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# THE MEDICAL CHRONICLE.

VOL. I.]

MONTREAL, JANUARY, 1854.

[No. 8.

## ORIGINAL COMMUNICATIONS.

ART. XXVII.—*Death from Uterine Hemorrhage.* By W. MARSDEN, M.D., Governor of the College of Physicians and Surgeons of Lower Canada.

The following case occupied a considerable portion of the time of the late term of "Oyer and Terminer," in September last, and probably possesses features sufficiently interesting to entitle it to publication.

### THE QUEEN vs. BURKE, FOR MURDER.

Patrick Burke was indicted for the murder of his wife, on the 17th March last (St. Patrick's Day), at St. John's, Port Joli. His trial commenced on the 21st of September, and after having occupied the Court the whole day, was adjourned till the following, when it was found, on the Jurors being called to answer to their names, that one of their number, James Fackney, was unable to come into court, having been attacked during the previous night with symptoms of gastric fever, with delirium, occasioned, in all probability, by fasting, excitement, and confinement. It therefore became necessary to discharge the jury and have a new trial.

On a new jury being empannelled, two entire days were occupied in hearing the evidence, which was in some points of a deeply interesting character. The whole gist of the case rested, as the learned Judge, (Aylwin) stated, on the medical testimony, on which his honor suggested the finding a verdict of simple assault only. This, under the present system of Canadian criminal jurisprudence, could be done, instead of the graver one for murder or manslaughter, although not contained in the indictment. The jury, however, after an absence of about half-an-hour, returned into court with an unanimous verdict of *not guilty*. In this report I shall confine myself chiefly to the medical testimony, for which I am indebted to the ample notes of Mr. Dunbar.

Seven medical gentlemen were summoned in this case, five on behalf

of the Crown, viz., Drs. S. Roi, of St. Jean, Port Joli ; V. Martin, of Kamouraska ; Morrin, J. Blanchet, and Landry of Quebec ; and two, Drs. Sewell, and Maraden, of the same place, for the defence.

After a number of non-professional witnesses had been examined, whose testimony was of the most biased and partial character :—

Dr. Roi, of St. Jean, Port Joli, deposed—That he had known the prisoner and his wife, the deceased, who resided in the same parish with him for three years. During that period he frequently visited them in his professional capacity. On the 17th of March last, a person named Duval came to witness and stated that the prisoner wished him to go and see his wife, who was dying. Witness went to prisoner's house, and when there, found deceased lying on the floor, bathed in her blood. From the quantity of blood about her, he saw it was a case of hemorrhage, and on examination, discovered that the hemorrhage proceeded from the uterus. The flowing of the blood had then partly ceased, and deceased was altogether in a dying condition. She was senseless, and her pulse very weak. He observed some contusions upon her right hand, arm, forehead and chin. He enquired of deceased if these marks were the result of a fall or blows. She answered the question, but on account of her speaking in English, he could not understand what she said. Prisoner, however, who was at some distance from where deceased lay, thereupon remarked that she had fallen into the cellar. Seeing that deceased suffered greatly, witness asked her where the pain proceeded from. She was then in a dying condition, and must have been herself aware that she was so, for she was in a state of complete prostration. Before putting the question he had last spoken of to deceased, he had perceived she was dying. In answer to his enquiry, deceased made him understand by placing her hand on her right hip and back, that the pain was in those regions. He attempted to revive deceased by friction, but was unable to do so, and she died half an hour afterwards. When deceased indicated her right hip, witness proceeded to examine that region but discovered no tumefaction there, though it might have existed. From the quantity of blood deceased lost, he has no hesitation in stating that she came to her death by the hemorrhage. In this opinion he is confirmed by the post mortem examination made by himself and Dr. Martin, which examination evidenced that no organic disease existed. He examined deceased's back previous to her death, but found no appearance of contusion in the spinal region, though there was indication of tumefaction near the hip. Deceased died whilst he was absent from the prisoner's house. Previous to her death, he saw that her tongue had been lacerated by her teeth. The laceration was probably caused by a blow under the chin, when the tongue was between the teeth. Several persons were present in the room with deceased besides witness.

saw that prisoner approved of his going there, from the manner in which he wished prisoner taken care of. The contusion on the deceased's hand, already spoken of, might have been caused either by the blow of a stick or a fall. At the post mortem examination, he examined the uterus, which was in a healthy state, contrary to Dr. Martin's and his expectations. It was about the size of that in a person who has had a family. The heart was in its normal state, but emptied of blood. The iliac vessels were congested, injected, and bruised. This appearance must have been caused by external violence of some sort. A hurt or blow on the belly, as also a fall on some hard projecting substance might have produced it. The blood which was on the floor was coagulated. From the appearance of the body, the immediate cause of death was hemorrhage. The bruises nor the congestion would not have been sufficient to cause it. There is a difference between a bruise occasioned by external violence, and that caused by internal causes. The bruises on deceased were apparently caused by external violence. The most probable cause, he thought, of the hemorrhage, was the violence inflicted in the region of the right iliac. He thought the right region corresponded with the part pointed out to him by deceased. He did not think the hemorrhage proceeded from natural causes. The deceased was predisposed to hemorrhage; it could not have been so profuse, nor her death be so sudden, unless she were so predisposed. The blood on the floor was coagulated, and the greater part was arterial blood. If the deceased had been in her menses the blood would not have coagulated. He did not believe the deceased was pregnant, and he so concluded from the state of her uterus. He attended her two months previous to her death, when she was confined. From that time till when she died, there was possibility of conception, but the time was very short.

*Cross-Examined*—The child born when he attended her at last delivery was still-born; this was on the 15th of January last. He had not seen her from that date till the time of her death. Two months was sufficient time for her to become *enciente*. He merely examined the ovaries superficially. Knew that the ovaries present some appearance which can indicate conception, but the congestion of the vessels in their region prevented him from ascertaining as a fact whether deceased had conceived or not. It is not always possible to state that a woman is *enciente* from the appearance of the ovaries. Stains upon the ovaries are occasioned by the menstrual flowing, as well as by pregnancy. The blood deceased lost before he arrived at the house was coagulated. From its quantity he suspected whence it came, and he saw no marks which would indicate that it had flowed from any other part of the body than the uterus. The contusions on the deceased's face, &c., were not very considerable, and may have been caused by a fall. The hemorrhage

may have been occasioned by the shock to the nervous system resulting from the infliction of the blows on the face, but could not have been caused by the blows themselves. A fall, a strain, stooping, or moral causes may have produced it. Miscarriages frequently cause a hemorrhage similar to that in this case. The bladder was not opened, but it appeared to be in a healthy state. The blood did not proceed from it. The uterus, as he before stated, was healthy. The os tincæ, or mouth of the womb, was open, but only as in the case of a woman who had had a family. After death the mouth of the womb was a little more contracted. The uterus did not present the same appearance after death, as it must have previous thereto. It was sufficiently open, however, to allow the blood to flow. There was no injury to any of the vessels sufficient to have caused death. He did not think the hemorrhage proceeded from any of the vessels in the bladder, for from the examination which he made, he ascertained that it was impossible for the blood to have come from the bladder. He found the iliac vessels empty. So far as the contusions were concerned, the body would not present the same appearance four days after death as it would one day after. The hemorrhage proceeded from the groin on the right side. If a kick had been given over the clothes, an external mark would not have remained. When he said the marks were recent, he meant that they most likely had been caused during the same day. It would be impossible, however, to say positively whether they had been produced the night before or not—he thought not. It was very unlikely that the contusions were caused by a fall; it was impossible to state they were or were not. A fall may have caused the hemorrhage, or it may have been produced by moral causes, or without any apparent or assignable cause. When he saw the deceased, she was suffering from convulsions, and in these cases persons sometimes bite or lacerate the tongue. The hemorrhage could have been occasioned by deceased missing her foot and falling down a stair. It was with difficulty witness could understand what she said unto him. The congestion of the brain might have been caused by drink. There was no effusion of the arachnoid membrane. The deceased was of a sanguine temperament. The lamentations she made were those of pain. The only thing he gave her was some wine. Hemorrhage produced by natural causes is attended with pain in the back.

*(To be continued.)*

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ART. XXVIII.—*Retention of the Menses simulating Pregnancy.* By HECTOR PELTIER, M.D., Ed., Professor of Institutes of Medicine, Montreal School of Medicine; Physician to the Hotel Dieu, &c.

As I believe that every physician is bound to bring before the profession any practical case of interest which comes under his observation, I take the liberty of submitting the following:—

A young lady, 20 years old, after exposure to cold and getting her feet wet, whilst her menses were upon her, was suddenly seized with rigors, followed by a little fever and arrest of the discharge. She, however, did not pay attention to this. She remained three months without menstruating, when I was called in to set all right. Now, as the period for the customary appearance had elapsed, I waited until the next monthly period.

I must remark, that since the age of fourteen, when menstruation began, she never experienced any thing of the kind, though she said, (and unfortunately many young girls are too confident on this point,) that she had often got her feet wet without the least inconvenience supervening. At this time, the fourth month, the abdomen was somewhat voluminous, in fact, looking very much as it does at the fourth month of pregnancy. The young girl, who before the stoppage was inclined to become stout, lost flesh, as also happens in similar periods of pregnancy.

My confidence in the education and moral character of the young lady, kept me, through false delicacy, from asking any question, or making any examination, which might have given me, probably a decided opinion of the case. I say *probably* and not *surely*, because I was aware of many cases where, in similar circumstances, examinations per vaginam had been made by the most skilful and experienced physicians and accoucheurs, and gross blunders had been the result of giving a decided opinion.

I will presently relate a few cases, to point out why I did not make the said examination, though I must confess it ought always to be made, but the physician should be reserved as to his diagnosis. However, I resolved, without any examination per vaginam, to give her a few emmenagogues, such as absinthe, and four pills of myrrh, aloes, and assafoetida, two in the morning and two at bed time, for three consecutive days. This had no more effect than it would have had in an old woman past 50. As I had failed, I did not wish to continue any harsh treatment. I waited until the fifth month. At this period, the mother, though full of confidence in her daughter, began to fear that something wrong might have happened. The abdomen had become larger, and gave all the outward appearance of pregnancy. This time I gave no remedy, leaving nature to her course, and assured the mother that there was no pregnancy. Yet, to say the truth, I began to fear that I might have given

a too decided opinion. As I am speaking to practitioners, they will at once understand that difficult position in which the physician is placed in similar circumstances, and what blunders have happened from a too hasty opinion.

Between the fifth and sixth months there was bleeding from the nose. This circumstance confirmed me a little more in my belief of simple suppression of menses. I had not yet given any attention to what might be the case, if not that but pregnancy.

At the six monthly period I repeated the same, emmenagogues, and advised driving out instead of walking, as heretofore. All this was of no avail. The mother was very uneasy on account of remarks frequently made as to her daughter's appearance. As she could not go out walking or driving in town without her appearance calling suspicion, I recommended then the country air, expecting that there, by plenty of exercise, menstruation might reappear. At the seventh monthly period I did nothing, and left all to nature.

There was no change during these seven months worthy of attention, except the volume of the abdomen continually increasing, the bleeding from the nose, and occasional pains in the back, and sick stomach.

The eighth month came, and all in same state.

On the 8th October last, in the afternoon, I was sent for hurriedly. The mother was in an awful excitement—the father had left the house after having given his malediction to his daughter. The girl herself was very anxious, but was calm under the trial. As I entered the room, the sofa and floor underneath were covered with what appeared a viscid fluid, like dissolved gum Arabic, and also a very great quantity of clotted blood. She was pulseless, in an extremely weak state. My anxiety was exceedingly great. I had no time to loose; therefore, I introduced my hand in the vagina, but could not succeed in entering even the finger through the os tincae. The blood, through the small aperture, was continually flowing and the abdomen became quite flat. I remained for two hours near the patient, and during that time she rallied so much that she considered herself as well as ever. To the touch, the neck of the uterus was extremely hardened, and retaining nearly the same shape as if the uterus had not been expanded. The after-treatment of such a perplexing case was very simple. I ordered a nutritious diet twenty-four hours after this occurrence, injections of cold linseed tea per vaginam, to relieve the induration of the neck of the uterus. It was indeed relieved, and the flow of blood continued for eighteen days afterwards. Since then, her menses have reappeared regularly and her health is perfect.

This flood took place 8½ months from the last appearance of the menses.

REMARKS.

Now, of what nature was this case? Certainly there was induration of the cervix uteri and os tincae, which kept the blood blocked up.

If I had not been so delicate and had made an examination, the induration would have been recognized, removed, and the reappearance of the menses would have been the consequence. It was a case of retention of the menstrual blood which, no doubt, at each monthly period, was furnished by the uterus, and made the abdomen gradually increase in volume. As to the viscid fluid mixed with the blood, it was the serum of the blood, which, by being retained in utero, became a little more thickened and produced the viscosity. This fluid might also have contained fibrin, which, as we now know, is given out at each monthly period, and separated from the arterialised blood.

An hydatid, it could not be, since it was not water alone which flew from the uterus, but also because hydatids take a longer time to form such a mass as to impose for pregnancy.

I submit the above case to the reflection of my fellow-practitioners. I have given all the circumstances of the case to show how much a physician, from the youngest to the oldest, must be on his guard before he does give a decided opinion.

I will now illustrate the foregoing remarks by a few cases which have happened, and are a warning against the presumption of deciding too hastily.

1. A German Princess, advanced in years, had arrived at the term of the cessation of the menstruation. The uterus and breast were enlarging daily. She consulted her physician, an accoucheur, and others. They all thought her pregnant, and all the preparations for delivery were made. She passed an enormous quantity of water per vaginam, and the uterus instantly recovered its normal state. The above case is taken from the work of the celebrated P. Frank.

2. I was summoned in consultation, seven years ago, to see a woman, 42 years of age, who had such an enormous abdomen that any one, not professional, could only believe that a tumour was the cause of its appearance. Many medical men had been called before, and some of them pronounced her pregnant. She, however, menstruated periodically. She had been married many years to a first husband from whom she had no children. She married a second time, when 39, to a young man, most robust and athletic, and expected, in finding her abdomen increasing, to become a mother. However, her expectations have not been realised until now, for she is yet living and enjoying good health, with her abdomen as large as ever, and not a mother. When called, I made a minute examination, and concluded, from the history of the case, that an hydatid was the cause of the present state of the abdomen.



Angry against herself and her second husband for not being pregnant, and also for the ridicule which she obtained from not hiding her unsuccessful wishes, she would not submit to any treatment. The diagnosis remains to be solved as to its being a hydatid; but what is sure is, that it has never been and never will be a case of pregnancy.

3. Every one has heard of the case of Lady Flora Hastings, maid of honor to Queen Victoria, who had been pronounced as pregnant by some celebrated physicians and accoucheurs of London. She could not live after such a verdict. She died of grief. A post mortem examination was made, and, to the amazement of all, there was no pregnancy, nor even any sign of defloration.

4. A most respectable clergyman, and of high standing in the English Church, left England with his daughter for America. He consulted, when in England, two physicians as to the state of his daughter, whose abdomen became enlarged, and also the breasts increased in size. They both, after consultation, declared that the young lady was pregnant. The father, aggrieved by such imputation, decided upon coming to America. The daughter, on board the steamer, became ill, and consulted the physician, who, like the two others, declared to the father that she was pregnant. When they arrived in New York, they consulted Professor Bedford, certainly one of the most eminent physicians and skilful accoucheurs of America. He declared, as his decided opinion, after examination, that there was no pregnancy, and that a tumor was the cause of the enlargement of the abdomen. The young lady died of consumption a month after, and Professor Bedford made a post mortem examination, assisted by some other physicians, and found a fibrous tumor which occupied the whole internal surface of the uterus.

The above case I quote from the November number, 1852, of Dr. H. Nelson's very interesting publication, the Northern Lancet, the value of which *en passant*, is so much increased by Professor Bedford's lecture. I might bring forward many other cases where blunders have been made, even in our good city, but I abstain. The length of my remarks will meet, I hope, with an excuse from your numerous readers, on account of their practical purport.

December, 1853.

ART. XXIX.—*Removal of an Encysted Tumor, which resembled a Hernia in several particulars, with remarks.* By R. P. HOWARD, M.D., L.R.C.S.E., &c., Demonstrator of Anatomy, University M'Gill College, &c.

While discharging the duties of Attending Physician, &c., to the Montreal General Hospital, in August 1852, Mrs. G., a married woman, aged

46, the subject of a tumor in the right inguinal region, the history of which was the following, came under my care.

About fifteenth months ago she fell out of a waggon on a Tuesday, and on the Sunday after noticed, for the first time, a small tumor, about the size of a marble, in the right groin. It was not at any time painful; it increased gradually in size, and she began to suffer from habitual constipation and uneasiness in the epigastric region—symptoms which she then thought owing to the tumor, and which she refers to it still. The tumor never disappeared since its first discovery; she never heard borborygmus, nor felt the motion of wind in it; never suffered severe pain in loins, sacrum, or abdomen.

Present state, 2nd August, 1852.—A tumor about the size of a turkey's egg occupies the right inguinal region, its long diameter lying parallel to and over Poupart's ligament, and extending from a point half an inch on outside of pubic spine, to one within an inch and a half of antero-sup. iliac spine. The integument does not adhere to it, but its middle seems fastened to middle of Poupart's ligament, for the fingers cannot be here passed under the tumor, though they can be at each end. It is highly elastic, and somewhat moveable; can be brought down nearly to the osphenous opening; becomes larger and more prominent during coughing, but is not expanded laterally thereby; is not painful when squeezed, and cannot be reduced, if a hernia.

While examining the patient again on the 5th, I noticed what had escaped me before, viz., another tumor about the size of a plum, situated between the antero-superior spine of ilium, and the large tumor, but apparently not continuous with the latter, or if so, merely by a pedicle, for the fingers could be sunk considerably between them. This smaller tumor was very distinctly *enlarged*, as well as rendered prominent by coughing. Nothing abnormal could be felt per vaginam or rectum. There was not any tenderness along the lumbar region, nor in iliac fossa. On the 9th, at a consultation of the hospital staff, the propriety of removing the tumor was agreed upon; and, assisted by Drs. Campbell and Scott, I proceeded to dissect it out cautiously, lest it might prove a hernial protrusion. On reaching the tendon of the external oblique muscle, the tumor was found situated beneath it, loosely attached, however, except at the middle of Poupart's ligament, to which it was firmly adherent by condensed tissue. The smaller tumor could not be yet seen, but was easily felt at a greater depth, and with the view of removing it also, the incision was prolonged up to the iliac spine, the tendon of the external oblique and the muscular fibres of the internal oblique and transversalis being divided in succession. The fascia transversalis was now bare, when it became obvious to the eye and the touch that the supposed second tumor was intra-peritoneal, and was doubtless nothing but the intestines,

which had somewhat bulged at this point, owing, perhaps, to weakening of the abdominal parietes by the growth of the tumor under the tendon of the external oblique. Of course, it was agreed by all not to open the peritoneal sac; the wound was stitched up, and a compress and spica applied. There was only a trifling bleeding from the cutaneous vessels during the operation. The wound closed by granulation in three weeks. The abdominal tumor could be felt now as before, though it varied in size, and I recommended the use of a truss.

The tumor which I removed consisted of a strong and complete fibrous cyst, containing white sebaceous looking matter, and weighed 5 ounces.

#### REMARKS.

The above case has some interest in two or three points of view; the situation of the tumor, its resemblance to a hernia, and the existence of a second tumor or prominence within the peritoneum.

1. It is not common to find tumors placed upon Poupart's ligament, and it is very seldom that the sebaceous form of encysted tumor is more deeply seated than the subcutaneous areolar tissue. This tumor, however, lay beneath the tendon of the external oblique muscle, and was firmly adherent to about the centre of Poupart's ligament.

2. There were the following striking points of similarity between the case and a hernia:—1st, The tumor was discovered shortly after a severe fall, which was likely to have strained the abdominal parietes. 2nd, Habitual constipation, and slight abdominal pains supervened after the appearance of the tumor, and were referred by the patient to it as the cause. 3rd, The tumor occupied a frequent site of hernia. 4th, It became larger and more prominent, and received an impulse on coughing. And 5th, It could be displaced downwards nearly to the edge of the fal-ciform process of the fascia lata.

3. On the other hand, there were some particulars in which it differed from a hernia. 1st, Herniæ are nearly always reducible at first, if not strangulated. 2nd, They are commonly the seat of borborygmus, except when omental. 3rd, They are apt to vary in volume from time to time. And 4th, To enlarge and become painful after exercise.

I do not think the gradual and tolerably slow growth of the tumor could have been regarded as unfavorable to the idea of its being a hernia, for very many authorities admit that this affection may form and increase slowly, and within the past year the writer has met with two such cases, in neither of which did the patient believe himself the subject of rupture, though having a "fulness" in the groin.

4. Lastly, the second tumor (?) instead of aiding materially in the diagnosis (as it may be supposed to have done), by appearing as a prolongation of the first, actually had the contrary effect; for enlarging in all directions during coughing, it suggested the possibility of its being the por-

tion of the intestine continuous with that forming the larger tumor, on the supposition that this was a hernial protrusion.

Corner of McGill and St. James Streets,  
Montreal, 20th December, 1853.

## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXI.—*Lectures on Surgical Pathology, delivered at the Royal College of Surgeons of England.* By Thomas Paget, F. R. S., lately Professor of Anatomy and Surgery to the College; Assistant Surgeon and Lecturer on Physiology at St. Bartholomew's Hospital. Illustrated by 116 engravings on wood. Pp. 670. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson.

At the time the above lectures were delivered in the Theatre of the College of Surgeons, they excited considerable attention among the medical literati of London. Men, such as Lawrence, Guthrie, Stanley, Travers, South, &c. &c. whose names are as familiar to the profession as household words, and who may properly be considered the Nestors of English Surgery, might have been seen listening with marked attention to the lecturer. It must have been highly gratifying to Mr. Paget, who was at that period, and is now, comparatively a young man, to have witnessed this appreciation of his labors by those who themselves have done so much to advance scientific surgery. The different journals and reviews contained highly laudatory notices of the lectures, and they were generally recognized as productions of deep research and matured reflection, and consequently deserving of the attentive consideration of every member of the profession desirous of extending his views, and acquiring correct knowledge of diseased actions and their results. Finding that they were so well received by those who had the opportunity of listening to their delivery, he wisely determined on publishing them, "and thus enabling many more to read them." The work will, we venture to affirm, long remain a standard one on that branch of surgical science of which it treats.

In the first lecture on Nutrition, Mr. Paget makes the chief conditions necessary to the normal nutrition of parts to be four:—1. A right state and composition of the blood, or other nutritive material. 2. A regular and not far distant supply of such blood. 3. (At least in most cases) a certain influence of the nervous system. 4. A natural state of the part to be maintained. He employs the expression, "right state of the blood."

rather than "purity," because, "if the latter be used, it seems to imply that there is some standard of composition to which all blood might be referred, and the attainment of which is essential to health; whereas the truth seems rather to be, that from birth onwards, the blood and tissues of each creature are adapted to one another, and to the necessary internal circumstances of life, and that the maintenance of health depends on the maintenance and continual readjustment of the peculiarities on which this exact adaptation depends." The blood and tissues, then, according to this view, have, throughout life, certain relations to each other, so that whenever changes occur in one, the other must suffer correspondingly. The degree and extent of the change from a previous condition in one, represents the degree and extent of the change in the other. When, therefore, a person remains in that normal condition which we call health, there is a perfect adaptation between the blood and tissues, but when disease is present, the perfectness of the adaptation no longer exists; it has been destroyed by some morbid alteration, either in the blood or tissue. The blood is subject to various diseases which affect the nutrition of one or more tissues. "The researches of modern chemistry have detected some of these changes; finding excesses or deficiencies of some of the chief constituents of the blood, and detecting in it some of the materials introduced from without. But a far greater number of the morbid conditions of the blood consist in changes from the discovery of which the acutest chemistry seems yet far distant, and for the illustration and discussion of which we cannot adopt the facts, though we may adopt the language and the analogies of chemistry," (p. 27.) So exceedingly delicate and refined is this mutual relation, the slightest quantity of morbid material introduced into the blood is sufficient to disturb it. As, for instance, when vaccine lymph, or the poison of typhus or of syphilis are taken up by the blood. Symmetrical diseases exhibit it more markedly than any other class. In these affections, parts of the body corresponding to each other on opposite sides, exhibit the same morbid phenomena. Sometimes there is not only symmetry as far as the part affected is concerned, but the very extent and stage of the disease in the one part is rigidly represented in the opposite.

In his second lecture, Mr. Paget would extend the principle first enunciated by Trevinus, "That each single part of the body, in respect of its nutrition, stands to the whole body in the relation of an excreted substance." He believes that the out-growing tissues, such as the hair, serve, by their constant growth, to remove substances from the circulating fluid, which would be deleterious if retained. This principle assists us, likewise, to comprehend the import of the rudimentary organs which are found on the body; as the male mamma, and the delicate hair which exists on the general surface of the integuments. "And again—the

principle that each organ, while it nourishes itself, serves the purpose of an excretion, has an application of peculiar interest in the history of development. . . . The importance of this principle will the more appear, if we connect it with another, generally characteristic of the minuteness of the relation between the blood and the tissues, namely, that the existence of certain materials in the blood may determine the formation of structures on which they may be incorporated," p. 32.

Great diversity of opinion has existed among physiologists as to the part taken by the nervous system in the vital processes of secretion and nutrition. Many have denied that the nerves possessed any influence further than to affect the size of the blood-vessels distributed to the different organs, basing their reasons for such assertion on the fact, that nervous energy is usually manifested either in mental acts or muscular contractions. According to the new theory of the correlation of forces, however, it is evident that nervous force may be succeeded by, or converted into, any other of the separate manifestations of vital force. Its agency in the origination of psychical and muscular force is certainly more palpable and more easy of demonstration than its agency in those cases where nutrition would appear to depend solely on the vital force acting through the blood. But, if there be well authenticated cases on record, showing that destruction of the "material substratum" through which nervous force is conveyed to any organ, causes a complete arrest in the nutrition of that organ, it will suffice to prove that nervous force is necessary to the origination and normal exhibition of that manifestation of vital force termed nutrition. In the Museum of St. Bartholomew's, then, there is an example of central penetrating ulcer of the cornea, in consequence of destruction of the trunk of the trigeminal nerve, by the pressure of a tumor near the pons. The whole nutrition of the corresponding side of the face was impaired. Mr. Hilton of Guy's Hospital relates the case of a man who had ulceration of the thumb and fore and middle fingers, the result of pressure on the median nerve. These resisted treatment, and were cured only when the pressure on the nerve was relieved. Mr. Travers and Mr. De Morgan mention cases, in which, fracture occurring in the extremities in connection with injury of the spine, no union of the fractured bone took place. We lately saw a case similar in its nature. A man fell from the roof of a three story house. Paraplegia resulted from the injury, and the tibia and fibula were fractured. He died two months subsequently, and there was no union of the bones. Sir B. Brodie mentions in his lectures on pathology, having seen mortification of the ankle begin within thirty-four hours after injury of the spine.

"Another argument against the belief that the nervous force has a direct and habitual influence in the nutritive processes is, that in plants and the early embryo, and in the lowest animals in which no nervous

system is developed, all nutrition goes on well without it. But this is no proof that in animals which have a nervous system, nutrition is independent of it; rather, even if we had no positive evidence, we might assume that in ascending development, as one system after another is added or increased, so the highest, and highest of all, the nervous system, would be inserted and blended in a more and more intimate relation with all the rest. This would, indeed, be only according to the general law, that the entire dependence of parts augments with their development; for high organization consists not in mere multiplication or diversity of independent parts, but in the intimate combination of many parts in mutual maintenance," p. 40.

In lecture V. he animadverts in strong terms on the neglect which the subject of the degenerative processes has met with at the hands of philosophers. Till within a few years back, comparatively little was known of the changes which occur in the body, as it descends from the meridian of manhood towards the horizon which marks the boundary of its tomb. All the talent and industry of medical observers were expended in tracing the changes which ensued, as it proceeded from its germ towards perfection. The opinion, which has so long obtained currency, namely, that as the man increased in years, his body assimilated more and more to that of the inferior animals, is now happily exploded. Mr. Paget divides the "changes that mark the progress of natural decay or degeneration in old age, and that may, therefore, be regarded as the typical instances of simply defective nutrition, into—1. Wasting or withering; the latter term may imply the usually coincident wasting and drying which constitute the emaciation of a tissue. 2. Fatty degeneration. 3. Earthy degeneration, or calcification. 4. Pigmental degeneration. 5. Thickening of primary membranes," p. 75. Of these five divisions, that which has attracted most attention, and which has been most thoroughly studied, is fatty degeneration. As it may occur in any of the tissues, and is frequently found in diseased structures; as, moreover, it often affects the muscular fibre of the heart, it is strongly entitled to consideration. Virchow, Rokitansky, Quain, and Ormerod, have especially investigated this subject. Fatty degeneration has been divided by Dr. Quain into two kinds, that in which the fat accumulates around the muscular fibre, and that in which oil globules are found within the sarcolemma. The latter is the true degeneration of the fibre.

In the repair of fractures, the material deposited at the site of the fracture does not differ from that employed by nature in the repair of other injuries. It at first resembles fibrine; has a dull, structureless, dimly granular appearance, and is not very firm. After a time, however, as it becomes transformed into bone, it becomes quite dense and hard. From experiments performed on animals, Dupuytren thought that the 'callus'

was formed around the extremities of the bones, as well as projected into the medullary canal. It is found now, however, that the method of repair by ensheathing or provisional callus, rarely takes place in man; the rib being the only bone, in the fracture of which the extremities are embraced by reparative material. "The normal mode of repair in the fractures of human bones is that which is accomplished by intermediate callus. The principal features of difference between it and the provisional and ensheathing callus are, (1) that the reparative material and callus is placed chiefly or only between the fragments, not around them; (2) that, when ossified, it is not a provisional, but a permanent bond of union for them; (3) that the part of it which is external to the wall of the bone is not exclusively, or even as with preference, placed between the bone and periosteum, or indifferently either in it, beneath it, or external to it," p. 176.

Among the tumors, Mr. Paget describes one very interesting variety, called the "subcutaneous fibrous tumor." It grows in the subcutaneous and submucous areolar tissue. It possesses all the microscopic characters of the ordinary fibrous tumor, but usually contains elastic tissue. A very important character, and one which separates it from all other fibrous and simple tumors, is the tendency which it has to protrude through the integuments, and form fungous growths which bleed profusely. This kind of tumor is not common, and when met with, might be mistaken for "fungous hæmetades. A microscopic examination will, however, soon establish the difference. We saw Prof. G. W. Campbell, of McGill College remove one of these tumors from the arm of a young man. It had been open for about a year, during which time it bled frequently and profusely. It was quite dense and heavy, and was flattened on its exposed surface by the pressure which had been applied to it. The patient, who was originally robust, was quite anæmic from loss of blood. He made a rapid recovery, and has, we believe, had no return of the disease.

From a careful examination of the effects of removal in 235 cases of hard cancer, our author makes the following deductions:—"1. In cases of acute hard cancer, the operation may be rightly performed. 2. The operation seems proper in all cases in which it is clear that the local disease is destroying life by pain, profuse discharge or mental anguish, and is not accompanied by evidences of such cachexia as would make the operation extremely hazardous. 3. In all the cases in which it is not probable that the operation will shorten life, a motive for its performance is afforded by the expectation that part of the remainder of the patient's life will be spent with less suffering, and in hope, in place of despair. . . On the other side, there are many cases in which the balance is clearly against the operation. 1. In well marked chronic cancers, especially in



old persons, it is so little probable that the operation will add to either the comfort or the length of life, that its risk had better not be incurred. 2. In cases in which the cachexia, or evident constitutional disease, is more than proportionate to the local disease, the operation should be refused: it is too likely to be fatal by its own consequences, or possibly by accelerating the progress of cancer in organs more important than the breast. 3. If there be no weighty motives for its performance, the operation should be avoided in all patients whose general health (independently of the cancerous diathesis), makes its risk unusually great; in all, for example, who are very feeble, very fat, over-fed, intemperate, or in any of those conditions which make persons unfavorable subjects for surgical operations," p. 528.

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XXII.—*A Practical Treatise on Diseases of Children.* By D. Francis Condie, M.D., Secretary of the College of Physicians; Member of the American Medical Association; Member of the American Philosophical Society, &c. Fourth edition, revised and augmented. Pp. 715. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

Here is a sound practical work on the diseases of children, which should be possessed by every young physician entering on the arduous duties of his profession. Difficult as the treatment of infantile diseases confessedly is, he will find that, during the first few years of his practice, the majority of the cases which will be entrusted to his care, will consist of children; and as there is no class of diseases in which a practitioner's reading can be turned to better account, a thorough acquaintance with Dr. Condie's treatise will, we are certain, be of material assistance to him.

There are two classes of diseases which, in this country are dreaded by heads of families. These are, diseases of the digestive organs, and respiratory apparatus. A vast proportion of the deaths which go to swell the large annual mortality occurring among children are to be attributed to diseases belonging to either of these two classes. Many a bud withers and dies—many a green and promising branchlet perishes before their blighting influence. They are emphatically the scourge of infantile life in Canada. We do not pretend to say that this country is the only one in which children suffer to any extent by these affections. They are peculiar to childhood the world over. But we mean to assert, that the ratio of deaths from these diseases, as compared with the deaths resulting from other affections, is greater in this Province than in most other places. Nor need this be a matter of astonishment. What physi-

cian, who has observed the manner in which parents allow their children to partake indiscriminately, during our hot July and August months, of strong animal food—highly seasoned condiments—pastry—ices, &c. &c., but would expect, as a consequence, the death of a great proportion of them. Did not our physiological knowledge teach us differently, the almost universal practice of feasting children, on all occasions, with hot bread, “puff paste,” and comfits, might lead us to imagine that these highly indigestible substances were really the proper food for them. A serious evil arising from this false system of dietetics, and one which assists materially in producing severe stomach derangements, with their too often fatal results, is, that it creates a factitious appetite, which is never satisfied until the stomach becomes completely gorged. Times and again have we witnessed, with feelings of disgust, the modern process of child-stuffing. So long as the horse-leech cry of “more—more” was heard, just so long did the mistaken mother continue to supply the demand, until, completely surfeited, the child leaned back in its chair, heavy, dull and stupid.

If affections of the stomach and bowels in children are to be attributed, in a great measure, to errors of diet, it is no less certain, we believe, that the *fons et origo* of affections of the lungs and throat are to be traced to the results of improper modes of dress. The process of what is termed “hardening” children, has sent more to their graves than it has made robust and healthy. Parents in this case violate, in the person of their child, certain physiological laws—but not with impunity. Attacks of croup, bronchitis, pneumonia, or pleurisy speak in terms not to be misunderstood, that the delicate organization of infancy or childhood cannot bear the partial exposure of the body to the inclemency of the weather. They may certainly escape for a time, but the chances are decidedly against the continuation of health. Why the mischievous practice should exist, of sending out children on cold days with their legs and arms uncovered, passes our comprehension. And parents will never know better until physicians give that attention to dietetics and dress, both of adults and children, which the importance of the subject demands. If medical men were to denounce what they must know to be injurious a plain, simple, nutritious fare would soon find favor in nurseries and at tables where the very opposite description of diet is partaken of. Nor would portions of the delicate and extremely sensitive surface of a child’s body be rashly exposed to the atmosphere at all temperatures; and, as a natural sequence, there would soon be a material decrease in the number of diseases of the bowels and lungs, and the mortality tables would contain fewer records of children’s deaths.

That Dr. Condie is fully impressed with the importance of a strict attention to the hygienics of children is sufficiently evidenced by the

seven excellent chapters, devoted to this subject at the commencement of his work. They are assuredly not the least valuable part of his 'practical treatise.'

XXIII.—*The Prescriber's Pharmacopœia*; containing all the medicines in the London Pharmacopœia. Revised, with additions. Third American from the Fourth London Edition. By Thos. F. Cock, M.D. New York: Samuel S. & William Wood. Montreal: B. Dawson.

To the physician of large practice, this little work will serve as an excellent pocket companion. The medicines are arranged, for convenience of use, "in classes according to their action, with their composition and uses." Dr. Cock has made the following useful additions to the American reprint:—Uses of medicines: Diet for sick, and proprietary formulæ.

XXIV.—*The Medical Formulary*; being a collection of Prescriptions, Dietetic Preparations, and Antidotes for Poisons, with an Appendix on the Endermic Use of Medicines, and on the use of Ether and Chloroform, with Pharmaceutical and Medical Observations. By B. Ellis, M.D. Tenth Edition. By R. P. Thomas, M.D. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

The character of this work has been long since established, and its value so well known, that few physicians are without a copy of some one or other of the numerous editions through which it has passed within a very short time.

The Editor has kept pace with the march of the day, and we look upon the present edition as superior to any of its predecessors.

## CLINICAL LECTURE.

*Disorders of the renal secretion in Delirium Tremens and in injury of the Spinal Cord.* By H. BENCE JONES, M.D., F.R.S., Physician to St. George's Hospital.

(Condensed from the *Medical Times and Gazette*).

Delirium Tremens, a congestive disease, is occasionally seen here in fearful intensity. Its resemblance to the diseases previously noticed, is most apparent in the presence of albumen in the urine, in the state of

the kidney and in the tendency to epileptic convulsions. The following cases illustrate my observations on congestion of the kidney in delirium tremens:—

A man of 35, with delirium tremens, had not slept for 3 nights; 2 hours after admission, he had an epileptic fit; 2 days after, the urine had a sp. gr. of 1019.3, a trace of albumen and blood globules; fibrinous casts not clearly determined. After 2 more days of extreme violence he had two convulsive fits, in the last of which he died. *Post mortem*, both kidneys large; much congested on surfaces and lobular; capsules peeled off easily; on surface a few slight pits as if from atrophy, but elsewhere quite smooth.

A man of 35, 5 days ill, with seventh attack of delirium tremens. On admission, passed 6 oz. of urine, deeply red, having traces of blood, albumen and fibrinous casts: sp. gr. 1018. He slowly recovered, urine being 1027.9 and free from albumen.

A man of 40, 3 days under a third or fourth attack of delirium tremens. After a most excited night, the morning urine was albuminous and abounded in urea and sulphates: sp. gr. 1037.8. Passed, later in the day, the albumen was increased sp. gr. 1041.2. He died next day. The kidneys were congested, the malpighian tufts full of blood; several small cysts in the cortex, but structure otherwise healthy.

Such cases might be mistaken for Bright's disease, and, by repetition, might induce it, but I have found that when the congestion subsided, the albumen disappeared without any treatment directed to the kidneys. When the renal congestion of delirium tremens, cholera and scarlet fever passes into inflammation, pus is rarely found in the urine. But there is another form of congestion—also from acute disease—affecting the ureter and bladder as well as the kidney, where the signs are more perceptible. Severe injury of the upper part of the spinal cord, usually causing death in 21 days, is truly an acute disease: laceration from fracture often causes great congestion and purulent urine, the degree, however, varies—the urine may be healthy and the kidneys but slightly congested; the urine simply purulent; urine purulent and alkaline; as examples—

Of the first degree—A man of 35 fell across a piece of wood and broke the 6th and 7th cervical vertebræ. Completely paralysed below mammae. Urine the day after admission, very acid and 1023.1; on the 3rd, 8th, 9th, 16th and 18th days, also acid and sp. gr. 1018, 1022, 1023, 1011, 1011. On the 21st day he died, the pulse getting slower and weaker and dyspnoea increasing. The cord, for 1½ inches, diffused. Several ruptures, about 2 lines in depth, on front of right kidney, but no inflammation. Other kidney normal.—A man of 30 fell from a roof 40 feet high, where he went when drunk to escape from imaginary thieves; 6th and 7th cervical vertebræ broke and the cord tore across: 10 hours afterwards no urine in bladder; 19½ hours after some urine drawn off, which was strongly acid and stayed so for 7 days; sp. gr. 1012, and contained a few blood globules. He died 22 hours after the fall; great congestion of kidneys but none of lining of pelvis or ureters; bladder healthy and full of urine.

Of the second degree—when the urine is purulent and acid throughout. A man of 31 fell out of a cart and broke the 1st dorsal vertebra. On the 5th day paraplegia was complete and the urine was acid 1014.2.

6th day urine acid, 1030.2, much urates, some cells like pus., with some blood. 7th day as last. He died during the night of dyspœa from pulmonary congestion—the lining of left kidney slightly inflamed, some semi-purulent fluid in the hilus; bladder rather full of urine, which, except slight turbidity, seemed healthy; mucous membrane natural.—A man of 48 fractured 6th and 7th cervical and the 2nd and 3rd dorsal vertebræ: 12 hours after urine acid, 1019.1. 2nd day, highly acid, remaining so for 7 days in June 1025.3. 3rd, acid, remaining so at least 5 days, 1027, deposited crystals of uric acid; had some albumen and pus, cells. 4th, 1024.1, acid, a trace of albumen, pus, less distinct. 5th, acid, 1027.8, some blood, pus doubtful. He died in the afternoon comatose: lining of pelvis of both kidneys very slightly congested; bladder healthy.

The preceding shows that the inflammation of the lining of the kidney precedes that of the bladder, and causes pus in the urine before the alkalinescence appears, and the sp. gr. falls. The same sequence attends the cases of the third degree. A glazier, 39, broke the 4th and 5th cervical vertebræ: paraplegia complete. 4th day, urine acid, 1029.2. 6th, acid, 1030.2, no pus but great deposit of urates. 8th, acid, 1022.0, thick from urates; no pus., no albumen. 9th, less acid, 1007.3; a little pus. 10th, very full of pus, 1010.8; neutral, ropy in 16 hours. 11th, alkaline, much pus, too decomposed to take the sp. gr.: continued so till the 22nd day, when he died. For the last 6 days much diarrhœa. The lining of the Pleum for 2 feet intensely vascular and dark; in its submucous areolar tissue a few small ecchymoses; free surface covered by a dark red or almost black tenacious mucus. Intestinal glands healthy. Left kidney very vascular and studded with small abscesses. Infundibula pelvis and beginning of ureter very vascular and distended with pus. Right kidney also vascular, but less than left. Bladder held much pus and highly vascular. In the next case the pus appeared much earlier in the urine. A laborer, 35, broke the 11th dorsal vertebra, and was completely paralysed. 2nd day, urine slightly acid, 1029.2. 5th, acid, and remaining so for 4 days, 1025.3. 6th, slightly alkaline, mixed with blood and pus. 7th, highly ammoniacal, 1022.8, ropy mucus. 13th, extremely foul, 1007.8. He died on the 38th day. Both kidneys smooth but soft; much congested; lining of calices, infundibula and pelvis of left kidney very much congested, and in several places thickly covered with lymph. No such appearances in left kidney, but urine squeezed from it was puriform and alkaline; some of its mammary eminences much congested. Bladder slightly thickened, and muscular coat fasciulated; mucous membrane slightly congested in patches and highly ulcerated. A false passage between prostatic urethra, and a large and very foul abscess between the bladder and rectum.

It may be concluded, 1st. That injury of the cord does not immediately affect the renal secretion; and 2ndly. That inflammation of the mucous membrane precedes and probably causes ammoniacal urine. The effect of the inflammation upon the density of the urine is instructive, as in Bright's disease the same low density usually occurs. In none of the cases I have seen has the temperature been increased, though this occasionally occurs, as in Sir B. Brodie's case of a man who had a severe spinal accident, and died in 22 hours. At last there were but 5 or 6 inspirations a minute, and yet his groin was 111°. From Bernard and Budge's ex-

periments, it is probable that there is only increase of heat when the sympathetic nerve is injured, and that when the cord alone is injured the heat falls. Sequard refers the phenomena of injury to the sympathetic, to paralysis or dilatation of the vessels. The blood, finding a larger way than usual, arrives in greater quantity, and hence nutrition is accelerated.

I have but little to say upon treatment. In delirium tremens the congestion may be from the action of alcohol in the blood on the kidneys, or more often from the stimulation of the heart and blood vessels. I have never cupped, but have allayed the excitement and quieted the circulation by opium, and thus got urine free of its blood. In injury of the cord, congestion results from paralysis of the capillaries. We judge of what goes on from analogous states of the eye that are visible. In paralysis of the ophthalmic nerve, the conjunctiva is often vascular, and gets more or less actively inflamed. So also from section of the pneumogastric, congestion first and inflammation next of the lining of the bronchi and stomach results. In injury of the cord there is the same tendency to congestion of the mucous membrane and skin. In one case most marked in the kidneys, in another in the bladder, and in another in the intestines. As the injury is irreparable, so the effects can only be palliated. The putrefying urine must be drawn off at least twice daily, so that its irritation may not add to the cystitis. Injection of warm water is sometimes useful, but sedulously avoid the slightest mechanical injury which would aggravate the symptoms.

## THERAPEUTICAL RECORD.

(Virginia Medical and Surgical Journal.)

*Aphonia.*—Dr. Stevens of Ohio reports a case of Aphonia, of twenty months standing, relieved by iodine inhalations. Prof. Pancoast has recorded two instances in which he cured aphonia without structural alteration by inhalations of dilute chlorine vapour.

*Gangrene of the Lung.*—Professor Skoda reports four cases of gangrene of the lung, treated by inhalations of the vapor of spirits of turpentine, of which three recovered. Dr. Skoda has great confidence in this remedy, and reported last year one case in which it was successfully employed.

*Paralysis of Bladder* after exposure to cold, and for which electricity was tried in vain, has been cured in 15 days by Dr. Pavessi, by daily washing out the bladder with an infusion of mallows, and then injecting a solution of nicotia, 12 grs to an ounce of water, with a little gun.

*Pertussis.*—Trousseau defines this disease as a specific and infectious bronchitis, and recommends that it should be treated by emetics of sulphate of copper, and afterwards by the powdered root of belladonna.

*Syphilis.*—Mr. Ed. Robin announces to the Institute of France, that the bi-chromate of potass, which he has recommended as an anti-syphi-

litic, has been successfully employed in France by Mr. Vivant, and had been used with equal success at Erlangen, (Bavaria,) by Professor Heyfelder.

*Tetanus*.—Dr. Poitevin, of Mobile, Ala., reports in a French Medical Journal, a case of well characterised traumatic tetanus successfully treated by large doses of tartar emetic. Dr. Carpenter, of Long Island, reports two cases of traumatic tetanus, in which recovery followed applications of ice to the head and spine; opiates, mercurials, and assatœtida injections having likewise been freely employed.

*Trismus Nascentium*.—Dr. Gaillard, of Charleston, S. C., reports two cases of this formidable disease, in which recovery took place under the employment of the tincture of Indian hemp.

*Tuberculosis*.—M. Trousseau has revived a method of treatment proposed by Dioscorides, viz: arsenical inhalations. Cigarettes are prepared of paper which has been moistened by a solution of arsenite of potass, and dried. These are smoked once or twice a day for a fortnight.

*Amenorrhœa*.—Dr. Pluiner, of Richmond, Virginia, reports the successful treatment of Amenorrhœa with half ounce doses of the liq. acet. ammonia, properly prepared with dilute acetic acid.—*New Hampshire Med. Journal*.

*Strangury from Blisters*.—Dr. Anderson, of Alabama, believes that strangury can uniformly be prevented by "smearing the plaster with oil of turpentine" before applying it.—*Id.*

## PERISCOPE.

*Trial for Homicide by the use of Chloroform*.—Chloroform had been administered prior to removing a tumor from the face of a Mr. Breton, the "result" of this administration having proved "fatal." The anæsthetic agent was given, it seems, with the usual precautions, but the extirpation of the tumor had been scarcely commenced, when (permit me to translate from the *Gazette des Hospitaux*.) "the patient made several efforts to disembarass the mouth of its contents, then a sort of agitation suddenly manifested itself in his hands, his arms stiffened, the pulse became extinct, the heart ceased to beat, he fell as *thunderstruck*." The usual means of resuscitation were adopted—abasement of the head, artificial respiration or insufflation, &c., but ineffectually—the patient was dead—dead from the effects of chloroform.

Here, then, arises questions of great interest to our profession. Are accidents of this nature *unavoidable*? Is it impossible to *foresee* them? What say MM. Nclaton and Velpeau of the Hospitals of the Faculty and La Charite, respectively, who were examined as experts in this case?

The former testified—1st, That local circumstances—such as regard the chamber of the patient, the quantity of furniture contained therein—are matters of but *slight* importance, the effect of the administration of chloroform being precisely "to intercept the air about the respiratory tract." The only precaution requisite is to preclude the penetration of

too great a quantity of it at one time. 2d, That the research of means to prevent such accidents, "*always unforeseen*," has been the continual pre-occupation of surgeons since the introduction of anæsthetics, but the measures proposed up to this time are very "contestable," or even [do not "exist at all;"] that the number of deaths do not amount to more than *one in two thousand* cases of chloroformization. M. Velpeau, after speaking of the inexplicability of the instantaneous deaths that occasionally result from the exhibition of chloroform, said it can no longer be doubted that chloroform "sometimes kills" even in the most experienced hands, and it is impossible to adopt any precautionary measures to ward off such accidents: that he himself would no longer *dare* to use chloroform, if physicians be exposed to prosecutions in such cases, even when all the precautions dictated by prudence shall have been employed. The court reversed the decision of the court below, which had imposed a fine upon the defendants, and exculpated them of all charge of imprudence or mal-practice.—*Southern Journal Med. and Physical Sciences.*

*Are the subjects of convulsions conscious?*—From the following case, and what he has observed in anæsthesia, Dr. Ramsey has been led to suppose that persons in convulsions are conscious:—

An interesting boy aged about three years, was observed by his parents to be unwell. Having lost two or three children by very sudden spasms, their fears were active, and the physician was promptly summoned. On examination no wiriness or tension of the pulse, or nervous twitchings of the tendons could be discovered, and the apprehensions were attempted to be allayed. After a few moments he was observed to bend his head to one side and down towards a shoulder. His mother asked him 'what's the matter,' to which he replied very faintly, 'nothing.' This was repeated three times, the same answer given twice, but no notice whatever the third time. But a very few moments elapsed, when he was seized with a most violent and general convulsion, distorting his countenance and affecting the muscles of his whole body and limbs; lasting for full fifteen minutes actively, when it passed off, leaving him in a listless, and apparently unconscious state for full half an hour longer. At the end of this period he opened his eyes, looked round, threw himself his full length, and very languidly exclaimed, '*what a hard ride that was I had on the wagon.*' It was indeed a hard ride, in a rough wagon over a rough road: for I believe, though I have seen them of a longer duration, I have never seen a more violent action than that convulsion; and I am sorry to believe that the little fellow knew his sufferings, during their continuance, though he remembered them but for a few moments immediately after their subsidence.—*Id.*

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## The Medical Chronicle.

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LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

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### SPIRITUALISM.

From the general interest this subject has awakened, the attention it has received from men of eminence, and the misconceptions prevalent



about it, we have been induced, at this season of mirth and mystery, to pen the following article.

Spiritualism is exemplified directly by living beings, and indirectly through inanimate objects. Its phenomena are singular and various. By it tables have turned, danced to music, ascended walls, &c.:—media by sounds, or speech, or writing, have replied to questions, whether avowedly expressed or mentally conceived; propounded doctrines; disclosed revelations; uttered prophecies, unfolded occurrences; become the oracles of departed souls, and established a communion between the living and the dead. These astounding results have been referred to supernatural agencies, electricity, and other improbable causes, to which the ignorant and superstitious are ever ready to appeal. Spiritualism, however, has been thoroughly investigated, and shown to be a mixture of a little truth with much error; most of its results are irrelevant or fallacious, and its principal claims ideal or illusory, while the fewer number, as table moving, unconscious speaking and involuntary writing, are *bona fide* positive occurrences, easy of demonstration, and susceptible of explanation. These latter are produced by human efforts, due to muscular contractions, involuntarily or unconsciously exerted in the persons of those exhibiting. Spiritualism, like somnambulism, has proved that intense thought, emotion, and other functions of the mind have, as volition, power over the muscles, can stimulate them, make them contract, and execute actions in obedience to the impression of some dominant idea, or antecedent conception. In the waking and conscious states, the will exerts a control over the other mental powers, and keeps down their influence; but under circumstances, as abstraction, &c., the will becomes nugatory, and the other functions may acquire a supremacy over it, and exemplify the fact in the manner stated, by intelligent actions, only differing from those in ordinary conditions by being produced independently of consciousness, or of the will, and therefore involuntary. The person, though aware of the result is ignorant of his instrumentality in its causation. Spiritualism exhibits, as dreams, the power of fancy to usurp the place of will; as impulsive insanity, the irresistible tendency of the excited mind to execute motions upon which it dwells, even though contrary to the will; and as in certain phantasms the vivid conception of an action is followed by its unconscious imitation.

The remainder of spiritualism—revelations, prophecies, answers, &c., is merely a false creation of a heat-oppressed brain.

O save, ye gods omnipotent and kind,  
From such abhorr'd chimeras, save the mind!

Dr. Andrews, who has patiently tested the matter, concludes:—"1. When the question was vocal, and the medium knew what the answer should be, *the spirit invariably answered correctly.* 2. When the ques-

tion was such that the medium neither knew the answer, nor could have any possible chance of hitting right by coincidence, *the response was invariably wrong*. 3. When there was a chance of hitting right by coincidence, as in questions of yes or no, or questions of numbers, and some others, the answers were sometimes right and sometimes wrong. 4. If the questions were mental, and no chance of guessing right existed, the answers were *always false*. If, in addition, the countenance was so guarded as not to show when a mental question was asked, the answers were not only false in substance, but out of time with the question; and answers repeatedly came *when no questions had been asked*."

So also Dr. Norton thus expresses himself. "In regard to the writing I have probed the matter to the bottom. I have been a writing medium, and can demonstrate by an analysis of my own mind, while engaged in receiving communications that the spirits of the dead are not at all concerned in it."

Spiritualism does not stop here; its devotees are further distinguished by their *enlightened* opinions upon nature, man, &c., and their reckless discussions of the holiest themes. According to them, nature is before the bible—revelation, unless agreeing with nature, is wrong—hell has no existence—the events in the life of the Saviour were not more miraculous than those of any good man—seeing God is heaven, whether in this sphere or any other—religion is no such thing as is and has been taught by theologians, &c. &c. The spirits intend, they say, to unfold the wisdom of the spirit world; to deliver mankind from error; to share the wisdom of the immortal home, and effect a reformation in all that pertains to a life beyond the tomb.

The end of these things is awful. From terror, excitement, and such like influences, the mind grows weaker and weaker, until, alas, wisdom has been often seen to desert her throne, or distraction to sit down with her. In a short space of time, 27 suicides, 8 murders, and 209 cases of insanity occurred where spiritualism was most fashionable, and were directly traceable to it as the cause.

#### A MEDICO-LEGAL CURIOSITY.

At Damascus, in 1840, a Roman Catholic priest, having suddenly disappeared, a strong suspicion arose that he had been murdered, and certain Jews were charged with the crime, for horrible purposes. The sewer in the quarter of the town where they lived was examined and some bones found, which were pronounced to be human, and considered

confirmatory of the suspicion that had arisen. Several of the accused parties died under the tortures to which they were subjected. The bones, after some time, were sent to Paris, and having been examined by the Academy of Medicine, were found to be those of an animal. The eminent writer who records this remarkable example of the deplorable effects of ignorance and the low state of anatomy, does not believe that such a mistake could occur where there were educated men, as it might be prevented by the examination of even a fragment. His opinion, however, is controverted by a late performance in this city. An aged pensioner lived unhappily with his wife. She was missing for a few weeks, and the thrilling intimation was mooted that he had made away with her. He was apprehended on suspicion, and in a search for confirmation of the current belief, some bones, more or less imperfect, were withdrawn from the ashes in his fire-place, whither they had lain hid. Three physicians of this city having examined the reliqs, declared it as their conviction that they were the bones of an aged female, and this being put together with that, it was about to go hard with the poor old man, and he might have suffered the severest penalty of the law, had it not been that the solemnities of the court were interrupted by the entrance of his beloved consort in unimpaired health. The malicious bones were subsequently proved to belong to a sheep. They had formed part of the dinner meal, and having been picked, were carelessly thrown upon the hearth. We will not now pursue any further this sad exposition of professional benightment. On another occasion, as requested, we may expatiate on the differences between human bones and those of animal. In the meantime, we recommend the case to the notice of our medico-legal friends and expect hereafter to see it duly emblazoned in the pages of history as a great fact.

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#### CENSUS OF 'THE CANADAS FOR 1851-'52.

The first report of the Secretary of the Board of Registration and Statistics on this subject has lately been printed. The census was divided into Personal and Agricultural. The last is by far the most advanced. The former is intended to include census by age, births, deaths, &c.—trades and occupations—causes of disease—number of houses, and families occupying; but, so far, it only comprises a few general observations and tables, containing the origin and religion of the people of Canada. It is stated that the rest is being extracted and prepared, and much is ready for the printer. It is a work of vast labor, and no pains have been spared to collect the required information. Of necessity it takes a long while for completion, even with the aid of many hands. To the profession one

of the most important points is the cause of deaths; but we fear its statements, as in similar statistics, will lose much value from incorrectness of the accounts given in to the Board. Persons are constantly dying from unknown causes, and with ailments that are supposititious. Too often a name is given at random, or on false belief, to cover a disease to which it has not the least reference. We have seen this done both in public and private, and do not write unadvisedly. The weekly bills of mortality in any large city show the same truth.

The census is supposed to have been taken on the 12th January, 1852. The population of the two Provinces amounts to 1,842,265.—Upper Canada 952,004, of Lower Canada 890,261. Comparative tables show that the greatest rate of increase in the former has been 11½ per cent. per annum, in the years 1834 and 1851; lowest 4½ per cent., in 1825 and 1842. Similar details are not given of Lower Canada, but simply a table of its population in different years; in 1831 its population was 511,920.

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*Attendance at the Schools of Medicine in Canada. Session 1853-54.*—At Toronto there are 50 registered students in Trinity University, of whom 8 are matriculants for the degree of M. B., having passed the necessary preliminary examinations. The Toronto School of Medicine numbers 37 pupils. The medical department of the Toronto University is not in operation.

At Quebec there are 8 students following the School of Medicine of that city; upon some of the branches usually taught—practice of physic and surgery—there are no lectures given.

At Montreal, a larger number of medical aspirants have congregated together during the present than in any previous winter. 76 names are enrolled in the matriculation book of the medical faculty of McGill College, and 38 élèves are attached to the Montreal School of Medicine and Surgery.

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*Quebec Marine and Emigrant Hospital.*—His Excellency the Administrator of the Government has been pleased to make the following appointments to this institution. Dr. James Sewell, Alexander Buchanan, Esq., Chief Emigrant Agent, and Dr. Olivier Robitaille, to be trustees for its management, in place of the former Board of Commissioners, whose appointment is revoked. Dr. James Sewell to be chairman, and Dr. Philip Wells to be secretary and treasurer of the said trust. Drs. Joseph Painchaud, Jean Blanchet, Alexander Rowand and Alfred Jackson, to be visiting physicians in the place of former physicians, whose appointment is revoked. These new appointments are dated, Secretary's Of-

five. Quebec, 9th December, 1853. Each attending physician is to have a salary of £100 per annum. We believe there is thus carried into effect the suggestions of the Commissioners authorized to inquire into the state, &c., of the hospital in November, 1852. The staff is undoubtedly very efficient, and we are glad the services have been secured of gentlemen whose reputation for skill and fitness is so generally admitted. We think, however, the numbers might have been increased, with great propriety and evident advantage.

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*Cost of Medical Journals.*—Novitates who know but little of the secrets of "our fraternity," will be surprised to learn that during the past six months, the payments on account of the Provincial Medical and Surgical Association have amounted to £1330 6s. 10d., or an aggregate of £2060 13s. 8d. for the whole year. Nearly on a par with this is the fact that the Medical Society of Virginia have determined on establishing a state journal, devoted to the cause of medicine, the incidental expenses to be defrayed by subscribers, and, if necessary, by the pockets of 300 members; among other items is the sum of from \$500 to \$2000 to pay a financial agent. After such literary experience, what luckless enthusiast would have the temerity to rush into types and press!

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*New Sticking Plaster.*—We notice by a late *Lancet*, that Mr. Nickels has invented an elastic adhesive plaster. The adhesive material is spread on an elastic fabric, expressly manufactured. It possesses great elasticity, allows a free play of the muscles, and does not impede the circulation. No external bandaging is needed. It seems particularly applicable to wounds and ulcers on the face and hands, or it may be moulded to, or laid on, any prominence or cavity.

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*Additional Exchanges.*—It affords us the greatest pleasure to place the following Journals on our exchange list:—Edinburgh Monthly Journal of Medical Science, London Medical Circular, Dublin Medical Press, The Stethoscope and Virginian Medical Gazette, Kentucky Medical Recorder.

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*Books received for Review.*—Bueckler on Bronchitis, 1853: Messrs. Blanchard & Lea. Carpenter on Alcoholic Liquors, 1853: Messrs. Blanchard & Lea.

Dr. Dunglison's *Materia Medica*, with the other books on hand, will receive due attention in our next.

## HOSPITAL REPORTS.

*Compound comminuted fracture of the outer ankle, from the bite of a bear.*—William Jordan, healthy and temperate, *ætat* 25, a gardener in the employ of Mr. Gumbault, upon passing through the zoological grounds on the evening of the 12th September, 1853, kicked back his left leg at a large black bear, which refused to obey his beckoning, when the animal sprang at his outstretched foot and caught the ankle in its mouth, locking its jaws across the transverse axis of the joint. He was held fast in this manner for a few moments, until rescued by some bystanders.—Several wounds were inflicted by the teeth, and one in particular larger than the rest, over the lower end of the fibula, from which a practitioner who saw him soon after the occurrence of the accident removed a small bit of bone. During the night he lost a considerable quantity of blood.

Next day he was admitted into the Montreal General Hospital by Dr. Wright, when, upon examination, the part appeared slightly swollen, and was very painful. A confused wound existed over the inner malleolus, of slight extent, and not deeper than the skin. Over the outer malleolus was a large open wound, irregular in shape with lacerated and everted margins, filled with clotted blood: on probing this the bone beneath was found splintered and broken into splenke, some of which were wholly detached and easily taken away, during the operation, while others were so adherent that their removal was not deemed expedient. The form of the outer malleolus was preserved, showing the absence of any complete separation longitudinally, and neither bones of the leg having been fractured transversely, there was no shortening or displacement of the foot. A smaller circular wound, bruised, and not unlike that from a gun shot, lay along the outside of the tendo achilles, and between this and the first mentioned were seated four small abrasions at short intervals from one another. He was directed to keep warm water dressing constantly applied, and to take a table spoonful of mist' antimonial aperien every three hours.

15th. Wounds not bordered by redness and not very painful, looking sloughy; through the largest, which is about the size of a shilling and painful, the bone can be readily felt bared. The abrasions have scabbed. Sleeps well; pulse not accelerated; bowels not moved for two days; tongue slightly furred. R. jalape gr. x. hydr. chlorid. gr. ij. ch. iij. j. om. 3h. Cont. mist.

16th. Still constipated. R. scammon Ess. ol. tiglii. gtt. j s.s., which produced the desired effect.

19th. Slight redness round sloughs: feels somewhat painful. Linseed cataplasms substituted for water dressing.

22nd. Considerable portion of sloughs separated and succeeded by healthy granulation and suppuration: a portion of slough at bottom of largest wound appears to consist of fibrous tissue. Only two wounds now exist; the remainder—chiefly abrasions—are healed. No pain; no fever. Sleeps well.

24th. Getting hungry: increased diet: omit mixt.

26th. Slough entirely detached: exposed surface studded with healthy granulations: no part of bone seems uncovered. Over the largest ulcer there is loss of skin for nearly size of a half crown piece, and over the other for about one third this size. Omit catapl. Approximate edges with straps of adhesive plaister.

29th. No material amendment has yet occurred. Discontinue straps and apply lot. acid nitric.

October 4th. Granulation advancing, large sore nearly filled, its bottom all but on a level with the skin: the smaller has contracted to half its size.

5th. Granulations look pale and less healthy. Complains of slight headache and malaise. R pil. hydrarg gr. x. nocte. Haust mg. cras. mane.

10th. Only the large ulcer is open; its granulations have been large, faint in color and not numerous. Discharge sero-purulent and not very copious. A thin plate of bone about size of a three penny piece, pointing, was extracted by forceps.

17th. Sore smaller, but other characters as at last report. A piece of bone like the last came away spontaneously this morning.

20th. Granulations continue sluggish: to be touched with tincture cantharides.

21st. Lotion changed for cerat resin.

26th. Ulcer not larger than a short button, granulations florid and small, pus bandable: apply red wash instead of cerate.

28th. Suppuration ceased, sore covered with a scab. Motion of joint a little restricted from disease. Discharge 1.

Nov. 14th. Was seen to-day, states that soon after he left the Hospital the crust fell off, and a little matter continued to run for several days from a small point, through which, on the 9th, a little particle of bone passed out, and that immediately afterwards the hole closed up, leaving an uninterupted cicatrix.

23rd Nov. About 4 days ago a pustule appeared in upper part of cicatrix over malleolus, it broke, and has since been giving exit to a small quantity of matter. Around the cicatrix the skin is red, a little raised and rather sore.

26th Dec. In the beginning of the month stopped discharging, and continued dry till a few days ago, when another pimple came out in the old spot, broke, and has since been running. There is evidently another ossicle being extruded. Since he left the Hospital he has been walking about a good deal, and for the most time been working hard.

RETURN of Sick in the Marine and Emigrant Hospital, Quebec, from the 30th October to the 3rd December, 1853, inclusive.

	Men.	Women.	Children.	Total.
Remained,	47	23	4	74
Since admitted.	72	16	5	93
	<hr/> 119	<hr/> 39	<hr/> 9	<hr/> 167
Discharged,	89	16	5	110
Died,	3	2	1	6
Remaining,	27	21	3	51
	<hr/> 110	<hr/> 39	<hr/> 9	<hr/> 167

Fever,	5	Ulcers,	5	hemorrhœa,	1
Influn. of Lungs,	5	Wounds,	2	Fregnancy,	4
Rheumatism,	9	Contusions,	10	Necrosis os front,	1
Dysentery,	1	Burns and Scalds,	4	Fistula in ano,	1
Dropsy,	1	Pertussis,	1	Stricture,	2
Syphilis,	11	Ophthalmia,	2	Epilepsia,	1
Fractures,	2	Febricula,	6	Hypert. Heart,	1
Abscess,	4	Anæmia,	1	Paralysis,	1
Frost Bite,	1				

C. E. LEMIEUX, House Surgeon.

### MONTREAL DISPENSARY—SEMI-ANNUAL REPORT.

From 1st May to 1st November, 1853.

Patients admitted, 243; Discharged—Cured, 179; Relieved, 53; Remaining, 7: 13 were attended at their own residences.

Ages—Under 2, 31; from 2 to 8, 35; from 8 to 20, 31; from 20 to 40, 74; from 40 to 60, 61; over 60, 11.

#### DISEASES AND ACCIDENTS.

Febris, com. cont.	5	Lentitio	3	Lichen trop.	1
“ remittent	4	Diarrhœa	26	Porrigo fav.	1
“ typhoid	1	Dysentœria	2	Scabies	1
Scarlatina, simp.	1	Dyspepsia	16	Timen enpitis	1
Varicella	1	Emesis	1	Amenorrhœa	2
Variola, confl	1	Gastritis, subac.	2	Dysuria	1
Anæmia	1	Hæmorrhœis	1	Graviditas	3
Debilitas	2	Helminthiasis	9	Mastitis	1
Marasmus	1	Hypochondriasis	1	Menorrhagia	1
Rheumatismus	8	Irritatio Intest.	2	Palpitatio	2
Struma	2	Pyrosis	2	Vaginitis	1
Syphilis consec.	7	Stomatitis	2	Contusio	11
Bronchitis	13	Hydrocephalus	1	Fractura	4
Catarrhus com.	9	Ictus serus	1	Vulnus incis.	6
“ simul	2	Hysteria	1	Abscessus	4
Hæmoptysis	1	Neuralgia	1	Adenitis	4
Laryngitis	1	Pleurodynia	2	Aretus immob.	1
Pertussis	3	Odontalgia	4	Caries	2
Phthisis	9	Conjunctivitis	2	Hydrarthrus	3
Pleuritis	1	Auris Ulcus	1	Ling. coarct.	1
Ascites	2	Cophosis	1	Mollities ossium	1
Cholera Canad.	1	Eethyma	3	Paronychia	3
“ Infant.	4	Eczema, ch.	1	Parulis	1
Colica Flat.	1	Herpes Zoster	1	Phlegmon	1
Constipatio	7	Lepra Vulg.	1	Ulcus	8
Cynanche Tons	2				

Attending Physicians—May and August, Drs. Peltier and Jones: June and September, Drs. Fenwick and R. P. Howard: July and October, Drs. Boyer and Wright.



## MEDICAL NEWS.

Wm. Pain, Esq., of Feltham, Middlesex, has bequeathed the sum of £1,500 to King's College Hospital, London.—A Committee is in course of formation in France to promote the erection of a statue to the distinguished M. Arago.—The personal effects of the late Bransby Cooper, Esq., have been sworn under £6,000.—A M.S. work on the natural history of Balmoral and its neighborhood, by the late Dr. McGillivray, has been purchased from the executors by Prince Albert.—The subjects of the Pacha of Egypt who study medicine, surgery and military sciences at Munich, have been recalled by order of the Pacha.—A woman in an excited state went into a drug shop and asked for poison: the druggist very sensibly gave her carbonate of soda, which she swallowed on reaching home. She then bade her children good bye, told them she was done for,—and lived.—The noble specimens of pythons, boas and other snakes in the London Zoological Gardens have succumbed day after day to a disease in the mouth, which seems to have affected nearly all of them.—At Bucharest, the hospital is full of sick soldiers (Russians); and in addition to the barracks, 23 houses are converted into receptacles for the sick, of whom 40 wagon loads arrived from the camp.—£15,000 has lately been bequeathed to the Hospital for Consumption, Brompton.—The latest dodge for getting a practice seems to be nicturition. Seated in your gig or sleigh, with or without a tiger, dash furiously down a highway. While all heads are turned to see who it is, and are speculating on the urgent case, quietly turn into a side lane. Leave your seat to perform the operation indicated. When finished, re-enter gig or sleigh, and quietly turn the horse's head homewards.—The profession, says the Boston Medical and Surgical Journal, has been served with a pamphlet containing *proofs and evidences of the purity and medical properties of Wolff's Scheidan Aromatic Schnapps*.—The small pox is prevailing to a great extent in the Auburn State Prison, forty persons being down with it.—The corner stone of the new edifice to be erected for the deaf and dumb of the State of New York was laid on Tuesday, 22nd Nov., at Washington Heights, New York.—Dr. Bull, one of the most distinguished surgeons of Buk, committed suicide whilst laboring under an aberration of intellect.—Dr. Francisco Kennandey, a celebrated physician of Cuba, is under arrest by the government; and also his son, a lad of 13, who had just arrived from the States.—The *Courier de l'Europe* communicates to the world an account of spontaneous kindling, though no combustion, in the person of a mantua-maker. This young lady was sewing one night by the light of a candle, when she felt an undue heat all over her body. She noticed at the same time that her fore finger was on fire. The flame was bluish, and emitted a sulphurous smell. *Her apron caught fire, and she was obliged to take it off.* The girl spent the night in efforts to extinguish the blaze, and only succeeded at day-break.—Dr. J. V. C. Smith, the well-known and able editor of the Boston Medical and Surgical Journal, has been nominated on the Citizen's ticket for Mayor of Boston. Success to him.—Mr. Guthrie, the Secretary of the American Treasury, has issued an order that everything purporting to be for medicinal purposes, quack and "patent fixins" and all, shall be subject to inspection, under an Act of Congress, to "prevent the importation of adulterated and spurious drugs and medicines."—The Town Council of Frederickburg, Virginia, have recently passed an order directing that the tax on licenses, paid by Lawyers, Physicians and Dentists, for the year 1852, should be refunded. This is in accordance with a decision of Judge Lomax's, that such taxes were unconstitutional.—In New Orleans, in 1822, the highest number of deaths, in any one day from Yellow Fever, was 60. In 1833, the highest estimate in one day is put at 53; in 1841, the highest number was 44. In 1847, on the 22nd day of September, 77; and this year, the highest number in one day was 208.—Dr. Elliott, of Carlisle, says that great assistance has been derived, during the removal of manure, otherwise so perilous, by the immediate use of a few shovelfulls of soot. It answers equally as well as quick lime.—The Census of England for 1851 showed 21,435 persons practising one or more departments of medicine without qualification. In Birmingham there was one "herbalist" under 20 years of age; two "keepers of lunatic asylums" under 20; fourteen female "leech-bleeders"; and one female "physician." One female "dentist" in Taunton; a physician in Norwich under 20; two "medicine venders" in the Lower Hamlets under 20; one "midwife" in Preston under 20; one "physician" in Canterbury under 20; and two "physicians" in Bristol under 20.—Mr. Pierre Bernard defines life to be "a disease of which we die."—The amount payable for license to sell tea, coffee, chocolate, and pepper in England is 11s 7½d per annum. Chemists may sell pepper mixed, or for medicinal use; but if they sell it for domestic purposes, they are liable to the tax for license.