 259, 287, 315, 338	333
C.		Counter-petitions to the House, . . . . .	302
Canadian, the Unfettered, . . . . .	187	CRAIGIE, DR., Mean Results of Meteorological Observations at Hamilton, . . . . .	302
Carbonic Acid Gas, Plan of Extinguishing Fires by, . . . . .	125	CRAWFORD, J., M.D., Etherial Solution of Gun Cotton in Burns, . . . . .	92
CHAMBERLIN, J., M.D., Extirpation of a Cancerous Breast under influence of Chloroform, . . . . .	272	“ Case of Cysto-Sarcomatous Tumour in the Abdomen, . . . . .	317
Charbon or Malignant Pustule, . . . . .	270	Cutaneous Diseases, Use of Tar in, . . . . .	181
Chest, Lateral Transfixure of, by a Scythe Blade, . . . . .	185	D.	
Children, on the Management of Still Born, . . . . .	18	DAVID, A.H., M.D., The Beauport Lunatic Asylum, . . . . .	67
Chloroform and Ether, on the Physiological Properties and Uses of, . . . . .	42	Deodorization and Disinfection, Remarks on, . . . . .	31
“ The Present State of our Knowledge as to the Uses and Effects of, . . . . .	99	Diseases, on General Medical Treatment of, in preference to Operation, . . . . .	132
“ Primary Action of, . . . . .	102	Drake's Introductory Lecture, . . . . .	12
“ Impurities of, . . . . .	129		
“ A Case of Death from Inhalation of, . . . . .	132		
“ in Chorea, . . . . .	162		
“ on the Use of, in Surgery, . . . . .			

	PAGE		PAGE
Druit's Principles and Practices of Modern Surgery,	179	Hooping Cough, .....	71
Dunlop, Dr., Phrenological Sketch of the Character of, .....	153	Hospital, Report of Niagara Immigrant, .....	10
E.			
Earle, on the History, Description, and Statistics of the Bloomingdale Asylum, .....	70	" Montreal General, .....	23
Education, Remarks on the State of, in Canada, ..	14	" Return of Toronto General, .....	38
" Further Remarks on, by L., .....	206, 232	" in Paris, Report of Wounded in, .....	184
Ejectment, a Chemical Process for, .....	187	" House Surgeon of Marine and Emigrant, Quebec, .....	194, 216
Epilepsy, on the Treatment of, by Scutellaria Genuiculata, .....	231	" Midnight Mass at the Marine, Quebec, ..	284
Ether, on the Physiological Uses and Properties of, ..	18	" Inspector General of, .....	314
" in Puerperal Convulsions, .....	252	HOWARD, R. P., M. D., Case of Ischio-Rectal Abscess, with Remarks, ..	92
Etherization, the Influence of, on Surgical Operations, ..	312	Humerus, Case of Un-united Fracture of, .....	319
EVANS, W., M. D., Observations on the Treatment of Epilepsy, by Scutellaria Genuiculata, .....	231	HUNT, T. S., Esq., the Modern Chemical Philosophy, .....	39
Exchanges, to Our, .....	26, 339	Hunter's Hydro-Therapeutics, .....	178
Exostoses and their Treatment, .....	15	Hydrophobia, Case of, Treated by Chloroform, .....	242
Eye, Inflammation of Choroid Membrane of, .....	164, 182	Hypercrinia, Case of, .....	63
F.			
Fever, the Irish Immigrant, .....	29, 88, 172	Hysterotomy Vaginal, .....	164
" Immigrant, at St. Catharines, .....	66	" " Case of, .....	45
" Puerperal Quinine as a Prophylactic in, .....	312	I.	
" Intermittant, New Diagnostic Sign in, .....	307	India Rubber, Liquid, as a Plaister, .....	255
" Scarlet, Carbonate of Ammonia in, .....	328	Insane, Report of Pennsylvania Hospital, .....	11
" Use of Ice in, .....	214	" Report of Eastern Asylum, .....	11
Foot's Ophthalmic Memoranda, .....	70	" Beauport Lunatic Asylum for, .....	67
G.			
Gangrene of the Lungs, Pleuro Pneumonia, followed by, .....	65	" History of Bloomingdale Asylum for, .....	70
Gardner's Medical Chemistry, .....	240	" Semi-Annual Report Beauport Lunatic Asylum, .....	83
Generation, Tracts on, .....	157	" Duties and Responsibilities of Physicians to Asylums, .....	154, 177
GIBB, G. D., M.D., Cases of Gunshot Wounds occurring in the Month of June in Paris, 150, 228, 296	296	" Toronto Lunatic Asylum, .....	195
Gibbon's Valedictory Address, .....	69	" Report to the Commissioners of the Temporary Lunatic Asylum at Beauport, .....	326
GILBERT, Dr., Letter of, .....	286	Insurance, Certificates of Life, .....	47
GILMOUR, W. A., M. D., on Malignant Pustule or Charbon, .....	272	" Offices and Medical Referees, .....	220, 258
Glossitis, .....	175, 230	" Colonial Life Assurance Company, .....	282
Glottis, Oedema of, .....	241	Intelligence, General Medical, 20, 47, 80, 103, 133, 165, [188, 215, 313]	165, 166, 68
GRIFFIN, G., Esq., on Glossitis, .....	230	Intussusception, Case of, in a Horse, .....	68
" " Observations on Cholera, .....	266, 292	Iron, Formula for Preparing Persesquintrate of, ...	101
" " Case of Lacerated Wound within the Orbit, .....	318	K.	
GRIFFITH on the Blood and Urine, .....	129	Kelly vs. Van Courtlandt, Report of Trial, .....	76
Gun Cotton, the Etherial Solution of, .....	46	L.	
" Formula for Preparing Solution of, .....	136	L., Further Remarks on the State of Education in Canada, .....	206, 232
" Etherial Solution of, in Burns, .....	92	Labium, on Encysted Tumours of, .....	289
" Surgical Cases Treated by, .....	100	Labor, Auscultation in, .....	17
" Employment of, in Fistulous Openings, .....	310	" Duration of Natural, .....	101
H.			
Hair, Hygienic Influence of Cutting, .....	161	Law Report, .....	54
HALL, A., M.D., the Operation of the Trephine and its Value—Medico-Legally considered, .....	1	Lea and Blanchard's Medical Publications, ..	166
" " Case of Severe Spinal Concussion from a Fall, .....	57	LEFROY, CAPT., Auroral Display of Nov. 17, 1848, ..	231
Hæmorrhage, Internal Use of Turpentine in, .....	159	License, Action for Practising without, .....	24, 54
Hastings on Yellow Fever, .....	128	Licentiates, College of Physicians & Surgeons, L. C. 82, 193	82, 193
Health, the Public, .....	336	" " " " U. C. 53, 81	53, 81
" " An Act to preserve, .....	"	" Medical Board, U. C., .....	193
Hernia Congenital, a Simple Truss in Cases of, .....	251	Lumbago, Local Application of Chloroform in, ...	312
HILL, H., M.D., Case of Angular Deformity of the Leg after Fracture, .....	126	M.	
" " Case of Un-united Fracture of the Humerus, treated successfully by Operation, .....	319	MACDONNELL, R. L., M.D., Notes of a Case of Arphyxia, Produced by Spasmodic Contraction of the Abdominal and Thoracic Muscles .....	5
		Further Observations on the above, .....	85
		Case of Acute Cerebro-Spinal Arachnitis, &c., .....	202
		Observations on Hydrocele, and Encysted Tumours of Labium, .....	289

	PAGE		PAGE
MACK, T., M.D., Immigrant Fever at St. Catharines,	66	Repeal Association,.....	134, 166, 233
MAHONY, M., M. D., Reply to Dr. Macdonnell's Observations,.....	38	REYNOLDS, T., M.D., Disease of the Pregnant State,	36
MARSDEN, WM., M. D., on the Use of Tea as a Be- verage,.....	8	RUSSEL, G., Dr., Phrenological Sketch of the Cha- racter of the late Dr. Dunlop, ..	153
Case of Glossitis,.....	175	“ “ On the Operation of Physical Agen- cies, &c., with suggestions as to the Nature of Cholera,.....	322
Mass, Midnight, at the Marine Hospital,.....	285	Ryan's Obstetrical Remembrancer,.....	71
McKELCAN, J., M.D., Reply to Dr. Hall,.....	121	Sanitary Measures for the City,.....	314
Medical Boards, Licentiates of, the late College of Physicians and Surgeons of Upper Canada,.....	53	Sargent's Minor Surgery,.....	241
“ “ Licentiates of, Canada West,.....	81, 193	Scarlet Fever, Carbonate of Ammonia in,.....	328
“ “ “ College of Physi- cians & Surgeons, C. E.,.....	82, 193	School of Medicine, Quebec,.....	23
MEDICUS, Unjust Treatment of Medical Men,....	257	Scutellaria Genuiculata, Treatment of Epilepsy by, ..	231
Meigs' Treatise on the Diseases of Children,.....	213	SEWELL, E. Q., M.D., Case of Transfixure of the Chest by a Scythe Blade, ..	270
MELVILLE, H., M. D., Report of the Niagara Im- migrant Hospital,.....	10	Skin, Human, Detection of by Microscope,.....	99
Meteorological Register, Montreal, 27, 55, 83, 111, 139, 167, 195, 223, 259, 287, 315, 339		Spine, on Lateral Curvature of,.....	44
“ “ Toronto, 28, 56, 84, 112, 140, 168, 196, 224, 260, 288, 316, 340		Still Born Children, on the Management of,.....	185
“ Observations at Hamilton,.....	302	STRATTON, T., M. D., Remarks on the Solution of Chloride of Zinc, &c. &c.	31
“ Cumberland House & Bedford House, ..	302	“ “ Cases of Poisoning by Chlo- ride of Zinc, with Anti- dote,.....	201
Microscope, Detection of Human Skin by,.....	99	Syphilis Tertiary, Iodide of Potassium,.....	251
Midwifery, Use of Chloroform in,.....	252	Syphilitic and Scrofulous Affections of Bone, Diag- nosis between,.....	132
Midwives Enregistered,.....	193	Tar in Cutaneous Diseases,.....	181
Mortality, Bill of,.....	27	Tariff, Dr. White and his,.....	82
“ the Bills of,.....	54	Tea, the Use of as a Beverage,.....	8
N		Tetanus, Etherization in, death,.....	328
Nipples, Sore, Treatment of,.....	329	THOMPSON, D., Esq., Mean Temperature of Cum- berland House and Bedford House, ..	302
O.		Thompsonians, a Signer of the Petition in favour of, Towns, Report on the Air and Water of,.....	338 180
Obituary Notices,.....	54, 83, 167, 195	Trephine, the Operation of the, and its Medico-Legal Value,.....	1
Obstetrical Remembrancer,.....	71	Trial, Report of, Kelly vs. Van Courtlandt,.....	76
Ochlesis, Observations on,.....	180	Truss, Description of a Simple, in Congenital Hernia, ..	251
Œdema of the Glottis,.....	241	Tucker's Midwifery,.....	127
Œsophagus, Catheterism in Stricture of,.....	251	Tumour, Case of Cysto-Sarcomatous,.....	317
Opium, on the Muriate of,.....	255	TURNER, G., V. S., Case of Intussusception in a Horse,.....	68
Ophthalmic Memoranda,.....	70	Turpentine in Cases of Hæmorrhage,.....	159
P.		Tympanum, Treatment of Deafness from Obstruction of,.....	164
Parliament, Next Meeting of the Provincial,.....	259	Urine, Nocturnal Incontinence of, in Children,....	328
Passion, Paralysis of the Tongue from,.....	132	Uterus Rupture of the Unimpregnated,.....	164
Payne's Materia Medica and Therapeutics,.....	70	Vagina, Occlusion of,.....	164
Peaslee's Elements of Medical Eminence,.....	68	Vaginal Hysterotomy,.....	164
Pessaries Medicated,.....	164	Van Courtlandt, Trial of Kelly, versus, ..	76
Pharynx, Impaction of a Halfpenny in, for Eight Months,.....	310	VON IFFLAND, A., M.D., Sheets from My Port- folio,.....	24, 109, 137
Pharmaceutic Society of C. E.,.....	251	“ “ “ the Duties and Respon- sibilities of Physi- cians to Lunatic Asy- lums,.....	154, 177
Phthisis, Treatment of, by Cod Liver Oil,.....	99	Wilson's Human Anatomy,.....	179
“ Trisnitrate of Bismuth in Diarrhœa of, ..	181	WORTHINGTON, DR., Letter of,.....	221, 284
Placenta Prævia, Treatment of,.....	101	Wounds, Gunshot, Cases of, in Hospitals of Pa- ris,.....	150, 228, 296
Pleuro-Pneumonia, Case of,.....	65	“ “ in Paris, Report on,.....	184
Portfolio, Sheets from My,.....	24, 109, 137	“ Lacerated, within the Orbit, Case of,....	318
Potassium, Iodide of, Physiological Action of,.....	14	WRIGHT, W., M. D., on Fatal Doses of Prussic Acid,.....	94, 117, 145
“ “ Detection of Carbonate of Pot- ash in,.....	102	“ “ Transatlantic Correspondence, ..	319
“ “ in Tertiary Syphilis,.....	251	Zinc, Chloride of, Remarks on its Deodorizing and Disinfecting Powers,.....	31
Pregnancy, Abortion and Menstruation during, ..	17	“ “ Cases of Poisoning by,.....	201
“ Kiestien, a Test of,.....	277		
Pregnant State, Disease of,.....	36		
Protest, the, with Editorial Comments,.....	51		
Q.			
Quinine, Effect of Coffee in Diminishing Bitter Taste of,.....	18		
“ a Prophylactic in Puerperal Fever,.....	312		
“ Effects of, in Large Doses,.....	313		
R.			
Rape, Remarks on a Case of,.....	19		
Referees, Medical and Insurance Offices,.....	220, 258		



**ECOLE DE MEDECINE DE QUEBEC,**

*Incorporée en 1845, par un Acte de la Législature du Canada, 8 Victoria, ch. 80.*

LES diverses Classes ci-dessous désignées s'ouvriront le 15me Mai 1848 et dureront six mois.

L'Anatomie générale et descriptive par le - - - - -	DR. JACKSON.
Les Accouchements, maladies des femmes et des enfants - - - - -	DR. PAINCHAUD.
La Pratique de la Médecine - - - - -	DR. SEWELL.
La Pratique de la Chirurgie - - - - -	DR. DOUGLAS.
Les Instituts de Médecine, (Physiologie, &c.) - - - - -	DR. BARDY.
La Jurisprudence Médicale - - - - -	DR. FREMONT.
La Matière Médicale et Pharmacie - - - - -	DR. NAULT.
La Médecine Clinique - - - - -	DR. SEWELL.
La Chirurgie Clinique - - - - -	DR. BLANCHET.
La Chimie - - - - -	N. AUBIN, Ecr.

Les Elèves de cette Institution auront l'avantage de suivre la pratique de l'Hopital de la Marine et des Emigrés qui admet pendant la saison de l'été, année commune, au moins 1500 malades, sur le nombre desquels on peut compter entre 4 à 500 cas de Chirurgie, necessitant un grand nombre d'opérations majeures.

P. M. BARDY,  
Secrétaire.

Québec, 13 mars 1848.

**COLLEGE OF PHYSICIANS & SURGEONS OF LOWER CANADA.**

A GENERAL MEETING of the Members of the Corporation of the College of Physicians and Surgeons of Lower Canada will be held in the Parliament Buildings, at QUEBEC, on TUESDAY, 9th MAY next, at Eleven, a. m., for the purpose of considering and adopting a Code of Rules and Regulations for the governance of the College.

DANL. ARNOLDI,  
Pres. Col. Ph. and Surg. C. E.

Montreal, 1st April, 1848.

**COLLEGE OF PHYSICIANS AND SURGEONS.**

THE next MEETING of the Governors of the College of Physicians and Surgeons of Lower Canada for the Examination of Candidates for License, and those about to commence the Study of Medicine, will be held in the Parliament Buildings, at QUEBEC, on TUESDAY, 9th May next, at Twelve o'clock noon.

Candidates are requested to lodge their Credentials, &c., with the Secretary, at least fourteen days before the meeting.

A. VON IFFLAND, M. D.,  
District Secretary.

No. 3, St. George Street, Quebec,  
1st April, 1848.

**QUEBEC SCHOOL OF MEDICINE,**

*Incorporated by Act of the Provincial Legislature of Canada, 8 Victoria, Cap. 80. (1845.)*

THE following Course of LECTURES will commence on the 15th day of MAY next, and be continued six months:—

Anatomy (general and descriptive),	DR. JACKSON.
Midwifery, and Diseases of Women and Children, . . . . .	DR. PAINCHAUD, Sr.
Practice of Medicine, . . . . .	DR. SEWELL.
Surgery, . . . . .	DR. J. DOUGLAS.
Institutes of Medicine (Physiology, etc.), . . . . .	DR. BARDY.
Medical Jurisprudence, . . . . .	DR. FREMONT.
Materia Medica and Pharmacy, . . . . .	DR. NAULT.
Clinical Medicine, . . . . .	DR. SEWELL.
Clinical Surgery, . . . . .	DR. BLANCHET.
Chemistry, . . . . .	N. AUBIN, Esq.

Students attending the above Classes will have the advantage of following the practice of the Marine and Emigrant Hospital, and of seeing performed many of the most important Operations in Surgery; that establishment receiving, in ordinary years, during the season of navigation, upwards of 1500 patients, of whom not less than from four to five hundred are Surgical cases.

P. M. BARDY, Secretary.

Quebec, 13th March, 1848.

**NATURAL HISTORY SOCIETY.**

IN conformity with a Resolution passed at a General Meeting of the Society, on MONDAY, the 28th ult., notice is hereby given, that THREE MEDALS will be awarded for the Best ESSAYS on the following subjects:—

FIRST CLASS—TWO MEDALS.

Subject; Any Branch of the Natural History of Canada

SECOND CLASS—ONE MEDAL.

Subject: Any Branch of General Natural History not comprehended in the first class.

The Essays to be forwarded to the Secretary, on or before the 1st of July next, under an anonymous signature, and accompanied with a sealed note, containing the name and address of the writer, which notes shall only be opened in the cases of the successful Essays.

Competitors are requested to note the class to which they desire their Essays to belong.

The successful Essays to remain the property of the Society. The others to be returned to their authors if so required.

The Essays to be in either French or English.

CHAS. HENRY PAYN, M. D.,

Rec. Sec. of N. H. S.,

21, Great St. James Street, Montreal, C. E.

March 4, 1848.

**MEDICO-CHIRURGICAL SOCIETY.**

THE next Monthly Meeting of this Society will be held at the Rooms of the Mechanics' Institute, on Saturday Evening, May 6, at 8 o'clock P.M.

E. Q. SEWELL, M. D.

Secretary.

Montreal, May 1, 1848.

THE  
**BRITISH AMERICAN JOURNAL**  
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**MEDICAL AND PHYSICAL SCIENCE.**

Vol. IV.]

MONTREAL, MAY, 1848.

[No. 1.

ART. I.—THE OPERATION OF THE TREPHINE AND ITS VALUE—MEDICO-LEGALLY CONSIDERED.

By A. HALL, M. D., L.R.C.S.E.

One of the Physicians to the Montreal General Hospital; one of the Consulting Physicians to the University Lying-in-Hospital, &c.  
*Cases of Compound Depressed or Comminuted Fracture; Operation to Elevate Depressed Bone, Remove Speculae, or Liberate Extravasated Blood.—Continued from Vol. III., Page 259.*

Case No.	Description of Case	Result	Source
123 A. M'L.	23 Compound depressed fracture of left superciliary ridge, and orbital state; absence of coma; trephined and Hey's saw used	Died	Lond. and Ed. Monthly Jour. 1843
121 R. C.	40 Compound depressed fracture at right frontal sinus; convulsions; trephined and elevator used	Died	Do do
125 W. P.	15 Compound depressed fracture of frontal; trephined to remove speculae and elevate	Died	Do do
126 M. C.	17 Compound depressed fracture of right temporal frontal region; bone removed before admission into hospital	Died	Do do
127 A. D.	8 Compound depressed fracture of left side of forehead; spiculae of bone removed by forceps, and depressed bone elevated	Died	Do do
128 J. F.	9 Compound depressed fracture of right parietal; coma; depressed bones removed by Hey's saw	Died	Do do
129 D. M'M.	41 Compound depressed fracture over sagittal suture; bones removed	Died	Do do
130 J. D.	40 Compound depressed comminuted fracture of left parietal; depressed portions removed by elevator and forceps	Died	Do do
131 C. M'C.	21 Compound depressed fracture of left parietal; trephined to remove bones	Recovered	Do do
132 H. M'R.	46 Compound depressed fracture of frontal; stupor; trephined and Hey's saw used to remove depressed bone	Recovered	Do do
133 D. M'C.	26 Compound depressed fracture of right side of head; bones removed by elevator and forceps	Died	Do do
134 Fergusson	14 Compound depressed comminuted fracture of right parietal near fontanelle; shattered and depressed portions removed by elevator and forceps	Died	Do do
135 G. H.	Compound depressed fracture of right parietal; coma; operation	Died	Do do
136 D. H.	34 Compound depressed fracture above left mastoid process; stupor; operation	Died	Do do
137 J. H.	17 Compound depressed fracture over occipital protuberance; sensibility at first; operation	Died	Do do
138 M. G.	Compound depressed fracture over left side of occiput; insensibility; operation	Died	Do do
139 J. C.	52 Compound depressed fracture over left side of forehead; drowsiness; operation	Died	Do do
140 A. F.	22 Compound depressed fracture of left parietal; insensibility; operation	Died	Do do
141 S. B.	27 Compound depressed fracture of left parietal; sensible; operation	Died	Do do
142 A. W.	20 Compound depressed fracture of left parietal; sensible; operation	Died	Do do
143 H. M'C.	54 Compound depressed fracture of left parietal; coma; operation	Died	Do do
144 J. M'R.	Compound depressed fracture over vertex; stupor; operation	Died	Do do
145 J. L.	Compound depressed fracture at junction of frontal with parietal; coma; operation	Died	Do do
146 A. S.	30 Compound depressed fracture over right eyebrow; insensibility; operation	Died	Do do
147 J. R.	26 Compound depressed fracture of frontal; insensibility; operation	Died	Do do
148 C. O. B.	20 Compound depressed fracture of left side of head; stupor; operation	Died	Do do
149 J. L.	24 Compound depressed fracture of right parietal; stupor; operation	Died	Do do
150 W. C.	36 Compound depressed fracture of left side of crown of head; insensibility and delirium; operation	Died	Do do

151 D. M'C.	26 Compound depressed fracture of right parietal; sensible; operation	Died	London and Edin. Jour.
152 A. M. F.	27 Compound depressed fracture of left parietal; drowsiness; operation	Died	Do do
153 Unnamed	Compound depressed fracture of right side of head; coma; operation	Died	Do do
154 D. M'J.	Compound depressed fracture of vertex; insensibility; operation	Died	Do do
155 M. B.	Compound depressed fracture of upper part of head; sensible; operation	Recovered	Do do
156 J. L.	13 Compound depressed fracture of right side of head; stupor; operation	Recovered	Do do
157 A. M'L.	11 Compound depressed fracture of right parietal; stupor; operation	Recovered	Do do
158 P. F.	67 Compound depressed fracture of right parietal; sensible; operation	Recovered	Do do
159 D. H.	35 Compound depressed fracture of right parietal; operation	Recovered	Do do
160 J. W.	20 Compound depressed fracture of right temple; stupor; operation	Recovered	Do do
161 R. R.	18 Compound depressed fracture of occiput; coma; operation	Recovered	Do do
162 R. A.	40 Compound depressed fracture of right side of forehead; sensible, but childish; operation	Recovered	Do do
163 W. C.	10 Compound depressed fracture of occiput; drowsy; operation	Recovered	Do do
164 J. F.	9 Injury of right parietal, with fracture and probable depression; insensibility; operation	Died	Do do
165 R. M'J.	46 Injury of frontal, with fracture, &c.; confused; operation	Recovered	Do do
166 D. M'J.	27 Injury of parietal, with fracture, &c.; insensibility; operation	Died	Do do
167 B. M' T.	26 Injury of right parietal and temporal, with fracture, &c.; sensible; operation	Died	Do do
168 R. T.	18 Injury of left side of forehead, &c.; stupor; operation	Died	Do do
169 J. D.	8 Injury of left side of forehead &c.; sensible; operation	Died	Do do
170 P. J.	27 Injury of left temple, with fracture, &c.; stupor; operation	Died	Do do
171 A. W.	20 Injury of left parietal, with fracture, &c.; insensible; operation	Died	Do do
172 D. F.	26 Injury of left parietal, with fracture, &c.; sensible; operation	Died	Do do
173 Fred. Dennison	4 Compound fracture of frontal, with elevation of bone, from wound by a quoit; Hey's saw used	Recovered	Hey's Surgery
174 A young girl, by Varscon	12 Compound fracture of parietal and temporal; trephined twelve times	Recovered	Louis dans Memoires del'Academie de Chirurgie
175 A man (Liston's case)	Compound comminuted fracture; trephined to remove splinters	Recovered	Liston's Lectures in Lancet, 1806
176 Hackney coachman	Compound comminuted fracture from a stone; stone removed, and trephine employed to remove depressed bone and splinters	Died	Do do
177 Canadian, at Grand Brulé	Compound comminuted depressed fracture of parietal; coma; trephined on 3rd day to liberate blood	Died	Dr. McCulloch, Montreal.

## CLASS III.—Cases in which the operation was performed to give vent to purulent collections.

1 Case by Nicolas Fontanus	15 Injury on left temple; fracture on opposite side; trephined to evacuate pus	Died	Chelius' System of Surgery
2 Stultetus' case (officer)	Fissure of skull, causing vertigo, paralysis, &c.; trephined in four places six months after; pus liberated	Recovered	Do do
3 Munro, of 42d Regt.	Fracture of left parietal; trephined to evacuate pus	Died	Do do
4 An overseer	Punctured wound with fissure of frontal; trephined on 16th day to evacuate pus	Died	Pott's Surgery
5 A young man	Contusion of scalp; fracture of frontal; trephined on 12th day to evacuate pus	Recovered	Do
6 A driver	Contusion of scalp; fracture of parietal; trephined on 9th day to evacuate pus	Died	Do
7 A farmer's servant	Contusion of frontal with fracture; trephined on 13th day to evacuate pus	Recovered	Do
8 A young man	22 Fracture of parietal; trephined on 29th day to evacuate pus	Died	Do
9 A man	Compound fracture of frontal; escape of brain; supervention of coma; convulsions; Hey's saw used on 21st day to liberate pus	Recovered	edico.Chirurg. Transac. July 1832
10 A soldier	Sabre wound on left side of head; supervention of coma; trephined to liberate pus	Died	Do. do. Oct. 1834
11 Case of Bennet	Slight scalp wound; trephined on 17th day to evacuate pus	Died	J. Bell's Surgery
12 A young man	Contused lacerated scalp wound; trephined on 17th day to evacuate pus	Died	Do

13 Martiniere's case	Concussion; no fracture; trephined 3 weeks after to evacuate pus	Died	J. Bell's Surgery.
14 T.	Wound of scalp; trephined on 18th day to liberate pus	Died	Do
15 Elizabeth Barron	Contusion of scalp at anterior fontanelle; trephined on 11th week to liberate pus	Recovered	Do
16 A Mechanic	Trephined for removal of a syphilitic caries of frontal bone, and liberation of pus	Recovered	Cooper's Surg. Dictionary
17 A case by Cooper	Coma from injury; trephined to liberate pus; matter both above and below the dura mater	Died	Do do
18 Two cases in University Coll. Hosp.	Trephined to evacuate pus	Died	Do do
19 } 1	Do do	Died	Do do
20 John Wade	Severe lacerated scalp wound; trephined on 12th day to evacuate pus	Died	London Med. Gazette, vol. 2
21 Phillip Burns	Compound fracture of temporal; suppurated from ear; trephined to give freer exit to pus on 38th day	Died	Do do. vol. 17
22 Van Swieten's case	Trephined for evacuation of pus two months after injury to os frontis	Recovered	Med. Chirurg. Times, vol. 8
23 A young man	Compound fracture of frontal; trephined on 19th day to evacuate pus	Died	Hey's Surgery
24 A young man	Contused scalp wound; caries of bone; trephined on 11th day to evacuate pus	Died	Pott's Surgery
25 A labouring man	Contusion of scalp; trephined on 10th day to evacuate pus	Recovered	Do
26 A young man	Contused wound of frontal; trephined on 12th day to evacuate pus	Recovered	Do
27 A boy	Contusion of scalp over frontal; trephined on 20th day to evacuate pus	Recovered	Do
28 A woman	Contusion over sagittal suture; trephined on 11th day to evacuate pus	Died	Do
29 A lunatic	Contused wound of scalp; trephined on 12th day to evacuate pus	Recovered	Do
30 A watchmaker	Contused wounds of scalp; trephined on 15th day to evacuate pus	Recovered	Do
31 John Biggs	Contused scalp wound over parietal; trephined on 12th day to evacuate pus	Died	Do
32 A young man	Trephined over frontal sinus to liberate pus	Recovered	J. Bell's Surgery
33 A man (Adam's case)	Wound on forehead; trephined a fortnight afterwards to liberate pus	Died	Lond. Med. Gazette, vol. 22
34 Case by Amatus Lusitanus	Injury on right temple; trephined twice to evacuate pus	Recovered	Guthrie on Injuries of Head
35 Case by Guthrie	Trephined to liberate pus	Recovered	Do. do
36 Peyronics' case	Contused wound of parietal; trephined to evacuate pus below dura mater, which was opened	Recovered	Saucerote sur contre coup
37 A lieutenant	Contused wound of frontal from spent ball; trephined at expiration of third week to liberate pus	Died	Quesnay's Memoire
38	Contused wounds; denuded cranium; trephined for the evacuation of pus—3 before the 10th day, 3 from 10th to 15th, and 5 after the 15th	Recovered	Mr. Phillip's Lectures on Surgery in the London Med. Gazette.
39		Recovered	Do do
40		Died	Do do
41		Died	Do do
42		Died	Do do
43		Died	Do do
44		Died	Do do
45		Died	Do do
46		Died	Do do
47		Died	Do do
48	Died	Do do	
49 Dupuytren's case (young man)	Injury on head from knife; trephined some years after to liberate pus	Recovered	Hennen's Military Surgery
50 Do do	Puncture into substance of brain to liberate pus	Recovered	Cooper's Surg. Dict.
51 A young gentleman	Fracture of frontal bone; trephined on account of urgent symptoms; abscess in substance of brain	Died	Do do
52 A man, by Liston	Injury on occiput; trephined to liberate pus; none found; abscess on opposite side	Died	Liston's Lect. in Lancet, 1844
53 F. R.	Compound fracture (almost punctured) of right parietal; trephined on 21st day to liberate pus	Recovered	Do do
54 A boy	Compound fracture of frontal, extending to parietal; coma removed by V. S.; trephined twice, the second time to liberate pus	Recovered	Pott's Surgery
55 A boy	Compound depressed fracture of frontal; coma; trephined, to elevate on 1st day, and on 19th day to evacuate pus	Died	Do
56 An old man (Thomson)	Depressed fracture of parietals along sagittal suture; trephined on 22d day to evacuate pus and elevate	Died	J. Bell's Surgery
57 L. D.	Compound depressed fracture of anterior fontanelle; trephined on 30th day to evacuate pus	Died	Do
58 W. L.	Compound depressed fracture of frontal; trephined on 15th day to elevate and evacuate pus	Died	Do

59	H. M. Liston's case	11	Punctured wound of frontal; trephined in 12th week to elevate bone pressing on brain and to liberate pus	Recovered	Liston's Practical Surgery
60	John Gribi		Compound depressed fracture of parietal; trephined on 8th day to elevate and evacuate pus	Died	Ryan's Med. and Surg. Jour., vol. 2
61	Samuel M. Kellar	6	Compound depressed fracture of parietal and frontal; trephined on 24th day to evacuate pus	Died	London Medical Gazette, vol. 1
62	A man (Adam's case)	73	Compound depressed fracture of frontal on left side; wound of right side; supervention of coma; trephined to liberate pus	Died	Do do vol. 22
63	A sailor		Punctured wound of cranium, with contusion of scalp; trephined about 21st day to evacuate pus	Died	Pott's Surgery
64	Larrey's case (soldier)		Musket bullet penetrating os frontis; passing obliquely backwards to lambdoidal suture; trephined to liberate pus and bullet.	Recovered	Cooper's Surg. Dict.
65	Peyronics' case (child)		Injury of parietal; coma; trephined to evacuate blood; dura mater opened on 28th day to evacuate pus	Recovered	Saucerote sur contre coup
66	A man		Contused wound of right parietal; coma; trephined to liberate blood, and sixteen days after on opposite side to liberate pus	Recovered	Do do
67	Chauvin's case		Compound fracture of right parietal; coma; trephined to liberate coagulum, and twice on opposite side to liberate pus	Recovered	Quesnay's Memoire
68	Case of Rollison		Fracture of right parietal; trephined, first to evacuate blood, and second on opposite side to liberate pus	Recovered	Chelius' System of Surgery
69	A boy		Compound fracture of frontal; coma removed by V. S.; trephined twice; the second time to liberate pus	Recovered	Pott's Surgery
70	Brodie's case (man)		Fracture of parietal; extravasation; trephined to remove coagulum, and a second time to evacuate pus	Died	London Med. Gazette, vol. 1
71	A man		Contused wound of right parietal; coma; trephined to liberate blood, and sixteen days after on opposite side to liberate pus	Recovered	Saucerote sur contre coup

CLASS IV.—*Miscellaneous Cases.*

1	Thomas Price	23	Trephined to remove caries of vertex from injury received many months before	Died	London Med. Gazette, vol. 3
2	Schmucker's case		Fungus of dura mater; diseased bone; trephined eleven times in less than a month	Recovered	Cooper's Surg. Dict.
3	Alphonse Crozet	21	Contusion of occipital; trephined twelve months after to remove a carious bone	Recovered	Ryan's Journal, vol. 5
4	Caroline Holiok	20	Trephined to remove a caries of frontal and parietal bones; not the result of injury	Recovered	London Med. Gazette, vol. 1
5	John Ross	36	Scalp wound; concussion; trephined without obvious cause	Recovered	Do do vol. 5
6	A lieutenant-colonel	31	Trephined three times for removal of a carious bone situated at anterior fontanelle	Recovered	Louis dans Memoires de l'Academie de Chirurgie
7	David's case		Trephined eight times for removal of a carious bone on vertex; the result of injury	Recovered	Quesnay's Memoire
8	Soulier's case		Trephined twice for removal of a carious bone and liberation of pus; not ostensibly the result of injury	Recovered	Do
9	Peyronie's case		Caries of nearly the whole of frontal; cause not given; the whole removed by trephine and saw	Recovered	Do
10	Sir A Cooper's case		Chronic inflammation of dura mater, with suppression and caries; trephined nineteen months after accident to remove caries and liberate pus	Died	Chelius' System of Surgery
11	Green's Case (A. B.)	7	Trephined to elevate piece of bone; supposed cause of catalepsy, caused by injury four years before	Died	Do do do
12	Will's case (T. H.)	18	Trephined to arrest epilepsy, consequent on injury of head received four years before; removal of spiculae	Recovered	Do do do
13	Cline's case (young man)		Trephined for supposed injury of head, inducing insanity	Recovered	Do do do
14	J. W.	40	Concussion; trephined three times to relieve "uncomfortable sensation in head" after coma	Recovered	Warren's Cases in Surgery
15	A young man		Case similar to the last	Recovered	Do do
16	Marcchal's case (a girl)		Contusion of scalp; fracture of temporal and parietal; coma; trephined 12 times to remove coagula	Recovered	Saucerote sur contre coup
17	Blake's case (soldier)		Epilepsy following a blow from fist on right parietal; trephined	Recovered	Guthrie on Injuries of Head
18	Rhodus' case (lady)		Trephined to remove a fixed pain in the head; a few drops of pus followed	Recovered	Do do
19	Do do (nobleman)		Trephined for similar symptoms succeeding a blow on head	Recovered	Do do
20	Boucherry's case		Trephined three times for injury of head received ten months before	Recovered	Do do do
21	Marcchal's case		Trephined for relief of epilepsy after injury	Recovered	Do do do
22	Morel's } 1 case		Do do do	Recovered	Do do do
23	Morel's } 2 case		Do do do	Recovered	Do do do
24	Vacher's case		Trephined for acute pain of head; not result of injury. (See Quesnay's Memoire)	Died	Do do do

(To be Continued.)

## ART. II.—NOTES OF A CASE OF ASPHYXIA CAUSED BY RHEUMATIC SPASMODIC CONTRACTION OF THE THORACIC &amp; ABDOMINAL MUSCLES &amp; SINGULTUS.

By ROBERT L. MACDONNELL, M.D.,

Licentiate of the King and Queen's College of Physicians, and of the Royal College of Surgeons, Ireland; Lecturer on the Institutes of Medicine, McGill College; Physician to the Montreal General Hospital, &c.

Captain H., aged 28, of strong muscular development, temperate habits, fond of violent exercise, and enjoying excellent health, was attacked last October with simple continued fever, which lasted about ten days, leaving him in a very weak condition. About a month after, he was seized with maculated typhus, from which he recovered, but had scarcely regained strength enough to go about, when unfortunately one of his children contracted small-pox, and communicated the disease to her father; but, having been vaccinated, the malady assumed a mild form, and he was soon able to return to his duty.

During each of the foregoing attacks, he suffered from difficulty of passing water, caused by a stricture situated between the membranous portion of the canal and the neck of the bladder—for which he had consulted Mr. Guthrie nine years ago; and, being anxious to get rid of such a troublesome companion, he placed himself again under my care.

I found that, with difficulty, a No. 4 (Weiss) bougie could be introduced, and having placed him under the necessary restrictions as to diet and exercise, I commenced the treatment by dilatation. The stricture was soft and yielding, and consequently the improvement was rapid, and very soon a No. 11 bougie could be easily introduced.

About this time he over-exercised himself at rackets, and the same evening dined at mess, and took a small quantity of champagne and claret—wines, which, it is needless to say, I had strictly prohibited.

The same night he sent for me, as he was suffering from complete retention of urine; and, on my arrival, I drew off about a pint and a half of water, and having administered an anodyne, I left him greatly relieved.

The next morning, the instrument had to be introduced again, and he complained of fever, and nausea, for which the ordinary remedies were prescribed. In the evening, the febrile symptoms had greatly abated, but the nausea had increased; and a pill, composed of one drop of creosote, and a sixth of a grain of acetate of morphia, was prescribed—one to be taken every six hours. The first pill allayed the sickness of stomach, and he felt so much better the next morning, that he took a mutton-chop for breakfast, and ate with relish, some beefsteak at his dinner. The only symptom of consequence was the difficulty of passing water, and slight swelling of the left testis. As the difficulty of emptying the bladder, was evidently produced by spasm of the membranous portion of the urethra, the nitrate of silver was applied to this part, by means of Lallemand's *Porte Caustique*, with the view of subduing the inflammation, which, there was no doubt, existed at this portion of the canal, and by thus removing the cause of the spasm, the introduction of

the catheter would be rendered unnecessary; and consequently the enlargement of the testis would be more likely to subside. To the latter organ, an ointment, composed of mercurial ointment and belladonna, was applied; and as he now, for the first time, complained of spasms in the calves of the legs and thighs; warm baths, with diaphoretics and opiates were ordered, and frictions with the hair glove were employed with great benefit.

The next morning, *i. e.*, April 5, he was so much better that he got up, but soon returned to bed, in consequence of the increased pain of the testis.

From the hour that the nitrate of silver was applied, all difficulty of emptying the bladder ceased, and the stream of urine became larger than it had been for several years. On Thursday the 6th, the improvement continued: he passed a good night; and the following morning he exclaimed, on my entering his chamber, that "he was all right now, except for some muscular pains about the chest"—like those he had frequently experienced after a hard game at rackets or cricket. There was not at this time any difficulty of breathing, or inability to move; his skin was perspiring freely; his pulse 76, soft and full; there was no thirst; his appetite had improved, and he had just eaten a raw egg, of which he had always been extremely fond.

I visited again him at 4 o'clock p.m., and found him much changed. His surface was cold, feet and hands blueish, great difficulty of breathing, respiration 48 in the minute; pulse 80, small and weak; countenance anxious. Though he articulated distinctly, yet he could not speak a sentence in a continuous manner, but *had to stop to take breath between every two words*. In addition to these symptoms, he was tormented with frequent hicough, four or five paroxysms of which, would follow one another rapidly, and terminate in a deep groan. Any attempt to speak, or to swallow food or drink, brought on a paroxysm in a more aggravated form. The chest was quite fixed, no appearance of contraction of the pectorals or intercostals; the scapuli were acting vigorously, and the alæ nasi were dilated at each inspiration. It was quite evident that the abdominal muscles were also inactive, being affected with permanent spasm; the divisions of the recti were well marked, and their fleshy portions stood out prominently in relief. He complained of pain along the margin of the ribs, and under each mammary region, which was greatly increased by pressure; but, as there was neither redness nor tumefaction, I at first thought, that the sudden change might have arisen from a recent attack of pleuritis or pericarditis. A careful examination soon convinced me that neither of these affections existed; and that the lungs were also free from disease. I at once concluded that there was inflammation with spasmodic fixation of the muscles of the chest, and spasmodic contraction of the abdominal muscles. Sinapisms, followed by blisters, were applied over the painful parts; antispasmodics and opiates administered; warmth applied to the feet and surface, and the strength supported by gentle stimulants and nutritious diet.

When I saw him again at 9 o'clock p.m., he was

much relieved. He was able to sit up in bed; the hiccough had not annoyed him for the last hour or more; he could speak a sentence continuously without taking breath; he ate a plate of jelly, and drank some coffee. Directions were given to continue the medicines during the night.\*

It appears that he remained in a comfortable state until 12 o'clock that night, when the hiccough and dyspnœa returned in a more severe form, and continued to increase until morning, when I found him in a dying condition: no pulse, feet and surface cold, chest fixed, and abdominal muscles in the same rigid condition. *No pain, except under the breast and along the margin of the ribs.* I am anxious to draw attention to this fact, for, at the consultation which took place about an hour after, one of the gentlemen pressed so heavily to elicit pain, that the groan which followed was considered by all present, except myself, as proof of abdominal tenderness, though much less force would make a perfectly healthy person wince. The lips, ears, and nose were cold and blue; *he lay upon his abdomen*, but requested to be supported in the erect posture.

A consultation was soon after held, at which Dr. Crawford, Dr. Mahony, Inspector-General of Hospitals, and Dr. Staunton, Surgeon, Royal Artillery, attended.

I explained fully to these gentlemen my views of the case. That I considered our patient was free from all lesions of important organs; that the muscles of the chest were in a state of *spasm* from rheumatic inflammation, and that this spasmodic contraction had extended to the abdominal muscles, and that the process of respiration was carried on solely by the diaphragm and cervical muscles, and as the diaphragm was affected with frequent irregular spasmodic contractions, as proved by the distressing hiccough, the aëration of the blood was inadequately performed, and, as a consequence, asphyxia was setting in. In proof of this view, I drew their attention to the fixed condition of the chest and abdomen, to the inordinate action of the cervical muscles, to the dilatations of the *alæ nasi*, to the excited respiration, to the congested lips and cold extremities, to the absence of pain of the abdomen, and particularly, to the details of the case—but all to no purpose. Dr. Mahony had, upon the first glance at our patient, pronounced him labouring under enteritis and peritonitis; and, to prove his position, all the above facts were endeavoured to be explained away. The countenance, which was evidently that of a man dying from imperfect oxygenation of the blood, was by one considered most strikingly characteristic of inflammation of the bowels; by another, as having quite the aspect of cholera; whilst a third suggested that probably the drop of creosote had burned a hole in the stomach, and had thus given rise to peritonitis! The position of the patient (on his back with his legs drawn up), was consider-

\* I have since learned from an intimate friend of his, who visited him at 7 o'clock, that he was then even better than when I saw him at 9 o'clock. The hiccough had ceased; he did not suffer much from dyspnœa, and spoke confidently of being able to go down stairs the next morning, and, in fact, had arranged to transact some business the next day with this gentleman.

ed another unequivocal sign of inflammation, though a few moments before, he had been lying on his abdomen, and even before they had left the room, he had turned on his side. His tongue was brown; here was another most convincing symptom, though they were fully informed, that this colouring arose from his taking coffee without milk as his drink for the two preceding days; but, above all, the groan elicited by the squeeze of the bowels was considered as quite pathognomonic. Having now proved to their satisfaction that enteritis was present, the next point was to determine upon the treatment. Leeches and cupping were in turn rejected. Dr. Mahony declared he would like to try chloroform; but, as he did not inform us, I am still at a loss to comprehend, upon what principle it was likely to prove useful to a dying man.

Two hours after this consultation, our patient died, and on Monday, the 10th, about forty-eight hours after death, a post mortem examination was made, in the presence of Drs. Crawford, Mahony, Staunton, Anderson, surgeon 77th regiment; Barrett, assistant-surgeon 77th regiment, and myself. Though Drs. Anderson and Barrett had not seen the patient during life, and would have preferred staying away, yet they were requested by Dr. Mahony to attend, that such an opportunity for perfecting themselves in diagnosis and pathology should not be allowed to escape. Two hospital sergeants were also in attendance, with buckets and basins, to collect the fluid to be found in the peritoneum, the product of inflammation.

On dissecting off the integuments of the chest, we found a collection of pus diffused between the muscles and integuments of the left infra-mammary region. It was spread out evenly, and no trace of a sac was discovered. There was no matter on the right side, but the muscular structure was highly injected, the increased redness being quite perceptible through the transparent costal pleura. This appearance was first noticed by Dr. Barrett, who now admits that this colouring, which he at first supposed to be seated in the serous membrane, was the result of increased vascularity of the muscular structures, seen through a transparent medium. The diaphragm was healthy.

The following statement, drawn up on the spot, at my request, will show with what justice my diagnosis was impugned, with what species of reasoning some persons are satisfied, who, nevertheless, propound their opinions in a most dogmatical manner, and with what *proofs* they were supplied, to excuse their very professional conduct, in circulating so industriously, in official reports, in gossipings in the high-ways and by-ways, in *tête à tête* conversations with old women of both sexes, in vapourings after mess dinners—the charge, the calumnious charge, that I had mistaken the nature of the disease, and had overlooked, and consequently neglected to treat, a malady, so significant in its symptoms, so amenable to treatment, and so fatal when neglected, as *inflammation of the bowels and peritoneum*.

(Copy.)

We have carefully examined the cavities of the chest and abdomen of the late Captain H., and have not found any

morbid appearance sufficient to account for death, or any indication of inflammation of the stomach and intestines.

(Signed) M. MAHONY, M.D.,  
Inspector General of Hospitals.  
J. CRAWFORD, M.D.  
CHS. F. STAUNTON, M.D.,  
Surgeon Ordnance Medical Dept.  
GEORGE ANDERSON,  
Surgeon 77th Regiment.  
WM. BARRETT, M.D.,  
Assistant Surgeon 77th Regiment.

I may however state, that the lungs were much congested, which was admitted by all present, though, according to some, this change was the result of gravitation, particularly as the congestion was most marked at the posterior portions of these organs. Having found it difficult to obtain a statement of the appearances that were present, I insisted on having one, stating those which were not present, which will account for the brevity of the above document. The brain was not examined, for there were no symptoms during life, indicating cerebral derangement, with the exception of the usual phenomena which immediately precede death in cases where impure blood is sent to the brain; besides, the widow of the patient made a special request, that the examination should not extend to this organ. The bladder, liver, and kidneys were free from disease.

I would wish it to be distinctly understood, that I do not intend the foregoing remarks to apply to my friend Dr. Crawford. Though he differed from me at the consultation, yet I am sure that, even had I been mistaken, he would not have published the matter to my prejudice; and I have reason to know that my friends Drs. Anderson and Barrett were not spectators of their own accord, but were summoned to witness the great diagnostic tact, and profound pathological acumen, of their Principal Medical Officer; and it is needless to add, that I should not have made the foregoing disclosures had not the greatest latitude been indulged in, for the circulation of reports injurious to my character as a professional man, during the interval between the death of the patient and the post mortem examination. Will it be credited, that in less than two hours after the patient's death, his afflicted widow was put in possession of the particulars of the consultation? and to assuage her grief, no doubt, she was informed, that her husband's medical attendant, in whom he had ever placed implicit confidence, had mistaken the nature of his disease!

There cannot be much doubt that the affection of the thoracic and abdominal muscles described in the foregoing case, was purely of a *rheumatic* nature. This view is supported by the manner in which the disease set in, namely, by pains and spasms of the legs and thighs, by sweating, attended with little fever, and not productive of much relief, by the absence, at first, of general disturbance of the system, by the *migratory* character of the pains and spasms, which, in the latter stages of the malady, became more localised, and by the result of post mortem investigation; in all these particulars, the characteristics of muscular rheumatism were exemplified. With the nature of muscular rheu-

matism of the chest, or pleurodynia, British practitioners have long been familiar, and its diagnosis and treatment are well understood. Its termination in the formation of pus, has not, however, been frequently alluded to, nor do we find any account of its inducing, by *reflex action*, spasms of the diaphragm, as illustrated in the above instance. But with the peculiarities of rheumatism of the abdominal muscles, British authors appear to be less familiar, for, with the exception of McLeod, I cannot find even a reference to the disease in any of the works within my reach, and he alludes to it so very briefly, and in such qualified terms, as to induce us to believe that he was merely hazarding a conjecture as to its occasional occurrence, rather than giving an accurate description of its peculiarities. It is to the researches of Chomel, Grissolle, and Genest, that we must look for a complete account of this form of rheumatism, and as many of my readers may not have access to these works, I shall make no apology for laying before them Chomel's description of the disease, which he designates *Pre-abdominal Rheumatism*:

“ Et d'abord le principal signe à noter, signe quasi-pathognomonique, c'est que la pression abdominale, toute douloureuse qu'elle est, n'est pas néanmoins ce qui éxaspère le plus la douleur; l'éxaspération est plus vive et plus cruelle par les mouvemens que la malade essaie de faire pour se retourner dans son lit, ou pour se mettre sur son séant; et cela se conçoit aisément, puisque de tels mouvemens exigent la contraction des muscles affectés; d'où il n'est pas moins facile de comprendre que les malades doivent forcément demeurer en decubitus sur le dos, empêchés qu'ils sont de se remuer, vu la subite éxaspération de la douleur à leurs moindres tentatives. Lorsque la douleur est due à une gastrite, à une entérite, ou à une péritonite, elle s'éxaspère autant et peut-être beaucoup plus encore, par la pression, que par les mouvemens auxquels participent activement les muscles des parois abdominales.

“ Au surplus—ce n'est guère avec la gastrite ou l'entérite qu'on peut confondre le rhumatisme pré-abdominal; car la douleur que accompagnent les inflammations, soit de l'estomac, soit de l'intestin grêle ou du gros intestin, est plus circonscrite, plus localisée, moins diffuse, et puis il y a, dans le premier cas, trouble notable des fonctions gastriques, soit depuis longtemps, soit actuellement; dans le second cas, il y a aussi des signes qui ne peuvent manquer du côté des dernières voies. Or, ni l'un ni l'autre ordre de ces phénomènes ne vient d'ordinaire compliquer le rhumatisme en question.

“ C'est surtout avec la péritonite, comme nous l'avons déjà dit, que la confusion est possible. La présence ou l'absence de la fièvre et des vomissemens, voilà encore, après la considération du mode suivant lequel la douleur s'éxaspère le plus vivement, une autre source importante de diagnostic; fièvre et vomissement dans la péritonite apyrexia, et nul vomissement dans le rhumatisme pré-abdominal, telle est la règle. Mais quelle règle n'a pas ses exceptions? Si dans un cas de rhumatisme pré-abdominal il y avait, chose possible, développement d'appareil fébrile et coïncidence de

vomissement, le diagnostic deviendrait très embarrassant. Autre signe essentiel; c'est que dans le rhumatisme pré-abdominal la face ne reste pas constamment grippée. Comme dans la péritonite; elle ne s'altère qu'au moment ou la souffrance s'éveille et s'exaspère, soit par la pression, soit par quelqu'autre circonstance. Il y a bien des péritonites partielles qui sont apyrétiques, et ne causent que peu ou point d'altération dans les traits de la physionomie, mais dans ces péritonites la douleur est circonscrite et toute locale; dans le rhumatisme dont nous traitons ici, elle est diffuse, et répandue dans toute l'étendue des parois antero-latérales du ventre. Il n'y aurait donc de méprise possible que dans le cas d'une péritonite bornée à ces mêmes parois, forme très rare."—*Chomel, Leçons de Clinique Médicale.*

It will be noticed that the above description applies, in almost every particular, to the case of Capt. H., except in the occurrence of hiccough, but Chomel describes merely the abdominal form of the disease, whereas the hiccough, in the instance under consideration, was evidently more immediately connected with the state of the thoracic muscles. If we reflect for a moment upon the anatomy of the nerves supplying the external thoracic muscles of respiration, and the diaphragm, the great internal muscle of respiration, we cannot be at a loss to understand how irritation of the external respiratory nerves should be communicated to the phrenic nerves, seeing that they are not only associated in function and by sympathy, but emerge from nearly the same part of the spinal cord; and if we can understand how an injury to the nerves in the neighbourhood of a broken bone, or a lacerated wound, is followed, in the one case, by startings of the limb, and in the other, not unfrequently by tetanic spasms of the whole body, we can have but little difficulty in comprehending, how spasmodic action of the diaphragm, or hiccough, should occur, in a case where the extended respiratory nerves were not only irritated, but actually involved in suppurative inflammation. If, then, the above circumstances are capable of accounting for hiccough, we can well understand how the asphyxia, which preceded and caused death, was produced.

The pectoral, intercostal, and abdominal muscles, such important agents in the mechanism of respiration, being in that peculiar condition which Dr. Marshall Hall has aptly termed *spasmo-paralysis*, the only muscles which could continue the process independently of the foregoing ones, were the diaphragm and cervical muscles; but the former being attacked with spasmodic contractions, the only chance of prolonging life, by the prevention of asphyxia, was completely removed.

If it be admitted, from what has been stated, that the combination of a fixed state of the thoracic and abdominal muscles, with almost incessant hiccough, are competent to produce asphyxia, then, to prove that this condition did actually exist, it is only necessary to refer to the cold and livid extremities, the blueish colour of the lips, tip of nose and ears, and the general congestion of the face, (compared by one of the gentlemen to the face of a cholera patient), to the frequent respiration, and great dyspnœa, unattended by cough, and finally to the congested state of the lungs—to satisfy all, except those in whom the avenues

to conviction are closed by their unwillingness to be convinced.

Having occupied more space than I intended, I shall not allude more particularly to the remedies employed, for having proved that my diagnosis was correct, and my view of the pathology of the disease accurate, I take no credit for having adopted such remedial measures, as these unerring guides to treatment clearly indicated, and which is sanctioned by the highest authorities, both British and Foreign.

Montreal, April 28, 1848.

### ART. III.—ON THE USE OF TEA AS A BEVERAGE.

By W. MARSDEN, M.D., Quebec.

Of all beverages in common use, I am of opinion, that, with the exception of *alcohol*, none is so pernicious to health, or so remotely destructive of human life, as TEA.

Our late eccentric and talented *confrère*, Dr. Thomas Fargues, of this city, was of this opinion; and carried out his views on the subject by a total abolition of its use within the sphere of his practise, as a beverage.

My own attention has been more particularly called to this subject within the last three years; and the opinion above expressed arrived at, first, from having witnessed the extraordinary effects produced by the suspension of its use, in a very near connection of my own; and next, by having, in consequence, caused its use to be discontinued in certain other cases with the most marked and beneficial results.

A little more than three years since, I had occasion to consult my venerable friend, the president of the College of Physicians and Surgeons, Dr. Di. Arnoldi, on the case of a lady, aged about thirty-two years, who had been suffering more or less for a period of six years previously, from an intensely painful affection of the head and inferior extremities, having all the characteristics of neuralgia or periostitis. At first, the pains were chiefly in the head, but, at the time referred to, the extremities were the seat. When the disease first set in, the exacerbations were neither so frequent nor of so long a duration as at this time, when the pains were of the most agonising kind, usually setting in between eight and ten, p.m., and continuing, without intermission, until about four, a.m.; during all which interval the moans and cries of the patient were of the most heart-rending character. She frequently prayed most earnestly for death, as a release from her sufferings; and often said, that she would gladly submit to the amputation of both her legs, if I thought it would release her from suffering. I had, previous to this time, consulted several of my medical friends in Quebec and Montreal, on her case; when it occurred to me to consult Dr. Arnoldi, who

had been himself a martyr to "tic douloureux," and from whom I obtained the valuable clue to her relief.

The result of our consultation was, that pharmacy could furnish nothing that I had not already tried, having exhausted its resources; but as the doctor suggested that the disease probably owed its origin to some article of diet or drink, it occurred to me that tea, which was a favourite beverage, might be the offending article; and, after some entreaty, it was stopped, and the effect was, that, in a little more than a week, the pains had entirely subsided; however, as my patient was under a course of medical treatment at the time the use of tea was suspended, she remained an unbeliever as to the cause of her relief, urging, that she began to feel better before she left off the tea, etc. She accordingly resumed its use, and, within forty-eight hours, the pains returned with all their former violence. The disuse of the beverage was again attended with relief, and my patient can now smile at her former unbelief; having occasionally courted a slight return of pain by indulging in the forbidden cup at a friend's house.

The foregoing case was so extraordinary and marked in its character, as to draw my attention to the use of tea in all cases of a rheumatic or neuralgic nature; and a reference to one or two cases among the scores that have since fallen to my care, will suffice for my present purpose.

Madame St. Jean, æt. thirty-nine, called on me on the 13th March, 1847, at Nicolet, to solicit my professional aid in the relief of what she called rheumatism, for a cure she deemed impracticable. She had had one child, menstruated regularly, and was rather of full habit of body; had good appetite usually, and the alvine secretions were regular and natural. Her pains occasionally extended to all parts of the body, but the extremities were more frequently the seat, and especially the shoulders and legs. The pains were at times so intense as not to permit of the slightest motion without occasioning great agony. She had been a sufferer for about sixteen years, with occasional slight intermissions, and had consulted every physician who came within her reach, and tried every imaginable *nostrum*. On endeavouring to trace the cause of her sufferings, in the course of my inquiries, I asked whether she was fond of tea, to which she replied, with much animation, "Oh, oui c'est ma vie," and that she took it three times a day, and that it was almost her only beverage; that she had once within sixteen years past been nearly two months at one time free from pain, when she was in the woods, and that *all she wanted to have been in paradise during that time, was her tea!* Here, then, was a difficulty to induce her to give up

"The cups  
That cheer, but not inebriate,"

which I at once saw would be insurmountable, except by stratagem. I therefore stated, that the medicine which I proposed to give her, could not be taken whilst she was using tea; and that she would be obliged to give it up when taking the medicine, to which she reluctantly consented, on my assuring her that there would be danger in using the tea and medicine conjointly. I accordingly sent her three dozen of bread pills, one to be taken three times a day. On visiting her on the 19th of the month, just six days after my first visit, I found her, as she stated herself, "comme à l'âge de quinze ans;" and, knowing that I had gained my point, I asked for the remainder of her pills, which, to her great consternation, I commenced eating, although their use might have been fatal with the tea. I, of course, had no further difficulty in inducing her to abandon her "*vie*," and she continued perfectly well, and free from pain, up to the time of my leaving the country in November last.

I will mention only one other case, that of G. F.-c-t., who called on me on the 4th of December last, to consult me for rheumatism. He had been a person of extremely irregular and loose habits, and had frequently laboured under gonorrhœa and syphilis. At about sixty, nearly seven years since, he had a severe attack of "lues," with extensive ulceration of the legs, arms, and face, and was mercurialised. Without entering minutely into his case, he stated, that, for four years past, he had been afflicted with rheumatic pains, so as to prevent his sleeping without the use of laudanum; the pains (particularly in the legs) coming on and continuing from nightfall to sunrise, &c. In reply to my inquiries about the use of tea, he said, that he found nothing so refreshing as a nice cup of strong tea, and that he used it regularly twice a day. He being a person of great intelligence, and latterly of good and regular habits, I communicated to him the result of my experience in the use of tea as a beverage; and he at once consented to give it up, although with a distinct avowal of his want of faith. Within a week from this time, without any medicine, he acknowledged that he was better, and within three weeks that the pains were entirely gone; but there was sleeplessness, which of course was attributable to the long continued use of laudanum, that time alone will remedy.

I could cite many cases as strongly marked as any of the foregoing, and more than you, Mr. Editor, would be willing to publish; but I have, I think, said enough to call the most serious attention to this almost universal habit. It is a subject on which much valuable statistical information might be gained, but without this, I

think it must be evident to medical practitioners generally, that neuralgic affections have greatly increased within the present century, and a coeval reference to the transactions of the East India Company, shows an incredible increase in the consumption of tea.

As far as oral testimony goes, almost every old lady tells us that she never was nervous when she was young, and that young girls in her time knew nothing about nervousness, and no subject of conversation is more annoying to them. In fact, some old ladies go so far as to say, that young girls, in their young days, had no nerves.

Little more than half a century ago, when tea cost nearly two guineas a pound, it was only accessible to the wealthy, and even among them was only used as an occasional article of luxurious beverage; and the antique specimens of tea cups that still exist among careful housewives, when contrasted with our modern breakfast cup (which now exceeds the size of the ancient slop bowl) shows how differently the beverage must have been used formerly.

It would, in fact, be an heroic undertaking in a lady, at the present day, doing the honors of the tea-table out of cups of the size and fashion of sixty years ago. Our American neighbours, who are very shrewd observers of cause and effect, begin to discover the pernicious effects of tea, and are exploding its use. In every day society, nothing is more common than to see a lady sit down to "breakfast," or "tea," so called, with a tumbler of cold water only as a beverage.

From my own experience I feel convinced, that when tea gets into disuse as a beverage (should it ever do so), that our lists of rheumatic and nervous patients will dwindle down to comparative insignificance.

Quebec, January 24, 1848.

#### ART. IV.—REPORT OF THE NIAGARA IMMIGRANT HOSPITAL.

By HENRY MELVILLE, M.D., Niagara.

In a number of the *British American Journal* which I saw casually at a friend's house the other day, I observed an article, under the editorial notices, requesting medical men in charge of Immigrant Hospitals to furnish you with the statistics of their several establishments. I venture to forward you the annexed statement, and hope you may find it to correspond with your views in the method of its arrangement. It gives an abstract of the reports furnished to the Government Immigration Agent during the time the hospital at this place was in existence.

Abstract Report of the Niagara Immigrant Hospital, opened June 16, 1847; closed December 30, 1847.

Total number admitted,	-	-	193
Discharged cured,	-	-	122
Sent to Toronto Hospital,	-	-	38
Died,	-	-	33
			—193

A large majority of the cases were fever, and the causes of death were as follow:—Fever, 16; Dysentery, 13; other causes, 4; total, 33.

N.B.—The ages in the majority of cases were mere guess work. One case marked as having died from exposure to the weather, was brought into the hospital at night, and the man died the following morning in a state of collapse. He was found in the field one very inclement morning, and no history could be obtained of the case prior to his discovery.

The dysentery almost invariably followed the fever, particularly in the latter months, September, October, and November.

In a great proportion of cases there was an eruption shewing itself early in the disease, more closely resembling that of an exanthematous fever. In a considerable number of cases purple petechial spots and bed sores occurred.—In two cases there was extensive sloughing;—in one of the throat, in the other the soles of the feet. Both cases recovered.

Cleanliness, stimulants, and, in a large proportion of cases, quinine or arsenic were used. Cold affusion was also extensively employed. Counter-irritants and vesication were beneficial in many cases, more particularly when there appeared to be local congestion of particular organs. In one case there was maniacal delirium.—In three cases death was very sudden, during the convalescent state. All the cases of fever were of a continued form, verging into the typhoid type; of a very aggravated form in many cases. The dysentery principally occurred during the convalescent stage from the fever; and we had about seventy cases of this disease; although I cannot speak with certainty as to this fact, as I did not keep a record of the cases as they occurred, but only of the fatal termination. We had two cases of phthisis—one left the hospital, the other died in it.

We had no convenience whatever for making post-mortem examinations—the wards being very crowded—there being no spare room in the hospital, and a strong prejudice existing against the practice among the patients. Unfortunately, therefore, I cannot give you any of the pathological appearances, but shall be delighted to see the results of the investigation of those more fortunately situated.

Niagara, January 8, 1848.

[We are in hopes that the publication of the foregoing, so promptly elicited by our request, will be the forerunner of others from similar institutions in the Province. The statistics of the diseases among the immigrants are capable

of elucidating many points of interest, more especially if care be taken to indicate the type of disease, and its comparative frequency at the different localities.—ED.]

ART. V.—1. Report of the Pennsylvania Hospital for the Insane, for the year 1847. By THOMAS S. KIRKBRIDE, M.D., Physician to the Institution. Philadelphia, 1848.

2. Report of the Eastern Asylum, in the city of Williamsburgh, Virginia, 1847. By JOHN M. GALT, Superintendent and Physician.

We have postponed our critical analysis of the operations of the American asylums until the present moment, under the expectation that we would have been in possession of the reports usually transmitted to us before now. Our examination must be restricted to the two which head this article, expressing, at the same time, our regret that our labour in this respect must necessarily be so limited.

1. In the Pennsylvania hospital, under the able management of Dr. Kirkbride, there were,

Admitted during the year, . . . . .	240
Remaining at last report, . . . . .	161
Total, . . . . .	401

Of the discharges during the year, were

Cured, . . . . .	111
Much improved, . . . . .	21
Improved, . . . . .	29
Stationary, . . . . .	23
Died, . . . . .	29 213

Remaining in Hospital, 188

Of the patients discharged cured, 52 were residents in the hospital not exceeding three months; 40 between three and six months; 15 between six and twelve months; and 4 for a period longer than one year. Of these cases, one was an inmate nearly six years, having been insane nearly eight years. This fact, above all others, exhibits the value of such institutions, and tends to demonstrate the necessity of caution in prognosticating unfavourable issues in such cases.

Since the establishment of the institution in 1841, 1176 patients have received treatment; and the report contains a series of valuable tables, indicative of points of interest connected with the cases. One of these tables, No. 9, is a peculiarly valuable one, as exhibiting the ages at which insanity first appeared in the number of cases given, and which, in consequence, we quote :

TABLE IX.—Showing the ages at which Insanity first appeared in 1176 patients.

	M.	F.	T.		M.	F.	T.
Under 10 years	1	—	1	Between 50 and 55	21	10	31
Between 10 and 15	11	7	18	" 55 and 60	11	21	32
" 15 and 20	70	54	124	" 60 and 65	12	9	21
" 20 and 25	152	92	244	" 65 and 70	2	1	3
" 25 and 30	125	105	230	" 70 and 75	4	1	15
" 30 and 35	91	65	156	" 75 and 80	1	—	1
" 35 and 40	71	48	119				
" 40 and 45	60	64	124		663	513	1176
" 45 and 50	31	36	67				

A considerable part of the report is occupied by details of domestic importance, and the moral treatment pursued in the establishment, of which the delivery of a course of lectures on history, natural history, and natural philosophy, constitutes a striking feature.

The expenses of the establishment may be gleaned from the following statement :

Salaries and wages of all kinds, . . . . .	\$13,787.34
Household expenses, . . . . .	14,792.74
Furniture, fuel, lights, &c., . . . . .	6,270.25
Farm, garden, grounds, live-stock, and carriages, . . . . .	1,875.25
Repairs and improvements, . . . . .	3,091.99
Medicine, . . . . .	559.32
Miscellaneous, . . . . .	437.69
Total expenditures, . . . . .	\$39,814.48
Nett receipts, . . . . .	34,247.40
Excess of expenditures, . . . . .	\$5,567.08
Average number of patients, . . . . .	185
" " free patients, . . . . .	39
Average cost per week of each patient, . . . . .	\$4.13
Amount expended in 1847 on free patients, . . . . .	\$8,375.64

2. This is the first report from the Eastern Asylum with which we have been favoured, and we are not able to give any information as to the length of time in which it has been in operation. The report extends over a period of only nine months, up to September, the reports from all the public institutions of Virginia being made to close on the 30th of that month, by a joint resolution of the general assembly of the common-wealth.

	M.	F.	T.
There were in the asylum, Jan. 1, 1848, . . . . .	82	58	140
Admitted to date of report, . . . . .	22	21	43
	104	79	183
Discharged recovered, . . . . .		19	
" " died, . . . . .		7	
		19	
Leaving in hospital, . . . . .		164	

The character of the diseases in the 183 cases is thus given :

General insanity, . . . . .	33
Partial insanity, . . . . .	45
Dementia, . . . . .	73
Moral insanity, . . . . .	32

For the purposes of uniformity, it is to be regretted that Dr. Galt has not classified his cases in the ordinary way, as mania, melancholia, monomania, &c. Unimportant as any individual report may, in itself, be, it must, nevertheless, be viewed as one of a connected chain of observations made of this disease over an extended tract of country, and a careful examination of the results of the whole must eventually prove eminently valuable. A short and methodic classification becomes thus of essential moment, as

tending to furnish most valuable results, in the only systematic way.

The expenses of this establishment during the nine months, may be thus stated from the treasurer's report :

Obtained from the treasury of the commonwealth,	\$18,750
“ from all other sources,	949.45
Balance in favour of Asylum, January 1,	3540.52
	\$23,239.97
Disbursements to September 30,	14,692.57
Leaving a balance to the credit of the Asylum of	\$8547.40

The annual expenses of the institution are estimated at \$25,000.

ART. VI.—1: *A Lecture Introductory to a course on Obstetrics and the Disease of Women and Children, in the University of New York, Session 1847-8.* By GUNNING S. BEDFORD, M. D., Professor, &c. &c. New York: 1847.

2. *Strictures on some of the Defects and Infirmities of Intellectual and Moral Character in Students of Medicine; an Introductory Lecture delivered in the University of Louisville, Nov. 1, 1847.* By DANIEL DRAKE, M. D., Professor of Pathology and Practice of Medicine. Louisville, Ky.: 1847.

1. We have seldom perused an introductory lecture which has given us more unqualified pleasure than this one. It is the emanation of a mind fully imbued with the importance of the peculiar branch which it is his privilege to teach, and sensible of the heavy responsibilities devolving upon the practitioner in this department of his profession, which are most appositely enforced. We are not surprised at the request of his class for its publication, and we are persuaded, that there are many whose diplomas have been long ago acquired, who might read it with advantage, and, moreover, profit by the wholesome lessons which it inculcates. We entirely agree with the learned professor, that “a diploma, without knowledge, is a curse to him who holds it;” and in numberless instances in which the practitioner is consulted in this particular line of his profession, the plain English of this knowledge would be more correctly expressed by the word “caution.” Dr. Bedford illustrates this position by the following most interesting and most instructive case:—

The question of the existence or non-existence of pregnancy is, under certain circumstances, one of the most embarrassing, which by any possibility can be presented to the judgment of the physician. On the one hand, a female, in the hope of gain, or urged on perhaps by some more malignant motive, charges the father of a family with having violated her person; and thus, with a view to successful plea, feigns pregnancy. Again, a female, who has strayed from the path of virtue, and who has become impregnated, anxious to conceal her own shame, applies to a practitioner, and endeavours to delude his judgment by requesting to be treated for the dropsy. In speaking of the difficulties with which the physician has to contend in arriving at a just opinion

on this subject, Van Swieten exclaims with great truth; “*Undique fraudes, undique sæpe insidiæ struuntur incautis.*” But occasionally, it will devolve on you, as practitioners of medicine, to shield innocence against the assaults of the base and wicked, and proclaim a triumphant acquittal of charges, which have been preferred by a reckless and cruel world.

I beg your indulgence, while I cite the following case, not altogether void of interest: Some time since I received a note, requesting me to visit without delay, a lady who was residing in the State of New Jersey, about thirty miles from this city. I immediately repaired to her residence; and, on my arrival, was received by her father, a venerable and accomplished gentleman. He seemed broken in spirit, and it was evident that grief had taken a deep hold of his frame. On being introduced into his daughter's room, my sympathies were at once awakened on beholding the wreck of beauty which was presented to my view. She was evidently labouring under phthisis, and it was manifest from her wasted frame, that death had claimed his victim. My presence did not seem to occasion the slightest disturbance, and with the smile of an angel playing on her countenance, she greeted me with these words: “Well, Doctor, I am glad to see you on my beloved father's account, for he will not believe that I cannot yet be restored to health. Life, however, has lost all its charms for me, and I long for the repose of the grave.” These words were spoken with extraordinary gentleness, but yet with an emphasis that at once gave me an insight into the character of this lovely woman. From her own lips I received the following history of her case. Her father was a clergyman of high standing in the English church, in which he continued until circumstances rendered it necessary for him to leave that country, and seek a residence in America. At a very early age she had lost her mother, and had been almost entirely educated by her father, whose talents and attainments admirably fitted him for this duty. When she had attained her eighteenth year, there was an attachment formed between her and a young barrister of great promise and respectability. This attachment resulted in a matrimonial engagement. Soon after the engagement, she began unaccountably to decline in health. There was considerable irregularity in her menstrual periods, with more or less constant nausea, loss of appetite, inability to sleep, feverishness, and an uncontrollable dislike to society. In additions to these symptoms, there was a marked change in her personal appearance; her abdomen became enlarged, her breasts increased in size, &c. These changes attracted the attention of some of her female acquaintance, and the rumor soon spread that they were the result of pregnancy. The barrister to whom she was affianced heard of these reports, and instead of being the first to stand forth as her protector, and draw near to his heart this lovely and injured girl, thus assuaging the intensity of grief with which she was overwhelmed, addressed a letter to her father, requesting to be released from his engagement. This was of course assented to without hesitation. The young lady, conscious of her own innocence, knowing better than any one else her own immaculate character, and relying on the mercy of Heaven to guide her in this her hour of trial, requested that a physician should be sent for, in order that the nature of her case might be fully ascertained. A medical man accordingly visited her; and, after an investigation of her symptoms, he informed the father that she was undoubtedly pregnant, and that means should be instantly taken to keep the unpleasant matter secret. The father, indignant at this cruel imputation against the honor of his child, spotted as he knew her to be, spurned the proposition, and immediately requested an additional consultation. This resulted in a confirmation of the opinion previously expressed, and the feelings of that father can be better appreciated than described. Without delay, that good man determined to resign his living, gather up his little property, and proceed with his daughter to America. On her passage to this country, she became extremely ill, and there being a physician on board the vessel, his advice was requested. After seeing the patient (she was labouring at the time under excessive vomiting from sea-sickness) he told the father that there was danger of premature delivery. Such, therefore, was the general appearance of this lady, that a medical man, merely judging from appearances, at once concluded she was pregnant. This was about the substance of what I learned respecting the previous history of this interesting and extraordinary woman; and my opinion was then requested as to the character of her malady. My feelings were very naturally much enlisted

in her behalf, and I proceeded with great caution in the investigation of her case. Without entering at this time into details as to the manner in which I conducted the examination, suffice it to say that, after a faithful and critical survey most minutely made in reference to every point, I stated in broad and unequivocal language that she was not pregnant. The only reply this gentle creature made on hearing my opinion was, "Doctor, you are right." These few words were full of meaning, and their import I could not but appreciate. They were uttered neither with an air of triumph, nor with a feeling of unkindness towards those who had so cruelly abused her. The father was soon made acquainted with the result of my examination, but he indicated not the slightest emotion. His bearing was quiet and dignified. It was evident that he had never faltered for one moment in the belief of his daughter's virtue, and required no assurance from me or any other living being, that his child had been shamefully wronged. He asked me with great solicitude whether something could not be done to restore her to health; and I thought the old man's heart would break when I told him that his daughter was in the last stage of consumption. I left him with the pledge that he would inform me of her dissolution, and afford an opportunity by a *post-mortem* examination, of testing the truth of my opinion.

About four weeks from this time, I received a note announcing the death of his daughter, and requesting that I would immediately hasten to the house, for the purpose of making the autopsy. Dr. Ostrom, now practising in Goshen, at my request accompanied me, and assisted in the examination. It may surprise you, but yet it is an interesting fact to communicate, for it exhibits the true character of the man, that during the *post-mortem* examination the father stood by and witnessed every stage of the operation; his form was erect, his face pale and thoughtful, and one tear would have broken the agony of his grief. As he stood before me, he was not unlike the stricken oak in the forest, which, though blasted and stripped of its branches, was yet upright and majestic. As I removed the tumor from the womb, he seized it convulsively, and exclaimed, "This is my trophy, and I will return with it to England, and it shall confound the traducers of my child."

Here, you perceive, both character and life were sacrificed by error of judgment on the part of those whose counsel had been invoked. Without a due appreciation of their responsibility—heedless, as it were, of the distressing consequences which must inevitably result from an erroneous judgment of a case, in which character was so deeply involved, the medical gentlemen, unjust to themselves, and to the profession of which they should have been in part the conservators, rashly pronounced an opinion which consigned to an early grave a pure and lovely being, and crushed the heart of a devoted and confiding parent. It was the misfortune of this young lady to labour under an affection of the womb, which simulated in several important particulars the condition of pregnancy: and whilst the world, in its ignorance, might have supposed that pregnancy did in fact exist, yet there was no excuse for the physician, guided as he should have been by the lights of science, and governed by the truths of sound morality. When I stated unequivocally to the lady that she was not pregnant, I gave an opinion which I knew would stand; my examination was conducted in a way which enabled me accurately to comprehend that the whole train of symptoms indicating gestation, was occasioned by an enlargement of the womb, altogether unconnected with pregnancy, and produced by the presence of a large fibrous tumor occupying the entire cavity of the uterus.

2. Dr. Drake's lecture is characterised for its good sense and the practical lessons which it inculcates. It contains a word in season, and a word of caution, to those who heard it, which may not easily be forgotten. Dividing the number of his class into eleven sections or groups, he addresses sound counsel to each. The first group comprises those who are distinguished for their learning, their genius, their moral temperament and their assiduity. These are cautioned not to relax their efforts, but to continue their onward progress in know-

ledge and scientific attainment. His second class are the three year students, who are strenuously enjoined to persevere in their course of study, nothing doubting the realization of their fondest hopes, if they weary not in their toil. The third comprise those who are advanced in life, who have practised their profession without having graduated. To them the necessity of acquiring the rudimentary knowledge of their profession is enjoined in plain and forcible terms. To this class is enjoined, "industry, courageous and tireless." A fourth class are those who have commenced the study of medicine without due preparation. The difficulties under which these labour are well portrayed, and their toils are enforced by the simile, "that it is not the bee which flies most fleetly from flower to flower, but the one which penetrates deepest, and remains longest in its nectared corolla, that stores its cells with honey." A fifth group comprises those who enter upon practice after attending a single course of lectures. The futility of expecting a high position in their profession, on the part of those, in consequence of their ignorance of *principles*, is well exposed. The sixth group are those who confine their attention to the *practical*, omitting, *in toto*, attention to the *theoretical*. This error is clearly and forcibly pointed out. The seventh group consist of those who have commenced the study of medicine, without possessing mental powers adequate to the undertaking. Of this class there are not a few, and the wholesome advice is tendered to them, to embrace some other walk of life to which their talents more peculiarly adapt them, and in which they may become respected members of society. An eighth group are those who lack punctuality; who come late to the lecture room, or leave it before the lecture is over; or from trifling causes lose a lecture, or even a day. This fault is not peculiar to the atmosphere of Louisville, and we therefore quote entire the author's remarks on this point.

An eighth group must now receive attention. It is made up of those who lack punctuality: who come late to the lecture room, or leave it before the lecture is over; or from trifling causes lose a lecture, or even a day. I might dwell on the obvious indecorum, of entering or leaving the room in such a manner, as to disturb the professor or divert the attention of the class; and urge, that as medicine is a polite and refined profession, all students should diligently cultivate good manners; but I can place punctuality and regular attendance, on much higher ground. The acquisition of science is by undeviating progress according to fixed laws. It may be slower or faster, but the law of continuity is still the same. Every step must be trodden. Every subsequent must have its antecedent. It is, in fact, a chain of cause and effect—of premises and conclusions—and nothing can be omitted without vitiating all that follows. You have heard of the wonders of the magnetic telegraph—swift as the lightning of heaven—unerring as the thunderbolt when it descends upon the proud spire of the doomed temple. But divide the conducting wire, and the silent messages which it was transmitting are annihilated: substitute for any part of it, an imperfect conductor of electricity, and the delivery of the message becomes slow, uncertain, and unsatisfactory. In the former, we have an emblem of

ignorance—in the latter, of error:—a proposition wanting, or a falsehood interposed between truths, which it cannot logically connect. Now the teacher, when faithful to his high calling, advances from fact to fact, from theorem to theorem, and every pupil should follow in his footsteps. But how can he do it, who is often absent? who enters the lecture room after a proposition has been discussed? or leaves it, while another is undergoing analysis? or absents himself for a day and then rejoins his fellow travellers on their march, quite ignorant of all they had passed through in his absence? In a certain sense he keeps in company, but is not in mental companionship, with his fellow students; and when he reaches the examination room, is either fatally ignorant, or encumbered with a confused burden of isolated truths, which he is unable to demonstrate; and of errors, which he cannot even intelligibly express.

The author's ninth group are those whose social feelings lead them into society, at the times which they should be devoting to study. The author handles this subject with becoming dexterity, and palpably lays bare the evils which attend the practice. His tenth and eleventh groups are the devotees of dissipation, in its different phases. To them admonition is given, with the single-heartedness of one who sincerely desires to turn them from the error of their ways.—The path of virtue, with its consequences, is depicted with a faithful hand, and the consequences of a departure from it portrayed with equally succinct fidelity. The lecture, on the whole, is an exceedingly creditable one to the much respected author, and demonstrates a closeness of observation, for which he became favorably known to the Canadian profession in a transitory passage through this province in the summer of 1847.

ART. VII.—*Remarks on the state of Education in the Province of Canada; being a reprint of two Articles which appeared in the British American Journal of Medical and Physical Science, for January and March, 1848. By "L." Montreal: J. C. Becket, 1848.*

The subject of this pamphlet constitutes the observations on education which primarily appeared as two original articles in the last volume of this journal. The matter being one of general importance, it has been deemed advisable to republish them in a separate and independent form, for general circulation; and the author, in acceding to the requests made to him with this object in view, has, we are certain, done much good. The work bears evidence of much reflection and commendable research; and as his labours were dictated by feelings of the purest philanthropy, we sincerely hope that the production will be read with kindred feeling; and the important subject of education be dealt with apart from all feelings of a party or political character, with which, above all others, it ought not to be tainted.

## PRACTICE OF MEDICINE AND PATHOLOGY.

*Physiological Action of the Iodide of Potassium.*—By M. M. BOYS DE LOUVRY & COSTILHES. (*Gaz. Med. de Paris.*) In an article on the therapeutic action of different medicines used at St. Lazare, in the treatment of Syphilis, these gentlemen remark that they have paid particular attention to the effects produced by this article, and that they occur in the following order:—

1. *Action on the Intestinal Canal.*—The first day, the dose being 0.75 gramme, (about 10 1-2 grs.) slight pain and heaviness in the large *cul-de sac* of the stomach: the pain is, however, not always present; the appetite is usually increased; it is remarkable how soon after the taking of the Iodide the desire for food arises.

The following days these symptoms diminish or disappear. The second day, the dose being 1.00 gramme, (upwards of 15 grs.) heaviness of the head, colic, and diarrhœa.

2. *On the Urinary Secretion.*—This is more abundant the first day, that is, the patient passes more than he drinks. This symptom is almost constant. The urine is clear and transparent—the patients urinate more by night than by day; sometimes, however, the urine is not increased. In larger doses, 2 to 3 grammes, the urine is sometimes increased in proportion to the increased dose of Iodide; sometimes it remains normal.

3. *Eruption.*—The most frequent is the pustule of acne, which shows itself from the end of the first to the second day. It most frequently occurs on the face; it does not usually last as long as the treatment, that is, it diminishes or disappears in 15 or 20 days. Ecthyma more rarely. Neither papular erythema nor purpura hemorrhagica were observed; in one case an eczema impetiginodes was seen.

4. *Pruritus* very seldom observed.

5. *Conjunctivitis.*—The conjunctiva was sometimes inflamed when the iodide was given in doses of 1 to 2 grms. Both conjunctivas may become inflamed. It principally occurred during the first days of the use of the medicine, and was characterised by general vascularity and chemosis.

6. *Menstruation.*—Although this medicine is spoken of by most authors as an emmenagogue, M. M. B. & C. often remarked a decrease in the quantity of the menstrual fluid. Once the discharge re-appeared a week after the menstrual period; but this may have been only a coincidence.

7. *Discharges* from the uterine cavity were not perceptibly increased.

8. As invariable and immediate effects, the authors never once missed seeing the decrease or suspension of the pains of the bones after the first or second day of treatment. No other antisyphilitic agent possesses so prompt and constant an action.

9. *Salivation.*—This is a rare symptom in women, it was only seen once. M. Ricord observed it more frequently, perhaps, because he gave the medicine in larger doses. The saliva remained thin, the mucous membrane of the mouth uninfamed and unaltered; the salivary glands not swollen—a true hypersecretion, without peculiar smell.

10. *Effects on the Circulation,* none.

11. *On the Respiration and Bronchi.*—Notwithstanding the number of cases submitted to the action of this medicine, the authors never observed any peculiar coryza, characterized by considerable increase of thin mucous secretion without any tendency to pass into a purulent state, nor of bronchitis with sputa which continue stationary, without attaining a purulent character.

12. *Accidents produced by the Iodide.*—The authors object to giving the Iodide in as large doses as some physicians administer it. M. Bichy relates two cases in which serious accidents were produced. In the first, the patient being benefitted by doses of  $\frac{1}{2}$  of a grain, gradually increased to 15 grains, thought by doubling the dose to double the advantage received. The three first days he suffered from general uneasiness and intense head ache; the fourth day he was affected in his lower limbs, his sight disturbed, and his hearing almost gone; on trying to walk, his legs gave way under him, and his arms had lost all power. Finally, having taken a few steps, he fell unconscious; on coming to himself, he remained in a state of languor and weakness, which did not disappear for several days after the suspension of the medicine. In the second case, death ensued; but it was doubtful if it could be attributed to the Iodide.

*On the use of Bromine in Hepatic Affections, &c.*—By Dr. ROBERT DICK.—There can be no doubt, that in some cases of hepatic derangement iodine affords relief; and the action of bromine considerably resembles that of iodine. A congestion both of the biliary and of the blood-vessels of the liver occasionally occurs without any obvious cause; the bile is scantily discharged; the volume of the liver is enlarged; and the whole abdomen, probably from a *remora* in the portal circulation, becomes tumid, as in incipient ascites. In these circumstances, an effect seemingly magical follows the use of iodine or bromine. The liver acts and subsides, and the belly rapidly resumes its ordinary size. Magendie's formulæ for the use of bromine are still as good as any, only the doses may be considerably larger than ordered by him. Bromide of potassium, ten grains; orange or cinnamon water, four or six ounces; dose, a dessert-spoonful twice or thrice a day. Or, bromide of iron, thirty-six grains; confection of roses, *q. s.* for fifty pills; two to be taken night and morning.

In dyspeptics with strumous habits, the above formulæ, the latter of them more particularly, will be found very useful. There is a form of dyspepsia which may be said to be characteristic of strumous subjects; it also is found in persons constitutionally prone to bronchitic attacks; and in both these classes of persons, the mucous membrane of the stomach has the same inflammatory dispositions with that of the trachea and bronchiae. It is remarkable, that so soon as abscesses form in the lungs, or purulent, expectoration begins, the irritability of the stomach disappears, appetite becomes lively and digestion vigorous.—*Lancet.*

*On Atropine in painful Affections of the Face.*—By W. P. BROOKES, Esq., M. D., M. R. C. S. E., Surgeon to the Cheltenham General Hospital.—A few weeks back I was called in to a lady in town, suffering from a severe cold, accompanied with a most intense and painful affection of the right side of the face, forehead, and around the orbit of the eye. The pain continued after all the symptoms of the cold had left her, and I could not allay it with warm fomentations, or other common remedies. I at last tried the application of an ointment, composed of atropine five grains, lard three drachms, with one drop of attar of roses; a piece the size of a pea to be applied three times a day. The pain was allayed after the second application by day, but at night returned with as much violence as before. The remedy was continued, and after two days all pain had ceased, and has not since returned. The effect of it was so marked, that I am inclined to think it will prove a most useful remedy in painful neuralgic affections.

I must also mention the marked effect it had on the pupils of the eye, in this case, after the second application of it; they were dilated to a great extent (much more than I ever saw from any other preparation of belladonna), and continued so for two or three days after it was discontinued. I have since tried it in the case of a man on whom I operated for cataract in both eyes. The one in the right eye was not perfectly depressed, and rose again, (he had also lippitude of the eyelids from a burn). Belladonna had but little effect on this eye (although it perfectly dilated the other.) but the ointment of atropine, three grains in two drachms, dilated it effectually. In a case of glaucoma I have now under treatment, belladonna will not increase the size of the pupil in either eye to any great extent, but the ointment does so satisfactorily.—(*Lancet.*)

## SURGERY.

*On Exostoses and their Treatment.* By M. ROUX.—Under the term exostoses, pathologists have confounded—1, simple, permanent, or chronic hypertrophy of the whole or a part only of a

bone; 2, osteosis, with a circumscribed swelling of the affected bone; such as is often observed in constitutional syphilis; 3, aneurismal tumours of bone; 4, sarcomatous swellings of bone; 5, degeneration of bone with tumours, denominated by Sir A. Cooper "fungous or medullary exostosis;" 6, tumours organized like the osseous tissue itself, elevated above the surface of the bone in the manner of the natural apophyses or in the form of large tubercles, produced from the external surface on which they appear to be implanted.

The term exostosis belongs properly to the latter. Exostoses generally occur singly, but occasionally more than one is met with in the same or in separate bones. Effusion into the bursa mucosa takes place over the exostoses, as in the following case:—

A man, aged 22 years, presented himself, in December last, 1813, with a hard, slightly-mammillated tumour, continuous with the femur at the posterior and inferior part, resembling a large apophysis at the commencement of the popliteal space. It scarcely raised the superimposed skin, although nearly as large as a child's thumb. On examining it carefully by separating the muscles between which it was placed, it was ascertained to be attached to the femur by a contracted base, a kind of thick pedicle. It was not congenital, but was first observed a few years previously, and after growing rapidly, it remained stationary for about eighteen months, or two years. Recently a new symptom had presented itself; a quantity of liquid formed between the projecting part of the tumour and the exterior soft parts. This liquid appeared to be contained in a small membranous point placed immediately over the osseous tumour, which had in consequence appeared to increase in size. This complication was no other than a small synovial collection, analogous to those which so frequently form over the patella, the olecranon, and the external malleolus, from slight contusions or habitual pressure, as shown by its having become rapidly absorbed after the continued application of a strong aqueous solution of hydrochlorate of ammonia. The patient was discharged after the absorption of the fluid, as its situation forbade the extirpation of the tumour.

[M. Roux gives a resumé of his memoir on the following conclusions.]

1. Among the different tumours of bones, there are some in which alone the name of exostosis should be applied, and which must be carefully distinguished from all those which have been comprised under this denomination.

2. Exostosis consists principally, like the bones, of a spongy or areolar tissue, with a thin rind of compact substance; or entirely of a compact tissue, very hard, and, as it were, eburnated.

3. An exostosis of this kind adheres to the bone upon which it is developed by a contracted base in the form of a short pedicle, and proportionally large to the size of the tumour.

4. After a time they cease to grow, and never exceed a certain degree of development.

5. Generally their definitive bulk is proportioned to the size of the bone upon which they are implanted.

6. Generally they have only a contiguous relation with the soft parts upon which they are situated; sometimes, however, they adhere to them.

7. They do not diminish in size, and they preserve indefinitely their primitive structure; at most their tissue acquires more density by time, the same as the bones do when they are forming.

8. According to the place they occupy, sometimes they constitute simply a deformity; at others they cause a greater or less impediment to the functions of the organs which they border upon; sometimes they prevent the accomplishment of these functions.

9. Ablation is almost always practicable. The exceptions are where their position is inaccessible.

10. In nearly all cases ablation is indicated, either to remove a great deformity, or to put an end to habitual suffering, or to re-establish the regularity of the functions of the parts.

11. In most cases it can be practised without previously exposing the tumour; and without difficulty.

12. But the operation is sometimes attended with injurious consequences, either on account of some peculiarity in the seat of the tumour, or in its relation to the neighbouring parts, or on account of a bad state of the patient's constitution; generally, however, it succeeds.

[Dupuytren does not distinguish these varieties of diseased bone, nor does he thus limit the application of the term exostosis, as will be seen by reference to his work just published by the Sydenham Society (p. 405). He gives five cases of exostosis on the ungual

phalanx of the great toe, and states that he has operated on as many as thirty similar cases. Previous to this time, the morbid growth in this situation has been usually mistaken for a wart, and mischievously treated as such by cauteries; or it has been mistaken for the nail growing under the skin. Dupuytren's sixth case in the same work appears to be one of very general hypertrophy of the bone; at all events, it could not be regarded as an exostosis, according to the definition above given by Roux; his ninth and last case is a very interesting one of "Exostosis on nearly all the bones" (p. 414.) of which class of cases he has seen many instances; he does not attribute them to a venereal taint, but to some irregularity of the nutritive process, "the cause and effect being probably associated, as it is in instances of similar excrescences growing from certain trees."—*Ranking's Abstract.*—*Condensed from the Revue Medico-Chirurg. de Paris.*

**A New Method for rapidly Uniting Wounds by the First Intention.**—By S. L. BIGELOW.—It is well known that common cotton, subjected for a certain length of time to the action of nitric and sulphuric acids, combined in stated proportions, is so changed in its intimate structure as to acquire an explosive property.

Professor Schonbein originally demonstrated this discovery, and ascertained the fact that prepared in a certain manner, this cotton is capable of solution in sulphuric ether.\* It is known in the community by a name acquired from its explosive quality—*gun cotton*. I learned the manner of preparing this cotton, and of dissolving it in ether, from Dr. Chas. T. Jackson, who remarked upon it and exhibited specimens before the Natural History Society, in Dec. 1846, or Jan. 1847. He enumerated various uses to which it might be applied—among others, for a brilliant varnish. For this use I soon after prepared a bottle, according to his directions. While engaged in employing it in this way, I accidentally smeared with it a fresh wound on my finger. The smarting called my attention to it and I endeavoured immediately to rub it off. It had dried, however, instantaneously, and remained on. The smarting very soon ceased, and when the film was removed, perfect union had taken place. Since this time I have been testing the efficacy of this preparation, as opportunities have occurred, as a dressing for wounds, especially those which it is desirable to unite rapidly, by first intention. It will be seen to possess, very eminently, all the requirements for producing such a union.

1st.—By its powerful contraction, upon evaporation, it places the edges of an incised wound in much more intimate contact than is obtained by sutures and adhesive cloth—unites them by equal pressure throughout the whole extent of the wound, and maintains them immovably fixed.

2nd.—It preserves the wound perfectly from contact with air—being impermeable to the atmosphere, while its adhesion to the skin is so intimate as to preclude the possibility of the air entering beneath its edges.

3rd.—The substance remaining in contact with the skin and wound after the evaporation of the ether, seems to be entirely inert so far as any irritating property is concerned, and this can hardly be said of any resinous adhesive cloth or preparation.

4th.—It does away with the necessity for sutures in incised wounds of almost any extent.

5th.—It is sure to remain in intimate contact with the skin until union is complete—and being quite impervious to water, and presenting a polished surface, it allows the surrounding parts to be washed without regard to the wound or dressing.

6th.—It is colourless and transparent, thus permitting the surgeon to witness all that goes on beneath, without involving the necessity for its removal.

7th.—No heat is necessary for its application, and the pre-

sence of any moderate degree of cold is only objectionable in retarding the evaporation of the ether.

8th.—It may be made at a trifling cost—an ounce phial, intrinsically worth little, being sufficient for a great number of dressings.

It is not incised wounds alone which are amenable to its use, though the mode of its application to a stump, or an ulcer, or any wound involving an extensive loss of skin, must be modified.

It is of the first importance that this preparation be properly made and applied. The process for the application is very simple.

For straight incisions of *whatever length*, provided the edges can be brought together without great difficulty, it is better to apply the solution in immediate contact with the skin—as follows. The bleeding should be arrested, and the skin thoroughly dried. If the lips of the wound are themselves in contact, the surgeon has only to apply a coating of the solution lengthwise over the approximated edges by means of a camel's hair pencil, leaving it untouched after the brush has once passed over it till it is dry, during, perhaps, ten or twenty seconds. This first film will of itself have confined the edges together; but in order to increase the firmness of the support, more must then be applied in the same manner, allowing it to extend on either side of the incision a half an inch or more. If, however, the wound gapes, an assistant is required to bring the edges in contact and retain them so whilst the application is made. If the incision is so long that the assistant cannot place the edges in apposition throughout the whole extent, begin by covering a small portion at the upper end, and apply the solution to the lower parts as fast as it becomes dry above.\* In this case something more than the film which is left adherent to the skin will be necessary for a safe and proper support to the wound, which may have a tendency to separate. The transparency of the dressing may be still maintained by adapting a piece of gold-beater's skin or oiled silk to the wound. This should be covered with the solution, and the membrane applied after the coating is on and already contracted. A dossil of lint, or a stripe of cloth, or even a piece of tissue paper which is thus rendered tough and water-proof, will answer the same purpose, though not transparent. Where there is much separation, it is better to fortify the wound in this way at once, and as fast as the first coating is applied and dry.

In dressing the wound left by the removal of the breast, the preparation may be applied in the same way. If, however, adhesion by first intention be not desired, the gum may be painted on in transverse strips, like adhesive cloth, letting the first strip dry and giving it the gold-beater's skin support before the second is applied. Thus room is left for the escape of pus, and the exposed portion may be watched without removing the strips.

As a dressing after the operation for hair-lip or cancer of the lip, where union by first intention and a narrow linear cicatrix are so desirable, this answers particularly well. The use of one or two sutures to the mucous surface is not obviated, as the solution will not adhere to the moist epithelium, or to a surface secreting mucus, with sufficient certainty. But this does not interfere at all with the satisfactory result upon the cuticle, as the skin will be probably united before the necessity for removing the sutures arrives.

In operations for the restoration of parts, as, for instance, the nose, where union by first intention is important, we have had no opportunity to see it applied, but from analogy

\* Having made a dog insensible with ether, I made an incision down the back where the hair had been removed by an old scald six or eight inches in length, and dressed it alone with the preparation, without a suture. The union was perfect the whole extent in about thirty hours, even in the old cicatrix.

\* It has been shown to be soluble in chloroform.

do not doubt that it would succeed perfectly, as it fulfils so entirely (many of the requirements for such union. The same of all plastic operations; and a drop placed upon a small cut, or the puncture of a sub-cutaneous operation, seals them hermetically.

In dressing an ulcer, where there is, of course, a loss of soft parts, it is better to apply it through the intervention of some medium. Let a strip of cloth or gold-beater's skin be cut of sufficient length, then let the two ends be covered thickly, an inch or more, with the solution. Apply this strip, like a strip of adhesive cloth, so that the middle of the cloth, where there is none of the solution, shall come over the ulcer. After all the strips are applied, the air may be excluded by painting the cloth upon the outside over the ulcer with the solution. The same contraction goes on in drying, and so approximates the edges of the ulcer, and gives it firm support.

These are a few points which may serve to illustrate the general plan of the application of the adhesive gum to wounds—it must be left to the surgeon to make special investigation, as particular cases may demand.

To anticipate an obvious objection: the momentary pain arising from the direct application of the ether to an incised surface, may be in a great measure prevented by the intimate apposition of the edges of the wound. Again, this stimulus is brief, and probably more than counteracted by the refrigerating influence of the evaporating ether. There are undoubtedly cases when such a stimulus would prove beneficial. It is even possible that the rapidity of the union which takes place under a coating of this gum, may be due, in part, to the influence of this stimulus.

I will allude, in a few words, to some of the surgical uses of the solution of gun cotton unconnected with the dressing of wounds. It may probably be applied instead of starch to a bandage enveloping a limb. Here, again, its power of contraction is a desideratum, as a snug casing is generally desired, and the force is exerted equally. Perhaps the limb may be immersed in the solution without the intervention of the bandage. Several coatings will here be required. Its use as a means of rendering pasteboard splints impervious to water has been suggested to me by Dr. H. J. Bigelow; and a hundred other applications may be made of it at the bedside by the surgeon, who knows its nature and qualities. The pathologist, with his abrasions thus protected, may enter the inflamed peritoneal cavity with impunity, or examine fearlessly the products of inoculate lesions. In dissection, hang-nails, sores, or abrasions of any kind, will be thus fully protected.

I am informed that a series of experiments are being now made at the Mass. General Hospital, by the surgeons in attendance, who will be soon able to test its value and range of application.—*Boston Medical and Surgical Jour.*

## MIDWIFERY.

*Abortion, and Menstruation during Pregnancy.*—(Mr. Whitehead, in a recent work on the Physiological and Morbid Conditions of the Uterus and their relations to the Treatment of Abortion and Sterility, when treating of Abortion, lays down the three following positions from the cases narrated:)

1. That what is commonly called ulceration of the cervix uteri may be the predisposing, as well as the immediately exciting cause of abortion.

2. That the purulent product of uterine ulceration, under some forms, at least, possesses virulent properties capable of producing disease in another individual, or in another part of the same individual by inoculation; and probably capable also, by being absorbed into the circulation of the

same person, of materially disordering the fluids, and of creating thereby a peculiar susceptibility to disease.

3. That the application of caustics to the uterus, and the employment of other active measures which I have heard practitioners object to during pregnancy, as likely to endanger the well-being of the offspring, may not only be safely administered, but that they constitute in fact one of the principal means of securing both mother and child from danger.

(In relation to menstruation during pregnancy, the following are his conclusions:)

1. That menstruation during pregnancy is, for the most part, perhaps always, associated with an abnormal condition, generally with ulcerative disease of the uterus, requiring at all times active remedial treatment.

2. That hemorrhage during pregnancy is not necessarily associated with an altered relation of the parts within the uterus, and, by timely care, need not interfere with the integrity of the ovum.

3. That menstruation, during the early periods of lactation, is not always natural menstruation, but that it is generally associated with morbid conditions which are amply adequate to the satisfactory explanation of the phenomenon; that secondary hemorrhage is, in the majority of instances, not owing to imperfect contraction, or atony of the uterine fibres; and that the discharge very probably proceeds, under these circumstances, not from the inner surface of the uterus, but from the diseased surfaces, situated upon parts external to the cavity of the organ.—*New York Journal of Medicine.*

*Auscultation in Labor.*—By A. H. McClinTock, M.D. (Dub. Quar. Jour. Aug., 1847.)—I shall now briefly sum up, in the form of aphorisms, the chief points of practical interest contained in the preceding memoir, first reminding the reader that upon each point I only speak with that degree of confidence which my personal experience and observation warrant.

1. Where the fetus is alive, the sounds of its heart may be always detected at some period of the labor, by any one of ordinary proficiency in obstetric auscultation.

2. The precise region of the abdomen in which the fetal heart is heard, affords auxiliary evidence of the position of the child *in utero*, but can never be relied on alone for determining this point, or supersede the necessity for vaginal examination.

3. In presentations of the lower extremities, whether it be breech, foot, or knee, the fetal heart is usually heard most distinctly in the vicinity of the umbilicus of the mother.

4. Conclusive auricular evidence of the existence of twins *in utero* is only to be drawn from inequality of the number of the beats of the two fetal hearts, and not merely from any difference as to their respective positions.

5. If, in the course of a tedious or difficult labor, the fetal cardiac sounds, from having been distinct and clear, gradually become feeble and obscure, and ultimately inaudible, even with every precaution against deception, under these circumstances, their absence is entitled to rank as positive evidence of the child's death; but without the previous successive examinations this conclusion would be destitute of any positive character.

6. In cases where ergot of rye has been given to hasten delivery, auscultation of the fetal heart is the only certain way by which we can know when the medicine is commencing to exert an injurious influence upon the child; consequently the stethoscopic indications are alone entitled to confidence for determining the exact time when the state of the fetus calls for and justifies interference.

7. In cases simulating rupture of the uterus, the persistence of the fetal heart's sound is a strong proof against the occurrence of the accident, and the more advanced the period

at which they are audible after the setting in of bad symptoms, the more conclusive is the evidence that rupture has not taken place; whilst on the other hand, the sudden cessation of the foetal pulsations, where they had been distinctly audible a short time previously, would strongly corroborate other existing symptoms of laceration of the uterus.

8. After an attack of puerperal convulsions in the seventh or eighth month of pregnancy, where labor has not immediately supervened, the prognosis should be very much regulated by the state of the foetus; for if it be proved by the stethoscope that the child is alive, we may venture to hope that gestation will go on undisturbed (unless the convulsions recur); whereas, if the child has been destroyed, its expulsion will take place, probably, in ten or fourteen days from the date of the convulsive attack.

9. No certain conclusion regarding the state of the foetus can be drawn from the characters of the placental soufflet.

10. In cases of flooding before delivery, observation of the placental bruit may supply useful diagnostic information, by pointing out the part of the uterus to which the after-birth is attached, and hereby showing whether the hemorrhage be accidental or unavoidable.

11. Auscultation of the heart in still-born children more accurately acquaints us with the state of the child's vital powers, than any other source of information, and is, therefore, well deserving of employment in all such cases.

## MATERIA MEDICA AND CHEMISTRY.

PROFESSOR BRANDE on the *Physiological Properties and Uses of the Vapours of Ether and Chloroform*.—At the evening meeting of the members of the Royal Institution on Friday the 28th January, Mr. Brande gave a lecture on the physiological properties and uses of the vapours of ether and chloroform. The theatre was completely filled before the hour of lecture, the novelty of the subject having proved a great source of attraction. The object of the lecturer was evidently that of suiting his remarks to a popular audience; hence, any detailed report of the lecture would be unsuited to our pages.

Mr. Brande commenced by calling attention to the production of alcohol from sugar by fermentation. Ether and chloroform were derived from the decomposition of alcohol, but by widely different processes; and, although the vapours of the two products resemble each other in the power of producing insensibility, they were entirely different in chemical properties. The process of making ether on Mitscherlich's plan was then demonstrated. A mixture of sulphuric acid and water was kept at a temperature from 282° to 302°, and alcohol was allowed to drop on it. The product obtained was called Ether, or, in common language, Sulphuric Ether. Unlike chloroform it had been long known to scientific men. It was first described by Valerius Cordus, in 1540, under the name of *Oleum vitrioli dulce*. The term Ether was applied to it 199 years afterwards by Erobentius, who described its properties in a paper published in the Philosophical Transactions.

It is a light volatile liquid, having, when highly rectified, a specific gravity of 0.716 at 68°. It is very inflammable, burning with a bright yellow flame, and producing, by combustion, water and carbonic acid. The liquid gives off a very heavy vapour, which may be easily poured from one vessel to another like a heavy visible gas. This was shown by placing a few drops in a test glass, and, after a few minutes, pouring the vapour into another vessel containing air. On applying a candle the vapour was kindled in the second vessel, and it was proved that it had entirely left the test-glass.

Chloroform was first made known to chemists, by Soubeiran, in 1831, and Liebig, in 1832. It is obtained by the distillation of alcohol with a solution of chloride of lime. When rectified and redistilled, it forms a very heavy colourless transparent liquid. Its boiling point is considerably higher than that of ether; its vapour is much more dense and is not inflammable. If the vapour be concentrated it extinguishes a lighted candle: if mixed

with air it causes the wick to burn with a smoky flame (carbon being separated by the chlorine); and at the same time muriatic acid is produced, a fact proved by suspending above the vessel a sheet of litmus paper, which becomes reddened during the combustion.

The lecturer then passed to a description of the narcotizing properties of these vapours—that of ether introduced by Mr Morton in 1846, and that of chloroform in 1847, by Dr. Simpson. The effects of ether-vapour were described according to the different stages laid down in the work of Dr. Snow. Our readers are well acquainted with them, and it is unnecessary to describe them. Chloroform vapour had an action analogous to that of ether: it was said to be more agreeable and less irritating to respire than ether vapour; but the lecturer ascribed the irritant properties occasionally observed in ether vapour to its admixture with alcohol. The coma might be carried to a most profound degree in the two cases; but in the use of chloroform, the insensibility is more suddenly and rapidly induced; and it more speedily disappears after the removal of the apparatus. It has been also observed that less fatigue and exhaustion have been produced.

A question had been raised whether sensibility was really annihilated under the influence of these vapours, or whether the patient did not suffer at the time, but had no recollection of the pain on his recovery. This was rather a metaphysical than a physiological part of the inquiry; and there were no facts by which the question could be solved. Some patients had undoubtedly a consciousness of the operation during its performance.

At this point of the lecture, a healthy Guinea-pig, which had been frequently chloroformed, was introduced, and placed under a large glass shade into which sixty drops of chloroform were poured. The animal continued active for several minutes, feeling probably only uncomfortable from his confinement and the want of fresh air. Suddenly he became apparently drowsy, and fell over in an insensible state. When the shade was removed, he was breathing slowly, and the body was laid in front of the table, under the expectation that in a few minutes he would recover himself, and resume his locomotive powers. After a short interval, there were convulsions of one of the hind legs; but no sign of life manifested itself, and on making inquiry after the lecture, it was stated that the patient was dead.

We may remark incidentally, that the death of the animal was probably to be ascribed to his having had an over-dose of the vapour. His body was, in fact, immersed in a dense atmosphere of the vapour, in which there was an insufficient mixture of air to sustain life.

The lecturer [concluded by remarking that under proper precautions, these vapours might be used with safety in surgical operations. Of the two, chloroform was the more perfectly adapted to the object of allaying insensibility; but at the same time it required greater care in its administration, for it was more dangerous than ether.

Numerous inhalers of various kinds were on the table: these it is unnecessary to describe.—*London Medical Gazette*.

*On the Effect of Coffee in Diminishing the Bitter Taste of Sulphate of Quinine.* By M. QUEVENNE.—Sulphate of quinine is less soluble in an infusion of coffee than in water: this is evidently the cause to which the property possessed by the former liquid, of masking the bitterness of the quinine, must be referred. Besides this the part remaining undissolved at the bottom of the vessel absorbs certain elements of the coffee (amongst others tannin and colouring matter), and becomes still less soluble, not only in an infusion of coffee, but also in pure water. With respect to the practical inferences to be drawn from these observations in a pharmaceutical point of view, it may be remarked that, besides the necessity already pointed out by M. Dorvault (*Repertoire de Pharmacie*, t. 3, Juin 1847), of not dissolving the salt of quinine previously in acidulated water, but of putting it in powder in the infusion of coffee, and taking it whilst in a state of suspension, it is better that the coffee should not be very warm when the sulphate of quinine is added, the solvent power of the liquid, and, consequently, the development of the bitter taste, increasing with the temperature. The coffee should not be employed too strong, as that would increase the tendency to the formation of tannate of quinine—a salt less soluble, and, consequently, less active than the sulphate. Nine grains of sulphate of quinine, added to an in-

fusion of two and a-half drachms of coffee, in three ounces of water, with sugar *ad libitum*, are suitable proportions.

As regards the effect produced on the activity of the sulphate of quinine, when thus mixed with coffee, these observations would naturally lead us to inquire how far this diminution of solubility could injure the effect of the medicine. It is evident that starting with this general principle, uncentrovertible both in physiology and chemistry, that the activity of bodies is increased in proportion as they are dissolved, or readily acted on by the liquids with which they come in contact; and remarking, on the other hand, what has been proved by actual experiment, that sulphate of quinine, dissolved in acidulated water, acts more promptly and energetically than when in a state of partial solution in pure water, or in pills, we must arrive at the conclusion that the manner of administration, of which we are now treating, is disadvantageous. But, at the same time, sulphate of quinine, being a medicine almost invariably very decided in its action, we believe, that in the majority of cases, notwithstanding the disadvantages resulting from its diminished solubility, this discovery will prove useful to invalids, by enabling them to take what to some is a disagreeable medicine, without perceiving the taste. Still, it is right that the physician should be acquainted with these disadvantages, that in obstinate cases he might either increase a little the dose, or rather have recourse to a more favourable mode of administration, namely solution of acidulated water.—*Journal de Pharmacie.*

### MEDICAL JURISPRUDENCE.

We copy from the *Western Lancet* the following instructive case. We perfectly agree with the editor of the *Western Lancet*, that M'Comas was convicted upon insufficient evidence; but, at the same time, we cannot forbear the reflection, that the case was one which could have been clearly and unequivocally determined by medical testimony, had the proper means been employed. It is one of those cases in which the value of the microscope, as adjuvant to the ends of justice, stands brightly forth; and we cannot avoid contrasting the case with a parallel one recorded in the *London and Edinburgh Monthly Journal* for April, 1814, permitting our readers to draw their own conclusions:—

The following case of supposed rape, affords a melancholy comment on the "glorious uncertainties of the law." It is clear, agreeably to the lights of modern medical jurisprudence, that the unfortunate man, who was the subject of the criminal prosecution, whatever may have been his vicious intentions, was convicted upon insufficient, and altogether irrelevant proof. The existence of inflammation, with suppuration, in the exterior genital organs of a girl nine years of age, the *hymen uninjured*, is a most unwarrantable ground of evidence by which to convict a man of the serious crime of rape.

*Remarks upon a Case of Rape, tried in the St. Louis Criminal Court.* By CHARLES W. STEVENS, M.D.—(*Missouri Med. and Surg. Jour.*)—MESSRS. EDITORS: We have heard much said about the uncertainty of medicine, and also of the "glorious uncertainty of the law." I propose to submit for publication in your valuable journal, a few remarks upon a case recently tried in the Criminal Court of this County, in which were involved some points of law and medicine, or legal medicine; and if I am not mistaken, your readers will perceive that here also there is uncertainty.

A young man by the name of M'Comas was charged with an attempt to violate the person of Mary Young, a child about nine years of age. The testimony went to show, that the prisoner, at two different times, had taken the girl upon his lap and raised her clothing. At one time this occurred in M'Comas's private room, and again when they were riding in a buggy. In both instances the girl sat sideways upon his lap. The mother discovered stains upon the drawers of the child, resembling those made by seminal fluid. She charged the daughter with having permitted some man to meddle with her. When threatened with chastisement, she gave the name of M'Comas. The mother examined the private parts, and found them inflamed, and discharging matter, the discharge still existing [a period of several weeks]. A respectable

medical gentleman of the city, was called to the case immediately after the disease was discovered by the mother. He examined the stains upon the clothing,—thought they might have been produced by seminal fluid; was not certain that such was the case; stains resembling them might be caused by other discharges; young girls were subject to diseases in which there were discharges from the genital organs; found the nymphæ and orifice of the vagina in a state of inflammation.

I was called to visit the girl about eight days after the gentleman above referred to. I did not see the clothing or the stains examined by the other physician; found the labia, nymphæ, and orifice of the vagina inflamed, accompanied by a muco-purulent discharge. Visited her again a few days after; found the parts still inflamed, and the discharge more abundant, and mixed with blood. Saw her again five weeks after my first visit; the inflammation had nearly subsided, but the discharge was still considerable, and somewhat bloody; found the hymen uninjured. The physician regularly employed by the prisoner, testified that he had not been called upon to prescribe for gonorrhœa. In the above, all the prominent or essential points of the testimony relating to the facts of the case, are fairly stated. The prisoner was sentenced to three years' confinement in the penitentiary.

Now, whether justice has been done the prisoner, in this instance, I am unable positively to say; but I was forcibly impressed with the truth of Sir Matthew Hale's remark upon this crime, when he says, "It is an accusation easy to be made, and harder to be proved, but harder to be defended by the party accused, though innocent." Taylor, in his excellent work on Medical Jurisprudence, says, "That for one real case of rape there are ten pretended cases." Our works on legal medicine abound with reports of cases, where persons have been unable to defend themselves against these charges, and have suffered, not only in the loss of reputation, but by imprisonment, and the severest penalties in the powers of the law to inflict, and yet, after developments or disclosures have shown them to be innocent.

The case of M'Comas was one in which but little positive testimony was adduced. It was one of those perplexing cases in which nearly all the witnesses, especially the medical witnesses, expressed their opinion with the greatest caution and reserve; and this of necessity, because unable to arrive at definite conclusions upon the subject. A prominent purpose on the part of the prosecution, after failing by positive testimony to prove connection or an attempt at the same, seemed to be, to convince the jury that the girl was affected with gonorrhœa; and it was upon this point the case hinged, as must have been apparent to all who attended the trial. In fact, I was so informed by one of the jurors after the decision. If it had been fully established that Mary Young was affected with this disease, the jury would certainly have had better reason to conclude that the prisoner had communicated the disease to her. The jury did not convict M'Comas because stains were found upon the drawers, resembling those made by seminal fluid, for the child had at this time a discharge from the vagina, that fully accounted for the stains; they did not find him guilty alone upon the testimony of the child, for she stated that she sat upon his lap sideways, and in no other manner. The jury must have reasoned in this way:—*The girl sat upon the lap of M'Comas; she afterwards was attacked with gonorrhœa; therefore, he attempted to commit a rape upon her, and the charge is sustained.*—Now, leaving out of view the fate of the prisoner, as well as the justice or injustice of the verdict, let us ask the question, can any physician, in a case like this, guided by the best lights in the profession, determine with such certainty as to enable him to testify in a court of justice, whether the disease be *gonorrhœa* or *vaginal catarrh*, of some writers, or the *muco-purulent discharge* which young girls are subject to from a variety of causes?

*Trial of John Hamilton for Assault, with intent to Ravish.—Tests for the Seminal Fluid.*

In the High Court of Justiciary, at Edinburgh, on Monday, 27th November, 1813, John Hamilton was tried for the alternative crimes of assault, with intent to ravish Elizabeth Braidwood, a child under the age of puberty, and to the grievous and severe injury of her person; or, of using lewd and indecent practices towards the child, to the grievous and severe injury of her person.

The injury here libelled on consisted in the communication of gonorrhœa, with which the prisoner was affected at the time of the alleged offence.

The proof led was of the most distressing character (the age of the injured child not exceeding seven years), and completely established the commission of the crime (which had been repeated on several occasions), as well as the communication of the disease. The medical reports are subjoined.

*Report by Messrs. John and Henry Duncan Spens Goodsir.*

"Edinburgh University Anatomical Museum, 9th September, 1843.—Having been requested to examine certain stains or spots on some shirts, a shift, a sheet, towel, and apron, in possession of the police, and to pronounce, if possible, as to their nature, I have to report, that, after careful investigation, I have arrived at the following results:

"1st, On a shift, labelled as belonging to a girl named Braidwood, and on two coloured shirts, labelled as having been taken from the house of John Hamilton, I observed large spots or stains of a yellow colour, entirely resembling the stains produced by purulent discharges from the genitals.

"2d, On the girl's shift, and on a white shirt, two coloured shirts, a coarse towel, a sheet, and a small white apron, taken from the house of John Hamilton, I observed spots characterised by their faint colour, but particularly by their stiffness, as if they had been produced by starching. On the girl's shift, which was much stained by yellow matter, the stiff spots could only be detected by the feel, but that very distinctly. These stiff spots resembled, in all respects, those produced by seminal discharges.

"3d, When one of the stiff spots had been cut from the girl's shift, and another from the towel taken from John Hamilton's house, and had been steeped in separate portions of cold distilled water for some hours, they emitted a strong characteristic odour of seminal fluid.

"4th, When the two portions of muddy water, in which the two pieces of linen had been steeped, were examined microscopically, seminal animalcules, or spermatozoa, were detected. The majority of them were mutilated—the greater part of the tail being generally broken off, and the head not so plump as in the living state; but perfect specimens were also detected, differing in no respect, or in the minutest detail, from the living animalcules, except in the want of motion.

"5th, I conclude, therefore, from the evidence afforded by the facts just stated, that the stiff spots or stains on the girl's shift, and on the man's shirts, towels, &c., were produced by the seminal fluid of a man.

(Signed)

"JOHN GOODSIR, Surgeon and Conservator of Anatomical Museum of University of Edinburgh, 21, Lothian Street, Edinburgh.

HENRY D. S. GOODSIR, Surgeon and Conservator of the Royal College of Surgeons of Edinburgh, residing with Mr. John Goodsir, Surgeon, 21, Lothian Street, Edinburgh."

*Certificate by Dr. James Yarrall, Professor of Midwifery.*

"I hereby certify, on soul and conscience, that I have, within the last eight days, examined, on three different occasions, John Hamilton, at present a prisoner in the lock-up house. By these examinations I have satisfied myself that Hamilton has a discharge from the urethra which has the usual characters of gonorrhœa in its latter stages. Further, I have had an opportunity of seeing some of the seminal animalcules, obtained from the clothes worn by the girl, who accuses him of having attempted sexual connexion with her. These animalcules are decisive of the spot or spots on the shift, from which they were taken, being stained by male semen. On this subject, however, I enclose the opinions of the Messrs. Goodsir, two of the best microscopists in Scotland, and whose observations on such a subject as the present may be most implicitly relied upon.

(Signed)

"J. Y. SIMPSON, M.D., Professor of Midwifery.

"Edinburgh, 10th September, 1843."

The jury found the prisoner guilty of the graver crime, that of assault, with the intent to ravish, and other aggravations, as laid in the indictment; whereupon he was sentenced to be transported for fourteen years.

[The report by the Messrs. Goodsir, and accompanying certificate of Dr. Simpson, are of great interest, as indicating the satisfactory mode of ascertaining the presence of seminal fluid on linen some time after its being deposited. After an interval of weeks, and even months, the same method of inquiry has proved successful in other cases.]

## MISCELLANEOUS.

### MISCELLANEOUS GENERAL AND MEDICAL INTELLIGENCE.

*Poisoning by Macc.*—A case was lately recorded by Dr. Watson in the Provincial Journal. The quantity taken was about a teaspoonful. In the course of an hour pain was felt at vertex, with slight nausea. In three hours more giddiness was superadded; cold shivering succeeded, attended by excessive heats; sensation of blood flowing violently to the head, with feeling of intense pressure. Some brandy was administered, and the patient felt as if violently galvanized. Mind unclouded, conscious of danger, although not apprehensive of it. Pulse varied from 70 to 100. There was great præcordial anxiety. When seen by two physicians the feet were cold, head throbbled, eyes injected, countenance peculiar, and "the words employed to express his sensations seemed selected for their merit of being the opposite of what should have been used." Temporalis pulsed strongly for several hours. The intellectual disturbance continued for three days. Emetics were exhibited, with stimulants after. The effects produced can only be attributable to the essential oil, constituting, according to James, 1-18th of the oil obtainable by expression.—The influenza is very prevalent at Strasbourg, attended with great mortality. Bronchitis and pneumonia were its most common sequela.—The deaths from cholera at Constantinople were from 14 to 22 per cent. daily. 3d December last, cramps were not a common symptom. The axillary temperature was often 97° to 99°. Death commonly occurred in from 2 to 12 hours after the attack. Information to January 17 states, that, owing to the cold, it had ceased in the provinces around the Caspian; it existed, however, in Moscow, Mohilev, and Witfisk, but the cases were mild. Intelligence from Aleppo (18th Dec.), states that it had appeared at Beregik, on the Euphrates, causing 10 to 15 deaths daily. On the whole, the accounts were favourable; the wintry weather having caused a subsidence in the number of cases, and their severity.—The *Gazette Medicale* states, that a woman at Niederheim, in labour, sent for her physician. For particular reasons, he ordered his servant to bleed her, after which she sank and died. The parish curate, called to administer the consolations of religion, finding her dead, performed the Cæsarian section, with a common table knife, and extracted a child which lived long enough to be baptized. The servant was prosecuted for illegal practice, while it was held no offence in law, for any person not licensed to practise, to perform the Cæsarian operation on a female recently after death.—In consequence of the prevalence of poisoning by arsenic, it has been proposed in France to colour it with Prussian blue, and to mix with it a small quantity of nux vomica.—A writer in the *London Medical Gazette*, states the number of deaths among medical men in Ireland (about 2600), for the four years preceding 1847, was 252, forming an average of 62 per annum. Of these 252, 76 died from fever, forming an average of 19 per annum. Last year 191 died, of whom 123 were from fever alone—a rate of about 1 to every 14 of the profession.—The *London Medical Gazette* (March 3), complains (and not without cause) of the enactments of Lord Morpeth's Health of Towns Bill. In a measure of that kind one would naturally have supposed, that the chief appointments would have been held by medical men, whose education particularly qualifies them for such duties; but there is not the slightest likelihood of such being the case. On the contrary, engineers, and surveyors, and *id genus omne*, are the men who stand the greatest chance of receiving the official stations. In sanitary questions, they must have recourse to the profession again; and thus is the knowledge of its members filched away. It is time that the profession should be stirring for its own interest in these matters, and more deference will be paid to it, when the information which it is capable of furnishing is not so readily yielded. The *Gazette* remarks, that "there is no guarantee that the General Board will contain even one member of the profession, and engineers, surveyors, and town clerks, are likely to take the place of medical men in the subordinate appointments."—An arrangement has been recently entered into between the English licensing bodies for a medical reform Bill. It is intended, 1st, That there shall be a Council for the general controul of medical education and practice. 2d, That two-thirds of this Council should consist of registered members of the profession. 3d,

Names of all licensed to be enregistered; a small fee for those already licensed; five pounds for those to be afterwards licensed. 4th, The registration to be annually renewed without additional fee. 5th, The Register to be a legal evidence of right to practise. 6th, The Apothecaries' Company to be abolished, and a Royal College of General Practitioners substituted. 7th, That those persons at present licensed to practise shall be registered as general practitioners, whose names are enrolled within the first year, but afterwards no person to be enrolled unless he has fulfilled certain conditions of education, and has been examined by, and has received a license from, the Royal College of General Practitioners, and the Royal College of Surgeons. 8th, That the Fellows or Members of the College of Surgeons may be registered as Surgeons, but after the passing of the Act, all who become members of the College to undergo examination by the College of General Practitioners, and be registered as General Practitioners. 9th, Those only to be registered as Physicians, who have been admitted members of the Royal College of General Practitioners, according to the terms of a new charter now in preparation. The proposal appears to give general satisfaction in England; but the co-operation of the Irish and Scottish Colleges has not been ascertained.—Orfila has been arbitrarily suspended by the Provisional Government of France, from his office of Dean of the Faculty of Medicine of Paris, and M. Bouillaud has been appointed in his stead. It is a matter of surprise to us that political rancour will find its victims even in official stations in the medical profession, and sacrifice a world-spread reputation on the altar of party feeling. Considering the cause of his dismissal, and the reputation of the man himself, we are astonished, that one was found so readily to fill his place.—Skeletons of men and animals, in a fine state of preservation, have been discovered in the marshes of Scania, Sweden. Arms, instruments for sport, and utensils, have been found near them, all of stone, indicative of an utter ignorance of metals among the people. They belong to a primitive race, traditions of whom exist in the north of Europe. Dr. Lilliewalch, the discoverer, has placed his discoveries at the disposition of the Minister of Public Instruction in France.—Twenty-five dollars, with board, have been offered at New York, for nurses to attend patients with ship-fever.—A man lives in Catskill, N. Y., who has been tapped 108 times for dropsy, and has had 2,592 pounds of water taken from him. In other respects his health appears to be good.—A fatal case of the use of chloroform occurred in Cincinnati, Ohio. A Mrs. Simmons inhaled the vapour before an operation on her teeth. Death occurred within five minutes. The patient was put, in accordance with Dr. Simpson's suggestion, as speedily as possible under its influence, to which Dr. Murray, who reports the case in the Boston Journal, refers the fatal issue.—Dr. Sabin, of Williamstown, Massachusetts, has administered successfully the vapour of chloroform in a case of convulsions in an infant aged 5 months. The effect was markedly beneficial.—The *Boston Medical Journal*, April 5, contains a nice article, headed "Abettors of Quackery." Certain parties, who were lately alluded to in this Journal, are most respectfully directed to it.—An infirmity for sick children has existed for several years in Boston, founded and supported by Amos Lawrence, Esq. All the expenses, amounting to about \$5000 annually, are defrayed by the liberal and Christian founder.—Dr. J. F. Holton has been appointed Professor of Botany to the New York College of Pharmacy. This is the first professorship of that branch instituted in the United States.—A Russian paper states that in Moscow a lady now lives who has attained the age of 168 years, and who was married to her fifth husband in her 121st year.—Died at Colourg, on the 15th March, Thomas York, aged 105 years. York was well known in this city as a faithful servant.—A young man in New Bedford inhaled the chloroform for amusement. Convulsions supervened, lasting 16 hours. A student of medicine in Baltimore, from the same cause, became insensible, and remained so for one hour and a half. At the Baltimore Almshouse it was recently given to a patient furiously maniacal; in a minute he was calmed.—The British ship *Emigrant* arrived at the Quarantine, New York, the other day. 16 of the passengers and 2 of the crew died of fever on the passage; and 4 of the crew and 130 passengers were taken sick to the hospital. 3,103 more immigrants have arrived at New York during January and February this year, than during the same period last year.—A weaver in Scotland, who forged a diploma, and, under its authority, visited a patient, and received

a fee, has been condemned to 9 months' imprisonment.—Mary Anne Hunt, the convict for murder, whose pregnancy was denied by a Jury of Matrons, but confirmed by a medical commission, has been recently delivered of a female infant. The sentence has been commuted to transportation.—*Decline of Homœopathy in England*.—The following resolution was recently adopted by the committee of the Homœopathic Hospital, "That taking a review of the present position of the English Homœopathic Association, in relation to the means possessed for carrying on an hospital in connexion therewith, the committee deem it necessary to declare their opinion, that for the present the action of the Hospital shall cease."—Dr. King, in the *New York Analyst* (March 15), reports the successful treatment of a case of poisoning from the bite of a "copper head" snake, by means of indigo. It was employed externally dissolved in water, and internally in half drachm doses every two hours. The effect was marked and rapid. This remedy is also proposed as a remedy for the bite of the adder, and in stings of the bee and musquito.—*Remarkable Phenomenon*.—The water in the Niagara River, at the village of Black Rock, fell, during the night of March 3, 1848, three feet lower, than was ever before noticed. At the Falls the waterfall retired to a considerable extent towards the centre, so that the Table Rock was left dry sufficiently to enable those who had the good fortune to be in the vicinity, to go as far across the river above as to be directly over the tremendous fall. A pole was planted in the centre of the Horse-shoe fall. Off the old Chippewa fort, and about 100 feet below low water mark, a gas spring was discovered in the bed of the Niagara River. The gas conducted into a gun-barrel was ignited. Several bayonets, muskets and swords, &c., were picked up. The cause is attributed to the accumulation of ice at the ingress of the river from Lake Erie closing for a time the inlet. These events occurred about midnight. There was but slight wind, and its direction was E.N.E.—*Population of Hamilton, C.W.*—The returns have just been made; and the population is returned at 9,990. The last census was taken in July, 1846. The present return exhibits an increase of 3,158, in the short space of 1 year and 9 months.—*A New System of Practice*.—The *St. Louis Medical and Surgical Journal* for November states, that in Arkansas there is a man who practises medicine on a system which he calls the *te-to-tun* system. He uses an instrument having eight sides, similar to the toy of the same name used by children. On each side of the octagon is a letter of the alphabet, corresponding with a precise indication; e. g., V for vomit, G for glisten, P for purge, C for calomel, and so on. When called to see a patient, the sage takes his instrument, and, without examining pulse or tongue, or asking a question, spins it before the patient, and administers according to its revelations. His success is great, and his reputation unbounded, so much so, as to throw in the shade Thompsonianism, Homœopathy, Hydropathy, and the Urimasopists. What the next humbug may be, time will tell.—Dr. Jones, of St. Louis, Missouri, in the *Western Journal of Medicine and Surgery*, April, 1848, announces the *Datura Stramonium* as possessing emmenagogue powers. He prescribes a tincture of the seeds prepared by digesting for ten days four ounces of the seeds in a pint of proof spirit, the dose of which is 20 drops, three times a day; adding a drop extra each day, until dizziness, vertigo, or the *catamenia* appeared.—The Medical School attached to Wiloughby University, at Columbus, Ohio, has received from a Mr. Lyne Starling, the munificent donation of \$30,000, two-thirds of which are to be spent in the erection of a College edifice, and the remainder to found an hospital for clinical instruction. The School is to be henceforth called the Starling Medical College.—An itinerant woman, thirsting for fame and filthy lucre, is endeavouring to get up a "female" College of Midwives in Boston.—There died at Wexford, C.W., Mr. Daniel Aiken, aged 120 years. This patriarch was married 7 times, and had 570 grand and great grand children; 370 of whom were boys and 200 girls.—Aldehyde is proposed by some French physicians as an anæsthetic agent instead of chloroform. Its advantage is stated to reside in its cheapness, but its powers are not so certain as those of chloroform. It is prepared by distilling alcohol from sulphuric acid and the peroxide of manganese.

THE  
British American Journal.

MONTREAL, MAY 1, 1848.

The "*British Colonist*" Again.—It is the characteristic of a mind, even slightly imbued with a principle of honor, to acknowledge an error when it has been pointed out to it, especially when that error involves the reputation of others. The mere sense of justice, innate in every properly constituted mind, naturally prompts to such a course, inducing it to make reparation for the injury which it may have either unwittingly or unadvisedly inflicted. Such a procedure, and under such circumstances, is honourable and manly, but, above all, is in strict accordance with a person's moral obligation to his neighbour. An opposite course of conduct, while it betrays a deficiency of upright principle, indicates also an obliquity of morals and feeling which would debase everything to its own grovelling level, and proscribe every attempt at excellence. Among those who have selected the latter course of action, we are constrained to place the *British Colonist*, of Toronto, and not without too substantial reason. In its issue of November 2, ult., it indulged in a wanton calumny against the reputation of the University of McGill College, in this city, which we felt ourselves called upon to repel in our number of 1st December, denying, *in toto*, the assertions upon which the calumny was based, and at the time indicating the fallacies of the *Colonist*. The imputation went forth, and the error was pointed out; and we ask, has the *Colonist* had the candour to retract even one word of its injurious imputations against the university? No. But, with a degree of ignorance of medical matters of no ordinary kind for a paper which professes to know so much about them, and which, moreover, its vanity prevents it from endeavouring to understand thoroughly, the original imputation is, in its issue of 21st instant, again repeated, and the insinuation is levelled through Dr. Workman, one of its graduates, with the doubly malignant intent of inflicting a personal and professional injury on that gentleman, and of attempting *again* to disparage, through him, the degrees of the university. The one or the other of such objects is unworthy of any press professing to the slightest degree of respectability, and is, in our opinion, a perfect prostitution of its high prerogative.

It appears that Dr. Workman, in his capacity of chairman of the Toronto Board of Health, had occasion to correct certain mistatements made by the Toronto

*Examiner*, in relation to the condition of the patients in the emigrant hospital last summer, based upon the hospital return, published at the same time, and which we intend to copy in our ensuing number. Dr. Workman took the occasion to disavow the slightest intention on his part to reflect on the management of the preceding chairman of the board, a construction which the two journals referred to placed upon certain parts of his letter. Among the *Colonist's* editorial comments on Dr. W.'s letter, we find the following: "That it was expected of the Board of Health to interfere with the plan of treatment adopted by the medical officers in the hospital, is a chimera of Dr. W.'s creation; and we no more entertained the idea than we supposed it likely that the medical officers in question would yield their judgment to the Board of Health, even though the latter might be supposed to be influenced by a doctor of medicine hailing from McGill College before the passing of the 'act of the provincial parliament, in 1847, to incorporate the members of the medical profession in Lower Canada, and to regulate the study of physic and surgery therein.' The rush to Montreal for medical diplomas has considerably abated since the passing of that act," &c. &c.

The motive which has induced the *British Colonist* to persevere in this system of detraction, is to us a perfect mystery. On perusing this additional attack on the reputation of the university, the reflections to which a moment ago we have given expression, forced themselves on our mind; and as we think few will dissent from them, the inference is legitimate, that the opinion entertained by such a party of the value of the degrees of the college, will be matter of perfect indifference to every right thinking person; and we are equally persuaded, as far as Dr. Workman is concerned, that that gentleman's character, founded on his professional and literary acquirements, of which we have a personal knowledge, neither can nor will be influenced by any remarks emanating from such a source, and whose malignity is so transparent.

But we have again a word to say with reference to the alleged facts of the *Colonist*; and our statement will be comprised in as short a space as possible. 1st, The University of McGill College has no connection whatever with the College of Physicians and Surgeons established by the Provincial Act of 1847. 2d, The two bodies are independent the one of the other. 3d, The course of medical education prescribed by the University and the College is as nearly as possible the same. 4th, The rush to Montreal of Upper Canadian students has *not* abated since the passing of the Act alluded to, the number of such gentlemen in attendance at the session just concluded being above the average. And 5th, The McGill College degree pos-

esses a value and an influence equal with that of any on this continent, and of most of the Universities of Great Britain; and so long as the University is guided by the same principles which have hitherto characterised it, and from which we perceive no dereliction, its degrees will continue to enjoy the same value and the same influence, long after their slanderer has been buried in his kindred dust. We place the foregoing facts in opposition to the assertions of the *Colonist*, and we permit it to digest them as best it may.

The *Colonist* may be a very excellent, or a very indifferent, political paper, for aught we either know or care; but the wisest as well as the most ignorant may still learn something. *Ne sutor ultra crepidam* contains a germ of wisdom of great practical value, which we particularly commend to its careful attention; but if, peradventure, with even its slender acquaintance with medical matters, it still desires to turn medical reformer, let it commence its operations at home, and it will find something congenial to its taste, and not beyond its comprehension, in the closing paragraph of our article addressed to it in our December number, and upon which it has as yet maintained a significant silence.

◀ *The Incorporated School of Medicine, Quebec.*—By an unintentional oversight, for which we tender our apology, we omitted in our last to draw attention to the opening course of lectures at this institution. As a surgical school, it stands unequalled on this continent, in consequence of the splendid facilities for studying that branch of the profession afforded at the Marine Hospital, in which a large proportion of the cases admitted during the summer season are of this class—a circumstance due to the immense concourse of seamen to the port during that period of the year.

The circular of the school, which we have lately received, announces that the Marine Hospital contains 250 beds; that during the season about 1500 cases are admitted, of which from 400 to 500 are the most instructive and important surgical kind. During the summer of 1846, there were admitted 72 cases of fractures, among which were, fracture of the thigh, 10; of the leg, 16; of the pelvis, 2; of the skull 13, and of other minor descriptions, 31. The operations performed during that season were those of amputation, lithotomy, hernia, trephine, ligatures of arteries, removal of head of the humerus, and of various tumours, &c. Besides which, clinical instruction is given, and access afforded to a library of the best standard works.

As far as this Province is now concerned, students of medicine have no lack of means of professional information, and they ought not to slight them. We earnestly call their attention, as well as that of medical men generally, having the control of their studies, to the facilities afforded in our sister city; and we do not think we exaggerate in the least in stating, that between the schools of Montreal and Quebec, a means is afforded to students of acquiring a practical knowledge of their profession, both medical and surgical, which is unequalled on this continent, bidding fair for successful competition

with those of any of the most favoured cities of the American Union.

*Meeting of the College of Physicians and Surgeons.*—On the 9th of this month, the corporation of the College of Physicians and Surgeons of Lower Canada will assemble for the purpose of adopting a code of by-laws for its government. These by-laws having been duly considered by the Montreal and Quebec committees, appointed at the last meeting of the Board of Governors, have been printed, and copies distributed to every member. As we have every reason to know that the committees were actuated, in the work with which they were entrusted, by a spirit of the utmost liberality, it is not too much to hope that their proceedings will be met with a kindred sentiment; and that the members, in any amendments which they may deem it advisable to suggest, will be animated by one desire only, the furtherance of the best interests of that institution whose conservators they are, and should be. The present is the time for concert of action. The business of the corporation cannot be carried on without by-laws, and the establishment of such a code is a matter of intrinsic importance. Whatever may be the opinions entertained of the legal constitution of the present Board of Governors, and opinions on this point are openly expressed, is a question which ought to have no influence whatever upon the passing of the code of by-laws. They are two separate and independent questions, bearing not the slightest connection the one with the other. We sincerely trust that the meeting will be characterized by unanimity, and that there will be a total absence of all factious proceedings. We believe that a large number of physicians will leave this city for the meeting; and, entertaining the idea of the supreme importance of the proceedings to the profession generally, we trust that there will be a large afflux of members from all parts of the Province. Ignorant of the extent to which the proposed code of by-laws may be amended, we consider their publication at present a sacrifice of space in our columns. We may observe, however, that it is intended to throw the college open for the period of six months, for the enregistration of every member of the profession who may desire to be incorporated; but that after that period new members will have to submit to certain forms proposed under the circumstances. In our next issue we will publish the proceedings at the meeting, and the code as it may be amended.

*Montreal General Hospital.*—The late Chief Justice Reid, one of the warmest and oldest friends of this institution, bequeathed a large sum of money, sufficient for the building of another wing to the hospital, to be erected after the decease of his widow. This lady, largely partaking of the liberality which prompted the act of her lamented husband, has determined upon its immediate erection, and has already ordered the necessary preparatory excavation. This additional structure will in all probability be completed this summer, and will be designated the "Reid wing," as the other has been the "Richardson wing." This valuable institution, one of the finest hospitals on this continent, has been singularly favoured within the last few years. The

late Dr. Skakel, bequeathed a valuable property to it in reversion, estimated at about £3000 in value.

*Convocation at McGill College.*—A convocation, for the purpose of graduation in the Faculty of Medicine, will be held on the 5th instant, at 3 o'clock, P. M. A number of gentlemen will be admitted to the doctorate on the occasion. It is proper to notice that every graduate of the university, of four years' standing, is a member of the convocation, and has a deliberative voice in the proceedings of the day.

*Action for Practising without License.*—A case of this nature, viz., the College of Physicians and Surgeons of Lower Canada, vs. T. Hooker, was tried last week before Messrs. Amiot and Lacroix, Justices of the Peace; and the party was fined £5 for each of the two offences committed against the provisions of the act, on two separate days. We will give the particulars in our next. In the meantime we may notice, that Messrs. T. Hooker and Co. have been practising as Herbalists for several years in this city.

#### SHEETS FROM MY PORTFOLIO.

By A. VON IFFLAND, Esq., M. D.

Upwards of twenty-five years have now elapsed since I published, through the few fleeting periodicals of the time, several articles upon the state of the medical profession in this province (L. C.) These observations, however, had more especial reference to the cities and towns, than to the rural districts; as then, but very few of the country parishes enjoyed the advantage of qualified resident medical practitioners.

At that time, and even for several years after, the means of acquiring professional instruction in Canada were extremely limited, as there were neither practical institutions, nor men of sufficient attainments to manage them, or lead the students to the acquisition of any particular branch of medicine or surgery. The few practitioners of the cities and towns were chiefly superannuated military surgeons, of the old school, more intent on accumulating fortunes, than in opening avenues for the advancement of future competitors. The students were, therefore, after reading medicine for four or five years, necessitated to seek professional education in distant countries, principally England, Scotland, and sometimes France, at no inconsiderable expense and inconvenience to their parents or friends.

On their return, with a *reasonable amount of testimonials of perfection*, as the graduates and members of the first and most learned universities and colleges of Europe, it is but natural to suppose, that the larger towns and cities offered more attractions than rural parts, for the exercise of a profession acquired through so many

difficulties and personal sacrifices. It would even have been highly offensive to have proposed to these tyros for fame and fortune, their more humble, but useful establishment in a country parish. What! an M. D. of Edinburgh, or a member of the Royal College of Surgeons of London, &c., to become a mere village doctor, could never, in these good old days, be thought of! We therefore witnessed the health and lives of the inhabitants of many of the most populous and wealthy sections of the province, generally at the mercy of a sordid class of men, totally devoid of education, German Felchers (dressers and barbers, formerly attached to the Hessian troops and their descendants) and other nondescript M. D.'s, from the cheap colleges of our neighbours, wholly unacquainted with the most obvious principles.

The country practitioner was, however, looked upon with no very favourable consideration or esteem by the better educated and respectable class of persons inhabiting these parts; and it was no uncommon occurrence to see medical men from the cities or towns, travelling sometimes thirty or more leagues distant to visit a patient. But this deplorable deficiency in medical qualifications may, in a great measure, be attributable to the three or four antiquated gentlemen then constituting a Board of Examiners (I allude particularly to the then capital, Quebec), who, in the plenitude of their wisdom, only exacted inferior professional acquirements in the candidates for country practice! as if the lives of Her Majesty's subjects in the rural districts were not as valuable as those in cities or towns!\*

About twenty-five years ago, and shortly after my return from Europe, where I had spent some time in prosecuting my professional studies, I exerted every

\* I have already made mention, in another paper, that "when a student, and frequently acting as secretary to the (now called) Old Medical Board, many extraordinary and startling facts came personally to my knowledge; among these, it may not be uninteresting to state, that occasionally a line of demarcation was instituted regarding the qualifications required from the country and town practitioners, and certificates to that effect must still be extant (to the monumental honor and character of that professional epoch) in the Provincial Registrar's archives. The cruel and criminal absurdity of such distinctive exactions in the quantum of medical education between a town and country practitioner ought, if any were made, necessarily be greater in the latter. He has not the same opportunities, the same means at hand, as the former; in instances of such urgency as must call forth all the combined efforts of capacity and judgment, he has not, as the town or city practitioner, the advantage of calling to his assistance the superior and distinguished attainments of his professional brethren. To him, and to him only, is left the arbitrament of every case within his rural precincts, whether urgent or not, and upon him alone must depend the happy results of his qualifications, or of closing, by criminal ignorance, the mortal career of his confiding and suffering patient! I need scarcely add more to prove, that, instead of inferior acquirements in the country practitioner, he ought imperatively to be possessed, in an eminent degree, of every branch connected with his profession.

means in my power, conjointly with a few of my professional brethren, Drs. Francis Blanchet, Pierre De Sales Laterriere, Wm. Holmes Mercier, Charles N. Perrault, and Joseph Morrin (among all whom, it is melancholy to reflect, the latter is the only survivor), to establish a charitable institution in Quebec, which, independent of the relief which it conferred upon the indigent sufferers, also conducted to open many advantages of instruction to the students. This institution, called "The Quebec Dispensary," (the first charitable one in Canada) having been established at a time when emigration had commenced from all quarters of the united kingdom, the daily accession of patients for relief could not fail of being very numerous; and thereby offered the students attending it the benefit of clinical lectures upon every interesting case. The gentlemen with whom I was then connected, being desirous of further advancing the education of students, also opened courses of lectures on the several departments of medicine, surgery, &c., that of anatomy and physiology devolved upon me; but as the existence of this valuable institution depended entirely upon voluntary contributions, and these proving far from commensurate with the expenses necessarily incurred for its maintenance and support; and, I may add, notwithstanding the generous nature, philanthropy, and zeal, of the late Duke of Richmond, then Governor General of British North America, the late Chief Justice Sewell, and the Hon. John Neilson, and others, in the cause of suffering humanity, it was unfortunately not prolonged above two years. With its discontinuance also followed the relinquishment of lectures, save those upon anatomy, &c., which, at the solicitation of the students, and several medical gentlemen, I continued for upwards of two years after; but under difficulties so harassing, and persecutions so intolerant and unrelenting, and even hazardous to life, that I was compelled, not only to desist, but to abandon my professional prospects, and seek safety from a prejudiced and incensed population, for some years, in a part of the province distant from my native city.\*

\* To such height had the personal and rancorous enmity of the coroner of the time (Blackstone) reached, that, not only were my private apartments ransacked, myself held in durance for some days, but nearly the whole of my anatomical preparations were ordered to be interred, under the surveillance of a military (37th regiment) and civil escort! And, what must appear most surprising, is, that the very *subject* that gave rise to so scandalous a proceeding, had been, but a few days before, one upon whom an inquest had been held by that very coroner. He had been found lying dead at Point Levi, a stranger, totally unknown to every one; but, through some connivance or other, had found his way to the dissecting room.

It was this *subject* which gave rise to the famous caricature, "*The medical crows carrying off their carrion.*"

It would almost appear incredible, that this should have happened at no remoter a period of time than twenty-five years! at a time, too, when it was as evident as at the present, that, without a knowledge of anatomy, no progress can be made either in surgery or physic; that a knowledge of the construction of the human body, of its different functions, and the means by which these may be regulated, and aberrations corrected, cannot be otherwise obtained; that the human body is the great subject upon which medical practitioners are called to exercise their skill, and all their knowledge and experience are only valuable in proportion as they are subservient to the promotion of its benefit. This fact, so obvious in itself, could not fail to occur to mankind in the earliest stage of society, and that one of the best methods by which the living could be most effectually advantaged, or, in other words, an acquaintance with the mode of the prevention and the cure of disease could be acquired, is the dissection of the dead. Need we even look back to our last war with the United States, without reflecting, with sorrow and regret, upon the almost entire absence of any practical knowledge of this all-important branch, on the part of the young men called at its commencement to act as surgeons or assistant surgeons to the incorporated militia and other provincial fencible regiments! And when, I would fain ask, can the exigencies prove so great and multifarious, or which, of all other times, ought more urgently to require the application of the most consummate skill of the carefully educated surgeon, than during the sanguinary contest of nations!

Of later years, and from the substitution of an act of the provincial legislature to the ordinance 28, George 3d, cap. 8, by which boards of examiners were rendered elective by the members of the profession, much seemed to have been promised, with regard to the general interests and protection of regular practitioners and the public, against the numerous class of ignorant men, so long infesting the country parts, and over the inhabitants of which, an influence, not easily to be destroyed, had been so prejudicially exercised. But, I may say, without fear of contradiction, that, if the old boards added little to the respectability of the profession in the rural districts, the elective ones contributed largely to increase the number of its members, and so far provided the seigniorial parishes with practitioners as to endanger the subsistence of both the licensed and *unlicensed idols of the habitans*. It is true, it could not be fairly said, that the selection of members to compose these *qualifying boards*, entirely originated from an over scrupulous regard to the most distinguished talents and

capacity; and it would no more appear unreasonable to infer, that, as political partisanship shared largely in these selections, so also might the same shade and cast of candidates of the majority, influence an admission as well into a fellowship of science, as that of a political cause, thus constituting political opinions intrinsically the best passport to surmount the more dangerous deficiencies of professional education. I have now before me the names of the members composing these elective boards in the year 1836, and, on looking over those of the excluded, the inference, however reluctantly made, carries almost incontrovertible evidence of its truth.

The legislature ought, in my humble opinion, to have so incorporated the profession as to constitute a governing council, in which should rest a representative system of self-government, in all matters appertaining to medical legislation; and the selection of this governing council might also be dependent upon the general suffrages of the profession at large (under certain restrictions), and not confined to districts. The high professional attainments and distinctions attached to members of the governing council, ought necessarily to bear a more extended appreciation than that limited to mere localities!\*

To be continued.

#### TO OUR EXCHANGES.

As the loss of numbers of our exchanges seriously destroys their value as works of reference, and as we wish to maintain them as complete as possible, more especially as our own Journal is sent off regularly to our contemporaries, we herewith give a list of those which we have not received since the operation of the new postal arrangements in the United States commencing in December last. Our contemporaries are particularly requested to address their exchanges to Messrs. R. & G. S. Wood, 261, Pearl Street, New York, who will monthly transmit them to us. It is necessary to notice that several of our contemporaries have ceased interchanging for many months, and we now notice this circumstance, lest copies may have been addressed to us which have never come to hand. So serious a break in our exchanges, which we are solicitous of preserving uninterrupted, is a matter of no small concern to us.

Southern Medical and Surgical Journal. Last No. received, November, 1847, being No. 11, Vol. III.

The American Journal of Insanity. Last No. received, October, 1847, being No. 2, Vol. IV.

The Missouri Medical and Surgical Journal. Last No. received, October, 1847, being No. 6, Vol. III.

The Medical News and Library. Nos. not come to hand—Nos. 60, 61, and 64.

The Western Lancet. This contemporary has been received very irregularly in exchange. Of Vol. V. the only Nos. received are Nos. 5 and 6. Of Vol. VI. Nos. 1 and 2 only have reached us. The published Nos. of Vol. VII. have arrived regularly.

The Western Journal of Medicine and Surgery. Of Vol. VIII. the Nos. received are 1, 2, 3, and 5. Of Vol. I., Third Series, the only No. which has come to hand is No. 4.

The New Orleans Medical and Surgical Journal. Nos. received, Vol. III., Nos. 4 and 6. Vol. IV. Nos. 1 and 2.

The Southern Journal of Medicine and Pharmacy. Nos. 1

and 2, of Vol. II., never came to hand—all the other Nos. reached us. No Nos. of Vol. III. have arrived, which, we suppose, were published in January and March.

The American Journal of Science and Arts. Last No. received, November, 1847. January and March Nos. not come to hand.

The American Journal of the Medical Sciences. Last No. received, October, 1847. The January and April Nos. have not arrived.

[Will our contemporaries, whose names are included in the above list, comply with our request as early a period as convenient, and in the way indicated?—ED.]

#### NOTICES TO CORRESPONDENTS.

*Dr. O'Brien's (Toronto) letter, with the list of the licentiates of the late College of Physicians and Surgeons of Upper-Canada, has been received. We are obliged to him for his attention. We will publish the list in our next issue.*

*We are obliged to Capt. Lesfroy (Toronto) for the alteration made at our request in the meteorological table for Toronto.*

*The continuation of Dr. Badgley's paper has been received, and will appear next month.*

*Dr. Reynold's paper is still further postponed.*

*The Toronto Mirror has come to hand, with the emigrant hospital return, for 847.*

*Dr. Dickenson's letter (Hamilton) has reached us some time ago. What we want is a return of the admissions and discharges into the emigrant hospital in that city for the last year, and the nature and number of the cases admitted, with such remarks upon them as Dr. D. may deem necessary.*

*Letters have also been received from Drs. Douglas and Marsden (Quebec), Dr. Stewart (Kingston), Drs. Hodder and Rees (Toronto). We will write to these gentlemen in the course of a few days.*

*The letter of "An Inquirer," dated Toronto, March 10, was received on the 17th March, and its non-acknowledgment in our last was due to oversight. We agree with the writer in every particular. The parties alluded to obtained their licenses in good faith, and they were granted in good faith also, though precipitately. A difficulty invests the question. We shall probably consider it in a future number, although we feel that the question is invested with a great deal of delicacy.*

*A paper by Mr. T. S. Hunt has been received, on the Modern Chemical Philosophy, and one by Dr. Stratton, on the Deodorizing and Disinfecting Properties of Sir W. Burnett's Fluid. They will be published in our next.*

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

Dublin Medical Press—regularly.

Provincial Medical and Surgical Journal—regularly.

Boston Medical and Surgical Journal—vol. 38; Nos. 10, 11, and 12.

Western Lancet and Hospital Reporter—vol. 7; Nos. 1, 2, 3 and 4.

Western Journal of Medical Surgery—vol. 1; No. 4; 3d Series.

The New York Journal of Medicine—January and March Nos.

The New York Annalist—March 15; April 1.

Buffalo Medical Journal—vol. 3; Nos. 7, 8, 9, and 10.

Summary of the Transactions of the College of Physicians of Philadelphia—Dec. to March 1848.

The Elements of Medical Eminence, an introductory by Prof. Peasley.

Transactions of the Medical Society of the State of New York—vol. 7; Part 2.

St. Louis Medical and Surgical Journal—Jan. and Feb. 1848.

A Paper on Vaginal Hysterotomy, by Prof. Bedford, New York. The parcel from Messrs. R. and G. Wood arrived safely. We are obliged to them for their attention.

\* Since writing the above, the recent act of incorporation more than supplies any suggestions I may have presumed to offer.

**BILL OF MORTALITY for the CITY of MONTREAL, for the month ending MARCH 31, 1848.**

DISEASES	Male	Female	Total	Under 1.	1 & under 3	3 — 5	5 — 10	10 — 15	15 — 25	25 — 35	35 — 45	45 — 55	55 — 75	75 upwards
EPIDEMIC OR INFECTIOUS	Scarlatina	12	6	18	3	7	4	3	1					
	Small Pox	3	7	10	1	2	4	3						
	Measles		1	1		1								
DISEASES OF BRAIN AND NERVOUS SYSTEM	Fever	9	7	16	2	5	2	1	1	1		1	3	
	Convulsions	4	4	8	3	1								
	Dentition	8	4	12	3	9								
	Apoplexy	1	1	2									1	2
DISEASES OF THORACIC VISCERA	Paralysis	1	1	2									2	2
	Consumption	8	16	24				1	6	8	3	4	2	1
	Pneumonia	2	2	4	1	1								
	Croup	2	2	4	1	2		1						
	Hooping Cough	5	6	11	11									
DISEASES OF ABDOMINAL VISCERA	Bronchitis	2	2	4		1					1			2
	Disease of Heart	1	1	2			1							
	Pleuritis	1	1	2									1	2
	Dropsy	6	1	7							2	2		1
	Disease of Liver	2	2	4									1	1
OTHER CAUSES AND DISEASES, AND DISEASES NOT SPECIALLY DESIGNATED	Diarrhoea	8	4	12	7	1	2	1					1	1
	Worms	1	1	2			1							
	Inflammation	5	5	10	3	1	3	1	1					1
	Marasmus	14	10	24	13	9		2						
	Still-born	4	2	6	6									
OTHER CAUSES AND DISEASES, AND DISEASES NOT SPECIALLY DESIGNATED	Unknown		5	5	2	1	1			1				
	Debility	5	2	7									1	6
	Childbirth		1	1						1				
Other Diseases	5	2	7	2					2				3	
<b>Total</b>	<b>111</b>	<b>85</b>	<b>196</b>	<b>61</b>	<b>40</b>	<b>18</b>	<b>10</b>	<b>4</b>	<b>11</b>	<b>13</b>	<b>5</b>	<b>7</b>	<b>17</b>	<b>10</b>

**MONTHLY METEOROLOGICAL REGISTER AT MONTREAL FOR MARCH, 1848.**

DATE.	THERMOMETER.				BAROMETER.				WINDS.			WEATHER.		
	7 A.M.	3 P.M.	10 P.M.	Mean.	7 A.M.	3 P.M.	10 P.M.	Mean.	7 A.M.	Noon.	6 P.M.	7 A.M.	3 P.M.	10 P.M.
1,	+ 8	+17	+ 5	+12.5	29.55	29.65	29.94	29.71				Fair	Fair	Fair
2,	+ 10	+17	+ 11	+13.5	30.20	30.25	30.17	30.21				Fair	Fair	Fair
3,	" 9	" 20	" 16	" 14.5	29.92	29.57	29.48	29.66				Snow	Snow	Snow
4,	" 17	" 28	" 20	" 22.5	29.85	29.83	29.70	29.79				Fair	Fair	Snow
5,	" 18	" 21	" 11	" 19.5	29.51	29.73	29.81	29.69				Fair	Fair	Fair
6,	" 19	" 30	" 20	" 24.5	29.62	29.50	29.66	29.59				Snow	Snow	Fair
7,	" 14	" 27	" 13	" 20.5	29.94	29.87	29.72	29.84				Snow	Snow	Cloudy
8,	" 16	" 31	" 39	" 23.5	29.57	29.31	29.39	29.42				Fair	Fair	Cloudy
9,	" 31	" 29	" 15	" 30.-	29.69	29.90	29.89	29.83				Fair	Fair	Fair
10,	" 13	" 15	" 14	" 14.-	29.62	29.49	29.60	29.57				Snow*	Snow	Snow
11,	" 15	" 27	" 18	" 21.-	29.75	29.81	29.92	29.83				Fair	Fair	Fair
12,	" 18	" 28	" 32	" 23.-	29.99	29.62	29.40	29.67				Fair	Snow†	o'erc'st
13,	" 30	" 32	" 12	" 31.-	29.55	29.58	29.75	29.63				Fair	Fair	Fair
14,	" 6	" 12	" 5	" 9.-	29.87	29.81	29.95	29.88				Fair	Fair	Fair
15,	" 1	" 15	" 5	" 8.-	29.95	29.89	29.99	29.91				Fair	Fair	Fair
16,	" 7	" 18	" 0	" 12.5	30.17	30.13	30.14	30.15				Fair	Fair	Fair
17,	" 7	" 28	" 20	" 17.5	30.04	29.64	29.49	29.72				Fair	Fair	Fair
18,	" 18	" 35	" 19	" 26.5	29.60	29.59	29.63	29.61				Fair	Cloudy	Snow
19,	" 25	" 41	" 33	" 33.-	29.79	29.75	29.69	29.74				Fair	Fair	Fair
20,	" 40	" 54	" 38	" 47.-	29.77	29.69	29.47	29.64				Fair	Fair	Fair
21,	" 30	" 45	" 33	" 37.5	29.29	29.36	29.60	29.42				Fair	o'erc'st	Rain
22,	" 34	" 47	" 32	" 40.5	29.73	29.75	29.79	29.76				Fair	Fair	Fair
23,	" 25	" 31	" 28	" 28.-	29.89	29.95	29.99	29.94				Fair	Fair	Fair
24,	" 26	" 40	" 30	" 33.-	30.12	30.10	30.11	30.11				Fair	Cloudy	Cloudy
25,	" 29	" 45	" 38	" 37.-	30.10	29.88	29.76	29.91				Fair	Fair	Fair
26,	" 42	" 43	" 40	" 42.5	29.58	29.49	29.52	29.53				Fair	Fair	Fair
27,	" 40	" 44	" 36	" 42.-	29.56	29.63	29.75	29.65				Rain	Rain	Rain
28,	" 35	" 42	" 37	" 38.5	29.81	29.86	29.87	29.85				Rain	o'erc'st	o'erc'st
29,	" 35	" 42	" 42	" 42.-	29.79	29.79	29.85	29.81				Fair	Fair	Cloudy
30,	" 37	" 42	" 32	" 39.5	30.07	30.05	29.86	29.99				Rain	Fair	Fair
31,	" 43	" 63	" 52	" 53.-	29.61	29.54	29.24	29.46				Fair	Fair	Cloudy

\* Very stormy all day. † Very stormy from 2 to 4 p.m.

Therm. } Max. Temp., +63° on the 31st  
 } Min. " 0 " 16th  
 Mean of the Month, +27°6.

Barometer, } Maximum, 30.25 In. on the 2d.  
 } Minimum, 29.24 " 31st.  
 Mean of Month, 29.76 Inches.

MONTHLY METEOROLOGICAL REGISTER AT H. M. MAGNETICAL OBSERVATORY, TORONTO, C. W.,—March, 1848.  
 Latitude 43°. 39' 4". N. Longitude 79°. 21' 5". W. Elevation above Lake Ontario, 108 Feet.—(For the Brit. Amer. Jour. of Med. and Phys. Science.)

DAY.	Barometer at Temp. of 32°.			Temperature of the Air.			Tension of Vapour.			Humidity of the Air.			Wind.			Snow in. on surf.	WEATHER.	
	7 A.M.	3 P.M.	10 P.M.	7 A.M.	3 P.M.	10 P.M.	7 A.M.	3 P.M.	10 P.M.	7 A.M.	3 P.M.	10 P.M.	7 A.M.	3 P.M.	10 P.M.			
1,	29.700	29.755	29.935	78.0	18.9	12.6	0.60	0.92	0.70	0.67	89	86	80	N. by E.	W.	W	0.5	Light pass clouds gen. Aur light 11 pm
2,	30.020	29.894	29.706	83.3	20.3	15.5	0.66	0.99	0.89	0.84	89	87	89	N. by E.	W.	N. E.	—	Dens orot. Snowing fr 2 pm till midn
3,	29.445	29.396	29.703	83.6	26.1	17.7	0.90	1.13	0.79	0.95	94	79	82	N.	W. 1.5	W by N	8.0	Snowing stry till 11 am Uncl'd fr 5 pm
4,	29.846	29.676	29.557	81.8	21.8	18.0	0.81	1.06	0.89	0.95	83	88	84	N. by E.	S. W. 2.0	W S W	0.5	Gen cl'd. Slight snow from 2 pm
5,	29.865	29.932	29.685	81.8	21.8	18.0	0.81	1.06	0.89	0.95	83	88	84	N. by E.	S. W. 2.0	W S W	0.5	Gen cl'd. A few light cl'ds toward hor
6,	29.611	29.603	29.710	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
7,	29.712	29.450	29.366	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
8,	29.227	29.125	29.403	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
9,	29.684	29.565	29.692	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
10,	29.508	29.458	29.597	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
11,	29.312	29.714	29.715	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
12,	29.591	29.692	29.776	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
13,	29.712	29.710	29.850	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
14,	29.752	29.905	29.945	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
15,	29.988	29.926	29.792	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
16,	29.980	29.792	29.726	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
17,	29.659	29.591	29.486	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
18,	29.431	29.414	29.532	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
19,	29.551	29.551	29.551	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
20,	29.686	29.356	29.356	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
21,	29.416	29.533	29.674	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
22,	29.716	29.661	29.661	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
23,	29.756	29.808	29.845	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
24,	29.942	29.896	29.824	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
25,	29.728	29.551	29.425	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
26,	29.356	29.454	29.454	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
27,	29.575	29.542	29.628	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
28,	29.799	29.697	29.650	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
29,	29.804	29.792	29.904	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
30,	29.726	29.513	29.513	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
31,	29.403	29.161	29.272	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day
Mean	29.686	29.615	29.633	81.8	19.6	20.2	0.81	1.06	0.89	0.95	83	80	82	N. by E.	W. 1.0	W. N. W.	0.1	Cl'd till 3 pm Mostly cl'r rem of day

Highest Barometer		Lowest do.		Mean Daily Range.		Warmest Hour.		Coldest do.	
30.026 at 5 a.m. on 31.	29.108 at 3 p.m. on 31st.	0.918	0.918	31.4	31.4	79.9	79.9	29.356	29.356
Range of 31st.		Range of 31st.		Range of 31st.		Range of 31st.		Range of 31st.	
Mean force of the Wind 0.45 lb		Mean force of the Wind 0.45 lb		Mean force of the Wind 0.45 lb		Mean force of the Wind 0.45 lb		Mean force of the Wind 0.45 lb	
Greatest Day's Wind 2.0 lb		Greatest Day's Wind 2.0 lb		Greatest Day's Wind 2.0 lb		Greatest Day's Wind 2.0 lb		Greatest Day's Wind 2.0 lb	

Exploratory notes will be found at the foot of all the Registers of 1845, 1846, or 1847.  
 MAGNETIC DISTRIBUTIONS.—MARCH 18th, 7th, 20th, 29th, 30th, 31st, 1848.  
 Rain in inches on surface on the 9th, 0.060; 13th, 0.275; 21st, 0.715; 25th, 0.125; 27th, 0.015—Total, 1.290.

**CHLOROFORM.**

THE SUBSCRIBERS have prepared, for Sale, Chloroform, or Trichloride of Formyle, the new Anæsthetic Agent, as a substitute for Ether, recently proposed by Dr. Simpson, of Ed. nburgh. This Agent has received the recommendation of the highest Medical Authorities in Great Britain, and has been used with increased success in this vicinity.

S. J. LYMAN & Co.,

Chemists, Place D'Armes, Montreal.

Jan. 31, 1848.

THE Subscribers have their usual assortment of genuine Drugs and Chemicals, which they offer low for cash, or approved credit.

WM. LYMAN & CO.



**URQUHART'S**

**FLUID EXTRACT OF JAMAICA SARSAPARILLA.**

THE Subscriber begs leave to submit to the Medical Profession and to the public, his preparation of Sarsaparilla which has been extensively used in their practice, by many of the most eminent Medical Gentlemen in the City, and with the most beneficial results, as the following testimonials, with which he has been very politely favored, will satisfactorily show.

For sale only at the Medical Hall, Great St. James-Street.

ALEX. URQUHART.

August 2.

ALEXANDER URQUHART, ESQ.—DEAR SIR,—I have much pleasure in bearing testimony to the faithful manner in which you prepare your Fluid Extract of the Compound decoction of Sarsaparilla. This I am enabled to do on account of several of my patients having derived the greatest benefit from its use.

For Constitutional Syphilis and Chronic Rheumatism, I have prescribed it with the most marked effects; I can therefore, without the least hesitation, recommend your preparation as one possessing all the Medicinal qualities of the Compound Decoction of Sarsaparilla, while it is, at the same time, more palatable, and less apt to derange the stomach.

I remain, Dear Sir,

Your most obed<sup>t</sup> serv<sup>t</sup>,

W. FRASER, M. D.

Lecturer on Medical Jurisprudence,  
M'Gill College.

Montreal, 9th February, 1847.

Montreal, February 10th, 1847.

I beg to certify, that I have employed very extensively, the "Fluid Extract of Sarsaparilla," made by Mr. Urquhart, in all those diseases in which that Medicine is usually prescribed, and that I have found it a most valuable preparation. I can, moreover, state from personal investigation, that the proprietor employs none

but the purest ingredients, and bestows the greatest care and attention upon the mode of preparing the remedy.

ROBERT L. MACDONELL, M. D.,

Lecturer Institutes of Medicine,  
M'Gill College,

Physician to the Montreal General Hospital.

Mr. Urquhart's Sarsaparilla is the only preparation of this valuable Medicine that I can, with entire confidence, recommend to my patients.

M. M'CUCCLOCH, M. D.

Montreal, 10th February, 1847.

DEAR SIR,—I have frequently prescribed your Fluid Extract of Sarsaparilla, and I have no hesitation in recommending it as a very elegant and convenient form for administering that Medicine.

Yours very truly,

GEO. W. CAMPBELL.

To Alex. Urquhart, Esq.

Montreal, 10th February, 1847.

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Elaterium	Rhabarbarine
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