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THE
BRITISH AMERICAN JOURNAL
 OF
MEDICAL & PHYSICAL SCIENCE.

EDITED BY

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

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VOL. V.]

MARCH, 1850.

[No. 11.]

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BY HENRY HOWARD, M. R. C. S. L.,

Surgeon to the Montreal Eye and Ear Institution.

THE SUBSCRIPTION LIST to the above work is still open; and Members of the Profession desirous of subscribing to the same, are requested to furnish their names without delay. The work has been put to press and will be delivered to Subscribers about the first of May.

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THE next Monthly Meeting of this Society will be held at the Rooms of the Mechanics' Institute, on Saturday Evening March 2; at 8 o'clock P.M.

GEORGE D. GIBB, M.D.,
Montreal, March 1, 1850. Secretary.

COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

THE BY-LAWS of the COLLEGE having received the sanction of the Executive, its BOOKS are NOW OPEN for the REGISTRATION of MEMBERS.

It is required of such as desire to register, that they forward to the undersigned (post-paid) their name, legibly written in full, their age, birthplace, date of Provincial License, and the College Fee, viz., Ten Dollars in current money of this city.

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FRANCIS C. T. ARNOLDI, M. D.

Registrar & Treasurer,
Coll. Ph. & Surg., L. C.

58, CRAIG STREET,
Montreal, 1st Dec., 1848. }

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[No. 11

ART. LIII.—CONTRIBUTIONS TO CLINICAL
MEDICINE.

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 Clinical Medicine, University of McGill College, Physician to the Montreal General Hospital, etc.

No. 2. Extensive Tubercular Disease of both Lungs, with Transposition of all the Thoracic and Abdominal Viscera.

[The following is an abstract of my clinical lecture on the above case, from notes taken by my clinical clerks, Messrs. Brookes and M'Callum, and as many points discussed, are of an elementary nature, the reader will bear in mind, the character of the audience to whom they were addressed.]

James Munro, aged 24, was admitted into my wards in the Montreal General Hospital, Feb. 10, 1850. It appeared from his own account, that he had been laboring under the symptoms of phthisis for nearly two years previous to my seeing him. On admission, he presented the following symptoms:—Frequent cough, with purulent expectoration; hectic fever, pulse 100, respiration 40; decubitus on the right side, but other positions were equally comfortable to him; great emaciation, congestion of the integument over malar prominences; the infra-clavicular regions were much depressed; muscles of forced respiration acting with great vigour, imperfect expansion of the left side of the chest, particularly of its upper portion. The right side of the chest measured *sixteen* inches, the left, *fifteen* and a-half: distance from clavicle to the nipple upon the right side measured six and a-half, upon the left, six and a quarter inches: from the sternum to the nipple upon the right side, six inches, upon the left, five and a-half inches. *He was right handed.*

The whole of the left side yielded a dull sound upon percussion, the dullness being most intense in the superior part, and becoming less so in the lower portion. In the upper part of this side there was loud gurgling, with cavernous respiration and pectoriloquy; towards the mammary region, the respiratory murmur was mixed with muco-crepitating, and crepitating râles. Over the scapular region of this side, the sound upon percussion was dull, and the respiration was bronchial; but from the

scapular region downwards, the sound on percussion was clear, and the respiratory murmur was puerile and free from râle. The sound on percussion over the lateral regions of this side was clear, and the respiratory murmur natural. On the right side, there was marked dullness of the upper portion of the chest, particularly towards the mesial line, and the respiratory murmur was mixed with muco-crepitating râles. The mammary region yielded a dull sound upon percussion, and in this situation the sounds of the heart were heard with the greatest distinctness, and here also its impulse was felt, whereas, in the proper cardiac region, no pulsation could be seen or felt, and the sounds were heard very indistinctly, and all over this space the respiratory râle, mixed with muco-crepitus, was quite audible. The sounds of the heart were natural, and there was no bruit or frémissement to be discovered. Over the posterior portions of the left lung, from the scapula downwards, the respiratory murmur was puerile, and in the axillary region, the same character of the murmur, and the same clearness on percussion were observed. Over the left hypochondriac region, the sound upon percussion was quite dull, and over the right hypochondrium the sound had the character of amphoric clearness. A small portion behind, yielded a dull sound, and this corresponded in shape and extent to the normal splenic dullness of the left side. The patient was quite positive that the position of his heart had never been noticed by himself until three years previous to his admission, and then his attention was drawn to it by severe palpitations which he endured at that time.

On opening the body the following appearances were disclosed:—The heart was situated to the right of the sternum, its aortic ventricle being to the right side. The aorta arched round to the right side of the vertebræ, and gave off the innominate on the left side, and the subclavian and carotid on the right side, both venæ cavæ entered the auricle on the left side, and the pulmonary veins opened into the auricle on the right side. The inferior cava perforated the diaphragm to the left of the mesial line, and the œsophagus to the right. The right lung possessed but two lobes, whilst, the left had three. The large lobe of the liver, with the gall bladder, was situated in the left hypochondrium, its small lobe passed

across the epigastrium, and partially covered the stomach, which was situated in the right hypochondrium, with the spleen related to it in the usual manner. The head of the pancreas was directed towards the left side, the œcum was placed in the left iliac fossa, and the descending colon in the right. The thoracic duct passed along the left side of the spine, and opened as usual into the left subclavian vein. The left testicle hung lower than the right. The cavities of the heart and the valves were in a natural condition; the liver *appeared* enlarged, but weighed little more than three pounds. Both lungs exhibited extensive tubercular deposit in their upper and anterior portions. In the left lung, a large cavity was found occupying its apex, and in the corresponding part of the right, the tubercular matter was undergoing softening. Old adhesions bound the upper portions of both lungs to the thoracic parietes. The larynx and trachea were not examined—as the body was required for dissection—and for the same reason, the cranium was not opened.

Although many cases of transposition of the Viscera are now on record, yet it does not appear that the profession generally, is sufficiently aware of the occasional occurrence of this malformation, or at least of the means of detecting it; and hence I have selected this case, for the purpose of making you familiar not only with its anatomical peculiarities, but also with the method to be followed, in arriving at a correct diagnosis. Dr. Watson has collected the particulars of thirty three cases, in four of which he says the transposition was detected during life; but as one of the patients was still living, when his paper was published, and was not seen by himself, we cannot be certain whether the transposition was complete or congenital. In the description of the cases which were published by Scoutetten, quoted by Dr. Watson, it is remarked, that “in one of them the transposition of the chief viscera *had been detected during life*”; but we are not informed by what signs and symptoms the fact was discovered—for aught we know, the transposition may have been merely guessed at, for it appears that in the other two cases which he had under his care during the same year, he overlooked the anomaly, though the disease of which they all died, viz. gastro-enteritis, afforded favorable opportunities for frequent and careful examination of the viscera. In Dr. Watson's own case, the nature of the disease of which the patient died is not mentioned, nor was the transposition detected during life. The other cases alluded to by Dr. W., where the malformation was discovered during life, are those of a student in pharmacy, spoken of by

Capuron, whose heart was on the right side; but as no mention is made of the other viscera, and as Capuron merely saw the patient when alive, we cannot determine whether the position of the heart was congenital, or the result of a pleurisy of the left side; and the transposition seems to have been overlooked in the case of a soldier, who was killed in a duel, who “often jestingly affirmed to his comrades, that whatever the faculty might pretend, he was sure his heart was on the right side.” If any inference is to be drawn from this case, it is, that the physicians who examined him, scouted the idea of a transposition. The case, however noticed by Mons. Bally, was accurately diagnosed during life. “The transplacement was detected by M. Bally, while his patient was yet living; and many physicians, and a great number of students were attracted by curiosity to visit and examine him.” So that instead of four cases, in which the anomaly was detected, according to Dr. Watson, we can, in fact, admit only one, viz., that of Mons. Bally, or at most two, if we allow that Scoutetten's case was detected during life, which for the reasons before mentioned, I very much doubt.* But there is this great difference between the above cases, and that lately under our observation; that in the former, there was *no disease of the thoracic viscera whatever*, the patients having died of fever; whereas, in our case, *we had extensive disease of both lungs to complicate the diagnosis*—yet from the accurate notes taken by Mr. Brookes, and from the careful examination of all causes likely to produce a dislocation of the heart, or in any other way account for the phenomena of the case, I was enabled to predict that we should find all the viscera transposed, as the result of congenital malformation.

The points in the differential diagnosis, which were so frequently detailed to you at the bedside, I will recapitulate, that you may be enabled to apply them to the elucidation of similar cases, should you meet with such in the course of your practice.

There are many diseases, some of which invariably, whilst others only occasionally, produce dislocation of the heart. The first of these which I shall notice, is pleurisy with effusion, which when it occurs on the left side of the thorax thrusts the heart to the opposite side. This you will readily conceive to be a natural consequence of over distention of the left pleura. Was there reason to suppose that this was the cause in the present instance? That it could not be, was manifest, from the following considerations:—

* Since Dr. Watson's paper was published, I know of only three cases, one by Mr. M'Whinnie, one by Mr. Snowden, and one by Mr. Clapp, in a late number of the *Medical Gazette*, in none of which was the position of the viscera detected.

In pleurisy, with effusion, so extensive as to dislocate the heart, we have absolute dulness, with total loss of respiring murmur; enlargement of the side, with bulging of the intercostal spaces, and inability to lie on the sound side, and increased size of the liver, as I pointed out some years ago, even when the effusion occurs on the left side. Moreover, when complicated with phthisis, this latter disease is always better marked on the opposite side. Now, in the case of *Monro*, none of these symptoms were present. We had, as you recollect, clearness on percussion posteriorly, with only partial dulness anteriorly; and instead of having complete loss of respiratory murmur we had cavernous râles, with gurgling in the apex of the lung—puerile and feeble respiration throughout the remainder; and careful measurement shewed that there was no enlargement of the side. The patient could lie with equal ease on either side, and the physical signs were better developed in the *left* lung. It was evident, therefore, that the dislocation was not caused by acute pleuritic effusion.

2. But pleurisy may become chronic, and the effusion having been absorbed, the heart is left in the abnormal position in which it may have been bound down by adhesions. What would have been the physical signs of such a pathological state? There should be deformity of the chest, arising from contraction of the side, pointing of the angles of the ribs, depression of the shoulders, tilting backwards of the inferior angle of the scapula. A marked symptom, moreover, of chronic pleurisy is obliteration of the intercostal spaces, with diminished expansion, *resulting from enlargement of the ribs*, in conjunction with contraction of the side—this obliteration is frequently almost complete. In our case, however, there was no deformity—there was equable expansion, and the intercostal spaces were well marked. In addition to these facts, the history of the case (the patient never having had an attack of pleurisy,) went to prove that this disease could not have been the cause of the displacement.

3. We now come to consider another affection which occasionally causes displacement of the heart, viz., emphysema of the lungs—the prominent symptoms of which are, bulging of the chest—morbid clearness on percussion, and feebleness of respiration over an extensive surface; all of which were absent in the present case; besides, dislocation occurring in conjunction with this disease, usually takes place downwards towards the epigastric region, because it gene-

rally happens, that both lungs are engaged in the disease.

4. Another disease which might cause dislocation of the heart is hydrothorax; but when we consider the infrequency of hydrothorax as a consequence of phthisis, and that the cavities of the pleuræ are the last places in which effusion occurs, it being always preceded by œdema of the body and extremities; and when we remember that there was no dulness on percussion, and no loss of respiratory murmur, over the posterior and axillary portions of the lungs, the dislocation could not be attributed to this cause.

5. Acute spontaneous pneumothorax, the occurrence of which is questioned by many, could not in this instance, have produced the dislocation, as the symptoms characteristic of this disease, viz. sudden supervention of dyspnoea, with tympanitic sound on percussion and loss of respiratory murmur, were all absent.

6. Dr. Stokes mentions that chronic empyema of the right side may produce dislocation of the heart to the *right* side by the contraction of the side, which takes place, but as the sides of the chest were symmetrical this could not be the cause.

7. Dr. Swett, of New-York, has published a case of large tumour in the epigastrium, which dislocated the heart, and caused a bruit de soufflet. There was no evidence of the existence of such a tumour in our case.

8. Finally, it could not have been caused by chronic phthisis of left side, as this produces dislocation upwards towards the clavicle.

9. Aneurisms of the aorta and malignant tumours have occasionally dislocated the heart, but, as I shall presently show, neither of these diseases could have been present in this case.

Having now passed in review all the diseases capable of producing dislocation of the heart to the right side, we now come to the question—Was the pulsating tumour *the heart*? There are only two diseases in which a pulsating tumour is present in the thorax and which were at all liable to be confounded with the presence of the heart, viz. aneurism and cancer of the lung; for you are aware that in “pulsating empyema” the tumours are always *external*. The non-existence of the former was evident—from the absence of pain in the front of the chest, extending to the shoulders, of gnawing and shooting pains from erosion of the spine—of signs of pressure causing dysphagia and dyspnoea—of feebleness of respiration—of bruit and frémissement and double sound, of aneurismal cough, of that peculiar stridor accompanying expiration, termed the

stridor from below. On the other hand, the symptoms characteristic of cancerous tumour of the lung or mediastinum were not present. There were no indications of pressure—no varicose condition of the veins—no œdema—no appearance of cancerous degeneration or cancerous tumours in any other part of the body; no currant-jelly-like expectoration—no complete dulness with entire loss of respiratory murmur—no faint double sounds, and no bruit de soufflet.

Having now examined at some length, all the morbid conditions capable of producing dislocation of the heart, or pulsation in the right side of the thorax, and having carefully compared their characteristics with the symptoms and signs of the case before us, we find that not one of them agrees with the phenomena exhibited by it, and we are compelled, therefore, to fall back on the only remaining cause, viz., *congenital displacement of the heart*, which we know to be generally connected, with transposition of all the other viscera. What then, were the positive signs of transposition of the viscera, which were observed in the case of Munro? *Visible pulsation on the right side of the chest, there being no pulsation in the usual cardiac region; sounds of the heart of a normal character, heard most distinctly over the cartilage of the third rib on the right side, feebly, in the usual cardiac region; amphoric sound on percussio over the right hypochondriac region; complete dulness over the whole of the left hypochondriac region; and dulness also over a space on the right side, corresponding to the usual situation of the spleen on the left.* You perceive, then, that, in forming a diagnosis, the pernicious system of guessing at the condition and situation of the organs, was studiously avoided. I purposely entered into as minute details in estimating the nature and value of the *negative* signs and symptoms, as in the collection and comparison of the *positive* ones—we found that the phenomena were totally irreconcilable with any other idea, than that of congenital displacement,—we knew from physiology, that such transpositions are generally complete—we discovered by auscultation and percussio, that a complete transposition of all the large viscera was actually present in the case, and hence, from all these circumstances together, we deduced our diagnosis.

Besides complete transposition of the thoracic and abdominal viscera, we sometimes meet with cases where the abdominal organs alone are thus displaced, and again we meet with instances where the heart is the only organ transposed. I know a medical practitioner whose heart is situated in the right side of

the chest; he regards it as a congenital conformation, and this is the opinion of others who have examined him; and yet, if I recollect aright, he has no evidence of a transposition of any other organ. In such a case as this, what proof would we have that pleurisy, with effusion into the left pleural cavity, might not have dislodged the heart; for, though chronic pleurisy generally produces marked changes in the affected side, yet extensive effusion, (causing detrusion of the heart,) may become absorbed, and leave no deformity of the chest—and the heart may not return completely to its natural situation. As an illustration of this, I may mention the case of a military surgeon, a fellow student of mine, whose case is related in Dr. Stokes' treatise upon "Diseases of the Chest," who presented an example of extreme mobility of the heart, after pleurisy of the left side. In this case, the effusion dislodged the heart, and, on its being absorbed, which took place without any deformity of the chest, it was found that, whenever the patient lay upon the left side, his heart fell to that side, and as soon as he turned to the right side, it moved towards the right cavity. He was quite conscious of this extreme mobility, but suffered no inconvenience from it. Now in such a case, the want of the usual changes in the shape of the thorax, might mislead the practitioner into the belief that the position of the heart was congenital, but all doubt on the subject would be removed, by the detection of the liver in the left hypochondrium.

ART. LIV.—CASES OF THE ENDEMIC FEVER OF CANADA, WITH UNUSUAL COMPLICATIONS.

By JOHN JARRON, Surgeon, Dunnville.

(Continued from page 259.)

In the Bombay reports, Dr. Crow, in a letter to Dr. Jukes, states, "that the symptoms of coldness and total absence of pulse frequently take place where there appears to have been little disturbance of the primæ viæ." Dr. Jukes relates cases where the primæ viæ were not at all affected; and Dr. Taylor says, "Of the third form of the disease I have also seen several varieties." The patients fall down suddenly deprived of sense; the pulse is often feeble and indistinct, but sometimes rather full and strong. When he recovers a little, he complains of great pain of the head and giddiness, and frequently of pain in the abdomen. Trismus occurred in two of these cases." A recent work by Dr. Parkes of India states, "for it often happened at the period the algid symptoms were most developed, the purging had ceased, and in others of the most fatal collapse, the purging and vomiting had been trifling or absent." The New York

Board of Health, in a report, in December, 1848, state, "that in some cases vomiting existed without purging, and *vice versa*. In several cases neither vomiting or purging." Important facts, entirely subverting the common notion that the collapse is due to the draining away of the fluid portion of the blood. Annesley, who is allowed to have paid more attention to the early symptoms of cholera than any other writer, states:—"A practitioner, possessed of true professional tact, will discover in the countenance of the patient the earliest changes which mark the approaching invasion of cholera. The countenance is expressive of something approaching a state of anxiety, although the patient himself may not be aware of his state, or even that he is at all ailing. He generally answers 'very well,' but if pressed on the subject, he acknowledges that he experiences feelings which he cannot distinctly describe, though he feels neither pain or sickness. His spirits are, however, low, and there is a clammy moisture sometimes on the skin, and the pulse, though occasionally full and strong, is evidently oppressed and labouring. It is not, however, that kind of pulse which would attract particular attention, unless we are alert for this disease; but being prepared for such a visitation, it is impossible to mistake it." He gives a letter from Mr. Colledge in support of his own observations, and whose remarks were corroborated by every surgeon in the service to which he belonged.

"From the kind manner in which you received a part of the sick belonging to the ship 'General Harris,' under your charge, into the Madras Hospital, perhaps a statement of the primary symptoms or mode of attack of upwards of 70 cases may not be altogether devoid of interest. I must acknowledge, however, that some of these cases wanted the usual characteristics of the disease; but if we take into consideration the early period of their application for medical aid, we shall not be at a loss for symptoms, which obviously mark the disease, previous to the supervention of purging, vomiting or spasms.

"I am so thoroughly convinced that these symptoms are only secondary, that were the following marks present, I should not hesitate to pronounce the case to be one of epidemic cholera. 'As the patient is approached, an appearance of overpowering lassitude is at once perceived, with a pallid, anxious and sorrowful cast of countenance; and in more advanced stages the countenance is dejected and sunk. This peculiarity of countenance was so very obvious to every intelligent person, that many of the officers deserve my best thanks for bringing to my notice those who assumed the oppressed appearance."

One case he selected as an experiment, and only

kept quiet, after he noticed the peculiar cholera expression. Vomiting and purging did not come on until nine hours after, but the case was with difficulty saved. In other cases, the men refused to submit to treatment when first noticed, and lives were lost in consequence. "The disease is now raging violently throughout the ship's company, cases hourly coming before us, some of which have the well-marked symptoms of cholera; others, on their application, have neither purging nor vomiting, but they are marked by an anxious and depressed countenance, general lassitude and inability to exertion, pain across the diaphragm, with sense of constriction about the thorax."

The annexed case of John Williams is one of my own patients. The appearance of the countenance attracted my notice when he was at work, about three hours before the algide symptoms came on. I had some difficulty in getting him to keep quiet, and take the first dose of medicine, and he would not submit to be bled until the cramps came on. This case gave me an opportunity of confirming Annesley's and Colledge's observations, of distinctly ascertaining the mode of lying assumed by the patients, and shows the little effect of even a decided mode of treatment, where the collapse, and not the state of the *primæ viæ*, is the principal feature of the disease.

I have also a note of a case occurring the next day after Williams'. The mode of lying in his berth attracted my attention, and led me to speak to the man, whom I found with the cholera countenance, and some irregularity of the stomach and bowels. The algide symptoms did not come on until some time after he was bled, and had taken calomel and opium. The general character of the disease was similar to Williams' case, but he recovered and resumed work in five days.

Cholera was not epidemic at the time of these cases; they were ascribed to a change of the prevailing wind which frequently produces the disease at the mouth of the Ganges.

Dr. White, in the Bombay cholera reports thus speaks of the modification of ague by cholera influence. After stating that cholera was epidemic at his quarters, but appeared to be excited by particular currents of air:—"It appears to me that, in some constitutions, this cold wind, instead of producing cholera, causes a regular attack of fever and ague. You will observe by the abstract of the 7th, that eighteen cases of fever were admitted last week; although the period of their admission was not the spring, when that disease commonly shows itself, in few of these men did more than one fit occur."

"The above impression was made stronger on my

mind, from what took place in my own person. After all my perspiratory pores had been kept open for some time, in a crowded hospital, on going across the parade I was suddenly seized with a cold, shivering and trembling fit, which lasted some time after my return home. All my thoughts were fixed on cholera. By means of the pediluvium and mulled port wine, however, I restored warmth and comfortable feelings, but suffered a smart febrile attack after going to bed, which kept me hot and restless during the night; but from which I in the morning arose free, though languid. I think that had my constitution been so predisposed, the same cause which produced fever would have brought on cholera morbus."

If we turn to the description of congestive fevers, as given by Armstrong, as well as modern authors, we find both their primary and latter symptoms very much resembling cholera. In the Southern States they have "choleraic intermittents," blue disease," and "cold plague."

Dr. Wood's description of congestive fevers is,— "There is great thirst, with tormenting sense of inward heat; the surface is cold, and bedewed with perspiration; the countenance is expressive of alarm, the pulse small, or almost imperceptible; there is vomiting and diarrhoea; and, in fact, the disease in many respects resembles algide cholera." Mr. Swinary of Bengal, in speaking of the latter stages of these fevers says, "the patient sinks gradually into a state resembling the collapse that succeeds the low form of cholera;" and Dr. James Johnson reports cases of fever, where the "eyes of the patients put on a muddy appearance, and the expression generally observed in cases of Indian cholera."

(To be Continued.)

ART. LV.—REMARKS ON "LUXATIONS OF THE CLAVICLE."

BY JOHN G. BETHUNE, M. D., BERTHIER.

Dislocations of the clavicle are, generally speaking, of rare occurrence; when compared with the frequency of fracture of this bone, and the reasons assigned are its strong scapulo and costo-sternal ligamentous attachments. The form, size and position of the bone, together with the fact, of the force necessary in almost every instance to cause a solution of continuity in its osseous structure, or ligamentous adhesions, preponderating in favor of the former.

The bone may be luxated at either extremity; but dislocation of the sterno-clavicular articulation appears to be the most common accident of the two.

Nevertheless, medical opinion is somewhat divided on this point. Many of the best authors assent the prevalence of luxation at the sternum, while others, equally eminent, maintain the contrary.

Ferguson, who will surely be admitted to be as sound a practical surgeon as he is a bold and uncompromising writer, affirms luxations at the outer extremity to be the most common occurrence. Dislocations at the sternal extremity admit of variety. Thus we have the subdivisions of forwards, upwards, backwards, and these again admit of discussion, as to the prevalence of either, though the former is generally considered most frequent.

When dislocation occurs at the acromial articulation, the diagnosis is more difficult than when at the opposite extremity; and although the evident misplacement on manipulation, joined to the other symptoms, as falling of the shoulder, jutting outwards and backwards of the obtruded end of the clavicle, absence of the acromion process, and the presence of a cavity instead of the natural plane, pain, inertness of the shoulder joint, and inability to raise the hand to the head, and general indications of the nature of the accident; yet, even all these are sometimes so vague or obscure, added to which the frequent absence of one or more leading signs, that many of the most skilful and observant surgeons have occasionally failed in detecting it, and have been induced to consider it as a partial luxation of the humerus.

In treating of this variety of dislocation, it is proper to remark, that the older writers in surgery seem to have been considerably puzzled at times in their diagnosis of the same. So obscure did it often appear to them to be, that Hippocrates, in his *Lib. de Articulis*, and Parry also, assent, that many of the best Physicians and Surgeons have been deceived in the diagnosis thereof, taking it to be a luxation of the humerus, and so have miserably tortured their patient to no purpose. *Helicter*, in his work on Surgery, (a copy of which I have now before me, being the edition for the year 1750,) says, "The proper and principal system of a luxated clavicle, (at the acromion) on a cavity, between that bone and the *Processus acromion* of the scapula, which not being found in sound limbs, must indicate a dissolution of the mutual connection between these bones, and in corroboration of this, quotes an anecdote of *Galen*, occurring in his (*comment in Hippocratis Liber 1. De Articulis*), who affirms as follows:—"I myself had once, in struggling, my clavicle so vastly separated from the acromion, that there appeared a sinus between the bones of near three fingers' breadth."

Luxation of the sternal extremity of the clavicle, if

considered as the most common, has also this advantage, viz., that it is easily perceptible. Here the tumefaction of the soft parts, and prominence of the bone beneath, inability to raise the arm, &c., clearly point out the nature of the injury.

In the acromio-clavicular dislocation, the ligaments ruptured are the acromio-clavicular, the coraco-clavicular, (Trapezoid and Conoid,) and the capsular, and the end of the bone rests on the acromion process.

In the sterno-clavicular dislocation, the ligaments ruptured are the sterno-clavicular, the interclavicular, the costo-clavicular or rhomboid, and the capsular, and the end of the bone rests on the front of the first bone of the sternum.

Luxation of the acromial extremity is produced by falls, blows, or any force acting so as to depress violently the shoulder.

Luxation of the sternal extremity is occasioned by the shoulder being driven forcibly back, as by a severe blow, or falling forward on it.

The treatment in either case is practically the same, allowing for the placing of compresses according as the inner or outer extremity is displaced. The Surgeon having discovered the nature of the accident, should direct an assistant, placed behind the patient, to grasp the arm of the affected side, near the head of the humerus, with one hand, and to draw the shoulder upwards and outwards, while with the other he steadies the body of the patient. The Surgeon meanwhile, holding gently, yet firmly, the luxated extremity, at the moment of full extension forces it into its natural position, and retains it there by means of a compress and bandage; the latter being single, or the figure of eight, at his option, aiding the elevation of the shoulder by a pad in the axilla, retained in its place by a suitable strap. The fore arm is then to be placed on the chest and suspended in a sling, rest, care, and occasionally looking to the bandages, will generally ensure union, though it is the opinion of Ferguson, at least, that from the difficulty of keeping the parts in apposition, union is generally effected at the sternal extremity by means of a false joint, which does not, however, he says, cause the patient *any great inconvenience*.

(A case follows of luxation of the sternal extremity of the clavicle, with perfect union, in fifteen days from the occurrence of the accident, presenting, however, nothing unusual. We give the treatment and the result.—ED.)

On the morning of the 14th of December last, Norbert Belleisle, aged 14 years, the son of a farmer in this neighborhood, was brought to me by his mother, who stated that on the evening previous, when attempting to

carry a heavy log of wood into the house, his foot slipped, and he fell forwards with the log under him, his right shoulder striking forcibly against it; that on entering the dwelling he immediately complained of pain (en bas du coup,) and in the arm, and said that he could not take off his capote alone. Having effected this with her assistance, he found, after the lapse of a few minutes, that he was incapable of raising his arm without experiencing acute pain. He shortly after this retired to bed, and passed a restless and wearisome night.

On examination, a tumour was perceptible immediately over the right sterno-clavicular articulation. On manipulating, I distinctly felt the extremity of the bone riding on the upper part of the sternum, constituting the dislocation forwards, and on moving it with the left hand, crepitus was clearly heard.

Having effected the reduction as above, I enjoined rest and care, and he went away promising to return in a few days.

December 29th.—On the fifteenth day from the occurrence of the accident, my patient called, and stated that he felt perfectly well, but that his arm was fatigued; had been trying and was able to raise his hand and take off his cap; begged of me to remove the bandages, or at least the sling. On examination, finding the coaptation perfect, I removed the bandages altogether, leaving his arm in the handkerchief, and enjoined him to make but little use of the limb for some time.

January 1st, 1850.—Is well, and can make free use of his arm.

Berthier, January 5th, 1850.

ART. LVI.—OBSERVATIONS ON MALIGNANT PUSTULE OR CHARBON.

By A. VON IFFLAND, M.D., Beauport, Quebec.

It has been at times a matter of surprise to me, that a disease of so common occurrence in the country parishes as the *Malignant Pustule*, or more generally known as the *Charbon*, should have so little engaged the attention of our provincial medical practitioners. It is one, the very name of which carries to the minds of the *habitants*, not only the most dreadful apprehensions of danger, but, what is seriously to be lamented, a most pertinacious and, I may say, almost irremovable conviction, that any successful treatment is beyond the reach of medical science: and that only *certain* persons are endowed with the sovereign power of remedy, *if applied to at an early period of its invasion*. Hence the great number of *Guerisseurs de Charbon*,* the rare

* I knew an old illiterate man, named Lor, living near Sorel, who enjoyed an *enviable* reputation as *guérisseur de charbon et*

application for attendance by the educated practitioner, and the frequency of fatal terminations; and to these untoward circumstances, we may justly attribute the very confined information we possess of the nature of the disease. Several instances of its occurrence in the rural districts, and particularly in those of Montreal and Three Rivers, have been already published; the cases are, however, widely dispersed in medical literature, and the disease has, in consequence, remained nearly unknown to the generality of the profession in England, Ireland and Scotland, and, probably from the causes assigned, to many practitioners in our own country. It is then, I need scarcely observe, of some importance that every member should acquire all the information that can be furnished respecting it by historical records.

We are indebted for much of the information we possess on this disease, to our worthy and distinguished President of the College of Physicians, &c., Dr. Wolfred Nelson, who, upwards of five years ago, published, in the Montreal *Medical Gazette*, some very interesting instructions and observations on the *Pustule Maligne*; as also to Dr. Gilmour of Three Rivers, a gentleman long favorably known to the profession. Both these gentlemen have been placed in such positions as to have afforded them very extensive opportunities of personally witnessing and treating the disease, and particularly at times when the epigastric disease was committing dreadful ravages among the cattle in country parts.

Dr. Wolfred Nelson very correctly observes, that "when constitutional disturbance becomes apparent in *Charbon*, the symptoms assume a very violent character, and the disease rapidly runs through its different phases—and consequently it is only on the onset of its invasion that active anti-phlogistic treatment can be relied on (I am only quoting from memory, not having the Doctor's valuable publication before me) to arrest its extension and fatal termination." The following case, however, (a very severe one), from tardiness in requiring my assistance, will afford another instance, that in default of timely energetic reduction of vascular action, which in its inception would induce the most acute disease, while depending alone on the conservative powers of the animal economy, it may pass through successive periods of gradual development, of increase, and of the

highest degree of intensity, and become so suspended in its morbid action, as only to require some salutary processes to renovate its discomfited nature.

On the evening of the 23rd October last, I was called upon by Captain Rainville, of Beauport, to request my attendance upon his old servant, Gagnon, about 60 years of age, whom he stated to be lying dangerously ill from the *Charbon*—the consequence of skinning two cows that had died from disease. He observed that the curate had just then returned from administering spiritual consolation to the patient; that he had been ill for some days; that he (his servant) was *too poor* to have the benefit of medical assistance, and, as it was the *Charbon*, he was fully persuaded that medicine would prove useless; his conscience, in the meantime, reproached him for being, (*poor man*), the cause of his death; but that the Rev. Mr. Bernard, the curate, (a clergyman of high intellect) had desired him to solicit my professional services, well convinced that poverty with me never formed objectionable grounds to the exercise of humanity. In this highly respectable curate, suffering humanity has always met one of its most zealous and unwearied advocates; and during the prevalence of the desolating epidemic, I have seen him at all hours of the night and day devoting his whole energies in supplying the spiritual as well as temporal wants of his afflicted parishioners, independent of his numerous ministrations to the Lunatic Asylum, then severely invaded by the direful disease—cholera.*

On visiting the patient I perceived that the general phenomena had then assumed their severity of character, and I must confess that the state of the patient was calculated to excite the most serious alarm. The pulse was weak and frequent; great prostration of strength; tongue brown and furred, and some difficulty in breathing. On removing a large poultice of *cow-dung* from the left arm, the seat of the *Charbon*, it appeared greatly swelled throughout the whole extent, from the end of the fingers to the top of the shoulder, and even reaching to the same side of the thorax; very tense and of a dull brown color; about the wrist and midway to the

* To the admirable and excellent Curates of our country parishes, the following language of the illustrious Vicq. d'azir may be justly applied—Honoré de la confiance du peuple, et ne perdant jamais de vue le tableau déchirant des misères humaines, goûte chaque jour le plaisir d'essuyer des larmes et de soulager des malheureux, dont les maux physiques ne sont pas toujours la plus grande infortune. Ce n'est point par leurs écrits, ce n'est point par quelques-unes de leurs actions, c'est par leur vie entière qu'ils ont des droits à nos éloges. Leur réputation se fonde autant sur leur vertu que sur leur savoir; hors les temps de calamité pendant lesquels leur zèle n'a point de bornes, toutes leurs journées se ressemblent, et l'on peut dire d'eux comme des hommes simples et bon au milieu desquels ils sont placés,—naître, faire le bien et mourir, voilà toute leur histoire.

de toutes sortes de Chancre, Cancer, &c; but as he readily imposed upon the credulity of his patients by transforming every livid pustule, or hard tumour, into *Charbon*, cancer, &c., he as generally succeeded in dispelling them by his universal application of a strong solution of sulphate of zinc; and we therefore need not wonder that his reputation extended far and wide, and that his services were sought after as well by the intellectual as unintellectual, and by the rich as by the poor, and, I may add, by no less an illustrious personage than a Governor of B. N. America, &c.

elbow, three livid tumours, about the size of an English shilling, had already burst; were deep and discharging a thin greenish and offensive sanies; several yellowish vesicles were also formed, and where they had been removed, the subjacent skin appeared sphacelated.

On requiring a statement of the case from the commencement of the attack, his wife informed me that about the 12th or 13th of the month, (October) Gagnon had skinned two cows belonging to his master, Captain Kainville, which, they supposed, must have died from disease, from the great heat of the flesh and blackness of the blood, and had gathered a considerable quantity of suet and fat from them, for the purpose of making soap, if not candles. That about five or six days after, and while working in the field, he felt unwell, and his arm very painful; on examining it he discovered some redness about the wrist, and a small livid pustule nearly the size of a sixpence; that early the following morning he complained of lassitude, depression and anxiety, shortly succeeded by rigours and violent headache; his arm extremely painful and much swollen, and of a brown red color, and two more livid pustules on an elevated base had made their appearance, with several yellow vesicles; the functions of the stomach and bowels were very imperfectly performed, and he had passed no water, and, as they imagined, he was then, to all appearance, beyond the means of recovery.

The disease, had certainly, *to all appearance*, ran through all its phases, and no very favorable indications were before me, save the previous sound constitution of the patient, who, from all accounts, although advanced to the age of sixty, had never abused his organs by gross violations. There was no time to be lost, and I immediately directed my treatment, to counteract, if possible, constitutional disturbance and weakness, for, unless this object was attained, the patient would, in all probability, sink, in consequence of the highly morbid state of the system into which it had been thrown by the primary local affection. I administered, *instanter*, 4 grs. powdered camphor, 1 gr. quinine, and $\frac{1}{2}$ gr. of opium; and preparing 6 papers of the same powders, ordered one to be repeated every three hours; and applied over the whole arm, a thick warm pultice, composed of very stale brown bread, leaven, (from want of yeast) port wine and onions, and to be changed every three hours.

On my visit the following morning I found my patient much improved. He had had some rest; had perspired and passed water freely; his pulse stronger and more regular; tongue cleaner, but complained of some uneasiness in the bowels; to remove which, I administered $1\frac{1}{2}$ oz. of ol. ricini. On examining the arm, I

found it much less swollen, and had changed from a dark brown to a light red color; and the seat of the pustules, now in form of deep ulcers, had somewhat become enlarged, and, on removing the sloughs, appeared healthy; I ordered the pultice to be continued; and after the operation of the oil, 2 grs. sulph. quinine and $\frac{1}{2}$ gr. opii. to be taken every three hours—leaving six papers.

On the 25th he was much better in every respect; and, as the arm was now assuming a more healthy appearance, I simply directed a nutritious diet, and proper dressings.

I have already observed, that the *Pustule Maligne*, or Charbon, is not generally known among the medical practitioners in England, Ireland or Scotland, nor have I seen it mentioned by authors on the Continent of Europe, save by Richerand in his *Nosog. Chirurg.*, as prevailing in some of the Southern provinces of France; by Mr. Rose, of Nemours, in a memoir to the *Academie Royale de Chirurgie*; by Enaux and Chaussier, and by Baron Larrey, so well known by his *Chirurgie Militaire*, and celebrated as the constant companion of Napoleon Bonaparte, throughout all his military campaigns, and designated by that great Emperor, in his last testament, as *the most virtuous of men*.

The disease is certainly one, *sui generis*, primarily existing in the lower animals, and readily communicated by contact to man; but, as Dr. Wolfred Nelson very correctly observes, it has never been known "to be conveyed by the person affected to any individual in communication with him." The Baron also looks upon *anthrax* merely as a milder form of *pustule maligne*; but if we bear in mind the peculiar idiosyncracies of the subjects in which the two diseases are obtained, we must agree with Dr. Nelson, that they are manifestly very distinct from each other, and that anthrax cannot be traced to contagion.

The French Surgeon, as a means of preventing the extension of the *charbon*, freely apply caustic to the tumours. To this treatment, as well as to incisions, I have some objections, and it brings to my view that the grounds on which these objections are raised, were considered good philosophy, upwards of twenty-five years ago, by the eminent editors of the *London Medical and Physical Journal*, and are contained in Mr. Gilman's prize essay on the action of the canine virus, in the following words—"When a caustic is applied, a new compound is formed—a saponaceous mass or eschar, which is generally suffered to remain until it sloughs away.—Of what, then, is this new compound formed but of dead animal matter, a caustic, and of a peculiar poison,

which we believe to be the cause of hydrophobia? It is true, the neighboring absorbents are destroyed, so far as the action of the caustic extends; but the virus is as likely to extend with it, being only in a state of union from the commencement of this operation, which is continued till the poison is uniformly dispersed through the whole of the adjacent parts, forming an animal soap by their commixture. Hence, by such means, a more extended surface is exposed to the action of the absorbents, which are rendered highly irritable and more active; and in consequence, perhaps, the case becomes more desperate.

I should be very desirous of extending my observations to that very peculiar epizootic malady, through the virus of which, by its contact with man, such dreadful disturbances in his whole economy are occasioned; but as it is only in the close investigation of the disease in the lower animals, as it is symptomatically exhibited to the immediate view of the owners or attendants, and the morbid appearances after death, both internally and externally, that any very accurate information can be collected, I must defer this interesting subject to a more favorable opportunity.

P.S.—On referring to the 1st vol. of the *British American Journal*, since the above was written, I find an interesting case of *charbon*, published by W. Marsden, M.D., as having been under his care at Nicolet, in June 1842. The Dr. was successful in the mode of treatment which he adopted in this case, as he was also, he says, in four others; a circumstance going far, considering the short time he had, up to 1842, resided in Nicolet, to prove that this disease is of very common occurrence in these parts.

Beauport, December, 1849.

ART. LVII.—CRITICAL EXAMINATION OF GENESIS III. 16, HAVING REFERENCE TO THE EMPLOYMENT OF ANÆSTHETICS IN CASES OF LABOUR.

By the Rev. ABRAHAM DE SOLA, Lecturer on Hebrew Language and Literature, University of McGill College.

(Continued from page 262.)

We shall notice, first, the objection made, even by such as do not oppose on religious grounds, the employment of anæsthetics in midwifery, that, the rendering of *ngetseb*, by labour, or travail, would be tantamount to asserting that the woman received no punishment for her sin; since there is no punishment conveyed by either of these two words.*—

* "I am at a loss to conceive what punishment or 'curse' could be implied in the words which the learned Professor (Simpson) considers to be the proper translation of the Hebrew word *etzebh* 'with muscular effort' or 'with toil shalt thou bring forth.'" —*Dr. Charles Waller in the London Medical Times*, 10th November, 1849.

We reply that there is a punishment conveyed by the words "with travail shalt thou bring forth," for the travail of the parturient female is almost invariably accompanied with pain.* It may be rejoined that by this confession, we virtually admit the correctness of the authorised version, since the word we give, is, actually, as much expressive of pain as is "sorrow;" and that consequently, the foregoing inquiry, even if it show, on philological grounds, the incorrectness of the rendering of the English translators, cannot controvert the fact that they have selected a word most correctly expressive of the sense intended to be conveyed. To this we answer, the propriety, in a religious point of view, of employing anæsthetics in obstetric practice depends in no small degree, however, upon the fact that *ngetseb* and *ngitseb- bonech*, in the referred to text, means travail, and not sorrow. Thus, if the practice of superinducing anæsthesia in labour have the effect of militating, in the remotest degree, against the evident designs of God in this regard, as evinced in the laws of nature, and as revealed in the text under consideration,—if it interfere with the natural labour, in any way—if it produce any of those results which may endanger, if not the safety and welfare of the mother, the safety and welfare of her offspring,† then it is wrong, unscriptural, and sinful, and should be visited with the same punishment as is merited by those guilty of fœticide or infanticide. But if the practice have the effect only of assuaging the pain or "sorrow" resulting from the travail, then we maintain it is a good, a proper, and a Scriptural practice. For, if the professional objections urged by some are ultimately pronounced to be futile, and the powerful arguments in its favor, backed by statistics, (these rendering strength stronger) remain unrefuted, then *it is a good practice*, for it exempts from the most agonizing and excruciating pangs, those weakly creatures, who, when the hand of sickness lays heavy on us, like ministering angels, strive to alleviate our sufferings with a tenderness, a devotion, a loveliness, of which man is incapable, and which, alas! he cannot always fully appreciate. *It is a proper practice*, since, independently of the enormous amount of suffering relieved, statistical tables‡ fully prove that it has had the effect of preserving many who, but for it, would, no doubt, have sunk under the intense

* "Each so called labour-pain, consists of two distinct and separate elements, viz., *first*, of contraction of the uterus and other assistant muscles; and *secondly*, of sensations of pain, more or less agonizing, accompanying these contractions, and directly resulting from them."—"It is worthy of remark and wonder that the language of the Bible is, on this, as on other points, strictly and scientifically correct, and long ago made, with perfect precision, the very distinction which we are now-a-days only recognizing. For the Hebrew noun *etzebh* distinctly signifies the muscular contraction or effort, and the nouns *hilih* (ליל) and *hiebe-* (לבה) as distinctly signify the sensations of pain accompanying these efforts."—*Anæsthesia*, p. 124.

† And which may be regarded as in the most distant way productive of any of those circumstances which are regarded by the medical faculty as endangering the life of the infant. For a comprehensive statement of these, see an "Inaugural Dissertation on the Medico-legal Proofs of Infanticide," by our talented friend Dr. David, of Montreal.—P. 42, et seq, and more particularly on p. 45, par. 2.

‡ See "Anæsthesia" by Dr. Simpson.

and continued suffering they were doomed to endure. It is a proper practice, because it is not, as some style it, "an unnatural practice," not more so than the use of narcotics of all descriptions, such as laudanum, etc., taking nine to twelve hours sleep, when scarcely more than half this is required—indulging in *siestas* in daylight, against which practices nothing is said with reference to their being unnatural or unscriptural. Again, the inoculation of small pox, which practice appears equally unnatural, and, in the eyes of an Israelites, perhaps more unscriptural than the employment of anæsthetics, since the Mosaic law forbids the touching of any sore or ulcer by a person in health; and by parity of reasoning (*sic*) it forbids inoculation; and yet, of this very practice, advantageous as it is confessed to be, it was said "*Ergo variolas inoculare nefas*"—therefore to inoculate small pox is an abomination: "and some divines railed against it, calling it *the offspring of atheism, a diabolical invention of Satan; and inoculators, hellish sorcerers.*"† But we must not stay to multiply instances. The propriety of the practice with which this inquiry is more immediately concerned is also shown from this consideration, that the text does not prohibit the abrogation of the *pains* of the parturient woman, but it declares the divine intention greatly to multiply her *travail* only, for if the inspired penman had intended to convey "In *sorrow* or *pain* shalt thou bring forth" *cheblech, tsaratech* or *chilech*; and again, *bechebel, bet Sarah* or *bechil*, would, doubtless, have been the word employed. *The practice is a Scriptural one*, for, as well as God acts towards us with love and mercy, "healeth the broken in heart and bindeth up their wounds,"‡ yea "healeth all diseases,"§ so ought we to act when he gives us *the ability to imitate him*. When He took the rib from Adam to introduce woman into the world He caused a deep sleep|| to fall upon him while the process lasted; and it is but imitating the merciful dealings of the Supreme, if the accoucheur, exercising the knowledge God has bestowed on him, "causes a deep sleep to fall" on his patient, while he assists to come into the world the infant. Again, we find, from the earliest times, women whose sole business it was to assist, and, therefore, to alleviate, as far as they could, the pangs of their parturient sisters. Now, if their operations really tended to alleviation, and we cannot doubt but that they did, then, according to those who object, on Scriptural grounds, to produce anæsthesia in labour, these midwives must have acted sinfully, as must have those also who employed them; and yet they were countenanced in the families of the pious patriarchs, and in the beginning of the book of Exodus we are told God "dealt well with the midwives" who acted kindly towards the women of Israel, "and made them houses."

* Many Israelites objected to inoculation on religious grounds, some (in Holland) in the memory of a relative of the writer of this note.

† *The History of Small Pox*. By James Moore, ap. The Harveian Oration for 1816, delivered by Dr. Edington, before the Royal College of Physicians, London.

‡ Ps. cxlviii. 3.

§ Ps. ciii. 3.

|| תרדמה (*tardemah*) Rad. *רדד* *coma* or *sopor*, a state of unconsciousness or lethargy, in contradistinction to natural sleep.

The great length to which we have already extended our observations, forbids our enlarging more on this subject, yet, before concluding, we would make one or two remarks to show that, even if we have failed to prove the English version incorrect in its expression, "in sorrow shalt thou bring forth," and that the employment of anæsthetics in cases of labour is a good, a proper, and a Scriptural practice; still, cannot such practice be opposed on Scriptural grounds, because we cannot understand the denunciations against the woman, literally, without also receiving, as literal, those against the man, the ground, and the serpent. We will not stop to consider here the sentence of the serpent, but in respect to that of the man, we read, "*In sorrow shalt thou eat of it (the ground) all the days of thy life.*" According to the literal import of this passage, they who eat of the various productions of the earth, without having experienced "sorrow" in procuring them, and they who cultivate their fields, using cattle to the plough, or, indeed, employing any machine which shall enable them to eat of these productions without "sorrow," are transgressors against the words of Scripture! "*Thorns also and thistles it shall bring forth to thee.*"—They then, who labour so hard to exterminate these from their fields and gardens, act sinfully, since the literal text says, they shall be, and such persons strive that they shall not be. "*And thou shalt eat the herb of the field.*"—If the denunciations against the sinners in the affair of the forbidden tree, were to be immutably and permanently entailed on the human race, and they were not to be more so on woman than on man, how is it that we find this sentence afterwards *changed*, and animals permitted to man for food? "*In the sweat of thy face shalt thou eat bread.*"—This applies as much to man, in the present day, as does the sentence of Eve, to woman, in the present day. He, therefore, who does not earn his daily bread by infinite bodily toil, for such, it is generally admitted, the expressive metaphor of Scripture means,—the man who, instead of toiling for his daily food, lives without labour on those ample means with which a parent or a friend may have presented him, is a sinner against the declarations of Scripture, although he may be exceedingly upright, charitable and religious, in every other respect. "*For dust thou art and unto dust shalt thou return.*"—Then there is no immortality for us, for man, as a punishment, is to *return to the dust* whence he was originally taken. This passage, too, might be made to show the sinfulness of the practice of the healing art itself, since the Scriptures teach, man "shall return to the dust," *i.e.* die, and physicians try to make him live. But this insisting on the literal character of the Divine denunciations against woman, in consequence of Eve's disobedience, produces numberless other inconsistencies. Thus, Adam ought to have died on the same day that he partook of the forbidden tree, because God announced to him, "*For on the day that thou eatest of it thou shalt surely die,*" and yet Adam lived long after he eat of the tree. And so also, Eve committed no sin in eating of the tree, and ought not to have been punished for so doing, because (according to the Scriptures,) the prohibition of God was addressed to Adam alone, even before Eve was

made. And yet, woman is always to "bring forth children in sorrow." If, then, an accoucheur, who maintained the literal of this "sorrow," were to attend one of those patients who "from their more natural mode of life," and "the greater purity of the atmosphere and food" to which they are accustomed, suffered little or no inconvenience from labour, as is almost generally "the case with the Indian women of South America,"* the Squaws of Canada, and many black tribes, that accoucheur would be bound, if desirous of duly carrying out the strict letter of the law, to use such means that the labour should indeed be one of "sorrow." A black, no more than a white woman, has a right to be exempt from a curse universally and immutably entailed on the sex. Again, "He (Eve's husband,) shall rule over her." No doubt weak-minded husbands may find it convenient to quote this text in its most literal acceptation, to their wives, as some apology for their tyranny; but few duly impressed with the dignity of the sex would venture hereby to assume undue authority. Nor will woman be deterred hereby from vindicating her just rights;† but this cannot be the case with those who clamour for the literal letter of the law. We may not, however, pursue this subject farther. Be the instances already adduced, sufficient to show what inconsistency and impropriety there is in the opinion that the word "sorrow" of the denunciation against the woman is literally to be accomplished on the sex in the present day, and that to prevent in any way this accomplishment, is both unscriptural and irreligious.

Professor Simpson has added many logical and convincing arguments in refutation of the actual and imaginary objections of the literalists. One or two we have adduced as our own, because they occurred to us before we had seen the learned Professor's book; and because we thought the cause of truth would not suffer by repeating them. For others, which appear to us most cogent, we must refer the reader to the work itself; and yet, we cannot refrain transcribing one which appears to us particularly happy. Professor Simpson says, "But the accoucheurs and surgeons among you, who object to the use of chloroform, on the ground that it goes, in their opinion, against the object and end of the primeval course upon woman, strangely forget that the whole science and whole art and practice of midwifery is, in its essence and object, one continuous effort to mitigate and remove the effects of that curse." And after enumerating these means of mitigation the Professor continues—"By these means they succeeded partially, in times past, in mitigating the sufferings and effects of parturition, and thought they committed no sin. But a means is discovered by which the sufferings of the mother may be relieved far more effectually; and then they immediately denounce this higher amount of relief as a high sin. Gaining your

end, according to their religious views, imperfectly, was no sin—gaining your end more fully and perfectly is, they argue, an undiluted and unmitigated peice of iniquity."* We must beg leave further to quote what a Christian clergyman, who takes the same view of the case as Professor Simpson, and the humble writer of the present inquiry, has said in connection with this subject, "I should not be surprised, in the course of the debates upon the emancipation of the Jews, to find some members pleading, as some have pleaded in former times, that to give a Jew a legitimation in any commonwealth, is a plain contravention of the will and word of God concerning that people."† The writer was not incorrect in his prophetic anticipations. In the late discussion on the Jewish Bill in the British Parliament, there were not wanting those who *did urge* such an objection, and it was, doubtless, as much in consequence of their everlastingly chiming this objection, as from any other cause, that the Bill was lost.

With these extracts from Professor Simpson we conclude, but not before earnestly exhorting our readers to weigh calmly and unprejudicedly the arguments adduced on both sides the question, before they decide the employment of anæsthetics in cases of labour to be unscriptural and irreligious. As to the propriety or expediency of their use, in a medical point of view, as before remarked, it is not for us but for others to decide. We desire only to show that if a certain case should call for their employment, both physician and patient would not be acting unscripturally were they to use them. It is true, that some teachers of religion have not been able to see the innocency of the practice, and one has pronounced chloroform, in particular, to be "a decoy of Satan, apparently offering itself to bless woman; but in the end, it will harden society, and rob God of the deep, earnest cries which arise in time of trouble for help."‡ But we have already seen that language similar in tone has been employed by such injudicious and bigotted zealots (worse enemies to the Scriptures than unbelievers themselves,) when waging a fierce war against the introduction of inoculation. And we cannot but remember how, among Christians, the teachings of the celebrated Galileo were were also styled unscriptural, and himself branded with such titles as "liar," "impostor," etc.; and how among Jews, that eminent philosopher, Moses Maimonides, whose gigantic intellect has been extolled as well by enemy as by friend, was excommunicated by the French Israelites, and copies of his works, now so much prized, publicly burned by them, because he strove to disabuse them of various absurdities they had permitted to usurp the place of religion. Nor can we forget that the most important discoveries in medical science, when first broached, have had to contend with this same prejudice and bigotry§—that Harvey called down upon himself the indignation and ridicule of the profession, because he taught the circulation of the blood—that his followers

* Dr. Elliotson's Human Physiology: page 819.

† The remark has been made in a deprecatory strain, by one well known for his accomplishments as a Hebrew scholar and critic, that although God said, "And he shall rule, [Yimshol] (the Kal or active form,) over thee," the text is now read by some as if it were, "And he [Yimashel] (the Niphal or passive form,) shall be ruled by thee."

* Anæsthesia, p. 125.

† Anæsthesia, p. 127.

‡ Anæsthesia: p. 121.

§ See a pamphlet by Dr. Elliotson on "Surgical Operations without pain in the Mesmeric State."

were lampooned and his discovery written against—that Democritus was pronounced a madman; Roger Bacon, a sorcerer,—that epilepsy, St. Vitus's dance, and numerous other diseases were ascribed to demoniacal possession, the phenomena of electrical and galvanic apparatus, to the agency of spirits—that the devil was declared really to be the chief personage, though disguised, in the lodges of freemasons—that the truths of the physiology of the brain, of the lacteals, and then of the lymphatics, bark, antimony, the stethoscope were pronounced to be no truths. Let us recollect all this, and then let us ask ourselves with what sentiments we, at the distance of a couple of generations from the decriers of these truths, now regard their opposition, and then let us determine that coming generations shall not so regard us, but that they shall be obliged to confess, that however superior and advanced they may be in science, they do not excel us in our attachment to it; and that we have been guided in the present and every other inquiry we have instituted, by a love of truth, of progress, and therefore of God and his revelations. And above all, let us remember that our Heavenly Father does *not* find any satisfaction in "the deep earnest cries" of suffering humanity*—"does *not* find pleasure in the death of him that dieth;"† but that on the contrary, God's love for us surpasseth that of a mother for her tender babe.‡ Yea, "The Eternal, the Eternal is a merciful God and gracious, long-suffering, and abundant in goodness and truth."§

Montreal, February 23, 1850.

ART. LVII.—*Report of the proceedings of the Sanitary Committee of the Board of Health, in relation to the Cholera as it prevailed in New-York in 1849.* New-York: 1849. Pamphlet. Pp. 106.

We have delayed noticing this valuable report, until the present moment, in the hopes that we might have appended some observations on the progress of the cholera in this Province; we have no means of obtaining this desirable information, except from an official report of the Central Board of this Province, established last year. We are not aware whether such a report has been presented to the Government; but the Profession and the public have, it seems to us, some right to demand it at their hands.

The first case of cholera which appeared in New-York, occurred on the 14th of May, and on the 16th the sanitary committee was appointed, and invested with full powers by the Board of Health. Accordingly, recognizing the value of the following circumstances in reference to the origin and propagation of the disease, they assumed them as the basis of, and guide in, their operations.

"1st—That the general cause of the disease appears to exist in the atmosphere.

"2nd—That in attacking individuals, the disease generally gives notice of its approach by some preliminary symptoms.

"3rd—That these preliminary symptoms are usually under the control of medicine, and being arrested, the further development of the disease is prevented.

"4th—That the agency of various exciting causes is generally necessary to develop the disease. Among these causes the principal are the existence of filth and imperfect ventilation, irregularities and imprudencies in the mode of living, and mental disturbance."

They forthwith established hospitals in such succession and in such parts of the city, as the spreading of the disease required, until the whole number amounted to five. They accomplished a thorough purification of the city; indicated in publications, and enforced the necessity, of caution, as regards diet and regimen, and finally took means to afford in abundance, prompt and efficient medical relief. Some important reports conclude the pamphlet. The first of which, is that of Dr. Greer, resident physician of the city of New-York, which is drawn up with great ability: after detailing the progress of the disease through the several wards of the city, he gives a synoptical view of the general weekly mortality from May 19th to Oct. 13th; on which latter day the disease ceased. From it, we glean that the total mortality was 15,219; of which, 5017 persons died of cholera asphyxia, 901 of cholera infantum, 226 of cholera morbus (sporadic?), 615 of diarrhœa, 349 of dysentery, 378 of inflammatory affections, and other diseases of the stomach and bowels; exhibiting a proportion of 8064 out of the whole mortality, occurring from diseases of alimentary canal. The total mortality for the corresponding period of 1848, was 6362, and the total mortality from bowel affections, of that number, was 1565. The result of practice in the five cholera hospitals, is thus summed up. The total number admitted, was 1901; deaths, 1021; cured, 880; furnishing a per centage of cures of 46.29, and of deaths, of 53.71.

Under the auspices of the Sanitary Committee, several important investigations were instituted in regard to the chemical condition and constitution of the atmospheric air. These were intrusted to the charge of Prof. Ellet. We extract the most interesting portions of this report:—

"The observations of Dr. Prout, made in London in the year 1832, seemed to indicate the presence of a foreign body in the atmosphere at that time and place—presenting itself simultaneously with the appearance, and continuing throughout the duration of the cholera in that year. Assuming the correctness of Dr. Prout's experiments, and that the existence of the same disease amongst us at the present time, would be probably attended with a similar change in the condition of the atmosphere, it seemed desirable to institute rigorous experiments upon the subject. It therefore determined to submit large masses of air to such processes as would be calculated to insulate from it, and prevent in a sepa-

* Ex. xxii. 20—27.

† Isai. xlix. 15.

‡ Ezek. xviii. 32

§ Ex. xxxiv. 6.

rate form, or in new states of combination, any foreign body which it might contain. It was evident from the wide extension of the epidemic, that its cause—supposing it to be atmospheric—was to be sought in the general atmosphere of the city, rather than in those limited localities where its high degree of virulence indicated more of exciting than of predisposing agencies.

"Two sets of experiments were commenced on the 11th day of July. The design of the first was to separate by a cold of 32° F. whatever substances might be condensable from the air at that temperature; and of the other to subject it in considerable masses to various chemical agencies suitably selected.

"Although the results of these experiments have been entirely negative—indicating, so far as they go, the presence of no foreign matter in the atmosphere which could be regarded as the source of disease, I deem it proper to describe the modes by which they have been reached, if for no other purpose than the information of future investigators who may engage in a similar research.

"The arrangement adopted for obtaining condensable products from the air, though novel, was simple and efficacious. A tube of large bore coming from the external air, at a height of about five feet from the surface of the ground, was connected with one of the necks of a large Wolfe's bottle—a similar tube passing from the other neck, being tightly fitted into an aperture in the flue of an air furnace, having a good draught. It was found that with this arrangement, when a moderate fire was kindled in the furnace, a powerful draught of the external air was solicited through the apparatus, and continued active for at least twenty-four hours after the fire had burned out. The Wolfe's bottle was kept constantly surrounded by ice; a fire was built every morning in the furnace; and the operation was continued day and night for nearly a fortnight.

"Large quantities of liquid matter were of course condensed; and these were drawn off from time to time, and submitted to chemical examination. The liquid was found to have the sensible qualities of a richly aerated water. After allowing the minute quantity of dust which had been mechanically introduced with the current of air, to subside, it was perfectly transparent, and destitute of taste and odour. It exhibited no decided acid or alkaline reaction to test-papers, although more delicate reagents showed the presence of carbonic acid. Traces also of chlorine—probably in the state of chloride of sodium, which is generally present in the atmosphere near the sea—and of ammonia, were also detected; but their quantities were too small for accurate determination, with the means at my disposal.

"Portions of the clear liquid were also tested with suitable reagents, for the purpose of determining the presence of organic matter. This was found, but in quantities apparently not greater than is usual in rain water that has fallen through the atmosphere of a city in warm weather.

"Both the clear liquid, and its sedimentary deposit were subjected to rigorous microscopic examination, both by myself and by Mr. Frey, whose experiences in such researches is well known; but no appearance of organized beings, either animal or vegetable, was observed.

"For the purpose of determining whether any foreign substance could be separated from the air by purely chemical agents, I employed, as an aspirator for drawing it through them, a gas holder containing about sixty gallons. The aspirator having been filled previous to each experiment with water, and the discharge of the latter so adjusted as to occupy from twenty-four to thirty-six hours, a current of air was slowly drawn through the liquids employed, which were contained in a series of Wolfe's bottles, arranged with delivering tubes drawn to capillary orifices.

"The liquids through which the air was passed in the successive experiments, were solutions of iodide of potassium in starch water; of basic, neutral and acid acetates of lead; of nitrate of lead; of nitrate of silver; of baryta; of potassa; of hydrochloric acid; and of the chlorides of gold and of platinum. Without entering into unnecessary detail, I may state that these experiments afforded results of the same character with those obtained by the examination of the liquid procured by refrigeration. Hydrosulphuric acid could not be detected. Carbonic acid, chlorine, ammonia, and organic matter were found in varying, but never in sufficient quantities to justify a suspicion that they could affect the salubrity of the atmosphere which contained them.

"Repeated endometrical analysis of the air were also performed by means of an apparatus capable of affording much more

accurate results than the instruments generally employed for the purpose. The average of twelve experiments gave in the hundred parts by measure, 20.421 parts of oxygen, and 79.579 of nitrogen. These numbers approximate very closely to those obtained some years since by Dr. Hare, at Philadelphia, and indicate no departure from the normal constitution of the atmosphere.

"At an early period of the prevalence of the epidemic, the public attention was much directed to a peculiar principle called 'ozone,' which was asserted to be present in the air, and to be a probable cause of the pestilence. Several persons exhibited the results of experiments which they considered as proving its presence; and certain chemical relations supposed to characterize it were made the basis of modes of treating the disease, which were announced as having proved eminently successful. I deemed it therefore my duty to institute numerous and cautious experiments to ascertain whether there was any substance present in the air capable of producing the chemical effects attributed to 'ozone.' In the course of this investigation, I was forced to the conclusion not only that no such peculiar principle or condition existed in the atmosphere at the time; but that the experiments of those European chemists who have announced the production by artificial means, of such a new form of matter, or such a modified or 'allotropic' condition of any of those forms previously known to us, are unsatisfactory."

ART. LIX.—*Northern Lancet and Gazette of Legal Medicine, &c.* Edited by FRANCIS J. D'AVIGNON, M.D., Ausable Forks, and HORACE NELSON, M.D. Plattsburg, Vol. I., No. 1. Plattsburg: 1850. Monthly.

The January number of this new aspirant to public favour, was laid upon our table a few days ago. The number contains thirty-two pages of double column each, large octavo size, and of neat typographical execution. We notice that a considerable portion is devoted to Forensic Medicine; and, in this respect, this journal presents considerable claims to the notice of gentlemen of the law. In the words of the Editors, these gentlemen are now "presented with an opportunity of becoming thoroughly acquainted with a study of paramount interest to them, and equally requisite to a 'practical' medical education." We wish our esteemed friend, Dr. Nelson, and his coadjutor, every success in their enterprise, and if the subsequent numbers maintain the high standard which the present one has evidently assumed, its rank among the standard periodicals of the day can scarcely be doubted. It is published at the low price of \$1 per annum, in advance; and we notice that R. W. Lay, Notre Dame-street, has been appointed agent for this city. We will exchange with our new contemporary with pleasure.

PRACTICE OF MEDICINE AND PATHOLOGY.

Spontaneous Hydrophobia.—Dr. Condie presented the outlines of a case of Spontaneous Hydrophobia. The person in whom it occurred, was a man of the name of Willets, an overseer in the ship-yard of Simpson & Neill, Southwark, about 35 years of age and of robust frame and active, temperate habits. He had enjoyed, previously, uninterrupted health, being unable to recollect an attack of any severe sickness, excepting a short convulsive

paroxysm with which he had been seized several years ago. On Tuesday evening, August 27th, he went home in his usual health. The ensuing morning, on awaking from sleep, he experienced a stiffness along the left side of the neck, and a sense of numbness in the arm of that side; this he attributed to exposure on the preceding night, during a sudden change in the temperature of the air. Dr. T. S. Reed was applied to, who directed an appropriate treatment, which, however, did not abate the symptoms under which the patient labored. He soon began to complain of pain extending from the occiput along the left side of the neck and body of the epigastrium. Feeling thirsty, he took a tumbler of water in his hand, but on attempting to swallow some was seized with a most painful sense of suffocation, followed instantly by a general spasm; which, however, continued only a few minutes. A sinapism was applied to the nape of the neck, and a large teaspoonful of laudanum was given, and repeated after an interval of two hours. The patient slept none. During the whole of Wednesday night he was tormented with an urgent thirst, which induced him to attempt to swallow water, but every time the attempt was made, the sense of suffocation and the spasms recurred. Dr. C. saw the patient, with Dr. Reed, at noon on the 29th of August. He found him in a constant state of agitation; his eyes had a peculiar wild, suspicious look; his tongue was moist, and slightly coated along its centre, with a yellowish mucus; it was somewhat pointed and red at its edges; his skin was cool and moist. He complained of a pain commencing on the left side of his neck and extending down the side of his body, with a sense of weight or constriction at the epigastrium. He answered the questions put to him correctly, but in a quick, sharp tone of voice. He complained of intense thirst, but every time he attempted to drink he was seized with the most agonizing sense of suffocation. To show me the manner in which it affected him, he seized a glass of water which stood upon the bureau in his room, and by a sudden, jerking motion, brought it to his lips; on attempting to swallow a few drops he became violently convulsed; threw his limbs about in a wild agitated manner; his eyes staring wildly open; his face assuming a dark hue, and his whole chest heaving as one in the agony of suffocation. During the paroxysm his pulse was contracted, hard, and frequent, but immediately upon its close, it became more developed, soft and slow; the face, at the same time, lost its flush, and the forehead became covered with a profuse perspiration. As soon as the paroxysm, which lasted only for a few minutes, ceased, the patient became perfectly rational, but continued in a state of constant rapid motion, getting up and lying down—first on one side then on the other; and ejecting every few minutes from his mouth with great force, and every time in a different direction over the room, a small portion of thick frothy saliva. There was no redness nor swelling of the fauces, nor was any pain or uneasiness excited by pressure upon the throat or epigastrium. As the patient lay upon his back, I took up a fan unperceived by him, and with it gently agitated the air over his face; he was immediately seized with the same convulsive paroxysm as on attempting to swallow fluids, but less intense, and of shorter duration. The mention and sight of water caused, he said, a sense of constriction in the throat, and a peculiar, indescribable dread. The air blew directly upon him, through an open window, at the side of his bed; this caused him no uneasiness, it was rather, he declared, agreeable to him. Bodies in motion, as the waving of the window curtain, or the agitation of the trees seen from his room, produced no effect upon him. He declared that he had never been bitten by a dog, nor had, for the last eighteen years, received any wound or confusion. Upon minute examination of his body, no cicatrix could be discovered. He attributed the symptoms under which he was labouring, to his having become overheated while working in the sun, and then chilled in consequence of a sudden change in the temperature of the air. He was directed Dover's powder in scruple doses, to be repeated at short intervals, and half drachm doses of chloroform. A blister was applied to the nape of the neck, and an active cathartic was administered. But a very small portion of the medicine was taken, as every attempt to swallow brought on instantly a sense of impending suffocation, and a violent paroxysm of convulsions. Towards the latter part of the day the patient became very much agitated, wandered over the house, and offered violence to those who attempted to restrain him. In the evening he was more calm, and took some bread soaked in

tea, the swallowing of which was attended with only slight difficulty. He now complained of pain at the top of his head; the whole head felt hot; there was a slight injection of the eyes; the pulse was full and firm. Cold applications were directed to his head, and his feet were immersed in hot water. Blood to the amount of twelve or fourteen ounces was taken from his arm, when his pulse sank and he soon after fainted. He now became more tranquil; the inability to drink fluids still, however, continued. Early on the morning of the thirtieth he died; his death being unpreceded by coma and unattended by convulsions.—No post mortem examination could be obtained.

After his death a report was circulated that the patient had been bitten by a pun he was handling, which subsequently died, but upon investigation, this report was found to be unsupported by any satisfactory evidence of the fact. It was unquestionably a case of spontaneous hydrophobia.—*Transactions of the College of Phys. of Philadelphia.*

SURGERY.

Case of Malignant Tumor of eight or ten years standing, cured after two years, by a strict Diet of Bread and Milk, with remarks; by H. J. Bowditch, M. D., of Boston, Mass.—In accordance with your request, I copy for your Journal my notes of the very interesting case of Dr. Twitchell. I obtained them from him during my late visit to the Granite State, and he kindly allows me to publish them. Every medical man, I presume, is somewhat acquainted with Dr. T. He is one of the most noted of our New England surgeons. His incision has a diameter of fifty miles—and he has always, even while suffering from the local disease, I shall endeavor to detail, been able to drive his hundred miles, if necessary, in the twenty-four hours, and in his own carriage, over the hills of his native State. The medical history of his life is extremely interesting. I shall therefore give that, very briefly, before entering upon the consideration of his local disease.

1st. Carcinoma has appeared in his family. His grandmother died of cancer of the mamma; his sister of a scirrhous pylorus. These are all the data of his hereditary tendencies that bear upon our main topic.

2d. In very early life, Dr. T. was in delicate health. As a youth, he was stronger and was among the foremost in all athletic sports. While at college he became dyspeptic; had icterus, with enlarged liver, &c.; subsequently, he passed gall-stones. Whilst pursuing the studies of his profession, he began to suffer from asthma, and for about 20 years was very much subject to violent attacks of it, causing orthopnea, &c. During all this time, he ate animal food very freely, three times daily, and digested easily, whereas vegetable food caused dyspeptic difficulties. Being induced, owing to a severe acne of the face, to abandon this course, he gave up, for nine years, the use of meat. From this period at which he first abandoned meat, he has never had an attack of asthma, and Dr. T. considers these two facts related to each other, as cause and effect. Moreover, vegetable food was soon easily borne. After the nine years of vegetable regimen, he began gradually to resume the use of the milder kinds of animal food, such as poultry, and some what of the more solid meats, until two years since, when he commenced the very rigid diet, which will be described when treating of his local disease, which is the more immediate object of this paper. Finally, I will state, as indicative perhaps, of the tendencies of the cutaneous system to morbid action, that about four years ago, he had a papular eruption lasting six weeks, and likewise, that very many years ago, he had a wart-like tumor on the scalp, which disappeared under the use of creosote, externally applied.

3. The local disease, the cause and result of which, I present as the chief object of interest, commenced eight or ten years since, as a small but hard tumor at the internal angle of the right eye. When first noticed, it was about as large as a mustard seed and not painful. He occasionally touched it, and had some suspicion that it might eventually prove to be of a malignant character. It was imbedded in the substance of the cutis, and from the first seemed very slowly to augment in size. At times he thought he felt some lancinating pains in it, which radiated to the brow. It however did not interfere with the functions of the lachrymas ducts, &c. About 1843 the tumor had become nearly as large all

a pea and a tendency to the formation of a scab was observed. He then was induced to try some local applications, and frequently, until 1845, used "Jenning's Ointment."* This removed the scab, and displayed three small lobes from which exuded a little purulent fluid. At first the morbid growth seemed lessened by this and other milder applications, but no permanent effect was produced. At times the discharge ceased, but only to return again, and the tumor gradually lost its trilobed aspect. It was at this period quite conspicuous to every bystander.

August 1845, Dr. George Hayward, of this city, removed the major part of it with the scalpel. For a short time, the wound seemed doing well; but finally, it did not heal, and two months afterwards it was operated on again and nitrate of silver was applied. Meanwhile, however, there had been experienced much local pain. It was deeper seated, less transitory, and radiated towards the brow and cheek. Sometimes it was severe enough to awaken him at night, and was worse usually after long rides.

The applications during 1846-7 were chiefly of a very simple character, cold cream—preparations of zinc, &c., and once the odid of lead. All active applications caused inflammation of the conjunctiva. The tumor continued to augment slightly, and in the spring of 1847, it presented to my eye a decidedly malignant appearance. It was an ulcer about the size of the top of the finger, with ragged, hard, elevated edges, and the irritation from the discharge caused the patient frequently to apply his handkerchief to the part. At night it caused a glueing of the lids and a discharge on the side of the nose. I certainly believed, and Dr. T. tells me that he thought, at that time, that the disease would gradually augment and involve the eye—and he had determined, if necessary, to have this organ extirpated. His general health, as it has been already stated, continued good; but, when not actively employed, the mind was somewhat depressed at the prospect before him. At the meeting of the American Medical Association in Philadelphia, May, 47, he consulted several of the eminent men whom he met. I believe, I may say, that all regarded it as a disease of the most serious nature, although some thought it might be cured by local applications, and others advised a further operation.

Dr. T. returned home discouraged, and he decided to give up all use of medicines internally or of external applications, but to try a course of the most rigid diet. Starting from a theory that malignant diseases arise from the fact that we take too much carbon into our system, he determined to live, from that time, upon a bread and milk diet, and if at the end of some months he did not find any diminution in the disease, he still determined to use nothing but bread and water. Since his return from Philadelphia he has strictly adhered to the bread and milk. He has used three times daily from $\mathfrak{z}iv.$ to $\mathfrak{z}vi.$ of cream of the richest milk, and same quantity of either white or brown bread. He continues that diet still.

The result upon the local disease, have been as follows:—The pains in the part were lessened almost immediately. The purulent discharge very soon began to lessen, and in two or three months, it was evident that the disease was not augmenting. During the following winter the improvement was more decided. In the spring of 1848, being obliged to ride over dusty roads, to great distances, the eye was more irritated. Nevertheless, he felt, and his friends assured him, that the diseased part was really lessening, and tending towards a cure. Since that period a steady improvement has taken place. The ulcerated mass, which was so perceptible to me two years since—has wholly gone, and now (August, 1849) I can discover no difference between the angles of the two eyes, save that in the right one there is a minute white spot, about a line in diameter, looking like a cicatrix. It is not harder than the adjacent parts, and had I not known of the existence of previous disease, I should not have noticed even this. There is no discharge, no pains, and a perfect cure seems to have been accomplished of a disease that had been existing for about ten years, in a patient aged 68 years.

The effects of this rigid diet upon the constitution, as a whole, are interesting.

In his mental estate, Dr. T. thinks he has been much less irritable than when he was omnivorous.

He had, at one time, an attack of vertigo, (to which however, he has been always liable,) and, finding that he was growing corpulent under the diet, he, for a time, took less of it.

He has always been as strong as when indulging in a more generous diet.

He has been able to breathe better, having had less tendency to dyspnoea.

His digestion has been good, but with a slight tendency to costiveness.

His organs of circulation have been unaffected.

Renal excretion, for years, a little disturbed, as is not unfrequently the case in persons of his age.

Finally, Dr. T. presents to my mind the picture of a hale, robust man, in perfect health, so far as one can perceive, and but slightly touched by the influence of his many years of honorable and successful labor.

REFLECTIONS UPON DR. T.'S CASE.—The most important topic involved in the foregoing record is the restoration to health from what seemed to be a malignant disease, and that this result followed the strict diet of bread and milk for two years.

Second. The cessation of asthmatic difficulties, after they had troubled the patient for twenty years, and that this cure likewise followed the change of diet—from an almost strictly animal diet to one quite the reverse, viz: strictly vegetable.

Third. Some readers may ask if these two cures are not merely examples of the "post-hoc;" and they may deny that there is any complete evidence of the "propter hoc." I consent to the doubt, for it has entered my own mind. Nevertheless, if they are mere coincidences, they are pregnant with important suggestions. I confess that, in my own practice, I have never met with any cases so significant of the power that diet, simply and heroically used, has to re-organize a man.

Fourth. Dr. T.'s case becomes interesting as an evidence of the power of a man to subject his body to strict rule. In this epicurean age, it is quite refreshing to find one who "eats to live, and does not live to eat." A worthy professional brother, of this city, said, when the case was related to him, "It might certainly be a question whether life was desirable under such a regimen!" I honor a hero wherever I find him, and the heroism of Dr. T., in undertaking and pursuing his course so long, merely in consequence of a theory, excites in me the greatest delight. In this sceptical, unbelieving era, I like to see any one having faith. Whether the theory was correct or not, it matters little—the fixed will of its follower arouses my enthusiasm; and this brings me to another topic of interest.

Fifth. The theory which governed Dr. T.—was it correct? I confess that I am unable to solve the question; I merely suggest it. Some, whom I consider as our ablest animal chemists, think that it was by the process of starvation, as described by Liebig,* that the cure was wrought. It seems to me that this cannot be the true explanation—for Dr. T. has always been stout, and it will be remembered that at one time he actually gained flesh under the diet!—*Charleston Medical Journal*.

MATERIA MEDICA AND CHEMISTRY.

Therapeutic Action of Aconitum Napellus.—The following is an abridgment of papers, by M. Tessier, on this subject, in the *Gazette Médicale de Lyon*, for 15th and 31st January, 1849:—

Aconite has three modes of action, viz: a narcotic, an anti-phlogistic, and a special action on the skin.

1. *Narcotic Action.*—Some deny that aconite acts in this way; but, nevertheless, the fact is incontestable. It is sufficient to place some drops of the tincture on the tongue, to be satisfied of the narcotic action, on the nervous system; for it excites a very decided feeling of numbness in that organ. Besides, when a full dose is administered, it is no uncommon thing to observe delusions, vertigo, collapse, and delirium;—in fact, such effects are known to follow opium and poisons from the family *solmæa*. In painful diseases, too, it often gives a wonderful immunity from pain. I have administered Aconite in a great number of painful diseases—in dull pains in the bones, in facial neuralgia, in tooth-ache, sciatica, cancer, &c.; and have observed effects which, from their diversity, well merit attention. While morphia, with a few very rare exceptions, calms every species of pain, aconite only relieves a certain special class. Thus I have never been able,

* Mackenzie on the Eye.

* Animal Chemistry, Cambridge ed., p. 25. 1842.

by means of it, to assuage the pain of exostosis, cancer, myelitis, nephritis, gastralgia, or whitlow; but, on the other hands I have obtained the best results from its use in such painful affections as have a catarrhal or rheumatismal cause, along with disordered function of the skin, such as rheumatism, angina, toothach, &c. Aconite is, then, in a certain class of cases, a narcotic agent (*agent stupefiant*), but this action is subordinate to another, after-wards to be spoken of.

2. *Antiphlogistic Action.*—The reality of this mode of operation is believed in by Dr. Fleming; by Dr. Giacomini, who places aconite among the hyposthenic arterial remedies; and by the homœopaths, who affirm that this medicine may be used as a substitute for bleeding in the most urgent cases. To solve the question, as to the existence of antiphlogistic properties, it will not do (like Dr. Fleming), to choose cases of rheumatism, bronchitis, pneumonia, erysipelas, or neuralgia, all of which can usually be cured without the abstraction of blood; but we must take diseases in which bleedings are regarded as indispensable, as inflammation of the brain, apoplexy, peritonitis, hypertrophy of the heart, inflammatory fever, and ophthalmia, from the introduction of a foreign body into the eye. In my experiments with aconite on the latter class of cases, I have not met with a single instance in which the aconite could usefully be preferred to bleeding. I have also given it in active hemorrhages, in hæmoptysis, and in menorrhagia—and without any advantage. From my observations, aconite does not appear to be more suitable to the plethoric: and upon the whole, I am inclined to think that it answers best with persons of a nervous or lymphatic temperament, and especially with those predisposed to rheumatismal and catarrhal affections. I do not, however, maintain that aconite never acts as an antiphlogistic: for by and by I am going to mention cases in which it has sensibly reduced the pulse; but then I will show, at the same time, that the action on the circulation was indirect, and that it is by regulating another function that aconite diminishes fever.

3. *Action on the Skin.*—If the principal therapeutic action of aconite be neither narcotic and calmative, nor antiphlogistic, what is it? My reply is, the special action of aconite is on the skin. It possesses the property of eliminating from the vessels of the hurtful matter, and of re-establishing the cutaneous functions when deranged by checked transpiration, or by some virus. I think that it has the special power of controlling diseases arising from cold, and others in which a morbid principle is retained in the cutaneous tissues, as occurs in the exanthematous fevers. It is a suitable medicine in all those diseases in which the function of the skin is disordered, as an articular and muscular rheumatism, as well as in rheumatism of the nerves, including sciatica and odontalgia; also in affections of the mucous membranes, such as bronchitis, etc.; likewise in the exanthemata.

Diseases in which Aconite is used.—*Courbature.*—A bruised feeling in the limbs, creeping sensations of the surface, lassitude, headache, and general discomfort, constitute the group of symptoms called by this name; and they are also symptoms which specially indicate the use of aconite. The desired relief will generally follow, by taking daily from five to ten drops of alcoholic tincture, in a little water, or bland vegetable infusion.

Catarrhal Fever, as Hufeland showed, is caused by the suspension of the active functions of the skin. Its physical characters are: alterations of heat and cold, dragging pains in the limbs, increased frequency in the desire to make water, a tendency to sweat, general fever complicated with a local affection, which is generally coryza, angina, or bronchitis. The therapeutic indications are: 1st, To re-establish the functions of the skin; 2d, To subdue the irritation of the nose, throat, and bronchial tubes. Aconite fulfils all these intentions. In catarrhal fever, as in *courbature*, it causes the pain in the limbs, the shiverings, and the heat to subside, and, at the same time, greatly simplifies the progress of the affection of the mucous membrane. But aconite does not, unaided, fulfil the second intention, which requires the assistance of opiates, blisters, or such other means as may be suitable.

Angina and Acute Bronchitis.—Like MM. Tessier, of Paris, and Gabalda, the author has seen aconite of much service in these affections, by diminishing in the former, the pains of deglutition, and in the latter, rendering the fits of coughing much less distressing.

Rheumatism.—To have a correct appreciation of the action of

aconite in rheumatism, it is necessary to discriminate between the different forms of rheumatism, for it is very far from possessing the same influences over all of them. The cases in which it succeeds best are—recent rheumatic pains, unaccompanied by swelling and fever, or in which these symptoms are slight. In them, it possesses very great efficacy, and is preferable to bleeding; also to inoculation with morphia, or the use of belladonna—which drugs are mere palliatives of pain. In acute articular rheumatism, accompanied by decided swelling of the joints and ardent fever, aconite is of less value. At the onset, however, of such attacks, it may be administered with advantage, for the purpose of diminishing the afflux of blood [*la fluxion*] to the joints; but when the synovial membrane and the fibrous and ligamentous structures of the joints become inflamed, aconite is useless, and, in my opinion, the best treatment is by large doses of nitrate of potash. In chronic apyrexial rheumatism, the results are good, though not so striking as in recent attacks. By persevering in the use of aconite for six weeks or two months, obstinate rheumatic pains, which have existed for years, may be subdued. Aconite, besides being remedial, possesses preventive properties, by its decided influence over the rheumatic diathesis. When given with this view, it must be continued for months. In all rheumatic affections, but especially those which are chronic, the doses must be much larger than those which are suitable in the diseases formerly spoken of. It is necessary to begin with ten or twenty drops of the alcoholic tincture, and to increase the quantity up to four, six, or eight grammes.*

Eruptive Fevers.—In these affections, as in catarrhal fever, the pulse is brought down; the eruption is also made to come out better. The beneficial influence of aconite on the progress of the exanthemata has already been mentioned, in a work published at Lyons—*Le Pharmacopée de Vitet*. It does not appear whether the discovery of this property of the medicine belongs to Vitet, or whether it was stated by him at second hand.

Erysipelas.—M. Tessier agrees with Drs. Fleming and Gabalda in believing that aconite diminishes the duration and the danger of this disease. I would wish to call the attention of surgeons to its value in erysipelas attacking wounds; so that my observations may be verified. I have several times seen a prompt and remarkable amendment follow the daily use of from ten to twenty drops of the tincture, in cases of erysipelas spreading around wounds and ulcers, and accompanied by severe constitutional symptoms.

Pneumonia.—M. Tessier agrees with Dr. Fleming that the aconite, when administered at the commencement, tends to restore the suppressed transpiration from the skin, and may thus give a milder character to the disease; but if inflammation have actively set in—if auscultation reveal engorgement and condensation—we must not anticipate resolution from the exhibition of aconite.

Mode of Administration.—I am truly astonished at Dr. Fleming recommending the largest doses to be used when an antiphlogistic, rather than an anodyne or narcotic, effect is desired. However much I respect so distinguished an authority, I must state that my practice is entirely different. In a case of rheumatism, neuralgia, or any other affection in which I wish the calmative properties of the medicine, I give from ten to twenty drops of the tincture, and gradually augment the dose to three, four, five, or even to eight grammes in the day; but, on the contrary, when I give it in the *courbature* or catarrhal fever, I order only from five to ten drops in the twenty-four hours, and by such doses I bring down the pulse, and diminish all the other febrile symptoms, without inducing any symptoms of poisoning. I prefer the tincture, as more certain than the extract. The tincture, diluted with one or two parts of water, may be applied topically in neu-

* Let us caution our readers not to use the tinctures in common use in this country in such doses. No physician ought to prescribe aconite, without minutely specifying the preparation he intends to be used. That which we prefer is Dr. Fleming's *Tincture of the root*, which is transparent, in color like sherry wine, and of a slightly bitter taste. The following is the formula: "Take of root of *A. Napellus*, carefully dried and finely powdered, sixteen ounces troy; rectified spirit, sixteen fluid ounces; macerate for twenty days; then pack into a percolator; add rectified spirit until twenty ounces of tincture are obtained." Dose from three to five minims in repeated doses.

algia; but used in this way, aconite is an uncertain remedy.—*Lond. Jour. of Med.*

MEDICAL JURISPRUDENCE.

Notes on a Case of Fatal Poisoning by Metallic Arsenic.—By B. Silliman, Jr., M. D., Professor of Chemistry and Toxicology in the University of Louisville, and of Chemistry applied to the Arts, in Yale College.—The case here related is of interest chiefly because of the comparative rarity of this mode of arsenical poisoning. The facts of the case and the steps of my examination are given very nearly in the words of the deposition—this may account for the want of condensation in this communication, which might otherwise be presented in much fewer words. It may not, however, be without interest to the general reader, as showing, to some degree, the manner in which the toxicologist proceeds in such cases.

On the fourth day of September, 1819, Dr. J. W. C., of Bristol, Connecticut, brought to my laboratory the stomach of a man, who, as he stated, died in the town of Bristol, under suspicious circumstances, leading to the supposition that he had been poisoned. I consented to make a toxicological examination of the stomach, at his request. This I commenced in his presence immediately after the presentation. The stomach was presented to me in a vessel of alcohol; both the orifices of the organ were tied with ligatures, which, as I was informed, were put on before its removal from the body. The stomach had not been opened; it was to appearance fresh, no change nor decomposition having taken place; nevertheless it appeared of a livid and unnatural color. A strong horizontal line divided it into two equal portions, the lower portion being dark, the upper opaque and not unnatural in its appearance. With Dr. C.'s assistance I opened the stomach by a long incision, exposing its interior. Its internal appearance was strikingly unhealthy, livid and inflamed, resembling the effects of acute gastritis. Its contents appeared singularly unnatural, being not less in quantity than one pint of dark colored, brownish fluid, thick, and resembling in color and appearance rich chocolate. The line of division spoken of before, was not so apparent on the interior as on the exterior. The whole interior surface presented strong evidence of inflammation; the color was livid, with lines of extravasated blood. The mucous coat was lined with the chocolate colored matter before mentioned. I detected no trace of food in the stomach, save a few filaments of reddish matter resembling the skins of tomatoes.

My first chemical examination was made upon the contents of the stomach. I proceeded to analyze the chocolate colored matter. After reducing it to a transparent solution by means of agents of known purity, I submitted it to the action of a current of sulphuretted hydrogen. I was soon satisfied, from the orange colored precipitate that was produced, that there was some metallic substance present in the stomach. This precipitate was not very abundant, nor of so deep an orange color as to be of the most decided character. It was, however, completely soluble in caustic ammonia—a character which belongs to the sulphuret of arsenic. The evidence obtained by this preliminary trial was such as to induce farther and more critical examination as to whether the suspected substance was arsenic, antimony, cadmium, or tin—the only metals capable of producing a yellow compound with sulphur under the circumstances above described. I searched, at first, in vain upon the coats of the stomach for anything resembling a white powder.

My next step was to take a portion of the substance of the stomach itself, as well as of its contents. This I proceeded to reduce, by means of the process of Fresenius and Von Babo, to the state of a perfect and colorless solution. This process, occupying several consecutive hours, was conducted with care, to avoid contamination from every source—meanwhile, with the advantage of a stronger light, I employed myself with a more critical optical examination of the surface of the coats of the stomach, hoping to detect thereby something which should indicate the probable cause of the appearance before described. On scraping the dark brownish matter from off the coats of the stomach, I observed in several places, adhering firmly to the mucous coat of the organ, dark colored grains, resembling at first sight grains of black pepper; some

of them, however, had a metallic lustre and resembled tinfoil.—On inspecting these metallic grains, it at once occurred to me that they might be metallic arsenic, or "cobalt," as this substance is absurdly called, in the shops of the apothecary and in commerce. I accordingly proceeded to determine by experiment the true nature of these grains. On heating some of them in a closed tube of glass they were entirely volatilized, or sublimed, lining the interior of the tube with a brilliant metallic coat, whose surface reflected like a mirror. The extreme borders of this metallic ring were fringed with a white crystalline powder. Another portion of these grains was in like manner volatilized, but with the access of air. In this case the dark metallic coat at first formed was rapidly changed to a white crystalline coating, which on examination with a magnifying glass was seen to consist of a great number of minute but very brilliant eight sided figures. Another tube, in which a portion of these metallic grains from the stomach had been sublimed and converted by the aid of heat and air, into the white crystalline lining last described, was next treated by a current of sulphuretted hydrogen gas, by which means, with the aid of heat, the white coating was completely converted into a brilliant yellow substance, entirely resembling the yellow sesquisulphuret of arsenic, or orpiment. That no doubt might remain as to the real nature of this substance, I proceeded next to pass through the same tube a current of strong ammoniacal gas. The yellow coating was thereby immediately dissolved into a clear transparent yellow fluid. By the aid of a gentle heat the ammonia was expelled from this fluid, and the original yellow coating reappeared as before. The series of properties here described is found in no other substance than arsenic.

The evidence above detailed is such as produced the strongest conviction that the substance under examination was metallic arsenic, and that it could be nothing else.

The above experiments were conducted mainly during the interval of two days, in which the portion of the stomach already alluded to and its contents were in process of transformation from the solid condition to that of fluidity. My next trials were made on the solution thus produced, with a view to the detection of similar evidence in it. The result, however, already obtained, led me to expect, that the evidence to be derived from the muscular tissues of the stomach, would be much less remarkable than that obtained on the solid contents, to wit: the metallic grains before spoken of. The solution was treated with a current of sulphuretted hydrogen gas. In a short time a very decided precipitate, of an orange yellow color, appeared in the solution, after standing for some hours in a warm place. This was collected upon a filter, separated from the solution, and carefully dried at a regulated temperature. A portion of this yellow precipitate was mixed with appropriate reducing agents, in a tube of hard glass, and exposed for a short time to a red heat; the neck of the vessel during this process of heating, became lined with a dark metallic-looking coating, resembling in all respects the similar rings produced by arsenic.

Another portion of this yellow precipitate produced from the solution of the stomach, was treated with caustic ammonia—complete solution ensued. This is a characteristic property of the yellow sulphuret of arsenic.

I next proceeded to try a test which is regarded by most chemists as one of peculiar certainty. This test is known as Reinesh's test; from the name of the discoverer. I regard it as of any single tests the most satisfactory, as well from the unequivocal evidence which it yields, as from the facility of its application in cases where other tests may give equivocal evidence. A portion of the suspected substance made slightly acid by hydrochloric acid, and freed them from turbidness by filtration, is boiled for a few moments in contact with a slip of bright metallic copper. If arsenic is present in the most minute quantity, the surface of the copper becomes immediately tarnished, and assumes the color of steel more or less completely in proportion as the quantity of arsenic may be greater or less. This test was applied to the case in hand. The bright metallic copper, after a few moments boiling it, was placed in contact with a portion of the tissues of its contents treated as just described, and assumed distinctly the grey color of steel. A portion of this copper cut from the slip, was heated in a tube of glass, whereby the grey coating was immediately transferred from the copper to the glass, lining it with a similar metallic mirror to those which had been previously produced in the

tubes before described. This coating derived from the copper, gave all the reactions which have been described as peculiar to arsenic.

It is well known to chemists, that metallic arsenic, when heated in contact with the air, burns with a peculiar odor, which is described as the garlic-like or alliacious odor. This character is much insisted upon by some writers on medical jurisprudence, as one of great importance. I obtained the garlic like odor, as well from the metallic grains found on the coats of the stomach, as from the yellow precipitate obtained from dissolving the substance of the organ itself.

It was deemed unnecessary, after the very sufficient and convincing testimony already obtained, to resort to any of the numerous and less satisfactory means known to chemists for the detection of arsenic.

The production of the metallic ring; its entire volatility by heat; its conversion, by the aid of heat and air, into brilliant white octohedral crystals; the further transmutation of these, by means already described, into yellow orpiment; the solubility of this yellow substance in ammonia; its reproduction, unaltered, upon evaporation of the ammonia; and finally the reconversion of this yellow substance, by seducing agents, into the original brilliant metallic mirror, forms a chain of consecutive evidence of the most satisfactory character, and such as can be produced by no other substance in nature than arsenic.

I should regard the production of the metallic mirror of the alliacious odor, and of the white crystalline grains found on heating the black mirror, a sufficient and irrefragable proof that the suspected substance was arsenic.

I am satisfied, as the result of my research in this case, that death was produced by the administration of metallic arsenic, otherwise called cobalt or fly powder.

I was unable to form any opinion as to the quantity of metallic arsenic present in the stomach.

There is evidence on record that life has been destroyed by arsenic administered in doses of from three grains to as many ounces. It would probably require a greater quantity of cobalt than of the white arsenic to destroy life, since it is only the small part of the metal, which has become partly oxydised, which acts as a poison. It is remarked by writers on medical jurisprudence, that a frequent symptom from poisoning by arsenic is the secretion by the stomach of a dark brownish chocolate-like fluid, which is not unfrequently ejected by vomiting, and which is found in the stomach and intestines on a postmortem examination.

It is a well known property of arsenic to act as a preservative of animal matter. Its antiseptic properties are so strong that in many cases of poisoning by this substance, the stomach and organs of digestion have been found in a perfect state many months and even years after interment.

The medical testimony in this case is less satisfactory than the chemical. The patient had been unwell for some days with symptoms supposed to be occasioned by simple derangement of the bowels, accompanied by nausea and vomiting. The medical attendant was called on Thursday evening, Aug. 30, and found the patient in bed. He complained of nausea, thirst, and constant distress at the stomach, and pain in his bowels; pulse feeble and irregular; his hands cold. He was treated with Hopkin's elixir, followed by Dover's powders, camphor, gum, and sudorifics. The following day he appeared easier, and was in a perspiration. Still complaining of his stomach, an emetic was administered of R. Antim. tart. grs. ii., pulv. ipecac. grs. xx.; which, failing to act, was repeated—each in three doses.

He was not seen again until nine o'clock on Friday night, when he was in a state of collapse, with great distress in the stomach and great difficulty of breathing; pulse not perceptible; hands and feet cold and livid. He complained of extreme heat in the pit of his stomach, and conversed with difficulty; had a constant disposition to vomit, general twitching of the muscular system, and frequent alvine discharges; countenance pallid; skin cold and bedewed with a clammy sweat. Diffusible stimulants were administered, and he died about midnight following, say thirty-six to forty hours from the time he was first seen by a medical attendant.

The autopsy detected nothing remarkable in the upper viscera. The stomach, however, showed distinct marks of inflammation, by a medial ring of vermilion red, extending around it; below—

say three-fourths of the organ—was dark, nearly black, colored; the upper portion healthy. It does not appear that the alimentary canal was examined. The appearance of the stomach, when opened, has already been alluded to.

We certainly cannot fail to recognize here several of the main features of arsenical poisoning, but of a comparatively mild type. It is not stated whether there was injection of the conjunctiva, and no medical attendant was present during the three or four hours immediately preceding death. We are not able, therefore, to decide whether tetanic convulsions were developed. Nor indeed are these by any means universal in arsenical poisoning, although frequently present. The "muscular twitchings," however, recorded in the testimony, look that way. No mention is made by the medical attendant as to the nature of the matter vomited—but judging from the abundance of the dark brown tinted matter, mixed with mucus, which I found in the stomach, we cannot doubt that this matter was also ejected. This case presents, then, the following train of symptoms, all indicative of arsenical poisoning, viz: Faintness; depression; nausea, with intense burning pain in the pit of the stomach; constant thirst; pain more intense at the close; pulse very feeble at first, and wholly imperceptible at last; diarrhoea; muscular contractions, or twitchings; difficult respiration; cold and clammy skin in the collapse; and brown turbid secretion in the stomach.

It is doubtful, on a review of the symptoms, whether any characteristic symptoms is wanting; and, certainly, when taken in connection with the chemical evidence, there can be no doubt that death was occasioned in this case by metallic arsenic.

Louisville, Ky., Dec. 19, 1849.

Report of a case of Alleged Rape and Murder, with Medico-Legal Remarks on the cause of Death.—By F. Ogston, M. D., Aberdeen. At the autumn circuit Court of Justiciary, held in Aberdeen last month, a case was tried which involved the double charge of rape and murder, and which, after a lengthened investigation, ended in the conviction of the person indicted, and his consequent execution for these crimes on the 16th October.

As this trial presented some features of a kind which seem likely to prove interesting to those members of the profession who devote a share of their attention to medico-legal proceedings, with the concurrence and co-operation of the gentlemen principally engaged with me on the side of the crown I have drawn out the subjoined outline of the whole for publication in the *Medical Gazette*. In doing so it will be observed that I have, in a great measure, kept separate the facts brought under the notice of my colleague and myself at the precognition* from those elicited from the other witnesses at the trial, and for the obvious reasons, 1st, that it was in this order that the circumstances of the case became known to me; and 2dly, that by following this arrangement, the source will be indicated from which alone our judgment had to be formed, both at the precognition and on the trial.

My first acquaintanceship with this difficult and important case began on the morning of the 11th of April last, when Dr. James Jamieson, of Aberdeen, Mr. Samuel Davidson, surgeon, Rayne, and myself, accompanied Mr. Simpson, Procurator-Fiscal for the county, to the inn at Badenscath, parish of Auchterless. There we were first requested to examine the person of James Robb, quarrier, a stout young man of 22 years of age, who was in custody on suspicion of having violated and afterwards taken away the life of Mary Smith, aged 63, an unmarried female pauper living by herself in a small house at Redhill, in the neighbourhood. On a pair of corduroy breeches then on his person we observed some patches of dark brownish matter,* situated near the outer seam

* The precognition, or preliminary investigation, in Scotland, which takes the place of the coroner's inquest in England, in so far as it concerns the medical witnesses, embraces,—1st, a written report of the facts observed and the opinions drawn from these; 2dly, the written answers to questions put by the public prosecutor for the further elucidation of such facts and opinions. The report is labelled on, and made a production at the trial. The written answers generally embrace the points drawn out from the witnesses subsequently at the trial.

* This brownish matter, which was found in part still adherent to Robb's breeches when shown to us on our return to Aberdeen, was so minute in quantity that it only enabled us to determine by

at the middle of the left thigh. On the left side of his face were several linear abrasions of the skin, varying in length from two lines to three-eighths of an inch—viz. a vertical scratch or abrasion on the cheek, a horizontal scratch on the lower eyelid, a scratch across the side of his nose, and three scratches in the angle between the nose and the cheek. There was a reddish stain,† three-eighths of an inch in greatest breadth, on the outside of the left breast of his shirt. In addition, we noticed an irregularly oval reddish spot, partly abraded, and varying in breadth from three-quarters to a quarter of an inch, on the skin on the outside of his right elbow; and at the right side of his prepuce or foreskin, an irregular reddish, partly abraded, spot of very minute size.

Our next step was to attend Mr. Simpson to the cottage at Redhill, a small cabin containing only one apartment. In this room, and on a wood-bound bed at one end of it lay the body of a woman, which was identified as that of Mary Smith, and which the witnesses stated to be in the situation in which it had been found by them on the previous day.

Smith's corpse lay obliquely across the bed in an extended position; the hair of her head loose and dishevelled; the head a little bent downwards on the chest, and inclined to its left side; the lower limbs ten inches and a half apart; the right leg bent; the right arm extended from the side, the left arm bent at the elbow, and the left hand in contact with her left side. We found the bedding much disordered; the blankets at the left side, off, and not on, the body; the borders of a cap worn by her turned back, its left flap bloody; a shawl or neckerchief about her neck and shoulders loose and disarranged; the front of her shirt doubled up from below; her privy parts and the lower parts of her belly exposed, and the single sheet on the bed lying at her feet crumpled and dirty, as were the bed-clothes generally. We observed a bloody fluid at one of the corners of her mouth; and blood, partly clotted and dry and partly fluid, covering the privy parts of her person (the vulva), and staining the bedding immediately underneath, as well as a pair of drawers chiefly of woven wool worn by her, in the same situation. In addition to the blood at her privy parts, and the bed and drawers next them, there was a quantity of excrement (fæces) on the same parts.

On proceeding to inspect the body, we met with the following appearances—viz., the joints rigid; the mouth open; the pupils dilated; the countenance natural; the tongue protruded from between the front teeth; the back parts of the corpse and the finger-nails livid; an oval clot of blood under the integuments at the prominence on the left side of the forehead, not exceeding half an inch in greatest breadth; the sinuses and veins within the head unusually loaded with dark fluid blood, the inner membrane of the brain (pia mater) showing a fine network of injected blood-vessels; the interior of the brain closely studded with bloody points, and its grey matter of a pinkish hue; a large quantity of dark fluid blood in the veins of the neck and upper part of the spine; the mouth, throat, air-passages, and soft parts of the neck, healthy; five and a half fluid-ounces of reddish liquid in the chest; the lungs partly emphysematous, and in part a good deal congested with dark fluid blood, with frothy fluid in their air-cells; the right cavities of the heart distended with dark fluid blood; its left cavities almost empty; the walls of the heart on its right side very thin, and at the ventricular part of its left side very much thickened; the liver, spleen, and kidneys, much congested with dark fluid blood; alimentary matters in the stomach; two fluid-ounces of reddish liquid in the cavity of the belly; the womb and ovaries pale and shrunken; the entrance of the vagina (or canal leading from without to the womb) bloody; the fourchette (or

fold of integuments forming the posterior boundary of the gonital fissure) excoriated on its inner surface; the bodies termed *carunculae myrtiformes* (or the small fleshy bodies placed around the entrance to the vagina) were dark-colored, and those on the left side had two minute clots of blood in their interior.* The exterior of the body generally,* the parts about and within the fundament, the upper part of the spine, and the organs within the cavities of the body, were all healthy. The corpse was plump and well-formed, and free from putridity.

Such were the data afforded us, in order that we might decide from an inspection as to the mode of this poor woman's death; and to this very important duty we now proceeded, keeping strictly within the limit prescribed to us by the terms of our remit. It appeared to us that on the main point, or the mode of death, a guarded and qualified opinion alone could be safely arrived at by us. The body itself, it was evident, presented on dissection no such very decided marks of disease or of serious violence as to authorise a positive conclusion in favor of death, either wholly from natural causes or by means of violence alone; nor were the appearances of disease or injury met with on the inspection of such a kind as to admit of our very satisfactorily determining by means of these the immediate cause of Smith's death. Apart from the marks of local violence, the state of the cavities of the head, chest, and belly, and other obvious appearances, while they did not authorise us to exclude the possibility of death by coma or indirect asphyxia,† led us to decide that, though certainty was unattainable, the probability was that death had in this case been occasioned by primary or direct arrest of the respiration, or in other words, by ordinary asphyxia.

As to the second point we had to determine—viz. the violation of the woman's person—we had no hesitation in saying, from the data before us, that the clot of blood under the integuments of the forehead, and the effused blood, the abrasion, and the slight bruises observed about the privy parts of the body, while they were not in themselves sufficiently severe to account for her death, and might have been produced at, as well as shortly before, death, though most likely caused at the latter of these periods, were, especially when taken in conjunction with the position in which the woman was found by us, indicative of violence having been done to her person about the time of the extinction of her life.

The report itself I need not subjoin, as it merely embodied in the words of the above narrative the facts and observations above stated, with the conclusions just noticed appended to it, the whole being thrown into the form of a certificate.

In reference to Robb, our Report, after enumerating the scratches on his face, elbow, and penis, the blood on the breast of his shirt, and the brownish matter resembling soot on his breeches

* A portion of mucus, slightly bloody, found at the upper part of the vagina, was removed, and secured in a sealed vessel. On our return to Aberdeen we lost no time in examining it, while still moist, by the method recommended by Bayard (*Ann. d'Hygiène*). The microscope, however, failed in showing any of the spermatic epizoa in the prepared liquid.

† A little redness on the inside of the right thigh proved to be a mere stain with blood.

‡ As some surprise has been expressed at our not having given further effect than we did to the moral presumptions and the circumstantial evidence afforded by the state of the bed and bedding in this instance, I may observe that the remit, or legal warrant, merely directed us "to inspect the body, and to report the appearances on it, on the cause of death," as founded on such inspection. Besides, in such circumstances, as has been remarked by Dr. Taylor, the duty of the medical jurist "is rigorously confined to the furnishing of medical evidence from medical data alone," unless specially required to make use of other evidence. (*Manual of Med. Jurisp.* 719). This restriction was not removed even at the trial.

§ It will be seen a little onwards that the strict physiological meaning of the term *asphyxia*, as inclusive of both direct and indirect stoppage of the breathing, was fully brought out at the trial, a point which, though now well understood in medicine, is probably new to courts of law. The term itself, though a technical one, was purposely selected in preference to its English synonym, as the employment of the latter would at once have suggested to the jury an idea very different from the one we meant to convey to them.

comparative trial that, like ordinary peat-soot, it contained carbon, a volatile salt visible under the microscope, and one or more alkaline carbonates effervescing with the mineral acids.

† This stain was afterwards submitted to the usual chemical tests. Albanen was found in it in sparing quantity; a little colouring matter also subsided from the stained portion of the shirt when separated and suspended in a glass tube with distilled water; but as its colour was but faintly to be distinguished as red, it occurred to us that it might be well to place a little of this deposit from the bottom of the tube in the field of a good microscope. The result proved very satisfactory, as not only did we thus detect fragments of the fine tubes usually met with in the same circumstances in a drop of fresh-drawn blood, but also a few blood-corpuscles, some of both distinctly reddened.

merely bore further that the abrasions of the integuments on the different parts of his body appeared to us to have been caused recently before our examination of them, and to have been the effects of external injury.

In addition to the Report to which I have been alluding, two others were given in to the authorities by medical gentlemen in the country who had seen Mary Smith on the day preceding our visit and inspection. These, however, which only became known to us after the trial, on which they were also produced and read, will fall better to be noticed afterwards.

On the 19th ult. James Robb was brought to the bar of the Circuit Court of Justiciary, charged with the offences of rape and murder, in having, on the 9th or 10th of April last, wickedly and feloniously entered the house of Mary Smith, now deceased, during the night, and attacked and assaulted her, and struggling with her and striking her with his fists, or some other instrument on the head and other parts of the body, and, by covering her mouth and nostrils, did suffocate and mortally injure her, so that she died immediately, and was thereby murdered. The indictment likewise set forth the circumstances of the charge of rape with those of the minor accusation of assault and intent to ravish included in the major proposition.

In accordance with the usual practice, the public were excluded, and the proceeding were conducted with shut doors.

The prisoner pled guilty of rape, in the expectation, had his plea been received, of having his sentence restricted to an arbitrary punishment, as is usually done in cases of this nature where no aggravation is charged, though, by the law of Scotland, rape is still held to be a capital crime. The plea, however, was not accepted, and the case went to proof.

From the evidence led, which was entirely circumstantial, it appeared that Robb had been at the fair or market at Badenscoth on the 9th of April, where he had indulged in liquor to some extent, and been quarrelling and fighting: he had there lost his staff, but had obtained another in its place, some peculiarities about which rendered it easily identified. About 10 P. M. he had left the market and proceeded homewards to Fisherford, where his father resides. On his way home he had to pass the house occupied by the deceased Mary Smith. On parting with his companions at the inn shortly before, he had no scratches on his face. His last conversation with them was to the effect that he was determined that night to gratify his sexual passions, which he intimated to them in coarse terms. Smith's door was found open on the morning of the 10th: she had been seen on the evening before in her ordinary health. Matters about her bed and body were in the state already described, except that, in addition, froth was observed about the mouth. Marks of corduroy were noticed on the back and sides of the wooden "lum" or chimney of the house. Robb's stick was found outside the door. The wood at the back of the bed was driven out of joint. The head of a button, the neck of which was afterwards found attached to the breast of Robb's coat, was discovered in one of the folds of the sheet on Smith's bed. On returning to his work on the 10th, Robb's companions noticed the loss of the button on his coat, the scratches on his face, and black stuff below the collar of his coat, which one of them rubbed off, observing that he had surely been in "somebody's lum." On his apprehension the prisoner admitted, in his declaration before a magistrate, that he had gone down Smith's chimney on the night in question to obtain a light to his pipe, after vainly knocking at the door for admittance.

(To be continued.)

Medical Jurisprudence in the Great Desert.—An enterprising traveller, M. Eugene Daumas, ex-colonel of Spahis, who lately made a journey to the kingdom of Houssa, in the interior of Africa, found that surgery was there held in considerable estimation, and he furnishes some amusing instances of its importance in the decision of legal questions and family disputes.

In the city of Timimoun, it seems they give the following pithy injunction to the young bride on presenting her to her husband:—"Be silent as to his secrets. When he is joyous, do not let him see you sorrowful; and when he is sad, do not show yourself merry before him." But whether or not the young Arab ladies are in the habit of attending strictly to this precept, we are not told. We learn in the sequel, however, that if they are not

particularly careful of their husband's secrets, they are well able, on occasion, to take care of their own.

Timimoun appears to be a city of some pretension in the Desert, as it contains five or six hundred houses, which being each built in its own garden, occupy a large space of ground. It is surrounded by a dry ditch, about a dozen feet deep, by seven or eight feet wide, and is enclosed by an embattled wall, on which are several small forts of two stories high, capable of containing thirty or forty combatants a-piece. Civilization here is about equal, the traveller considers, to what it was in Europe during the middle ages, or about a thousand years ago.

In this city we are told that surgery supplies the place of a penal code. If one individual wounds another, the surgeon is called in to estimate the damages, and these are assessed in proportion to the length and depth of the injury, which is ascertained by an instrument called the measure of blood. Questions of jurisprudence are also sometimes decided by an appeal to the faculty, of which the following anecdote is an instance:

A woman of the caste called Berbere (a wandering tribe), had married two husbands, without letting either of them know that she had any other besides herself; for in the marriage contracts, she had stipulated with one that he should never visit her, excepting between sunrise and sunset; and with the other, that he should never come till after nightfall, and should depart before daylight in the morning, by which arrangement they never met. Two different cadis had attested the agreements, and, thanks to the precautions taken, nothing disturbed for some time the harmony of this family compact.

"*Deux coqs vivent en paix,*" said La Fontaine. It was not a hen, however, in this case, which came to destroy their peace, but an infant—*ch voila la guerre allumée!* She wife of two husbands was in some perplexity, but she took heart, and revealed her expectations to both, when an explanation followed, and they were not a little confounded to find themselves officially in such a position towards each other.

"You are mad," said one; "this woman is my wife."

"She is mine, I tell you," said the other; "and it is you who should be pronounced mad!"

"You are neither of you mad," interposed the wife; "each of you is my husband—you have only to observe the conditions of your agreements. Pray do not agitate me by your disputes, but await the event tranquilly."

However, a new altercation arose about the expected infant, and in order to have it decided to which of them it should belong, they at last agreed to refer the matter to the cadi.

After long deliberation—for the question was really perplexing—the worthy magistrate hit upon a solution of the difficulty; he decided that if the child were born during the day, it should belong to the husband of the day; if it were born after dark, it should belong to him of the night. This decision was very satisfactory, but it so happened that the disputed infant was born after sunset and before dark—that is, during the twilight hour, which belonged to neither husband, so that the decree of the cadi could not be put in execution. They then agreed to submit this new difficulty to the judgment of the marabout. The holy man listened to the pleadings, and ordered that the two husbands, the wife and the child, should all be brought before him, and at the same time he sent for the best surgeon in the city to attend with them.

When all were assembled, the marabout addressed the surgeon and said, "Here are three egg shells of exactly equal size and weight; take two of them, and fill them with the blood of the husbands (one for each), then fill the third with blood from the infant. The doctor obeyed, and, after the operation was completed, the marabout ordered a pair of nicely balanced scales to be brought, in which were weighed separately the first two shells against the last. From this experiment it resulted that the blood of one of the husbands was found to be a trifle lighter than that of the child, and the other's was exactly of the same weight with it. On this being ascertained, the judge, turning to the latter, said, "In the name of God, I declare thee to be the father of this child. Take it away; it belongs to thee."

However ridiculous such a mode of arriving at a judgment may appear, it was at least decisive, and under such circumstances, it may be fairly doubted if a whole host of London magistrates could have settled the controversy in a more satisfactory manner.—*London Lancet.*

MISCELLANEOUS.

On Minute Anatomical Injections.—A new Material and Process.—By P. B. Goddard, M. D.—Having received recently from Europe some beautiful microscopic preparations, consisting of minute injections by Prof. Hyrtzl, Messrs. Hett, Dancer and Topping, I was stimulated to make an effort to obtain similar results, as they were, by far, finer than any which had been produced in this country. With the assistance of my friend, Dr. Neil, demonstrator of the University of Pennsylvania, I made many experiments with variable results, but with such success as to lead to further investigation. At last I struck upon a plan which is uniformly productive of exquisitely beautiful results, and is moreover easy of application. For the purpose of making such an injection, the anatomist must provide himself with a small and good syringe; some vermilion very finely ground in oil;* a glass stoppered bottle, and some sulphuric ether. The prepared vermilion paint must be put into the ground stoppered bottle, and about twenty or thirty times its bulk of sulphuric ether added; the stopper must then be put in its place and the whole well shaken. This forms the material of the injection. Let the anatomist now procure the organ to be injected, (say a sheep's kidney, which is very difficult to inject in any other way, and forms an excellent criterion of success), and fix his pipe in the artery, leaving the vein open. Having given his material a good shake, let him pour it into a cup and fill the syringe. Now, inject with a *slow, gradual and moderate* pressure. At first, the matter will return by the vein colored, but in a few moments this will cease, and nothing will appear except the clear ether, which will distil freely from the patulous vein. This must be watched, and when it ceases the injection is complete. The kidney is now to be placed in warm water of 120° Fahrenheit, for a quarter of an hour, to drive off the ether, when it may be sliced and dried, or preserved in alcohol, Goadby's solution, or any other anti-septic fluid. For glands, as the kidney, liver, &c., it is better to dry and mount the sections in Canada balsam; but for membranous preparations, stomach, intestine, &c., the plan of mounting in a cell, filled with an anti-septic solution is preferable.—*Med. Exam.*

Mechanical Leech—This is a delicate, curiously contrived scarificator, having the cutting points so arranged as to make a puncture similar to a common leech-bite. A glass tube is then set over the spot, which, by withdrawing a piston, acts precisely like an air pump. In short, it is an air-exhausting apparatus. A succession of them are applied over the same incisions, or a dozen may be adhering to different points at once, according to the necessity of the case. Being a Parisian invention, it is neatly made, of course, but we doubt whether it is equal to the real living creatures. They have a waving, compressing motion, that urges the blood along, which cannot be imitated by any ordinary mechanical contrivance. German leeches will not go out of fashion, dear as they are, till something superior to M. Alexandre's invention is introduced.—*Boston Medical and Surgical Journal.*

THE

British American Journal.

MONTREAL, MARCH 1, 1850.

THE BRITISH AMERICAN JOURNAL.

We beg to call the earnest attention of our readers to the plan submitted in another place, to form an Associ-

* That which I have used was obtained already prepared in tin tubes, at J. W. Williams', No. 37, North Sixth Street, who has obligingly assisted me to obtain the finest colors.

ation analogous to that of the Provincial Medical and Surgical Association of England, and having similar objects in view. Among other matters, it is contemplated to merge the proprietorship of this Journal into that of the Association; and should that event be consummated, the Journal, as it now stands, ceases to exist. Having conducted the Journal for the last five years at a considerable pecuniary sacrifice, as well as that of time, and while we feel grateful that our labors, voluntarily assumed, have met with such signal commendation, yet adhering to that principle which has ever guided us, that this Journal should be, not the organ of a party, but of the Profession at large, we have no objections to urge against the contemplated change, inasmuch as it is but the furtherance of our own, frequently expressed views. The Profession of these Provinces now numbers so large, so intelligent, and so influential a body, that it *should* have a Journal of its own, were it for no other purpose than the intercommunication of ideas, and the advocacy of matters of intrinsic moment to its welfare. This Journal being now an *established* one, its papers freely quoted, and being moreover widely and well known, presents at once a ready means of attaining and promoting the end alluded to.

With the next number, however, under any circumstances, the present series of the *British American Journal* will terminate, and whether a new series will be issued or not, under an altered form and new arrangements, will depend upon circumstances originating between the present time and the middle of the ensuing month. Very heavy arrears are due to the Journal by subscribers, which neither in equity nor fairness should be borne by ourselves. The affairs of the Journal will be placed in the hands of an Accountant, that they may be closed afterwards as speedily as possible; but in the mean while, we would beg of our subscribers who are debited for the present or preceding volumes to remit their several amounts to the publisher without delay, for the purpose of preventing a heavy loss to ourselves in the matter of commissions.

THE MINISTRY AND THE BOARD OF HEALTH.

If there is one thing for which a Government should be characterized in its dealings with the public, it is *honesty*; and its liabilities are not the less, because to obtain the performance of certain important services, a stipulation as to the quantum of remuneration has not been previously made. To shift a liability on such grounds, would be stigmatized in a private individual, as unworthy and dishonorable, and that in direct proportion to the value of the services ren-

dered; but terms are wanting sufficiently to condemn an analogous proceeding on the part of a Ministry, acting for a Province, the recipient of acknowledged most important services in the time of a devastating epidemic. As a question of equity, the public have no right to services which its members may not individually claim without paying for them; and we think there are few, with the exception of the present Ministry, of which the Honorable Mr. Leslie is the mouth-piece, who will dissent from the proposition.

The Central Board of Health for this Province contained among its members four medical men, Drs. Nelson, Macdonnell, Deschambault and David. The last was a salaried officer, as Secretary; the first was President of the Board, but being a Member of Parliament was precluded thereby from receiving a fee for his services. Drs. Macdonnell and Deschambault applied to the Government for an equivalent for their services, and after nearly five months of procrastination and evasions, have obtained an answer, which we give below. We knew this would be the case; for we felt satisfied, that although the Act under which the Board was constituted contained a clause enacting, "that the expenses incurred by the said Central Board of Health, shall be defrayed out of any monies which may from time to time be appropriated by the Provincial Parliament," among which "expenses," it was understood in the House at the time the Bill passed, that medical members of the Board were to be remunerated for their services, for the question was put by the Member for Frontenac, yet, we felt sure that if the services of medical gentlemen could be secured, every advantage would be taken to make them gratuitous, and the result has confirmed our anticipations. We are therefore not at all surprised.

We cannot doubt that Mr. Leslie must have had, by this time, considerable experience in the art of writing protocols, and as in duty bound, would always endeavor to make the "worse appear the better cause." His *good genius* appears to have forsaken him in this instance; and having been left to the controlling influence of his *evil one*, the cat jumps out of the bag in a novel and interesting way. Mr. Leslie observes, that "His Excellency is advised that your claim *ought not to be entertained*." Ought not! Why not; were the services rendered not worthy of compensation? No, *that is* admitted, as well as the "peculiar juncture" under which they were given; then, why not? Because "no such *intention* was entertained by the Government of any remuneration." It is a strange

argument; but very similar to that which the highway-man employs, with this difference, that the intention is expressed at once in the latter case, but has been studiously concealed in the former.

But "the Government considered the office to carry with it an *honorable distinction*." This is the salve to heal the wound. The honor,—the old story repeated. The Ministry must excuse us, if, following their example, we consider *honor and pecuniary emolument*, alias, "sweets of office" to be intimately blended. They have proved themselves, as others have done before them, ripe teachers; they must not be surprised if their teaching should have produced apt scholars.

Judging from the past, it is by no means an improbability that we may be revisited at an early period by the cholera. A Central Board must be reorganized; and it will remain to be seen if the Government will get medical men to forsake their practice, and attend to the duties of such a Board, without remuneration. The Medical Commission of 1847, *was* paid, and enjoyed the "honorable distinction" moreover; but that of 1849, must be satisfied with the "honorable distinction" alone. We will see how the next one is to be treated:—

SECRETARY'S OFFICE,

Toronto, 11th February, 1850.

SIR,—Your application for remuneration for your Professional services as Member of the Central Board of Health, has been under the consideration of the Governor General in Council, and I am now commanded to state, that His Excellency is advised that your claim ought not to be entertained.

In the appointment of the Central Board of Health, the Government assigned a salary to the medical gentleman who acted as Secretary to the Board, considering the duties he would have to discharge were such as to render it proper that he should be a Stipendiary Officer. But in offering a seat at that Board to medical and other gentlemen, no mention was made, as no such intention was entertained by the Government, of any remuneration to be rendered for the services. The Government considered the office to carry with it an honorable distinction; which, together with the occasion it presented of rendering service to their fellow-creatures in that peculiar juncture, would be sufficient inducement to accept such. If expectation of pecuniary remuneration was entertained, as it appears to have been, by any of the members of that Board, it can only be regretted that inquiry on that point was not made at the time of the appointment of the Commissioners, and thus all doubt on the matter have been precluded.

I have the honor to be,

Sir,

Your most obedient servant,

J. LESLIE,
Secretary.

Dr. R. L. MACDONNELL,

Montreal.

CORONER'S INQUESTS IN CANADA WEST.

Some of the most important duties devolving upon medical men, are those connected with inquests, and their service as witnesses in courts of law upon points of forensic medicine. For the proper discharge of

these offices, they require to possess an intimate knowledge of anatomy, physiology, pathology, and chemistry, with strong perceptive powers, and aptitude of reasoning; their knowledge is as a barren waste, unless they are endowed with the faculty of accurately applying it. Thus gifted, they wield a power of the utmost importance to society; they protect the innocent from the accusations of the malevolent at one time, and by disclosing the causes of decease promote the ends of justice at another. Educated as well for these, as other important objects, they stand prominent as the friends and protectors of the public, and have an undoubted right to expect from that public, that remuneration for their services which is their just and proper due—they “cast their bread upon the waters,” and it is right that it should return to them, even “after many a day.” In this matter they seek but the same reward for the exercise of their talent, as the members of the other two learned professions; and yet strange to say, that, which is cheerfully accorded in the two latter cases, is either grudgingly given, or refused in the former, although inferior to neither in the benefits which it confers upon society. Why is this so? To a great extent we think it attributable to ourselves. So few are the honors which our profession receives at the hands of the Executive, that we are ready to grasp them when offered, satisfied *pro tempore* with the mere distinction which they confer. This has been by far too often the case. We have undervalued ourselves, and that we should be undervalued in turn, is but the equivalent of that value which we have ourselves voluntarily assumed. It is monstrous to imagine that medical witnesses are to be summoned to execute disgusting duties, and to afford important evidence touching the lives of individuals, without a fair remuneration. Their profession is their means of livelihood, and they are entitled to its fruits. Dr. Low's letter, published in our last number, sets this matter before the public in its true light; and in our issue of January 1, 1849, will be found a letter from Dr. Reynolds, of Brockville, on the same subject. Remark- ing upon the absurdity of the 9th Vic. cap. 28, passed in 1846, regulating the payment of expenses incurred in the administration of justice in Canada West, Dr. Reynolds observes, “that among the items chargeable upon the revenues of the Province, are enumerated the fees of the coroner who holds the inquest, and the bailiff who summons the jury, while those of the surgeon, who really performs the most important part, are omitted.”

From a letter, however, of Dr. Clark, of Whitby, in the *Cobourg Star*, of February 6, 1850, it would appear

that in the Home District the fees of medical witnesses were admitted and paid by the District Council. This practice contrasts strongly but most favorably with the practice of other District Councils in the Upper Province. As the law stands, the Home District Council had certainly no power to pay; and we can only remark that Dr. Clark has been exceedingly fortunate. We publish a second letter from Dr. Low, and one from Dr. Clark in another part.

If the profession be true to itself in Upper Canada, a Bill must be introduced at the next Parliamentary Session to regulate these matters. They must generally refuse to attend inquests, unless the most distinct pledge of remuneration be afforded. The example has been set by some of the most influential medical gentlemen of St. Catherines. Let that example be faithfully and diligently followed up. We ask but our rights, and these we must and shall have.

An Act was introduced two or three Sessions ago, by the Honorable M. Cameron, for the express purpose of regulating the fees of medical witnesses at Coroner's inquests, but it fell through. This Bill should be revived, modified as indicated in this Journal at the time. The fees granted in Lower Canada, are one guinea for an opinion, and three guineas for a post mortem examination and opinion; but no provision is made for the remuneration for a chemical analysis—this should form a distinct and separate charge, and not be less than five guineas—and the Bill should be made applicable to both sections of the Province.

We are pleased to see our Upper Canadian brethren taking the matter up; we are the better pleased at their style of managing it. We are satisfied that the question has but to be placed in its proper light, and justice will be accorded. Our columns are freely open to them for its discussion.

THE MEDICO-CHIRURGICAL SOCIETY.

At an extraordinary meeting of the Medico-Chirurgical Society of this City, held at their rooms on Tuesday, the 26th ult., “for the purpose of receiving and considering a proposition for maintaining the *British American Journal of Medical and Physical Science*, as the property of the Medical Profession of Canada,” the following resolutions were unanimously adopted:—

“That an Association be now formed, under the name of the British American Medical and Surgical Association, to consist of all the District Societies at present existing, or which may hereafter be formed in this Province, the members of which shall concur in the general objects to be subsequently enunciated.”

“That Drs. Badgley, David and Sutherland, be a Committee, to submit to the members of the Medical profession of Canada, a prospectus of the objects to be attained by the formation of such

an Association, the manner in which these may be realized, and to request their co-operation in carrying out the scheme."

(Signed)

GEORGE D. GIBB, M. D.,
Sec. Med. Chir. Society.

REPORT OF THE COMMITTEE.

In submitting to the careful perusal of our professional brethren in Canada, the following considerations, we feel that we have been invested by the Society, of which we are members, with an office in no wise onerous; but on the contrary, with the execution of a duty in every way grateful to us. To exhibit to them the advantages to be derived from union and cordial co-operation, in all those matters which bear upon the interests of the profession of which they and we are members, needs no proof beyond that which is derivable from every day experience, in regard to every other class of men engaged in the same pursuits, and having the same objects in view. "Union is strength," is an aphorism, the truth and force of which are now too fully recognized by Nations, as well as by comparatively small Communities to require any comment from us.

After having for many years made fruitless attempts to draw the attention of the Legislature to the chaotic condition in which the Medical profession was in this country, and to obtain therefrom some measure of relief, both as regarded the safety of society generally, in reference to the standard of education required of those who undertook the treatment of disease, and of themselves individually, in preventing ignorant and arrogant pretenders from assuming to themselves titles and immunities to which they had no earthly right, and qualifications and powers with which neither nature nor art ever did, or could by possibility invest them, the Medical profession of Canada East, succeeded three years ago in obtaining, under the sanction of Parliament, an act for the regulation of their own affairs, corporate, fiscal and educational. Untoward circumstances, over which their brethren in this section of the Province could exercise no control, prevented the carrying out, at the same time, of the desires of the members of the profession in Canada West, in the attainment of a corresponding measure. This, however, cannot be much longer withheld from them, and having obtained this great desideratum, the profession in Canada will be politically in as desirable a condition as they can possibly wish, enjoying as they will then do self-government to the fullest extent.

Turn we now from our political to our social condition. We have reason to estimate the number of licensed practitioners in Medicine and Surgery in Canada at fully *one thousand*, they are scattered over a surface of many thousand miles. We would fain hope, that they, like the members of other professions and bodies, are possessed of those feelings which can evidence the action of a talismanic influence, when brought into direct contact with others of the same craft. Cannot this be nurtured and encouraged even at a distance? We answer unhesitatingly, Yes, and by the following means:—

1. By the establishment of District Societies, for the cultivation of Medical science, of social and friendly intercourse, and the adoption of those measures for mutual protection and counsel

among their members, which the peculiarities of their respective residences and individual necessities would naturally suggest.

2. By their becoming, through these Branch Societies, integral parts of the General Medical Association of their native or adopted country. The great objects of this Association being: to develop the physical characters of this country, to display its resources, to obtain true statistical information, with a view to the prolongation of life and the increase of the comfort and happiness of its inhabitants, thereby attracting to it capital, either in the shape of money or muscle and nerve—to appeal to the Legislature, in case of need, with a voice that must be heard, for protection of rights or redress of grievances—to provide assistance [when hearty co-operation shall have produced the necessary funds.] for decayed members, and for those who have been dear to and dependent upon them, on the arrival of death—and lastly, to advance the science which they all profess; and

3. By maintaining and supporting a *journal* peculiarly their own, consecrated to their own interests—a medium of communication from Newfoundland to Manitoulin—a journal which might declare to their brethren all over the world, that they have fellow-laborers in this land, who take a lively interest in all their efforts, watch and rejoice in their progress, and claim as a right their sympathy in return.

These then, are the means, by which we feel assured, that the social position of the Medical Profession in Canada may be improved and cherished; and it is with the view of testing the practicability of obtaining such objects that the Medico-Chirurgical Society of Montreal appeals to its sister societies and the Profession generally, to join heart and hand in the accomplishment of this design.

It is proposed that all the Medical Societies of Canada shall become Branches of the Central one, "*The British American Medical and Surgical Association*,"—that this shall be managed by a President, a President Elect or Vice-President, a Secretary and Treasurer, and a Committee of Management. That each Branch Society shall be designated by the name of the City, Town, or District in which its meetings are held; as, for example, "*the Montreal Branch of the British American Medical and Surgical Association*." That the Committee of Management shall consist of one member from each Branch Society, which becomes incorporated with the body, and who shall be the agent of the Association as regards that Branch, superintending its correspondence, the collection of subscriptions, original matter for publication, &c.; that the Association shall meet annually at a City or in a District of Canada East and West alternately. The President Elect to be chosen from among the members of that Branch in whose district the next meeting is to be held; that the subscription of members shall be four dollars per annum, always payable in advance, for which a copy of the Journal, bearing its name, as well as a volume of the Association's transactions, whenever published, shall be forwarded. Should the funds sanction the adoption of such a step, the Journal may be published every fortnight, instead of as at present, every month, or its size may be increased. Physicians and Surgeons not belonging to any Branch Society, will be admitted as members of the Association, and enjoy all the privileges of ordinary members, by the payment in advance, and free of postage, of an annual subscription of four dollars, or that portion of this sum which would (estimating from the commenced quarter) become due at the period of the next annual meeting. Physicians and Surgeons not desiring to become mem-

bers of the Association, may nevertheless be furnished with the Journal at the rate of 15s. per annum, on applying to the publishers, and enclosing the amount in advance, and free of postage.

These measures are proposed entirely with a view to economy; the great object being to save the expense of collection, &c., and to apply all the funds of the Association to the interests of the profession generally, and of its members in particular.

The valuable services of the present conductor of the British American Journal of Medical and Physical Science have been offered to the Association for its editorial department; and it cannot but be admitted, that, considering the amount of labor necessary for the due and profitable performance of his duties, the delicacy of the position in which he has been placed, and the pecuniary outlay which he has borne for six years, without any prospect of remuneration, but on the contrary, a continued liability to his publisher against loss, entitle Dr. Hall to the cordial thanks of the Medical Profession of Canada; while the estimation among contemporary Journals acquired for that of this Province under his direction, eminently point him out as being best qualified for continuing to fill that important office.

In conclusion, we now earnestly call upon every licensed Medical Practitioner in Canada, to ponder over what we have submitted to him; and if he really feels any interest in the advancement of medical science in this country, or any regard for the prosperity of that profession of which he is a member, to signify to one of the subscribers, as early as possible, his approval of the scheme now propounded; for, should the number of members before the 1st May next, not prove sufficient to justify the carrying out of the plan; it is more than probable, that the profession of this country will be deprived of the benefits hitherto obtained by the possession of the only Journal devoted to its interests, and advocating its rights in this Colony.

(Signed,) FRANCIS BADGLEY, M. D.
A. H. DAVID, M. D.
WM. SUTHERLAND, M. D.

Montreal, 27th February, 1850.

COOL IMPUDENCE.—We quote the following from the *St. Catherine's Constitutional*, of January 22d, and the coolness of the proposal can only be matched by its impudence. What would these sapient jurors say, were the physicians of St. Catherine's to petition the Legislature for permission to walk into their stores and abstract therefrom such of their articles of merchandize as might suit their necessity without paying for them. We can imagine their virtuous horror, and the storm of indignation which would follow. The fable of the Gored Cow would be nothing to it. The affair is too rich to lose, we therefore copy it:—

To the Hon. the Legislative Council, and Legislative Assembly of Canada, in Parliament assembled:—

We, the undersigned, foreman and jurymen, of the Inquest held this 19th January, 1850, on the body of Duncan McCallum, beg leave most respectfully to Petition. That inasmuch as some of the "Members of the Medical Faculty" refuse to give voluntary evidence before Coroner's Juries, and inasmuch as it is highly necessary for such Jurymen to have such medical evidence, in order

to arrive at a true and just verdict in such cases. And inasmuch as the law now makes it incumbent on such Jurymen to serve without pay, we, your Petitioners, humbly ask of your Honorable body to pass, at the next Session of the Provincial Parliament, an Act to compel all and any Physician, under penalty, when subpoenaed by any Coroner, and when said Jurymen shall deem it necessary, to make a Post Mortem examination, and to give in their evidence of the same.

(Signed)

George Lepper, foreman; O. S. Phelps, Hiram Parkes, George Woods, Peter Napier, John Sanderson, T. T. Abraham, Asa Phelps, John Copeland, J. E. Eaton, Thomas Bunting, James Harris, Hugh Murray, James Barr.

But the whole story is not yet told, as the following may witness:—

INQUEST.—On Saturday the 19th instant, an Inquest was held in this town, by Dr. T. Raymond, Coroner, on the body of Duncan McCallum.

The verdict of the Coroner's Jury was that deceased had been laboring under sub-acute pleuritis (inflammation of the pleura,) resulting in effusion, aided by the use of alcohol, which caused his death!!!

We presume that this sapient jury obtained the evidence of some equally sapient Doctor, and that the verdict was based upon the testimony of the latter. Who the Coroner, Dr. Raymond is, we know not, but we do think that he was entitled to express his verdict in grammatical English. What we want to know is, whether it was the "effusion," (of water,) or "alcohol" which "caused his death." If it was the latter, then was it a strict case of *felo de se*, with all its legal consequences. But such results and such verdicts are a certain consequence of the anomalous posture of affairs in the Upper Province in regard to Coroner's Inquests. As it stands the above inquest is a solemn farce, and a few more of them will attach a lasting ridicule to all Inquests.

MONTREAL DISPENSARY.—A Dispensary has been, within this last fortnight, started in this city, the attending physicians being Drs. Peltier, Gibb, Fenwick, R. P. Howard, Wright and Esayer. It is under eminent patronage, and has a staff moreover, of six consulting physicians. We wish it every success, and the realization of the most ardent wishes of its projectors.

CORRESPONDENCE.
FEEES AT CORONER'S INQUESTS.—UPPER CANADA
LETTER FROM G. H. LOW, ESQ.

To the Editor of the *Cobourg Star*.

DEAR SIR—Having so recently occupied a large space in the columns of your excellent journal, I feel diffident in so soon again trespassing on your liberality, and were it my own personal matter, you, or the public should never have been troubled with my tedious, and to most people uninteresting communication. Having applied to Mr. Morgan Jellicot to ascertain the cause of my claim being rejected, and also to inform him of the retention of Mr. Coroner Scott's certificate, he with his usual promptitude and urbanity, (for which I hear beg leave publicly to thank him), replied, that he was ignorant of the cause, and that he returned all the papers the Magistrates handed him; however, this letter is of little importance as I can procure another, but argues much carelessness on the part of the committee; as I am thus left in ignorance, unless what information I have gleaned through report, I can only conjecture;—If it be economy? I, Sir, have saved the District a sum which would have paid all the fees due to medical witnesses employed on Inquests in the District, by preventing a Crown prosecution in the case, stated in my letter to Mr. J. Smith, and which would probably have amounted to some fifty or sixty pounds, and this is not an isolated instance, I have done so fre-

quently; so much for economy!! Again, if the Colonial law does not provide for the most necessary part of its complex structure, the law of the mother-country does, and moreover, the law of usage is considered (I believe) by Lawyers, to be as forcible as an Act of Parliament, and surely if the home district pay its medical witnesses, the Newcastle might follow so good an example, and I will certainly try to compel this committee to be just, for they know not how to be generous, at least it will bring the matter before the proper authorities. Enclosed you have a letter from my respected friend Dr. Richd. Clark, of Whithy, bearing strongly on this point of usage, as well as lapse of time. I will now call your full attention to the cause that report assigns for the rejection of medical men's accounts generally.

It is said that a certain Coroner had been in the habit of holding inquests, when there was neither doubt nor obscurity, and of calling in a medical gentleman to assist him. Now Sir, no obloquy ought to be attached, nor indeed can be, to a professional man on this score, for he will not attend without being called on by the Coroner, and can have no knowledge of the circumstance *a priori*, unless it can be proved that he had entered into collusion with a corrupt Coroner. If such was the case, why did not those persons, whose duty it was, and before whom this infamous fraud was attempted, hold up such miscreants to public scorn, and not visit their displeasure on all the offending Doctors only, for it does not appear that the Coroners fees have been negated, and who really must be (of necessity) the concoctors of any delinquency of this nature, that might be attempted.—If Sir, I reiterate, *this* be the cause of this "Justice Shallow" committee's rejection of just claims, they have indirectly offered a deep insult to every member of the medical profession in the Newcastle district, and I, for myself, hurl back with the utmost indignation, the dishonest and atrocious insolence of this puff-ball committee of filthy dust, and which could only have emanated from men of weak heads, and worse hearts; and if the medical gentlemen of this district, remain passive under this insinuated obloquy, all I can

say is, that they are not men of the merrle I took them for; they have been anticipated by the spirited individual of the neighboring district, whose letter I have taken the liberty of asking you to publish.

I will not further trespass on your valuable time and paper, by offering common place apologies, but subscribe myself, dear Sir, very truly your obliged,
 GEORGE H. LOW, M. R. C. S. L.
 Darlington, Feb. 4, 1850.

To Doctor Low.

DEAR SIR—Seeing a communication from you in the *Cobourg Star*, regarding the non-payment of medical men, for services rendered at Coroners Inquests, (often of the most paramount importance, and generally very disagreeable in their nature), I beg leave to state that your very just complaint, (reiterated over almost the whole Province by medical men,) contrasts so strongly with the liberal manner in which I have been used, that I send you these few lines, with my own experience in similar matters.

I, like yourselves, allowed my last account against the Home District to run on for a time, from June 1843, to May 1847; the charges made by me were 15s. for giving evidence before a Coroner, and £3 for a post-mortem, *my* account was *admitted*, approved in full, and money sent by return of the bearer of the account.

Such discrepancy in the usage of two adjoining Districts, has induced me to trouble you with this note.

I remain, dear Sir,
 Whithy, Feb. 1, 1850. R. W. CLARK.

OBITUARY.

Died, at Toronto, on Wednesday, the 13th February, Henry Sullivan, M.R.C.S.L., Professor of Practical Anatomy in the University of Toronto.

MONTHLY METEOROLOGICAL REGISTER AT MONTREAL FOR JANUARY, 1850.

DAY.	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,	+10	+23	+16	+16.5	30.07	29.82	29.84	29.91	S S W	S	S	Snow	Snow	Fair
2,	" 2	" 4	-1	" 3-	30.18	30.16	30.05	30.13	N W	N W	N W	Fair	Fair	Fair
3,	" 2	" 10	+9	" 6-	30.02	29.85	29.69	29.85	W	W	W	Snow	Snow	Snow
4,	" 14	" 23	" 15	" 18.5	29.71	29.66	29.76	29.71	S	W by N	W by N	perc'st	Fair	Fair
5,	" 9	" 21	" 17	" 15-	29.80	29.77	29.78	29.78	N	N	N	perc'st	Fair	Fair
6,	" 5	" 13	" 9	" 9-	30.21	30.31	31.26	30.27	W	W	W	Fair	Fair	Fair
7,	" 6	" 12	" 12	" 9-	30.13	30.00	29.95	30.03	W by N	N W	N W	perc'st	Snow	perc'st
8,	" 13	" 13	" 8	" 13-	29.96	30.01	30.07	30.02	N	N	N	Fair	Fair	Fair
9,	" 11	" 31	" 28	" 21-	29.98	29.58	29.62	29.73	S W	S W	S	Fair	Snow	Fair
10,	" 2	" 10	" 6	" 6-	31.22	30.20	30.16	30.19	N N W	N N W	N N W	Fair	Fair	Fair
11,	" 5	" 17	" 22	" 11-	29.90	29.42	29.20	29.51	W	N	N	perc'st	Snow	Slect
12,	" 26	" 33	" 19	" 29.5	29.18	29.21	29.51	29.31	S S E	S	S	Fair	perc'st	Fair
13,	" 4	" 9	" 3	" 6.5	30.06	30.13	30.26	30.15	W	W	W	Fair	Fair	Fair
14,	-3	" 11	" 10	" 4-	30.37	30.38	30.35	30.37	W	W	W	Fair	Fair	Fair
15,	-5	" 26	" 12	" 10.5	30.36	30.25	30.08	30.23	N	N	N	Fair	Fair	Fair
16,	+15	" 22	" 11	" 18.5	29.99	29.91	29.95	29.95	W	W	W	Fair	Fair	Hzzy
17,	" 12	" 20	" 19	" 16-	29.95	29.77	29.66	29.79	N	N	N	perc'st	Snow	Snow
18,	" 20	" 27	" 22	" 23.5	29.65	29.55	29.64	29.61	N	N	N	Cloudy	perc'st	Fair
19,	" 22	" 21	" 24	" 21.5	29.77	29.96	30.07	29.93	N W	W	N	Fair	Fair	Fair
20,	" 17	" 25	" 14	" 21-	30.17	30.10	30.10	30.12	W N W	W N W	W N W	Fair	Fair	Fair
21,	" 7	" 19	" 23	" 13-	30.05	29.75	29.54	29.78	W N W	W N W	E by S	Fair	Snow	Fair
22,	" 26	" 38	" 32	" 32-	29.42	29.42	29.69	29.51	E by S	E S E	W N W	Snow	Snow	Cloudy
23,	" 29	" 35	" 25	" 32-	29.76	30.08	30.20	30.01	W N W	W N W	W N W	Fair	Fair	Fair
24,	" 19	" 23	" 22	" 21-	30.25	30.13	29.96	30.11	W N W	N W	W	Fair	Fair	Fair
25,	" 34	" 43	" 36	" 33.5	29.62	29.63	29.78	29.68	S	S	W	Rain	Fair	Fair
26,	" 28	" 35	" 20	" 31.5	29.82	29.75	29.60	29.72	W	W	W	Fair	Fair	Fair
27,	" 32	" 37	" 31	" 34.5	29.25	29.35	29.55	29.38	S W	S W	S W	Rain	Fair	Fair
28,	" 23	" 25	" 19	" 24-	29.69	29.60	29.5-	29.61	N	N	W	Fair	perc'st	Snow
29,	" 15	" 23	" 14	" 19-	29.72	29.87	30.07	29.89	N W	N W	W	Fair	Fair	Fair
30,	" 8	" 20	" 9	" 14-	30.30	30.37	30.39	30.35	W by N	W by N	W N W	Fair	Fair	Fair
31,	-2	" 17	" 16	" 7.5	30.38	29.97	29.80	30.05	N W	N W	N W	Fair	Fair	perc'st

Therm. { Max. Temp., +43° on the 25th
 Min. " -5° " 15th
 Mean of the Month, +18.5

Barometer, { Maximum, 30.39 In. on the 30th
 Minimum, 29.18 " 12th
 Mean of Month, 29.893 Inches.

AMENDEMENTS PROPOSES

AUX

REGLEMENTS DU COLLEGE DES MEDECINS ET CHIRURGIENS DU BAS-CANADA.

L'AVIS suivant est donné conformément aux statuts du Collège, qui exigent que les amendements proposés à ces mêmes statuts, soient publiés durant six mois, avant l'assemblée Triennale où ils seront pris en considération.

A une assemblée du Bureau des Directeurs du Collège des Médecins et Chirurgiens, tenue dans la Cité de Montréal, le neuvième jour d'octobre, mil huit cent quarante-neuf, il fut

Proposé par A. Hall, M. D., secondé par A. H. David, M. D., et résolu, que les amendements suivants aux statuts du dit collège, seraient proposés pour être adoptés à la prochaine assemblée Triennale de la corporation, qui a eu lieu dans la ville des Trois-Rivières, le second mercredi de juillet prochain, étant le dixième jour de juillet mil huit cent-cinquante.

AMENDEMENTS.

BUREAU DES DIRECTEURS.

§ 1. Au § 1, substituez le suivant—“Les affaires du collège seront conduites par un Bureau de Directeurs, au nombre de trente-six, dont quinze seront élus d'entre les membres du Collège dans les Districts de Québec et de Gaspé—quinze d'entre ses membres, dans le District de Montréal, trois d'entre ses membres dans le District des Trois-Rivières, et trois d'entre ses membres dans le District de St. François, et pas plus ni moins de huit membres de ce dit Bureau de Directeurs, ne pourront résider dans la cité de Québec, et ni plus ni moins de huit ne pourront résider dans la cité de Montréal.”

§ 9. Après les mots “certificats” ajoutez “et des licences” et pour “jusqu'à ce qu'elles aient été dûment terminées” substituez “durant le premier jour de sa session.”

OFFICIERS DU COLLEGE.

§ 1. Ajoutez ce qui suit, “Et qu'il soit entendu que si le Président réside dans l'une ou l'autre cité, le Vice-Président peut être élu d'entre les directeurs résidant hors de la ville; et vice versa, si le Vice-Président réside dans l'une ou l'autre cité, le Président peut être élu d'entre les membres du Bureau non résidants dans les villes.”

DES MEMBRES.

Retranchez le préambule.

§ 1. Remplacez le § 1 par le suivant, “aucun de ceux qui ont obtenu une licence depuis la passation de l'acte en amendement (30 mai 1849) ne pourra être reçu membre du Collège des Médecins et Chirurgiens, avant l'expiration de quatre années.

§ 2. Ajoutez ce qui suit, “lequel document sera présenté au secrétaire, au moins dix jours avant l'assemblée semi-annuelle.”

§ 5. Au § 5 substituez le suivant, “Toute personne proposée comme membre, sera considérée élue, si elle reçoit la majorité des votes des Directeurs présents au Bureau.”

§ 7. Au lieu de “certificat d'agrégation” lisez “Diplôme d'agrégation.”

DES LICENCIES.

§ 1. Au § 1 substituez le suivant, “Les licenciés ont droit à la qualification de Licenciés du Collège des Médecins et Chirurgiens du Bas-Canada.”

§ 3. Au § 3 substituez le suivant, “Le Diplôme des Licenciés sera signé par le Président et le Régistrateur et par le Vice-Président et le Secrétaire du District où se tiendra l'assemblée, et sera revêtu du sceau du Collège.”

DES ASSEMBLEES.

§ 1. Pour “Québec” substituez “Montréal” et pour “Montréal” substituez “Québec.”

Ajoutez le statut suivant.

§ 4. Le Bureau des Directeurs pourra, s'il le juge à propos, députer des comités, composés de pas moins de trois membres du Bureau, dans les Districts de Québec et de Gaspé, de Montréal, des Trois-Rivières et de St. François, pour former des Bureaux d'Examen relativement aux qualifications préliminaires des candidats pour l'admission à l'étude de la médecine, et les dits Bureaux d'Examen tiendront leurs séances dans le but spécifié, dans le temps et au lieu qu'ils jugeront convenables, en donnant avis de leur intention au moins quinze jours d'avance, dans quelque journal public du District, avec les circonstances mentionnées dans le troisième règlement. La dite notification de l'assemblée devra être signée par l'un des secrétaires de District.

DES HONORAIRES.

Ligne 2, pour “certificat” lisez “Diplôme.”

Retranchez in toto la ligne 3 ayant rapport à l'enregistrement des membres.

Ligne 5, pour “certificat recommandant pour licence” lisez “honoraires pour licence.”

Ajoutez le statut suivant.

§ 2. Tous candidats pour licence ou tous étudiants se proposant de subir leur examen préliminaire devront, en présentant leurs titres au secrétaire, déposer entre ses mains le montant des honoraires dus au Collège dans le cas d'un examen satisfaisant.

REGLEMENTS.

§ 1. Pour “un certificat de licence” substituez “licence.”

PROPOSED AMENDMENTS

TO THE

BY-LAWS OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

IN accordance with the provision of the By-Laws of the College, requiring six months' publication of proposed amendments to any of the By-laws, previous to the Triennial meeting of the College, at which they will be considered, due notice of the following is hereby given.

At a meeting of the Board of Governors of the College of Physicians and Surgeons, held in the city of Montreal, on the ninth day of October, one thousand eight hundred and forty-nine; it was

Proposed by A. Hall, M.D., seconded by A. H. David, M.D., and resolved, that the following amendments to the By-Laws of the said College, be submitted for adoption at the ensuing Triennial meeting of the Corporation, to be held in the town of Three Rivers, on the Second Wednesday of July next ensuing, being the tenth day of July, one thousand eight hundred and fifty.

AMENDMENTS.

BOARD OF GOVERNORS.

§ 1. In place of § 1, substitute the following—"The affairs of the College shall be conducted by a Board of Governors, thirty-six in number, fifteen of whom shall be elected from among the members of the College resident in the District of Quebec and Gaspé—fifteen from among its members resident in the District of Montreal—three from among its members resident in the District of Three Rivers, and three from among its members resident in the District of St. Francis; and of the said Board of Governors, neither more nor less than eight shall be resident in the city of Quebec, and neither more nor less than eight shall be resident in the city of Montreal."

§ 9. After the words "certificates" insert "and licenses;" and for "until it shall have been duly closed," substitute "during the first day of its session."

OFFICERS OF THE COLLEGE.

§ 1. Add the following, "It being understood that when the President resides in either city, the Vice-President may be elected from among the Governors residing out of the city; and vice versa, if the Vice-President resides in either of the cities, the President may be elected from among the members of the Board not resident in the cities."

OF MEMBERS.

Omit the preamble.

§ 1. Instead of § 1, substitute the following, "No one who has obtained a license since the passing of the act of amendment (May 30, 1849), shall be admitted a member of

the College of Physicians and Surgeons, until after the expiration of four years."

§ 2. Add the following, "which document must be handed to the secretary, at least ten days before the semi-annual meeting."

§ 5. Instead of § 5, substitute the following, "Every person proposed as a member, shall be considered elected, by receiving a majority of the votes of the Governors, present at the Board."

§ 7. For "certificate of membership," read, "diploma of membership."

OF LICENTIATES.

§ 1. For § 1 substitute the following, "Licentiates are entitled to the appellation of Licentiates of the College of Physicians and Surgeons of Lower Canada."

§ 3. For § 3 substitute the following, "The Diploma for Licentiates shall be signed by the President and Registrar, and by the Vice-president, and Secretary of the District in which the meeting is held, and shall have the seal of the College affixed thereto."

OF THE MEETINGS.

§ 1. For "Quebec" substitute "Montreal," and for "Montreal" substitute "Quebec."

Add the following By-law.

§ 4. The Board of Governors may, if they see fit, deputize Committees, consisting of not less than three members of the Board, in the districts of Quebec and Gaspé, Montreal, Three Rivers, and St. Francis, to be Boards of Examination in regard to the preliminary qualifications of candidates for admission to the study of Medicine; and the said Boards of Examination, shall hold their sessions for the purpose specified, at such time and place as they shall see fit, giving at least fifteen days notice of their intention so to do, in some public journal published in the District, with the circumstances specified under by-law 3. The said notification of meeting to be signed by either of the District Secretaries.

OF THE FEES.

Line 2, for "Certificate" read "Diploma."

Line 3, omit in toto, having reference to the enregistration of members.

Line 5, for "certificate recommending for License," read "fee for Licentiates."

The following to be a By-law.

§ 2. All candidates for license, or intending students proposing to pass their preliminary examination, shall deposit with the secretary the amount of fees due to the College in the event of successful examination, at the time that they hand in their credentials.

REGULATIONS.

§ 1. For "a certificate of license," substitute, "license."