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**CONTRIBUTIONS TO CLINICAL MEDICINE.**

BY J. CRAWFORD, M. D.

Lecturer on Clinical Medicine and Surgery, McGill College,  
and Physician to the Montreal General Hospital.

*Case of Ascites—Ovarian Disease—Suppuration of Tumor  
—105 Quarts of Purulent Fluid drawn off during the  
year.*

Mrs. White, a venerable and highly respectable old woman, 79 years of age at the time of her death, became my patient in 1838, in consequence of being affected with ascites. She had, generally speaking, enjoyed good health previously, and, notwithstanding the dropsical affection, looked well, and was very active for her time of life. From 1838 till the end of 1840, she was treated by a variety of diuretic, hydrogogue, and tonic medicines, and was three times tapped, on each of which occasions there generally had been 18 or 20 quarts of the ordinary serous fluid drawn off, and after each tapping she made a surprising recovery, being able always to leave her bed and move about her room on the day following the operation; and on one occasion, a few days after being tapped, she joined in a dance with three generations of her children!

In the winter of 1840 she fell, and hurt her abdomen, while it was much distended; after this accident she suffered a good deal of pain and uneasiness in the epigastrium; but did not apply for relief till she again required tapping. In January, 1841, she was tapped for the fourth time, when, after the abdominal fluid was removed, a large tumor was discovered, principally occupying the epigastric region, being the size of the head of a full grown fœtus: it was very moveable, and appeared attached by a pedicle, about the thickness of the arm of a fœtus. Subsequently this tumor was found to vary its position, but it appeared to be principally connected with the right iliac region, and was diagnosed to be an ovarian tumor. It did not appear, however, that she had ever suffered from any uterine disease. The tumor generally gave her inconvenience and some degree of pain, but not such as might lead to the apprehension of a malignant growth, nor did her countenance afford any indication that such was the nature of the tumor.

In the beginning of July, 1845, she was tapped for

the 19th time, there being an interval between this and the preceding operation of ten months. For some time previously, she had been complaining more than she usually had done. About 15 quarts of the ordinary hydropic serum were drawn off, which did not entirely reduce the bulk of the abdomen, some obstacle, which could not be removed, preventing the full discharge. She did not make her usual good recovery, and filled rapidly. She complained a good deal of a pain in her right iliac region, of a heavy dragging character, as if the tumor were more closely fixed to that neighbourhood; and she could not bear much examination of that part. The pain did not in any way appear to have originated in the operation of paracentesis, as there was no pain in the linea alba, where the puncture had on all occasions been made. Her health began to suffer, and her strength to fail, and great apprehensions were entertained that she would sink if again tapped: she, however, at this time became so anxious to be relieved, that she was again tapped on the 4th August 1845, when 16 quarts of extremely offensive, puriform, brownish or bloody looking fluid, were drawn off, which gave her instant relief. The canula was darkened by the fluid, which, together with the smell, demonstrated that sulphuretted hydrogen was present. The entire abdominal tumor disappeared, and no enlargement could be detected in any part. She bore the operation well, and also the subsequent examination and pressure. She now stated that about a week before the operation, she thought that she perceived a sensation as if something had burst in her abdomen, in the right iliac region. The microscope detected abundant pus and blood globules in the fluid which had been drawn off. She made a very speedy recovery, but again rapidly filled, and was obliged to be tapped on the 1st September; when 14 quarts of well formed purulent fluid were drawn off, which smelled strongly of sulphuretted hydrogen, and exhibited under the microscope abundance of pus globules, but no blood. This operation, as well as the preceding one, was performed while she was lying in bed: she bore it well, and got up next day. On the 6th October, 7 quarts of similar puriform fluid were drawn off, together with some small shreds of coagulable lymph, but the whole

collection was not discharged, in consequence of the canula becoming several times plugged up. She had been complaining for some days before this time of a painful dragging sensation in the right side of her abdomen, and did not make a good recovery, had one or two slight faintish feelings on the day after the operation, and also some abdominal tenderness, which, however, yielded to the application of a bran poultice; she took soup with a relish, but was averse to wine; she was, however, able to go about her room as usual in a few days. On the 10th November she was again tapped, and 13 quarts evacuated of similar purulent fluid; after which she made a fair recovery. She was tapped in the beginning of February, 1846, and only seven quarts of a similar fluid were drawn off—the canula becoming obstructed. On the 28th February 8 quarts were evacuated, but the abdomen was only very partially emptied on either occasion; her recoveries were not good; she suffered a good deal of pain in the abdomen, and she did not regain strength, and was seldom able to move about the room; her appetite failed, and her sleep became interrupted. On the 11th May it was again necessary to relieve her of the weight, and four quarts were drawn off (when the canula became stopped) which did not reduce the size of the abdomen much. On the 27th May, a phlegmon, which had been forming in the seat of the wound in the *linea alba*, opened, and a small quantity of purulent fluid was discharged, which continued to flow at intervals, in sufficient quantities to prevent any great distention of the abdomen, till about the 21st of August, when she again desired to be tapped, and about 10 quarts were drawn off, the matter being unusually offensive. She bore the operation well, and the abdomen appeared sufficiently emptied.

Her strength and appetite had been gradually failing her for some time, and she did not make a good recovery after this operation; she slept badly, scarcely ate any thing, kept her bed, and died on the 7th September.

Before I notice the pathological condition which the *post mortem* inspection revealed, I will state the views I entertained previously to the autopsy. The diagnosis I formed of the case, at first, was, that it was ascites, probably owing to her advanced time of life (although her constitution and general health were unusually good for her age) as no organic change could be detected in the heart or liver, nor did the urine afford any indication of alteration in the renal structure. The ovarian tumor, however, may, probably, have existed for some time previously to its discovery, as it had acquired such considerable size when it was first detected: if not, its growth in 10 months must have been very rapid. Its situation in the epigastrium did not mislead from a cor-

rect diagnosis, the sensations of the patient indicating its connection with the right iliac region, and to this cause, in all probability, the ascites may be attributable. The extraordinary nature of the fluid evacuated in July, 1845, and the disappearance of the tumor, led to the opinion, that either it had burst into the peritoneal cavity, and become intimately mingled with the dropsical fluid, or that the tumor had accidentally been punctured by the trochar. The previous sensations of the patient, as well as the homogenous nature of the fluid, and the total disappearance of the dropsy, favored this view, while the absence of symptoms of constitutional irritation, threw doubts on the correctness of this idea; the advanced time of life of the patient, might have been unfavorable to the development of constitutional irritation, but it could hardly have been an effectual preservative. On the whole, I concluded, that the tumor had, after being opened, formed adhesions to the abdominal walls, and was safely punctured on all occasions: the formation of matter appeared a sufficient explanation of the rapidity of the growth of the tumor. The complete and sudden disappearance of the dropsy was not so easily explained.

*The Autopsy.*—The body was much emaciated; the abdomen considerably distended, and very prominent, unlike its ordinary appearance on former occasions; about 5 or 6 quarts of purulent fluid, like what had for the last twelve months been discharged, was evacuated by puncture. On opening the abdomen, it was found that this fluid had been contained in a cyst, having firm dense walls, as thick as the strong leather generally used to make “beef moccasins,” or coarse boots. This sac was so extensive that it quite concealed the entire of the abdominal viscera; it was loosely adherent to the abdominal peritonæum in many points, by long bands of loose cellular texture, apparently of old formation, which were easily torn down. Towards the hypogastric region, the tumor was free and unattached, and presented the shining and healthy appearance of serous membrane; in like manner, the parts adherent to the walls of the abdomen, when detached, presented the characteristic appearance of serous membrane. There were no recent formations or effusion of lymph.

The color of the sac generally, was a mottled brown, or red and white, in some parts being more of a livid hue, and very vascular. Its inner surface was thickly coated by a tenacious puriform lymph; two large pieces (the size of a hand) of thick adventitious membrane, coated with pus, were found in the cavity, in a great measure detached. Two cysts, about the size of a hen's egg each, were found in the walls of the sac, or attached to its outer surface; they contained a yellowish gelatinous looking fluid, like synovia.

The right fallopean tube stretched along the tumor, for about 9 inches, and was about half an inch broad. The left ovary was of small size, very hard and cartilaginous. There was also a small cyst, or hydatid, attached to it. The internal membrane of the uterus was of a rose color, but, in every other respect, normal and healthy. About a drachm of sanguineous looking fluid, like menstrual blood, was found in the cavity. The small intestines were remarkably vascular and injected, but did not appear inflamed, nor was there any effusion of any description into the peritoneal cavity, or any alteration of structure in the serous membrane. The kidneys were small and normal; the liver healthy and natural: a gall-stone, the size of a hazel nut, was found in the gall bladder.

#### Remarks.

Among the several diuretics employed, the pyrola umbellata was exhibited for a long time, and appeared to agree very well, seeming to possess tonic, as well as diuretic properties. During the year about 79 quarts of purulent fluid were drawn off, in addition to what flowed from the puncture spontaneously, during the months of May and June, which may be estimated fully at 20 quarts, and to this is to be added 6 quarts removed at the autopsy, which will make the whole amount to 105 quarts, secreted during little more than a year—an amount, I believe, exceeding anything of the kind on record.

#### IODINE LINIMENT IN BOWEL COMPLAINTS.

By J. DUNCAN MACDIARMID, Staff Surgeon, 2d Class.

Having employed "iodine liniment" as an external application to the abdomen in various affections of the bowels with marked benefit, I would wish, through the medium of your Journal, to communicate the fact to "all whom it doth concern," that its virtue in such cases may be tried.

It may be that it has been employed in this way by others, and if so, I think they would be conferring a favour on the profession by communicating the results.

The iodine, in the proportion of a scruple to the ounce of olive oil, is freely smeared over the entire surface of the abdomen, and the operation is repeated as soon as the liniment is absorbed, and the skin has again become dry and colourless, or almost so. In infants two or three applications may, I think, be safely employed in the twenty-four hours, and in the adult more frequently, if necessary—that is, in acute cases; while in those of a chronic form, probably its free application once a day would be the more advisable plan. But in all, I would only employ the liniment as an adjunct to the ordinary treatment, which, however, by itself, is often very un-

successful in the bowel complaints of children during the hot months.

In the acute forms of diarrhœa of infants, in which the surface of the abdomen feels hot and dry, somewhat tender and full, with great irritability of the bowels and frequent watery stools, changeable in colour, and offensive, with symptoms of a febrile state generally, I have seen in some cases an almost magical effect from the liniment, and that in a few hours.

In chronic forms of the disease, where there is increasing emaciation, and the glandular system connected with the digestive organs are evidently obstructed, the careful employment of the iodine liniment will, I think, in conjunction with other suitable measures, prove a very satisfactory remedy.

There are those in the world who would continue their observations on any new remedy, or mode of treatment, with jealous privacy for a series of years, and then astound the world with some wonderful discovery or other; but I think that if we possess fair grounds for considering that such and such a remedy, or mode of treatment, possesses certain advantages, we should take an early opportunity of applying it generally in the alleviation of the ills of mortality. I would rather know that I had been the means of relieving one poor little suffering infant by a simple suggestion of mine, improved upon by others, than have all the credit, after a long lapse of time, of this or that discovery.

Prescott, October 19, 1846.

#### POISONING BY OIL OF TURPENTINE.

By R. W. EVANS, M. D.

Mrs. B— sent for me in great haste to see her son, et. 14 months. On my arrival the greatest consternation prevailed, being informed by the person that came for me, that the child had swallowed four ounces of the oil of turpentine, which Mrs. B— had procured to apply for rheumatism.

The turpentine was kept in a long-necked bottle, which had been formerly used to hold milk for the use of the child. In the absence of the mother the child procured said bottle, and drank about four ounces of turpentine, which caused him to cough immediately, together with alarming cries, which aroused the attention of his mother, when, lo! to her astonishment, she was told that "Billy" had drunk all the turpentine.

I found him two hours after the above occurrence, in a comatose state, pulse 130, tunica conjunctiva injected, pupils dilated, eyes watery, face flushed, breathing hurried, strangury, urine the smell of violets, bowels painful, particularly along the course of the spermatic vessels.

He was ordered an emetic of ipecac. Vomiting was soon excited, and briskly kept up by tepid water; the

contents of the stomach had a strong odour of the turpentine. After the operation of the emetic, aq. ammonia acet. ʒi., omni hora, cold applications to head, and flannel cloths wrung out of hot water to be constantly applied to the epigastrium. At 6 P.M., same day, eight hours after I first saw him, much improved; is quite lively; pulse 120; bowels loose; had passed eight small worms. Ordered tinct. opii. iv., and spt. æther nit. gt. v., to be given at bedtime.

On the following day decidedly better; slept well during the night; slight pain in the bowels on pressure. Gave ol. ricini ʒij. From this time he was daily recovering, except a little excitement about the brain, but in four or five days he was perfectly recovered.

I have no doubt, if the child had been neglected, he would have paid the debt of nature for this "singular debauch." However, this case may prove a warning to parents and others leaving medicine (although not ranked poisons) in the way of children; many have fallen victims by such neglect.

Richmond, C.W., Sept. 29, 1846.

#### USE OF CASTOR OIL IN MUCOUS MEMBRANE CASES.

By Dr. THOMSON, Burton-on-Trent.

[Dr. Thomson believes there are but few cases of diarrhoea occurring in infants under a year old but what may be cured by castor oil, even when ulceration has taken place: as shown by a predominance of blood in the evacuations—tenesmus, abdomen tumid and painful, mouth dry and aphthous, &c., &c. He gives the castor oil with yolk of egg, and according to circumstances does or does not add a gentle opiate. He recommends, however, as accessory, the warm bath, liniments to the abdomen, and occasionally a mild mercurial dose. He observes]—

No mercurial so quickly changes the character of the evacuation as the emulsion, which only requires to be steadily persevered in. The following is the form in which I generally prescribe it for infants:—For an infant of from two to four months old: R. Ol. ricini. ʒi.—ʒiiss, Vitelli ovi semis., Aq. aneth. feneculi, aa. ʒi. Ft. emuls. Sumat. coch. parv. bis. die. To the above, from two to six drops of laudanum may be added, or not; but, of course, this as well as the size and frequency of the dose, must vary with the case. The mixture is generally taken readily, and even liked. The same preparation is equally useful in that form of intestinal affection which is met with in children of from one to nine years of age, but presenting slightly varied symptoms, such as the tendency of the evacuations to become watery, brown, black, and very offensive; the picking of the lips, nose, &c. In a case of this nature which lately came under my care, the patient, a boy aged three years, lay almost insensible and somnolent. The evacuations, resembling black dirty water, and very offensive, were passed eight or ten times in the twelve hours. Other symptoms of subacute inflammation of the mucous membrane were also present. After the first dose of simple emulsion, there was no motion for thirty-six hours, all the other symptoms becoming ameliorated. The medicinal action of oil is certainly much modified by its union with the yolk of egg; for the same dose which would act well as an aperient alone, when thus combined will scarcely act at all.—*Monthly Journal of Medical Science.*

#### STATISTICS OF CRIME IN THE DISTRICT OF MONTREAL

By Mr. Justice McCORD.

To the most superficial observer, the enormous increase

of crime in this Province, and particularly within the populous District of Montreal, must be self evident.

Six courts, holding criminal jurisdiction over the District, are annually held in this city, and their proceedings are carefully recorded and published by the daily press, and the attention of the public directed, by many able communications, to the increasing evil, and the necessity of taking measures to check the torrent.

Thus far nothing has been done.

Believing that a tabular representation of the actual state of the criminal statistics of this District might call the attention of the Legislator to this moral disease, and induce him to apply the healing remedies so urgently called for, I have compiled tables showing the disproportionate increase of crime over population, since the year 1828.

*The awful result come to, is, that whilst population has increased in the ratio of 33 per cent, crime has augmented at the rate of 100!*

The inquiry into the cause of this fearful increase, and its remedies, comes, properly within the duties of the Legislator, and in this examination I would respectfully direct his attention, among many other causes, to the following:—

The unnecessary number of houses of public entertainment, particularly those of an inferior class, such as taverns, beer shops, &c.,; the total want of houses of correction and of refuge for young delinquents, and the absence of all prison discipline and classification.

In conclusion, I cannot forbear quoting the following extract from the *Law Magazine*, published in London, which so ably and truly depicts our actual situation in this colony; that it might be supposed written for us and not for England.

"Our punishments are ingeniously devised to abet their efforts, for not only are our prisons admirably planned for the further corruption of youthful offenders by the society of the vilest criminals before trial, but they induce the after-destitution, which, with valuable opportunity for the purpose, they do but little to prevent.

"Imprisonment, in the abstract, so far from improving, may harden the offender: and it often deprives him of the means of supporting himself with honesty, when it terminates, thus driving him to a return to dishonesty as his only accessible resource. It would be far otherwise if prisons were schools of industry as well as correction; and seeing the wonderful effects produced by the industrial system where it has been fairly tried, and a useful trade is taught, it appears a national wrong to defeat the chief object of punishment by neglecting the means of improving, whilst we imprison criminals. Measures for the separation of untried prisoners are, it is true, in progress in many places; a tardy removal of a crying evil. The introduction of the improvement of prisoners is yet to be begun. In the meanwhile let us remember that about eighty per cent. of all our convicted offenders are forthwith consigned to these normal schools of vice; that being the real character of our prisons before conviction."



ABSTRACT FROM THE FOREGOING TABLES.

Population of District of Montreal, 1831, 277,637; in 1844, 370,342.

	1829.	1830.	1831.	1832.	1833.	1839.	1840.	1841.	1842.	1843.										
Offences against the Person.....	55	30	41	9	78	8	101	14	140	27	80	22	193	33	112	22	61	22	88	18
Offences against Property.....	74	45	79	36	90	53	115	31	211	75	239	125	322	126	181	79	253	164	207	134
Offences against public peace, decency, &c.....	8	6	1	1	11	4	67	8	28	11	100	18	182	8	54	13	32	5	47	11
Total.....	137	81	121	46	179	65	233	53	379	113	419	165	697	172	347	114	346	191	342	163

N.B.—The two heads under which the extraordinary increase will be found, are *Larcenies* and *disorderly houses*. The statistics of the years between 1833 and 1839 have been purposely omitted, on account of the political state of the country during a portion of those years. *Mem.*: these tables are exclusive of offences cognizable by the Police, and not indictable.

Yr.	In.	Co.
1829—	137	81
1832—	283	53
1833—	379	113
1839—	419	165
1840—	697	172
1841—	347	114
1842—	346	191
1843—	342	163
-----		2813
-----		971
-----		4014

Yr.	In.	Co.
1829—	137	81
1830—	121	46
1831—	179	65
-----		437
-----		192
-----		145
-----		64

Yr.	In.	Co.
1839—	419	165
1840—	697	172
1841—	347	114
1842—	346	191
1843—	342	163
-----		2151
-----		1805
-----		4304
-----		161

Yr.	In.	Co.
1829—	137	81
1830—	121	46
1831—	179	65
1832—	283	53
1833—	379	113
-----		1099
-----		358
-----		1457
-----		219
-----		713

Yr.	In.	Co.
1829—	137	81
1830—	121	46
1831—	179	65
1832—	283	53
1833—	379	113
-----		1182
-----		358
-----		1540
-----		219
-----		713

Shewing, previous to 1832, an annual average of 145 indicted, and 64 convicted, and since 1832, 401 indicted, and 138 convicted. Again, if the average of the first three years be compared with the average of the last three, we will have 145 to 340, or more than double which will be found, I fear, the true state of the case. Since the foregoing tables were compiled, Captain Wily, chief of the police for the city of Montreal, has prepared and submitted to the Police Committee of the Corporation, the following statements, which will supply what was wanting to complete the melancholy *tableau* of the criminal statistics:—

If, therefore, these two periods be compared, it will be found that during the last five years, the number of persons indicted has nearly doubled, and the convictions more than doubled. But it would appear that the great increase commenced in 1832; if, therefore, the averages of 1829, '30, '31, be taken as a mean of the years anterior to 1832, the following table will shew a still greater disproportion, and a fearful contrast between the present state of morals in the district, and that prevalent a few years back.





## PRACTICE OF MEDICINE AND PATHOLOGY.

## A TREATMENT OF INSANITY AND NERVOUS EXCITEMENT.

By JOSEPH WILLIAMS, Esq.

[Dr. J. Williams strongly recommends the use of narcotics and other remedies calculated to produce sleep, not only in order to put off, but even to cure an attack of mania. He observes that]—

Some of the mildest cases which occur, where there is preternatural excitement with vigilania, are those of persons having over-fatigued the mental powers by continued application, more especially if confined to one subject; and the ill-effects seem to be produced more frequently in those whose hopes and fears, are in addition adding to the excitement, as is often noticed in junior barristers and students at our universities.

Now, in such instances, if a young man apply early, the case is usually cured very rapidly, sometimes even within twenty-four hours; if passed over for a few days, recovery is retarded, and if totally neglected, phrenitis or mania by no means unfrequently ensues. In such cases there is a great action, which is but too frequently mistaken for power; the pulse is quick, perhaps 100, 120, or even more, tongue white, face flushed, throbbing and heat of the temples, rolling, sparkling, and injected eye, rapidity of speech; and everything showing great excitement; now this description is not sufficient to guide us as to the treatment, for all these symptoms may depend on excessive nervous irritation, but more attention must be given to the pulse for if the pulse, in addition to being quick, is also full, hard, and bounding, and if the skin is dry and hot, then the abstraction of blood, both general and local, will usually be necessary, and often within an hour or two after depletion, the skin becomes moist, and the patient falls asleep. But what I am the more anxious to particularize, is the opposite condition, where bleeding is unnecessary and unsafe. Supposing the pulse to be quick, soft, and fluttering, weak or intermittent, the skin moist and clammy, and yet the excitement just as decided as in the other case, to bleed here is most improper, and many cases of insanity have arisen from such practice. The judicious administration of a narcotic will frequently act as a charm, and we have often found the following prescription very useful:—

R. Tr. Hyoscyami m xxx.; Tr. Humuli ʒij; Camphora gr. v. ad. x. aut. xv.; Syr. Auranti ʒii; Mist. Camphora ʒvj.; M. et fiat hustus, h. s. s.

This has often caused calm and refreshing sleep; and the patient, who has previously passed two or three nights with great restlessness and watching, feels himself invigorated, and receives the medical attendant with the greatest gratitude.

[Amongst the remedies for procuring sleep, Dr. Williams notices bleeding. This should not be adopted, unless demanded by very urgent symptoms, lest the constitution should not be able to rally. He remarks here, that]—

A very efficient way of relieving head symptoms, when dependant on visceral congestion, more especially of the liver, is applying leeches to the rectum, and if considered necessary, subsequently placing the patient in a warm bath; a large quantity of blood may be lost in this way without producing much prostration. Many cases of insanity arise from extreme irritability, dependent on prostrated power; and to support this power by good nutritious food, and sometimes even with brandy and wine, at the same time soothing the system by procuring refreshing sleep at night by morphia; will speedily evidence the advantages of such treatment.

The great error originally was, allowing the powers to sink; it is of the greatest importance that these powers should be supported—the nervous excitation must be calm-

ed. In these cases, mistakes are but too frequently made; irritation is confounded with inflammation. The maxims so ably taught by Mr. Travers are forgotten; the object being to calm the action, not to diminish the power—this nervous power being much more easily depressed than raised. Should this advice be neglected, and bleeding be ordered, stupor, or coma, or confirmed mania may be the consequence. In many cases where there is the most ferocious derilium with great muscular power, yet where the pulse is very quick, weak, and fluttering, even the slightest depletion at once knocks down the powers; and even if the patient should again rally, there is great danger of his becoming idiotic. As Dr. Marshall Hall has so truly stated—under irritation, exhaustion is sooner produced than in health; while under inflammation, the system bears loss of blood, with less exhaustion than in health.

When a patient is in a highly excited state from loss of blood, a full dose of opium is the best medicine we can employ, and it is often successfully prescribed in that highly nervous state so closely resembling mania; and if, when that excessive restlessness occurs which precedes puerperal mania, a full dose of opium be given, such as 1 gr., 1½ gr., or 2 grs., this formidable disease may be often prevented, and as a prophylactic, opium may be considered invaluable. In some instances Dover's powder, or morphia, may be preferred; but generally the opium itself is more valuable in these cases of exhaustion. Anæmia of the brain, so strongly pointed out by Dr. G. Burrows, has been but too little regarded until lately. Many cases where there is great action, require stimulants and support; thus, in the case of a young man, æt. 44, [?] mentioned by Abercrombie, there was at first great depression, want of sleep, with incessant talking: reaction took place, excitement increased, pulse 160, continued talking, and obstinate vigilania; yet stimulants were here required, as after death no traces of inflammation could be found.

[Purgatives may procure sleep, by diminishing vascular action, where bleeding is inadmissible. Narcotics, when given in insanity to procure sleep, should be administered in full doses. Dr. Williams says on this point]—

It is impossible to limit the extent to which opium may be required; but in stating that a full dose is necessary, from two to five grains may be considered a large dose for most constitutions; where habit has impaired its effect, one and even two drachms of solid opium have been taken in a very limited period. Pinel knew 120 grains of opium given in one dose to a patient suffering with cancer of the uterus; and I have seen a wine-glassful of laudanum taken at a draught, and this has been repeated three times daily for months—such cases, however, necessarily form the exception.

Dr. Burrows has never ventured beyond five grains, and generally begins with three grains, repeats one grain every two or three hours, never allowing it to exceed twelve grains, when, if sleep has not resulted, he desists. This must be admitted as a far safer practice; than to give fifteen grains or two scruples for a dose, as advocated by some. If prescribing opium to a person not habituated to its influence, the second dose should be smaller than the first, by combining it with calomel or antimony, or James's powder, it does not so much disturb the usual secretions; there are cases where Dover's powder, and occasionally even the pulv. cretæ comp. c. opio may be necessary. It is well to remember that when opiates are indicated in cases of insanity, the dose must be large. Combining opium with camphor or henbane or digitalis, will often be very judicious. With tartar emetic, calomel and opium in large doses will often calm the system when there is great restlessness and fever, especially if the head be kept cool. Opium should never be omitted where insanity has succeeded constant intoxication; and in those cases where the countenance is exsanguined, with a cold clammy skin, it is especially in-

icated, and is no less useful in that anæmic state of the brain where there is great exhaustion, in whatever way produced.

Where there is constant vomiting, opium may be administered in an effervescent draught. Opium is now rarely ordered from day to day as formerly, having given place to the preparations of morphia, but should it be considered necessary, it will be advisable to combine it with some aloetic preparation. The infusion of opium with a bitter, as recommended by Dr. Paris, will secure the narcotic principle without interfering with the intestinal secretions. If opium be ordered solely as hypnotic, it should not be in combination with aromatics, as is the case with black drop; for although this preparation is stronger than laudanum and decidedly more anodyne, yet its narcotic power is considerably diminished, while its stimulating effects are augmented.

The liquor opii sedativus is undoubtedly much milder in its effects, and less stimulant than laudanum, and many years ago I made it the subject of experiment, in order to determine as to its efficacy, and I found it more uniform and certain in its effect, while it did not cause the disagreeable waking symptoms so often noticed when an opiate has been given. Many persons who slept with it, passed a restless and uncomfortable night when laudanum was substituted for it. Battley's solution has been of the greatest service, and I believe it to be surpassed by no preparation, except the hydrochlorate of morphia. When opium has disagreed with a patient, a strong cup of coffee will often remove the unpleasant effects.

Administering an opiate in the form of enema renders it much milder, and at the same time secures its sedative and narcotic influence, without producing that headache, sickness, and dryness of the fauces, so often complained of when opium is taken by the mouth. Dr. Burrows has found it induce sleep, soothe and relieve delirium, when, if administered by the mouth, mania would have become worse. The French, who use enemata more than ourselves, are very much opposed to introducing opium in this manner! this is somewhat singular, as the effects are generally milder than when taken by the mouth. This is a good plan of administering medicines when patients obstinately refuse to take them.

If narcotism be highly desirable, and neither of these modes seem practicable, rubbing the abdomen with laudanum and oil will sometimes be found effectual. The practice was adopted by Whytte; when he found a patient could not bear laudanum, he ordered three or four teaspoonfuls to be rubbed over the stomach and belly; this, if necessary, he repeated every six or eight hours. He also mentions the case of a woman who suffered from vigilania and took opium internally; and a solution of opium in spirit of wine was often applied to her head and neck, and always gave her ease. Mr. Hill found, when there was disturbed sleep, rubbing the head with lin. camph. fort. ʒss. of opium to each ounce, was no contemptible auxiliary in procuring rest; and opiate frictions were insensibly used and strongly recommended by Dr. Chiarugi of Florence. These narcotic frictions over the head will be often found useful: even brushing the hair with a common hair brush for half an hour, will frequently tranquilize a nervous and irritable patient. In some cases it may be necessary to rub the scalp with liniments, or ointments, containing morphia, belladonna, veratrina, or aconitine.

*Morphia*.—Where opium disagrees, morphia will often be useful: it has been found that the narcotine of the opium causes many of those distressing sensations of which patients complain who have been under its influence. The acetate was the first preparation of morphia introduced, and was largely employed with great satisfaction; still, however, it was noticed, especially when a large dose had to be prescribed, that peculiar spasmodic effects ensued; and

the hydrochlorate having been subsequently tried, was found immediately to produce its direct calming and sedative effect, without the distressing jumps and twitchings so often noticed when the acetate had been taken: and general experience now fully proves that morphia may be given without producing that headache, dryness of fauces, vomiting, and subsequent distress, not unfrequently caused by opium, so that when this disagrees, morphia may be tried with more than probable success. Another great advantage of morphia is that it may be continued daily for weeks and even months undiminished in effect, without increasing the dose, and without producing any disagreeable or troublesome symptoms when, if opium had been thus administered, dementia or idiotism would have probably ensued. The hydrochlorate stimulates less than the acetate, and is the most valuable remedy we possess for calming excessive excitement.

*Digitalis* was employed by Dr. Cless, of Wurtemberg, in delirium tremens, in full doses repeated every two hours. He says, that when narcotism occurred, recovery followed.

*Hyoscyamus* has in numerous cases special advantages. It is much less apt to produce bad dreams than opium; it has no tendency to induce constipation; it increases the renal and cutaneous excretions. Its calmative and tranquillizing effects even when it fails to cause sleep are most admirable. Opium in combination with hyoscyamus is often rendered much milder and more uniform in its action. With camphor, henbane is very useful in producing sleep and tranquillizing the irritability of the insane, and has been recommended by numerous authorities. Some are in the habit of giving five grains of each every four hours; but Dr. A. T. Thompson prefers one large dose of ten grains of each, to repeating smaller doses. From v. to x., xv., or even xxx. grains of the extract may be given at once; when necessary to be repeated, from gr. v. to gr. x. may be considered an average dose. If an over-dose be given, it may occasion stupor, vertigo, convulsions, and even coma. It will here be necessary to give a caution as to exhibiting henbane as an enema; several fatal cases have resulted from this indiscretion; and therefore it should never be given in this form.

*Camphor* acts first as an excitant, the heart's action is increased, blood is thrown to the surface, diaphoresis succeeds, the pulse then falls, and sleep follows; owing to its diffusibility it acts more rapidly than other narcotics. If given in small doses, it acts only as a stimulant, and it is with such intention Dr. Sutherland combines it with myrrh in cases of debility. From ten to fifteen or twenty grains must be given to produce its sedative effect; if half a drachm be administered, it acts very powerfully as a narcotic, and is often found very useful in calming delirium. It may be necessary to combine it with opium, hyoscyamus, digitalis, nitre, ipecacuanha, or antimonials; the choice of course depending as particular symptoms may indicate. In camphor, as with hyoscyamus, although acting for a short time as an excitant, yet a calmness speedily succeeds, and the pulse falls. These two combined will often lower the pulse in mania considerably, and Dr. Hallaran considered if it did no other good, it reduced the febrile diathesis.

*Belladonna*, by diminishing the sensibility of the nervous system, may cause sleep in maniacs. Some physicians, however, object to its employment, believing that patients often awake from the slumber which it induces, more troublesome and violent than before. As illustrating the beneficial effect which may sometimes be obtained from its endermic administration, the following case is quoted. A publican, aged 36, an habitual drunkard, subject to attacks of delirium tremens, was visited by Mr. Flood, of Leeds, who found him with the usual symptoms indicating delirium tremens; pulse 100, weak and irritable, tongue clean, urine scanty, dark, and offensive, blood voided in large quantities

by stool; insomnolent for a week. Head to be shaved; twelve leeches to temples; cold lotions; strong purgatives till bowels relieved. Within eight hours the bowels had been freely emptied; pulse 100, no sleep, great restlessness and agitation. The hydrochlorate of morphia in two-grain doses, subsequently increased to ten grains, with one grain and a half of tartar emetic, also increased to eight grains, were administered every two hours, with two table-spoonfuls of the following mixture:—R. Ammonia sesquicarb. ℥ij; tr. opii ℥i. (subsequently increased to ℥i.); mist. camphora ℥viij; m. ft. mist.

The next day no improvement; no sleep; cupped to eight ounces; narcotics increased. Has been gradually getting worse up to the seventh day of attendance. Hyoscyamus, opium, and morphia, in every form, with digitalis and antimony, cold affusions, and his usual stimulus, all have failed—pulse 110, weak and irritable—ungovernable.

*Eighth day.* Bowels have been well cleared by castor oil, and a blister has been raised between the scapulae. The cuticle was stripped off by Mr. Flood to the extent of three inches by two inches, and covered by a layer of pure extract of belladonna. It excited acute pain, which subdued his previously boisterous condition; the pain ceased in three minutes; in five minutes twitchings of arms and facial muscles; appeared intoxicated; the pupils, before contracted, in seven minutes became fully dilated; drowsy. In nine minutes the belladonna was removed, the patient being in a profound sleep, which continued for seven hours, neither disturbed nor stertorous. The pulse was at first 110, small and irritable; in five minutes 140; in 20 minutes 160; it then gradually fell, and in six hours it was 108, full and soft. He awoke quiet, but very soon became excited.

*Tenth day.*—Has been watchful since last report; opiates have produced no effect; apparently sinking from prolonged excitement. Another blister to be placed rather higher up than the former. Belladonna again applied; sleep followed in twenty-six minutes, which lasted four hours and a half; he awoke perfectly subdued, pulse having fallen to 70; passed a tranquil night, although without sleep; and after this gradually convalesced.

**ANTIPERIODICS.**—Insanity is somewhat periodical; and it should be remembered that, when it is intermittent, it is not inflammatory, and in such cases, arsenic, tr. ferri sesquichloridi, the preparations of zinc, and copper, with tonics, may be often usefully prescribed. Arsenic can be strongly recommended in these cases, and has been given with the greatest advantage; it appears to alter the sensibility and irritability of the brain. Quinine is sometimes given with the same intention; thus, a case of insomnolence was cured by giving gr. vj. of quinine at bed time. M. Barbier of the Hotel Dieu, Ameins, ordered it, because every evening there was nervous agitation with pain, occurring *periodically*. Quinine was given two nights, the patient slept well—omitted, no rest—when again administered, six or seven hours of sound sleep followed. Quinine may be useful in many other cases—it acts very powerfully on the nervous system, as is proved by those temporary cases of blindness and deafness not unfrequently caused by large doses, especially when continued for a lengthened period.

The Douche, the author most properly remarks, should never be resorted to, except when imperatively necessary; and the application of the ice cap will generally be found far more efficacious.

Our object is to keep the head cool—and not to make it suddenly cold, and then suppose that we have done enough. If this be not kept in view, we may have strong reaction—and mischief, in place of good, through the injudicious mode of employing one of the most efficacious and certain remedies which can be resorted to in certain cases.—*Monthly Journal of Medical Science.*

## TYPHUS FEVER.

By Dr. CORRIGAN, Dublin.

Let us, as we stand at the bed-side of a patient in typhus fever, recollect that in looking at the extent of the maculae, or for the presence of ptichia, or examining the distended vessels of the conjunctiva, we are looking not at a mere local derangement, but that we are studying in these external indications the state generally of the circulatory system as a whole. In this view we can understand why we attach importance to the color of the maculae, why we look upon rose-colored maculae as a good sign, and dark-colored maculae as indications of danger.

The dark-colored maculae are indications of danger, because their color is owing, we know, to an enfeebled circulation. The feebler it is, the darker will be the color of the maculae; while the more energetic is the capillary circulation, the more vivid will be the colour of the blood passing through it. In this view we can also find an explanation of the fact, that a patient may have an intellect not disturbed, may have a cool skin, a clean tongue, a soft abdomen, a pulse not above 70 or 80, with volition and sensibility perfect—and yet die of typhus fever in seven or eight days. Of what does the patient die in such a case? He dies of this lesion of the function of circulation. In most cases this lesion is not the only one present, although often the most prominent; but I wish to fix attention on it in this that I may call an analytic view of fever, as it leads to a practical rule for the administration of one of our most important agents in the treatment of fever, viz., wine. You are too often bewildered in the directions as to its employment. You are told to beware of delirium in its administration, and yet, again, you read that delirium subsides under its use. You read instructions either to refrain from its use when the tongue is dry, or to judge of the propriety of continuing its exhibition by its effects on the tongue. Instead of attempting to reconcile all the contradictory statements, and, too often, inexplicable advices, that are laid down for you, turn from the books to the living book—the patient—and read from him. Ask yourself what is it in typhus fever you prescribe wine for? Is it for delirium? No. Is it to prevent its approach? Again, no. Do you give it for a dry tongue? Certainly not. What is it that, as you consider a patient's state, would lead you to think of its employment?—is it not the state of the function of circulation, taken as a whole, indexed to you by the pulse, on one hand, and by the state of the capillary system of circulation in the skin, on the other.

It is for this you give it. It is the specific remedy directed to remedy the general lesion of the function of circulation, and hence in its administration you may give it, and you must give it, whether there is or whether there is not delirium; for delirium may be present or absent in a case requiring its exhibition for the function of circulation. You should give it indifferently, whether the tongue is moist or dry; for the tongue may be either, and yet wine may be required; and hence the tongue becoming moist is not an indication that you may dispense with its use—nor its continuing dry, a sign to make you discontinue it. You may give it with a soft abdomen, or with an abdomen tympanic, for similar reasons. You are giving wine, recollect, as the specific remedy for the lesion of the function of circulation (remember always comprising under this the capillary and cardiac circulation); and by the change in the circulation, and by this alone, are you to judge of the necessity of continuing, decreasing, or augmenting its dose. Under its exhibition, you will see the vessels of the conjunctiva contract, the maculae become rose-colored; and the patches of skin in the face, and on dependent portions of the body, lose their dark livid hue. Keep this, then, in mind, the lesion in fever for which you give wine, is the lesion of circulation, and if this function from debility require it, you

must give it under all circumstances of derangement of other functions. Of the quantity required, it is quite impossible to lay down any rule. No two cases will have exactly the same amount of depression of circulating energy; no two cases will require precisely the same amount of wine. In some cases, four to six ounces are enough for a few days, in continuance, to restore the circulation to sufficient tone, in other cases it requires as much as one ounce of wine every hour, or 24 ounces in 24 hours; and even in addition to this, as much as eight ounces of brandy; and all this barely sufficient to preserve the circulation from sinking.

We must never abandon a case of fever, as long as there is life; we must remember what the post mortem of the case of Rodmond tells us, that in its present form there is no structural disease; that the patient, even in the dying moment, is sinking from a mere lesion of function, and that even then, recovery is not hopeless; and we must recollect what clinical observation of several cases even now under our own observation in the hospital tells us, that the patient one day, in a state seemingly moribund, may on next day, or within twenty-four hours, be out of danger. It will not unfrequently happen, that even the power of swallowing is lost for several hours; that a small portion of brandy or wine can only be got down by raising the patient in bed, throwing spoonfuls of brandy into the pharynx, and then holding up the patient's head until it descends to the stomach, apparently almost by its gravity. Even thus it sometimes cannot be passed along to the stomach, but even then we can stimulate the circulating system by injections; and in some cases which you have seen, I am confident the preservation of life has been owing to ather, given in the form of injection every two hours, in quantities of two drachms, until under its stimulating effect the circulation gained some vigour, and the power of swallowing returned.

With the same object of stimulating the capillary circulation, blisters are applied in succession over the surface. The nurse is supplied with four or six small blisters; one after another is applied, with intervals of six hours between them, over chest, abdomen, thighs, and legs. They are thus applied, not as counter-irritants, not to act as derivatives on internal structural disease, but as stimulants to excite the capillary system. An action produced in any part of it, will be conveyed through the whole, and thus their action on the skin coincides with and assists the action of the internal stimulus of wine, ammonia, and brandy.—*Dublin Hospital Gazette.*

## DELIRIUM TREMENS.

By Dr. CORRIGAN, Physician to the Whitworth and Hardwick Hospitals.

[In a clinical lecture delivered by Dr. Corrigan, some very valuable remarks are made on the different kinds of delirium tremens, and their treatment; in speaking of what is generally considered the asthenic form of this disease, he observes—]

A man comes under treatment, not after a few days' illness, but for a considerable time he has been subject in the morning to symptoms similar to those that follow the exhibition of large doses of opium, or of stimulants—symptoms, in fact, resembling collapse.

His stomach is sick in the morning, the skin is clammy, and he is unable to collect his mind for any purpose until the accustomed stimulus is renewed. In this way he continues for an uncertain period of time, till at length vomiting sets in; he can no longer drink, and now the state of collapse, or nervous irritation, such as precedes an attack of acute disease, comes on, and obliges the patient to seek advice. He cannot sleep; images of various kinds float

before the eyes; his stomach is sick; pulse quick and weak; skin cold and clammy—a set of symptoms constituting, as I have said, a state of collapse consequent on the cessation of long-continued stimulants. Your patient is altogether in a condition in which death may occur at any moment, so that the prognosis here is extremely uncertain.

In these cases it is necessary to give stimulants and opium; the opium, you are to remember, is given to allay irritation, and the stimulants in order to bear up the system. Cold douching and a variety of other remedies may be used; but upon them it is not necessary to dwell, as they are sufficiently noticed in every book you meet with. There is one particular symptom observed, usually I think about the second or third day, and one which is never absent; I allude to the tremulous motion of the fibres of the tongue, not of the whole body of the organ, but of a sort of independent motion of individual fibres here and there. The same thing is seen in the orbicular muscle of the mouth. These signs are sufficient to lead us to a knowledge of the previous history, though the patient himself should deny the circumstances. It often happens that the patient has received a wound in some way; for instance, thrusting his hand through a pane of glass. Now, if, while you are giving the opium, you watch the appearance of such a wound, and find that, instead of secreting the natural purulent discharges, the edges are reverted and red, with the surface dry, you may be assured your patient will not recover; for these indications, like those of the tongue, only being more certain, are evidences that the nutritive function is arrested, and life cannot long continue when that function is impaired to a great extent. Such, then, is a sketch of the more frequent form of the disease.

The next variety gets a similar name—delirium tremens—but we should carefully mark the distinctions between this and the first described variety, or a fatal mistake may be made. And here I should observe, that it is the fact of this erroneously describing under one name varieties in this disease, which has given rise to such a contrariety of opinions respecting the mode of treatment, &c., proper to be adopted in it. Dr. Lendrick, a man of great observation, first showed that the ordinary treatment, as opium and stimulants, would not do here, and that bleeding should be had recourse to. I believe, then, that two very different conditions of disease have been confounded under the same name; so you are not always to suppose, when you have got hold of a name, that you have, by any means, got hold of the disease.

The case I am now about to describe may be called sthenic delirium tremens. A man has been drinking for two, three, or four days, and is in a condition very different from the person who has been a long time accustomed to stimulants; there is in this man a state of irritation of the brain and nervous system only in a very trifling degree removed from actual phrenitis, and were you to give opium in such a case, it would act, not as a sedative, but as a continued stimulant, and you would thus be keeping up the diseased condition into which the patient had plunged himself. Remember, then, that this is a mild case, there being a certain amount of irritation, but a strong approach to positive inflammation. Gastritis is a common accompaniment of this form of delirium tremens, at least a state, like that of the brain, of approaching inflammation of the stomach, marked, as I have said, by some symptoms of nervous irritation, but nothing like the collapse of the former case. During the period of a general election, cases of the sthenic kind are frequently met with; for instance, a man of previous abstemious habits spends two or three successive nights drinking ardent spirits, and presents himself with the symptoms I have sketched for you.

In this, the sthenic form of the disease, then, do not give opium; apply leeches to the epigastrium, and to the head, as also cold lotions; these, with rest and small doses of mercury, are your chief remedies. When you have to

some extent allayed the irritation, you may then make a slight approach to the treatment adapted to the first case, but do not commence by stimulating. Recollect that a compound form of the disease presents itself in this case. We now come to the third division of the disease, a form of it in which very little active treatment is necessary; and I may tell you that the skill of the medical man is often most seen in his abstaining entirely from any decided treatment; good practice consists in that as much as in anything else. You must not entirely refrain, however, from giving medicine, if it were merely for the purpose of keeping in view the advantage of the impression on your patient's mind that you are making some exertion for him: and this is a point deserving your attention, for were your patient even a medical man, it would be necessary to act on this principle.

A man presents himself, who has been at one time temperate, at another drinking perhaps for two or three days, and is now labouring under more or less irritation of the brain, manifested by slight attacks of delirium, and want of sleep, forming, in fact, a link between the condition already described as asthenic delirium tremens and the state of collapse. The subject of a case like this gets repeated attacks of a trifling kind; he may be as I have just said, at one time temperate, at another—perhaps in travelling and stopping at different hotels—drinking three, four, or half-a-dozen days, and at length falls into a state constituting our third division; he is capable of exertion, understands what you say to him, and will speak collectively, but when left to himself, fancies strange sights hovering about him. He is neither, as I have said, in the state of the collapse of the asthenic form, nor does he betray the symptoms of cerebral derangement observed in the sthenic variety of the disease, but there is danger of the affection assuming the perfect form from the too frequent recurrence of these slight attacks of mental aberration. The patient takes little or no nourishment. This variety of the disease, then, forms as it were the centre of the balance—but let nature have the management of it; leeching will not be borne, from the previous habits of the patient, and if opium be given, so as to be followed by dryness of the tongue, great mischief is done; so do as little as possible. Give the patient as much cold air as you can, at the same time keeping his room rather dark. You may either give him ice, or a very cool saline mixture, or cold chicken tea. If restlessness should still persist, you may give small doses of opium, but much of the after-treatment had better be left to nature. The three divisions which I have sketched, you will find worth recollecting; they are such, as in an ordinary exercise of observation, in practice must force themselves upon you.—*Medical Times.*

## ON EPILEPSY.

By Dr. C. J. B. WILLIAMS, F. R. S., &c.

[In a clinical lecture, Dr. Williams enters at length into the history of some important cases of epilepsy, which had been under treatment in his wards. He points out the variety of symptoms, both in kind and degree, manifested in this remarkable disease, from the transient but often repeated attack (as evidenced in one of his cases,) to that of long duration, marked by tonic or tetanic, rather than clonic spasm. He also alludes to that form of the disease, where, after consciousness has returned, there is left considerable stupor from congestion of the vessels of the brain. He here observes]—

In the cases, on the other hand, of which we are now speaking, there is a sudden loss of consciousness, with sudden and violent convulsions, lasting for a longer or a shorter time, generally for a short one, and terminating almost as suddenly by a complete cessation of the involuntary motion, and a complete restoration of the natural consciousness.

[When stupor remains after the fit, the attack bears more

resemblance to apoplexy than epilepsy:—the difference from apoplexy being rather in degree than kind; the oppression does not extend so far as the medulla oblongata, consequently the respiratory movements are not much interfered with. The effects of remedies substantiate the doctor's views as to the cause of this stupor, viz., congestion: yet in two of his cases the stupor was so speedily induced, and at last so quickly disappeared, that it can scarcely be accounted for on these grounds; neither did the depletory and derivant treatment avail, for the fits increased in severity and frequency. Dr. Williams asks]—

What is the true nature of these fits? Of what morbid elements do they consist? In the first place there is suspension of consciousness and volition; this occurs in all the fits, slight and severe; but in the severe fits, there are added convulsions: that is, exalted function of the excitomatory system. These two elements, then, constitute the fits—suspension of the functions of the brain, and excitement of the function of the medulla. But how can we account for this interruption to the function of one part of the nervous centres, and exaltation of that of the other? Can we give any reasonable explanation of it? I think that we can, and that in strict accordance with the whole facts of the history and treatment of these paroxysms. I would ascribe the fits to the mode in which sudden determinations of blood to the head modify the circulation through the nervous centres.

It has been observed in experiments on animals, that a certain amount of pressure on the brain causes stupor; a greater amount produces convulsions also. I have seen the same phenomena exemplified in a human subject, in whom a portion of the skull was incomplete from malformation; and the fact has been repeatedly observed in hydrocephalic patients. In these experiments, the pressure impedes or arrests the circulation through the brain, and by suspending its function causes stupor: but the current of blood being stopped from going through the brain, will go with greater force and rapidity through the cerebellum and medulla, and thus exalt their functions in an inordinate degree. The remarkable anastomosis of arteries in the circle of Willis supplies the channels for this diversion of force; and I cannot but consider this a wise provision of nature, to secure to the medulla oblongata, essential as its function is to respiration, an adequate supply of blood under varying circumstances of pressure or altered circulation.

And are not the respiratory movements increased in the epileptic fit? Most certainly they are; and so far from apnea being the cause of insensibility in this fit, as Dr. Marshall Hall supposes, it is a mere occasional and accidental matter, an epiphenomenon, caused by spasm of the glottis, which is sometimes mixed up with the other spasms. Nay, I will go so far as to say that the increased energy of the involuntary respiratory movements is a great mark by which we may distinguish epilepsy from apoplexy, the worst forms of which essentially impair them. You will stare when I tell you that I have seen more than one patient in an apoplectic fit struggling for breath by voluntary effort! The involuntary powers of respiration have been impaired, and the powers of sensation and volition have not been totally abolished, so that the patient feels the want of breath and struggles for it. In these cases there has been hæmorrhage in the tuber annulare or medulla oblongata.

In epileptic and hysterical convulsions the functions of the medulla are excited, while those of the brain are in abeyance; and it is because among those of the medulla that of respiration is well maintained, that the insensibility of an epileptic paroxysm, however long, is not dangerous to life, as the coma of apoplexy. Has the idea never crossed you that there is a small degree of the same thing occurring in ordinary sleep? I have long suspected that sleep is dependent on a diminution of the circulation through the brain, and a corresponding increase through the medulla: the sensorial functions are more or less suspended: the

medullary functions are exalted. Hence the contraction of the pupil. Hence the sufficiency of the involuntary movements for respiration, now the sole means. Hence the greater liability to the occurrence of spasmodic and convulsive attacks during sleep, as instanced in the girl Coupées. Hence the superior hypnotic influence of moderate doses of opium, which exalt the medullary function at the same time that they impair the cerebral. Hence, too, the wakefulness often caused by hydrocyanic acid, which remarkably impairs the functions of the same medulla. But I want further and more direct proofs, before I can confidently broach the theory of sleep.

Admitting the notion that fits of epilepsy and convulsive hysteria are due to a diversion of the circulation from the brain to the medulla, we see an explanation why they begin and cease so suddenly. Any one who has watched the circulation through a frog's web must have perceived that if one of the anastomosing vessels becomes obstructed by any cause, the current takes a circuit the other way as freely as if there were nothing to obstruct it; but by and by, when this obstruction, be it artificial or otherwise, is removed, then the current suddenly goes back altogether, and restores the part to its natural condition. So it is with the blood vessels of the brain. When the causes, whatever they may be, which have disturbed the circulation in the nervous centres, and thrown the whole direction of the current through the spinal system at the expense of the cerebral system, are removed, the current suddenly becomes changed; it is restored, the circulation passes equally through the brain, consciousness returns, and the superfluity thrown upon the spinal cord is reduced.

But supposing this change of circulation sufficient to account for the phenomena, what facts have we to prove that such a change attends the paroxysms? One of the first is, that in all these cases, where there is a great tendency to the recurrence of these paroxysms, there are signs of derangement of the vascular system. The fits are, I believe, in almost all cases, palpably and obviously preceded by symptoms of determination of blood to the head; there is an increased pulsation of the carotids, or at the back of the head; or there is palpitation of the heart, directing increased force through the vertebral arteries. We find this illustrated by numerous cases that I have adverted to in former lectures as well as in the present. The immediate cause of a paroxysm is in general some moral or physical excitement producing violent action of the heart, particularly if the latter promotes a flow of blood to the head, such as with a stooping posture or overprolonged exertion. Many other things might be said in corroboration of the same point. The subjects in whom these fits are apt to occur, are usually those who present in a very high degree susceptibility to derangement in the vascular system. They are subject to palpitation of the heart, to violent throbbing of the head, sometimes in the carotids, and sometimes in the back of the head, sometimes in other parts of the body, but chiefly near the heart itself. They are often anæmic subjects, in whom the blood is unequally distributed, being monopolized by the parts nearest the heart, while the extremities are comparatively bloodless and cold. But there are other instances in which similar fits occur in plethoric subjects, and in these, I believe, that congestion in the brain is a chief part.

[In persons liable to epilepsy, the blood is very irregularly distributed, and whilst the carotids beat forcibly, the blood may not be freely circulated through the nervous centres.]

This monopoly of blood has two effects. If the heart is much excited, it may set the whole blood in the nervous centres in circulation; the consequences are, sensorial excitement and delirium; and this class of symptoms nervous anæmic subjects present during the irritation of reaction or fever. But in other circumstances we find, not excitement of the sensorial function, but the reverse, stupor, while the spinal function becomes exalted to the highest degree.

This is because the determination of blood to the head, strong as it is, is insufficient to set in motion the whole mass of blood in the brain; the current flows with increased force by the vertebral and posterior communicating arteries to the medulla and base of the brain—hence the convulsions; whilst the blood in the hemisphere of the brain is comparatively stagnant—hence the insensibility.

The great practical inferences from these observations are, that nervous susceptibility, as it is called, and a tendency to these hysterical or epileptic paroxysms in the severest forms of such affections, depend on irregularities of the circulation, and the great indication for the cure of prevention of these attacks is the adoption of means which shall equalize the circulation—render it as equal, as steady, and yet as complete as possible in every part of the system—not to allow one part to monopolize the blood, but to take various means to insure an equal distribution in every part.

The means by which we effect this will vary in different cases. The determination to the head is in some instances so strong as to threaten inflammation; or there may be signs of serious cerebral congestion: here blood-letting may be required, but the loss of balance generally takes place most in anæmic subjects, who can ill afford the loss of blood, and whose disorders arise, in a great measure, from this very cause. Hence depletion, although necessary in a few urgent cases, is generally an exceptionable remedy, and the object, in most instances, is to improve the vigour of the circulation, and increase the quantity of blood, rather than the reverse. But the leading indication is, to insure the equality of its distribution. Although we do not abstract blood, yet it is a clear indication to derive it from the head and spine, and we effect this by various means; to wit, by cold to these parts, and particularly to the back of the neck, by heat to other parts, particularly to the extremities; by purgative and diuretic medicines, by blisters, or other means of counter-irritation. These remedial measures variously combined and applied are all severally useful in such cases. We attempt the same objects more habitually by various regiminal means that keep up the cutaneous and extreme circulation; by regular, but moderate, exercise; by warm clothing of the surface and extremities; by the shower-bath; or cold sponging, followed by friction and other practices which promote a thorough distribution of blood throughout the body.

We have found that the action of the heart is often much disordered; the patient is very excitable, and subject to palpitation; this cannot occur without increasing the disorder of the circulation. Remember that the increased force of the heart does not set the circulation right; for at the time that its throbs are violent in the chest, the pulses are weak at the extremities—here, in truth, is the cause of the fits. It is therefore an object to prevent these attacks of palpitation; this is one reason why I gave hydrocyanic acid, digitalis, henbane, and valerian; and most valuable they are. I do not know any medicines which are so successful in diminishing epileptic or hysterical convulsions; reducing its irritability, and acting as they do by tranquilizing the action of the heart, preventing those bursts of violent movement which derange instead of promoting the circulation.

Another indication will be the removal of all causes of excitement that set the heart in inordinate action—moral emotions, over-exertion of any kind, any irritation of the alimentary canal, of the uterine system, of teething. Infantile convulsions come from similar causes; they cluster together as a group of the same class. Any irritation which sets the heart in violent action may bring on paroxysms. I maintain that these sudden attacks are brought on mainly through an irregular distribution of blood dependent on a violence of action or a determination of blood from some similar cause. Teazing and irritating measures often do

harm in this way. For example, one man's fits seem to have been increased by severe counter-irritation; and they soon ceased under a soothing plan.

Lastly, there is a further indication to improve the tone of the whole system of blood vessels. There are some cases in which we find a beating in the carotids and subclavians, and fits ensuing as a consequence, and we cannot perceive that there is any palpitation of the heart. It is not that the heart acts more strongly, but a loss of tone takes place in the great arteries. They become unduly large, and let the current of the heart's force into them in too great a measure, causing a determination of blood. This takes place in an atonic state of the system, and is generally connected with other symptoms of loss of tone, weakness of muscles, depression of strength, liability to flushings of the face, loss of power and heat in the extremities, and so forth. It is a great indication in such cases to improve the tone of the system; and it is under this head that we may notice the operation of what are called tonic remedies. This is a very large class; some of these remedies do not appear to be stimulant at all; they seem to have very little operation besides being tonic or promoting the tonic contraction of animal fibre. Such, apparently, is the operation of nitrate of silver, sulphate of zinc, sulphate of copper, and some others. These are amongst the most useful remedies in diminishing the tendency to these paroxysms; and I suspect they effect it in the manner I have just surmised.

But there is another class of remedies still more useful, and I believe they are more useful because they promote the restoration of the natural circulation in a double mode—I mean chalybeate tonics, mineral acids, bark, quinine, &c.; but none stand so high as the preparations of iron. They improve the tone of the blood-vessels, and operate as astringents. None is so useful under such circumstances as the tincture of muriate of iron. In other cases the other forms of iron may be preferred, but in these cases, where there is palpitation of the heart and failure of circulation, the muriate tincture of iron is the best I know. And there is another operation beside that of increasing the tone of the animal fibre, namely, the restoration of the proper quality and quantity of the blood; and by effecting this the inequalities of circulation are also reduced. I have stated in the present lecture that these inequalities are usually connected with anæmia. In proportion as that is removed, so the vessels are better filled with blood of a better quality—more abundant in red particles, and in proportion as it is better circulated to the extremities, less expended on parts near the heart itself, in that proportion will the tendency to these fits or other evil results connected with irregular circulation diminish. Hence we find that although by hydrocyanic acid, digitalis, and other means of tranquillizing the circulation, in the first instance we can best prevent a recurrence of these paroxysms, yet we produce a permanent cure best by the tonic class of remedies. They improve the tone of the body, the condition of the general circulation, and render the heart's action more effectual for this purpose.—*Medical Gazette.*

#### ECTROTIC TREATMENT OF SMALL POX.

We copy the following from our esteemed contemporary, the *Medical Examiner*—and we do so for the purpose of exhibiting, that if in the application of the tincture of iodine to small pox with an ectrotic view, any merit is due to the original experimenter, that merit may with full propriety be claimed by our townsman, Dr. Crawford; whose views were detailed in a paper submitted to the profession, in vol. 1, No. 1, of the *Montreal Medical Gazette*, the circulation of which would thus either appear to have been limited, or its contents to have escaped particular observation. We subjoin the extract from our contemporary, as also the paper

of Dr. Crawford, and we call the attention of our contemporary to it.—*Eds. B. A. J.*

Dr. Samuel Jackson, (late of Northumberland), was led in April, 1845, to make an experiment of aborting small-pox by the tincture of iodine, from contemplating its wonderful influence over erysipelas. He applied it to one arm of a child eleven months old, in confluent small-pox, on the third day of the eruption, and to the arm which appeared the worst, rubbing it freely on with a sponge, three times that day and twice the next. On the 11th day, when the pocks over the whole body were at their height, elevated with hard bases, those of the medicated arm were entirely flat, with thin, purulent matter under the dead cuticle, without any swelling of the part. There are, however, some very slight pits now to be seen, but they are very inconsiderable when compared with those on the other arm.

Drs. Goddard and Sargent have since tried the application. Dr. Sargent used the iodine on one side of the face in twenty-five cases—"the swelling, soreness and tenderness were very much less than on the sides not covered; each pock remained flattened; but I cannot say that it prevented pitting."

Dr. Goddard writes that he tried the medicine in five cases—"not one of the patients shows the least pit or mark; none of them had been vaccinated, and the disease was confluent in most of them."

One advantage of this treatment, Dr. Jackson remarks, is, "that it removes the cuticle and leaves the part free from those disgusting discolorations which commonly remain for months."—*Med. Examiner*, Aug. 1846.

#### To the Editors of the Montreal Medical Gazette.

GENTLEMEN,—Will you do me the favor to give a place in the *Montreal Medical Gazette*, to a suggestion which I wish to offer to my professional brethren, in expectation, that with their co-operation, it will be found capable of conferring a valuable benefit upon the public.

It is briefly, the application of the tincture of Iodine (*form Magendie*) to prevent the unseemly consequences which attend small pox, and further to render the disease milder and less dangerous, by its peculiar antiphlogistic powers.

I have been in the habit of using this application very extensively, in a great variety of affections for some years; particularly in acute rheumatism, neuralgia and erysipelas, more especially that of the face; and have reason to speak of it in high terms of commendation. Erysipelas having been very prevalent in this city during the last four years, I have had an opportunity of treating a great number of cases, and although many of these appeared in imminent danger, all except one, (that of an old hospital nurse,) terminated favorably, and it is my conviction, that the mortality would have been much greater, had I not used this application. I would by no means exclude the use of constitutional remedies in this disease, which, (although it especially shows itself as a peculiar local inflammation) is essentially dependent on a derangement of the general system; I have, however, on almost all occasions, seen such decided benefit result from its use, when perhaps little or nothing else has been done, that I would rather relinquish the use of every other application or remedy, than resign this one. A distinguished medical practitioner of this city, a short time since, admitted to me that he had not until lately done justice to this remedy, and that he now attributes any unsatisfactory results he had experienced on former occasions, to his not having properly and fully carried out its application. Although it is not my object at present, to extend this notice of its use in erysipelas, I must not omit mentioning, that I have, on many occasions, tested (contemporaneously,) the merits of the several local applications recommended in this disease, and I have no hesitation in assigning a superiority to it above all others. Observing this superiority, and at the same time the similarity in the modes operandi, of this application, and that of nitrate of silver, it occurred to me, to make trial of it in small pox; with the view of preventing pitting and scars, for which object the nitrate of silver has been so frequently used.

A severe case of variola confluenta being admitted into the Montreal Hospital, in the end of September last, on the second day of the eruption, which was attended by considerable tumescence of the face, the forehead and one cheek were painted with the tincture, the immediate effect of which was to cause a good deal of pain, which however subsided in a short time, and appeared

in some degree to remove the burning and itching peculiar to the disease; the application of the tincture was repeated daily, with marked good effects, the tumefaction of the face in some degree subsiding, and the pustules becoming flat, as the remedy appeared to abate the violence of this inflammatory action, on the parts to which it had been applied; it was extended over the whole face; a comparative test was therefore not fully instituted; however, the parts most frequently painted formed much thinner scabs than those which had been less so; these crusts fell off sooner, leaving a surface distinguishable by the fewer pits and slighter marks. Although this case was very severe, and terminated fortunately, it was by no means a favorable occasion for experimenting, the eruption having already been two days out, and the inflammation and tumefaction having attained a considerable height, before the opportunity was afforded for using the application: in addition to which, the cautious and sparing manner in which it was used, necessarily limited its effects materially; however, they were sufficiently evident to encourage further trials and warrant its safety.

Shortly after this, a case of variola discreta occurred in the Hospital, accompanied with considerable fever and delirium; the patient said he never had been vaccinated; the eruption was profuse but distinct. The tincture was applied over the whole face daily from the first day, for about five or six days. The pustules went through their regular stages, but did not accumulate, remaining flat: and the face did not swell. The thin crusts on the face fell off at about the end of a week, leaving it free from any pitting. The pustules over the rest of the body filled well, and formed thick scabs, which remained several days longer—one of the hands was also painted to show the contrast, and had a very satisfactory result.

The third case was one of variola modificata; in this case the face was at first only partially painted (as was also one hand) to show a contrast; the good effects were soon evident, and the application was then extended over the rest of the face, to prevent any risk of pitting, as the patient was a good-looking young woman; on the parts most frequently painted, the eruption scarcely formed any pus, and the crusts were very thin and soon fell off, leaving the parts free even from discoloration, rendering them for some time distinguishable from the others.

The last case that I shall notice, is most particularly satisfactory; not only from its issue, but also from its being under the care of Dr. G. W. Campbell of this city, with whom I frequently visited it. The violence of the febrile symptoms, and extent of the eruption, led Dr. Campbell to suppose, that it would prove a confluent case. He ordered the tincture to be applied over the whole face, and on visiting the patient next day, was so pleased with the result, that he directed its application to be made daily; the pustules on the face, although they went through their regular stages, remained flat and small; the face remained free from tumefaction, with the exception of one of the eyelids which was slightly puffed. She had no delirium after the application of the tincture; the crusts, which were very slight on the face, fell off early, leaving it free from pitting, while extensive thick and continuous scabs covered the limbs, and principal parts of the body; and which confined her to bed many days after those on the face had fallen off, giving her a great deal of uneasiness and discomfort. Throughout her complaint, she said her face was her only tolerable part, and although the tincture gave her pain for about an hour after its application, it quite removed the virulolous pain and itching, and left her so far comfortable during the rest of the day.

Very little constitutional treatment was resorted to in any of these cases; which have been seen by several members of the profession.

I have heard that some of my medical brethren have been following up the above suggestion, and I learn the application has given satisfaction; my object, however, not being for the purpose of recording cases, but rather to offer a hint generally to the profession; that the application may be fully and fairly tested, I have preferred giving merely my own personal experience on the present occasion.

I believe almost every one will admit the inefficacy of the several applications hitherto recommended, for the above contemplated object, as well as the disagreeable nature of most of them, or the difficulty of their application. The tincture of iodine will be found, I apprehend, not only more efficacious, but also more manageable and endurable by the patient; I am of opinion that the advantages derivable from its use, will in a great measure depend on its employment in the earliest stages of the eruption, and

its steady and daily repetition,—by which means the inflammatory action is moderated, and thereby the destruction of the cutis vera, and subcutaneous cellular substance, and consequent pitting prevented; and also from the relief it affords to the itching, preventing the involuntary scratching and tearing, so frequently a cause of great evil; how far it may be judicious to make a more extended application of the remedy over the body, I am not prepared to say: from what I have witnessed, I feel favorably disposed to it.

I shall trespass a moment longer, to notice an observation which has been made to me on one or two occasions, namely, "are we not likely, by an interference with the progress of a specific disease, to repel a morbid poison on the system, which nature appears to be endeavoring to throw off?" Without attempting any refutation of this antiquated view of the pathology of the disease, I shall merely notice, that the regular progress of the eruption is not interfered with, that the moderating of the inflammatory symptoms, by this application, renders the disease milder, and it is evident that whatever tends to effect this object, without depressing the vital powers, will be the surest means of saving the life of the patient, and of obviating the other dreaded consequences. I am, Gentlemen, your obedient servant.

JAMES CRAWFORD, M. D.

Montreal, March 15, 1844.

## SURGERY.

### ON PARACENTESIS THORACIS.

By H. M. HUGHES, M. D., Assistant Physician to Guy's Hospital.

[Pleuritic effusion, without very careful examination, is very liable to be mistaken; its progress is often so insidious, and its symptoms so latent, it may, and frequently is, confounded with consumption, liver disease, or indigestion. Whatever merit is due to the proposer of the operation, whoever he may be, it is the late Dr. Thomas Davis, who merits the praise of pointing out how the function of the lung may be restored and deformity prevented. In 1844, a paper was published in Guy's Hospital Reports by Mr. Cock and Dr. Hughes on this subject, and very soon after a paper was read before the Medico-Chirurgical Society, by Dr. Rowe, in which the operation was recommended for the same purpose. Dr. Davis was in the habit of leaving a piece of elastic catheter with a stopper in the wound, and drawing off a little fluid daily, but Dr. Rowe and Mr. Cock immediately close the wound and repeat the operation as often as is necessary. Mr. Cock and Dr. Hughes believe that the admission of air into the pleural sac is injurious, while Drs. Davis and Rowe assert that it is not attended with any bad consequences: the former assert that the admission of air keeps up the compression, to some extent, on the lung, which it is the intention of the operation to obviate. Dr. Hughes observes,]

It is with a view of withdrawing the fluid before firm adhesions have been formed, before the lung has been strongly bound down, and plastered over with a thick coating of fibrin or albuminous matter, that the operation has been recently recommended, in contradistinction to that of merely relieving urgent distress or of preventing suffocation. Until a comparatively recent period the operation, simple as it is, and harmless as it has been proved to be, had not been performed until almost every other mode of relieving the patient had been tried without effect, and the powers of the patient had become greatly exhausted. Hence it happened that the operation was not only generally unsuccessful, but was considered an affair of much importance, and of considerable danger. If operations for other complaints had been thus unreasonably delayed—if that for hernia, for example, had been almost uniformly deferred till gangrene had taken place, it may be fairly assumed that surgeons would not have had so many cases of that disease to point out as triumphs of their art.

I have never seen a single case in which, when it was performed in the manner recommended by Mr. Cock and myself, it was attended with the slightest risk, though in an earlier period of our practice I know that a case occurred in which the individual fainted, and was affected with alarming collapse, in consequence of the fluid being drawn off too rapidly through a large canula; and though one person certainly contracted an attack of bronchitis, followed by pneumonia, from exposure during operation, I believe that in most persons the "risk" of the operation is not greater, and that in many persons it is really not so great, as the risk of a prolonged mercurial course.



"That the remission of air may rekindle the inflammation" we believe, and "that its admission may convert the adhesive into the suppurative inflammation" we also believe; but we are very far from thinking that "its admission cannot be prevented." It is, indeed, a rare circumstance with us for a single bubble of air to enter the pleura—though two, three, or four pints of fluid have been withdrawn; and though in many cases the operation has been performed several times, and in one case as many as thirteen or fourteen times. In this individual air did, on two occasions, enter the pleura during the act of coughing or a sudden involuntary gasp. Air is there still, and has remained there ever since: we are, indeed, far from being certain that in this individual there may not have been a very minute communication with one or more bronchial tubes, but we have never had any evidence of the air having been absorbed, and the patient's own strong impression is, that since it first entered it has never been removed. The fluid in this case remains perfectly inodorous.

The reason why air does not necessarily enter the pleura, and the mode in which, with proper care, it can be prevented doing so, are both, I think, sufficiently evident. Unless the lung is capable of full and free expansion, we do not attempt to draw off all the effused fluid. We remove, indeed, only as much as the expanding lung and the surrounding compressed organs are capable of replacing. The opening is carefully watched, particularly during the act of inspiration and coughing; and when the stream begins to fail, the body is turned towards the punctured side. till there is at length an alternate flow and stoppage of the stream during the acts of expiration and inspiration. When this occurs we withdraw the canula—when, in fact, there exists a tendency for the external air to enter the cavity, that tendency is at once stopped by closing the aperture. Sometimes it is true that a considerable portion of fluid is thus left behind. This remaining fluid, if not absorbed, must be removed by a second operation, which is so slightly painful, and when properly and carefully performed, is so simple, and is usually the means of affording such great comfort, that I have never known a patient object to it who had once gone through the ordeal.

[On compression of the parietes of the chest and abdomen, Dr. H. says]—

Now, from having observed that an attack of coughing has often followed the exercise of this process, in consequence, as we presume, of the greater expansion of the lung which is thereby induced, we now believe, that this part of the directions may be advantageously omitted, and that it is better to take away only so much of the liquid as flows spontaneously by inclining the body. Secondly, with the view of preventing cough, arising from the too sudden expansion of the lung, and of allowing the organ gradually to accommodate itself to the enlarged space, we are now in the habit of applying a flannel bandage with moderate firmness around the chest, after the operation is completed. In reference to the operation itself, I have been accustomed to prescribe to myself certain rules and precautions, which may be, perhaps, advantageously here introduced for the direction of those who are not accustomed to see it performed:—

- 1.—It is well never to propose it without having previously inquired into the history of the case, and minutely investigating the general symptoms, as well as carefully ascertaining the physical signs.
- 2.—After this has been effected, and all the ordinary means of diagnosis have been fairly and fully brought into requisition, the trochar should never be introduced before the exploring needle has been employed for the purpose of confirming the correctness of the diagnosis previously made.
- 3.—The puncture of one side of the chest, excepting under circumstances of imminent danger, should never be made before it has been clearly ascertained that the lung of the opposite side of the chest, if not quite free from disease, is at least capable of carrying on the respiration.
- 4.—The fluid should be drawn off slowly through a small-sized canula, if the effusion is thin and serous, and through one of rather larger size if the fluid is thick and purulent.
- 5.—So much only of the fluid should be withdrawn as flows spontaneously without the admission of air.
- 6.—The escape of the fluid should be favored by an inclination of the body towards the punctured side.
- 7.—It is desirable, after the operation to support the chest with a moderately tight flannel bandage, to keep the patient in bed and desire him not to talk for a period of twenty-four hours; after which, if his complaint would not on other accounts confine him to his bed, he may leave it without inconvenience or danger. With these rules, or precautions the operation may be performed, in very many cases, with great benefit; and in all cases, as far

as I am able to judge, from a pretty extensive opportunity of observing its effects, without danger.—*Med. Gaz.*, Feb. 13, 1846, p. 281.

### CASE OF AN ABSCESS IN THE NECK COMMUNICATING WITH THE AORTA BY AN ULCERATED OPENING.

By GEORGE BUSK, F. R. C. S. E., and Surgeon to the Seaman's Hospital.

The subject of the case was a woman, aged 35, who died on June 3rd, 1846. An abscess had formed in the neck anteriorly, which burst spontaneously about five months before her death, and had continued to discharge white purulent matter through a small-funnel-shaped fistulous opening in the hollow immediately above the upper edge of the sternum, and in the mesial line. On the morning of the 1st of June, hæmorrhage of arterial blood took place, and recurred in the evening, on the compress being removed. The blood welled up with indistinct intermissions, and was readily stayed by pressure. The hæmorrhage recurred more violently on the following afternoon, and on being stayed by compress, the cavity of the abscess became filled with blood, and then communicated the feeling of diffuse pulsation like that of an aneurism. The woman sank, and died about forty-eight hours from the first appearance of the hæmorrhage. Post mortem examination displayed a large old abscess occupying the front of the neck below the larynx, and extending behind the sternum to the right side of the arch of the aorta; and a lateral extension of it passed between the right bronchus and arteria innominata to the spine, but the bone was not diseased. The external cellular coat of the aorta, where that vessel entered into the formation of the wall of the abscess, and also of the arteria innominata, was entirely removed, and the middle fibrous tunic exposed, so that its structure was quite evident for a considerable space. In the centre of this portion of the aorta was a small lacerrated opening, about a quarter of an inch in length. This opening penetrated the middle and internal tunics of the vessel, the edges of the rent were sharp, and a little ragged, and immediately around the opening, the internal surface of the aorta was slightly roughened by the deposition of lymph. A similar roughening was present on the inner surface of the arteria innominata, opposite the portion deprived of its external coat, and much thinned.

The author remarks, that the points of interest in this case appeared to be the length of time (forty-eight hours) after the commencement of the bleeding from the aorta before death was caused; the fact of the perforation of a large arterial trunk by ulcerative action proceeding from without, and the circumstance of the abscess assuming the pulsating character of an aneurismal tumour when distended with fluid blood; a character which was previously entirely wanting.

### MISCELLANEOUS.

#### THE POTATO DISEASE.

As the season approaches when the ravages of this disease generally make their appearance, it is desirable to know how far investigations already entered into, have proceeded towards the detection of the cause of such an evil, and the suggestion of a remedy. Little has yet been done on any organized plan in this country. In Europe the case has been very different. In Holland and Belgium a committee was first appointed to collect facts calculated to throw light on the nature of the disease. In one of the Dutch provinces, Groningen, a separate commission was appointed for the same purpose.

In Germany, Liebig among others has turned his attention to the potato, and has lately published some observations on its nitrogenous constituents.

A number of the French philosophers, both alone, and under the auspices of the Central Society of Agriculture, have also attended to the subject. M. Payen has lately published three or four reports containing the results of elaborate microscopic and chemical researches.

The English Government sent a commission to Ireland, of three distinguished scientific men, with directions to obtain as much information as possible on the nature and extent of the disease. In Scotland originated the most extended scheme of all. The

subject was taken up in its several branches as it is connected with botany, meteorology, entomology, and chemistry. Each branch was referred to a competent person, and the investigation is still in progress.

It is not as yet even certainly determined in what form the disease first attacks the plant. A great number of observers have considered that it is first seen in patches of dark colored fungi on the leaves, thence gradually spreading down to the tubers. Dr. Ferguson in Paris, and several others in England, think that they have detected the sporules of the fungus passing down through the stem in the ordinary circulation of sap. But there are well authenticated instances where the potato tops have remained green and flourishing, while the tubers were much diseased; it cannot therefore be said with certainty that the disease first appears as a fungus on the leaves.

All agree that the nitrogenous compounds in the tuber are affected, and to a peculiar state of these constituents, Liebig and others have referred the origin of the disease. The starch is attacked last, and often remains uninjured when the walls of the cellular tissue that enclose its globules are nearly destroyed. From potatoes which have become even offensive in their smell, perfectly good starch has been extracted. The manufacture of starch becomes of great importance in the economical disposition of the diseased potato.

The report of the Groningen commission ascribes the disease to the wetness and sudden changes of the two last years. M. Payen thinks that excessive moisture has predisposed the potato to yield to the attacks of fungi. Mr. Phillips of London has published a pamphlet in which he describes the whole thing to the same cause. These are only a few of those who advocate this view of the question. All who have experienced much rain, assign this as the cause of disease, not knowing that it has been quite as bad on dry soils and where there has been little rain. In all the west of Scotland the summer of 1845 was considered rather a dry one, and in Islay, one of the Western Islands on the Scotch coast, the streams had not been so low for many years. The potatoes were as much affected in this part of Scotland as on the east coast. These facts seem quite decisive on the subject of wetness, for one well authenticated case where the disease has occurred under circumstances that preclude the idea of its being caused by wet, renders the theory quite untenable.

It is not so easy to decide whether atmospheric influence is the cause of the disease. In order to arrive at any certain conclusion on this point, extended meteorological observations are necessary. It is a singular fact that three or four counties forming the extreme northern point of Scotland were entirely free from it; without any essential difference in their season from that of the other counties, so far as was known by ordinary observers. The overseer of Mr. Fleming of Barochan, in Renfrewshire, Scotland, lifted from one of his fields on the 5th of September last (1845) about 5 cwt. of potatoes; these were stored in the house and remained perfectly sound at the date of his writing, in the middle of winter. From the same field on the 15th of December were lifted 5 cwt. more of the same potatoes. These after being in the house two days, were tainted and decaying, as was the case before the end of September with all that were left in the field. In this instance the crisis in the change from the healthy to the diseased tuber took place between the 5th and 15th of September. If the disease had shown itself at this time simultaneously in every part of that district, this fact would go far to show that it was caused by some atmospheric influence; but the contrary was the case. In some fields it appeared as early as July, even on adjoining farms. The cause then remains still a mystery.

Of remedies a very great number have been suggested; many without due consideration.

The commissioners sent by the English government into Ireland were particularly unfortunate in this respect, for want of a little practical knowledge added to their undoubted scientific attainments. All the means of prevention that have formerly proved successful failed during the last year. An excellent method has been to change the seed every year, taking it from a high country to the lowlands, but this was found to have lost its efficacy. Gypsum, and hot slaked lime, have also been of little benefit. The greening of potatoes intended for seed, by letting them lay in the sun, has been much recommended, and on cutting up the sun burned potatoes it has been found, according to some statements, that the greened parts were never diseased. It may be well to turn attention to this subject. In former years some persons succeeded in invigorating the crop by means of certain

saline manures, and even during the last season it was thought that they were in some degree beneficial. We are not aware that any plan heretofore suggested has proved uniformly successful over any great breadth of country.

The preservation of the crop during the winter has excited the deepest interest, and here also the number of methods proposed defies enumeration. The result of all the trials seems to be that the disease makes very slow progress, and in many instances none at all, when the potatoes are kept perfectly dry and well ventilated. Both of these conditions seem absolutely essential; packing them in dry absorbent earth, and even in charcoal has proved a signal failure. It is necessary in any case where the disease has made much progress to pick over the heaps frequently, and carefully select all the affected tubers. Kiln drying has been resorted to in cases of extremity; this preserves the potato for food but of course destroys its vitality.

Of the various plans proposed for the planting of potatoes in spring, none has been found more efficacious than cutting carefully selected potatoes into sets, containing each two or three healthy eyes. These sets are sprinkled with sulphuric or hydrochloric acid, diluted in the proportion of one pound of acid to four gallons of water. Newly slaked lime, or gypsum is then added so as to form a crust over the cut surface.

The diseased potatoes have not been found injurious as food. In Scotland all kinds of domestic animals have been fed with them freely, and actually thrived upon them. We have in the present communication glanced merely at the principal points of interest hitherto touched, in the researches upon this subject; it is much to know which are false theories, even if we have made little positive advance.

Professor Johnston in a late communication has informed us that from attentive consideration of the analyses of diseased and healthy potatoes made in his laboratory during the past year, he has been led to recommend the application of a certain manure to the potato crop, as calculated, in many cases, if not universally, to arrest the disease. He does not speak of this with confidence, but as a thing yet to be tried. The publication containing his paper has not yet reached us, and we are consequently unable to say more.

We are forced to conclude that the origin and causes of this disease are at present unknown; its mysterious marks have appeared suddenly on two continents, separated by wide oceans; under heat and drought, rain and cold, on wet and dry, light and heavy soils, at every elevation, and in every variety of potato. Those who have most carefully investigated its peculiarities, most widely examined its range, are most undecided as to its cause.

Only by a very long and extended series of experiments, by an accumulation of accurate results, can we hope to arrive at a solution of this mysterious problem. No subject of the present day offers more attractions to a scientific man, or a wider field of usefulness. The very existence of a crop of incalculable importance seems at stake; practice has entirely failed in its efforts to correct the evil, and looks to science for that aid, which, if within the limits of possibility, should be afforded. J. P. N.

—American Journal of Science and Arts.

## CHEMISTRY, MATERIA MEDICA, &c.

### MURIATE OF ZINC IN THE PRESERVATION OF SUBJECTS, &c., FOR DISSECTION.

Allusion has already been made to the employment of this substance, as well as sulphite of soda, p. 343 of this volume. It answers perfectly well alone, as we are enabled to speak from some little experience in the matter. In the London Medical Gazette, (Ap., 1846, p. 663,) there are a number of certificates, speaking in the highest terms of the use of this substance in disinfecting subjects for dissection, by injecting a solution of it into the vessels, and occasionally applying it externally with a sponge. It costs but a few cents to prepare a subject in this way, and the preparation has no corrosive effects upon the knife and other instruments. It is peculiarly well adapted to dissections during the warm months; and in the *Ecole Pratique*, at Paris, all the subjects are said to be prepared in this way with great practical benefit. A very ready way of preparing the mixture is as follows. Take the ordinary muriatic acid of commerce, dilute it with its weight of water, and pour it upon fragments of sheet zinc, placed in an earthen-ware bowl or other convenient vessel; a violent ac-

tion ensues, with an escape of hydrogen gas; allow the action to go on until it ceases; however, when the action becomes exceedingly feeble, the remaining portion of acid is most readily neutralized, by throwing in a little carbonate of zinc, the only calamine of the shops. The solution being thus made, to every pound of the zinc that has been consumed, add water enough to make three gallons, and the liquid will be in a fit state for injecting. It is even proposed to make it more dilute, but there is no doubt that the concentration alluded to above will be found most convenient.—*Southern Journal of Medicine and Pharmacy, for July.*

*Lotions for treatment of Baldness and falling out of the Hair*  
(N. Y. Journ. of Med., March, 1846, p. 277, from Wilson on Healthy Skin.)

Dr. Wilson recommends for falling out and loosening of the hair, to immerse the head in cold water, morning and night, to dry the hair thoroughly, and then brush the scalp until a warm glow is produced. In women with long hair, the scalp is to be brushed until redness and a warm glow are produced, then wet the roots of the hair with one of the following lotions: I. R. Vinegar of cantharides ℥ss., Eau de Cologne ℥ij., rose water ℥j., M.; or II. Eau de Cologne ℥ij., tinc. cantharides ℥ss., oil of nutmegs ℥ss., ol. lavender, ten drops, M.; III. R. Mezerion bark ℥j., horse-radish root ℥j., boiling distilled vinegar, Oss. Let it stand for a week and strain. If the lotion produce smarting or tenderness, the brush may be laid aside, but if no sensation is occasioned, the brushing should be resumed, and a second application of the lotion. This treatment should be practised once or twice a day, or at intervals of a few days, according to the state of the scalp; namely, if tender, less; if insensible, more frequently. The same treatment will prove successful in baldness; which, if it happen in patches, the skin should be well brushed with a soft toothbrush, dipped in distilled vinegar, morning and evening. If either of the above lotions proves too irritating to the skin, use it in smaller quantity and less frequently. No. III. may be diluted with more distilled vinegar. Oil should be used to keep the skin soft and pliant.

#### PETRIFICATION OF ANIMAL SUBSTANCES.

The Abbé Baldaconi, conservator of the Museum of Natural History of Sienna, has invented a new process for petrifying animal substances. It consists in keeping for a long time, the substance to be petrified, in a saturated solution of twelve parts of bichloruret of mercury and one or two parts of chlorhydrate of ammonia. The chlorhydrate of ammonia seems to determine the petrification; and the inventor attributes to this salt the property the solution possesses of preserving the natural colour of the organs.

M. Baldaconi has sent to the Academy of Sciences, of Paris, a dog's liver perfectly petrified, and of its natural form and colour.—*Southern Journal of Medicine and Pharmacy for Medical News.*

THE

## British American Journal.

MONTREAL, NOVEMBER 2, 1846.

### MEDICAL MEETING AT THREE RIVERS.

The meeting of the profession, summoned for the 14th inst., at Three Rivers, has taken place, and in point of numbers we regard it a failure. Thirty-five members only were present; approbatory letters were received from twenty-six more, and publicly acknowledged, while letters of disapproval were not noticed at all (one such at least, we know was sent). Québec furnished eleven members; and Mont-

real, the professional corps of which is strong, numbering about sixty, furnished five; "all of whom belong to the incorporated School of Medicine." The comparative smallness of the meeting, when we consider the number of practitioners in the Province, may be undoubtedly ascribed to its having been called at Three Rivers. Had it taken place either at Québec or this city, it would have been much more numerously attended, and there would have been a greater amount of discussion, and possibly "less unanimity." Certainly the sense of the meeting would have been directly taken on several subjects which have been passed over in silence, and which constituted at least some of the most important items of the "project" of the delegates, as submitted in their late circular.

If we are permitted to draw an obviously plain inference from the proceedings had at the meeting of the 14th, we would conclude that, inasmuch as a part of the "first clause" only, on Dr. Bibaud's motion, was expunged, all the remaining portions of that "project," as conveyed in the circular, are to stand in full force, and form the basis of the ulterior proceedings of the "permanent committee." Again, then, comes up before us the monstrous intention of compelling all British graduates and surgeons to submit to a second degrading examination before men, many of whom have received no collegiate education whatever, and who are therefore the inferiors of the former class, in point of professional rank, involving, moreover, the palpable absurdity of testing the professional competency of men, who have proved themselves well qualified to practice, by their obtention of the honours of the highest medical institutions existing in the world. Against such an intention we emphatically protest, and we seriously warn the profession at large of the rock upon which its honourable distinctions are likely to be wrecked. Ambition must be curbed, when to secure its object, it sports with, and would degrade, the honours of the profession. To use the strong language of a talented correspondent, "the avowed object of the project is to place the profession upon a more sound and respectable footing, but the real one, however cunningly disguised, is to strike at the root of the sound and British educational establishments, and by elective majorities to get the licensing powers into the hands of the ambitious leaders of the scheme, and thus give to their colleges and institutions an undue and unfair importance among students, who must ultimately (should they succeed) come before them." We have already, in an editorial article in our May number, denounced the pretensions of the "School of Me-

dicine" of this city, as injurious to the best interests of the profession. Had that body and its supporters been as anxious to consult the interests of the profession at large, as to advance their own views of aggrandizement, the profession would *now* have been placed under efficient legislative protection; its *not being* so is wholly ascribable to the opposition which the medical bill encountered from *them*, in consequence of its denegation to the schools of medicine of the privilege of conferring *ad practicum* diplomas, a principle, the admission of which they sought to obtain. We are bold to say, that had that principle been conceded, *the Medical Bill would have encountered no opposition*. It is proper that the profession should be made acquainted with *the cause* of the fate of the bill; the *nature* of the opposition it received, and the *source* whence it emanated.

We have already remarked, that against the principle of a measure like that proposed, we have no objections to urge; the restrictive clauses have been by the meeting of the 14th removed; the fellowship is done away with, and the council to consist of thirty-six members to be elective. If the formation of a college is deemed by the profession expedient, the mode of election by the profession at large to the governing council is undoubtedly the fairest and the best that could be devised. But no matter who they are who may be elected to compose it, to whatsoever *party* they may belong, we consider that the delegation of *unlimited* power, (as intended to be prayed for in the 6th resolution,) to such a body, highly objectionable, even admitting that such powers would be conferred by the Legislature, which is more than doubtful. We have not been in the *secrets* of the "delegates," still less are we likely to be in those of the "permanent committee," but we may safely venture the prediction, that unless the intention be *clearly* defined, unless the views of the committee be unequivocally expressed, the measure will become abortive. There must be no doubts in the way, no difficulties to surmount. It must be essentially *British*, that is, *honest*. It must be protective of the rights of *all* parties; it must subserve no selfish ends, and to render an equal amount of justice to all parties who may become influenced by it; it must be based on the truest dictates of liberality. On such, and such grounds only, will it meet with the sanction of the profession generally.

Pursuant to public advertisement a general meeting of the members of the Medical Profession, resident in Canada East, was held at Three Rivers on Wednesday, the 14th instant. There were present:—

Doctors Blanchet, Edd. Rousseau, Painchaud, R. H. Russell, James L. Hall, Wolff, Jackson, Thos. McGrath, Pre. G. Tourangeau, C. Fremont, and Morin, from Quebec; Doctors Von Iffland, St. Michel, Yamaska; Frs. Fortier, St. Michel, Belle Chasse;

Colvin Alexander and S. Bourgeois, St. Gregorie; Ed. Poisson, Batican; Hy. Carter and Nary Goin, St. Anne de la Perade; D. S. Marquis, St. Anne La Pocatiere; Louis Tremble, St. Roches Alumets; H. P. Ouellet, St. Louis de Lotbiniere; Thos. Fortier, Gentilly; Ovide Rousseau, Nicolet; Charles Maillot, Pointe du Lac; Andre Fournier, St. Pierre les Bequets; Doctors Badaeu and Gilmour, Three Rivers; Doctor Kimber, Chambly; Doctor Valois, Pointe Claire; Guill. Poisson, L'Aesumption; Doctors Nelson, Bibaud, Badgley, Regnier, and Arnoldi, Jr., Montreal.

The meeting began to organize itself at half-past 10 a. m., by unanimously calling the senior member present, Dr. Nelson, to the chair, and Dr. Gilmour as Vice-President. Drs. Arnoldi, Jr., and Fremont were requested to act as Secretaries.

The President opened the meeting by stating in a very concise manner the object for which it had been called. He then requested the Secretary to the convention of District delegates to read its Report, which was accordingly done.

This Report informed the meeting of the particulars connected with the fate of the two Medical Bills which Attorney General Smith had introduced to the two last Sessions of Parliament, the special difference between the second and the first, and the circumstance of the Medical Profession of Upper Canada having Resolved on petitioning the ensuing Legislature for an Act of Incorporation. That consequently the Delegates when they sat in convention at Quebec on the 5th September last, abandoned the idea of pushing any further for a Medical Bill, and to co-operate with the Upper Canadians in trying to obtain for Lower Canada a similar Act of Incorporation, and the following preliminary Resolutions unanimously passed:—

That the Report of the District delegates, as read, be adopted, that the cordial thanks of the Medical Profession have been earned by those gentlemen for the ability and zeal displayed by them in the discharge of the duties confided to them, and that the said delegates be now relieved from their charge.

It was then moved by Dr. Badgley, seconded by Dr. Thomas Fortier:

1. That this meeting, while it deeply deplores the inadequacy of the existing laws, for regulating the Medical Profession in this section of the Province of Canada, both as regards the education of intending members, or the protection of those duly licensed to practise the same, congratulates itself on the feeling manifested on the present occasion, to devise ways and means by which such difficulties may be obviated, and the Profession of Medicine made to assume that position to which it is entitled among the other learned professions. Carried unanimously.

A division then took place on the project as contained in the printed circular, which is as follows:

That a Petition be presented to the Legislature at its ensuing session, signed by all the members of the Medical Profession, resident in Canada East, whose Provincial Licenses bear date at least twenty years, and who may feel disposed to become parties to it; based upon the inadequacy of the existing laws to regulate the practice of Medicine, Surgery and Midwifery, in this section of the Province: to establish a certain and fixed course of study previously to obtaining license to practice these branches; and to regulate druggists and others vending or distributing medicines by retail. It shall pray for the repeal of all the existing acts or portions of acts referring to these subjects; and it shall further pray for an Act of Incorporation, by which the persons, whose names are appended to the said petition, shall be embodied and incorporated into a College, to be styled, "The College of Physicians and Surgeons of Canada East," and that the said persons constitute the original Corporation of the said College.

When, after a few interchanges of sentiment, it was moved by Dr. Bibaud, seconded by Dr. J. C. Hall:

2. That the words in the first clause, "Whose Provincial Licenses bear date at least 20 years, and" be struck out. Carried unanimously.

Moved by Dr. Russell, seconded by Dr. Jackson:

3. That the governing body or council of the College, do consist of all such members of the Corporation, as hold qualifications to practice of not less than 15 years date, and who shall have resided in the province not less than 5 years.

The period of 15 years, gave rise to some discussion, after which it was moved in amendment by Dr. Rousseau, seconded by Dr. Marquis, that the governing body or council of the college shall be elective; that all members of the College shall have a right to vote, and that the council so elected, shall be from among members in actual practice, whose licenses bear date not less than

seven years, and who shall have resided in the province not less than five years.

This amendment was carried by a very large majority.

Moved by Dr. Tourangeau, seconded by Dr. Malhiot :

4. That the number of the Council shall be 36; 15 of whom shall represent the districts of Quebec and Gaspé; 15 the districts of Montreal and St. Francis, (the whole Eastern Townships), and 6 the district of Three Rivers—that one-third of the representatives of each district shall retire by rotation at the expiration of every three years, when a general election shall take place to fill up the vacancies—the members retiring being re-eligible. Carried unanimously.

Moved by Dr. A. Fournier, seconded by Dr. Wolff :

5. That the Corporation shall meet every third year alternately at Montreal, Quebec, and Three Rivers, for the election of the Council, and that the first meeting be summoned for Montreal by the senior member who shall have signed the petition to the Legislature, immediately after the Act of Incorporation shall have been obtained. Carried unanimously.

Moved by Dr. Russell, seconded by Dr. Poisson :

6. That the Corporation of the said College be invested with all the usual powers and privileges granted to other corporate bodies, in regard to holding landed and other property, making bye laws, having a common seal, &c. &c. That power be granted to the Corporation to legislate in all matters affecting the Medical Profession, whether in reference to education, practice, the protection of its members from inroads of unlicensed practitioners, the regulation of the practice of midwifery, the supervision of druggists' establishments, and the protection of the public health, in regard to Medical Police and Hygiene. Carried unanimously.

Moved by Dr. Blanchet, seconded by Dr. Ouellet :

7. That a permanent committee of nine be appointed to superintend all matters connected with the presentation of the Petition, by correspondence or otherwise, and that it be authorized to use all the necessary means for carrying the measure through Parliament; and that the said Committee consist of Drs. Morin, Blanchet, and Painchaud, for Quebec; Drs. Valois, Arnoldi, and Badgley, for Montreal; and Drs. Von Iffland, Gilmour, and Badaux, for Three Rivers. Carried unanimously.

The last Resolution closing the business of the day, Dr. Nelson addressed the meeting in a few words, thanking them for the unanimity which had prevailed throughout the proceedings of the day; expressed his delight at the courteous manner in which even differences of opinion had been arranged, and congratulated it on the happy issue, which, he doubted not, would be the result of such unanimous co-operation. He begged to return his warmest thanks for the very handsome manner in which the Districts of Quebec and Three Rivers were there represented, and then vacated the chair. Whereupon Dr. Morin was called on to take his place, when it was moved by Dr. Thos. Fortier, seconded by Dr. Painchaud :

8. That the thanks of this meeting are eminently due, and are hereby given to Drs. Nelson and Gilmour for their very able and impartial conduct in the chair this day, and to Drs. Arnoldi and Fremont, for the efficient manner in which they have discharged the duties of Secretaries at this meeting

Dr. Arnoldi was put in possession, by Dr. Painchaud, of letters from the following members of the profession, who regretted their unavoidable absence from the meeting, but who approved entirely and cordially of the general principles of the project :—

Doctors A. Thos. Michaud and Thos. Horsman, Kamouraska; Dr. J. Clarke; Chateau Richer; Drs. P. M. Barty and S. P. F. Vincent, Malbaie; Drs. C. Couillard and L. F. Chaperon, Pte. Levi; Dr. Grenier, L'Ange; Drs. Paradis and Larue, Saint Augustin; Dr. Belleau, St. Michel; and Drs. J. E. Lindsay, John Racy, James A. Sewell, Romé Cayer, M. de Saltes LaFerre, M. P. P., Louis J. Roy, P. P. Hubert, Seguin, Larue, P. Baillargeon, John Rowly, Jos. Parent, M. R. C. S. L., J. B. Blais, J. Z. Nault, Douglas, of Quebec.

W. NELSON, President.

W. A. R. GILMOUR, V. President.

F. C. T. ARNOLDI, } Secretaries.

C. FREMONT, }

—Montreal Herald, October 21, 1846.

## FRUITS OF FREE DISCUSSION.

We insert the following letter *officially* received. We are sorry that Dr. Painchaud has taken offence at the open avowal of our sentiments on the College question. We regret it the more, as the object of the letter savours strongly of an attempt to proscribe *in toto* all discussion on the subject, by putting down the Journal which has so far successfully combated the pretensions of the party with which Dr. Painchaud acts. We think there are few who will not smile at the splenetic exhibition of the author. Whenever measures, *proposed ostensibly for the general good of the profession*, are tainted by party views and party feeling, at whatever sacrifice it may be, this Journal will denounce them.

Quebec, 7th Oct., 1846.

Monsieur,—Je viens de recevoir et de lire votre Journal Medical, &c., pour Octobre 1846, et d-suite, je me décide a vous informer que je cesse d'y souscrire—je suis pret, a payer ce que je dois, a la premiere demande.

J'ai l'honneur d'etre Monsieur,

Votre obeissant serviteur,

Jos. PAINCHAUD.

Archibald Hall, M.D., Editeur du "Journal  
of Medical and Physical Science." }

## ROUGH DRAFT OF A PROPOSED BILL TO INCORPORATE THE PROFESSION OF UPPER CANADA.

Below will be found the details of the measure proposed to incorporate the profession of Upper Canada. Several of the clauses are still *en deliberé*, but it will serve to exhibit what our Upper Canadian brethren are about on this subject. We think that a measure of the kind will prove acceptable to the profession at large, and that there will be found few dissentient voices against it. It will bear a favorable comparison with the one proposed for this section of the province.

I. Whereas, the present medical act having been found inefficient for regulating the practice of the medical profession, and for the prevention of persons practising without license, it is expedient that the same be repealed, and measures be enacted better calculated to raise the character and standing of the profession, and place it upon the respectable footing that a liberal profession should occupy.

II. And whereas for the full attainment of this object, it is necessary that the profession should have the power of framing bye-laws and statutes for its government.

III. It is desirable that the following licensed practitioners

be incorporated as the College of Physicians and Surgeons of Upper Canada, and that all practitioners already duly licensed according to the existing laws of this province, who may be willing and desirous of joining, shall likewise be members of said college. That the said college shall possess general corporate powers, hold real estate, &c.

IV. That the corporation shall be governed by a council, consisting of not less than thirty-six members, one-third of whom shall be permanent; and resident in Toronto; the other two-thirds to be elective, one-half of whom shall retire from office at the end of every three years. This governing body shall be styled the Council of the College of Physicians and Surgeons of Upper Canada, and shall have the power of making rules and ordinances for the regulation of all matters relating to the corporation, and altering the same from time to time as they may deem expedient. The individuals comprising this body may be re-elected.

provided always that such laws and ordinances are not at variance with the statutes of the province,

And provided always that the said council shall not have any authority, nor attempt to exercise any authority over such practitioners already duly licensed, who may not be disposed to become or continue members of the college. And provided always that no law or ordinance shall be binding upon members of the college until it shall have been published          days in the Gazette.

V. That the members of the college in each district throughout the province of Upper Canada, and of the following towns corporate, namely, Kingston, Cobourg, Hamilton and London, shall periodically elect one member to represent them in the council, who shall have all the privileges enjoyed by the members of the council, with the additional privilege of voting, by proxy, for the election of officers, and for the making and altering of bye-laws, statutes, rules, and regulations, on forwarding his vote to the secretary.

VI. That whenever, from deaths, resignations and other causes the number of permanent councillors shall be less than twelve, it shall be incumbent on the council, on penalty of forfeiting their privileges, to elect at their next meeting as many councillors as may be sufficient to fill the vacancy. Members of council thus elected from among the members of the college, shall enjoy the same privileges as the other members of the council.

VII. That the council shall, every three years, elect a president and vice-president from amongst their body, and shall likewise appoint every three years from among themselves a board of examiners, and such other officers as they may deem fit. These officers to be paid from the fees for licences and other sources, in such proportion as the council may hereafter determine. Provided always that it shall be in the power of the council to remove any of these officers, at any time, for gross neglect of duty, and proceed at once to elect others in their place.

VIII. That upon and after the passing of this act, it shall not be lawful for any person to practise physic, surgery, or midwifery, until he shall first have obtained a license so to do under the seal of the college, unless he shall, previously to the passing of this act, have been duly and lawfully licensed by the administrator of this province; or unless he shall hold a diploma or degree from any of the universities or colleges hereinafter mentioned, by virtue of which he is entitled to, and has obtained a license in accordance with this act. Provided always that it shall and may be lawful for physicians and surgeons in her majesty's naval and military service to practise in consultation, but not otherwise, \* "except at such posts as may be deprived of the advantage of a civil practitioner," and also all persons holding diplomas or degrees from any of the colleges hereinafter mentioned, and by virtue of such, entitled to, and having obtained a license in accordance with this act.

IX. That the course of study to be pursued, examination to be undergone by candidates, and fees to be paid for said licenses, be regulated by statutes hereafter to be framed by the council, provided always that such fees shall not together exceed £10 currency.

X. That any person hereafter practising physic, etc., not licensed as aforesaid, shall, upon conviction before one justice of the peace, on oath of one credible witness, be fined for each offence in the sum of £5 currency. In default of payment, distress warrant shall be issued, and if no sufficient distress, the offender shall be committed to jail for 30 days, unless the fine and costs be paid before the expiration of that time.

XI. That no person at present duly licensed to practise physic, etc., shall be privileged to become or continue a member of the college, unless he shall conform to the rules of the college, and pay an annual fee of not less than         

XII. That upon application of any person producing a license or diploma, from any chartered university in her majesty's dominions, or from any chartered college or faculty of physicians or surgeons in the United Kingdom, or a commission or warrant as physician or surgeon in her majesty's naval or military service, and giving full and satisfactory proof that he is the party named in the said commission or warrant, it shall be incumbent on the council to grant such applicant a license to practise physic, surgery, and midwifery, on paying the fee of £1 as heretofore required.

XIII. That it shall be the duty of the proper law officer of the

province, upon receiving information from the council, to prosecute any person who shall exhibit a forged diploma or license, or who shall falsely state himself to be the party named in any diploma or license; and upon conviction such person shall be fined in the sum of £500 currency, and, in default of payment, imprisoned in the provincial penitentiary for two years, unless the fine and costs be paid before the expiration of such term.

XIV. That from and after the passing of this act, it shall not be lawful for any female to practise midwifery for hire in any town where there are resident licensed practitioners in actual practice, nor in any township where there are licensed practitioners in actual practice, unless such female shall first have obtained a license so to do, under seal of the college, for which license she shall pay £          currency.

[The original XIV relates to the supervision of apothecaries, which is under discussion.]

XV. That all fines and penalties levied and collected under this act, shall be paid within          days, into the hands of the proper officer appointed by the council to receive the same, to be appropriated for the use and benefit of the college, in such manner as the council may deem fit.

## CORRESPONDENCE.

We insert the two following letters which were elicited by an article contained in our last number. "Medicus" must be highly gratified at the result of the meeting of the Profession at Three Rivers, at which the sentiments on the subject of the restrictive clauses entertained by ourselves, as far as expressed, have received a preference to those held by him.—According to the views of Medicus, the proceedings at Three Rivers, must be deemed very "illiberal." "Medicus" was at the meeting—why was the promise contained in his letter not fulfilled? The profession however can now judge between us.

To the Editor of the *Pilot and Journal of Commerce*.

SIR,—The perusal of the leading article in the October number of the British American Journal of Medicine just circulated, has fully convinced me, as I feel persuaded it will not fail to do all those members of the Profession who read it with attention, that a spirit of indomitable peevishness on the one hand, and a clinging desire to put down any thing liberal on the other, actuated the Editors of that Journal, when commenting upon the proposed scheme for establishing a College of Physicians and Surgeons in Canada East.

Instead of calmly and dispassionately examining the suggestions, (for mark, Mr. Editor, they are but suggestions,) which have been submitted for the approval or modification of the Profession in general, by the delegates who met at Quebec on the 5th ultimo, and which they have caused to be forwarded in the form of a circular to every licensed Practitioner, whose name and address could be obtained in Canada East, with a view to obtain the assistance and co-operation of every individual interested in the matter; instead of canvassing in a liberal manner the *spirit* and not the *letter* of those propositions, offering such alterations and amendments as they might have judged advisable, and recommending their readers to give to every clause of the proposed scheme that anxious and scrutinizing attention, that should qualify them to lend their aid at the meeting of 14th inst., divesting their minds of all bias, whether of nationality, politics, or professional party spirit; instead of acting thus, they at once denounce the "scheme as

\* This clause is under consideration.

lamentably wanting in all the requisites to render it worthy of consideration," they proclaim it to be an "insult to the graduates of British Universities and licentiates of British Colleges of Surgeons;" they unfurl the banner of suspicion, jealousy and hatred against their confreres of French Canadian origin; and finally, they throw a lance against all those who having already successfully established rival Medical Schools to that with which they happen to be themselves connected, or who may hereafter have energy to do the same thing, shall presume to feel an interest in the course of education required for initiation into the Medical Profession. Verily the modesty of these gentlemen is killing!

But who are the individuals, who have dared to promulgate "a scheme by which the interests of the Profession will be controlled by a few parties to whose caprice the Profession generally must submit?" I have reason to know that some of the most influential, liberal, and deservedly respected (both social and professionally) members of the Profession at Quebec, are to be found among the culprits; all belonging to the Incorporated School of Medicine; all of them entrusted with the charge of the Eleemosynary Institutions; some of them having charge of the Lunatic Asylum of this section of the Province; all of them members of the Medical Board for the District of Quebec; and two of them connected by family ties with one of the Editors above alluded to and one of his College confreres—so much for the promoters of the project.

Allow me now to point out to your readers the grounds upon which these virulent denunciations have been based. They will then be in a position to judge how far the conductors of that journal are disposed "to treat every subject of medical polity with a single eye to the general good of the profession, and not of particular parties in it," or how far "the true interests of the profession" are likely to be subserved while these gentlemen continue to brandish a lighted torch of jealousy and hatred among those members of the profession who do not happen to be connected with their institution, or to take part in the political sentiments or their ideas of medical reform—They protest against—

1. The mode of constituting the Corporation.
2. The admission of Fellows and Members by election.
3. The subjecting of such *Members* as possess licenses of not less than 7 years and under 15 years to examination for the Fellowship.
4. The curriculum enjoined in the 9th suggestion as necessary for obtaining license to practice and consequently for Membership.

Now, while they admit "that every Corporation must have a beginning, and that it is a matter of little consequence who and what they are who are in the outset to constitute that Corporation," they in the next breath declare that an invidious distinction is drawn in selecting as the petitioners to Parliament and the subsequent body corporate all those gentlemen, without reference to religion, nation, party or politics, who have been in practice at least 20 years. Could a more satisfactory plan have been adopted, I would ask, to do away entirely with party spirit or jealousy?—to prevent him who was not a member of one of the Societies, or of one of the Medical Schools in this section of the Province, from

feeling that his neighbour, differently circumstanced, was made to assume a position different to his own? But further, what was the result of adopting a different mode in the case of the bill brought forward during the last session by the Hon. Mr. Sherwood for Canada West, and according to which the members of the Toronto Medico-Chirurgical Society were to have formed the body corporate? Why, the bill was threatened with such opposition at its second reading that Mr. S. very wisely withdrew it, that it might be made to assume a different shape. Let those gentlemen learn, too, that the present plan, when proposed to that hon. gentleman, met with his approbation.

The Editors of the British American Journal complain of Members and Fellows being admitted by election; of there being two classes at all, seeing that it is proposed by our friends at Toronto to open wide their doors to "all who are already duly licensed, and who may be desirous or willing to join," and that they shall become members. Now this year's scheme of our Toronto friends differs from that of last year, in recognizing but one class—*Members*; and how do they constitute their governing body? By the ELECTION of 36 members, who shall be styled "The Council of the College," and who shall have the power of making and altering bye laws—(a rather more restrictive plan than that of this section of the Province yet!) But surely these gentlemen are not so ignorant as not to be aware that there is no Corporation existing in which the right of exercising his own discretion is not possessed by every member of that body to sanction or veto the admission of a proposed new member. How were they admitted into any of the bodies of which they are members? By right? What is the recorded answer of Dr. Macmichael, when asked by the select committee of the House of Commons, in March, 1834, whether any change could be adopted to facilitate the admission of Fellows into the Royal College of Physicians of London?—"It is my opinion," says he, "that the admission into the Fellowship should be entirely in the breast of the *Fellows*, and be unfettered completely." Upon the point whether the existing Fellows would or would not exercise their vote in a manner always agreeable to the Editors of the British American Journal and their friends, it is not for me to say. I presume they would use their privilege honestly; and be much disposed to remind their calumniators of the motto of the order of the Garter—"Honi soit qui mal y pense."

With regard to the third exception, if those gentlemen will turn to the evidence just alluded to before the select Committee of the House of Commons in 1834—they will find that while examination is held to be a very unsatisfactory and uncertain means of knowing the qualification of the candidate, every one of the witnesses recommended a certain period of probation to be passed after a licentiate had commenced practice, before he should be eligible for fellowship; this varied from 5 to 10 years.

As to the fourth objection; if these gentlemen will publish in their next number the curriculum required by the London College of Surgeons, that of Dublin and Edinburgh, the Universities of London, Edinburgh, and Paris and if at these Universities and Colleges respectively more than one course of lectures on each branch be not

demanding for obtaining degrees or diplomas—then and not before shall I feel prepared to recommend an alteration in that proposed for adoption by the College of Physicians and Surgeons of Canada East. The curriculum proposed in the suggestions, will be found to be *that which was introduced by the Honble. Mr. Attorney General Smith in his Revised Medical Bill of last year*, and which, it will scarcely be questioned, met with the sanction of the Editors of the British American Journal at that time.

Apologizing to you, Mr. Editor, for the space occupied by this communication, I would simply recommend and in perfect good faith I do it, that they should cease their harping upon national differences—from the merest trifles in the conduct and demeanour of an individual, it is generally easy to find out his whole character. The scheme to be submitted on the 14th instant, was adopted as a means of making another attempt to bring the members of the Profession in Canada East into a state of greater harmony and goodfellowship. Let the Editors of the British American Journal beware then how they attempt to increase the rupture that has existed up to within a very short time past.

I have the honor to be, Sir,

Yours obediently.

MEDICUS.

—Pilot, October 8, 1846.

COLLEGE OF PHYSICIANS AND SURGEONS, C. E.  
REPLY TO "MEDICUS."

To the Editor of the Pilot and Journal of Commerce.

MR. EDITOR,—A communication has appeared in your journal of the 8th instant, over the signature of "Medicus," animadverting on an editorial article in the last number of the British American Journal, having reference to the proposal now before the profession for the establishment of a College of Physicians and Surgeons for Canada East. As the meeting of the profession to consider that proposal is to take place on the 14th inst, thus precluding the possibility of a reply to "Medicus" in our own columns, we are constrained to request of you the favour of permitting the insertion of the following answer to that communication in your journal, feeling satisfied that, as the interests of the profession are involved in the matter under consideration, you will not deny us the privilege.

Your professional readers need not to be informed that the proposal upon which the strictures were offered was a calmly and minutely discussed one by the delegates at Quebec; that it came therefore before the profession, with at least a show of authority; and that the proposed scheme presented the best mode, in their estimation, for regulating, in a proper manner, the interests of the profession. It was clearly not our duty to propose another scheme in lieu of that one which had been just submitted; our duty consisted in canvassing the merits and demerits of the one proposed. That duty was performed. We submitted it to a critical examination, proved its working, and plainly demonstrated that with an admirable pretence of liberality to which the prefix "*pseudo*" might very properly be added, its aim and its object was the degradation of the honours of the profession, by compelling the holders of its degrees and diplomas to undergo

examinations as to their competency to engage in the practical duties of that profession, before men, many of whom were their inferiors in point of professional rank in consequence of possessing none. We repeat that the British American Journal will advocate, and has ever advocated, the *general good* of the profession, and not of particular parties in it. From this principle in its editorial management it will not deviate. It will as carefully protect the rights of the Licentiates of the Boards as it will those of the Graduates and Surgeons. The latter have not asserted any precedence over the former; nor is it proper that the former should over the latter. The proposed scheme is the first attempt of the kind, and the British American Journal has exposed it,—with what success remains to be seen. However displeasing the attempt has been to "Medicus," the Editors have received testimonials that it has not proved quite so unsatisfactory to others. People like not to have *their plans disconcerted*—their airy visions dissipated into nothingness; and the independence of the Journal is in nothing more clearly demonstrated than when its opinions are found in hostility with "some of the most influential, liberal and deservedly respected (both socially and professionally) members of the profession at Quebec," "two of whom are connected by family ties with one of the Editors." Ergo, says "Medicus," our opinions *ought* to coincide with theirs. We assure "Medicus" that on the principle which guides us, we beg leave to have an opinion of our own; and if we express it undisguisedly, with boldness, and *without equivocation*, there are few *honest men* who will disapprove of the procedure.

"Medicus" styles the proposed scheme "liberal." Let us test its liberality. In the first place the Fellowship of the College is to be restricted to Provincial Licentiates of twenty years' standing; Licentiates above fifteen years may be *elected* (if it suits the pleasure of the electors) upon their application; while Licentiates of from seven to fifteen years standing, are eligible for election *after examination*. This is the liberality of "Medicus" and the "Delegates." Now if "Medicus" had studied the "*spirit*" of our remarks with as scrutinizing an eye as he has their "*letter*," he would have discovered that we considered that every Licentiate, whether a Graduate or not, was entitled to the Fellowship at once. As practitioners, they are on a par. They have all the same privileges, and we see no reason why *any* should be disfranchised or debarred from such an honour, if it be one, whether their beards were of twenty years growth or less; yet this idea is considered illiberal by "Medicus."—Verily, "Medicus" has strange notions of 'liberality.'

Again—the proposal declares, that every person presenting a degree or diploma from a British University or College, shall be submitted to examination for membership or license, if the said diploma or degree be not obtained after the fulfilment of a *certain fixed course of study, which has not a parallel in any British University or College*. This clause naturally subjects every British Graduate and Surgeon to examination before a body of men, many, if not a majority, of whom are his inferiors in point of professional rank; and yet the possession of the diplomas or degree is evidence of the competency of the party holding them to engage in the active



duties of his profession! This is the liberality of "Medicus" and the "Delegates," and the "illiberality" of the Editors consists in securing to the possessors of these honours and degrees that immunity from degradation to which they would be otherwise compelled to submit. Certainly, after these two examples, the notions of "Medicus" and ourselves on the subject of "liberality" are strangely at issue. He must attach some other meaning to the term than that which it usually possesses.—Perhaps our illiberality consists in not agreeing with his opinions, or that of "some of the most respectable, &c., Physicians of Quebec. *all of whom belong to the Incorporated School of Medicine*, and two of whom are connected by family ties with one of the Editors and one of his College confreres." Great although the crime is, in the eyes of "Medicus," that one of the Editors thinks that the profession generally will sustain him in his ideas of liberality, although they vary from those entertained by the respectable parties alluded to.

The allusion of "Medicus," to, and the attempt to draw an analogy from, the practice of the College of Physicians, London, is a particularly unhappy one. The College of Physicians of London, has existed for several centuries; the proposed one is at present a paper one. The analogy therefore is at fault. The Profession now existing we maintain *has a right* to be present at, and to be consulted in, the formation of bye-laws of an Institution which is to govern themselves; those who come after must abide by such rules as are made in their behalf—but no attempt should be made to derogate from honours possessed by any party who may present them—emanating from British Universities and Colleges.

But "Medicus" states, if "these gentlemen will publish in their next number the curriculum required by the London College of Surgeons, that of Dublin and Edinburgh, the Universities of London, Edinburgh and Paris, and if at these Universities and Colleges respectively more than one course of lectures on each branch be not demanded for obtaining degrees or diplomas, then and not before shall I be prepared to recommend an alteration in that proposed for adoption." Why "Medicus" did not publish these respective courses of study himself in his communication, we pretend not to say. His not doing so savours somewhat of disingenuousness, to say the least; for "Medicus" evidently wishes it to be believed, that the courses of study enjoined at these several Institutions do not differ from that proposed for adoption here. To answer the call thus made on us, and which we do for the purpose of confirming the fact to which we have elsewhere given expression, that every one of these graduates and surgeons, would be compelled to undergo a second examination, and that before men, a majority of whom will not pretend to assert any scientific superiority over them, we subjoin a sketch of the courses of study enjoined by the several Institutions on candidates for their honours, observing that the limits of this communication, which is now much extended, will oblige us to restrict ourselves as much as possible.

By the Royal College of Surgeons, England, from candidates for membership, there are required three courses of Anatomy and Physiology, and Practical Anatomy; two courses of Surgery, and one of Che-

mistry, Materia Medica, Midwifery and Medicine, with Practical Instruction, &c. For the Fellowship, three of Anatomy and Physiology; two of Medicine and Clinical Medicine, Surgery and Clinical Surgery; and one of Chemistry, Materia Medica, Midwifery, Medical Jurisprudence and Comparative Anatomy, &c.

The Royal College of Surgeons, Ireland, demands three courses of Anatomy and Physiology, three of Surgery; three of Practical Anatomy; two courses of Lectures on Chemistry, and one on Materia Medica, Medicine, Midwifery, and Medical Jurisprudence, and two years' Hospital attendance, with Clinical instruction, &c.

The Royal College of Surgeons, Edinburgh, requires two courses of Anatomy; and two of Surgery, twelve months Practical Anatomy, and one course of Chemistry, Practical Chemistry, Materia Medica, Institutes of Medicine, Practice of Medicine, Clinical Medicine, Clinical Surgery, Midwifery, and Medical Jurisprudence, &c.

The University of London requires for the degree of B. M. "a course of lectures on each of four of the following subjects." Descriptive and Surgical Anatomy, General Anatomy and Physiology, Comparative Anatomy, Pathological Anatomy, Chemistry, Botany, Materia Medica, General Pathology, Therapeutics, Forensic Medicine, Hygiene, Midwifery, Surgery, and Medicine; nine months' Practical Anatomy, and one course of Practical Chemistry, &c. The degree of M. D. is subsequently obtained by *status*, conjoined with Hospital and Clinical instruction, and active practice, with attendance on two additional courses of the lectures prescribed, &c.

The University of Edinburgh requires one course of Anatomy, Chemistry, Materia Medica, Institutes, Medicine, Surgery, Midwifery, Pathology, Practical Anatomy, Clinical Medicine, Clinical Surgery, Medical Jurisprudence, Botany and Natural History, the last four in courses of at least three months, &c.

With the regulations of the University of Paris, we have nothing to do, as it is a Foreign University.

Now the proposed scheme demands, that candidates for license, presenting diplomas or degrees, shall afford evidence that such diplomas or degrees, have been obtained according to a prescribed course of study, or else they must submit to an examination. This course of study entails, two courses of Anatomy, two of Surgery, two of Medicine, two of Chemistry, two of Institutes, two of Materia Medica, two of Midwifery, &c. But to obtain his degrees or diplomas, no British graduate or surgeon has followed this course of study: the consequence is that every one of them would have to submit to the degradation of a second examination before men, some of whom have received no university education whatever, or else suffer exclusion from practising in this Province. "Medicus" terms our strong protest against such a procedure illiberal, "virulent," and applies various other expressions, as "petulant," "peevish," to us. We assure Medicus, that our equanimity has not been in the slightest degree disturbed either by our critical examination of the proposal, or by his communication; but we now call upon Medicus, to accord to the graduates and surgeons of British Universities and Colleges those privileges which are

their due, and not to attempt to derogate from their testimonials of merit, which are, and deservedly, passports to their favourable consideration wherever the British flag unfurls its folds.

Verily, (to use the words of "Medicus,") the modesty of "Medicus" in attempting to sustain so singular a proposal, is indeed "killing!" nor less so is his new application of the words "liberal" and "illiberal!"

With an apology, Mr. Editor, for trespassing at such length on your valuable columns, which the importance of the subject can alone extenuate, we beg to subscribe ourselves,

Your obedient servants,

THE EDITORS OF THE BRITISH AMERICAN JOURNAL.  
Montreal, Oct. 10, 1846.

#### LETTER OF DR. ARNOLDI, JUN.

The following letter appeared in the *Times and Commercial Advertiser* immediately after our last number was published. It speaks for itself. We place it on record in order that the profession may be put in communication with all the circumstances connected with the proposed college.

TO THE MEDICAL PROFESSION OF CANADA EAST.

GENTLEMEN,—You have been invited by the Medical Delegates of the Districts of Quebec, Three Rivers, and Montreal, to be present at a general meeting of the profession, to be held at Three Rivers, on Wednesday, the 14th inst., and I trust that the importance of the measure to be then brought forward will secure the attendance of many, if not all of you. I know there are many points on which you desire to be more fully satisfied than the circular which was sent to you can explain; therefore the necessity for your attendance. The object of this meeting is of too general a character to be explained in a circular; it affects not only the private interests of the profession, but it is also connected with the social interests of the community at large. Reflect for a moment that there is now no law regulating the practice of Medicine, and that two Sessions of Parliament have passed over in fruitless attempts to obtain a Medical Bill, and, for the honour of the noble profession which you have adopted, the necessary small sacrifice of time to be at your post on the 14th cannot be a sufficient ground of excuse for your absence.

By the way, I must let you know that an error has inadvertently crept into the circular which may and must lead you to suppose that the Delegates intended excluding Old Country Practitioners. The circular says, "whose Provincial Licenses bear date at least twenty years. The word Provincial was meant to apply

to the College of Physicians and Surgeons; but Upper Canada has been and is again about to petition for a like College. The designation of "The College of Physicians and Surgeons of Canada East" has been adopted instead of Provincial Colleges, &c. &c. I beg to remind you all that the Delegates do not pretend to come before you with dictatorial resolutions. They look to you for a mature consideration, not only of the hints thrown out in the circular, but for other and more general measures. For my part, I am ready to propose or second a resolution which will admit every licentiate in the Province to become petitioners to the Legislature, and that every licentiate in the Province, of ten years, (instead of twenty years,) be the governing body. Such a resolution might, however, have to be regulated by members in each District. Other points I might now refer to, but I think it quite superfluous at present. My chief object in addressing you at present, simply being to remove any wrong impression which "Provincial Licences" might have produced on your minds, and to assure you that whether the efforts of the convention of Delegates be crowned with success or not, they wish the question to be freely and candidly considered, being morally convinced that its general purport, however it may be modified, will tend effectually to put down all petty professional jealousies, and bring us, as it were, within the bonds of brotherly affection,

I have the honour to subscribe myself,

Gentlemen,

Your most obedient servant,

Frs. C. T. ARNOLDI, M.D.

October 2, 1846.

*Notice to the Editor of the Philadelphia Medical Examiner.*—We beg to direct the attention of the Editor to the article in our *Periscope*, "On the Ectrotic Treatment of Small Pox;" and if, on due enquiry, the facts of the case be established, we request him to take some notice of it in his forthcoming number.

*Mortality in Montreal.*—We observe the remarks of our Boston contemporary on this subject. We assure him, however, that the nomenclature of diseases with us does not differ from that adopted in Boston or elsewhere. We have already made this subject a ground of complaint, as it mars the value of the returns for statistical purposes, except of the most general kind. The names of the diseases are according to the bye-law of the city corporation, made returnable to

the clerks of the burial grounds *by the friends*. The consequence is that they are seldom returned correctly. The attempt was made, we believe, to effect these returns at the hands of the city physicians, but the proposal encountered an opposition from some parties, which was as unprofessional as it was narrow-minded. We wish our Boston friend could only see the mortality returns, and we feel satisfied it would furnish food for his occasionally witty and facetious pen. What is the mode adopted in Boston and New York to secure this important object? Are the physicians in these two cities as sensitive in disclosing the mortality in their respective practices?

*Notice to Subscribers.*—We take the opportunity of reminding our subscribers of the terms of subscription to the Journal. A very large sum is due the Journal, causing a very considerable inconvenience to the publisher. We hope our friends will pay attention to this hint. The amounts due by each are mere trifles, but the gross amount forms a considerable sum, the deprivation of which becomes a serious matter.

**NOTICE TO CORRESPONDENTS.**—*Letters have been received from the following parties:—Dr. Haldane, Preston, England; Dr. Marsden, Nicolet; Dr. Sewell, Dr. Painchaud, Dr. Morrin, and Dr. Jackson, Quebec; Dr. Pyke, St. Andrews; Dr. G. Vorcy, Brantford; Dr. W. Rees, Toronto.*

*Barker's Canadian Magazine.*—Six numbers of this monthly periodical are now before the public, and we have delayed notice of it until now, with the view of ascertaining whether the merit, so conspicuous in the first and second numbers, would be sustained. Our anticipations have been fully realized. From the character of the articles to which it has given circulation, whether of the lighter and more literary kind, or the more substantial ones of a political description, this journal promises to sustain an enviable position among the periodicals of the Province. As far as editorial management is concerned, it appears to be in competent hands. It is published at Kingston, Dr. Barker being its editor.

*The People's Magazine.*—This is a new weekly journal, issuing from the press of our publisher and printer; and edited by John Dougall, Esq. Its object is the dissemination of useful knowledge, on subjects of Natural History, &c.; and is got up much in the style of Chambers' valuable journal of a similar character, for which in this Province it may be regarded as a substitute. We approve of this plan of diffusing sound information, as it affords an easy method of cheaply supplying those whose means are limited with valuable

knowledge, which would be inaccessible to them in any other shape. We wish these two Magazines all the success which the enterprises deserve.

**BOOKS, &c., RECEIVED DURING THE MONTH.**

- Southern Medical and Surgical Journal. October.
- Stockton's Dental Intelligencer. October.
- American Journal of Insanity. October.
- Dublin Medical Press. September 9, 16, 23, 30.
- Provincial Medical and Surgical Journal. September 9.
- Boston Medical and Surgical Journal. Nos. 10, 11, 12, 19, 26.
- American Journal of Medical Science. October.
- Barker's Canadian Magazine.
- New York Medical and Surgical Reporter. Nos. 25 26.
- Le Journal de Quebec. October 17.
- The American Journal and Library of Dental Science.

**MONTHLY RETURN OF SICK IN THE MARINE AND EMIGRANT HOSPITAL, QUEBEC, FROM THE 1st TO THE 31st AUGUST, 1846, INCLUSIVE.**

Remained, . . . . .	101	Discharged, . . . . .	205
Since admitted, . . . . .	200	Died, . . . . .	10
		Remaining, . . . . .	96
Total . . . . .	301		

**DISEASES AND INJURIES.**

Febris, . . . . .	63	Hernia, with diseased Testes, 1	
Variola, . . . . .	4	Fractura, . . . . .	10
Pneumonia, . . . . .	7	Contusio, . . . . .	10
Phthisis, . . . . .	1	Subluxatio, . . . . .	2
Pericarditis, . . . . .	1	Ulcus, . . . . .	7
Gastritis, . . . . .	2	Vulnus, . . . . .	2
Rheumatismus, . . . . .	20	Ambustio, . . . . .	1
Dyspepsia, . . . . .	1	Paronychia, . . . . .	2
Dysenteria, . . . . .	8	Marisca, . . . . .	1
Diarrhoea, . . . . .	2	Exostosis, . . . . .	1
Hydrops, . . . . .	20	Mercurial Disease, . . . . .	1
Amenorrhœa, . . . . .	1	Parturitio, . . . . .	4
Cephalalgia, . . . . .	3	Morbi Alieni, . . . . .	10
Delirium Tremens, . . . . .	1		
Orchitis, . . . . .	3	Total, . . . . .	200
Syphilis, . . . . .	11		

**OPERATIONS**

For Cataract, Hernia, Trophining, Amputation of Leg and sun dry minor operations.

JOHN SMITH, *Acting House Surgeon.*

**MONTHLY RETURN OF SICK, IN THE MARINE AND EMIGRANT HOSPITAL, QUEBEC,**

From the 1st, up to the 30th SEPTEMBER, 1846.

Remained, . . . . .	86	Discharged, . . . . .	136
Since admitted, . . . . .	222	Died, . . . . .	13
		Remaining, . . . . .	118
Total, . . . . .	308		

**DISEASES AND INJURIES.**

Febris, . . . . .	56	Ophthalmia, . . . . .	1
Febris Intermitent, . . . . .	2	Erysipelas, . . . . .	1
Variola, . . . . .	3	Orchitis, . . . . .	3
Pneumonia, . . . . .	3	Syphilis, . . . . .	17
Bronchitis, . . . . .	4	Stone in the Bladder, . . . . .	1
Catarrhus, . . . . .	6	Hernia (strangulated) . . . . .	1
Asihma, . . . . .	1	Fractura, . . . . .	7
Hæmoptysis, . . . . .	1	Contusio, . . . . .	15
Dysenteria, . . . . .	3	Ambustio, . . . . .	4
Dyarrhoea, . . . . .	17	Ulcus, . . . . .	5
Dyspepsia, . . . . .	12	Vulnus, . . . . .	3
Rheumatismus, . . . . .	25	Abscessus, . . . . .	4
Anasarca, . . . . .	1	Phlegmon, . . . . .	4
Tic Douloureux, . . . . .	1	Parturitio, . . . . .	5
Delirium Tremens, . . . . .	1	Morbi Alieni, . . . . .	13
Icterus, . . . . .	1		
Hæmaturia, . . . . .	1	Total, . . . . .	222

J. E. J. LANDRY, *House-Surgeon.*



