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THE
BRITISH AMERICAN JOURNAL.

ORIGINAL COMMUNICATIONS.

ART. VII.—*The Medical Statistics of the City of Montreal.* By GEORGE E. FENWICK, M.D., Physician to the Montreal Dispensary and Infirmary for Diseases of Women and Children.

Continued from page 493, Vol. 2.

The custom of offering a holocaust to the deity was practised by the inhabitants of our globe from the earliest period of which we possess authentic record. This service prefigured the sacrifice of our Lord and Saviour Jesus Christ, and was regarded by the worshipper as an exhibition of faith in the atonement to be offered for the sins of the whole world. In course of time man fell from the service of his Creator, and made for himself images, which he worshipped and to which he offered sacrifice. The precise time at which human sacrifice was first introduced is undecided. It is probable that the example of Abraham in the intention of offering up his son Isaac, was ill applied, and it became a custom amongst the Canaanites, though Philo supposes it existed as a religious rite amongst them before Abraham's time.

The Egyptians sought to lessen the miraculously increasing numbers of their bondmen, the Hebrews, by afflicting them with grievous burthens. This not acting as speedily and effectually as was desired, Pharaoh ordered all the male children to be destroyed. This order seems to have been from prudential motives. The Egyptians were evidently alarmed at their rapid increase, and no doubt bore in mind the circumstance of their country having been overrun a few centuries before by a tribe of Cushite shepherds. The Phœnicians, a remnant of the Canaanites, practised human sacrifice, offering their young children to Moloch or Saturn. This custom they carried with them into Africa. Diodorus Siculus gives a description of Saturn, the figure was of brass with the arms extended, the hands turned backwards and reaching towards the ground. The child who was to be consecrated to the god was placed on the arms and immediately fell through into a pan or furnace situated at the feet of the image, containing a fierce fire, and there perished. These practices were continued by the Carthaginians until the pro-consulate of Tiberius, who, with a view of arresting this frightful custom, caused the priests of Saturn to be hanged on trees

surrounding their temples. The base contempt for infant life exhibited by all ancient nations is a dark stain on their historial records.

Perhaps no nation of ancient times was so unrelenting in the practice of infanticide and abortion as the Romans. The law gave to the Roman father, the supreme power over the life of his offspring. In the 301st year of Rome, the law of the Twelve Tables was enacted, which confirmed their rights, giving a Roman father unqualified jurisdiction over the lives of his children, even after they had arrived at years of maturity. In the early history of Rome, this right was seldom exercised, but as luxury increased in one portion of the community and poverty and depravity in the other, so did crime of this nature increase. To so great an extent was abortion, and exposure of new born infants practised under the Empire, that the Christian writers of those days express themselves with boldness touching these crimes, and at length prevailed under the Christian emperor Constantine, to oppose by law the exposure and murder of infants. Thus Rome at the period of her grandeur and greatest political success, when she called all outsiders barbarian, was herself afflicted with a plague-spot of the deepest dye, exhibited in her base and brutal contempt of infant life, her indifference to the care and nurture of her own offspring. I need not particularize the customs of other ancient nations, the sickening records of which are to be found scattered throughout the history of those times. On our own continent human sacrifice has been a custom practised by almost every tribe. The Mexicans, Peruvians and some tribes in Chili were addicted to the sacrifice of their own children. A Peruvian father if taken ill sacrificed his child to the Sun, beseeching him to accept the life offered and spare his own. In the northern continent infanticide and abortion were occasionally practised by the natives of Labrador, and in the neighborhood of Hudson's Bay, but all authorities bear testimony to the care and tender treatment of their young by the North American tribes. Sir John Franklin states that infanticide is of rare occurrence among the Indian tribes; they regarded it as a great crime, punishable in a future state. Women who had been guilty of infanticide never reached the Indian heaven, but were compelled to all eternity to hover round the place where the crime was committed, with branches of trees tied round their legs. The neglect of the care and nurture of the young is not confined to the records of the past, the practice has descended to our own time. I need not enter upon the sad details of Chinese travellers who all agree in the general prevalence of infanticide among that nation; of Bishop Heber's narrative on the same subject in Upper India; of the testimony of the various missionaries in the South Sea Islands, nor of Admiral Slade as regards the practice amongst the Turks; nor is it necessary to touch (except cursorily) on the moral depravity prevailing and gaining ground in the most enlightened communities, where hints to married men or those contemplating marriage, are published with unblushing impudence in the daily papers. So common are the advertisements of professed abortionists, and those who endeavour to mislead their dupes into believing that they possess the secret of preventing conception, at will, that recently in the city of New York the medical profession held a public meeting with a view of arresting the evil by the strong arm of the law. Abortion has of late become so common a practice in Great

Britain that the medical periodicals of the day are calling loudly for alterations in the legislative enactments bearing on this crime.

With a view of lessening the crimes of infanticide and abortion, most modern Christian communities established asylums, which received all children exposed or abandoned by their natural protectors. How far these establishments have been successful in their benevolent objects remains to be seen. These objects are no doubt commendable, but the institutions themselves have been most frightfully abused. As a general principle it may be asserted that they encourage illicit connexion of the sexes, increase the number of illegitimate births, and as a consequence the number of exposures and abandonment of children, at a period too when the tender care of a mother is most essential to the preservation of the life of her offspring. In proof that these institutions encourage the exposure of children I may instance the facts recorded by M. de Gouroff. *American Journal of Science*, Vol. 17, p. 393. He made comparisons between London and Paris;—In London during five years there were 151 children exposed; during the same period in Paris 25,277 children were exposed and abandoned, and all had to be supported at the expense of the state. A still more striking case is recorded by the same author: Napoleon 1st established a Foundling Hospital at Mayence, on the 7th November 1811, it continued in operation until the month of March 1815, when it was suppressed by order of the Grand Duke of Hesse Darmstadt. During the period of its existence, viz. 3 years and 4 months, 516 children were abandoned and received into the house; in the 9 years succeeding its closure only 7 children were exposed in the city and environs. The history of all these establishments prove that they have most signally failed in their mission, the records of all shew a most astonishing mortality.

In Paris the deaths are about 85 per cent of those received; according to Mr. Hawkins the mortality is beyond the control of all attention or skill. Of 1000 infants admitted into the Hospitals in Paris, it has been ascertained that one fourth die during the first few days, and that of the remainder one third die on their road to the country to be nursed. In the Vienna Foundling Hospital the deaths range from 60 to 95 per cent of those admitted. Mr. Wild in his work on the institutions of Austria says that all attempts made to lessen the mortality in the Foundling Hospital at Vienna had failed. The Emperor Joseph II ordered a commission, at whose head was Professor Boer, to investigate the causes of this mortality, and if possible to avert them for the future; trials of different kinds of food were made, but all to no purpose, the mortality remained the same. From the same author we learn that a common practice, not only in the Hospital but amongst the people generally, is the use of an artificial nipple, which consists of a little bag of linen in which is tied up some bread and milk or pap; this is placed in the infant's mouth for it to suck whenever the cravings of nature for its food are urgent; this is similar to the *succon* employed by our French Canadian population, and occasionally used by other nationalities; it is a common cause of stomach and intestinal derangements, which as a class of disease are with us peculiarly fatal to children. I have no doubt it is within the experience of most medical practitioners to have observed the pernicious results of this practice. I have myself arrested attacks of diarrhoea attended with colic, con-

stant screaming, sleepless nights, and the like, by ordering the *succon* to be removed.

In Vienna, scarcely one in 19 arrive at adult age, and then in so miserable a state of health that they are unable to be sent out to the useful population. In St. Petersburg the mortality is 54 per cent of those admitted during the first year. In Archangel it is 90 per cent. In Palermo 71 per cent. In Dublin, an average of 18 years, the mortality was 89, 29 per cent of those admitted. At the Charité of Berlin scarcely a fourth survived a month. In Rouen, one in 27 only of all admitted reach adult age, and of 108 of these, 2 only could be sent out to the industrial population, in consequence of ill health. In the London establishment no child is received, unless the name and circumstances of its birth are given, a special application has to be made by the mother, whose previous character is carefully investigated; all this is done in strict confidence; if the child is deemed unfit to be separated from its parent, it is not received. When received they are immediately sent to wet-nurses in the neighbouring counties: every child has a separate nurse, who receive 3s. 6d. a week, and a separate allowance for clothing and attendance of an apothecary. The nurse receives a premium if she rears the child to a certain age; at the age of 5 years they are brought back to the asylum, where they are supported and instructed until the age of 14 or 15 years, when they are placed in service or apprenticed. Their appearance is singularly fresh, neat and cheerful, and during 20 years the mortality from the period of admission to 14 years of age was only 25 per cent.—*Hawkins' Medical Statistics.*

Thus it will be perceived that under the most favourable circumstances these institutions have done very little towards preserving the lives of the unfortunates entrusted to their care; it has been well remarked by Mr. Malthus in his article on "population" that "The frail tenure by which an infant holds its life, will not allow of a remitted attention even for a few hours," and that "the desertion of a child by its mother, at the very time when of all others it stands most in need of her care is in the event equivalent to its destruction."

The Grey Nuns' Foundling Hospital of this city is the only institution of the kind which exists in North America. This institution receives all children brought to the house, the only requisite being a certificate of baptism from the parish priest, or some other gentleman belonging to the Roman Catholic faith. The children are received from all parts of Canada and the neighbouring republic without enquiry; as soon as received, they are placed out to nurse in the surrounding country parishes. They are visited once a month by the Sister in charge. There they remain until they are about two years old, when they are brought back to the Asylum and maintained and educated, until they arrive at an age capable of earning their own living at service. I regret that I could not obtain more satisfactory results. I was desirous of giving the average of deaths to the admissions for the ten years ending in 1860; all I could procure was an official return of admissions and deaths for the year 1860. They are as follows:

Number admitted during the year 1860,.....	567
Of these there were from Upper Canada,.....	100
" " Quebec,	110
Children of Emigrants,.....	10
From Montreal and environs,.....	347
	— 567
Of these there died during the year,.....	414

This gives an average of 73 per cent of deaths. I am told by Dr. Hall, Professor of Midwifery, McGill College, who has made this a subject of research, that he obtained from this same institution the details of about 10 years; that during the period of his observations the mortality ranged from 70 to 90 per cent of recipients giving an average of 80 per cent. I must not omit mentioning that of the 347 who appear as hailing from Montreal, a large number of the mothers came to this city to be confined, and to hide their shame. It will thus be seen that the mortality of the Foundling Hospital in this city, though high, is not more so than the generality of these institutions in other countries, and considerably under that of some.

ART. VIII.—*Case of poisoning with Cicuta Maculata*. By G. D. TROUSDALE M. D., Melrose, being part of the Proceedings of the Botanical Society of Canada, with observations by George Lawson, Ph. D., Professor of Natural History, in the University of Queen's College, Kingston.

Settlers in a new country are prone to seek in the plants around them remedies for the diseases under which they suffer. The woods and swamps of Canada are rich in plants having energetic properties, and when mistakes are made through ignorance, or want of proper advice, melancholy accidents frequently happen. A case of this kind has again occurred, and is reported as follows by Dr. J. E. Trousdale, of Melrose, graduate of the Kingston University:—

On the afternoon of Wednesday the 11th December, Mr. Henry Jones, of the Township of Thurlow, went out into his fields to gather what is commonly called 'Spignit' or Spikenard (*Arabis racemosa*, L.), to make a syrup for his step-daughter, to relieve a 'pain in the stomach.' Unfortunately, he gathered, by mistake, the roots of another herb (*Cicuta maculata*, L.), of which he ate, and on returning to his house he cut off pieces, of which he and the different members of his family partook. They had no sooner sat down to supper than Mr. Jones leant back, and fell from his chair in a spasm; and in a few minutes more others of the family were taken ill. Being from home when sent for, I did not reach the patients till about ten o'clock in the evening, (five or six hours after the first seizure), and in a few minutes afterwards, Dr. Channonhouse, of Shannonville, who had also been sent for, arrived. We found Mr. Jones in spasms, which were subsiding, and most of the members of his family were very sick. We carried out the treatment for such cases, but seeing that Mr. Jones was sinking, we complied with his wife's request that another medical man should be sent for. All our efforts failed, and the man died in about twenty hours after partaking of the poison. By the vigorous use of emetics and other remedies, the

three other members of the family who had partaken of the poison were restored. The remaining members described to me their sensations; they first felt a deathly sickness and sinking feeling in the regions of the heart and stomach, then extreme weakness of the lower limbs, and followed by general weakness, in consequence of which they were unable to stand; but all the while they knew *perfectly well all that was being said or done*. Even Mr. Jones, although unable to speak, would open his eyes when requested to do so, and would occasionally observe what was being done as though he knew all about it; but on account of the remarkable dilatation of the pupils, he could only keep his eyes open a moment at a time. I never saw the pupils more, if as much, dilated, even by Atropia for the operation of cataract. There was also a twitching or throwing of the legs. Deceased's pulse was from 120 to 140; breathing variable, from 45 to 58.

J. D. TROUSDALE, M.D.

We have here a case which, but for the timely remedies rendered by Drs. Trousdale and Channonhouse, might have resulted in the death of a whole family.

Dr. Trousdale has determined the plant whose roots were used to be *Cicuta maculata*, L. He has also forwarded specimens of roots, dead stems, and fruit, to the Botanical Society, and an examination of these has confirmed the accuracy of the determination. This plant belongs to the natural order *Umbelliferae*, an eminently poisonous order, which contains such plants as *Conium maculatum*, *Cicuta virosa*, *Œnanthe crocata*, *Æthusa Cynapium*, &c. The *Cicuta maculata* which has been the cause of the present accident, is known throughout Canada and the States, by such common names as Water-hemlock, Spotted Cowbane, Beaver poison, Musquash-root, &c. That it is mistaken for *Aralia racemosa*, at this season of the year when foliage is absent, is not at all remarkable. However, in summer, it more closely resembles other innocent plants, of its own order, *Umbelliferae*. The *Cicuta* is widely distributed. In central parts of Upper Canada, it appears to be common. It is recorded as growing at Montreal (list of Holmes Herb.) and East Riding of Northumberland, (Mr. Macoun). We have examined specimens from Prescott (Mr. Billings), Churchill, Hudson Bay Territories (Mr. McTavish), Banks of Comale Creek, Texas (Lindheimer), &c., so that it has evidently a wide range. It does not occur in any of our local plant lists from Hamilton or the west, but as Torrey and Gray speak of it stretching to Oregon, it is probably common throughout Canada. Dr. Trousdale alludes to the accidental poisoning sometime ago of seven horses, which fell a sacrifice to this weed in the same locality whence the present more serious case reaches us.

The plant grows in swamps and lowland meadows, from 4 to 6 or 8 feet high, the stem at the base of the thickness of the fore-finger, more or less cylindrical, hollow, finely striate with green and purple, sometimes spotted. The foliage varies greatly as in most water plants. The leaves are compound, ternately divided with short broadly sheathing petioles; segments lanceolate, of variable breadth, mucronately serrate, all stalked, the primary veins running to the *notches* (instead of the points) of the serratures. The flowers are in large, chiefly terminal, umbels, composed of little umbelllets, with sometimes one or two leaflets as a false

involucre. The involucrels are composed of from 5 to 6 short linear leaves. The fruit is appropriately likened by Torrey and Gray to Anise. The root consists of a cluster of large somewhat fusiform tubers not unlike those of *Aconitum Napellus*. The tuber in section shows a large white pith, surrounded by a well defined ring of a yellow or greenish hue, outside of which the tissue is paler, the outer skin brown. The whole tissue is soft and cellular, the cells being transparent, some containing minute regular starch granules, and large quantities of a green oily fluid are seen throughout the tissue. The part forming the dark ring or zone contains spiral vessels, which present the anomaly of being angular, somewhat like scalariform vessels, but the fibre is unrollable, and the apparent angularity depends merely upon the nice adjustment of the sides of the spiral vessels to the smaller cells with which it is surrounded.

The roots sent by Dr. Trousdale have been planted in the Kingston Botanic Garden.

It seems proper to allude to the allied species of *Cicuta*, vizt. *C. virosa*, which is best known in Europe, being an indigenous European plant. It does not occur in the United States, and is little known in British America beyond the record in Sir William Walker's 'Flora Boreali Americana,' vol. 1. page 259, vizt. 'Woody country of North America, between lat. 54° and 64° North.'—*Sir John Richardson and Mr. Drummond*.

There is still another North American species of this genus, viz: *Cicuta bulbifera*, which is a common Canadian plant, growing by the edges of creeks and in wet swamps. It is particularly abundant in the neighborhood of Kingston, as along the little Catarauqui Creek, and many other places. It is always profusely bulbiferous on the upper part of the stem.

G. L.

PHYSICAL DEPARTMENT.

ART. IX.—*Contributions to Meteorology for the year 1861, from observations taken at Isle-Jesus, Canada East.* By CHARLES SMALLWOOD, M. D. LL.D., Professor of Meteorology in the University of McGill College, Montreal.

The following observations are a continuation of the Annual Report of the results of the observations taken at the Observatory. The means are reduced from tri-daily observations taken at 6 a. m., 2 p. m. and 10 p. m. The whole of the observations are reduced to the usual standards, and the necessary corrections depending upon any peculiar construction of the instruments have been applied. It may be further stated, that the instruments are in the same position in which they have stood during a long series of years, and they are all subjected at short intervals of time, to certain manipulations and corrections, so as to secure, as far as possible, accuracy; many of them are self-registering and every means have been adopted to prevent either terrestrial, zenith or solar radiation on the bulbs of the thermometers; extra hours are set apart for observing any unusual phenomena, and a more particular attention has been directed to every sudden and great fall in the barometric column as indicating any unusual atmospheric wave, and also on the sudden fall of the thermome-

ter indicating any extreme degree of cold as during our "*cold terms*," for the purpose of comparing observations here with those taken in any distant part of the world, and which may have a bearing on the theory of the formation of storms.

A seismometer has been added to the other instruments for the purpose of ascertaining the direction and amount of elevation of the earthquake wave. The more than usual frequency of late of earthquakes in this neighbourhood has led to the placing of the seismometer, so as to indicate and to estimate any such interesting phenomena.

Barometer.—The highest reading of the barometer during the year occurred at 9.30 p. m. on the evening of the 23rd of January, and indicated 30.687 inches; the lowest reading occurred on the 27th day of May at 1.45 p. m. and indicated 28.883 inches, giving a yearly range of 1.804 inches; several sudden and great changes occurred during the year both with a rising and with a falling column. The first remarkable wave was on the 4th of March, when a very sudden fall took place; at 6 a.m. the barometer stood at 30.454 inches, and it fell in 24 hours 0.780 of an inch and continued falling until 2 p. m. of the 6th day when it attained a *minimum* of 29.450 inches; it then continued to rise, and at 10. p. m. the 7th day attained a height of 30.398 inches, showing a sudden rise of 0.948 of an inch. On the 15th of March a rise of 0.342 of an inch took place in 8 hours, and a like sudden rise occurred on the 30th day of 1.230 inches in 24 hours. Another sudden rise took place on the 28th of September; at 6 a. m. the mercurial column indicated 29.276 inches, and in 24 hours it rose to 29.999 inches, showing a rise of 0.623 of an inch, and it continued rising until it attained a maximum of 30.315 inches; another sudden depression of 0.200 of an inch in 8 hours occurred on the 22nd of October, and a corresponding rise on the 24th day, also in 8 hours, of 0.409 of an inch. In November the mercury was as usual subjected to several fluctuations; the highest crest of the wave occurred on the 1st, 10th, and 20th days, and a corresponding trough took place on the 3rd, 16th, 24th and 30th days. In December, from the 12th to the 21st day, the mercurial column indicated great fluctuations, falling from 30.341 inches, to 29.746 inches, rising again to 30.137 inches and then again falling to 29.600 inches and again rising to 30.191 inches, again falling to 29.611 inches and attaining on the 21st a maximum of 30.269 inches; a sudden rise occurred on the 27th day, the column rising 0.293 of an inch in 8 hours. The mean barometric pressure for the year was 29.737 inches, showing a decrease of 0.046 of an inch compared with the mean of last year, but an increase of 0.061 of an inch when compared with a series of years. The following tables show the mean reading of each month and also the monthly range of the barometer in inches; the mean yearly range was 1.093 inches.

Monthly Means.

	Inches.		Inches.		Inches.
January....	29.983	May.....	29.721	September..	29.849
February...	29.750	June.....	29.720	October....	29.876
March.....	29.878	July.....	29.734	November...	29.714
April.....	29.882	August....	29.353	December...	29.892

Monthly Range.

	Inches.		Inches.		Inches.
January....	1.350	May	1.349	September..	1.023
February...	1.484	June.....	0.815	October....	1.014
March.....	1.401	July.....	0.637	November..	0.902
April.....	1.381	August....	0.770	December..	0.994

The lowest range (or the least difference) was in July, and this has held good for a series of years. January for a long period shows the greatest range, but the month of February 1861 shows a greater range than January; the mean range for a series of years has been found to be 1.032 inches, which is 0.060 of an inch less than the yearly range of 1861. January shows the highest mean of the year and June the lowest. The mean reading of the barometer for the Winter Quarter was 29.883 inches, for the Spring Quarter 29.827 inches, for the Summer Quarter 29.976 inches, and for the Autumnal Quarter 29.813 inches.

Thermometer.—The mean temperature of the air for this year varies but very slightly from the mean temperature of a series of years, but the mean temperature indicated 1°89 degrees less than the mean temperature of last year (1860), and 0°16 of a degree only more than the mean annual temperature of a long series of years; the mean temperature for the year 1861 being 41°72. The highest reading was on the 9th of June at 3 p.m. and indicated 99°7 degrees; the lowest reading was at 6 a.m. on the morning of the 8th of February, and indicated—37°1 degrees (below zero), giving a yearly range or climatic difference of 136°8 degrees.

The warmest day of the year was the 10th of June, the mean temperature of the day was 81°1 degrees; at 11 a.m. the thermometer stood at 87°8 degrees, and at 3 p.m. 96°0 degrees, and at 4 p.m. 95°8 degrees; at 10 p.m. it stood at 76°7 degrees and it fell to 60°3 in the night, which was clear and calm, the terrestrial radiator indicating 57° degrees. The coldest day of the year was the 8th of February, the mean temperature indicated—23°5 degrees (below zero); below is a record of the cold term of January and February.

January 11, 1861. 6 a. m.—23°·1 (below zero.)

8 " —23°·0 "

9 " —19°·1 "

Noon —17°·0 "

2 p. m.—10°·6 "

4 " —14°·8 "

6 p. m.—17°·0 "

8 " —20°·4 "

10 " —20°·6 "

January 12, 1861. 6 a. m.—34°·9 "

8 " —34°·7 "

10 " —24°·6 "

Noon —14°·4 "

2 p. m.—5°·1 "

	10 p. m.—	7° .3	(below zero.)
	6 “	—14° .9	“
	8 “	—17° .4	“
	4 “	—17° .9	“
	Midnight—	20° .4	“
January 13, 1861.	6 a. m.—	26° .6	“
	8 “	—20° .8	“
	10 “	—12° .5	“
	Noon —	5° .1	“
	2 p. m.—	1° .6	“
	4 “	— 1° .0	“
	6 “	—11° .2	“
	8 “	—14° .3	“
	10 “	—16° .9	“
	Midnight—	19° .2	“
January 14, 1861.	6 a. m.—	13° .8	“
	8 “	—10° .4	“
	10 “	— 3° .1	“
	Noon +	2° .0	(above zero.)

The thermometer was 81 hours and 45 minutes below zero. The February cold term exceeded somewhat the above temperature, and was as follows:—

February 8, 1861.	10 p. m.—	21° .3	(below zero.)
	Midnight—	34° .6	“
	6 a. m.—	37° .1	“
	9 “	—32° .1	“
	Noon —	22° .2	“
	2 p. m.—	14° .1	“
	4 “	—19° .0	“
	6 “	—20° .9	“
	8 “	—19° .8	“
	10 “	—19° .5	“
	Midnight—	26° .4	“
	6 a. m.—	24° .0	“
	9 “	—20° .1	“
	Noon +	1° .1	“

The thermometer was for 56 hours below zero.

The following table shows the Mean Temperature for each month.

January....	10° .43	May.....	51° .86	September... 58° .06
February... 18° .25	June.....	65° .83	October.... 46° .64	
March..... 21° .94	July.....	67° .66	November... 33° .60	
April..... 38° .99	August....	66° .84	December... 20° .54	

July was the warmest month, but was 6° 92 degrees colder than the mean temperature of July for a series of years.

The temperature of the Winter Quarter was 12° 28 degrees, for the Spring Quarter 34° 29 degrees, for the Summer Quarter 66° 77 degrees, and for the Au-

tumn Quarter $46^{\circ}10$ degrees; the temperature for the same period of last year (1860) was Winter Quarter $12^{\circ}59$ degrees, Spring Quarter $45^{\circ}55$ degrees, Summer Quarter $67^{\circ}63$ degrees, and Autumn Quarter $46^{\circ}49$ degrees. A thermometer sunk 18 inches in the ground showed a temperature of, in May $49^{\circ}9$, in June $59^{\circ}8$, in July $60^{\circ}0$, in August $66^{\circ}0$, in September $58^{\circ}0$, in October $53^{\circ}0$, and in November $47^{\circ}4$. The range of temperature or climatic difference exceeded by $19^{\circ}2$ degrees the range of 1860; below is a table of the climatic difference for each month of 1861:—

January.....	$66^{\circ}.5$	May.....	$42^{\circ}.9$	September...	$44^{\circ}.6$
February.....	$90^{\circ}.3$	June.....	$59^{\circ}.6$	October.....	$42^{\circ}.4$
March.....	$65^{\circ}.5$	July.....	$51^{\circ}.8$	November...	$28^{\circ}.6$
April.....	$55^{\circ}.3$	August.....	$43^{\circ}.3$	December...	$56^{\circ}.9$

February shows an excessive range of temperature; this was owing to the extreme *cold term* of that month; November shows the least climatic change, and this is rather unusual for November; the range for November 1860 was $59^{\circ}4$ degrees, the mean range for November for a series of years being $61^{\circ}1$ degrees; the 1st frost of the Autumn occurred on the 5th of September; a sudden all of temperature took place in March, at 2 p.m. on the 16th day the thermometer stood at $36^{\circ}7$ degrees, and in 24 hours it fell to $-5^{\circ}0$ degrees below zero, showing a difference of $41^{\circ}7$ degrees in that short period; this sudden change was accompanied by a rise in the barometer and a high wind from the west; December showed a *cold term* but of short duration; the following table shows the temperature:—

Dec. 20th, at 9 p.m.—	0.0	
Midnight—	10.0	(below zero)
21st, 6 a.m.—	10.1	“
11 “ —	3.2	“
Noon—	0.5	“
0.20	0.0	“

This was the 1st cold term of the winter 1861-2.

Humidity of the Atmosphere.—The mean relative humidity of the year was 0.774, saturation being equal to 1.000. The following table shows the relative humidity for each month:

January.....	.752	May.....	.770	September...	.804
February....	.755	June.....	.735	October.....	.843
March.....	.768	July.....	.765	November...	.787
April.....	.780	August.....	.736	December...	.796

June was the driest month of the year, but July has been the driest for a series of years. Complete saturation occurred only once during the year.

Rain.—Fell on 106 days, amounting to 46.701 inches; it was raining 531 hours and 14 minutes, and was accompanied by thunder on 16 days; the number of days on which rain fell exceeded by 13 the number of days of rain of 1860, and by 112 hours 12 minutes, but was 5 days less than the number of rainy days in 1859, but exceeded by 33 days the amount of days of rain com-

pared with a series of years; the amount of rain which fell in 1859 was 50.035 inches, and in 1860 was 48.132 inches, and the amount of rain in 1861 exceeded by 3.697 inches the average amount compared with a series of years; a very heavy rain storm occurred on the 27th May, it began at 4.25 p.m. from the E.N.E. and

h.m.	Inches.
at 4.45	the fall registered 1.700
4.50	(wind veered to W.) 2.066
4.53	2.333
4.55	2.433
5.00	2.483

and ceased at 5.10 and equalled 2.486 inches, which fell in 45 minutes. The Rivière des Prairies, a branch of the Ottawa, rose very high during May, and a like rise has not been witnessed since 1848. The following table shows the monthly amount and the duration of fall :

	Amount.	Time.		Amount.	Time.
	Inches.	h. m.		Inches.	h. m.
January.....	0.100	4.10	July.....	10.188	79.49
February.....	0.761	17.25	August.....	1.950	12.31
March.....	1.756	52.35	September.....	4.816	66.50
April.....	2.921	60.42	October.....	5.370	69.30
May.....	8.642	49.32	November.....	1.023	32.52
June.....	4.868	56.18	December.....	1.306	31.00

July shows a very large amount of rain but is not the greatest amount on record here for July, but exceeds by 4.456 inches the amount of last July (1860) but is less by 2.026 inches the amount of rain which fell in July 1859, which was the most rainy July on record here; this was accompanied by a very heavy storm and showed an amount of rain equal to 6.374 inches,—the rivers in this neighbourhood rose at this time nearly 2 feet; the rain storm lasted 45 hours and 40 minutes.

Thunder and lightning occurred on 16 days, the yearly mean for a series of years is 14; last year (1860) thunder only occurred on 11 days; there were 43 cloudless days only during the year 1861, the average for a series of years being 57. The prevailing clouds were *Cumulo Stratus* and a rather larger amount of *Cirro Stratus*, giving rise to haloes; and there were but 123 nights suitable for astronomical purposes; this is less by 20 than the number of nights in the year 1860. Snow fell on 45 days amounting to 99.53 inches; it was snowing 365 hours and 54 minutes, which is less by 1.77 inches the average amount for a series of years, but is 38.26 inches less than the amount of snow which fell in 1860, and is 40.57 inches less than the amount which fell in 1859. The last snow of the winter 1860-1 fell on the 17th of April, and the 1st snow of the autumn fell on the 24th October. Winter did not fairly set in until the 23rd of December.

Evaporation.—The amount of evaporation from the surface of water during the 6 months which are recorded is 16.90 inches, which is nearly 1 inch less than the mean amount; the amount of evaporation also from the surface of ice was somewhat less than the average.

The greatest intensity of the Sun's rays was $104^{\circ}3$ degrees, which is less by $6^{\circ}3$ degrees than the intensity for the year 1860, and is $12^{\circ}7$ degrees less than the intensity for the year 1859. The lowest point of the terrestrial radiation, was $-39^{\circ}4$ degrees (below zero.)

Dew.—The yearly amount of dew was below the usual mean or average; an apparatus has been used for a short time for the purpose of ascertaining the hour at which dew begins to fall and when it ends, and also the amount, and it is believed will lead to some interesting results in this department of research; the apparatus is self-registering and leaves a permanent impression.

Wind.—The most prevalent wind during the year was the N. E. by E. and the least so E. by N.; the next in frequency was the W. and W. S. W. and a good deal of S. E. winds prevailed; below is a table of the amount of horizontal miles of wind for each month giving a total for the year of 55296.78 miles linear,

	Miles.		Miles.		Miles.
January...	6380.10	May.....	4989.20	September.	3447.48
February..	5549.95	June.....	5067.93	October...	3664.29
March....	5437.69	July.....	4499.68	November.	4142.30
April.....	3565.12	August....	2736.05	December..	5816.99

which is 11083.26 miles more than the amount for the year 1860; the mean velocity for the year was 6.312 miles per hour, which shows an increased velocity of 1.270 miles per hour for 1861 over that of 1860. June was the calmest month last year and indicated only 2905.36 miles; a tornado passed over Montreal on the 9th of July, but was little felt here; on the 10th of August a very heavy hail storm passed near this place over St. Laurent and Montreal, doing considerable damage to crops and buildings; there were several storms of wind during the year preceded by rain and a low barometer.

The *Aurora Borealis*, was visible at observation hour on 42 nights; a bright display with considerable magnetic disturbance occurred on the night of the 1st of September, the same period that the splendid display which caused so much sensation over the world occurred last year.

The *Zodiacal Light* was frequently seen; it was generally bright and well defined.

Solar and Lunar Halos have been more than usually frequent during the year. A remarkable solar halo occurred on the 12th of August, when the temperature had fallen considerably during the night. The thermometer at 6 A.M. stood at $46^{\circ}07$ degrees. The terrestrial radiator had indicated a temperature of $41^{\circ}03$ degrees. The wind at 10 A.M., (mean local time) was from the N. E. by E., with a clear sky, from which time light *cirrus* clouds began to form in the higher region of the atmosphere, passing from W. to W. S. W., in a direction contrary to the lower current of wind (N.E. by E.) At 10h. 38m. a slight halo was seen round the sun, and at 10h. 45m. it presented a very rare and beautiful spectacle. The sun, bright and white, was in the centre of a halo or circle of 44 degrees in diameter, its lower or southern limb being about 37 degrees above the horizon; this circle was a bright halo of light, white and bright at its outer edge, and which was shaded inwardly and towards the sun of a pale orange colour, and an

occasional tint of blue and red ray nearly 2 degrees in breadth. Both the lower limbs of this halo on the edge next the sun were more broad than elsewhere, giving the appearance of a crescent on each side. This halo or bright circle was filled in as it were with a dark ground, consisting of *cirrus* clouds, which passed quickly and constantly across from a westerly direction.

Another circle of a white colour and less bright, was also seen. The circumference which was in the centre of the bright halo, or more properly in the sun itself; the ring extended beyond the zenith, and exceeded the brighter one considerably in diameter. Another smaller circle was enclosed between the bright northern limb of the halo and the last mentioned circle, which on approaching its periphery separated somewhat, and crossed each other from right to left, extending east and west for a short distance, and the breadth of these circles were from $1\frac{1}{2}$ to 2 degrees.

Lower down, nearer the horizon, on either side of the halo, were arcs or broken portions of an imperfect circle, somewhat resembling inverted rainbows, with distinct prismatic colours which varied both in brightness and extent. These appearances decreased and ceased at 12h. 40m. P.M. The wind veered into the S.E. by E. with an increase of temperature and a cloudy sky. The following day at 11 A.M., another halo appeared round the sun, but unattended with any of the peculiar appearances as above noticed.

The other solar and lunar halos and coronæ, although more frequent than usual, offered no peculiarities.

Observations on the *Solar Spots* still form a part of the records at this place.

Ozone.—The observations have been continued by means of the calico ozonemeter, which is kept moving by clock work, so as to indicate the variable amount, and has furnished very interesting results, as also the action of the coloured rays of light and polarized light on its development.

Atmospheric Electricity.—The tri-daily observations have been taken with Pelletier's and Romerhausen's apparatus as heretofore, but these observations are far too extended for a short notice.

Comets were seen, Thatcher's in May; a bright one 30th June and a smaller one in October, and Encke's in December.

Earthquakes.—A smart shock was felt on the 11th of July at 9 hours 3 minutes P.M., local time, it lasted for 20 seconds. The wave passed from N.N. W. to E., and another slight shock was felt in October. A register will for the future be kept in connexion with the seismometer.

The Lunar Eclipse of the 17th December was not seen, being obscured by clouds.

Crows (*Corvus corona*), first seen on the 27th of February. The song sparrow (*Fringilla melodia*), first heard 4th of April. Wild geese (*Anser Canadensis*), first seen flying W. on the 29th April. Swallows (*Hirundo rufa*), first seen 23rd April. Frogs (*Rana fontanalis*), first heard the 24th day. Shad (*Alosa prestabilis*), first caught 30th May. Fire flies (*Lampyrus corusca*), first seen 19th June. Snow birds (*Plectrophanes nivalis*), first seen 17th of November. Crows left on the 7th day of November.

Currants and gooseberries in leaf on the 16th May. Wild strawberries in flower, 24th. Dandelion in flower, 23rd. Currants and gooseberries in blossom on the 24th. Lilac in blossom on the 3rd of June. Apples on the 4th. Chokecherries in blossom on the 6th of June.

The magnetic observations carried on at this Observatory, will form a separate paper for future publication.

Observatory, Isle Jesus, 22nd January, 1862.

REVIEW DEPARTMENT.

ART. X.—*Lectures on the Diseases of Women.* By CHARLES WEST, M.D., F.R.C.P., Examiner in Midwifery at the Royal College of Surgeons of England, Physician Accoucheur to St. Bartholemew's Hospital, &c. Second American from the second London edition. Philadelphia: Blanchard & Lea. Montreal: Dawson & Son. 1861, 8vo., pp. 483.

There are few more conscientious writers at the present day than the author of the volume before us, certainly not one, who more candidly states the facts upon which his reasoning is based, unfettered by theory or authority, or who more faithfully lays down the plan of treatment advisable in a given case, or more justly appreciates its value. Dr. West's works, therefore, possess a peculiar value, as those of one imbued with a sincere love of his profession, the ideas expressed in clear and forcible language, imparting throughout a sentiment of truthfulness in exposition, intentionally perverting no facts from their legitimate influence, and therefore constituting safe guides of practice.

The work is compressed under thirty-three lectures, embodying a treatise on the most important diseases of the female sexual system, not immediately connected with parturition or pregnancy. Accordingly, after devoting the first two lectures to general considerations connected with his subject, we have the diseases of menstruation considered in the three following. Then follow, from lecture 6 to 13, the consideration of uterine diseases whether dependent on inflammation chronic or acute, hypertrophy, and misplacements of the uterus, vagina, bladder or rectum. Uterine tumours and outgrowths form the subjects of lectures 14 to 18. Lectures 19 to 21 are devoted to the elucidation of malignant affections of the uterus, their pathology, symptoms, diagnosis, prognosis, and treatment. These are succeeded by nine lectures, (22 to 30) in which are detailed all the peculiarities of the various most important diseases of the uterine appendages, with their treatment, &c.; while finally the 31st lecture is devoted to "diseases of the female bladder," the 32nd to "diseases of the urethra and vagina," and the 33rd to "diseases of the external organs of generation."

We have thus embodied in this series of lectures, one of the most valuable treatises on the diseases of the female sexual system unconnected with gestation, in our language, and one which cannot fail, from the lucid manner in which the various subjects have been treated, and the careful discrimination used in deal-

ing only with facts, to recommend the volume to the careful study of every practitioner, as affording his safest guides to practice within our knowledge.

We consider it altogether unnecessary to enter into a minute examination of a work which has received, and deservedly, such favourable notices from the medical press, but it is a duty which is owing to the present edition to specify wherein it differs from the first, and this consists in the addition of the last thirteen lectures, embracing some of the most important points connected with his subject. We now particularly allude to a rare and new form of disease, to which attention has been directed within the last few years by certain French writers, although it was first noticed as early as 1843 by Mr. Velpeau, and has been occasionally observed since that time. The disease has been called *uterine, retro-uterine or peri-uterine hæmatocele*, and consists of an *effusion of blood* either into the cellular tissue around the womb, or into the peritoneal cavity in the *cul de sac* between the uterus and rectum. When the hæmorrhage takes place into the peritoneal cavity, one source is the lining membrane of the Fallopian tube, as in one fatal case the blood was actually seen oozing from the fimbriated extremity. After the effusion of the blood, however, coagulation takes place, inflammation of a peritoneal character is set up, adhesions are formed, and a tumour is developed which may simulate an extra uterine pregnancy, retroversion of the uterus, pelvic cellulitis, or an ovarian tumour. After pointing out the diagnosis, and determining the mortality of this new affection from the number of cases already recognized, which were 41 in all, of which 33 ended in recovery, and 8 fatally, a ratio of 19.5 per cent., a large mortality, the author proceeds to consider the treatment, two varieties of which have been adopted, the expectant, and the evacuation of the cyst. The statistics of the value of these two modes of treatment are as yet too meagre to enable us to appreciate the true value of either; thus of 14 cases treated by the expectant plan, 11 recovered and 3 died, while of 27 cases treated by puncture, 22 recovered and 5 died.

With our limited space, we find it impossible to follow our author further. We cannot forbear this observation, however, that we have seldom perused a work of a more thoroughly practical character than the one before us. Every page teems with the most truthful and accurate information, and we certainly do not know of any other work from which the physician, in active practice, can more readily obtain advice of the soundest character upon the peculiar diseases which have been made the subject of elucidation.

The volume is issued in Blanchard & Lea's usual excellent artistic style.

ART. XI.—*Report of the Board of Inspectors of Asylums, Prisons, &c., for the Year 1860.* Quebec: Hunter, Rose & Co. 1861.

The annual report to which we now briefly draw the attention of our readers, is that of 1860, presented by the inspectors of prisons, &c., a board consisting of the following gentlemen: Drs. Nelson and Taché, and Messrs. Meredith, Langton, and Macdonell. Since the appearance of the report the last named gentleman has been replaced by the appointment of J. M. Ferris, Esq., late M. P. P. for Brome.

The report commences with a general statement of convicts received into the Provincial penitentiary, and the reformatory prisons, and then proceeds to the details of the benevolent institutions, of which we propose to give a short resumé.

1st. *Quarantine Hospital, Grosse Isle.*—This Journal has already expressed its opinion of the value not only of this institution, but of such institutions in general, as seriously interfering with commercial interests, and productive of no especial benefit to the community at large. Nevertheless the commissioners entertain a different opinion, to the benefit of which they are entitled, and while therefore advising its continuance, they recommend the reduction of the expenditure connected with it, in several important particulars, to \$5000 instead of \$8664.48.

2nd. *The Marine Hospital, Quebec.*—In this establishment, the number treated last year, including 467 outside patients, was 1317. Both a diminution in the expenditure and the mortality are recorded. As is well known, the hospital is situated in a low, damp locality, and the buildings are not supplied with proper means of ventilation. The inspectors, therefore urge the necessity of the acquisition of the contiguous properties, to prevent the erection of buildings in the immediate vicinity. The inspectors further recommend that it be made a general hospital.

3rd. *Lunatic Asylum at Toronto.*—In this institution 185 patients were admitted during the elapsed year. The inspectors allude to the deficient means of classification of the patients, an object of paramount importance in such hospitals. "The principal defect in the asylum," says the report, "is the absolute want of a system of ventilation. The stench in certain of the apartments is intolerably noisome, and in the night the air of certain sleeping apartments becomes almost suffocating. The roof is moreover leaky, and the walls are suffering in consequence." The sooner these matters are rectified the better.

4th. *Asylum at Beauport.*—426 patients remained in this asylum at the expiry of the year 1860, of whom 193 were men, and 233 women. 50 deaths occurred during the year, 27 men, 23 women, to our mind a large mortality. It is stated that this institution answers its purpose.

5th. *Branch Asylum at Malden and University Branch, and projected one at Orillia.*—These are branches of the parent institution at Toronto, and receive their inmates from it when overcrowded. The inspectors recommend the establishment of large independent asylums rather than smaller dependent ones, both on the ground of economy, and the prevention of "conflict of authority."

6th. *Asylum for Criminal Lunatics at Rockwood.*—This forms part of the Provincial Penitentiary, and is admirably conducted by Dr. Litchfield. The report pays this gentleman a well deserved tribute to his scientific skill and well directed energy.

The report then proceeds to the consideration of matters connected with the penal institutions of the Province, the penitentiary, the different local gaols, and the reformatory prisons, into which it is foreign to our object to follow it. Suffice it to say, that the report is a very interesting one in every respect, and exhibits the fidelity with which the inspectors have discharged the important trust, with which they were invested.

PERISCOPIC DEPARTMENT.

SURGERY.

CASES ILLUSTRATIVE OF THE READY UNION OF SEVERED FINGERS WHEN CUT OFF BY CLEAN AND SHARP INSTRUMENTS.

By EDWARD DANIELL, Esq., Newport Pagnell.

As provincial surgeons, living, as many of us do, in the midst of agricultural districts, where sharp instruments are constantly used by labourers, we are often called upon to attend to injuries inflicted by these instruments; and perhaps the most frequent of these injuries are amputations of the fingers through the men pushing their hands amongst the straw and hay of a chaff-machine whilst the instrument is in full operation.

It is to be regretted that, in the panic of the moment, the poor patient rushes off in haste to the surgeon, leaving behind him the severed part, which becomes trampled upon and lost, and thus the chance of restoration is withheld. I always, however, direct a rigid search for its recovery. The following case illustrates this fact.

A young man, Edmund Bedford, an apprentice to a wheelwright in this town, severed the end of his thumb by a sharp blow of a hatchet. He ran off immediately to me, accompanied by his fellow-apprentice. The cut was not lacerated in the least; it was a clean cut, and admirably adapted for grafting; but the end of the thumb was in the sawpit. I despatched the youth who accompanied the patient to look for it; he returned very soon with the absent portion carefully wrapped in paper, but invested in sawdust. When this was removed, I fitted the part accurately on the wound; and placed a strip of lint two-thirds down the thumb, carrying it over its loose end to the same distance on the opposite side; round this I wound a longer strip of lint, and finally secured it with strapping. To make it still safer, I covered it over with what is called a thumb-stall. At the end of ten days perfect union had taken place; and at this time the thumb is as good as ever.

A labourer of the name of Pell, from a neighbouring village about three miles from my residence, cut off three fingers by a chaff-machine. He came hastily into the surgery, threw down his fingers on the table, and exclaimed: "I need not tell you what's the matter with me, sir." "No; but I am glad you brought your fingers with you; for I shall put them on again." The man objected much to this, and for some time obstinately refused to submit to such "foolish nonsense;" however, I succeeded in carrying my point, and the severed fingers were replaced on the wounds. The result was satisfactory; perfect union was established.

About three weeks since, William Clare of this town, publican, came to my surgery, having severed the ring finger of the left hand by a chaff-machine, immediately below the nail, cutting through the phalanx. He was followed by his son, who had discovered the finger amongst the chaff. I carefully replaced it; and treated it in the same way as the preceding cases. At the end of ten days, union was perfect. The nail sloughed off, and a new one is rapidly forming.

I record these few cases out of many, to shew what may be done by the plastic principle of adhesive inflammation even in the restoration of parts which have been separated from the living body, and usually regarded as incapable of reanimation; and also to press upon my brethren never to lose sight of the chance of trying the effects of human grafting, especially in joints like the fingers, where the measure of vital energy required for reanimation is so small.

For my own part, I have not had a single instance of failure in a somewhat

extended practice, when I have had to deal with these kind of amputations occurring in the first or second phalanx. The greatest trouble which has befallen me is in convincing the patients of the possibility of union; they regard it a piece of folly, and have become quite impertinent when I have refused to remove the dressings; for the stench which always accompanies fresh wounds has appeared to them as the result of a putrid condition of the replaced parts.

To convince Pell this was not the case, I passed the point of a needle to the tip of one of his fingers, and he speedily gave audible evidence, that sensibility at least was restored. Firmness and determination, however, on the part of the surgeon, will generally compel these ignorant people to persist unto the prescribed end.—*Dublin Med. Journal*, Jan. 11th, 1862.

STRANGULATED FEMORAL HERNIA IN A PATIENT AGED 95 YEARS.

From the *Lancet* of January 11, 1862, we glean the following notice of a unique case of the above description from the pen of Robert Harper, L.R.C.P.E. at Holbeach, England. Dr. Harper in May 17th, 1861, was requested to visit an elderly lady, Miss S. B——, aged 95, of strong mental powers. He found her laboring under all the symptoms of strangulated femoral hernia, with extreme abdominal tendency, constipation for four days, and persistent vomiting during the preceding eighteen hours. A hernial protrusion was detected, but too tender to permit much manipulation on the use of the taxis. An operation, after consultation with Mr. Ewen of Long Sutton, was immediately proposed; the patient hesitated at first, but finally agreed.

In the evening it was accordingly performed. The sac opened, the gut was found of a port-wine colour, and so tightly strangulated, that the operator had the greatest difficulty in getting the hernia knife through the strictured part. After some trouble, however, this was effected and the coil returned. The necessary sutures were applied with a pad of lint and a bandage, and the patient put to bed, after which an opiate was administered. The emesis ceased immediately after the operation and the pain and tenderness also subsided. The bowels acted on the third day after a dose of castor oil. On the fourth day the sutures were removed, and the wound was found healed for two thirds of its length. On the thirteenth day it was entirely healed. She died however seven weeks after the performance of the operation, apparently from the exhaustion produced by repeated losses of blood, twice profusely, from bleeding hemorrhoids, which her age and enfeebled constitution seemed incapable of withstanding.

Dr. Harper observes that this patient is the oldest on which the operation has been performed, and unquestionably its success was manifest, as she died from other causes unconnected with the hernia. The age of the oldest on whom the operation had been performed, and of which there is record, Dr. Harper found to be eighty-five.—*Abridged from Lancet*, by Ed. B. A. J.

ARTIFICIAL ANUS.

A very interesting case, in which an operation for such an anus was performed, has been published in the *Bulletin de Thérapeutique* of Oct. 30th. The child was born with an imperforate anus in 1852; and, in spite of a very careful and prolonged dissection, the late M. Amussat could not find, though his finger reached quite within the pelvis, the cul-de-sac of the imperforate bowel. It was now a question whether the search should be carried further and at random into the pelvis, or whether a lumbar anus should be made. M. Amussat on consultation with the medical men present, amongst whom was his son, decided on the

latter measure. By a careful dissection the colon was reached, and gases escaped. Notwithstanding the severity of the two operations, the child did well, and the motions passed through the abnormal orifice, the patency of which had been secured in the usual way. Six days after the operation, MM. Cloquet, Velpeau, and Jobert were called in consultation to decide upon further steps. It was agreed that no renewed attempts should be made on the natural imperforate anus, and no fresh operation at that period undertaken. At six months old the child was well and cheerful, evacuations regularly taking place at the lumbar opening, the new aperture being usually stopped by a wax plug. M. Amussat, jun., had an opportunity in 1859, seven years after the operation performed by his late father, of seeing the little boy. The latter was quite well and lively, notwithstanding the artificial anus, the evacuative functions having been very regular in their performance. The child wears in the aperture a wax bougie, fastened by an elastic belt.—*Lancet*.

TO SECURE A CATHETER IN THE URETHRA.

The difficulty in effecting this object, especially in strictures, in which it may be desirable to keep the instrument in the stricture for purposes of prolonged compression, is well known. The following ingenious contrivance from Mr. Hunter in the *Lancet* is therefore worthy of attention. Slip a ring of bone or other suitable material over the penis, and fasten it to the pubes by a tape or broad band going round the pelvis. The extremity of the catheter can then be easily attached to the ring by a couple of pieces of tape or thread. With such an arrangement, a patient can walk about and pursue his ordinary avocation without discomfort.

CYSTOTOMY WITHOUT A STONE.

By T. PAGET, Esq., of Leicester.

Instances are not entirely wanting, nor, indeed, extremely rare, in which the bladder has been opened for a stone where none existed; but I am not aware of any narrative given of such a case by the operator, with the symptoms simulating stone, and leading him to take the false step; the post-mortem appearances, and the explanation they afford. Having, then, recently placed myself in the situation of such operator, I deem it right to supply the desideratum, however little satisfactory the explanation as a practical guide. The case was received at the Leicester Infirmary by Mr. Marriott, the house-surgeon, and entered as, "September 24, James Branson, aged three years height months; symptoms of stone. Examined twice by Mr. Marriott, and stone found the second time." Not, however, as he told me when reporting the case, with sufficient distinctness to settle his mind for an operation. The history given by the father and the woman who had had care of the child since its mother's death two years ago, was that it had violent pain in micturition, losing much rest by frequent calls, attended by sudden stoppages of the stream and the making of a larger quantity immediately after, violent squealing, pulling of the parts, and forcing of fæces. Around the anus were several livid lumps of hæmorrhoids. There had been no hæmaturia. It was reported that no urine ever passed except while in a sitting posture. The child was healthy looking. Sept. 26th: The child having been prepared for the operation by having had the bowels emptied yesterday and an opiate enema this morning, the sound was introduced, and an indication of stone immediately given; but the click, though audible, was not sufficiently clear to encourage an incision. After repeated attempts, the sound was producible at will; but did not impress all equally as being the click of an uncovered stone.

Mr. Benfield and Mr. Marriott thought it certainly not sufficiently clear; Mr. Brown of Wymeswold was more satisfied; none of us, I believe, were free from doubt.

In this dilemma, I was influenced by the character and intensity of the symptoms, the hopefulness of permanent good if there were a stone, the rare occurrence of death with us after lithotomy, especially in children, and with Allarton's operation: and after much hesitation, I decided upon opening the bladder at the risk, as I thought, of finding a stone impacted in the end of the ureter, and not being able to remove it.

I chose Allarton's operation, introducing a director along the groove of the staff, and using my little finger between the two as a dilator. In this way, the dilatation was readily effected; the finger entered the bladder, and the staff was removed. A nasal forceps was then passed over the director, but no stone could be found. Frequent attempts with various forceps were made; and once, when passing a large pair in the hope of stretching open the ureter and dislodging a calculus from its end, I found that the lax cellular membrane between the rectum and bladder had given away, and the forceps were admitted into the recto-vesical pouch. This, however, was soon perceived, and the forceps were passed into the bladder.

The movements of the forceps imparted a feeling of slight grating, or rather vibration; but no click could be heard, and the grating was only that often produced by steel instruments rubbing over cut muscular fibres. The examination and operation occupied a long time; but the least possible effect of chloroform was maintained, sufficient to keep down manifestation of pain. Very little blood was lost. 6 p.m.: He had slept nearly continuously, but had spoken rationally. Urine passed by the wound freely, and only slightly tinged. 10 p.m.: The urine was untinged. He had vomited once or twice. Sept. 27, 9 a.m.: He was perfectly conscious, and winced at pressure on the hypogastrium. Pulse rapid and small. 11 a.m.: There was still considerable stupor, and he had again vomited. He winced still. Pulse rapid; skin hot; urine abundant and untinged. Foveateur abdomen. 7 p.m.: He was suddenly convulsed, both arms especially; the thumbs were turned into the palms; the fingers tightly clenched; the pupils dilated to the utmost, and unmoved by the strongest light. Three grains of calomel were ordered to be taken immediately, and four leeches to be applied to the hypogastric region. Sept. 28, 9 a.m.: He became partially conscious between three and six a.m.; but soon relapsed, and was now profoundly comatose; pupils dilated. He indicated pain when pressed on the hypogastrium; otherwise he was unconscious.

Post-mortem Examination.—Next day at 10 a.m. the kidneys, ureters, bladder, and urethra, as far as occupied by the incision, after full examination *in situ*, were removed. There was no stone or calcareous matter in any part. Both ureters were tortuous in their course, and greatly dilated, so that the little finger passed down them with ease; the dilatation was most at their lower ends, the left forming a complete pouch nearly as large as a pigeon's egg. Beneath and around this a puriform fluid appeared and extended downwards into the recto-vesical pouch, into which the finger readily passed from the wound. The mucous membrane of the bladder was injected posteriorly, and ecchymosis occupied small patches here and there. The sphincter was not lacerated; the urethra, where incised, showed slight ecchymosis; the edges of the incision were turgid and limpy; the *trigone* of the bladder was of an ashy grey. There was a blush of peritonitis in the pelvic cavity. After removing the bladder, &c., the sound was passed with the integuments of the abdomen closed, and the muffled click was heard again, though less distinctly. On opening the pelvis again, this was found to arise from the point of the sound impinging upon the iliac portion of the brim of the pelvis, the edge of which was unusually thin and

sharp. Perhaps, here is an explanation of click and feeling imparted to the instrument before operation. The instrument used in this case was a common steel sound, having at the hand end a socket, into which is tightly fixed a peg and a disc of wood; the latter six inches in diameter and one-tenth of an inch in thickness. The disc acts as a magnifier to all sounds heard, and is an useful addition to the instrument where it is desirable that a number of surgeons shall be satisfied of the presence of a stone.—*British Medical Journal*.

THE CURE OF SHORT SIGHTEDNESS, OR INTRA-OCULAR MYOTOMY.

The *British Medical Journal* in its issue of Jan. 11, contains the following as the results of Mr. Vose Solomon's surgical treatment of "*Myopia*" at the Birmingham and Midland Eye Institution. He sums up the results of his experience in the following aphorismic manner:—

1. Intraocular myotomy is a safe and expeditious method of relieving myopia. This relief is not temporary.

2. In many cases it obviates the necessity for wearing spectacles.

3. It has never injuriously affected the range of accommodation.

4. It tends to render the myopic eye more healthy by improving the nutrition of the choroid, retina, and vitreous humour.

5. It sometimes arrests a rapidly increasing myopia, and cures the accompanying choroido-retinal irritation.

6. It must tend to prevent the increase of staphyloma sclero-posticum, by regulating the internal ocular circulation and lessening the convergence of the optic lines, and the straining efforts at accommodation which are said by Dr. Donders to be associated with the convergence.

7. The presence of a large staphyloma posticum does not neutralize the effect of the operation, nor does always that of opacities of the cornea.

8. The degree of myopia does not in all cases bear a close relation to the lateral diameter of the staphyloma, as judged by an ophthalmoscopic examination.

9. The earliest appearance of staphyloma posticum consists in an apparent flattening and scolloping of one side, generally the outer, of the optic nerve entrance.

10. At the present stage of the inquiry, Mr. — is unable to assert that the operation is curative of staphyloma posticum. But, he considers, it follows from 4, 5, and 6, that it renders that disease less dangerous to vision.

Professor Jacob, the Dublin Nestor of Eye Surgery and Proprietor and Editor of the *Dublin Medical Press*, after in a few preliminary remarks ridiculing the foregoing, thus gives the result of his own far more extensive and enlightened experience. The determined opposition to all forms and shapes of ophthalmological quackery which Dr. Jacob has ever exhibited with his truthfulness invests his remarks with a peculiar energy.

Now here is the rejoinder to all this—

1. This so-called "intraocular myotomy" is *not* a safe and expeditious method of relieving myopia.

2. In no case does it obviate the necessity of wearing spectacles.

3. It has probably in all cases injuriously affected the range of accommodation.

4. It does *not* tend to render the myopic eye more healthy by improving its nutrition, for this plain reason that there is no defect of nutrition at all.

5. It never arrests a rapidly increasing myopia or cures an accompanying choroido-retinal irritation.

7, 8, 9, 10. *Staphyloma posticum* is a subterfuge, anything to the contrary notwithstanding in Berlin, Brussels, or Utrecht. If the "General Practitioners"

of England and Wales are so ignorant or so credulous as to swallow these ophthalmological marvels thus served up to them every week by their journalists, so be it, but we cannot quietly acquiesce in any such perversion in Ireland: the most delicate department of all surgery shall not be made subservient to any such tricks of trade if we can help it.—*Dublin Med. Press.*

SYPHILIS AND SYPHILIZATION.

(From Editorial Translations of the Cleveland Medical Gazette.)

REMARKS ON SYPHILIS. *By Prof. Hebra.*—The following conclusions are based upon nine cases, detailed with reference to the influence of syphilitic parents treated by mercury on their offspring.

1. Secondary syphilis can be transferred to the wife, by sexual intercourse, without any local affection of the genital parts, and much easier when remains of syphilis are still present on the skin or mucous membrane of the husband.

2. Syphilis may be latent in the system without any symptom in the parent, until it manifests itself in the offspring.

3. Syphilitic men may not infect their wives or children. If the mother is infected, the children may be healthy notwithstanding; or the first child may be diseased, while those born afterwards are not.

4. Symptoms of inherited infection appear, whether the father has been treated with mercury or not; they are therefore to be ascribed to the disease and not to the treatment.

5. The mercurial treatment gives no security either against the reappearance of the disease in the same body, or against its transmission to the offspring. All other methods of treatment are liable to the same objection, and, after all, mercury cures syphilis in the parent as well as in the children with more certainty and less injury than any other therapeutical application.—*Wiener Medizinische Wochenschrift.*

EXPERIMENTS WITH SYPHILIZATION. *By Prof. Hebra.*—Between November, 1858, and January, 1860, twenty-four patients (primary syphilis 3, secondary 19; four of which had been previously treated with mercury; serpiginous lupus, 2) have been inoculated with matter taken from a soft chancre. In all cases the operation was repeated every two or three days, as long as any reaction (appearance of pustules) followed. No treatment of the wounds beyond the application of an oiled cloth. All morbid symptoms usually disappeared within from three to six weeks, after a varying number of inoculations: some reaching immunity with seven, others not with six hundred. An increase of weight was noticed in all those inoculated, except two.

Mercurial inunctions have no influence on the course of syphilization. Where the patients are inoculated until immunity is reached, a relapse need not be feared.

While the experiments are continued, the fact has been already established that patients suffering from primary or secondary syphilis are perfectly well during continued inoculation from chancres, improve in appearance, increase in weight, and lose gradually all symptoms of the disease. The latter happens in the same manner as under the mercurial or iodine treatment, but more slowly.

The most rapid and certain cure of a syphilis is obtained by treating it with mercurials.—*Zeitschr. d. Gesellsch. d. Aerzte zu Wien.*

SYPHILIZATION. *By Dr. Fr. Fieber.*—In a therapeutical view, syphilization can only be compared to the isopathic treatment of cholera, with the potential evacuation of cholera-patients, of variola with potential small-pox matter, etc.

The augmented quantity of venereal poison, introduced into the organism,

does certainly not increase the latter's energy and power of resistance, but diminishes them, like all other poisons.

The reported success is evidently more due to nature than to the infliction of seventy or a hundred fresh ulcers. Relapses seem to be frequent.

A mercurial treatment gives so satisfactory results that it needs no substitute in a dangerous innovation. Syphilization may be tried, but only in desperate cases, where the rational methods prove of no avail.

Prophylactically, vaccination might be compared with syphilization. But the cow-pox prevents small-pox—the lesser evil the greater, and to a certain degree only, while it is claimed for syphilization that a disease cures itself, if implanted over again in the same organism, and protects the organism against a renewed influence of itself. The inoculation of variola-matter has never been thought of as a cure for variola.

Another analogy would be the capability to swallow large doses of opium without direct injury. Here, however, no immunity against the effects of the poison is claimed. Several ounces may result in death, where several drams are taken with impunity.

That syphilization carries the patient rapidly through all stages of the disease to a point where the danger of further infection ceases is an unproved hypothesis. Pyæmia may follow; pain, fever, impaired nutrition certainly do, and it is probably of some importance to the patient, whether to have one scar in some part easily covered, or to have hundreds over the chest and extremities.

Notwithstanding all these objections, judicious trials with syphilization are justifiable, until its value is fully established.—*Zeitschr. d. Gesellsch. d. Aerzte zu Wien.*

PAINLESS DRAWING OF TEETH.—The Druggists' Circular, to effect this purpose, says: Rub the gums with the following solution by means of a bit of lint or cotton steeped in it:—℞ Chloroform $\frac{5}{8}$ iss., Tinct. Aconite, Spts. Vini aa $\frac{3}{4}$ j, Morph. Sulph. gr. viij. M.—*St. Louis Med. and Surg. Jour.*—*Journal of Materia Medica.*

MEDICINE.

M. TROUSSEAU'S VIEWS ON DIPHTHERIA.

M. TROUSSEAU has devoted some space in his recently published volume (*Clinique Médicale de l'Hôtel-Dieu de Paris*, par A. Trousseau. Paris, 1861) of Clinical Lectures to the consideration of diphtheria; some short notice of his opinions may not be without interest for our readers. To use his own words:—

“Diphtheria is *par excellence* a specific malady, contagious in its nature, manifesting itself both on the mucous membranes and on the skin, presenting the same characters in either locality. Diphtheria has in truth this in common with certain specific and contagious maladies, as the eruptive fevers and syphilis, but with this difference nevertheless, that it only affects the external integument on the condition that it be denuded of its epidermal covering.” (P. 212.)

The most common form of the disease is that which specially favours the pharynx and the air-passages. Known to and described by authors of past ages, it has served as the type for the *Treatise on Diphthérite* of M. Bretonneau.

The disease shows itself occasionally in the malignant form, destroying life by general blood-poisoning, after the manner of septic and pestilential maladies.

Pharyngeal or Simple Diphtheria is met with in all climates, at all seasons; sparing no period of life, it yet most frequently attacks young subjects. M. Trousseau gives this description.

“Commencing by a redness of the pharynx more or less well marked, by swelling of the tonsils, more frequently of one only, a whitish circumscribed patch soon shows itself, formed at first by a layer resembling coagulated mucus, half-transparent, which thickens itself, widens, and very rapidly takes on a membraniform consistence. This exudation in the first moments of its formation is readily detached from the mucous membrane to which it only adheres by fine prolongations which penetrate into the muciparous follicles.” (P. 315.)

The mucous membrane beneath the deposit is noted as usually sound, hardly presenting other alteration than slightly increased vascularity; ulceration of this structure is exceptional. After some hours, the pseudomembrane begins to increase, the tinge deepening to a yellowish white; it just covers one tonsil; then the uvula shares in the deposition; and later the other tonsil with the posterior wall of the pharynx becomes involved.

The lymphatic glands at the angle of the jaw are swollen from the commencement, and are therefore valuable as aid to the diagnosis. Fever, at first sufficiently marked, soon subsides. The fœtid odour from the mouth, and the greyish tint of the exudation, have led observers to the opinion that gangrene was present—hence various appellations expressing this belief. The professor in his wide experience has met with but three instances where actual gangrene existed.

The development of croup from exclusion of the disease to the larynx forms the most common ending of this form of the affection, as well in sporadic as in epidemic cases. M. Trousseau expresses a decided opinion that, in far the majority of cases of croup, the malady will be found on close inquiry and examination to have originated in the pharynx. It is specially mentioned, and the fact has, perhaps, met with too little attention when different plans of treatment have been compared, that “the difficulty of respiration is intermittent.” This is a positive character of the affection—a part of its natural history, occurring whether the disease has been subjected to treatment or simply left to itself.

Malignant Diphtheria. In this form of the disease exudation-patches appear on one or other tonsil, differing usually in no respect from the false membrane of ordinary pharyngeal diphtheria; sometimes they may present special characters, may exhibit a yellowish or reddish tinge, while the tissues beneath are often œdematous and of a livid red colour.

There is early and often even excessive swelling of the glands about the jaw; this forms one of the most serious indications of the malignant character of the disease. Erysipelatous redness of the skin over the swollen parts is not unfrequently met with, giving the impression sometimes even that there must be deep-seated abscess.

There may be extension of the disease to the nares; and when this is the case, the result is almost always fatal.

M. Trousseau insists strongly on the blood-poisoning of this variety. Life is destroyed, not by any local manifestations, but by the effect on the system as a whole. The disease acts as a septic poison. In proof of these tendencies are noted the alteration in the physical characters of the circulating fluid, the extreme proneness to hæmorrhages, waxy pallor of the skin (by no means, however, dependent on mere loss of blood,) and the ultimate termination of the scene by syncope.

A section is devoted to the different situations which may be occupied by the false membrane; and the caution is strongly given by the author, that under no circumstances should the external cuticle be destroyed or removed. If this be done, a fresh nidus is at once afforded to the disease.

Whether, however, the simple or the malignant form be present, the essentials of the disease are the same; the one may generate the other, and the most simple case may give rise to another of the most malignant type.

M. Trousseau has no doubt whatever as to the contagious character of the affection.

A sketch of the paralysis consequent on diphtheria is then given. The paralytic condition may be *severe* or *mild*.

To trace the course of the latter form: the palate curtain is usually the first structure where the loss of muscular power is evident; coming on without warning during convalescence, the velum palati hangs pendent; direct excitation has no effect, nor is any movement induced by depressing the tongue, etc. When the limbs are affected, the sensibility is first interfered with; tingling and formation are the earliest symptoms; subsequently the motor power is found to be more or less at fault. The special senses are occasionally affected.

It would seem that the explanation must so far be found in the disturbance of the nervous system as a whole, consequent on the poisoning of the blood; the condition is therefore parallel to what is sometimes seen after fevers, etc.

TREATMENT. Although there be actual inflammation of the tissues involved, yet neither can the antiphlogistic treatment nor any of its modifications be employed with advantage. If such methods are resorted to, the only effect will be still more to reduce the already debilitated patient.

"Topical medication, despite the opposition with which it daily meets, is *par excellence* the treatment of diphtheria." (P. 404.)

Astringents and caustics have been resorted to from the earliest appearance of the disease.

Alum and tannin are of great value, blown on the throat in powder, or employed in solution. The more ordinary caustics, especially hydrochloric acid, are of essential benefit, applied early in the disease and with sufficient freedom. Should there be indications of commencing laryngeal affection, the local application of solutions of nitrate of silver to the upper part of the larynx, and to its interior even, may be employed.

The *general* treatment must be tonic and reparative. The administration of food will occupy the first place; frequent and liberal supplies. The forms of medicine of most value are quinine and preparations of iron, especially the perchloride and the syrup of the citrate or the tartrate.

Should extension of the disease to the air-passages take place in spite of whatever remedies may have been employed, there yet remains one important resource—*tracheotomy*.

On this point the testimony of M. Trousseau is of essential value. He has performed the operation (p. 414) more than two hundred times with success in more than one-fourth of the whole number of cases.

The operation is described at some length; the necessity of extreme slowness in the various steps is pointed out, and in every stage of the procedure there is a reference to some useful expedient.—*British Med. Journal*.

THE POTASSIO-TARTRATE OF IRON IN RHEUMATISM.

Rheumatism is a disease which, while it usually resists all the ordinary modes of treatment, will sometimes be found to succumb to one not commonly employed and probably little thought of. Dr. Willshire, (see *Lancet* of Jan. 11, 1862) at the Charing Cross Hospital, lately succeeded in successfully treating a case of this description, the pains of which were extremely erratic, by the medicine to which attention is now drawn. The patient was a somewhat pallid girl twenty years of age, her pains attacking various parts of the body. She had had the disease for three years, and had been subjected to various treatments without effect. She was ordered a mixture containing the Potassio-tartrate of iron, which produced a rapid amelioration. The catamenia in this case, it should be observed, were never disturbed. The report of the case concludes, that "in obstinate and suitable cases this excellent preparation of iron should be borne in mind."

THE
British American Journal.

MONTREAL, FEBRUARY, 1862.

THE OPERATION OF THE VACCINATION ACT.

It is a true adage, that corporations have no souls, and that men will do in a corporate capacity things from which their individual honour would instinctively recoil. Now, thanks to the late Hon. P. D. DeBlaquière, who introduced the measure, if there was ever one for which the chief cities of this Province had good reason to be thankful, it was unquestionably the Vaccination Act of last Session; and any one of ordinary intelligence, or who could feel for the distress of others, would have imagined that the councils of the cities specified, would have been but too glad to have put in force the requirements of the Act, under the hope that it would be the means of checking the development and progress of about one of the most loathsome diseases which can afflict humanity. The mere outlay of a few pounds, one would have imagined, would with such an object in view, have been by the councils deemed a matter of little moment, at least, assuredly, that the councils never would have interposed such an objection to the full and free working of the Act. Let us now see how the City Corporation of Montreal has acted in this matter: and when this fell disease has actually overstepped its ordinary operations among the poorer classes of our population, and has invaded the dwellings of our wealthiest and best, it would have been supposed that *a vis a tergo* would have been imparted, which, despite of inclination, would have made it do its duty to the full extent required by the law. But otherwise has been the case. The Corporation has certainly inaugurated the Act, but it only did so, after we had called attention to its dereliction of duty. The Act was passed on the 18th of May, 1861, and states that within three months after the passing of this Act, the council of each such city shall appoint a convenient place in each such ward of such city, for the performance of such vaccination." Now emphatically, if the Act entails upon the Council the "appointment of a convenient place in each ward," the rent of such convenient place is unquestionably implied, but so far from having done this, the corporation have not only appointed no place or places themselves, but have refused to pay the necessary rent for those places which the medical gentlemen elected have been obliged

to obtain, to carry out their purposes; and what is more, have refused even to get the necessary blank forms required by law, printed and distributed, not only to the parties alluded to, but to the profession generally, for the purpose of fully carrying out this Act. Why the corporation should thus endeavour to negative in its operation, one of the most beneficial acts which has ever passed our Legislature, is more than we can, with every effort of our imagination, conceive. Not until enforced upon them did the Corporation of the City of Montreal, act at all, but having taken action, they have done, in a most important matter, as little as they possibly could. Their whole proceeding in the affair speaks but little for their beneficence, and their wish to curtail the ravages of one of the most direst pests of the nineteenth century. But what have the other cities specified in the Act done in the premises? We have not learned that the slightest attention has been paid to the Act by one of them. This fact, if fact it be, coupled with the circumstances previously mentioned, must necessitate some amendments to the Act next Session—because if people will not perform an obvious and entailed duty, unless punished for the non-performance, the sooner the penalty is attached for that non-performance, the better for the communities at large.

THE ILLNESS OF THE LATE PRINCE CONSORT.

The *Lancet* of January 11th states that it "is *officially* informed that the authentic and coherent account of the illness of the late Prince Consort, for which the profession and the public have manifested an anxious desire, will for the *present be withheld*. This is to be regretted on every account. It cannot be said that the public, which had a claim to daily bulletins of the illness during its progress, has none to such a statement as may explain and reconcile the unavoidable imperfection of these documents. The impression produced by the silence, maintained in the presence of public questioning on this subject cannot fail to be painful. It leaves open to various conjectures a matter on which there should be no shadow of *doubt*."

Such is the language of our contemporary, and the fact disclosed is certainly of an extraordinary character. We cannot account for this singular reticence unless it be the effect of express instructions from a high quarter; but what beneficial purpose is to be subserved by it surpasses our comprehension. We will not fail in giving our readers a resumé of the case as soon as possible after its appearance.

MEDICAL OFFICERS FOR CANADA.

Orders have been received at Chatham, directing Inspector-General W. M. Muir, C. B., principal medical officer of the garrison, to proceed forthwith to Canada, to take the medical charge of the troops about to be despatched to that country. A number of the medical officers attached to the Staff at Fort Pitt Hospital have also been placed under orders to proceed to Canada, as well as a portion of the Staff of the Purveyor's Department, together with forty men of the Army Hospital Corps. Amongst the officers named are Dr. J. H. R. Innes, C.B., Deputy-Inspector-General of Hospitals, and principal medical officer at the

camp at Colchester, Staff Assistant-Surgeons Connell, W. A. Mackinnon, Philip Frank, M.D., T. Dolan, Julius Wiles, A. Macintyre, A. Bryson, W. J. Mullen, J. Anderson, E. Armstrong; and Assistant-Surgeon E. L. Hiffernan, 1st Batt. 19th foot. Deputy Inspector-General T. D. Hume, M.D., will succeed Dr. Muir at Chatham.

EDITORIAL SUMMARY.

Cruelty at Hanwell Asylum.—Despite of the extreme care displayed generally in securing the mildest treatment of the unfortunate victims of mental alienation, it is found difficult sometimes to ensure the same on the part of the keepers or domestics of the asylums. A deplorable instance of brutal treatment, attended with death, has lately been disclosed at the Hanwell Asylum, which formed the subject of a coroner's inquest. The unfortunate patient's name was Matthew Geoghegan—the keeper's name, Jones; and it was deposed to that he was accidentally seen by two spectators to kick the poor lunatic three times while lying on the ground; he then beat him on the back with a shovel, and drew him by the legs into the middle of the room. He then mounted on the deceased, and walked backwards and forwards on him. He then took hold of his legs, dragged him to the door-way, and twisted him round by the heels. Jones finally took the unhappy man by the head, knocked it three or four times on the stone floor, and kicked him two or three times on the bottom of his belly. Drs. Begbie and Jephson, the medical officers of the asylum, at the inquest, testified to the existence of most extensive bruises, one especially of a peculiar shape on the abdomen, which exactly fitted the heel of a boot. The unfortunate man was very much paralysed. The bruises gradually subsided, but he was very weak, and never recovered.

To add to the infamy of this outrage, it appears that the patient was "very imbecile and troublesome, but *not violent*." The medical evidence at the inquest could not connect in a direct manner the cause of death, which was pleuropneumonia, with the injuries inflicted by the keeper, so the jury could not bring in a verdict of manslaughter. It is too bad, however, that in one of the most important Lunatic Asylums in England, such brutal practices could obtain, and the perpetrators of them go "unwhipt of justice." The *Lancet*, from which we have abridged the foregoing, very properly observes in its concluding remarks, "It is difficult to conceive that a man capable of such a brutal outrage, could have generally conducted himself to the patients under his care with the humanity which ought to be ensured to them; or to suppose that the first offence publicly proved is also the first committed against, them. The recurrence of such exceptional horrors must stain the character of the Institution at which they occur, and the justly profound impression which such exposures produce, involves in a general censure all the authorities of the asylum. It is said the authority of the medical superintendent over the subordinate officers is unwisely restricted. If this is the case the responsibility for such deplorable events as have recently occurred, must rest elsewhere."

Case of numerous Fractures.—Dr. F. Davidson, of Barking, Essex, reports the following extraordinary case of numerous fractures. The boy fell through the roof of a large ice house, and sustained the following injuries:—Compound comminuted fracture of the right thigh; comminuted fracture of the left thigh; simple fracture of the radius of the left arm; simple fractures of the radius and ulna of the right arm; loss of four upper incisor teeth with portion of the alveolar process; severe contusion of the right eyebrow. The boy survived the accident seven days.

Benefaction to an Hospital.—On leaving Bristol lately, Madame Jenny Lind Goldschmidt, enclosed a cheque for £310 18s. 2d. to the mayor, as proceeds of

a concert which she gave in favour of the Bristol Royal Infirmary and the Bristol General Hospital. Some of our stranger visitors might give a concert also, and act in the same way in favour of the Montreal General Hospital, the funds of which would be materially benefited by an addition of that nature.

Suicides in France.—The average number of suicides each year in France, according to the *Annuaire Encyclopedique*, is 3899, of whom only 482 were females. It is in April, May, June, and July, that they are most frequent; and the age of the greatest number of persons committing them is from 40 to 60. Of the total 2833 are accomplished by strangulation or drowning; 271 by suffocation from the fumes of charcoal; 395 by fire arms; 153 by sharp instruments; 110 by leaping from high places; 98 by poison, and the rest by different means.—(*Lancet.*)

A Medico-legal Puzzle.—The *Medical Gazette and Times* says, that a wretched case has been noticed in the newspapers of a woman servant, in whose box were found the bodies of two infants dried to mummies. As far as concerns the evidence it gives of immorality and consequent infanticide, it is unhappily not worth notice; the point of interest was the impossibility of deciding whether these desiccated infants had been born alive or not."

The dress of the London Police.—Mr. Childs, surgeon of the London City Police Force, after denouncing the present dress worn by that body, as totally unsuited in a hygienic point of view to the necessities of the men, and the hat especially, as "affording no protection in a struggle; liable to fall or be struck off, weighing even when dry 14 oz., and affording no protection to the eyes, face, ears, and neck; causing headache; recommends one shaped like a Greek helmet, and as body dress, a long tunic with means of ventilation at the arm pits, water proof leggings over the trousers, flannel underclothing, and well fitting arched boots instead of those now in use.

The Capture of Nana Sahib.—It appears that Mr Nugent Sullivan, apothecary to the General Hospital at Kurrachee, is the party who captured this infamous and bloodthirsty wretch. The *Bombay Times* says, "that Mr. Sullivan deserves the highest credit for the tact, zeal, and energy he has displayed in the matter; were it not for him the Nana would now have been free, and the bird lost after it had been caged. Should the reward promised by government be granted, Mr. Sullivan, in our opinion, merits the lion's share of it."

The Montyon Prize of 2500 francs.—The Academy of Sciences of Paris, has awarded to Messrs. Lallemand, Perrin, and Duroy, the above prize for their work "on the action of Alcohol and of Anæsthetics on the system." It was the only prize on Medicine and Surgery awarded this year.

Animal Magnetism.—The French lawyers, singular to say, have not decided whether animal magnetism is or is not a humbug. Most of the legal decisions have been given in the negative. On the 12th December last, the *Cour de Cassation* decided that the practice is roguery when the magnetic sleep is simulated. No very great discovery that!

An Interdict.—The Bishop of Poitiers, at the instigation of a pharmaceutical society, has addressed a circular to Messieurs the Directors of the Religious Communities, and to the Curés of his Diocese, in which he recommends them to prevent *les religieuses* from practising pharmacy, medicine or surgery.—(*London Med. Gazette.*)

Nicotine in the Viscera of a Snuff-taker.—Mr. Morin has examined the liver and lungs of a determined snuff-taker, aged 70. The organs cut up into little pieces, or rubbed in a mortar with powdered glass, were brought into contact with distilled water, acidulated by some drops of sulphuric or oxalic acid. After several days, the liquid was filtered through paper devoid of carbonate of lime, and reduced to one-third by ebullition. As it became thus concentrated, flocculi were produced and deposited. Thus reduced it was filtered again, and pure

alcohol was poured on to it that gave rise to other flocculi which were separated by filtration. When the alcohol had been driven off by evaporation, a slight excess of pure potassa was added to the residue. After cooling, this mixture was agitated with sulphuric ether which was decanted after some hours, and evaporated in a pneumatic machine. The residue presented the irritating odour and acrid flavour of nicotine.—(*Dublin Med. Press from Presse Belge.*)

Remarkable case of Ascites.—The *Buffalo Med. and Surg. Journal* states that Professor Peaslee recently performed the operation of tapping on a young lady at Pittston, Pa., and removed 149 pounds and 3 ounces of dropsical fluid (lbs. 149, oz. 3). The abdominal circumference of the patient before the operation was six feet, two inches. This is the same patient from whom the same operator removed 135 pounds (lbs. 135) on the 29th April last. Her circumference was then five feet seven inches.

Homœopathy.—The following is the reply given by a former President of College of Physicians, London, to a homœopath who wished to become a candidate for its license:

“SIR,—The foundation of the Royal College of Physicians, was for the purpose of guaranteeing to the public skilful and safe physicians. The College of Physicians regard the so-called homœopaths as neither skilful nor safe practitioners. Therefore the College cannot, without betraying a sacred trust, give its license to persons whom they regard as wholly unworthy their confidence, and with whom it is not possible they can hold any communion.

“I am, Sir, &c.,
JOHN AYRTON PARIS.”

BIRTHS, MARRIAGES, AND DEATHS.

BIRTHS.

In Ottawa on the 8th instant, the wife of G. Garvey, M.D., of a son.

At Simcoe, on the 24th ultimo, the wife of T. Nichol, M.D., of a daughter.

MARRIAGES.

At Waterloo, at the residence of the bride's father, on the 1st instant, by the Rev. Mr. Young, Mr. Isaac Simpson, of Kingston, to Annie Detlor, only daughter of Dr. Wm. Beamish, of Waterloo.

On the 9th instant at her mother's residence, 28 Richmond street East, Toronto, by the Rt. Rev. Dr. Lynch, Bishop of Toronto, assisted by the Rev. J. Shea, W. J. Winer, M.D., of Chicago, to Helen Mary, second daughter of the late Dr. King, of Toronto.

At St. Pierre les Becquets, on the 15th instant, by the Rev. Mr. Faucher, Rector of Lotbinière, Louis Gravel, M.D., to Marie Hortense Héloïse Lavault, only daughter of the late Joseph Lavault, Esq., Physician of Malbaie, county of Charlevoix.

At Ottawa city, on the fourth of February, by the Rev. D. Dandurand, Vicar General of Ottawa, E. R. E. Riel, M.D., to Rosalie, daughter of the late Narcisse Paul, Esq., of that city.

On the 22nd ultimo, by the Rev. W. McGill, Mr. Walter Percival to Sarah D., second daughter of Dr. W. Howey, of Oxford.

On the 5th instant, by the Rev. S. F. Ramsay, M.A., at St. Paul's Church, Newmarket, Robert Ramsay, M.D., of Brownsville, to Maria, daughter of the late Mr. James Gamble, of Yonge-street.

DEATHS.

At Waterloo, C. E., on the 1st instant, J. Clinton, only son of the late J. C. Butler, aged 6 months and 10 days.

In Edinburgh, on the 31st December, aged 71 years, Andrew Fyfe, M.D., Professor of Chemistry in the University of Aberdeen.

At his house, at Bayswater, London, on the 20th ult., Dr. O'Beirne, so long, widely and favourably known as Surgeon to Jervis Street Hospital and the author of some important works in Surgery.

On the 27th January, at Welland, A. J. Burns, M.D., eldest son of the late John Burns, aged 30 years.

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT MONTREAL IN JANUARY, 1862.

By Archibald Hall, M.D.

Day.	DAILY MEANS OF THE							THERMOMETER.		WIND.		RAIN AND SNOW.			GENERAL OBSERVATIONS.
	Barometer corrected and reduced to F. 32°	Temperature of the Air.	Dew Point.	Relative Humidity.	Ozone.	CLOUDS.		Maximum read at 9 P.M.	Minimum read at 7 A.M.	Its general Direction and Force from 9 O'Clock to 10 Violent Hurricane.	Rain in 24 hrs read at 10 A.M.	Snow in 24 hrs read at 10 A.M.	Total rain and melted snow.		
						Amount.	General description.								
1	30.213	22.6	19.4	.89	0.10	0.10		43.2	13.8	S.S.W.	0.10				
2	30.918	4.4	4.1	.73	4.5	0.0	Nimb.	15.0	1.5	W.		3.25	0.28		
3	30.110	3.0	11.8	.64	2.5	0.0	00	2.0	9.9	W.					
4	30.007	4.6	12.1	.64	2.0	0.0	00	2.2	11.7	W.					
5	30.123	2.4	12.1	.65	2.0	0.0	00	4.4	9.5	W.S.W.					
6	30.918	2.9	4.0	.75	3.5	10.0	Cu. St.	9.0	10.0	N.					
7	30.161	16.1	6.6	.69	3.5	3.3	Nimb.	20.9	3.8	W.		0.75	0.04	First crossing at Longueuil. Road made to St. Helen's. Lunar Corona.	
8	30.241	20.3	12.4	.70	4.5	6.6	Cu. St.	26.0	6.9	S.E.	1.6			Heavy gale.	
9	30.902	35.1	30.9	.85	9.5	10.0	Cu. St.	35.5	34.0	S.W.	1.0	0.33	0.03	First crossing to St. Lamb't	
10	30.630	26.4	19.5	.76	10.0	10.0	Cu. St.	37.0	19.5	N.	2.6			Slighs cross'd to St Lamb't	
11	30.174	0.7	9.0	.70	8.0	4.3	Cir. St.	19.0	4.5	N.N.E.	2.6	0.10	0.10		
12	30.501	11.1	7.5	.81	9.5	10.0	Nimb.	20.9	0.0	N.N.W.	2.6		1.25	0.17	
13	30.288	0.3	6.1	.68	3.5	0.3	Strat.	22.5	4.9	W.	2.6		4.50	0.35	Aurora with streamers.
14	30.673	1.7	3.9	.73	2.9	0.0	Foggy.	11.4	10.4	S.S.W.	1.0				Hazy day. Lunar Halo.
15	30.859	11.1	6.6	.85	9.5	10.0	Nimb.	21.2	2.3	E.N.E.	1.3		1.00	0.14	
16	30.078	13.4	7.7	.65	5.5	2.6	Cu.	25.9	2.9	W.	3.3		9.75	1.00	
17	30.373	18.7	11.2	.72	6.5	7.6	Cu. St.	25.7	1.3	S.	1.0				
18	30.181	17.5	13.0	.83	10.0	10.0	Nimb.	20.5	12.0	N.	1.0		1.25	0.16	
19	30.967	16.3	12.0	.83	10.0	10.0	Nimb.	20.5	7.3	N.	2.3		1.75	0.19	Lunar Halo.
20	30.873	20.7	18.7	.83	10.0	10.0	Nimb.	22.9	17.4	N.N.E.	2.6		2.25	0.24	
21	30.195	15.5	6.3	.67	5.5	1.3	Cu. St.	21.0	11.8	N.	1.3		5.75	0.49	Auroral light.
22	30.109	15.6	11.8	.89	10.0	10.0	Nimb.	19.9	5.0	N.	1.6		Inap.	Inap.	
23	30.065	28.1	22.5	.79	7.5	7.6	Cu. St.	32.3	18.4	W.	1.0		1.00	0.04	
24	30.257	13.2	4.2	.70	4.5	1.6	Strat.	31.9	6.5	N.N.E.	1.0				
25	30.779	20.2	17.9	.90	10.0	10.0	Nimb.	21.4	8.5	N.N.E.	4.0		0.75	0.10	Heavy storm continued.
26	30.706	22.7	19.2	.82	7.5	6.6	Nimb.	41.2	18.8	W.	3.3		12.50	1.32	Snow storm continued.
27	30.348	11.9	2.3	.69	4.6	3.3	Cu. St.	19.4	7.5	W.N.W.	1.3		0.50	0.02	Hazy day.
28	30.401	2.2	3.3	.61	3.5	0.0	00	8.0	6.5	W.N.W.	1.0				Fine rain with fine hail.
29	30.882	14.6	12.9	.91	9.0	10.0	Nimb.	22.5	1.8	N.	1.0		Inap.	Inap.	
30	30.997	23.3	17.5	.79	7.5	10.0	Cu. St.	30.2	17.2	W.	1.0		Inap.	Inap.	Hazy morning.
31	30.389	14.8	5.7	.67	5.0	0.0	00	27.2	9.5	N.W.	0.6				
S's															
M's	30.362	13.30	6.97	.75				23.01	4.46			0.10	46.58	4.87	

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT TORONTO IN JANUARY, 1862.

Compiled from the Records of the Magnetic Observatory.

Day.	DAILY MEANS OF THE							THERMOMETER.		WIND.		RAIN AND SNOW			GENERAL REMARKS.
	Barometer reduced to 32° Fahr.	Temperature of the Air.	Relative Humidity.	Amount of Cloudiness.	Max in read at 6 A.M. of next day.	Min in read at 2 P.M. of same day.	Dew Point at 3 P.M.	General Direction.	Mean Velocity in Miles per hour.	Rain.	Snow.	Total rain and melted Snow.	Ozone in 24 hours ending 6 A.M. of next day.		
1	29.2435	30.67	70	0-10	44.5	32.0	21.0	N.	70	W.	26.31	Inap.	0.1	Inch.	
2	9193	12.45	69	1	19.0	13.9	5.0	N.	31	W.	14.50				Very stormy day. Ft. Auro.
3	9055	2.42	73	7	8.2	2.6	1.5	N.	3	E.	8.87				Auroral arch and streamers.
4	7893	6.25	63	2	11.0	1.2	1.0	N.	5	W.	4.30				
5	Sun day				19.8	0.5		N.	56	E.	7.15		1.0	1.00	
6	4710	17.32	85	8	21.8	11.0	12.5	N.	9	E.	4.93		0.3	0.30	Faint Aurora.
7	9405	22.60	78	4	30.2	13.2	14.0	S.	75	W.	3.82				
8	7447	30.20	84	10	28.0	17.1	25.5	S.	7	W.	7.77		0.5	0.50	
9	6257	35.32	85	10	37.0	29.0	30.5	S.	36	W.	4.18	.018		.013	
10	4088	34.10	76	7	43.2	34.5	34.0	S.	68	W.	15.23	.064		.064	
11	5830	15.85	87	10	27.5	13.0	17.5	S.	85	W.	9.10		3.0	.300	
12	Sun day				32.4	15.2		S.	78	W.	12.40	.070		.070	
13	30.0650	4.35	78	5	7.1	1.5	4.5	N.	20	W.	8.40		4.0	4.00	
14	30.1513	12.00	76	6	23.8	2.0	6.0	N.	83	E.	9.23		4.0	4.00	Lunar Halo.
15	29.3293	27.60	90	10	32.7	12.2	24.0	S.	64	W.	14.91		2.5	2.50	
16	9358	14.12	71	2	20.0	15.2	9.0	N.	87	W.	10.65				Lunar Halo.
17	9737	18.78	87	10	24.0	2.6	17.0	N.	13	E.	5.20		1.5	.150	
18	6803	24.43	91	10	26.2	20.5	20.5	N.	50	E.	6.82		3.0	.300	
19	Sun day				26.2	19.5		N.	42	E.	6.60		1.5	.150	
20	5662	22.37	80	7	27.4	19.7	20.0	N.	8	E.	8.04		0.5	.050	
21	7268	23.83	85	10	28.6	15.0	20.0	N.	55	E.	8.23		0.5	.050	
22	6872	28.87	87	10	32.6	23.7	25.0	N.	79	W.	2.90		0.2	.020	
23	7700	28.27	86	7	32.0	25.0	24.0	N.	63	E.	2.02		0.1	.010	
24	7188	29.35	83	10	31.5	26.3	23.5	N.	84	E.	10.34		1.5	.150	
25	3307	27.80	81	10	32.0	22.0	26.0	N.	86	E.	10.15		5.0	.500	
26	Sun day				25.8	23.0		N.	84	W.	13.01				
27	30.1358	16.37	85	4	27.2	5.0	16.0	N.	66	E.	3.46				
28	30.7480	24.00	91	10	29.2	15.4	18.5	N.	84	E.	14.17	Inap.	2.0	.200	Solar Halo.
29	5027	32.23	84	9	36.0	19.0	34.0	N.	57	W.	3.93				
30	7567	23.33	76	5	29.8	20.3	21.0	N.	5	W.	7.65		Inap.	Inap.	Faint Aurora.
31	9072	21.30	82	5	30.2	9.0	16.0	S.	76	E.	7.78				
S's															
M's	29.7274	21.71	81	7	27.58	15.23	17.97	N.	20	W.	8.78	0.147	27.2	2.867	