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ART. XV.—*Additional Remarks on the Endemic Fever of Upper Canada.* By JOHN JARRON, Surgeon, Dunnville.

(Continued from page 150.)

Until the last three years, I have not found bowel complaints in adults to be of frequent occurrence in our malarious districts. A bilious flux would now and then show itself, and be attributed to cold, or irregularity in diet; and, if severe and continued, feverish symptoms would be manifested.

At other times, during a course of fever, the bowels would become relaxed; the stools, though frequent, and attended with more or less of tormina and tenesmus, would still be feculent; neither inflammatory symptoms nor dysenteric discharges would show themselves, and the affection would readily yield to proper treatment. I have only seen a few cases running on and assuming the appearance of inflammatory dysentery.

During the last three years, such complaints have become much more frequent and various in their aspect. They have usually put on the appearance of diarrhœa or bilious flux, the discharges from the bowels being feculent, but varying in character and color: a little blood and mucus would occasionally pass, but dysenteric discharges and inflammatory symptoms have been rare. Cold chills and irregular feverish paroxysms are usually present, and the prostration of strength is well marked and much complained of. The features will shrink, with dark rings round the hollow eyes; a soft weak pulse, partial perspiration, and other appearances of chill fever are also common; indeed, this va-

riety of fever is more likely than any other to be accompanied with bowel complaints.

Now and then the tenesmus will become excessive, and the discharges of a small quantity of bloody slime almost incessant. A strict investigation will show that these discharges are the effects of disease or irritation in the rectum and lower part of the colon; there will be little pain or tenderness in the abdomen; the usual dysenteric discharges will seldom appear, and when fœces do pass, they will generally resemble the unhealthy secretions in cases of fever.

Cramps in the abdominal muscles and in those of the extremities are common to all severe bowel complaints.

During the prevalence of an epidemic cholera, even in localities where that disease does not itself appear, diarrhœas of all kinds are frequent, and the loose feculent discharges show a tendency to assume a light color, being watery and deprived of the bile, and approaching more or less to the rice-water discharges of cholera. Such attacks are usually attended by sickness at the stomach, and more or less of vomiting. The discharges, both from the stomach and the bowels take place without tenesmus, or even much pain. There is always a peculiar sense of uneasiness in the abdomen, but tenderness on pressure, or tenesmus are rarely present. The general depression and tendency to sinking are well marked, and frequently pass into a species of collapse, with other symptoms approaching very nearly to a state of epidemic or Asiatic cholera.

The connection of epidemic cholera and choleroïd diarrhœa with common fever, or rather the identity of the affections, I

have previously endeavored to point out; and the following letter from Dr McPherson of Caledonia will further illustrate a view of disease that is daily brought more prominently before the profession by some of the writers on cholera:—

Caledonia, 1st July, 1851.

My Dear Jarron,—I regret very much not having kept notes of the cases of which you requested me to furnish the history, as they would have corroborated, in most essential particulars, the views entertained by you on the subject of cholera, as it occurred in this neighborhood.

You must, therefore, be content with such information as I can furnish from memory.

I have read your paper on the Endemic Fever of Canada, and can bear testimony to the faithful description of disease contained in it; and with which, as described by you, I have had a long practical acquaintance, and which, let me add, I have for the first time seen in print.

During the month of July, 1849, diarrhœa and dysentery prevailed to a greater extent than usual at that early period of the season. Fever also made its appearance there three weeks earlier than usual, and, in most cases with an amount of prostration, that in several instances approached near to a perfect state of collapse, and required the most energetic treatment to rouse the patients.

This state of prostration was not confined to the cases of fever, but was common to those attacked with diarrhœa and dysentery; and these affections were almost invariably accompanied with fever of an intermittent type; the period of prostration occurring during the intermission, and which in some cases of children proved rapidly fatal.

I may remark, that most of these cases occurred in the immediate neighbourhood of an artificial swamp, fed by a mill dam, which lays under water some eight hundred acres of land.

The first case of cholera that I met with was in this tract. It proved rapidly fatal, and the history of this family will illustrate what occurred elsewhere in the neighbourhood.

This family consisted of a recently arrived immigrant, his wife and child; their employer, his wife and child. The immigrant was the sufferer by cholera before alluded to, and his case terminated fatally in a few hours. His child had diarrhœa for ten days previous to his death, and this terminated fatally three days after that event. His wife had a severe attack of remittent fever during the month of August, from which she recovered.

The employer had diarrhœa, followed by ague. His wife was attacked on the 1st of August, under which she rapidly sank, not having had any previous diarrhœa, but was just recovered from ague, and very weak at the time she was attacked with cholera. Her child was attacked about the same time with dysentery, accompanied with fever of a well marked intermittent type, of which it died about ten days after.

From about the 1st of July till the cold weather set in, late in October, bowel complaints were more than commonly prevalent, and most of the cases that came under my notice were attended with characteristic prostration and fever, the prostration usually corresponding with the period of intermission.

I may further remark, that I had observed the same symptoms in former seasons, and have for many years treated these cases of bowel complaints, under the impression that they had their origin in the same cause which produced our common endemic fever.

Truly yours

WM. MCPHERSON.

Dr. Jarron, Dunville.

In the treatment of bowel complaints, we will find the benefit of attending to their exciting cause, as well as to their

immediate symptoms. We must also bear in mind that the intestinal canal differs materially in its functions from the other organs of the body possessed of mucous linings, and throwing out a secretion to defend them from the injurious effects of substances brought in contact with their surfaces.

In the intestinal canal we have the secretion, but we have also a process of digestion going on there at the same time, by which a constant change in the ingesta is effected, and those discharges produced, that leave the body as egesta.

Bowel complaints, in the first instance, are the disordered state of this function, by which the egesta are thrown out, altered in consistency and appearance, and in larger quantities than in a state of health. This is altogether different from common inflammation of the mucous membranes, by which their natural secretions become altered, often purulent, and from which ulceration may proceed. This state is often to be found in the bowels with little or none of the functional derangement; and the functional derangement may exist to a considerable extent without this state of inflammation being present, or at all events, without any of the symptoms by which it is usually recognised; in evidence of which we would refer to the Penitentiary disease, and the effects of cholera and choleroïd diarrhœa.

With digestion is also connected the proper formation and discharge of bile; indeed, this is a part of the process, and must be included in any terms implying the healthy discharge of the functions of the alimentary canal.

In diarrhœa arising from direct irritation applied to the bowels, we find a few drops of laudanum or a dose of any common aperient sufficient to carry it off; but when it arises from a general cause, it will be more severe, and require more decided treatment.

A succession of purgatives, followed by opium and astringents is usually had recourse to, but such a course will seldom put a stop to those complaints attended with diseased secretions so common in malarious districts. Sudorifics, fomentations, injections of opium, and astringents are recommended, and may be exceedingly useful to relieve symptoms, being in fact more palliatives, than remedies calculated to cure the disease. Bleeding, and indeed the strictest antiphlogistic regimen, are also recommended, and often become absolutely necessary, but not so much to relieve the discharges, as to subdue local inflammation with which they may be joined.

There is nothing connected with increased discharges from the bowels to prohibit the free use of the lancet; but it must be indicated by the particular state of each case, and those symptoms denoting inflammation, particularly the state of the pulse and skin, and presence of fixed pain and tenderness on pressure over the abdomen.

The effect of mercury in correcting any depraved state of the biliary and intestinal secretions, and in subduing inflammation, is admitted by all, and even the most adverse to it as a general remedy, look on it as a last resort in those diseases, but only to be used when others have failed.

The dire effects of mercury in this class of diseases are entirely imaginary. We have sufficient testimony and experience of the safety of its use in their first stages, with scarcely a reason to justify delay; indeed the modern treatment of bowel complaints in a great measure consists in regulating the dose, and mode of exhibiting this medicine, and to which we will allude when speaking of the use of calomel in fevers.

Dunnville, 8th July, 1851.

ART. XVI.—ABSTRACT OF THERMOMETRICAL OBSERVATIONS TAKEN AT BRANTFORD, C. W., BY MISS McDOUGALL.

MONTHS.	1836.			1837.			1838.			1839.			1840.			1841.			1842.			1843.			1844.		
	Max.	Min.	Mean.	Max.	Min.	Mean.	Max.	Min.	Mean.	Max.	Min.	Mean.	Max.	Min.	Mean.	Max.	Min.	Mean.	Max.	Min.	Mean.	Max.	Min.	Mean.	Max.	Min.	Mean.
January.....	48	-5	20	58	-1	30	53	-10	27	42	-22	19	27	46	-7	27	53	8	30	53	54	5	30	47	-4	23	
February.....	49	-7	27	41	-6	10	49	3	30	58	-2	32	27	46	-8	27	55	10	31	40	40	-5	20	48	3	30	
March.....	60	-5	33	69	4	41	62	5	36	62	20	38	34	65	1	34	64	26	43	48	48	-2	26	55	16	36	
April.....	82	24	47	65	25	41	90	40	58	88	31	56	46	82	29	46	84	30	50	75	75	17	50	87	21	64	
May.....	90	31	61	85	36	57	89	41	62	93	42	68	61	89	32	61	82	41	60	83	83	38	60	88	41	65	
June.....	95	51	73	95	51	77	94	52	69	94	53	72	77	97	58	77	89	44	68	96	96	47	72	90	58	73	
July.....	95	59	77	99	64	83	99	64	79	98	64	80	78	99	60	78	99	58	77	99	99	63	79	94	59	77	
August.....	87	50	72	93	60	78	95	58	74	93	63	76	76	95	62	76	99	55	75	94	94	63	78	91	60	74	
September.....	79	44	62	86	49	67	85	38	63	81	51	63	68	90	44	68	88	37	51	94	94	39	67	89	40	64	
October.....	68	26	48	80	29	48	82	31	56	85	31	51	46	80	24	46	71	31	50	74	74	28	47	72	21	46	
November.....	64	15	40	63	16	41	55	8	37	65	23	39	38	72	12	38	59	4	35	51	51	19	35	57	19	38	
December.....	47	-4	26	42	-4	22	45	4	30	43	8	26	31	49	9	31	47	11	27	42	42	10	33	49	5	29	

The Observations were made at 8 a.m., 12 noon, and 6 p.m., except from the middle of October to the middle of March the afternoon Observation was made at 5 p.m. instead of 6 p.m.

ART. XVII.—*Tracks of a Chelonian Reptile in the Lower Silurian formation, at Beauharnois.* By ROBERT ABRAHAM.

LOWER SILURIAN REPTILE IN CANADA.

(From *Lyell's Anniv. Address before the Geol. Soc. of London, Feb., 1851, p. 59.*)

I have not alluded in this Address to the recent discovery of the track of a quadruped imprinted on a lower silurian sandstone in North America. We are indebted to Mr. Logan, now at the head of the Government Survey in Canada, for having carefully determined the position of the rock containing it. The locality is the village of Beauharnois, on the south side of the St. Lawrence, twenty miles above Montreal. The rock, a fine-grained whitish sandstone, quarried for building, belongs to the group called the Potsdam sandstone by the New York surveyors, and lies at the base of the whole fossiliferous series of North America. The markings were first pointed out to Mr. Logan by Mr. Abraham, editor of the Montreal Gazette, who appreciated their geological importance. Assuming the Chelonian origin of these foot-prints, they constitute the earliest indication of reptile-life yet known, and are not only anterior to the most ancient memorials of fish hitherto detected, but agree in date with the first known signs of well-defined organic bodies, such as *Lingulæ*, met with in the same rock. Professor Owen, of the College of Surgeons, has examined a slab of the sandstone, on the upper surface of which the foot-prints are impressed, together with a plaster cast of the remainder of the continuous trail, in all 12½ feet long, brought to London by Mr. Logan; and the Hunterian Professor has had the kindness to communicate to me the following description.

“The impressions are more numerous in regular succession than any that have been previously discovered; so that the evidence of their having been made by successive steps, afforded by this succession of corresponding prints at regular intervals, is the strongest we possess. They are in pairs, and the pairs extend in two parallel linear series with a groove midway between the two series. The outer impression of each pair is the largest, and it is a little behind the inner one. Both are short and broad, with feeble indications of divisions at their fore part. They suc-

ceed each other at intervals much shorter than that between the right and left pair.

“The median groove is well defined and slopes down more steeply at its sides than towards the bottom, at some parts of the track. I conclude from these characters that the animal which left the track was a quadruped, with the hind-feet larger and wider apart than the fore-feet; with both hind and fore-feet very short, or impeded by some other part of the animal's structure from making any but short steps; that the fore and hind limbs were near each other, but that the limbs of the right and those of the left side were wide apart: consequently, that the animal had a short but broad trunk, supported on limbs either short or capable only of short steps; and that its feet were rounded and stumpy, without long claws.

“As to the median impression, that may be due either to a thick heavy tail, or to the under surface of the trunk, dragged along the ground. The shape of the body and the nature of the limbs, indicated by the above-described characters of the steps, accord best with those of the land or freshwater tortoises, and the median groove might have been scooped out by the hard surface of a prominent plastron.

“The disproportion in the size of the fore and hind-feet is such as we find in some existing Terrapines, e. g., the *Emys geographica*.”—*American Journal Science and Arts, July 1851.*

REMARKS, BY ROBERT ABRAHAM.

As this discovery has attracted much attention in the scientific world, and will have even more importance attached to it, when European Geologists are fully satisfied of the age of the rock in which the traces are found, a brief account of the circumstances which led to it, may not be uninteresting.

About four years ago, when on the road to Beauharnois, I met Mr. Macmaster, of the Seignior Mill of that village, who asked me some general questions of a geological nature, and then told me that in the quarries above him, there were the tracks visible of a common mud-turtle or terrapin, which exists abundantly in our waters at the present day, and with whose tracks the people there are quite familiar. I told him that it was impossible,

that no animal of that organization existed, or could exist, at the time those rocks were deposited. He persisted, and on landing from the steamboat, Col. Brown and Mr. Norval confirmed his statement. I had never seen the tracks of a mud-turtle myself, but they, who are familiar with them, assured me there was no doubt of the fact. We accordingly went up to the quarry, when I wondered, and was convinced. Doubt there could be none, that there was the path of a quadruped of some sort or other, and the evidence of a whole parish that the tracks were precisely those which the mud-turtle leaves at the present day, was conclusive, particularly as the witnesses were biassed by no theories, nor were aware there was anything more wonderful than in any ordinary fossil.

Mr. Logan was at that time from home, I think surveying the basins on the New Brunswick frontier. I published an account of the discovery in the *Montreal Gazette*, described the tracks, and pointed out its important relation to cosmogony, and particularly the complete contradiction it gave to the then fashionable theory of the "vestiges of creation," and its value generally as correcting paleontology. At that time I was under the impression, as I think most observers used to the stratification of the North of England would have been, that the rock was the lowest member of the old red sandstone series, immediately overlying the "mountain limestone." Bold and rash as I knew it was, I did not hesitate to express my opinion that the track really was that of a tortoise.

When Mr. Logan returned, towards the close of the autumn, he saw my paper, and though he had no doubt that the traces were those of an undescribed animal, he could not believe they were those of a Chelonian reptile, the first date of the existence of which has always been considered to be in the later secondary and

earlier tertiary strata. And, moreover, he told me that the rock was even older than I had supposed; that it did not lie over the limestone, but under it; and was one of the very oldest, if not the oldest, of the sedimentary rocks—belonging, not to the carboniferous, but to the lower Silurian system. The track might, he thought, possibly be of a gigantic centipede or millepede; though that would be a very extraordinary inhabitant, at an era when the earth had shewn no traces of life beyond the simplest forms of zoophyte organization, and those very sparingly. I made a rude drawing, to shew that the steps were those of a tri-dactyle quadruped. To this he objected, that any idle boy might have made a series of marks with a pickaxe, to produce the effect delineated. I answered that it was possible to do, what of neither act nor motion was there any evidence, to produce something like the footmarks; but that no human skill could produce the median trail with raised edges, whether due to a tail or to the convexity of a breastplate, dragged through mud; that there were twelve or thirteen feet of a stratum of rock, about fifteen inches thick, under which on one side the trail entered, and on the other came out, and that by the kindness of the gentlemen of the Seigniory, it would be undisturbed until he could satisfy himself that it had not been stirred since the era of creation, when it was first deposited.

In all this Mr. Logan acted according to the strictest rules of philosophical induction. In relation to exceptional phenomena, the rule of judging is to disbelieve every thing until proved; to suspect every thing of the error or weakness, and, it may be, in some cases, the fraud, of the informant; and, the greater the wonder, to be the more suspicious and rigid. If this rule were more followed, we should hear much less of miracles and mysteries; of winking Madonnas, and sanguiferous

stigmata, of biological pantomime, Mormon revelations, and Rochester rappings, of Mesmeric clairvoyances, Perkin's tractors, galvanic rings, electric beds, which make childless couples fruitful. It is fatal to the whole brood of fraud and delusion.

But Mr. Logan, no more than myself, was the man to ignore a fact supported by respectable *prima facie* testimony, because it ran counter to a theory, however venerable, and of however wide acceptance; for it was considered a settled thing among geologists that the transition rocks were very far anterior to the creation of the encephaloid animals. He accordingly arranged with me to go and look at the rock. Circumstances prevented his doing so that year. The next year we were interrupted by a premature and heavy fall of snow. On the third year he went with me, and wondered, as I had wondered before. The portions exposed had suffered much from the action of the frost and sun, but there was quite enough unexposed, to be quarried out, fresh and perfect. Mr. Logan took the opportunity of the great Exhibition, to lay casts and specimens before the Geological Society of London. In several quarters the discovery has been attributed to himself, but that is no fault of his. With the friendliest zeal, and a candor characteristic of the love of truth, he placed my original article in the hands of the Society, and Sir Charles Lyell has distinctly stated the material point, that I was aware of the importance of the discovery.

That the tracks are those of a chelonian reptile, land or water, fresh water or salt, turtle or tortoise, is now universally admitted; and the fact is fully confirmed by Professor Owen, the greatest living authority in such matters. However vaguely we are yet diving for the chronology of geology, there is no science so certain, short of the exact sciences, as that of comparative anatomy. What is now doubted by the geologists of Europe is, that the

rock is of so great age as is supposed, and that it really does lie at the base of the whole fossiliferous system of this continent. This, however, is doubted by no one here, nor does it appear to be doubted by Sir Charles Lyell himself, who is well acquainted with the geological structure of this continent. But it is not surprising that, with those who are not, there should be some philosophic incredulity that such an animal existed at so very early a period, which was always supposed to have borne none but the faintest and fewest traces of organic life of the lowest type.

To the description of Professor Owen I have nothing to add, except that the tracks indicate that the animal must have been from five to seven inches broad, the difference depending on how the feet stood in respect to the body. The median line or *sulcus*, I am still inclined to attribute to the impression of a tail, though I believe the general opinion is, that it is due to a breastplate, which seems Professor Owen's. The depth shews that the animal must have been heavy. I saw three impressions, including the one preserved; but Mr. Hunt, Chemist to the Geological establishment, has since been to the spot, and has found many more, including one striking phenomenon, where the foot of the creature has struck against a wave-marked ripple on what was then the sand. Mr. Logan has just informed me that many more have been detected. Strange, as it may seem, that such a fact should have escaped all previous observation, it is now clear and demonstrable, that even when the lower strata of that rock, which is a very thick one and must have taken a vast time to deposit, were the shores of an ocean, whether fresh water or salt, those shores were literally peopled by quadrupedal inhabitants.

The place where these remains were first detected is a very pretty and very picturesque one. There has anciently been a channel of the St. Lawrence from above



the Cascades down to the village of Beauharnois, where the rock suddenly breaks down, forming a succession of rapids, into the head of Lake St. Louis, there rejoining the main stream. This channel has long been unoccupied except as the conduit of a small brook which drains it; but it is still so near the level of the river, that any quantity of water desired may be sent down it, at pleasure, from the head of the rapids above. Commercially, it is the finest and most manageable water power I know of.

The rock itself is a whitish sandstone. In my opinion, though I believe I am peculiar in it, the formation being considered wholly Neptunian, it has been altered by the action of fire. I draw this conclusion from its flinty fracture, its rhomboidal cleavage, its great compactness and want of grain, indicating, at least, semi-fusion. It is called the Potsdam Sandstone, from its being first recognised and described at that locality of the State of New York, where it is supposed to underlie the whole carboniferous system. In Canada it is the uppermost denuded rock over a very extensive tract. It supports the whole counties of Beauharnois and Vaudreuil, where it is merely covered by fluviatile or lacustrine deposits. It forms, on the Peninsula of the junction of the Ottawa and the St. Lawrence, in which the latter county lies, the floor of the magnificent rapids of the Cascades on one side, and of the Blondeau on the other. At Rigaud, to the west, it is upheaved into a mountain, and there it is turned to economical use in the manufacture of a very pure and beautiful glass. To the south it dips down under the coal-fields; to the north, at Carillon, the lime stone is superimposed, and I have not traced it further, but I suppose it will be thrown up by the trap rocks further north still, and assume a metamorphic character.

It is difficult to give persons who have not studied the earth's crust, and more

particularly those who take the literal and vulgar interpretation of Genesis and accept Usher's chronology as gospel, any idea of the relative age of its different portions. Geologists do not pretend to reckon by years, any more than historians of human events reckon by seconds. They reckon by series and classes, which are, in cosmogony, what the rise and fall of great empires, and the succession of dynasties, are in the modern world. Sir Charles Lyell merely offers his estimate that it has taken from twenty to thirty thousand years to accomplish two of the most remarkable phenomena on the newest and extant surface of the earth, the deposition of the Delta of the Mississippi, and the recession of the Niagara from Lewiston, as a plausible conjecture. To take that as a basis, the difference between the time of the existence of that animal and that of the next oldest warm-blooded quadruped, like the distance of a fixed star, could not be expressed in figures which would convey a definite idea. The latest animal of the kind whose existence has been noted is, I believe, the gigantic Batrachian, whose footsteps, some few years back, Mr. Cunningham discovered in the quarries at Stourton. But the distance between the upper series of the new red Sandstone and the lowest member of the Silurian groupe, is so vast as to be incomprehensible in respect to time. The distance is, chronologically, from any thing of the kind yet recorded, as is, astronomically, that of a fixed star, whose parallax is not appreciable, from a basis so wide as the diameter of the whole earth's orbit.

Whether this fossil belongs to the Carboniferous or the Silurian period, though a curious question, is in its leading particulars of very little importance, except fresh links should be discovered in the chain of animation. In either case, whether it be Abyssic or Hemylyisian, its distance from any landmark previously

recognised is so remote as to make calculation of time impossible or indifferent, and to prove in particular four things:—

First, that the cooling down of the earth's crust is much more ancient than is generally supposed, and that between the fusion of the igneous or Plutonic rocks and the deposition of the sedimentary or Neptunian, fire the agent of one, and water of the other, a long interval must have taken place; otherwise, no such creature as this could have lived.

Secondly, that there has been a distinct creation, never before recognized, compared with which the pre-Adamite Mastodon, and other gigantic mammalia, are creations of yesterday, and even the Lizards and Dragons of the Upper sediment are quite modern. If human things can furnish an illustration, I should say that those compared with it are as the antiquity of the Crystal palace, to that of the Pyramid attributed to Cheops, the date and use of which are now as mysterious, as they were in the days of the Father of History.

Thirdly,—It proves that, at a period when it was not supposed the earth was not habitable by respiring animals, it was so, and that it was not necessary to sustain life of their order, that the carbon of the atmosphere should be fixed by the conversion of aqueous weeds into coal-fields, which has been a favorite theory.

Fourthly,—It utterly and totally demolishes, as I pointed out at the time, the theory which had gained great acceptance among those who know nothing but the surface of science, in substance this, that there was a distinct tendency in animated nature, called "progressive development," to produce, in regular order of chronology, types approaching nearer and nearer to the highest, of which our own is yet the highest type of which we have physical evidence. To this was added, in astronomy, the "nebular hypothesis," namely, that the stars, and, by inference,

the planets, were concretions of asteroid matter, and that this was constantly going on, nebulae condensing into stars, and each globe developing itself into animated life. In all this there was nothing new, excepting the illustrations. It is an old doctrine. Its tendency is to substitute materialism or "law of nature," for a great first cause; or, at all events, to abnegate the constant and discretionary interference of the creative energy of the Maker of all things.

Sir R. I. Murchison proved to all who could understand proof, when the book first came out, that the theory, which is the *nisus conativus* of the ancients, and was revived in the middle of the last century by Robinet, is false; for he showed that, in the upper Silurian group, there were true fishes, which are animals of a much higher organisation than any found in rocks much more recent. But here is an animal of a much higher type still, existing at a period of the world much more ancient. Between this period and the period of all previously known Chelonians, the gap is so immense as to be unimaginable.

In any European museum, this stone, which is beyond all comparison the oldest existing record of the creation of animals approaching ourselves in character, that is, having four limbs, a brain, lungs, a heart, the senses, locomotion, and vital warmth, would be placed in the most prominent position. At present it may be explored by the light of a candle in a dusty cellar in the Geological Museum in Little Saint James Street. This is no fault of the Curators. The ground floor is occupied, and if it were possible to get it up stairs, there is no space to spare for it, or, indeed, adequate support for so large a block. I hope the honorable interest which all parties have taken in the furtherance of Geological exploration in this Province, will shortly provide a better receptacle for the mag-

nificent collection due to the science and industry of its distinguished servants.

Montreal, Aug. 25, 1851.

ART. XVIII.—*Surgical Anatomy*. By JOSEPH MACLISE, Surgeon. With Colored Plates. Parts 1, 2, 3 and 4. Philadelphia: Lea & Blanchard. 1851. Price Two Dollars each Part.

In terms of the Preface, the object of this work is to present to the student of medicine, and the practitioner removed from the school, a series of dissections demonstrative of the relative anatomy of the principal regions of the human body. The four parts now published were originally expected to complete the work, but the increased number of plates renders a fifth part necessary, which will be shortly issued. The four published parts contain sixty-two plates, and laying aside altogether the value of the work as one of reference on points of relative anatomy, we must confess to our surprise at the low rate at which it is published, thus placing it within the means and reach of every practitioner.

Having most carefully examined the plates, which are lithographed in the highest style of the art, and beautifully colored, we are justified in pronouncing upon their faithfulness and accuracy. It is the ablest work on Surgical Anatomy with which we are acquainted, and exhibits in Mr. Macclise's dissections, of which the plates are copies, a rare example of persevering industry and anatomical skill. The plates on the Anguinal and Femoral Herniss, which are to be met with in Parts 2 and 3, and those connected with the male pelvic organs in Part 4, are particularly good, and abundantly capable of refreshing the memory, in the important operations connected with these regions. We strongly recommend the work to the profession of this Province.

ART. XIX.—*Quarterly Summary of the Transactions of the College of Physicians of Philadelphia, from May 6 to July 1, 1851, inclusive*. Philadelphia: Lippincott, Grambo & Co. 1851.

This publication appears now quarterly. This is the first which we have received since the alteration in its issue. This summary of transactions contains several important papers; we would notice more especially Dr. Pepper's "Cases of Cancer of the Lungs and Mediastinum;" Dr. Neill's case of "Hermaphroditism," with two lithographs; and Dr. Pepper's paper on "Lemon Juice as a Remedy in Rheumatism." On this point we take occasion to transcribe his introductory remarks, preparatory to the detail of thirteen cases in which that disease was treated by lemon juice, the results being, in the author's words, that, "upon the whole, then, the general result has been favorable to the use of lemon juice in acute uncomplicated rheumatism."

*Lemon Juice as a Remedy in Rheumatism*. By Dr. WILLIAM PEPPER, one of the Physicians of the Pennsylvania Hospital.

During the last few years, several new methods for the cure of rheumatism have been urged upon the attention of the profession; and when we refer to the very respectable sources from whence these different plans have emanated, it is surely our duty to pursue such investigations as may in the end enable us to decide upon their respective merits. This is particularly true in reference to a disease which has ever been considered the opprobrium of medicine, and which, at the same time, is of so common occurrence that we are almost daily called upon to witness its sad effects. The fact, too, now so well known, that rheumatism is particularly prone to settle upon the valves of the heart, and thus lay the foundation of incurable organic disease, is an additional reason for paying especial attention to every suggestion in regard to the treatment of this painful affection. From the above considerations, it may not prove uninteresting to refer briefly to some of the numerous plans which have recently been recommended for the treatment of this disease, before passing to the special subject of the present communication.

The belief that rheumatism was nothing but an inflammation of the fibrous structure has induced many to rely exclusively upon the antiphlogistic plan of treatment; and

hence general and local depletion have been brought into free requisition; this system, however, has now been fully and fairly tried without realizing the sanguine expectations of its advocates. Bouillaud, the most enthusiastic supporter of venesection, contended that in nearly every instance the disease could readily be subdued by bleeding, *coup sur coup*; but, from recent disclosures, it would appear that the above named author stands almost alone, even amongst his own countrymen, as the advocate of this treatment. Quite recently, and, as it were, in direct opposition to the plan just noticed, quinia, in large doses, has been recommended by Briquet, Troussseau, and others, as a prompt and safe remedy, for rheumatism, and appears to have been first used in this disease on account of some supposed resemblance between it and certain periodic affections; but here again, further experience has shown that this remedy is more or less hazardous in the inflammatory forms, and even its most strenuous advocates admit the expediency in many instances of preceding the use of the quinia by bleeding from the arm, particularly in plethoric subjects, or when complicated by acute inflammation of the membranes of the heart. Nitre, in large doses, has also been esteemed an extremely valuable and efficacious remedy in this disease, and among its advocates may be numbered Martin Solon, Gendrin, Bennet, and other distinguished names. By some, its efficacy is ascribed to a peculiar sedative influence on the circulation; whilst, by others, it is supposed to eliminate the *materies morbi*, through its diuretic and diaphoretic properties. In many instances, however, it produces no apparent effect upon the progress of the disease, and already, in a measure, is it falling into disuse; from the numerous reports in its favor, however, it certainly merits further investigation, particularly as no injurious effects have resulted from its use when largely diluted. We next hear of the phosphate of ammonia as a specific for gout and rheumatism. Dr. Buckler, the originator of this treatment, believes that the blood in rheumatism contains an excess of lithic acid in combination with soda and lime, and that the phosphate of ammonia decomposes these salts, converting them into the phosphate of soda and lithate of ammonia, both of which are soluble and capable of being readily eliminated by the skin and kidneys. The theory was certainly very ingenious, and, as it appeared to be sustained by numerous recorded cases, I was induced to try it in several instances of severe rheumatism admitted into the hospital, without, however, obtaining any very satisfactory results; the number of cases, it is true, was perhaps too limited to enable me to arrive at any very positive conclusion. Since then various results have been obtained by different observers, some of which were favorable and others adverse to the new treatment; but from the

fact that this remedy is now but little used in rheumatism, I am the more disposed to believe that my first impressions were well founded. Dr. B. Todd advocates what he calls "the treatment of elimination," consisting chiefly in the administration by opium, ipecacuanha, and nitre, with the occasional use of mild alkaline purgatives. This practice is based upon the supposition that lactic acid constitutes the "*materies morbi*" in cases of rheumatic fever, and that, therefore, the chief indications are to neutralize this acid, and, at the same time, to promote its elimination from the system through the different excretories, as the skin, kidneys, liver, and alimentary canal. The above-named author is of the opinion that most of the remedies which prove beneficial in this disease owe their efficacy to this principle; colchicum, even, which by some has been esteemed as much a specific in rheumatism as quinia in intermittent fever, is by him considered inert, excepting when given in laxative doses. For my own part, I am fully convinced, from repeated observations, that colchicum, combined with magnesia, in purgative doses, in connection with the free administration of Dover's powder, will in most instances afford great relief, and not unfrequently even effect a prompt and permanent cure; as to the precise manner, however, in which these different means produce a favorable result, doubts may well be entertained until the pathology of rheumatism shall have been more fully established than at the present time. Whilst we are fully prepared to admit that the application of animal chemistry to the investigation of disease must ultimately lead to a knowledge of the true pathology and consequent rational treatment of many affections which are now admitted to be the opprobria of our profession, we still believe that the application of the numerical system to a large number of carefully observed cases can never be safely dispensed with, particularly in a disease like rheumatism, where so much patient and impartial observation is essential for the formation of just conclusions.

The above brief sketch of the several plans recently recommended for the treatment of this affection has been made, not with the view of disparaging these different systems, or of even questioning the perfect sincerity of their originators or advocates, but simply with the design of showing the great difficulty of fully appreciating the effects of our therapeutic agents in a disease so constantly vacillating as the one under consideration. Most physicians must have observed the remarkable ameliorations which occasionally occur in the symptoms, even when nothing but an "expectant" treatment has been pursued; and this is especially true in regard to the acute forms in which most of the above plans have been considered so decidedly useful. Atmospheric influences and constitu-

tional peculiarities have no doubt frequently produced those results which have been too hastily ascribed to medicinal means.

Let us now inquire whether the lemon-juice treatment, so much in vogue in Great Britain at the present time, is more entitled to consideration than the plans to which we have already alluded. Dr. Rees, with whom this treatment originated, was induced to try the vegetable acids in rheumatism, under the impression that the excessive quantity of oxygen entering into their composition might, with the elements of water, convert lithic acid into urea and carbonic acid, and thus correct the rheumatic diathesis; his only reason for preferring lemon juice to the other vegetable acids was its more agreeable taste; and he appears to have attached but little or no importance to the alkaline citrate which it contains. Dr. Golding Bird, on the other hand, conceives that the efficacy of the lemon-juice depends altogether upon the citrate of potash, which, by decomposition during digestion, yields an alkaline carbonate to the blood, and thus promotes elimination by the kidneys; he states that he has obtained the same good effects from cream of tartar or acetate of potash, and more especially the latter, which even acts with "marvellous rapidity." This treatment is said to be particularly applicable to acute rheumatism, and more especially in those cases where the large and small articulations are inflamed; under such circumstances the acid appears to act as a prompt arterial sedative, the pulse rapidly falling from 120 to 75, or even lower; whilst, at the same time, the pain is quickly relieved, as though from the effects of an anodyne. In the sub-acute and chronic forms, the same good effects have not been observed; but even in such cases this plan is said to bear a favorable comparison with the old methods of treatment.

Having no preconceived views to support, and considering the theory of the action of this new remedy as of but little moment in comparison with its reported utility, I was induced to test its efficacy in a number of cases of rheumatism which were admitted into the hospital during my last term of duty. In reporting the following, I shall not weary the College by minute details, but will be as brief as is consistent with accuracy, confining my remarks in a great measure to the leading facts in each case.

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### PRACTICE OF MEDICINE.

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*Remarks upon Bloodletting.* By EDWARD WELLS, M.D., F.R.C.P. *Physician to the Royal Berks Hospital, and to the Reading Medical Dispensary.*—However medical men may be inclined to acquiesce for the fact, no one will deny that

the lancet is now used only about once in a hundred times to what it used to be, and, when it is used, not more than half the quantity of blood is drawn to what used to flow on these occasions.

But while there exists amongst the most experienced practitioners a general disinclination to draw blood in the treatment of disease, as a matter of fact, it will be found on referring generally to the popular treatises of medicine, that a similar caution has not yet been established in theory. The veteran, who has grown grey in wandering from one sick bed to another, has formed his own criteria as to what cases will be benefitted by bleeding, and what injured thereby. Experience, that most valuable teacher of our art, has given him certain indications, which he grasps intuitively, and as it were unconsciously to himself, and he becomes independent of medical authorities. But at what a cost has he gained his experience! The Tyro, on the contrary, who rushes from the schools to engage in the encounter with disease, must use as his first weapons those elements of instruction which he has drawn from books and lectures: and how often do they serve the purposes of his adversary, rather than his own! I would appeal to those who have been for some time engaged in this warfare, whether they did not during their first years of practice bleed many patients, who, with their more enlarged experience, they would now decline to expose to such treatment. And, if it were not asking rather too delicate a question, whether they could not recall some cases in which such treatment has turned the scale against the patient?

But I shall probably be met here by the observation, that—

"Tempora mutantur, et nos mutamur in illis." that, in fact, a change has been taking place, either in the constitution of disease, or in the constitution of man, or in both; that there are diseases which were formerly benefitted by bleeding, but are now injured thereby; and that there are diseases in which, although it is still proper to bleed, yet a much smaller quantity of blood should now be drawn than formerly.

There is no doubt much truth in this remark. As population increases and civilization advances, the grand struggle of life becomes more intense, the energies of man are kept constantly on the stretch,

and the result must be that the circulatory system is unduly depressed, while the nervous system is as much exalted. Such a state of things we know to be eminently ill adapted for depletion.

It is also no doubt true that the constitution of disease has a tendency to change, being at one time *sthenic*, and at another *asthenic*; that in epidemics, more especially, the same disease will at one time require a lowering treatment, and at another will require stimulating. But such is our present ignorance on the subject of epidemics, and the constitution of disease in general, that it would be presumptuous to assign any reason for these variations.

Still, granting all their due weight to these reasons for the change which has taken place in the frequency of bloodletting, I am inclined to attribute by far the greatest influence to the general improvement which has of late taken place in the practice of our profession. I can understand how the epidemic constitution of fevers may so far vary as at one time to require the use of bloodletting, and at another time to render the employment of such means dangerous. I can also understand how the constitution of man may, under the influence of external impressions, so far change, as to make him at one time capable of bearing large depletion in a disease which at another time he requires every drop of blood in his body to carry him safely through. This is quite intelligible; but still it will not go very far in accounting for the great change which has taken place in practice as regards bloodletting. It must be owing to a different cause that the great number of bleedings which were formerly practised upon the victims of severe accidents, immediately after their occurrence, have now been discontinued; that as soon as a patient is struck down by a stroke of apoplexy, and before the system has had time to rally from the shock, he is no longer, as formerly, prevented from the chance of recovery by venesection; that in cases of acute rheumatism, a disease of a comparatively harmless character is no longer liable to be converted into the most serious cardiac affections by the effects produced in the blood by repeated abstraction. It would be easy to lengthen the list, and to quote numerous diseases of the head, chest, and abdomen, in which it used to be the fashion to bleed promiscuously, with-

out either physiological reasoning or practical advantage.

In contradiction of the idea that it is chiefly owing to a change in the constitution of disease and of mankind that practice has so much altered in respect of bleeding, may be alleged the fact that there has been of late years a great increase in longevity. It is well known that Insurance Tables have had to be altered frequently to meet the lengthening term of human existence. This I may be told is due to the more healthy mode of living generally adopted. It is so in great measure; but I would also claim for our profession a large share in the accomplishment of this object. I believe it is very much owing to our improved skill, and especially in the matter of bleeding, that a man may now come to fourscore years without experiencing, as in the days of the Psalmist, labor and sorrow. But supposing that the large bleedings of former years were suiting to the existing constitution of disease and of man, the patient should have recovered as completely from the effects of his malady then, as he does now with the present constitution under the more cautious abstraction of blood. And I think few will argue that this was the case. Moreover, the effects of copious bleeding are far from being limited to the time during which an acute disease runs its course in the human frame. The inflammation, forsooth, passes off, the patient recovers, and the medical attendant is praised as a bold practitioner, who did not hesitate to use the most vigorous treatment for the relief of the invalid. It is very proper that he should be so praised, for he more frequently incurs blame where he no more deserves it, and thus something of a compensatory balance is struck in his favor. But I suspect that the large loss of blood which has been thus incurred by his patient is often the first link in the chain of many secondary causes, which exercise a slow but detrimental influence on his system, and beget alterations which ultimately prove fatal.

It would perhaps throw some light on the question as to how far depletion by bleeding ought to be carried, if we were to consider the changes which different classes of disease produce in the blood; and also the modifications of that fluid which ensue upon the bloodletting.

Now we find that the different constituent parts of the blood are very differently influenced by losses, whether produced

artificially or idiopathically. Thus the globules of the blood are immediately and quickly diminished by both bloodletting and hæmorrhages. The fibrin, on the contrary, appears to be independent of the influence of bloodletting in the diminution of its amount. And by not being capable of diminution under the use of a remedy which is diminishing other constituents of the blood, it follows as a matter of course that as those other elements are lessened, its proportionate and relative amount must be increased. This difference in the manner in which the globules of the blood and its fibrin are influenced by bloodletting is I think an interesting fact, and might be turned to advantage in deciding upon the proper amount and frequency in using that remedy. Mr. Simon has lately proposed a theory of the origin of fibrin in the blood, which would go far to explain why its diminution should be under the action of different laws to those which preside over the amount of globules. He considers that "the source of this element is to be sought for either in the decay of the blood itself, or in the waste of the tissues."

Andral found it impossible by the most copious use of bloodletting in cases of inflammation to prevent the amount of fibrin from increasing. This pathologist, indeed, appears to consider the essential nature of inflammation to consist of an augmentation of fibrin in the blood.

Now here we come at once to a great diversity between theory and practice. If you questioned the practitioner as to what class of maladies most require the use of bloodletting, he would probably answer, "the inflammations." And yet, in these very diseases, bloodletting would increase relatively that very element, upon which the essence of inflammation is said to depend, viz., the fibrin. In this dilemma the safest course probably for the practical man to adopt would be the following:— Without going the length of saying that the increase of fibrin in the blood constituted the inflammation, he would pay great respect to the knowledge of the fact, that an increase of fibrin in the blood does really accompany all inflammations. He would remember that bloodletting will relatively increase that proportion of fibrin. He would couple these facts with his knowledge that a great portion of the danger of inflammatory affections arises from the deposit of fibrinous exudations from the blood. And while he does not hesitate

to use bleeding at the commencement of acute inflammations, from an experimental knowledge of its value, he will be careful not to push it too far, or use it too late, lest he should thereby increase that element in the blood, which by being deposited on the inflamed tissues, may give rise to fatal consequences.

If now we turn our attention to the use of bloodletting in cases of *active hæmorrhage*, it will be satisfactory to find that theory and practice run more together. The fact, that loss of blood, whether spontaneous or artificial, does not diminish, nay that it relatively increases the amount of fibrin in the blood, is here of great value. It is the means which nature avails itself of, and which science keeps in view, in order to arrest the flow of blood. For when a vessel is ruptured, and blood is poured forth, the globules are rapidly diminished, but the fibrin remains in amount as large as ever, *absolutely and relatively* more. Under the influence of syncope the retarded stream of blood is enabled to deposit its unexhausted fibrin, and thus to repair the broken vessel. Now had the fibrin been subject to the same rules of diminution under the use of bloodletting as the globules, this reparative process could not take place, and death would frequently ensue, where life is now thus preserved. Valsalva, as is well known, availed himself of the heavy bleedings to cure aneurisms, though he was probably ignorant of the fact that the fibrin of the blood was relatively increased thereby. And theory approves of his treatment. A case occurred in this town about two years back, which was seen by several medical gentlemen, in which an individual, to use a common expression, broke a blood-vessel. It is difficult to say what vessel was ruptured, but from the way in which the blood was hawked up, it appeared to come from no great depth. It was bright, and was brought up at first in very large quantities, and was scarcely mixed with air. There was no dyspnœa, only a slight hacking cough, and the chest was equally raised on inspiration. Auscultation could detect no dullness anywhere. The patient was not phthisical. The general opinion was that he would die; but under the use of constant bleedings he recovered, and is at the present time in the enjoyment of robust health.

If, again, we consider bloodletting in diseases which originate in a plethoric

state of the system, we shall find that theory sanctions the application of this remedy. But it is necessary here, carefully to distinguish between *true* and *false* plethora. In the true plethora there is a large increase in the amount of globules in the blood, while the fibrin remains within its normal limits. This disproportion between the globules and fibrin is the cause of sundry disturbances taking place in the system, and among others is a frequent cause of effusions of blood. Now in these cases a judicious bleeding will restore the balance between these two elements, and save the patient perhaps from a fatal attack. But, as I have said, it is here very essential not to mistake the false for the true plethora. In the false plethora, although the individual may be stout and even more ruddy than usual, the globules of the blood are not only in excess, but are even diminished. Such individuals are in fact anemic, and by them it is well known that bloodletting is borne very badly.

For, in diseases depending upon the anemic condition, the globules of the blood are diminished in amount, while the fibrin, relatively to the globules, is in excess. Such a condition of fluid would be theoretically opposed to the use of bloodletting, and we find in practice that it is better to limit ourselves to local depletion by leeches in those congestions and sub-acute inflammations, which are very apt to arise in this condition of the blood.

Let us now turn to the use of bloodletting in fevers. It is well known that the propriety of bleeding in fever has been a subject of great controversy. Sometimes it has been in favor, and at other times out of favor. Now if we examine the cause of this varying shade of opinion, we shall find that it arises from the fact, that in fever, *merely as fever*, there is no fixed condition of the blood, there is no necessary diminution or increase in any of its elements, as there is in inflammations, &c. If inflammatory action arises in the course of a fever, there would be an increase in the proportion of fibrin, while in low typhoid forms of fever there is a sensible diminution of that element, giving rise to sanguineous exudations, especially from the mucous membranes. In using therefore bloodletting in fevers, theory would prescribe what experience has sanctioned, viz., that regard should be had solely to the peculiar constitution which the prevailing epidemic assumes. At the present

day it is well known that we do not venture to bleed in this class of maladies. But it is fair to suppose that in days gone by, when bleeding was more in fashion, physicians were not all Sangradas, and that the distich written on Dr. Lettsome was not applicable to all.

But I shall weary the reader's patience if I continue this enquiry further. If I have already done so, I must plead the importance of the subject as my apology. The whole question of bloodletting is one which in my opinion requires revision. The tide of popular opinion, which but a few years back set strongly in its favour, is now beginning to ebb and flow in the other direction. Valuable as I esteem it to be when judiciously employed, there is, I think, still a fear, if indiscriminately used, the public will so far set their faces against it, that we shall be unable to prevail upon our patients to submit to it when necessary. And necessary I have no doubt it frequently is, for, though not unfrequently carried to excess, I am not quite prepared to assert that it is *one of the fallacies of the faculty*.—*London Medical Gazette*.

*On Infantile Remittent Fever with especial reference to its diagnosis from Hydrocephalus.* BY CHARLES TAYLOR, M. R. C. S. *Late Surgeon to the Royal South London Dispensary.*

#### Prognosis.

The prognosis of remittent fever is favorable, the concurrent testimony of all authors being that it is rarely fatal; and when it is so, it is from one or other of the affections which arise in its course, as ulceration of the bowels, hydrocephalus, phthisis, or mesenteric disease. Hence, when fever occurs in scrofulous children, it is more likely to terminate in one of the three last named affections, and the prognosis would then be less favorable. In the simple and the acute forms, it usually terminates in convalescence; those, however, who see it among the poor, will occasionally meet with a fatal case in the typhoid form of the disease: in the chronic and gastric forms a fatal termination is rare, except by one or other of the complications.

In judging of any individual case, we must be led to form our opinion by the concomitant circumstances,—as the previous health of the child, the habitation, cleanliness, and ventilation, as we have



frequently noticed the almost sudden improvement in fever in a child, when it has been removed from its own badly ventilated and unhealthy home, to the wards of an hospital, and its skin got into a clean state.

Indications of an unfavorable termination are,—the fever assuming the typhoid form, the tongue becoming dry, cracked, and brown; severe abdominal pain increased, on pressure; or, in fact, those symptoms which would indicate the supervention of cerebral and abdominal mischief; and these have been so fully entered upon that it is unnecessary to recapitulate them. The tongue becoming clean and moist, the excretions becoming more natural, the paroxysms of fever being of less duration, the skin becoming cool and gently perspiring, are indications of returning health.

In Rilliet's and Barthez's observations, 29 terminated fatally out of 111 cases; Dr. West only refers to two fatal cases, and attributes the large amount of fatal cases by Rilliet and Barthez to the unfavorable circumstances in which patients are placed in the hospital des Enfants.

The prognosis appear to be very unfavorable when the disease occurs in hot climates, for Dr. Copland states, "that many children born of European parents in hot climates, are cut off by it before they reach their sixth or seventh year;" and Dr. J. Bird also remarks, that it proves "so fatal to infants and children of newly arrived European regiments."

In Dr. Golding Bird's report of 86 cases, there are only two reported to have terminated fatally,—one by hydrocephalus, and one by phthisis; and in the cases which occurred in his ward, at Guy's Hospital, during the spring and summer months in 1849, there was not a fatal termination: the same remark also applies to the cases under Dr. West, at the Infirmary for Children, during the same period.

In my own practice I have only had three fatal cases,—one a typhoid case, one terminating in cancrum oris, and one in mesenteric disease. The first was a genuine case of malarial fever, the second occurred after measles, and was one of a gastric intestinal nature, and in the last, all trace of the original affection was gone.

Underwood has remarked "that the disease is remarkable for being always devoid of danger."

Dr. Locock does not, however, quite agree with him, and says, he has never

met with it fatal in the acute form; when death has occurred it has been from dysentery, or gastro-enteritic inflammation.

Drs. H. Davis and Willshire are also of opinion that "simple remittent fever is rarely fatal;" and certainly even the severe typhoid cases, requiring wine, and a free use of stimulants, we have seen recover, although after a long and tedious course.

Although it does not coincide with the statements of the Registrar-General, I believe that fever occurring in a healthy child is very rarely fatal.

Two symptoms are alluded to by Coley as auguring unfavorably,—viz, "a discoloration and separation of the skin" in the advanced state of the disease; they are not mentioned by other writers, nor have I ever met with them: perhaps they may be classed with petechia, as indicating a low state of vitality.

#### *Post-mortem Appearances.*

Few as are the recorded post-mortem examinations, they tend to confirm our opinion, that, whether primarily or secondarily—i. e., whether the disease has arisen from a direct exciting cause of gastro-intestinal irritation, or from malarial influence—lesions of the gastro-intestinal mucous membrane are very frequent, and are often the immediate cause of death.

Pemberton has given the account of the examination of a case of remittent fever. "The intestines were exceedingly distended, and the mesenteric glands a little enlarged, but no inflammation of peritoneum, bowels, or other viscera, existed, nor any effusion into the peritoneum."

According to Dr. Joy, this enlargement of the mesenteric glands and inflammation of intestines was noticed by Hoffman.

Dr. Locock alludes to softening and abrasion of the mucous membrane; and where there have been dysenteric symptoms, ulcerations in the cæcum, colon, ilium, and rectum, have been observed.

Rilliet & Barthez's conclusions, drawn from twenty-nine fatal cases, are—

"1st. That the lesions of Peyer's folds, isolated follicles, and mesenteric glands, are the same as in the adult; but the ulcerations were generally smaller, fewer, and less deep.

"2d. That the form of the alterations of the folds, in a very large majority of cases, is that described under the name of 'plaques molles.'

"3rd. That ulceration did not necessa-

rily follow inflammation, which might terminate in resolution.

"5th. That cicatrization proceeded with rapidity (they had seen it complete on the thirteenth day; at the third month the cicatrices were still manifest.)

"6th. That ulcerations of the membranes are rare (once they found the peritoneum perforated; and in another instance the lesions of the glands approached true gangrene.)

"7th. That the alterations in the spleen are far from constant.

"8th. That the blood is oftener fluid, or in blackish clots, and the vessels are often colored, as of red wine.

"The alterations in other organs were, "The pia mater was injected in those who died from the seventh to the twenty-first day; the subarachnoid tissue was infiltrated; the ventricles did not contain any great amount of fluid.

"Twice the heart had a degree of softness without cadaveric putrefaction being far advanced.

"The liver was often increased in volume; occasionally was pale and red: the character of the bile offered nothing constant.

"The kidneys were much congested in infants.

"In the spleen, when any alteration existed, it consisted principally in an increase of size, and softening of its tissue."

Dr. West mentions enlargements, tumefaction, and ulceration of Peyer's glands, as one of the most frequent morbid appearances. The changes these glands are found to undergo are more advanced and more extensive, in proportion to their nearness to the ileoæcal valve. The mesenteric glands are swollen, enlarged, of a deep red color, and manifestly increased in vascularity; while the softened state of the spleen, gorged condition of the lungs, and congestion of the membranes of the brain, are appearances in both diseases—viz., infantile remittent fever, and continued fever in the adult.

Dr. J. Bird, in an account of the disease as he met with it in India, considers it analogous to the tropical remittent of adults, and remarks, "that the post-mortem appearances are the same,—as morbid enlargement of the muciparous and mesenteric glands, congestion of the liver, softened and enlarged condition of the spleen, and vascularity of the mucous membrane of the stomach and intestines: engorgement of the lungs, congestion of

the brain, and serous effusion into the ventricles, are observed after death." It happened either as a primary disease, caused by malaria, or as a secondary one proceeding from gastric irritation produced by cold, damp weather, improper food, and teething. Like other fevers, he has found it terminate in mesenteric enlargement and marasmus, or occasionally in albuminous nephritis, with effusion into the abdomen, and anasarca swelling of the legs.

Dr. Loschner, physician to the Children's Hospital at Prague, in eight fatal cases says there was a greatly enlarged and highly injected state of the mesenteric glands, more constant than ulcerations of Peyer's, and on this builds an hypothesis that what is called typhoid fever is acute scrofula.

When fever proves fatal by its complications or sequelæ, as hydrocephalus, phthisis, mesenteric disease or cancerum oris, the post mortem appearances peculiar to these diseases will be noticed; and as these are not essential to remittent fever, their description is not required in this place.

#### *Treatment.*

The treatment of infantile remittent fever depends on the form which we have to deal with.

(1.) Where there has been evidence of its arising from improper or overfeeding, a brisk purgative will be necessary if the bowels are confined; and for this purpose, calomel, combined with rhubarb or jalap, or by itself, followed by a senna draught, or castor-oil in a younger child, may be given.

After free action of the bowels has been produced, a simple saline mixture, composed of liq. ammon. acetatis, with spirits of nitre, or the solution of citrate of potass, should be given three times a day. If sickness or nausea are present, the effervescent mixture is preferable to which a drop of the dilute hydrocyanic acid may be added; generally, however, if there is no nausea, I give the sesquicarbonate of soda, in doses of five to ten grains, three times a day in any vehicle. The bowels may be afterwards regulated by a combination of hyd. c. cretâ with rhubarb, given occasionally. In some cases the commencement by an emetic is useful, as by this means we more effectually clear out the entire intestinal canal.

(2.) In the mild form of the disease the

preceding plan of treatment may be adopted, with the exception of substituting for the brisk purgative two or three grains of hyd. c. cretâ, followed in the morning by a drachm or two of castor oil.

(3.) The acute form, when uncomplicated, does not require anything further in the shape of medicine, as I believe it is the best rule not to use any active remedies unless a clear and sufficient indication calls for them.

(4.) When the disease is epidemic, and can be fairly traced to malaria, it will be our first object, as far as possible, to remedy these conditions (remembering that the disease once fairly established cannot be cut short, and our object is to guide the patient safely through it) by having the room well ventilated, clean, cool, and free from extraneous articles of dress: these precautions are equally necessary in all forms of the disease where the character or habits of the patient's friends require it.

The warm bath should be used about 100 to 110 degrees Fah., and repeated every or every other night; it acts not merely by cleansing the skin and promoting its healthy functions, but also by quieting the nervous system, as frequently I have seen fractiousness and irritability relieved by it, and a more refreshing sleep follow its use. The soda mixture, or the other salines, may be given, and as soon as the tongue becomes clean, a mild bitter, as the infusion of calomba with soda, or quinine may be substituted. Dr. Golding Bird, as soon as the remissions are well marked in this form, gives the disulphate of quina, in two grain doses, as an ante-periodic remedy: latterly, he has used the sulphate of bebeerine instead of quinine, with, I believe, much success. Quinine in smaller doses, simply as a tonic, is very useful; perhaps the more strictly malarial is the attack, and in proportion as it is free from gastric disturbance, the more decidedly useful is quinine.

(5.) If obstinate constipation is present a repetition of the purgative must be had recourse to. Drs. Butler, Pemberton, and Locock, allude to the fact of most powerful and repeated purgatives being required. Pemberton relates the case of a child, aged three years, taking twelve grains of calomel and scammony, and twelve grains of the extract of jalap, but at the same time cautions that they should not be carried to a great length, but merely to remove the contents of the bowels. It is but rare

such powerful purgatives are required; and, as Sydenham remarks, we must be careful lest "Sæpius ægro non nisi morte medebimur."

(6.) If diarrhœa is present the chalk mixture may be given, to which a small quantity of syrup of poppies, or one or two drops of tincture of opium, may be added. If at the same time the motions are clayey, and deficient in bile, two or three grains of hyd. c. cretâ, or the pulv. sodæ compos. of the Guy's Pharmacopœia, in four or six grain doses, may be given every or every other night. When there is pain, increased on pressure, in the iliac regions, or in any part of the abdomen, and the diarrhœa assumes the character of dysentery, repeated hot linseed meal poultices should be applied, and may generally be relied on for relief. The mustard poultice might also be tried in the first instance; and in some few cases it might be advantageous to apply two or three leeches or more, but I have never found it necessary in my own practice. The hyd. c. cretâ, gr.  $\frac{1}{2}$ , or gr. j., with Dover's powder, gr.  $\frac{1}{2}$  or  $\frac{2}{3}$ , may be given at bed-time, or repeated twice a day, according to circumstances, together with the chalk mixture. The starch enema, with the addition of half a drachm of syrup of poppies, or four minims of the tincture of opium, is a very useful remedy in these cases.

(7.) In the chronic form, where the secretions are depraved and the appetite bad, the combination of the sulphate of potass with rhubarb is a most useful aperient; and the mistur. rhæi comp. (P. G.),—namely, a combination of rhubarb, soda, and calomba, is often of the greatest service. If a mild mercurial alterative is required, hyd. c. cretâ with rhubarb may be given every other night.

Drs. Locock and Willshire speak highly of the mineral tonics in this form of disease. Where stomatitic or aphthous ulcerations are present, the chlorate of potass, in five grain doses, three or four times a day, is an admirable remedy, applying also to the part a weak solution of the nitre of silver, and using a lotion of borate of soda.

(8.) If worms are present, a brisk purgative of calomel and scammony may be given to dislodge the long thread worms, or an enema of lime water for the small thread worm; but as they depend on the deranged condition of the mucous membrane of the intestines, the object of the treatment will be to remedy that deranged condition,

and as it is restored to a more healthy state, and convalescence becomes established, the worms will usually disappear. The compound rhubarb mixture, or the infusion of gentian, may be given two or three times a day.

(9.) For the slight bronchitic symptoms frequently present, the addition of ipecacuanha wine to each dose of the mixture is all that is required. If acute bronchitis or pneumonia should supervene, they must be treated according to general rules. Frequently the indications of circumscribed pneumonia, as shown by dulness and slight crepitation, exist: for them nothing in general is required beyond desiring the nurse to turn the patient frequently. This has been pointed out by Dr. G. Bird, who considers it arises from congestion, and usually vanishes as the patient recovers.

(10.) Should indications of tubercular disease of the mesenteric glands or of phthisis develop themselves, they must be treated accordingly: for the former the liquor potassæ internally, and counter-irritants, as the iodine ointment externally, should be had recourse to; for the latter I have not much to recommend, except, perhaps, when the stomach will bear it, the regular and continued use of cod-liver oil. In impaired general health, after gastric disturbance with fever, I have seen it of the greatest service.

(11.) The cutaneous affections which sometimes are present require no modification in treatment. The more chronic skin diseases must be treated according to the rules laid down for such disorders: we may remark, however, that they will be chiefly benefitted by those means which tend to improve the general health.

(12.) The typhoid form of this disease will require more general support, and ammonia, with the infusion of serpentary, quinine, or ammonia and decoction of bark. Drs. Locock and West speak highly of a mixture of æther and hydrochloric acid (Steiglitz's mixture,) but of this I have had no experience. Wine, beef-tea, arrow-root, animal jellies will also be required. If the patient gets no sleep, a few grains of Dover's powder may be given at bed-time with great advantage. Care should be taken that the bladder is not allowed to become distended; if there is retention or involuntary discharge of urine, the catheter should be passed. If bed-sores occur, the liquor plumbi diacetatis may be applied, by means of a

camel's hair brush, every morning, and the part dressed with simple cerate or a weak solution of nitrate of silver (gr. ij. to ℥j.), or sulphate of zinc (gr. iv. to ℥j.) may be used in a similar manner.

(13.) For the sympathetic cerebral symptoms that are usually present, all that is required is to have the hair cut close or shaven, and apply the cold spirit lotion; for, as Dr. G. Bird says, "the delirium and great irritability are part of the disease," and require no active interference. Cheyne, however, recommended antimonials with calomel in those cases of remittent fever where the sensorial functions are much attacked, as also in the commencement of febrile attacks of a less definite nature, which are liable to degenerate into hydrocephalus, and considered that, if more frequently used, the termination in hydrocephalus would be less frequent.

(14.) If symptoms denoting more than functional disturbance of the brain arise, —for instance, pain in the head, constant vomiting, and nausea,—it will be advisable to apply a few leeches, either to the temples or the mastoid processes, and give mercurials, as small doses of calomel or hyd. c. cretâ two or three times a day, or oftener if the cerebral symptoms are urgent, avoiding all undue irritation of the bowels; for hydrocephalus supervening on remittent fever will not bear the more antiphlogistic remedies required when it arises idiopathically; in short, although the head affection requires our attention more than the original disease, inasmuch as it is more fraught with danger, we must always remember that the patient's health has been in some measure exhausted by the previous disease. The cold lotion, or a bladder of ice, should also be applied to the head, the room kept dark, cool, and quiet. If a convulsion should occur, the child may be placed in the warm bath, and at the same time a douche of cold water applied to the head. Sinapisms to the soles of the feet or calves of the legs may also be had recourse to.

(15.) When the head symptoms are insidious, and loss of blood contraindicated, a blister on the nape of the neck, or the application of Acetum Lyttæ, afterwards dressed with the ung. hydrarg. mitius should be used, with small doses of mercurials, endeavoring to avoid irritation of the bowels. Among counter-irritants, which are very serviceable in proportion as symptoms are chronic, is the repeated use

of the tartar emetic ointment to the scalp, which is sometimes attended with marked benefit.

(16.) When we consider the cerebral symptoms present depend not on any amount of activity or inflammation, but rather want of power, "denoting what has been termed "hydrecephaloid disease," the remedies before mentioned must on no account be had recourse to, as they would aggravate the mischief, but a few drops of spirits of Ammon. Fœtida may be given three or four times a day; ammonia in solution, or a small quantity of wine, may be required, and the free use of nourishment. In these cases of exhaustion a grain and a half or two grains of Dover's powder at bed time will be found of the greatest service.

(17.) In general, a light diet, as cold water, toast water, or barley water to allay the thirst, thin arrow-root, or milk and water, is all that is required in the simple and acute forms in the early stage of the disease; afterwards beef-tea, veal, mutton broth, light animal jellies, isinglass dissolved in milk and water, may be given: in the typhoid form they are required earlier, and in a more nutritious state,—the addition of wine to the jelly, or diluted with water, to the amount of one, two, or more ounces in the day. By degrees, light bread pudding, bread and milk, fish, may be given: but the return to ordinary diet should be postponed for some time, as relapses are sometimes produced by it, or the patient rising too soon from his bed and mixing with the other members of his family.

(18.) As the patient improves, nothing tends so much to restore his general health and strength as a change of air, particularly sea air; and in fact, when the disease has arisen, as it most usually does, from malaria, or general endemic causes, this change should be had recourse to earlier, as it not only affords means for the recovery of health, but also removes the child from the direct source of disease.

(19.) In conclusion, I have but sketched out the plan of treatment in head affection supervening on remittent fever, but would remark, that on a correct diagnosis the success of our treatment depends; that it is of the utmost importance, when our diagnosis is determined, to act energetically in the treatment of inflammatory affection of the brain; and it is equally important to avoid those energetic measures in

sympathetic irritation, or in *pseudo-hydrocephalus*.—*London Medical Gazette*.

*Observations on Ozone*.—By MM. POLLI, HEIDENRICH, and FABER.—Dr. Polli forms his ozometer by dipping papers in the following solution: starch, 10 parts; iodide of potassium, 20; water, 400. Provided they are kept folded up, or in closed vessels, they preserve their power for months.

When one of these slips was suspended by a thread in the air, outside a window of the house, it became strongly colored in a few hours, while a similar one, suspended within doors, remained white for days, and only began to be colored after several,—and this was the case, in whatever part of the house it was suspended, as in well-ventilated passages and corridors. The slip exposed out of doors became still more speedily and deeply colored when freely exposed at a distance from the house. To ascertain how far a frequent renewal of the body of air might influence the appearance, one of two slips, placed out of doors, was fastened firmly at both ends, and the other allowed to fly about freely. Both became rapidly colored, and with equal intensity. A portion of a slip was introduced within a phial, and a portion allowed to remain externally, the air, however, having access to the former. On exposure to the atmosphere, the portion external to the phial became intensely colored, while that within remained unchanged, so that mere vicinity of another body prevents action. If ozone irritates the air-passages, we can see, from the above experiments, the importance of invalids suffering from a delicate state of them, keeping the house, or protecting them when they quit it. So, too, some light is thrown upon the injurious operation of drafts and currents of air, by the fact that strips, suspended near cracks and fissures within-doors, only become colored opposite these.

If slips of paper are covered before exposure, with layers of silk, wool, linen, and cotton, of the same size and thickness, those covered by the silk, wool, and linen, remain uncolored, while those covered by the cotton become colored. If a piece of linen and a piece of cotton are immersed in a solution of starch and iodide of potassium, and then exposed, the cotton becomes deeply colored, while the linen becomes so, only feebly, after a long time. Will

this aid in explaining the irritating effect of cotton handkerchiefs, compared to linen, when applied to the nose and eyes during catarrh? Humidity does not impede the appearance of ozone. The direct rays of the sun favor it, and it is less developed if these are shaded by dark-colored glass, and during the night. When snow fell, Dr. Polli observed its action to be very powerful, as also during the prevalence of northern winds, and rainy and cloudy days. When fine weather had lasted many days, the air became loaded with ozone, but immediately after heavy showers it disappeared: slips which before the rain appeared, were colored in a few hours, then remaining white for days. After the rains have ceased, the ozone reappears, and continues increasing. That the rain-water, and especially the first drops, contain it abundantly, is seen by the deep color of the slips exposed to its aspersion. In the stalls of stables, in which the air is moist, and ammoniacal, the slips do not change color, or do so very slowly as compared with those placed in empty stables. Will this explain any benefit phthisical patients were once supposed to derive from breathing such air?

Dr. Heidenreich made a series of daily observations upon the relation of the amount of ozone to the nature of the prevailing diseases, from March 16 to May 22. He found that a strong ozonic reaction coincided with an exacerbation of the symptoms of catarrh, and the appearance of pulmonary phlegmasiæ, while a diminution of these took place when it was feeble. On the other hand, affections of serous membranes, as the arachnoid, and of the synovial, as also various cutaneous affections, as urticaria, varioloid, zoster, appeared during very feeble signs of the presence of ozone. Rheumatic affections seemed connected rather with a large than a small amount, while pleuritis was as often met with in the one case as the other.

Dr. Faber (in common with Wunderlich and other German observers) doubts the existence of any connection between the development of ozone and the prevalence of catarrhal affections. A year's observations, during 1848, failed to confirm the accuracy of Schönbein's conclusions upon this point. He found, too, the color both strong and weak, whether the barometer was low or high, but perhaps oftener weak when it was high, and strong when it was low. During 1848, however, the barometer proved a very deceitful prognos-

ticator of the weather.—*Omedei Annali* vol. cxxx p. 155; *Canstatt, Jahr.* 1850, vol. ii, p. 60; *Gaz. Medicale*, 1850, No. 51, p. 905.

*Anæsthesia.*—At the March meeting of the *Medical Society of Virginia*, a report was read, embracing the experience of the profession of the city of Richmond, in regard to anæsthetic agents, from which we extract the following conclusions:

"1st, Of nearly fourteen hundred instances reported, in which anæsthesia has been produced, not one has occurred in which either a fatal or permanently injurious consequence has been proven to have resulted.

"NOTE.—This proposition is the more remarkable, when it is recollected, that the period embraced in this report extends over the entire history of the use of anæsthetic agents in this city, since their introduction; that their early use was necessarily to a great extent empirical; and that a large proportion of cases occurred in the practice of those who were not physicians, and of whom we may say, without disrespect or disparagement of their professional skill, that they were less competent than physicians to discriminate between those who were and those who were not suitable subjects for the administration of anæsthetic agents, or to judge of the physiological effects produced. We believe that such a proposition could not be maintained in regard to any other of the most powerful agents of the *materia medica*.

"2d. That on every occasion on which it is desirable to use anæsthetic agents, we may do so with confidence, observing proper precautions.

"3d. That chloroform is preferable to ether, and is equally safe. We would compare its advantages to those of the alkaloids, quinine, morphine, &c., over the bulky and often nauseous substances from which they are derived.

"4th. That in surgical operations the patient is not only saved the cruel agony which has hitherto been inseparable from many of them, but is in a more favorable condition for their successful performance.

"5th. That the process of natural labor is facilitated by anæsthesia.

"6th. That in some cases of a purely medical character, these agents furnish a most valuable resource to the physician.

"7th. Finally, when we consider the extensive application of these agents, the diminution of suffering and the preserva-

tion of life which they have effected, and the relief from embarrassment to the operating surgeon which they afford, together with their safety, they deservedly rank among the most valuable resources of the healing art, and their discovery marks an important era in the history of medical science."—*Stethoscope*.

*Clinical facts relative to the administration of Cod Liver Oil.* By WILLIAM H. ANDERSON, M. D., of Mobile.—So much has been written about this remedial agent, during the last few years, and so many exaggerated reports of its efficacy have been put before the public, that it is with some delicacy that I approach it, as a subject for further investigation. Nevertheless, medical facts are always valuable, and the usefulness of the profession depends mainly on their publicity and extensive circulation. At the present moment, there seems to be a division of opinion among medical men, as to the remedial power of Cod Liver Oil in any disease. Very respectable authority might be quoted, for its being inert in disease, and for its possessing no other qualities than other nutritive oils. The mass of medical testimony, however, is decidedly in its favor, and would seem to accord to it quite an elevated position in the pharmacopœia.

At this age, when physical diagnosis has attained so high a degree of perfection, it is indeed strange, why there should be such discrepancy about the reports of Cod Liver Oil, as a remedial agent in phthisis. If percussion, and particularly auscultation, reveal a certain extent of disease in any given portion of the lung, before using the remedy in question, and this same portion be carefully examined after using it, it certainly would seem that physical diagnosis was perfect enough to appreciate the change, if any had taken place; and yet, practitioners who stand high in the science, publish very discrepant reports on the subject. This is very much to be regretted, because the large mass of practitioners have not the opportunity to experiment largely for themselves, and they are compelled to regulate their practice by the experience of those who enjoy superior advantages. Discrepancy, therefore, among this latter class, on subjects which ought to be reduced to absolute demonstration, seriously injures our medical character, and detracts from the value of our professional periodicals.

The following summary of a few facts relative to the remedy which heads this article, may be relied on as authentic, the author having been placed under circumstances which enabled him to have a good deal of clinical experience with Cod Liver Oil.

The most important disease, for the alleviation and cure of which the oil has been used, is phthisis. Of 127 cases of this disease, which I particularly noticed, no other remedy was used. Of this number, the respective condition of the patients was as follows:

Sixty cases were in the incipient stage—prolonged respiration, slight cough, very little expectoration, no laryngeal disease except in five instances, dullness, under one or both clavicles in every case, spitting of blood to a small extent in 18 cases—to a much greater in 4; organic disease of the heart in 9 of the whole number; functional disease in 12; organic disease of the liver, (supposed to be fatty degeneration,) in 4 patients; impaired digestion in 19; good digestion in the rest; evident emaciation in 20; considerable embonpoint in the other 40; two-thirds of the 60 were of the sanguine and lymphatic temperament—the other third were of the bilious and nervous, generally mixed. As nearly as could be traced, 41 were descendants of phthisical parents, principally, however, on the maternal side; 38 had been temperate, and well nourished from infancy, while the other 22 had lived a life of wretchedness, exposure, and intemperance—badly fed, badly clothed, and without any regular homes.

The 67 cases remaining to be accounted for, were far beyond the incipient stage of the disease. All had cavities in the lungs, of greater or less dimensions; 15 had small cavities with diffused dullness at the apex of either one lung or the other; 22 gave auscultatory signs of very large excavations, accompanied by functional or organic disease of the heart—colliquative diarrhœa, distressing cough, enlargement of the bronchial glands, chronic laryngitis, great prostration and emaciation. Of these 22, 14 had enlarged livers, and 5 tubercular degeneration of the mesenteric glands; 15 of them were females under the age of 30. The whole number were adults.

The remaining cases were in the last stage of the disease, and all of them died not long after admission. Exclusive of the deaths, therefore, there were 97 cases of phthisis treated solely by cod liver oil

for the period of three months. Out of the 60 mentioned as being in the incipient stage, there was an evident amelioration in 44, but in no single instance did the dullness leave the affected region. The cough and expectoration were alleviated, and the majority of these affected with functional disease of the heart were relieved of this symptom. The amelioration was most evident in those patients who were of the sanguino-lymphatic temperament. We cannot say, then, that any one patient was cured, but that the disease was arrested, and that the general condition was improved, there is no doubt. How long the arrest lasted, it was impossible to tell, but it was the opinion of the highest medical authority of France, that many of this number might be permanently relieved by change of climate, occupation, &c. The prolonged expiration was closely noticed, and it was thought that in some instances it was removed, in others, lessened. The great delicacy, however, in properly appreciating this change, may have led the auscultators into error. Upon the whole, the exhibition of the remedy was very satisfactory both to the physician and the patient.

I have mentioned that 15 cases had small cavities with diffused dullness at the apex of either one or the other lung. Thirteen out of this fifteen improved under the treatment, and 9 improved enough to consider the disease, for the time, staved off. Of these, the cavities certainly did not increase, the general symptoms diminished, the patient gained flesh and strength, but the dullness on percussion remained. Two of the 15 seemed not to be affected by the oil, indeed, but both of them had a sort of intolerance of it, and took it only in small quantities. The greatest quantity taken by any one patient amounted to three-quarters of a pint per day. The average dose was about one ounce, three times a day.

Of the 22 patients who had large cavities, colliquative diarrhoea, dullness, cough, &c. there was manifest improvement noticed in 11. This improvement consisted in increase of flesh and strength, in arrest of the diarrhoea, and great alleviation of the cough. The laryngitis, too, seemed much benefited. The other 11 were little affected by the treatment, although the remedy had a fair trial. After three months, the chance of death or recovery amounted to about the same it did when they entered. The immediate fatality of

the disease, however, on the first 11, was undoubtedly postponed—to what period of time, could not be ascertained.”

The author gives results of the use of the oil in several other affections. From transactions of Alabama State Medical Association.—ED. BUFF. JOUR.

*Treatment of Acute Rheumatism by local Anesthetics.*—DR. ARAN related the results of his researches on the application of anesthetics to the joints, in acute rheumatism. A moist compress on which the agent is sprinkled is applied and renewed once in twenty-four hours, being enclosed by impervious bandages, so as to prevent its evaporation. It is applied to each joint in succession as it becomes inflamed. Having experimented with various agents, Dr. Aran decides in favor of the *Dutch Liquid*. The relief afforded, as regards the local pain, is very decided, and lasts from one to six or eight hours, according to the severity of the attack. The movement of the limbs is restored, and the swelling subsides, and the disease gradually declines in from six to eighteen days, according to the duration and acuteness of the disease. The complications of rheumatism may be treated on general principles at the same time.—*Academy of Medicine, Paris.*

*Hysteria in a Male.* By N. HARD, M. D., Prof. of Anatomy in the College of Physicians and Surgeons of the Iowa University.—Perhaps the propriety and utility of reporting for a Medical Journal so common and uninviting a disease as *hysteria* may be questioned by some of your readers. But the value of a reported case does not always depend upon the novelty or rarity of disease. Whatever serves to illustrate a principle of pathology, or sheds light upon a controverted point in theory or practice, has its value and use, and should have a place in the records of the profession.

It is well known that hysteria is classed, and treated of by writers among the diseases of females.

It is supposed to originate in some form of uterine irritation, or functional derangement of the female generative system, which is reflected upon the nervous centres, producing, under the influence of some exciting cause, that peculiar train of spasmodic and neuralgic symptoms, familiarly known as hysteria. The very name of



the disorder was derived from the hypothesis of its uterine origin, and many writers declare it to be peculiar to the sex. Some writers, however, admit the possibility of its occurrence in the male; and it is not uncommon to hear of some hysterical symptoms in connection with the diseases of men. But I do not recollect of meeting any-where with an account of the disease in all its completeness occurring in the male; while the denial of such an event has often been made.

The object of this article is especially to settle the question, *does true hysteria occur in the male?*

CASE.—D. D., of Oswego, Ill., a young man aged 25, of nervosanguine temperament, had exhibited evidence of occasional slight malarious disorder, for some weeks of the summer season. On the evening of his attack (30th of July, 1849,) after the fatigue of the day's business, he had ridden a hard riding horse five miles, (to Aurora.) He mentioned, on arriving at my house, that his legs felt numb and "curious," so that he could not feel his feet in the stirrups. He rode back to Oswego with me in my carriage, and after a cup of tea and a light supper, laid down on a lounge supinely. In a few minutes he complained of severe pain in his stomach, lasting but a few moments, with short intervals. During these pains he would turn quite over, and get on his back again as the pain ceased. Hysterical spasm soon set in, involving nearly all the muscles of the face and extremities. Spasms, clonic, and the motion, that peculiar drumming and beating, characteristic of hysteria, were present. Complete opisthotonos occurred two or three times. During the night almost all the voluntary muscles shared in the convulsive movement.

The *globus hystericus* almost constantly annoyed him, and the peculiar gasp, or catch of the breath on inspiration, was well marked, as well as the peculiar sigh of hysteria. Temporary insensibility of mind, alternated with incoherent talking.

The attack came on about 11 o'clock P. M., and continued with unabated severity about six hours. But marked symptoms of hysteria were exhibited at intervals for two days, together with a strong proclivity to malarious fever; which latter condition yielded to the free use of quina.

TREATMENT.—After a brief trial of the more ordinary anti-spasmodic measures, venesection was practiced, and a blister

drawn over the stomach, followed by prompt relief. I may remark in this connection, that in subjects not actually anemic, I have found the lancet the most efficient and reliable anti-spasmodic agent at command.

REMARKS.—We consider the above as furnishing an instance of genuine and original hysteria in the male, and adequate to settle the question of the occurrence of that disorder in the male from which we draw the conclusion, that eccentric irritation of remote organs and surfaces, other than the uterus, reflected upon the nervous centres, does give rise to all the phenomena of hysteria.

## SURGERY.

*Instrument for arresting Epistaxis.* By M. Gabriel.—This is a tube made of caoutchouc, carrying at its extremity a dilatable balloon, which, when introduced into the nostrils in its undistended state, may, by the process of insufflation, be made to assume such dimensions, and exerting such pressure as completely to arrest the hemorrhage.

A simple method of plugging the posterior nares suggests itself in examining this tube with dilatable extremity. This operation as at present performed, whether with a special apparatus, or with an ordinary catheter, is frequently very troublesome, though simple in appearance. If the tube be introduced from before backwards through the cavities of the nose, until it has quite cleared the posterior nares and arrived in the pharynx, and be then dilated and drawn forwards, we obtain a more complete and manageable plug than that usually made of lint.—*Dublin Quarterly Journal of Med. Science.*

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY

*Case of Popliteal Aneurism Treated by Compression; with remarks, and a list of the cases treated in Dublin.* By O'B. BELLINGHAM, M.D., F.R.C.S.I., Surgeon to St. Vincent's Hospital, Dublin. The subject of this case was a labourer, aged 42, who was admitted into St. Vincent's Hospital, under Mr. Bellingham's care, in November, 1850. The aneurism, which was of large size, was seated on the right side; had a strong heaving impulse, and a short, harsh bruit was heard on auscultation over it. The

treatment was commenced by placing the patient upon a very restricted diet, particularly as regards fluids (six ounces only being allowed in the day, with eight ounces of solid food), confining him strictly to the horizontal posture, with a dose of purgative medicine each night. Under this treatment, continued for some days, the pulse, from being hard and incompressible, became soft, small, and slow. Compression was commenced December 4th, at eleven a.m., by means of two instruments, one upon the artery where it crosses the ramus of the pubis, the other at the lower third of the thigh. At half-past eight p.m., the outlines of the aneurismal sac were more distinct; the patient's skin was cool, and he did not complain of pain. He remained awake during the night, and kept up the compression himself, the points upon which the pad of the instrument should rest having been marked with ink. Next morning, between nine and ten, on unscrewing the instrument, the pulsation of the aneurism was found to have ceased; the tumour was hard, solid, and circumscribed, and an enlarged collateral vessel was felt over the centre of the popliteal region. Moderate pressure was continued for some days; the patient was kept in bed, and the diet was gradually improved. The tumour diminished in size, and became harder, and when the patient returned home, the limb was as strong as the other, and his general health perfectly good.—Some remarks upon the treatment of aneurism by compression followed, in which the author contrasted the results of compression and the ligature, and pointed to the advantages likely to ensue from combining constitutional with local treatment. In a table appended to the paper, the author has given a list of all the cases of external aneurism treated by compression in Dublin during the last seven years, in which the seat of the disease is mentioned, the hospital or other locality where the treatment was conducted, the surgeon's name who had the management of the case, and the results are stated. Of these, it appears that twenty-six were cases of popliteal aneurism, twenty-one of which were cured; six were cases of femoral aneurism, of which five were cured, the sixth having been a form of traumatic aneurism, in which amputation of the limb was the only resource. Three were cases of brachial aneurism, of which two were cured; in the other, a high bifurcation of the brachial artery existed,

and two vessels required to be tied. One was a case of radial aneurism, which was cured by compression. Of the remaining five cases of popliteal aneurism, amputation of the limb was performed in one, the patient recovering; in a second, the ligature was used with success; in a third, the patient was obliged to return to his employment before the cure of the disease; the aneurism diminished in size, and the patient continued to work for above three years afterwards, when symptoms of aortal aneurism supervened, under which he sank. In a fourth, the patient died of pulmonary disease, and the fifth patient, who was of a broken-down constitution, died of erysipelas.—*Dublin Med. Press.*

*Account of the Dissection of a Case in which two Popliteal Aneurisms had been Treated by Compression of the Femoral Arteries.* BY P. HEWETT, Assistant-Surgeon to St. George's Hospital.—A man, aged 38, was admitted into St. George's Hospital, in the middle of 1848, under Mr. Cutler, with an aneurismal tumour in each ham. That on the right side, completely filling this region, was compressible, but could not be emptied; that on the left, not larger than a small egg, was hard, and to a great degree apparently solid, and with much less pulsation. The tumour on the right side had only existed three months, and nothing had been done for it. From the account of the patient it appeared that the disease on the left side, which had begun about eighteen months back, had been treated by compression of the femoral artery, at the Wexford Infirmary, where the pressure had been kept up, more or less, for seventeen weeks, during which time the limb had regained its natural size, and the tumour was reduced to its present state, from which it has never since varied, and has caused him but little inconvenience. His general health, which had begun to give way about two years and a half back, had prevented him from following his business of musical-instrument maker. When admitted into the hospital he was pallid and apparently suffering from great debility. At a consultation of the surgeons, it was determined, under existing circumstances, that compression should first be applied to the right femoral artery, and the instrument, a ring tourniquet, was so adapted as only to lessen the circulation in the limb, and to be worn for a few hours daily. In some little

time the limb was reduced in size, the tumour became smaller and firmer, but pulsation still remained. Some six weeks after his admission, and whilst under surgical treatment, cough and expectoration, with difficulty of breathing, made their appearance. Auscultation detected nothing abnormal about the heart, but the lungs were found to be engorged at the back part. The chest symptoms went on increasing in severity, and the patient one day suddenly brought up a large quantity of arterial blood, and died shortly afterwards. The tumour in the right ham had gone on decreasing in size, and had become firmer and more solid, but some pulsation was still felt. No change had occurred in the left ham.

At the examination of the body, which took place thirty-one hours after death, the left aneurismal tumour, deeply imbedded in the popliteal space, was found lying between the joint and the artery, of the size of an egg; it was pyriform in shape, and apparently quite solid, but on cutting into it, the lower half only was filled with long-standing coagula; the upper part still presenting a cavity lined throughout by a perfectly smooth membrane continuous with the coat of the artery, merely contained some small recent clots. Of the two openings into the sac, the upper one was large, and nearly of the size of the artery; the lower one, on the contrary, was much contracted, and scarcely admitted a common sized probe. The portion of the artery lying upon the sac was also very much contracted, but its coats were healthy, as well as those of the posterior and anterior tibial vessels, which were of their normal size. In the upper part of the femoral, there were large patches of atheroma, with three distinct aneurismal dilatations, one in the former vessel and two in the latter. The femoral artery and vein were pervious in their whole length, and the surrounding cellular tissue was not thickened. The vein and the nerve in the popliteal space were firmly adherent to the sac with a few of the fibres of the gastrocnemius muscle. The aneurism on the right side, larger than a cricket-ball, was also lying between the artery and the knee, to which it was firmly adherent. It was filled with laminated coagula, save at the back part, where there was still a small channel leading from the upper into the lower part of the vessel; this channel was rough throughout, and covered with

recent fibrine. The upper opening of this channel was free and smooth; the lower one was small, and below it the artery was reduced to the size of the posterior tibial. Above the aneurism the coats of the artery were much thickened by atheroma, and here too, about an inch and a half above the tumour, was another small aneurismal dilatation. The femoral artery presented several patches of atheroma, but it was otherwise healthy, and, as well as the vein, pervious throughout its whole course: the surrounding cellular tissue was not thickened. With regard to the popliteal vein and nerve, the appearances were the same as those observed on the left side. The thoracic aorta was extensively affected with atheroma throughout a great part of its course, and it was somewhat dilated. In its arch it presented three distinct aneurisms, one of which, the largest, was lying between the large vessels and the windpipe, into which it had burst by a small ulcerated opening, about an inch above the bronchi: the cavity of this sac was partly lined with long-standing coagula. The bronchi were filled with blood, in addition to which the lungs themselves presented several large patches of pulmonary apoplexy, and were extensively affected with emphysema. All the abdominal organs were healthy, excepting the kidneys, which were somewhat smaller than natural, rough on their surface, and with several small cysts in their structure.

A pause having ensued after the reading of the papers,

Mr. Macilwain rose and said that the papers were too important to be allowed to pass without discussion. He rose, however, more for the purpose of eliciting information than to impart it. He proceeded to speak on the subject of the treatment of aneurism generally, and said that we appeared to have stood still in the matter since the days of Hunter. Had Hunter lived, no doubt many of the inquiries into the pathology of aneurism since undertaken would have occupied his attention, particularly the cause of the deposition in the artery, and other points in connexion with the subject. Mr. Macilwain then proceeded to speak of the importance of having more accurate reports of the cases which were subjected to treatment, and expressed his opinion that we regarded the disease too distinctly as a local one.

Mr. Hodgson was obliged to Mr. Macilwain for the observations which he had made, but he thought that the discussion

should be confined to the subject immediately under consideration,—viz., the cure of aneurism by compression. The consideration of the morbid changes taking place in the vessels in aneurism might be well discussed on another occasion, but on the present we should limit ourselves to the points embraced in the papers just read.

Mr. Partridge thought the most desirable plan to pursue in the discussion was for the surgeons who had had any experience of the treatment of aneurism by compression, to state the result. He was inclined to think that the London surgeons were open to the remark of Dr. Bellingham, of having neglected the plan under consideration. He (Mr. Partridge) could speak for King's College Hospital, that pressure had been but little employed in that institution, and the result was by no means encouraging. This was partly attributable to the imperfect instrument employed, and partly to the circumstance of the patients being entrusted a good deal with the treatment themselves. Thus, a stout healthy-looking man was admitted into the hospital with a popliteal aneurism, and the management of the instrument was mainly left to himself. He screwed up the instrument so tightly that it eventually broke, but not until a large slough formed on each side of the aneurism, which remained in the same state. A ligature was afterwards applied; the man lost his toes by gangrene, but the aneurism was cured. If he (Mr. Partridge) had such an instrument as that exhibited on the table he should use it, as it was a great improvement on the one usually employed in London. He inquired the experience of surgeons on the state of the artery after compression had been employed unsuccessfully; it having been urged by some that the artery, after the failure of compression, was not in so favorable a condition for the application of a ligature as before.

Mr. Quain said that Mr. Partridge's case could not be taken as the type of those he had seen. He had observed good results from the treatment by compression in a few cases of popliteal aneurism, and he was favorably disposed to that plan of treatment. He feared that a portion of the remarks in the paper first read were not calculated to conciliate support to the practice it advocated; he alluded to the remarks made in connexion with the statement that surgeons out of Dublin

"decry" compression as a mode of treating aneurism. This statement, too, he believed to be erroneous; at least, he had not heard anything that would bear it out. But the question really was not what is thought in Dublin, or in Edinburgh, or in London, but what was the fact as to the utility of compression in the management of the disease. While he listened to the paper he was struck by the circumstance that no mention was made of the treatment in question being resorted to in aneurism, other than the popliteal and femoral. He (Mr. Quain) had seen the late Mr. Liston use compression of the brachial artery in a case of aneurism of the hand from injury. Though the compression was made under favorable circumstances (for it was well applied, and the patient gave every aid to the surgeon), still it entirely failed. The disease in this instance was cured by ligature of the brachial artery. In the operation, this artery was by no means so easily secured as it usually is, owing to the thickening of the cellular substance and fascia by the compression; but there was no such difficulty in the case as would justify, in his opinion, any opposition to the use of compression upon that ground. He thought at the time that the want of success in this instance might perhaps be attributable to the large nerve which courses over the brachial artery. The femoral artery, it will be remembered, has no nerve of magnitude in company with it. Dr. Bellingham, moreover, gave no account of the condition of the parts upon post-mortem examination after the successful application of compression, but Mr. Hewitt had this evening given the history of such examination in one case. He himself had witnessed one dissection in which the femoral vein was found to be obliterated.

Mr. Partridge said that the statistics should state whether the patients were cured or not, and how long they had remained well. He thought that Dr. Bellingham was right in saying that in London we did not habitually employ pressure, and that there must be some reason for it.

Mr. Quain had seen compression employed successfully in cases of femoral and popliteal aneurism, but at the moment he did not recollect the number of cases.

Mr. Partridge suggested that Mr. Curling should state the experience of the London Hospital surgeons, and Mr. Cock that of the Guy's men, of compression.

Mr. Prescott Hewett differed with Mr. Partridge respecting the employment of compression by London surgeons; at all events he could speak of St. George's, for scarcely a case of aneurism was admitted into that institution in which compression was not at first resorted to. During the last three or four years there had been five cases of aneurism in the hospital, including the one detailed in the paper before the society. Two of these were cases of popliteal aneurism, one of which was of very large size. In both cases compression was applied to the femoral artery, but in each instance, owing to some peculiarity in the patient, compression was discontinued, the artery was ligatured, and both cases did well. The instruments employed were not so clumsy as had been represented: in both cases compression was kept up by two tourniquets in two parts of the artery. The patients were under the care respectively of Mr. Cæsar Hawkins and Mr. H. C. Johnson. In neither of the cases did the effects of compression render the application of the ligature more difficult. The third case was one of diffuse aneurism of the ulnar artery, consequent upon a wound. In this case the tourniquet was applied over the brachial. He did not think that the failure in Mr. Liston's case of aneurism in the hand was attributable to the contiguity of the nerve to the brachial artery; for in the case in St. George's, the pressure was applied over the brachial, and the patient was cured in a fortnight. In the fourth case compression was tried, and acted apparently with good effect; but in two or three months the pulsation was again detected; the patient was unwilling to submit again to pressure; the artery was consequently ligatured, and a cure effected. The fifth case was the one related in the paper before the society. In answer to Mr. Partridge respecting the influence of compression on the after operation of ligature, he might say, in the case operated on there was no thickening of the sheath surrounding the vessels.

Mr. Curling had no information to give on the subject, as he had had no case under his own care; but he had no disinclination to try compression when a suitable case presented itself. He was quite satisfied that it was a valuable plan of treatment, and thought the society indebted to Dr. Bellingham for bringing it forward. He regretted, however, that Dr. Bellingham had not given more information as to

how and where he applied pressure. The instrument on the table was not sufficiently known in London; his colleague, Mr. Ward, had to send to Dublin to procure one. He thought, in cases of compression on the femoral artery, obliteration of the vein, as in the case mentioned by Mr. Quain, might be avoided by having the pressure applied either just above or below Poupart's ligament. The instrument required management. Where did Dr. Bellingham apply pressure on the femoral artery? He thought Mr. Quain's observations respecting the brachial artery would be borne out by other cases. The pain would be very severe from pressure upon the nerve.

Mr. Macilwain having offered a few words of explanation, and declaring that he had no desire to offer any irrelevant remarks,

Mr. Cock rose and said, he regretted that his experience of the employment of pressure was limited to two cases of popliteal aneurism. In these cases, the only reason he believed the plan did not succeed was, that the patients did not persevere in the employment of the means, one discontinuing it in four, the other in six days. There was no reason to doubt that if the patients had gone on they would have got well. The instruments employed in Guy's Hospital were by no means so perfect as the one on the table, and were more irksome. In each of the cases to which he had referred, the femoral artery was tied at the urgent request of the patient. Both patients got well; but in one case the operation was rendered somewhat more difficult from some thickening and inflammation of the sheath of the vessels. Beyond this the pressure had not interfered with the application of the ligature. He (Mr. Cock) had no doubt that the failure of the pressure in these cases, and the inability of the patients to bear it for any length of time, had arisen from the clumsy character of the instruments, and the bad manner in which they had been applied. The patients in these cases had not been sufficiently watched, and were seen only daily or every second day. Much more watching and care was required in the proper management of these cases than were usually bestowed on hospital patients, and to a neglect of these the failure in the cases he had related might fairly be attributed, as well also to the neglect of instructing the patient carefully in the mode of applying the pressure. He

thought, however, that pressure in the treatment of aneurism would soon be much more extensively employed in London than it had been.

Mr. Athol Johnson said that three cases of aneurism which had been treated by pressure, had been in St. George's Hospital during the period that he was house-surgeon to the institution. Two of these were cases of popliteal aneurism, in which pressure was applied over the femoral artery, but in so clumsy a manner, and with such clumsy instruments, that the plan failed in both cases. The vessels were afterwards tied, and the patients did well. The third case, he believed, was one of those mentioned by Mr. Hewett, of aneurism of the ulnar artery, in which judicious pressure, modified by a suggestion of his own, soon effected a cure.

Mr. Hodgson hoped, if Dr. Bellingham were in the room, that he would give some further particulars of his mode of treatment. He thought the profession in England were much indebted to their Dublin brethren for the great attention they had bestowed on the treatment of aneurism by compression, and to the improved method they had carried out. They had developed the principle on which the practice was undertaken. Three modes of treating aneurism by pressure had been resorted to. The first, that introduced by Bottani, consisted in bandaging up the limb to a point beyond the swelling, and thus compressing the vessel; some cures, but very rare, were effected by this mode. The second plan was the employment of severe pressure on the vessel, at a distance from the disease, so as to prevent entirely the flow of blood through the artery. This plan had been adopted by Mr. Frere of Birmingham, and the pressure seemed to act on the artery as if it were ligatured. But this plan caused so much suffering that it could be borne in only a very few cases, and it was rarely successful. In the few cases in which he (Mr. Hodgson) had seen it attempted, the pressure could not be borne. It was reserved for the Dublin surgeons to resort to a moderate degree of pressure, long continued, for the cure of the disease. There was a great physiological principle involved in this plan of treatment. If moderate pressure were long continued, the stream of blood through the vessel became diminished, the vessel became constricted, the circulation through the sac became less, a deposition from the

blood took place in it, and a cure was effected. In looking at Mr. Hewett's case, read before the Society, he (Mr. Hodgson) should consider it doubtful if the cure could be said to be permanent; for though the sac was partly filled with a coagulum, and the aperture diminished, there was still such a cavity left, that it was likely that the aneurism might return, if the circulation had been much disturbed. He would inquire if, in Dr. Bellingham's cases, there had been any secondary aneurism, and also the state of the vessel in those cases in which the patients had died of other diseases. We were not only indebted to the Dublin surgeons for the mode of compression which he had spoken of, but they had rendered compression much less irksome, by the form of apparatus which they employed, and their substitution of an elastic material, like India-rubber, for an inelastic one. Another point alluded to was the application of pressure at two distinct points, so that pain and weariness might be prevented by changing the place of pressure. It had been said by some that compression was only applicable to the femoral artery; but he might observe, that if a ligature on the distal side of an aneurism might cure, there did not appear any good reason why pressure applied on the distal side also, might not act effectively. If so, pressure might be applicable in cases in which it was impossible to apply it on the proximal side of the aneurism.

Dr. Bellingham was now called upon to reply, but spoke in so low and indistinct a tone as to be quite inaudible during most of his speech. We understood him to commence by thanking the Society for the manner in which they had received his paper; and he then referred to some casts on the table of a limb before and after pressure had been applied to it to cure aneurism. He then mentioned some cases in which aneurism had been cured by compression. In one case, the aneurism—a popliteal one—was cured in twenty-four hours; but an aneurism of the opposite side presented itself, and took a much longer time to cure. The patient eventually died from aneurism of the descending aorta. The artery over which the pressure had been applied was found to be quite normal; the aneurism was obliterated; the vein was normal. In another case, in which pressure had been applied to the femoral artery for popliteal aneurism, galvanic punctures having been also em-

ployed, the patient had died at the end of ten days, from erysipelas. The aneurism was found nearly filled by layers of fibrine, the artery under the seat of pressure was healthy. He had dissected a patient who had suffered from aneurism in both popliteal arteries. One of these was treated by compression; the other, by ligature. The latter returned at the end of three or four years; not so the former. The vein and artery were found healthy. It was difficult to apply pressure to the femoral artery without involving the vein in the compression. In almost every case which he had treated by compression, the pressure had been made at two or more points. He begged to say that his observations referred more to the Edinburgh surgeons than to those of London, on whom he had no wish to reflect. In the list of cases which had been alluded to in the reading of the paper, but had not been fully read, instances were recorded in which the radial artery was the seat of aneurism, and which had been cured by pressure made on the brachial artery. After once more thanking the meeting, Dr. Bellingham sat down amid much applause.—*Dublin Med. Press.*

### MIDWIFERY, &c.

*Remarks on the Cæsarian Section, Craniotomy, and on the Induction of Premature Labor.*—By T. RADFORD, M.D., F.R.C.P., EDIN., &c., &c., &c., Consulting Physician to the Manchester and Salford Lying-in Hospital.—Most of our ablest obstetric writers recognize the Cæsarean section. Smellie, Leake, Aitken, Forster, Denman, Sims, Alex. Hamilton, Clark, Burns, Hull, Gooch, James, Hamilton, Blundell, Barlow, Hopkins, Montgomery, Churchill, Shackleton, Conquest, &c., have treated upon it in their writings, and justly consider it the appropriate operation to meet and overcome the difficulties of those cases of protracted labor, for the management of which no other plan is available, or has yet been devised. It ought not to be considered by the profession as a resource solely to save the infant, as some of the observations of its recent advocates imply: but it ought most assuredly to be also valued as, and undertaken for, the purpose of likewise saving the life of the mother. This is a noble object to aim to attain; and if it is duly estimated and tried for, it will most assuredly be accomplished. Its numerous advocates have the highest obstetric reputations, and their opinions will be revered, when the dogmas of its adversaries are buried in oblivion. There is, then, sufficient reason for the existing members of the profession to coolly and deliberately "weigh

it in the balance," and if found (not by prejudice) wanting, then they are warranted to expunge it from the obstetric code. To listen to and be guided by dogmatic assertions, is not the legitimate and scientific method to settle questions of life or death. It is a controversial subject, and will remain so, until the evidence *pro* and *contra*, is fairly examined. Most unwarrantable epithets have been used as characteristic of its termination. Dr. Osborn admonishes us as to "the propriety of never exposing the very valuable life of a mother to absolute destruction by the Cæsarean operation." The erroneous doctrines inculcated by this writer, have been ably and satisfactorily controverted by Dr. Alexander Hamilton, (Letters, &c.) and Dr. Hull. Mr. Simmons justifies the term "inevitable destruction," used previously by Osborn; and further, brands the operation as *murder*. The fallacy of his malignant remarks is ably proved by Dr. Hull. The memorable case of Elizabeth Thompson, upon whom my valued relative Mr. W. Wood performed the Cæsarean section, affords ample proof of his unprincipled objections against this operation, and also his unwarrantable confidence in the *crotchet*, and his proposed compound operation.

This poor woman resided at Huzelhurst, about eight or nine miles from Manchester. When in labor, she was visited by Mr. Ogden, who was also a strong anti-Cæsareanist. After having examined the state of the pelvis, he sent for Mr. Simmons. When he (Mr. S.) visited the patient, he found to his great mortification, that neither the *crotchet* nor his compound operation were adequate to the delivery of this poor creature. He left the woman without affording her any assistance, and she was afterwards brought over in a cart to the Manchester Lying-in Hospital. The pelvis is in my possession, and a cast of it was presented by me to the Royal College of Surgeons of England. (*Vide Case*, "Medical Memoirs," by Mr. Wood.)

It has been called a "terrible," "inhuman," "cruel," "barbarous," "bloody," "horrible," "murderous," "undesirable," "dreadful," an "unnecessary," and an "unjustifiable operation," it is said to be a "melancholy catastrophe," and "that the operations, as performed, were abominations."

Many cases of protracted labors from distortion of the pelvis, have frequently occurred in my practice, some of which have been terminated by the natural efforts; some by the forceps, and others required craniotomy. Five of these cases required the Cæsarean section, which are quite sufficient to enable me to judge of the contingent circumstances which happened during and after the operation, and authorize me to state whether the before mentioned terms are warrantable. It is not inevitably destructive, as in two out of the five cases the lives of both mother and infant were saved; it is not a cruel or inhu-

man operation, because it has been in every case undertaken with the most humane and sympathizing feelings, and with the hopes of rescuing the unfortunate creature from long suffering and impending destruction; it is not a barbarous procedure, being recognized by the best obstetric writers in all civilized countries, as the only available resource to meet the extreme difficulty of such cases; it is not a bloody operation, for in none of these cases was there much blood lost; it is more terrible, horrible, and dreadful to the witnesses of the operation, than to the poor suffering woman herself; she hails with joy any plan which promises to terminate the anguish she has so long endured. Dr. Sims says:—"Human imagination can hardly conceive anything more dreadful than the distressing anxiety of a woman in the pangs of labor, without hope of delivery." It cannot be murderous: to be so, it requires *malice prepense* on the part of the operator; on the contrary, it is done to save two lives. Such an epithet is more appropriate for the crotchet operation. We agree to say it is an undesirable operation, and we hope no man is so wanting in moral principle as to desire such a case to happen in order to gratify his "rage for cruel and bloody operations." The justice and necessity of this operation will be proved in the course of this paper.

A very eminent obstetric practitioner has lately remarked, that "he is fully satisfied that if, in great distortion of the pelvis, abortion, or the induction of premature labor were had recourse to at the proper season, no case could occur in which the Cæsarean operation could be required." Craniotomy or embryulcia are said to be equal to the delivery of some, if not all, the cases of distortions of the pelvis in which the Cæsarean section has been performed.

These several methods, which are recommended to supersede this procedure, do not all stand on the same moral and professional grounds. The induction of abortion, and the induction of premature labor, are considered equal to prevent the Cæsarean operation ever being required, even in the most distorted pelvis. Under such circumstances we are recommended to adopt this practice; nay, I should think, from the tone of the author, either the one or the other procedure must be had recourse to, if the practitioner desires to discharge his duty to his patient. This injunction is not alone confined to those cases with which the practitioner must of necessity be acquainted; at least, that there positively exists a considerable diminution in the pelvic diameters from his experience in former labors; but it is considered that this practice is applicable and ought to be adopted under such circumstances in first labors.

These statements naturally suggest to the mind an important question,—Whether there are any certain indications of the existence of

extreme pelvic deformity during the early period of a first pregnancy, which demand manual examination? The pelvis may be extremely deformed in early life by rickets, and although the disease has been arrested, yet the mischief inflicted on its bones continues, and its diminished diameters bear the same relative proportion to its present degree of development which they did to that at an earlier period. In such a case, extreme distortion of the pelvis may exist through the whole period of life, without the slightest external evidence, either in its bones or other portions of the osseous system; and therefore this state can only be ascertained when labor has commenced.

Internal exostosis may grow from any of the bones of the pelvis, without a suspicion that such a disease exists. These tumours acquire different sizes; sometimes they become so large, and diminish the pelvic diameters so much, as to render the Cæsarean section necessary; and yet, until labor has happened, there were no external marks which shewed that so serious an internal impediment to the progress of the child had previously existed. (*See Case of Cæsarean Operation by Dr. Mc Kibbin, Edinburgh Medical and Surgical Journal, Vol. 35.*)

Fracture of any of the bones of the pelvis may occur at any period of life; and when they are united, either its inlet, outlet, or cavity, may be very considerably diminished in their measurement. If pregnancy takes place after such an accident, the Cæsarean section may be the only means by which delivery can be affected. This happened in Mr. Barlow's case, and although there was here external evidence that great mischief had been done to the pelvis, yet there was no alternative for this operation; for neither of the obstetricians was acquainted with the pregnancy until called in after the labor had lasted for a considerable length of time. A midwife had been employed in the first instance. But in other cases of this kind of accident which may take place in early life, no external traces of the injury may exist, and the occurrence may not be communicated to the attendant, either from the patient having forgotten it, or not considering it of any importance to make it known to him.

Mollities ossium, as its name implies, is a softening of the bones: and may attack any portion of the osseous system, but the pelvis must generally suffer from its ravages, which produce every degree of distortion in it. This disease is usually slowly progressive, and sometimes remains stationary, except during pregnancy, when it rapidly increases. It very seldom (yet it sometimes) happens that the distortion of the pelvis is so great, in a first labor, as to require either craniotomy or the Cæsarean section for delivery. The usual course of this malady is to produce an additional degree of mischief during each succeeding



pregnancy, and thereby rendering necessary a different plan of delivery in each succeeding labor. The obstetrician may and ought to avail himself of the knowledge he has had the opportunity of practically acquiring of the degree of distortion at any previous labor, and bring it to bear on and to guide his judgment as to what method should be pursued during the succeeding pregnancy or labor. An accurate inquiry during one labor, with a careful examination of the pelvis in the early months of the next pregnancy, will be all sufficient to direct him in his treatment of the case. In a first pregnancy he has not this information, and therefore he stands in a very different position in regard to his professional responsibility. Extreme distortion of the pelvis from mollities ossium may exist, and yet every other bone may be free from disease. The pelvis in Sir C. Bell's case was extremely distorted, but the skeleton was of average height; and the bones, especially the thigh bones, were firm and of full size.

It is true the general health suffers in a greater or less degree during the progress of this disease; and pains, like those of rheumatism, are felt about the hips and lower part of the back, and the patient's gait becomes different, and her stature becomes less.

If a woman, for the first time pregnant, applies for professional assistance in her approaching labor, at the fifth, sixth, or seventh month, and on inquiry she complains of the pains above-mentioned, and the other effects of the disease are to be observed, then there can be no doubt as to the wisdom of making an internal manual examination of the pelvis. But in many cases such an application is not made until a later period of pregnancy; and frequently even then no statement of local pains is made to the practitioner. He may be a stranger to her, and unacquainted with her former gait or stature; and he must, therefore, be unable to make a comparison of her present with her previous state. Women in the lower ranks of life usually employ midwives, and, therefore, medical gentlemen are seldom or ever consulted until the labor has continued for some time, when some serious impediment to its advance is found to exist.

From the previous remarks it is quite obvious that no knowledge of the existence of extreme distortion can be acquired in many of such cases until after the commencement of labor, when suitable measures for delivery can only then be determined on. But even in cases in which this knowledge may be or has been obtained, there is no alternative for the Cæsarean section.

A question will no doubt arise in the minds of those who have not had to manage labors obstructed by distortion of the pelvis—Cannot a manual examination of the pelvic diameters be made with such mathematical accuracy and

a decided opinion formed, whether the child's head will pass through it?

An accurate exploration of the pelvis is at all times of the greatest practical importance; but notwithstanding the best endeavors are used piecemeal to ascertain its capacity, there is great danger of an erroneous computation, especially when it is distorted. The manual difficulties are great under all those circumstances, but are more so when the brim has assumed the triangular shape. The examination should not be confined to the brim, cavity, or outlet; but the measurement of every division of it must, as far as possible, be accurately obtained.

When it is intended to induce premature labor we should compute the pelvic space in relation to the size of the fetal head at the period of pregnancy at which the operation is to be done. So, when craniotomy is decided on, (as a rule of British practice) the space must be relatively considered; and at the same time it must be remembered that the reduction of the fetal head cannot be effected beyond certain limits.

*Abortion.*—The induction of abortion is one of the operations proposed to prevent the necessity of the Cæsarean section; but in the opinion of the writer it can only be justifiable to have recourse to it in a first pregnancy.—(Vide "Remarks on the Value of Embryonic and Fœtal Life," *Obstetric Record.*)

But it is not alone on moral grounds that this procedure is considered inadequate to meet such a proposition. It is physically impossible safely to perform this operation in most of the cases of extreme distortion of the pelvis, especially in those which have a triangular-shaped brim.

An experienced practitioner unsuccessfully attempted to destroy the ovum. The woman afterwards died. The pelvis is in my possession, and is an example of the highest degree of distortion from mollities ossium which was ever presented to my notice. Other cases of a similar description are on record, in which the same results happened.

Medicines have been administered to produce abortion in these cases; but the practice is unwarrantable and dangerous. One woman died after taking *secale cornutum*; but in her case an instrument had been first used. Mrs. Sankey, one of the women (already mentioned) who recovered after the Cæsarean operation, became again pregnant. She took, by the direction of her medical attendant, the *secale cornutum* and infusion of *savine*, for the purpose of inducing abortion, but it is said they failed to produce it. In more than a month after its discontinuance she aborted a two months' fœtus; the placenta was detained, *secale cornutum* was given, on the third day it was reached by the finger and extracted. She died in about five days after the expulsion of the fœtus.

*Premature Labor.*—Premature labor is to be induced, not so much for the purpose of superseding the necessity of the Cæsarean operation as it is to prevent the use of the murderous instruments—the perforator and crotchet. Whenever the pelvis is so much distorted as to prevent the passage of a full-grown infant without the aid of craniotomy, but will permit one that is premature and viable, this operation must be performed before the end of pregnancy. The longer gestation is allowed to proceed without interruption, the greater chance is afforded to the child to live, but the period at which labor ought to be induced must depend on the degree of distortion of the pelvis. The great consideration here is the probability of the birth of a viable infant. Most writers assert that it has not the power of maintaining an independent *post partum* existence until the seventh month of pregnancy. I venture to differ from this opinion, and do not unconditionally accept this limitation, but I think that a shorter period of intra-uterine life would in many, if not in all cases, enable the infant afterwards to exist. I have known one, not larger than at six months, survive, and another, not more than six months and a half when born, lived to be ten years of age. Cases are recorded of visible infants born at the above-mentioned periods.

The performance of this operation is justifiable on moral grounds, and it is sanctioned by every professional and social principle. Its object is noble, it saves a life which must otherwise be destroyed, and at the same time the woman incurs not much (from my own experience I can say no) more risks than those which are contingent on ordinary parturition. But notwithstanding the high value of this operation, it is not warrantable unnecessarily to have recourse to it. Errors (as already stated) in computing the pelvic space may be made. This opinion is corroborated by a case which occurred in the practice of the late Dr. James Hamilton, briefly related by me in the *Provincial Medical and Surgical Journal*, Vol. 2, 1847, p. 404.

The reader is referred for further information on this important subject to Dr. Merriman's *Observations*, *Med. Chir. Trans.* Vol. 3, p. 123; Dr. Hull's *Letters*, &c.; Barlow; Dr. R. Lee's "Clinical Midwifery."

*Craniotomy.*—It has been asserted that delivery can be accomplished by the use of the perforator and crotchet in all cases of extreme distortion of the pelvis. The following remarks will prove that this statement is not borne out by facts. In some cases of this kind the head could only just be reached, and with great difficulty (to say nothing of the danger) perforated. But this done, the power of the operators ended, all further efforts made to reduce and extract it completely failed. "Awful catastrophe!"

A consultation was held on the case of a

poor woman in labor; most of those present were anti-Cæsareanists, and therefore they decided on craniotomy. The head was, with great risk, just opened with the perforator, but every other effort made to deliver this poor suffering creature was unavailing. She was allowed to endure the anguish of parturient pains until the uterus ruptured, and death terminated her agony. The pelvis was greatly distorted by molities ossium, especially the outlet, and there is no doubt, in my mind, an erroneous and partial measurement had been made; most likely the brim had been only attentively examined. A cast of the pelvis is in my possession.

In one case, after the head of the infant had been perforated, the Cæsarean section was performed, and it was extracted half murdered. "Awful catastrophe!"

In another case, after mutilation by embryotomy, the infant was extracted by the Cæsarean section. "Awful catastrophe!"

Others of a like nature are to be found on record. In many of the women who have undergone the Cæsarean section, neither the os uteri or the presentation of the infant could be felt. Under such circumstances how could craniotomy be done? This is the only operation, recognised and justified by the British profession, which is undertaken with the intention of destroying life. It is only between the value of craniotomy and the Cæsarean section that a comparison need be made. I have been anxious to undertake this important inquiry, and, as statistic deductions are so much in vogue at the present day, I put out a letter in the *Provincial Medical and Surgical Journal*, Oct. 17, 1849, requesting the members of the association to kindly send me a statement of all the cases of craniotomy which had happened in each of their practices; but, sorry I am to say, only three or four gentlemen have had the candour to communicate information on this subject. It has been said that the statistics of the Cæsarean section are worthless, but how I cannot understand. Those of craniotomy are completely valueless; hundreds of such cases have been silently consigned to the grave. Instead of trying to explode the Cæsarean section, (as now practised in Great Britain, which the foregoing observations prove cannot be done,) we ought rather to endeavor to extend its adoption. I stand fearlessly forward as an advocate for its performance, not only when the woman cannot be delivered by craniotomy, but also in other cases. I consider that the Cæsarean section should be approved as an operation of election, and not, as it now is, one of necessity; and that craniotomy ought to be received in the reverse order.

For a further exposition on these subjects I beg to refer the reader to "Remarks on the value of Embryonic and Fœtal Life," *Obstetric Record*; *Letters*, *Provincial Medical and Surgical Journal*, Oct. 3, 1849, Oct. 17,

1849; "Successful Case of Cæsarean Section, *Ibid*, August 1849; "Cases of Cæsarean Section," *Edinburgh Med. and Surg. Journal*, Vol. 55, page 67.

To have entered more fully on these subjects would have extended the paper beyond the space which is allowed in a periodical publication upon whose pages there is such a great demand.—*Provincial Med. and Surg. Journal*.

*Treatment of Infantile Convulsions.*—By DR. SCHOFFERIE. (Translated in *Edinburgh Monthly Journal*.)

During the paroxysm medicine can do but little. In general, harm is done by hasty interference. Many practitioners no sooner have a case of convulsions than they apply leeches. The author thinks that in most cases they are useless or pernicious. He opposes the indiscriminate theory of congestion.

During the fit, if the child be weakly and anæmic, he orders the head to be inclined downwards; if, on the contrary, it is robust, the head should be elevated.—He also strongly advises enemata, sometimes simple, at others containing infusion of chamomile or valerian. In weak infants he has seen much benefit from compressing the vessels of the thighs.

Leeches are indicated when the child is robust, and when in a strong child the fit continues in spite of a lavement. If there be evidence of dental irritation, no time should be lost in scarifying the gums.

When the fit is over, the subsequent treatment will be regulated accordingly as the disease is idiopathic or symptomatic. In feeble children a tonic and nutritious regimen is required. In some iron is indicated, and cod-liver oil is beneficial in giving an impulse to nutrition. Cold affusion and exposure to a dry bracing air are very important adjuvants in the treatment.

The author objects to the free use of mercurials which is so commonly resorted to in this country.

In chorea he places greater faith in cuprum ammoniatum than in any other medicine.—*Provincial Journal*.

*On an Easy Mode of Reducing a Dislocated Femur.* By DR. MAYR. DR. FISCHER, of Cologne, published in *Casper's Wochenschrift*, No. 1, 1849, an account of his mode of reducing dislocation of the femur, and which consists in flexing the

femur to an acute angle with the trunk, and impressing upon it gentle rotatory movement while in a state of adduction if dislocated on to the ilium. Dr. Mayr, without being then aware of this procedure of Dr. Fischer, resorted to it in a case that occurred lately to himself. A man, aged 31, dislocated his right femur upwards and backwards; and, after repeated attempts at reduction, even by the pulleys, had been made, the author was called in on the 13th day after the accident. After he had in vain tried the ordinary plan of extension and counter extension, he resorted to the following means; the opposite limb and the pelvis were fixed, the operator flexed the femur upon the trunk, and, passing one arm under the ham while he grasped the calf with the other, he imparted rotary movements of gradually increased strength to the limb. As soon as he perceived a greater mobility of the head of the femur, he brought the limb into a state of strong adduction; and when, still continuing the rotation, the head had approached the acetabulum, he was able, by a rapid and strong pull inwards, to slide it into its pan, which it entered with a loud noise. The gentle rotatory movements mentioned by Fischer did not succeed here—all his force being required in their production, which may be probably due to the time the bone had remained unreduced.

The anatomical structure of the parts also recommends this procedure. In front of the thick edge of the acetabulum the under surface of the ilium forms a perceptible depression; and if the directions given in the manuals are followed, of making the traction obliquely from outwards, inwards, and somewhat from behind forwards, be followed, the head of the bone must meet in this depression with a considerable obstacle to its progress. This sometimes even invincible obstacle appears to be avoidable by resorting to adduction.—*Casper's Wochenschrift*, 1850, No. 1X.—*Med. Times*.

*Case of Onanism in a Child five years old.* By J. HAINES, M. D. of Keokuk.—Permit me through your Journal, to make known to the medical profession my experience and observations, of an extraordinary instance of Onanism, hoping that the subject of my remarks may not prove unprofitable or devoid of interest.

The patient is a female, a little over

five years of age, very fair complexion, light colored hair, blue eyes, veins deep blue and very superficial, general contour good, and naturally a sprightly, interesting and affectionate child. While absent from her parents, on a visit to see her relatives, living in the State of Kentucky, more than a year since, (then not being quite four years of age,) she says, the children of a neighboring family taught her this habit. Her story is, "a family lived near to us, where there were several little boys and girls; they all practiced this habit frequently every day, and taught it to me. At first it gave me pain, and I did not like to do it."

From the best information I can get, her progress was rapid, and since the habit has become confirmed, she has indulged daily, and oftentimes to great excess; from that time to the present, she has frequently exhibited symptoms of mental derangement.

March 23d, 1851, I was consulted as to the best mode of affording relief. Having had some experience in trying to manage patients addicted to this destructive habit, I at once expressed to the parents my fears of the result, and apprised them of the difficulties to be encountered.

A thorough examination was made; pressure over the region of the ovaries elicited no pain, and no unnatural or extraordinary development of the genitals or mammary glands existed. The vagina was explored, (and has been frequently since,) no ascarides, pruritis, or any other source of excitement could be detected. The general health was good, the bowels were regular, digestion perfect, pulse 75-80. The patient never has been much sick.

From 23rd of March to May 20th, nauseates, anodynes, cold hip bath, hip bath with sulph. potass., cauterization of the clitoris, blistering of the genitals, mercurial alteratives, mechanical and moral restraint, &c. &c. were studiously administered, and failed to produce any mitigation of the propensity. During this time, she was confined to a low diet, also took freely, at one time, anthelmintics, producing the expulsion of four worms, (*ascaris lumbricoides*.)

At times when the labia majora, minora, and clitoris, were an entire raw surface, from the application of blisters, caustic or antimonial ointment, she would frequently steal the opportunity to manipulate, would gratify her desire though the pain or soreness were very great; often

she would cause considerable hæmorrhage from the raw surfaces. When long prevented, say for one or two days, by close watching and restraint, she would become almost frantic, thrusting her fingers into the nostrils causing her nose to bleed, pull at her hair, pinch her ears and hands, especially between the fingers. A dark areola beneath the eyes, talking incessantly, unusual acuteness of audition, aversion to encounter the gaze of any one, when spoken to, inability to concentrate the mind on any subject other than such as is connected in some way with this self gratification, ever deceitful in the extreme, are the principal diagnostic indications.

Her general health is remarkably good, digestive powers strong, even when emesis is produced as often as five or six times a day, she will eat heartily in the intervals, if allowed. The elimination by the kidneys is normal. Her manners, mode of indulging, appearance when experiencing the effect of self indulgence, and her advances and deportment toward the male sex near her own age, leave no doubt as to the particular nature of this morbid passion.

Despairing of managing my patient successfully, and having availed myself of all the medical advice I could get from my professional brethren, on the 26th of April, I addressed a communication to Dr. Jno. R. Allen, Superintendent of the Lunatic Asylum, Lexington, Ky., requesting the privilege of placing her in the care of that excellent Institution. Owing to "the crowds of patients in the wards" at the time, this unfortunate child could not be received. For the valuable suggestions on the treatment of Onanists contained in Dr. Allen's kind reply, I tender him my sincere thanks. All treatment was suspended from the 20th to the 31st of May, when I again, at the earnest solicitation of the parents, recommenced treating her.

From 31st of May to the 15th of June, I endeavored to control her by operating on the moral faculties alone. For a few days, I think her mind improved, the dark ring below the eyes disappeared, and she was less inclined to converse with others, but when alone talks constantly to herself.

On the 15th and 16th, being professionally engaged, so as to preclude my giving her that attention to which she was accustomed, I discovered she looked much

worse, areola about the eyes much darker than usual, her face flushed, and she was nervous, excited and shy. On examination I found the genitals, very red and swollen. She confessed to having indulged some ten or fifteen times the day previous, said she could not count more. June 17th, she was put on nauseates and anodynes, also same day cauterized the clitoris freely, which inflamed and became exceedingly painful; yet up to this time, June 21st, she has managed to gratify her passion several times, although the antimony, (used as a nauseate,) and anodynes have been administered boldly.

When first detected in this habit, she used her hands. They being confined, her legs were crossed, they next being retained apart, she acquired such control over the abdominal, perineal, and gluteal muscles, as to answer all necessary purposes in the gratification, either lying, standing or sitting. The mucous surface of the labia becomes quite moist or "wet," to use her own language, at each excitement.

At my first interview with this child, she expressed an anxious desire to be freed from this habit, said she prayed daily for relief, but at present, appears quite unconcerned about it. The circumstances in this instance being such as to preclude the possibility of exercising moral restraint, or of obtaining assistance from her own endeavors, make the result of any treatment extremely problematical; in proportion to the morbid increase of her passion seems to be the decline of moral power. Reason being dethroned, moral and intellectual chaos reigns, where once it shone beautiful, in juvenile simplicity.

*Remarks.*—The erotic influence on the physical organism is so perfect, and when abused, so powerful, as to be capable of germinating disease of every organ of the body. There are few diseases to which flesh is heir, that may not be developed by this species of dissipation. The nervous centres are usually the first to take on diseased action, where no predisposition exists in other organs. Radiating from these centres, we have partial or general paralysis, tetanus, incontinence of urine, chorea, epilepsy, apoplexy, caries of the spine, melancholy, vertigo, loss of sight, emaciation, dementia, idiocy, &c. If we are to credit writers upon this subject, al-

most the entire catalogue of diseases known to the scientific pathologist, are liable to arise from this species of dissipation, and an accurate knowledge of its connection with constitutional and local disease, it is of the utmost importance in arriving at a correct prognosis.—*Western Medico-Chirurgical Journal*. A similar instance of Onanism in a child of 4 years of age, is mentioned in *Thoresen's Recherches Annales d'Hygiène*, 7, 173.

*On Oophoritis.*—By. Dr. PISTOCCHI.—After narrating several cases of inflammation of the ovary, Dr. Pistocchi states:

1st. In reference to *Semeiotics*, that, although in the opinion of many, no pathognomic and differential signs are presented by this affection, he believes the following may be considered as such: 1. Single or double lateral pain, accordingly as the disease complicates one or both ovaries, spreads, along the hips and side, especially on movement. 2. Metrorrhœa is frequent without a proportionate uterine idiopathic affection. 3. The ovarian functions, as regards concupiscence and fecundity, undergo disturbance. 4. There is a lateral *consensus* of parts more immediately brought into connection with the ovary, as the breasts, and of the hypochondrial viscera, the kidneys, and possibly of all parts of the same side. Three cases are referred to, in one of which amblyopia, and in the other two sciatica, occurred on the same side. 5. The especial liability of the left ovary. 6. The patient, while suffering from disease, is liable to a variety of anomalous and violent anæsthetic and convulsive affections of the nervous system. General febrile action too, is active, and frequently intermittent.

2d. With regard to *etiology* the author believes that the affection is very dependent upon innate original peculiarities,—the nervous temperament remarkably prevailing in the subjects of it. Concupiscence prevails in some such individuals to a degree leading to onanism, and even in the absence of actual disease, they are usually sterile. In such individuals any exciting cause which would be inoperative in other persons, may induce oophoritis. He considers onanism, venereal disease, and repercussed gonorrhœa as especially likely to induce the affection, though in the predisposed it may occur independently of any of these.

3d. *Therapeutics.* Treatment of a depletory and contra-stimulant character

is required to be energetically put in force. Few acute diseases tolerate and require such active depletion; pound after pound of blood being abstracted with nothing but advantage. As soon as the more acute symptoms are thus got under, nothing so much aids the cure and prevents relapse as the employment of *cicula*. The disease being, however, more frequently chronic than acute in its character, may proceed even to the organic destruction of the ovary, without its presence being detected; the most extensive changes in an organ not necessary to life occurring, without inducing general reaction. Dr. Pistocchi believes that several of the convulsive affections of women, treated as idiopathic nervous affections, are really dependent upon, or at all events intimately connected with, the dynamo-organic affections of the ovary.—*Bulletino delle Sc. Med.*, vol. xvii, pp. 1—81.

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### British American Journal.

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MONTREAL, SEPTEMBER 1, 1851.

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#### BILL FOR THE REGULATION OF PRIVATE LUNATIC ASYLUMS.

We take the earliest opportunity of returning our acknowledgements to the Hon. Solicitor General Macdonald, for a copy of this important measure. The Bill is an exceedingly long one, containing sixty seven clauses, and appears to be founded, if our memory serves us correctly upon an Act or Acts of the British Parliament for the same object. The infamous practices at one time adopted towards the unfortunate inmates of Private Asylums in England, the absence of proper supervision, the facility with which admissions were obtained, and the fact that they were in all cases speculative establishments, their proprietors having in a large majority of cases, caused their medical and moral treatment to be subsidiary to their pecuniary emolument—all these causes have inspired a distrust of them, have awakened the vigilance of philanthropy, and educed Legislative Enactments, by which a strict

surveillance is maintained over them, and the interests of the Proprietors rendered the secondary consideration. This is precisely as it should be. In England these enactments originated in a necessity after the establishment of the Asylums. In this Province, we infer from the introduction of this Bill, that similar institutions are contemplated here, and the Government, before sanctioning their establishment, proposes to place them under a law, remarkable for its strictness, but not more so than is absolutely necessary to meet the full exigencies of the case.

By the thirty seventh clause, it is enacted, that the duties of the Visitors of the Asylum shall be performed "four times, at the least, in every year," and "only on such *days*, and at such *hours*, and for such length of time as the Justices licensing such house shall direct." We detect here a strong temptation to abuse. The Visitors should have the uncontrolled right of visiting, *when they please*, and should not have their function, which is the only security which the public has for the satisfactory performance of the duties in such establishments, subjected to the caprice or the favoritism of any Justices of the peace. This clause might with all propriety be amended, and we suggest it to the Honorable Mover of the Bill. We believe that it has passed its third reading in the Legislative Assembly. The hint, thrown out, may not, however, be lost on the members of the Council, and we are confident that as but one object in this matter guides the Honorable Mover, viz., that of philanthropy, he will second our suggestion.

The last clause but one, excludes the provisions of the bill, from application to the Provincial Asylum at Toronto, or the Temporary Lunatic Asylum at Beauport. These Institutions have Boards of Supervision, although, from what has transpired in the Assembly, and from the article copied in our last number, from the *Toronto*

*Examiner*, the former Institution would suffer nothing, if its Board of Governors underwent a remodelling.

*Dr. Laterrière's Bill.*—In our Parliamentary Intelligence, will be found certain proceedings in regard to this famous Bill. In addition to the information afforded with reference to it in our last, we have ascertained beyond a doubt, that a large majority of the English signatures to it, were unauthorised for any such purpose, and proof of the fact was sent to Toronto. We do not know whether it is our amiableness or our malice, ("vous êtes très aimable, mais vous avez bien de la malice," was told us a year ago by a certain medical gentleman living not remotely from Palace Gate, Quebec,) that induces us to place this fact on record. We suspect it is neither, but our honesty which tempts us. We have reason to believe the bill will not be carried this Session, whatever may be done with it the next. The tomb of the Capulets is its most fitting abode.—"Amicus Cicero, amicus magis veritas." Having promised to publish the petition of the "*Physicians of the District of Montreal*," as it was so magniloquently termed, in the printed "*Votes and Proceedings of the House*, we take the opportunity of subjoining it.

Province du Canada, }  
District de Montréal. }

Aux Honorables Communes de la Province du Canada assemblées en Parlement.

L'humble Pétition des Soussignés Médecins et Chirurgiens, dûment admis à pratiquer en cette Province et résidant dans la Cité de Montréal, Professeurs à l'Ecole de Médecine et Chirurgie de cette ville et autres :

Expose Respectueusement,

Que l'Ecole de Médecine et Chirurgie de Montréal, fondée en mil huit cent quarante trois, et incorporée en mil huit cent quarante cinq, a fait donner régulièrement tous les ans, des Cours de lectures sur les différentes branches de la Médecine, de la Chirurgie, et de l'Obstétricie, et que le nombre des élèves qui ont complété leurs études Médicales à la dite Ecole de Médecine et de Chirurgie, témoigne

de son utilité et la valeur de l'enseignement qu'elle donne.

Que la dite Ecole de Médecine et de Chirurgie jouissant de plus en plus de la considération et de la confiance du Public; et que par la médiation de l'Evêque Catholique de Montréal, l'Hôpital de l'Hotel Dieu de Montréal, et l'Hospice de la Maternité de Ste. Pélagie ont été ouverts l'année dernière aux élèves de cette Ecole afin de faciliter le complément de leurs études Médicales sous la direction de leurs professeurs, qui sont admis pour cette fin, à faire le service du susdit hôpital.

Que les dispositions de la loi actuelle de Médecine favorisent d'une manière spéciale l'enseignement de la Médecine en langue Anglaise, en accordant exclusivement au Collège McGill un privilège qui exempte les gradués du dit Collège d'un examen devant le bureau Médical de cette Province; Privilège dont la dite Ecole de Médecine et de Chirurgie aurait aussi besoin, pour être mise sur un pied d'égalité avec le dit Collège McGill.

Que dans l'humble opinion de vos pétitionnaires les garanties seraient les mêmes pour l'enseignement Anglais et Français de la Médecine, si l'Acte 8 Victoria Ch. 81 qui incorpore l'Ecole de Médecine et de Chirurgie de Montréal était amendé dans ses dispositions Législatives de manière à permettre à la dite Ecole de Médecine et de Chirurgie de donner après un examen public, des certificats qui fussent reconnus comme certificats de qualification pour obtenir une licence du Bureau Provincial de Médecine sans un nouvel examen; ou si l'acte du Collège des Médecins et Chirurgiens était amendé de manière à assurer à l'Ecole de Médecine et de Chirurgie, pour ses élèves, une protection égale à celle dont jouissent les porteurs de Diplomes de la Province, ou du Royaume Uni de la Grande Bretagne, ou toute autre mesure qui conduirait au même but.

Pourquoi, vos Pétitionnaires vous supplient respectueusement de prendre en considération leur présente requête, et qu'après vous être convaincus de l'importance de leur demande, il vous plaise de faire les amendements conformément aux vues ci-dessus exprimées ou autrement de telle manière que, dans votre sagesse, vous trouverez convenable.

Et vos pétitionnaires ne cesseront de prier. Montréal, 23 Mai, 1851.

P. A. C. Munro, M. D. Professeur de pathologie externe.

Pr. Beaubien, M. D. Professeur de pathologie, interne.

Hector Peltier, M. D. Professeurs d'Instituts de Médecine.

J. G. Bibaud, M. D. Professeur d'Anatomie.

Tho. E. D'Odet d'Orsonnens, Professeur de Chimie.

P. H. Trudelle, M. D. Professeur d'accouchement.

Louis Boyer, M. D. Professeur de Médecine légale.

J. Emery Codere Professeur Mat. Méd. et de Thérapeutique.

A. E. Regnier, Demonstrateur d'Anatomie. J. B. Le Bourdais; D. McCallum; J. W. Wilsam, M. D.; C. Lemoine Demartigny M. D.; P. E. Picault; J. H. L. Richelieu; Zéphirin Boudreau, Jr.; O. Raymond M. D.; A. Loupret, M. D.; P. E. Brossard, M. D.; C. Délinelle, M. D.; F. Charpentier, M. D.; E. Robillard, M. D.; Dr. P. Cadieux; Dr. A. A. W. McGillivray; M. F. Valois; O. Bruneau, M. D.; J. W. Mount, M. D.; Dr. G. Danth; Dr. P. O. Lefort; Ch. P. Frs. Painchaud; G. St. Amand; J. J. Marion; Ph. S. Grenier;—Courteaux; André Seguin; P. H. Demarais; A. Simard; B. N. Charlebois; B. Globensky, M. D.; Louis Giard; G. D'Eschambault; C. Sabourin; J. B. Meilleur, M. D.; M. Sabourin; P. H. St. Amour; H. F. H. Hall, M. D.; Dr. Laurier, M. D.; T. A. Pillet; J. B. Dorion; And 17 students of Medicine.

Montréal, 17 Mai, 1851.

*Medical Board of Toronto.*—By an announcement in the *Official Gazette*, dated July 12, 1851, the following appointments have been made to the Toronto Medical Board,—Drs. Rolph, Bovell, Workman and Hodder. Besides these gentlemen, the Board is now composed of Drs. Widmer, and Telfer, and Professors Gwynne, King, Beaumont, Herrick, Nicol. Drs. Rolph and Workman are Lecturers in the Toronto School of Medicine, and Drs. Bovell and Hodder are attached to the medical department of Trinity College, Toronto.

*St Lawrence School of Medicine.*—The limited space at our disposal last number prevented our notice of the changes in, and nominations to, lectureships in this school. Dr. Jones, an old and esteemed friend, vacates the chair of Forensic Medicine, and assumes that of Anatomy, vacated by Dr. H. Nelson of Plattsburgh. From Dr. Jones' known and early predilection for this branch, we augur well for it, but not more than we did when it was held by Dr. N. The chair of Chemistry has been filled by Dr. R. P. Howard, who, we are sure will do ample justice to its details;

and an additional branch on Ophthalmic and Aural Surgery has been created, to which Mr. Henry Howard's services are attached. This gentleman is author of a work on the eye, well and favorably known to the profession of this continent; and having an extensive dispensary practice at his command, will do the School, we think, some service.

UNIVERSITY OF MCGILL COLLEGE.—

The labours of the Medical department of this University will be continued, during the following winter, in a new edifice, now in progress of erection for the purpose, in Coté Street, in town, and within a few minutes' walk of the Hospital. The distance, from the Hospital, of the University buildings, at which the lectures have been for several years past delivered, has been the cause of the erection of the present building, which will be found well adapted to the ends which it is contemplated to subserv by it.

*Medical Referees and Assurance Offices.*

—We perceive by the *Patriot* newspaper, and the *U. C. Journal*, that a move has been made in the right direction as regards the assumptions and pretensions of assurance offices. Having watched the occasional letters of "Medicus" in the *Patriot* on the subject, (whose identity we suspect) we certainly expected that some definite action would have been taken by the Toronto profession before now. We first mooted the subject in Montreal, and were warmly seconded, the result of which is, that no private certificate is given without the accompanying fee, many offices, however, declaring themselves satisfied with the opinion of the Company's medical agent. It resolves itself entirely into a question of business, and should be treated as such. Who is the party most benefited by the "private" replies of the assurer's physician? Assuredly the company. It is a point demanded by the company, not by the assurer, and should there-



fore on every principle of equity be settled by the former. The information afforded may be, as we know it has been, most detrimental to the assurer, the proposed assurance having been on this ground refused; and who, we would like to ask, under this circumstance, was the party benefited? Yet in this particular case the company offered no fee to the private referee, although this gentleman lost subsequently the value of his patient's practice, whom he had professionally attended for years. The *U. C. Journal* quotes the names of several British offices which recognise the principle. We will in our next issue give him the designation of some fifteen or twenty additional, which now worship not so interestedly at the shrine of Mammon. By the way, we would wish the *U. C. Journal* to inform us when the *Lower Canada Journal of Medical and Physical Science* for January 1849 was published. No such Journal exists or existed, of which we have knowledge. We seek for information, for with the exception of the Journal published by the late Dr. Tessier which died, the *Montreal Medical Gazette* which died also, and the *Lancette Canadienne* which died from inanition, we certainly know of no medical publication in this Province, claiming the title of the *Lower Canada Journal*, as given by the *U. C. Journal*. We desire to be called by no other name than that which properly (*having submitted to LEGAL baptism*) belongs to us; and if the *U. C. Journal* considers that it comports not with its interests to do so, we would feel obliged if it would not allude to us at all.

We are requested, just as this sheet is issuing from the press, to add the following P. S. to Mr. Abraham's article.

"I have just learned that Professor Agassiz differs in opinion from Mr. Owen. He does not think that the traces are those of a Chelonian. I have not, however, heard that this illustrious geologist doubts the age of the rock, or that the tracks are those of a quadruped, which are the material points."

## CORRESPONDENCE.

## BREACH OF PROFESSIONAL ETIQUETTE.

SIR.—At this period of time when the Medical Profession is rapidly advancing, and every effort made to place it, in its proper and exalted position. I think it is the duty of every honourable and honest member to aid and assist in cleansing, and sifting from its ranks everything vulgar, ungentlemanly, and unprofessional.

There could be some well established rule, by which unprofessional conduct should meet its proper reward. There is, I am aware, among all well-bred physicians and surgeons, such a high sense of honor and gentlemanly feeling, and such strict adherence to professional etiquette, as to render unnecessary any such rule. But such rules are nevertheless required, to which every member may feel himself amenable.

I think, Sir, as the columns of your valuable periodical are devoted to the use and benefit of the Profession generally, that any unprofessional conduct, knowingly and deliberately committed by any member of the profession against another, and not atoned for to the party injured and offended, should be freely exposed through them. I have little doubt, that a few examples would have a very salutary effect; and under these views and impressions, I shall proceed to the statement of a case wherein I consider myself to have been treated in a deliberately uncourteous and unprofessional manner, and, as no reparation has been made, I request the favor of your columns to expose and denounce it.

The case, one of the most simple kind, was yet sufficient to exhibit the natural inclinations of the parties concerned.

On the 20th June last, a child, three or four years of age, in passing out of a door, slipped down on the edge of an axe, making an incision three or four inches in length, obliquely across the Glutei muscles on one side. In the hurry, the parents sent across the road for Mr. Edmonson, Surgeon, but he, not being in, I was summoned, and on examination of the wound, decided, as any surgeon would, on putting in a couple of sutures, and dressing with adhesive plaister, &c.; but while waiting for some silk from one of the parties present, Mr. Edmonson came to the door, and although he was told I was in attendance, he walked in without saying a word to me, proceeded to examine the injury, then turned round and demanded what I was waiting for, to which I replied "silk to put in a couple of stitches," and although there were a number of persons present, he denounced the stitches, in a loud and insulting voice saying, it was humbug, stuff and nonsense, and that I could find no authority for such a proceeding. He then pretended to be going,

but his conduct had had the desired effect—the people present, of course, thinking I was about to do something very terrible, desired Mr. Edmonson to take charge—which he at once did (the very thing he came in for). The consequences were that he dressed with adhesive plaster; but this not being sufficient to keep the edges of the wound in apposition, they frequently separated, and did not cicatrize for three weeks. He, moreover, insinuated, that I must have only desired to put in the stitches, for the purpose of charging two shillings and six pence per stitch.

I desire, Sir, to offer no strictures of my own, on this treatment, but exposing the simple facts of the case, request your opinion on it.

I have the honor to be, Sir,  
Your obt. humble Svt.

T. W. SMYTHE, M.D.

Brockville, August, 1851.

[We give insertion to the above letter from Dr. Smythe, and if the facts stated therein be correct, Dr. Edmonson has committed a gross breach of professional etiquette, and has pursued a course, or adopted a line of conduct toward a brother practitioner, wholly unwarranted, and meriting the severest condemnation. Dr. Smythe is in error in supposing that there are no ethical rules controlling the profession, in their intercourse with one another, and with patients. In 1847 the American National Medical Convention, in Session at Philadelphia, adopted a code of ethics, based to a considerable extent on that of Dr. Percival, published in England, about half a century ago. This code meets the case put by Dr. Smythe, and we beg to refer him to it.—It was published in full in 3d Vol. of this Journal, and on the 173 and six following pages.—ED. B. A. J.]

PARLIAMENTARY INTELLIGENCE.

BILL TO INCORPORATE THE PROFESSION OF UPPER CANADA.

LEGISLATIVE ASSEMBLY.

Toronto, July 19.

Mr. J. A. Macdonald moved the second reading of the bill to incorporate the Medical Profession of Upper Canada.

Mr. Smith, of Durham, opposed the bill. He wished to leave the people to be their own judges as to whether they should employ one description of doctors or another.

Mr. H. Sherwood supported the bill; it was trifling with human life to allow uneducated and unqualified persons to practice medicine.

Dr. Nelson supported the bill. At first there was a good deal of opposition to the incorporation of the medical profession in Lower Canada; but it had been found to work well. It would be a dishonor to the Legislature to say that there should be no law to protect human life.

Mr. Solicitor General Macdonald opposed the bill. The people were opposed to it; if they were asked, nine tenths of them would oppose it.

Mr. Macdonald, of Kingston, said, the Solicitor General West, to be consistent, should introduce a bill to legalize murder.

Mr. Cauchon said the law ought not to be made too stringent, otherwise it would produce precisely the contrary effect to that intended. He was in favor of incorporation, but he desired to have some clauses amended.

Mr. Sanborn said the law in Lower Canada was too stringent, and this was just like it. The penalty was too stringent. If people are generally opposed to this bill—why pass it? The law that now exists was sufficient for the protection of the public. People would employ whom they pleased, law or no law.

Mr. Mackenzie said there were 19 members last session who voted that those who studied at the University should have advantages over those who studied elsewhere. The question of medicine was eminently progressive. A hundred years ago the most barbarous practice prevailed. He then referred to the example of Dr. Sangrado, in Gil Blas, whose system consisted of bloodletting and copious draughts of warm water, by which he killed patients, every day, and realized an immense fortune. Was the object of this bill to crush all medical schools already incorporated? The object last year was to destroy Dr. Rolph's school; and this year two gentlemen connected with it had been placed on the Board of Examiners. Having read the names of the division, he said, if his name were added to those who tried to destroy Dr. Rolph's school, he should be more ashamed of it than anything he had done. There were many quacks among those who wished to obtain a monopoly of medical education and practice. There were many instances of persons being cured by Thompsonians and the Water Cure system, after they had been given up by the regular physician; among which he cited the case of Sir E. L. Bulwer.

After a remark from Dr. Boutillier,

Mr. Morrison spoke in opposition to the bill. It disqualified medical men educated at European Universities, unless these Universities would recognise this Board. He said he would never sanction such a proposal as this.

Mr. W. H. Boulton supported the bill. It was absurd that a man educated as a Surgeon in Europe, should be allowed to practice medicine here.

Mr. Holmes had no objection to the incorporation of the profession. He was understood to say that he would support the bill if the penalty clause were struck out.

Doctor LaTerriere spoke in favor of the bill.

The question of amendment was then put and lost. Yeas 18; nays 34.

The main question was then carried on the same division.

#### PROCEEDING'S ON MR. LATERRIERE'S BILL.

Thursday, July 31.

Mr. LaTerriere moved the second reading of the bill to amend the law relative to the practice of medicine in Lower Canada.

Mr. Holmes spoke against the bill, and presented a petition from McGill College, in support of his objections.

A debate ensued, chiefly as to the propriety of allowing medical practitioners arriving from Great Britain, to practise in Lower Canada, without undergoing examination there, and receiving another diploma. Some members insisted on the necessity of imposing a restriction of this nature; others deprecated the measure as designed to create a monopoly, injurious to medical men arriving in the Province, and detrimental to the interest of the public.

An amendment to postpone the second reading six months, was rejected by 25 to 18.

The bill was read a second time, and it was then proposed to refer it to a committee of the whole, forthwith; but this was rejected on the motion of Mr. J. H. Cameron, in order that time might be afforded for the consideration of some of the clauses, with a view to their amendment; the object declared by the hon. member for Cornwall, being to establish a system of reciprocity, in regard to medical practitioners, between the two sections of the province and the mother country.

From the printed "votes and proceedings," we derive the further additional information.

The House resumed the adjourned Debate on the Motion made by the Honorable Mr. LaTerriere, on Saturday last, That the Bill further to amend the Law relative to the practice of Physic, Surgery and Midwifery in Lower Canada, be now read a second time;

Mr. Holmes moved in amendment, That the Bill be read a second time this day six months;

Yeas:—Messieurs Bell, Burritt, Cameron of Kent, Holmes, Lyon, Solicitor General

Macdonald, Mackenzie, Malloch, McLean, Notman, Price, Prince, Robinson, Scott of Bytown, Sherwood of Brockville, Sherwood of Toronto, Smith of Durham, and Stevenson,—18.

Nays:—Messieurs Boulton of Toronto, Bouillier, Cameron of Cornwall, Cartier, Cauchon, Chabot, Chauveau, Davignon, Duchesnay, Flint, Fortier, Fournier, Guillet, Jobin, Lacoste, LaTerriere, Lemieux, McConnell, Méthot, Mongenais, Neison, Polette, Sanborn, Taché, and Viger,—25.

The Bill was then read a second time; Yeas 25, Nays, 18.

Hon. Mr. LaTerriere moved, That the Bill be now referred to a Committee of the Whole House;

Hon. Mr. Cameron of Cornwall moved in amendment, That the Bill be committed for Saturday next,—which was agreed to, upon a division.

TO OUR SUBSCRIBERS.—Having assumed, and for the first time, since the publication of this Journal, its financial department, and having entered into monthly engagements with the printer, we feel that the stability of the Journal is intimately associated with punctuality in the payment of the subscriptions due to it, without which it cannot sustain itself, and without which it MUST CEASE TO EXIST. One or other of these alternatives must develop itself during the currency of the PRESENT VOLUME. We have lost not a little by the Journal in years past: we cannot afford to lose more. Having never published the Journal for profit, we never expected to realize any pecuniary emolument by it. In this expectation we have not been disappointed, however unpleasurable it may have been. How far this rewards our labours, we leave the Profession at large to judge. We have differed with many, but in all cases ON PRINCIPLE, and the value of that principle is best determined by the present position of the Profession in both Provinces, and ESPECIALLY IN THE LOWER PROVINCE. The present number conveys the accounts for the PRESENT volume. The READINESS with which each subscriber responds to the call made upon him will be our guide to the publication of an eighth volume. The amount is a small one to each, but collectively will form a most important index for the future existence of the Journal, of which we desire only to be TIMELY apprized. Those of our subscribers who are indebted for the volume which has closed, will please remit to W. Salter & Co. The expence of collecting by agents is one ruinous to the prosperity of any Journal in the Province, and can only be remunerative by a most extensive subscription list, which the Province cannot supply. We request subscribers to address to OURSELVES; as far as the present volume is concerned.

MONTHLY METEOROLOGICAL REGISTER AT ST. MARTIN, ISLE JESUS, by C. SMALLWOOD, M.D., JULY, 1851.

Latitude 45° 32' N. Longitude 73° 36' W. Nine miles due west of Montreal.—Elevation same as Montreal.—For the Brit. Amer. Jour.

Day	Barom. corrected & reduced to 32°		Temperature of Air.		Force of Aqueous Vapour.		Humidity of Atmosphere.		Direction of Wind.		Average Miles per hour.		Rain in Inch.	Weather.	
	6 a.m.	2 p.m.	6 a.m.	2 p.m.	6 a.m.	2 p.m.	6 a.m.	2 p.m.	6 a.m.	2 p.m.	6 a.m.	2 p.m.		6 a.m.	2 p.m.
1	29.472	29.501	29.618	71.	.601	.605	.857	.809	914	W by S	W N W	4.00	0.12	4.23	Cloudy 3
2	709	609	676	63.5	446	706	600	717	688	N by W	W S E	1.74	3.65	3.90	Clear
3	664	632	507	59.6	83.	439	770	836	913	S S E	S S E	0.13	Calim.	1.20	Cloudy 2
4	483	475	457	66.2	431	501	463	748	878	NE by N	NE by N	5.85	6.92	3.46	Clear
5	487	404	466	67.2	84.	330	628	603	639	W N W	W N W	4.00	8.43	8.43	Cloudy 3
6	456	367	381	70.	63.	330	628	603	639	W S W	W S W	8.03	8.62	8.23	Rain
7	456	367	381	62.	80.	465	489	523	831	W N W	W N W	3.74	6.60	3.12	Clear
8	692	634	524	61.5	389	406	417	783	807	N by W	S S E	0.32	1.65	1.65	Do
9	417	385	346	62.	83.	731	721	937	821	S by E	S W	0.41	0.72	2.71	Clear
10	268	364	376	66.3	629	612	532	970	716	NW by N	W S W	1.40	0.76	3.31	Do 3
11	623	575	627	61.3	78.	61.7	416	560	771	W by N	W S W	1.55	6.61	6.25	Clear
12	793	668	711	61.	78.6	61.2	450	533	893	W N W	W by S	1.55	6.85	6.85	Inapp
13	637	666	666	66.7	83.	70.	452	646	826	W N W	W by E	0.25	0.87	0.65	Do
14	699	672	602	68.	71.	611	606	636	888	W by S	S W	3.53	7.17	2.88	Do 9
15	429	363	370	66.3	72.2	68.	528	601	819	S S E	W S E	1.63	0.12	0.12	Do 5
16	459	364	302	67.	82.5	71.5	555	786	923	W W	W by S	2.62	12.42	10.87	Clear
17	352	272	318	72.5	84.	76.	727	764	691	W W	W by S	6.49	4.44	4.42	Clear
18	363	332	365	65.6	83.	72.2	564	625	825	W by S	W E	1.14	0.44	0.44	Do 6
19	363	347	282	71.	90.6	72.3	635	867	862	S by S	W E	3.38	7.40	2.93	Clear
20	242	237	428	66.	66.	66.	534	566	887	S W	S W	3.66	9.42	7.10	Clear
21	669	692	639	59.6	86.	63.4	467	633	820	S W	S W	2.07	5.26	9.23	R'n'th & p't
22	681	605	601	66.1	78.	63.	495	559	773	W by N	N N W	1.75	6.60	6.04	Clear
23	669	674	690	60.5	78.	68.4	609	676	960	W by N	N N W	0.06	0.86	0.23	Do 2
24	677	679	639	81.6	69.	69.	636	629	896	E N E	S W E	0.71	7.56	4.33	Do 3
25	418	346	342	69.6	81.	69.	698	733	887	W by S	W S W	2.23	8.00	2.08	Do 8 th & p't
26	420	271	205	67.1	67.5	62.4	585	629	999	W by S	W N W	0.66	6.81	3.22	Do 9
27	220	187	273	66.2	76.4	63.4	599	632	931	W by N	W N E	1.11	3.24	3.01	Do 10
28	341	474	474	68.7	63.6	68.3	418	475	891	E N E	N N E	4.99	1.63	2.63	Clear
29	597	604	674	55.6	66.1	56.8	416	460	897	NE by N	NE by N	1.01	0.61	1.63	Do
30	792	736	753	61.6	76.	67.	365	506	672	NE by N	NE by N	1.90	2.12	2.05	Do
31	802	801	782	68.	81.	60.5	444	733	899	NE by E	NE by E	1.90	2.12	2.05	Do

Barom.	Therm.		Therm.		Therm.		Therm.		Therm.		Therm.		Therm.		Therm.	
	Highest, 31st day	Lowest, 27th day	Monthly Mean	Monthly Range	Highest, 14th day	Lowest, 30th day	Monthly Mean	Monthly Range	Highest, 14th day	Lowest, 30th day	Monthly Mean	Monthly Range	Highest, 14th day	Lowest, 30th day	Monthly Mean	Monthly Range
802	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
801	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
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799	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
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794	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
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792	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
791	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
790	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
789	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
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786	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
785	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
784	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
783	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
782	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
781	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
780	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
779	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
778	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
777	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
776	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
775	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
774	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
773	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
772	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
771	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
770	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
769	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
768	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
767	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
766	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
765	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
764	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615
763	29.506	29.187	29.506	.615	800	29.187	29.506	.615	800	29.187	29.506	.615				

**MONTHLY METEOROLOGICAL REGISTER AT H. M. MAGNETICAL OBSERVATORY, TORONTO, O. W. - JULY, 1851.**  
*Latitude 43° 39.4' N. Longitude, 79° 21.5' W. Direction above Lake Ontario, 108 feet - For the British American Medical and Physical Journal.*

Day	Barometer at Temp. of 32°				Tension of Vapour				Humidity of Air				Wind				Inch. of Rain.	Weather.		
	6 a.m.	12 p.m.	10 p.m.	Mean.	6 a.m.	12 p.m.	10 p.m.	Mean.	6 a.m.	12 p.m.	10 p.m.	Mean.	6 a.m.	2 p.m.	10 p.m.	Mean.				
1	29.608	29.695	29.713	29.699	68.7	68.2	68.0	68.0	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds am; aft undist.
2	29.719	29.775	29.793	29.793	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
3	29.641	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
4	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
5	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
6	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
7	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
8	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
9	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
10	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
11	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
12	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
13	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
14	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
15	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
16	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
17	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
18	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
19	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
20	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
21	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
22	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
23	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
24	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
25	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
26	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
27	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
28	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
29	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
30	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
31	29.629	29.695	29.713	29.713	68.7	68.4	68.3	68.1	0.104	0.432	0.498	0.432	83	89	89	82	N N W	N	0.10	Light clouds disp; night clear
M 29.663 29.618 29.653 29.653 60.66 71.63 62.59 65.55 0.470 0.676 0.508 0.613 .90 .77 .90 .81 3.05 6.59 2.40 3.635																				

Highest obs. Barometer, 29.811, at 8 a.m., on 13th; Monthly Sum of the Atmospheric Current, in Miles resolved into  
 Lowest obs. Temperature, 82.7, at 2 p.m., on 17th; Monthly North 1122.85 South 819.09 East 672.91  
 Mean Max. Therm. 72.41 Mean Daily Range 36.2  
 Mean Min. Therm. 57.71 Mean Daily Range 36.2  
 Greatest Daily Range 24.06 from 4 p.m. of 4th to a.m. of 5th  
 Warmest Day, 17th. - Mean Temperature, 73.43 Differ. 16.68  
 Coldest Day, 3rd. - Mean Temperature, 57.76  
 Warmest hour Mean Temperature }  
 Coldest hour do }  
 Mean Diurnal Variation 4.35 miles.

Year	Mean	Max.	Min.	Range	Days	Rain.	Snow.
1840	66.30	82.3	47.0	35.3	6	6.270	
1841	65.60	89.0	39.9	49.1	6	8.150	
1842	61.70	91.0	42.6	48.4	4	3.050	
1843	61.68	86.8	38.7	48.1	4	6.605	
1844	66.08	86.6	40.7	45.3	12	2.815	
1845	66.74	95.0	46.1	49.0	7	2.195	
1846	68.22	94.6	44.5	50.1	9	2.595	
1847	67.62	87.0	43.2	44.8	8	3.555	
1848	66.37	82.2	41.3	41.1	10	1.890	
1849	67.82	89.6	44.3	45.3	10	3.413	
1850	69.04	86.2	41.6	44.6	10	5.270	
1851	65.65	86.2	46.5	39.7	12	3.695	