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THE BRITISH AMERICAN JOURNAL

OF

MEDICAL & PHYSICAL SCIENCE.

EDITED BY

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VOL. V.]

DECEMBER, 1849.

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MDCCLXXIX.

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The Medical Library, which is furnished not only with books of reference, but the usual elementary works, will be open to matriculated students, without charge, under the necessary regulations. Access to the Museum will be allowed at certain hours.—The Demonstrator of Anatomy will be daily in the Dissecting Rooms to oversee and Direct the students.

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A. F. HOLMES, M.D. & P.,
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THE
BRITISH AMERICAN JOURNAL

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VOL. V.]

MONTREAL, DECEMBER, 1849.

[No. 8.

ART. XXXVI.—ON THE CONTAGION OF CHOLERA.

By W. MARSDEN, M.D., Quebec.

The fearful pestilence that has stalked over the length and breadth of the land, with such fearful strides, tracking its course with desolation and mourning, having now for a third time passed away, leaves us free to express ourselves,

"In thoughts that breathe,"

and openly to discuss any, and every doubtful point, connected with the history, character, progress, cause or treatment of cholera, without the apprehension of creating alarm; and, consequently, the necessity no longer exists for subduing or withholding a truthful and free expression of opinion. I shall, therefore, offer no apology, for now redeeming a promise made elsewhere, of resuming the subject of the contagion of cholera at a future time; although I am well aware that, in doing so, I am treading on disputed ground. When I consider the professional characters, and the elevated positions of many of the parties whose opinions and views are adverse to my own, I do not enter the lists without being fully impressed with a sense of the importance of the subject, and of the obscurity that involves it—as well as of my own inability to do it justice; yet, from the fact that the ground is not neutral, I step forth fearlessly, well knowing, that "the race is not to the swift, nor the battle to the strong," resolved, that my data shall be correct, my facts, true, and my arguments, brief.

Having had the melancholy, personal experience of three visitations of this insidious and appalling disease in this city, during the years 1832, 1834, and 1849, I intend in the course of this paper, not only to give such facts as have come under my own observation, during each of these periods, tending to establish the contagious nature and character of cholera; but, in support of these views, I purpose laying some of my medical friends under contribution, besides drawing on other published and authentic sources of information. Having access to some important documents, never before published, it is my intention to endeavor to trace the disease to its origin, in each of the years above mentioned; and to establish, *by proofs*, that it had an existence, not epidemically, but in isolated cases in persons who had arrived from infected localities, or who had come in contact with persons or effects from infected localities, *before its presence was generally admitted or ascertained.*

From the title that I have given this paper, it becomes necessary that I explain what I mean by the word "contagion," and what force I intend it to convey. The celebrated Dr. David Hossack, in writing to a

medical friend on the subject of contagion, upwards of a quarter of a century ago, thus expresses himself. "As far as I have examined this subject, it appears to me to be more a dispute about *words* than *facts*. The abuse of the terms contagion and infection, and the neglect of writers in not according to them a precise definition of the manner in which they severally employ them, have, I believe, been the source of our medical warfare," &c.

These observations are most applicable to our present position and times, hearing, as we do, one medical practitioner declare cholera to be contagious—another, infectious—another, communicable—another, contingently contagious or infectious—another, all these under particular conditions or circumstances—and another, none of them. These different opinions arise, sometimes from the different modes of receiving facts, and sometimes from taking for facts what are really not so; as there is, I regret to say, the greatest unwillingness among medical men to probe into *facts that do not favor their pre-conceived opinions*. But, notwithstanding these diversities of opinion, all are agreed that the disease is communicated, and spread directly from person to person, and from place to place, regularly and successively, although we are all still "*in nubibus*" as to the particular mode of its transmission, and to the particular physical laws governing its progress and diffusion. Let us not, then, blindly attach ourselves to either the one or the other party or faction, that dogmatically declares that the disease is contagious or non-contagious, without reflecting for themselves; but let us rather direct all our energies to the unravelling of all that is entangled in the doubtful web—not suffering ourselves to be led away by fine drawn theories, put forth at the expense of common sense; and let us set forth *facts* plainly, so as to establish a principle broadly, and under its widest and fullest bearing. Many medical writers, whether on cholera or other diseases, are *mere writers and not practitioners*, and we consequently find among the thousand and one sixpenny publications of the day, issued by the teeming press of the neighboring republic, theories and opinions unsupported by a single fact of personal experience, evidently written "*ad captandum vulgus*," for the amount they will yield in dollars and cents. I will not now particularize any one, it being foreign to my present purpose; but will merely remark, that even such opinions as they propound, when put into print, have their influence upon the public, as well as upon the more unreflecting members of the medical profession.

But to return from this digression to the precise meaning of the terms contagion and infection; both Hooper and Dunglison, define *contagion as infection*, and under

the head of *infection* say "see *contagion*." Dungleison's general definition of contagion is so appropriate to my application of it to cholera, that I will offer no other apology for extracting freely from it, merely remarking that the parts *italicised* are so done by me, and intend- ed to engage the attention of the reader.

"Contagion. *The transmission of a disease from one person to another, by direct or indirect contact.* The term has also been applied by some to the mias- mata arising from dead animal or vegetable matter, bogs, fens, &c., but in this sense, it is now abandoned. Con- tagious diseases are produced either by a virus, capable of causing them by inoculation, as in small-pox, cow- pox, hydrophobia, syphilis, &c.; or by miasmata, pro- ceeding from a sick individual, as in plague, typhus gravior, and in measles and scarlatina. Scrofula, phthisis pulmonalis, and cancer, have, by some, been esteemed contagious, but apparently without foundation. *Physicians are, indeed, by no means unanimous in decid- ing what diseases are contagious, and what not.* The contagion of plague and typhus, especially of the latter, is denied by many. *It seems probable, that a disease may be contagious under certain circumstances, and not under others.* A case of common fever, arising from common causes, as from cold, if the patient be kept in a close, foul situation, may be converted into a disease, capable of producing emanations which may ex- cite a similar disease in those exposed to them. Con- tagion and infection are generally esteemed synony- mous. Frequently, however, the former is applied to diseases not produced by contact, as measles, scarlet fever, &c., whilst *infection* is used for those that require positive contact; as itch, syphilis, &c. Those which are produced by contagion, and yet are supposed to be sometimes owing to other causes, are said to arise from common contagion, as typhus, cynauche parotidea, &c."

The facts that I purpose presenting to your readers, will tend to overturn the theory of the epidemic charac- ter of cholera; and to establish those set forth in the following able summary from the pen of that eminent writer, Alexandre Moreau de Jonnés. In his "Rapport au Conseil Supérieur de santé sur le Choléra-morbus Pestilentiel, Paris, 1831," page 152, he says, "Ces faits établissent, contradictoirement à l'opinion qui at- tribue la maladie à une cause épidémique résidant dans l'atmosphère."

"1. Que le choléra pestilentiel provient d'un germe, d'un principe *sui generis* :

"2. Qu'il se transmet exclusivement par des com- munications avec les individus qui sont infectés de ce germe, et par l'usage des choses qui le recèlent ;

"3. Qu'il apparaît uniquement dans les lieux où s'opèrent ces communications ;

"4. Qu'il est importé d'un endroit à un autre par les bâtimens de guerre, les navires du commerce, les embarcations de passage, les caravanes, les rouliers, les corps d'armée, les troupes de pèlerins et de fuyards, et les individus isolés ;

"5. Qu'il se répand à bord des navires par les rap- ports de leurs équipages avec des individus ou des choses

qui en sont infectés et qu'il est introduit par eux dans les pauvres de leurs relâches ou de leur destination.

"6. Qu'il s'étend des points du littoral infectés de cette manière, à travers l'intérieur des pays les plus vastes, suivant les hommes dans toutes leurs communi- cations, et se propageant avec une rapidité proportionnelle à l'activité des relations sociales ;

"7. Qu'il pénètre constamment dans une contrée par la partie de ses frontières qui est en rapport avec d'autres pays déjà infectés, et qu'il s'introduit dans une ville par les quartiers dont les habitans sont en rapport avec des lieux qu'il a déjà ravagés ;

"8. Que pour en préserver un port, une ville, fronti- ère il suffit de surveiller ou d'interdire l'arrivée des navires ou des voyageurs provenant des contrées où il règne ;

"9. Que pour en garantir une masse d'individus habi- tant une ville où il s'est introduit, il suffit de les séparer du reste de la population et d'empêcher qu'ils aient avec elle aucune communication ;

"10. Que l'air atmosphère, qui est tellement im- puissant pour le propager à distance qu'une famille, une réunion de personnes peuvent vivre avec sécurité au milieu de ses ravages, dans la ville, dans le pays où il cause la plus terrible mortalité, pourvu qu'elles soient séquestrées strictement avant d'avoir été exposées à son action et jusqu'au moment où elle a totalement cessé.

"D'où il suit que le choléra oriental se transmet et se propage, comme la peste, par les communications médi- ates ou immédiates avec les individus qui en sont in- fectés ; ce qui constitue de caractère, propre et essen- tiel des maladies contagieuses, et le fait différer entière- ment des maladies épidémiques dont les causes résident dans l'atmosphère."

(To be Continued.)

Quebec, October 28, 1849.

ART. XXXVII.—THE QUEBEC BOARD OF HEALTH—
THE CHOLERA AT BEAUFORT, AND ITS TREAT-
MENT.

By A. VON IFFLAND, M.D., Beaufort.

An epidemic such as the asiatic cholera, followed by so fearful a mortality among all ranks of the community, sparing in its train neither the elevated, the wealthy, nor the poor, and which, long before its invasion, had thrown the entire population of the Province into moral disquietude and aberration from the ordinary avocations of life, cannot fail of awakening, in the minds of those whose best energies, judgment and acquirements have been brought into full action to control its extension and save the invaded, the deepest reflection and concern. It is for these to take a retrospective view of their mi- nistrations, and to consider, seriously and well, whether their efforts, and the application of all the resources which their noble and exalted science afforded, have been availing or unavailing, to the preservation of hu- man life.

The *British American Journal of Medical and Phy- sical Science* offers to every member of the profes- sions the advantage of conveying through its pages

much additional information upon a subject, second to none in importance and interest; it is therefore to be presumed, that the invitation contained in the September issue, desiring an expression of the value of the different lines of practice adopted in the disease, as it has manifested itself in this Province, will be earnestly responded to by such of our medical brethren, at least, whose labors have been engaged as'pendiary officials, or required in active private practice.

I had entertained some hopes of being enabled to review the proceedings and labors of the local Board of Health of the city of Quebec, organized by the Corporation Council, on the appearance of the dreaded epidemic, and composed of members of the medical profession and laity; but, as in this review, I should have been desirous of confining myself to matters purely within the province of such official reports as embrace the active operations of a Board of Health, constituted for special purposes, and not a municipal body, originating measures corrective of defective police, and ameliorative and productive of whatever may conduce to the avoidance or alleviation of epidemical or other contagious diseases, I regret that the complex nature of the documents lately published by the Board should induce me to defer the subject to a more befitting time.

I am fully persuaded that the office of guardians of the public health, necessarily entails on its holders many unpleasant and onerous duties; these are often aggravated by the attempts which are made to cast odium on their proceedings, and to thwart them in the discharge of the trust reposed in them. At the same time it is also the duty of Boards of Health to have no concealments from their fellow citizens, but to act with openness and candor. Thus will public confidence be restored, and thus be verified the homely adage of "honesty, in all human affairs, is ever the best policy;" for, as an eminent writer observes, the concealment or perversion of the truth, however much it may be made to serve the purposes of the passing day, can never ultimately promote the ends of good government and true humanity, but must lead, sooner or later, to the exposure of the delusion, or, what would be far worse, to the perpetuation of error and prejudice.

Whatever the individual opinions of members constituting so important an institution as a Board of Health, may be, regarding so vital a question as the contagious character of the prevailing epidemic, a question at once involving the fundamental principles of action in the prescriptive ordinances of prevention, protection, and contact, they should be imparted and maintained fearlessly and honestly to the public, through instruments of intelligence and integrity—an unprejudiced and independent press.

I shall not here assume the right or privilege of criticism on the discrepancy of views and conflict of opinions which may have transpired among those entrusted with the administration and execution of the Health law, however tending, in a great measure, to increase public anxiety; nor reflect on the estimable President of the Board, as a contagionist, although I may regret his tacit authority to the propagation of his faith at the

expense of his colleagues, by a writer in one of the Quebec newspapers.

The propagation of the doctrines of contagion at a time of general panic, through the press, and that too by an unscrupulous, and, apparently, enthusiastic advocate, who, selecting a few isolated cases in support of such doctrines, and pluming himself with the authority of the highest official member of the Board of Health, could not fail of spreading terror and dismay, and lead to the wildest inroads upon the peace and welfare of society. It was throwing at once an affrighted people into a state of mutual excommunication, and thereby setting at naught those feelings of domestic life which are peculiarly endeared to the mind of man in moments of sickness and distress, severing every social tie and placing the unfortunate patient in a situation of the most desolate isolation, at the moment when the only remaining comfort of life exists in the kindness of natural friends and connections. Under the paramount instinct of self preservation, the appeals of reason and humanity will alike be given to the winds, and the terror-struck fugitive of the pestilence will shut his doors as close as his heart against those who cry to him for succour.

When the cholera prevailed, scenes were enacted throughout every quarter of Christian Europe, which ought to make man ashamed of his species. Even in Christian England, shipwrecked sailors were stoned upon the beach, under suspicion that they came from infected countries; and way-faring women taken with the pains of labor, were thrust from the out-houses where they had sought shelter, and committed to the tender mercies of the public highway! Dr. Ferguson, from whose letters the above facts are gleaned, mentions the first as having occurred in the neighborhood where he was sojourning, and afterwards took an active part in the investigation of the atrocity. On both occasions the people concerned were known to be at all other times, the kindest-hearted in the world. On the Continent, wherever cholera appeared, the frenzy of the people was even more uncontrollable. Enlightened, liberal France was as much possessed with the delusion as semi-barbarous Russia. Poisoned wells, poisoned bread, poisoned medicine, all found believers. The faculty, in some places, were sought to be massacred; in others, they were made to drink their own disinfecting chlorines, until they died from the chemical poison; and really, when we consider that, in the first place, they were instrumental in converting Christian men into insane demons through the cry of contagion, we feel almost warranted in saying the persecution was not altogether undeserved. Let them from this, and I might add the *Champlain riot*, never forget hereafter, that, whenever they may succeed in lashing the people into a similar wild panic, they will themselves, in all probability, be made the first victims.

Too long has contagion been resorted to as the word of refuge and fear, which, by the word alone, constantly making its own work, has slain its thousands, while it has served to hide our ignorance of what we cannot know. It clothes the medical profession with undue influence over his patient, and exhibits him in the unmerited character of a preserver endowed with courage

to confront, and skill to disarm, the unseen destroyer. Even before he can possibly have become habituated to the presumed contagious influences of a new epidemic by the necessity of exposure, he walks harmless amidst the pestilence, as if a miracle had been wrought in his favor; for without such a miracle he could not have been saved when true contagion exists; the best and surest proof of its presence every where being the seizure in its worst form of the medical attendants, and whenever they escape in anything like proportionate numbers to the rest of the community, the people need have no fear of contagion!

I shall not here attempt to fathom the origin or nature of the cause of cholera. Much has already been published of its connection with certain remarkable electrical phenomena; and I might add many facts, lately assumed by men of acknowledged science and close research, but these facts, in my humble opinion, as well as thou of others, only display the general pervasion of something unknown, and can add but little to our stock of positive knowledge in the various departments of terrestrial and atmospherical philosophy. With regard, then, to its nature and treatment, I would nearly agree with Mr. Ross, the author of "Papers on Typhus Fever," in remarking, "that there is no disease upon which so many bold and contradictory opinions have been uttered, and so many plans of practice, orthodox and heretical, have been pursued." The modes of practice adopted have been divided into various classes, the specific, the pathological, the chemical, the rational, and many others. There has been a remarkable variety of rational plans of treatment, for, of course, each author appropriated this self-complacent title to his own practice, and distributed the others among his opponents. It is certainly something amusing to observe writers defining the rational system, and at the end of their dissertations to find that the plan proposed is exactly that which they have themselves employed. If there be modesty, there is at least great candor in this confession of the respect they entertain for their own skill.

Residing as I do, at a distance of only three miles from the city, but amidst a thickly populated parish and concessions—and my practice sometimes also extending to the adjacent ones—I have had under my immediate treatment, sixty-three cases of what might be tabulated as cholera, but entertaining doubts of others, from their mildness,* I shall reduce the number to fifty, as exhibiting well marked and decided symptoms of the disease.

Different plans of treatment have, from time to time,

* All are not cases of cholera that are so called, although received as genuine, on the authority of reports by persons who had never seen a case of the disease before its appearance in this city this year. Bad diagnosis is a source of error that will always tend to render calculations on medical practice uncertain; and it would have proved highly advisable, if the judicious and well-timed observation of the London Times, heading one of the truly excellent and interesting articles of Dr. Griffin, Surgeon 85th Regt., upon cholera, published in the last February number of the British American Journal, had met with the more serious consideration of the Board. "Let the Corporation call in the assistance of sound practical men. We say practical, for this disease is too quick for theory—and while physicians theorise, the patient slips through their fingers."—Times, 16th Oct., 1848.

fallen under my observation, (and particularly during the year 1832, when I had the honor of being selected as senior physician of the largest cholera hospital,) but as none appeared to be attended with that amount of success which was ascribed to them by their different authors, I came to the determination this year, of adopting the one employed by Dr. Ayre, of Hull, as exercising a more positive influence over the disease: I allude to the employment of calomel in small doses, two or two grains throughout the period of attack, at intervals of an hour and fifteen minutes, and cold water, in every case and stage; and I must confess, with the most satisfactory results, having lost but five out of the above mentioned number of cases. In almost every case, I freely made use of sinapisms of the strongest mustard to the epigastrium.

Beaupoort, October, 1849.

ART. XXXVIII.—POST-MORTEM APPEARANCES OF A CASE OF AORTIC ANEURISM. AND BRIEF STATEMENT OF THE SYMPTOMS PRECEDING DEATH.

By WILLIAM BARRETT, M.B., Medical Staff, Sorel.

On the 30th September, at 8 p.m., I was called for the first time, to visit Mr. T., æt. 37, who was supposed to be laboring under hypertrophy of the heart for three years—and for some time past had been in the habit of treating himself with opium, he having ceased to derive relief from every other means. He was suffering severe pain as of a "burning heavy weight," in the left hypochondriac and cardiac regions, sitting in an easy chair, his body partially inclined forwards, with but little clothing; temperature natural, except of the hands and feet, which were rather cold and clammy; pulse 96, feeble, but alike in both wrists; occasional hiccup and bilious vomiting; not the least dyspnoea; cough, palpitation, dysphagia, hæmoptysis or hæmatemesis, existing at the time or during the whole progress of his disease; there was no dropsical effusion; countenance expressive of extreme suffering, but its color, as usual, florid and healthy; pain referred at times to the right hypochondrium.

As he had suffered frequently from paroxysms apparently similar to that above stated, which were subdued by anodynes; 2 pills of calomel, opium and hyoscyamus, were prescribed, in addition to the usual dose of morphia.

October 1.—He was sitting in his easy chair, without having had sleep, but having experienced relief at intervals; countenance indicating the influence of opium; upon further investigation of the case, being informed that he had at times suffered from pain in the back, feeling of numbness, and neuralgia in the arms and fingers, such an examination of the chest was made as the circumstances of the case did then admit of.

The pulsation of the heart was observed to extend more beyond the mæsial line than natural, and its action more distinctly audible in the right than left side of the thorax, no abnormal sound, however, existing; respiration clear, but rather more feeble on the left side, while percussion was alike and natural on both sides; posteriorly, the only symptom which attracted attention

was the preternatural resonance of the voice along the dorsal interscapular region. He had taken twelve grs. of morphia during the last twenty four hours; an anodyne liniment with belladonna and a mixture of camphor, sulph. ether, morphia and digitalis was prescribed. On former occasions counter-irritation had not produced any beneficial result.

October 2.—During the previous day and night he experienced considerable relief, until 5 o'clock, a.m., when his suffering became continued and aggravated. His bowels were copiously moved twice this morning, which, with the exertion of going to the night's chair, produced syncope; after the lapse of three hours he rallied from this state by the aid of stimulants internally, and heat applied to the extremities. The inhalation of chloroform, in small quantity, was tried as an experiment for the relief of his sufferings, which continued unmitigated, as also its internal administration in conjunction with camphor and ether. About 2½ o'clock, p.m., he suddenly called to a friend who was sitting in his room, and, in a paroxysm of torture, sprang to his feet, but immediately fell, apparently dead. However, having been lifted into bed, reaction again returned partially in half an hour; and it was remarkable to witness the expression of horror evinced when conscious of his lying in bed, and the instinctive effort made to regain the usual upright position in the easy chair. He now began to complain of dyspnoea, and foreseeing the early approach of death, took leave of his friends, retaining consciousness, and suffering pain, until almost the last moment of his existence, which terminated as if in a faint, at 4½ o'clock, p.m.

Post-mortem appearances.—No emaciation of the body or extremities. The liver healthy, but pale. Gall-bladder contracted, filled with gall-stones and a small quantity of viscid, colorless fluid; one of the gall-stones was partially in the duct, and the surface corresponding abraded or ulcerated. *Thorax.*—Heart occupied a position to the right of the mesial line, its structure perfectly healthy, size normal, and its cavities empty. Pericardium contained a small quantity of serum. The left pleural cavity was filled with serum, and a recent coagulum, the left lung being completely compressed. The posterior mediastinum was occupied by an aneurism of the thoracic aorta, which extended from the 4th to the 9th dorsal vertebra, the bodies of those intervening having been absorbed by pressure to a very great extent. Laterally, the tumor projected chiefly into the left pleural cavity, into which the blood had escaped, a rent in the pleura having occurred near the upper edge of the root of the lung. Here also its parieties were thinnest, and the contents fluid, while at the right side the tumor was hard and solid, from the existence of fibrinous coagula. The arch of the aorta was dilated, and contained several ossific deposits; in its ascending portion a "well" shaped dilatation about the size of a walnut existed. The aneurism appeared to have been formed originally of the entire coats of the aorta, which at the origin of the tumor of its natural calibre, but not retaining its elasticity, was rigid and thickened.

Previous History.—The subject of this disease was a gentleman of most temperate habits; for a short time commander of one of the Montreal and Quebec steam-

boats. The prominent and almost only symptoms, from the commencement to the termination, comprising a period of three years, may be termed "angina pectoris." For two years he had been unable to lie horizontally; many of his days and most of his nights having been spent sitting in an arm chair. The only remedy which afforded relief was opium—which latterly he took with unsparing liberality.

The writer is aware that there are many deficiencies in the foregoing case, but as the chief object in giving it publicity is to satisfy the minds of the medical men under whose care the deceased had been, it is hoped that due indulgence will be granted, considering the hopeless circumstances of the case when seen, and the difficulties of investigating more thoroughly post-mortem details in a private house.

Sorel, October 26, 1849.

ART. XXXIX.—OBSERVATIONS SUR LA PARTIE CHIMIQUE DU RAPPORT DE PROGRÈS POUR L'ANNÉE 1847-8, DE L'EXPLORATION GÉOLOGIQUE DU CANADA.

Par E. S. DE ROTTEKUND, Ecr., Yamaska.

Je viens de recevoir le Rapport de l'Exploration Géologique du Canada, intitulé, "Rapport de progrès pour l'année 1847-8."

Quand à la partie géologique proprement dite, qui décrit avec une grande précision l'état du globe depuis l'Atlantique jusqu'au Lac Supérieur, et du nord au sud des possessions Britanniques, chaque épaisseur, chaque inclinaison des différentes couches de terre, de roche, etc., etc., je laisse au jugement de ceux, qui ont plus d'expérience scientifique et pratique dans cette partie des travaux de l'exploration; mais je vais aborder la partie qui a rapport à la chimie, à laquelle je suis obligé particulièrement de porter attention, non seulement comme simple citoyen, mais comme homme de science qui a fondé le Laboratoire où Mr. Hunt a fait toutes ces grandes analyses. Par conséquent j'ai dû y faire quelques travaux aussi, et quoique Mr. Hunt paraisse les ignorer complètement, ou plutôt qu'il s'est créé le droit de se placer dans une si haute position, qu'il ne devait pas même condescendre à les mentionner, il n'en est pas moins de mon devoir de dire ce que je pense de ce rapport, et d'en démontrer au public toutes les erreurs, surtout que Mr. Hunt a refait plusieurs analyses déjà faites par moi qualitativement. Si je ne me suis pas montré assez courageux et hardi pour publier les analyses quantitatives, c'est que les moyens de ce laboratoire ne me permettaient pas de les faire, sans exposer le chimiste à perdre la confiance dans ses travaux, en donnant au public des chiffres plus qu'erronnés, comme je le prouverai plus bas à Mr. Hunt sur sa propre publication.

Que Mr. Hunt soit cité, à tout propos, par les personnes qui ne connaissent pas la science de chimie, c'est leur affaire; la mienne est de remarquer la valeur des travaux qui sont publiés dans le Rapport des progrès pour l'année 1847-8. Depuis le commencement du Rapport du Chimiste jusqu'à la page 144, je ne peux rien en dire, soit en faveur ou contre; c'est la description de son voyage, je laisse au lecteur à juger s'il en

est content ou non. J'aurais peur même de le contredire : il devinera pourquoi je veux respecter sans peut être partager son opinion ; mais arrivé à la page 145 je vais suivre jusqu'à la fin du rapport.

Je ne doute pas que Mr. Hunt a pris tous les moyens et précautions pour emporter tous les échantillons, et faire en sorte, comme il le dit lui même, " que les eaux parvinssent sans avoir éprouvé de changement au laboratoire, ou leur analyse a occupé la saison d'hiver, et qu'on n'a épargné aucune peine pour rendre les résultats dignes d'être envisagés avec confiance sous tous les rapports." (On verra s'il y a possibilité de croire à ces résultats.) Plus loin Mr. Hunt dit, " C'est une opinion généralement reçue parmi les Philosophes Chimistes, qu'il y a réellement séparation des acides et des bases dans la solution. Par exemple, dans l'eau de la ' source intermittente de Caledonia, ' on trouve du chlore et du brome avec potassium sodium, calcium et magnesium, etc., etc." Il faut que nous nous entendions sur ce principe, plus antique que la phlogistique, je ne sais pas de quelle espèce ou de quel siècle de Philosophe veut parler, car il faut démontrer l'impossibilité de cette doctrine.

fois qu'il y a une combinaison de deux corps, il y a une émanation de la chaleur ; et par conséquent, chaque fois que deux corps sont mis en présence, si il y a une augmentation de la chaleur due à cette circonstance, il y a la combinaison. C'est une loi de Chimie générale ; preuve, si on met quelque soit acide et la base, chacun séparément dans une eau distillée, qui ne contient aucun autre corps, on remarque l'augmentation de la température suivant l'affinité plus ou moins grande, par exemple, que l'on verse l'acide sulfurique sur l'ammoniaque, ou l'ammoniaque sur l'acide sulfurique, la température est presque celle de l'ébullition, et se forme sulfate d'ammoniaque ; prenez le nitrate de potasse en dissolution et sulfate de soude étendu d'eau, et si vous les versez ensemble vous avez l'augmentation de la température. Pourquoi ? c'est qu'il y a une décomposition et la formation d'un autre sel, celui de sulfate de potasse et de nitrate de soude, et non pas de l'azote, du soufre, du potassium, du sodium, de l'oxygène comme on pourrait le prétendre en se basant sur le principe de Mr. Hunt. La loi est établie, que les acides les plus forts s'unissent avec les bases les plus fortes, et les acides les plus faibles avec les bases les faibles ; c'est sur cette loi que la chimie analytique se base dans plusieurs cas. Donc, Mr. Hunt ne peut pas dire avec ses Philosophes, qu'on ne peut pas savoir dans quel état est la combinaison ; mais pour la connaître, il faut avoir des connaissances justes sur tous les principes des lois fondamentales, et sur la nature des corps. Si Mr. Hunt, comme il le dit, a trouvé dans son analyse du chlore et du brome avec le potassium, il doit savoir, comme vrai chimiste, si c'est du chlorure de potassium, ou bromure à l'état de combinaison, ou comme simple mélange ; sinon, c'est moins que pardonnable, surtout pour celui qui prétend de se poser comme juge, et qui a aussi la prétension de ne pas faire des erreurs à 1000000.

J'espère donc que nous allons mettre de côté ces Philosophes qui ne peuvent pas se décider sur l'état

des combinaisons, et si Mr. Hunt les a suivis, je lui démontrerai dans chacune de ses analyses subséquentes l'erreur de ce principe. Venons aux analyses des eaux minérales ; je suis très content de voir que Mr. Hunt a une balance si délicate, qu'elle est, comme il le dit dans son rapport, *sensible d'un demi milligramme sur deux cent grammes*, il ne permettra donc de m'en servir, et de refaire avec lui les calculs avec la même précision, en admettant qu'il a bien posé, d'après son propre aveu. Mr. Hunt dit avoir trouvé dans 1000 parties d'eau,

	Mr. Hunt.	Verification par calcul.
Chlore,	4.242810	4.218876
Brome,	0.011730	0.011621
Iode,	0.000461	0.000467
Acide sulfurique,	0.002400	0.002425
Soude,	3.726400	3.746354
Potasse,	0.022100	0.022421
Chaux,	0.082880	0.083309
Magnésie,	0.254600	0.254207
Alumine,	0.004400	
Silice,	0.031000	
Fer et Manganèse,	0	
traces,	0	
Acide Carbonique,	0.705000	0.705799
	<u>9.083781</u>	

Mr. Hunt déduit de ces ingrédients trouvés, que 1,000 parties d'eau doivent avoir les sels dans les combinaisons suivantes :—

Chlorure sodique,.....	6.967500
“ potassique,.....	0.030940
Bromure Sodique,.....	0.015077
Iodure Sodique,.....	0.000530
Sulfate Potassique,.....	0.005280
Carbonate sodique,.....	0.048570
“ calcique,.....	0.148000
“ magnésique,.....	0.526200
“ ferreux et manganoux, traces,	
Alumine,.....	0.004400
Silice,.....	0.031000
Acide carbonique,.....	0.349000
Eau,.....	<u>991.873503</u>
	1000.000000

Chlorure de sodium est composé de 39.66 de sodium et de 60.34 pour cent de chlore ; donc dans 6.967500 on doit avoir 4.204189.

Chlorure de potassium est composé de 52.53 de potassium, et de 47.47 pour cent de chlore ; donc dans 0.030940 on doit avoir 0.014687 de chlore, lequel ajouté au chlore du chlorure de sodium ne fait que 4.218876.

Mr. Hunt a trouvé 4.242810 ; qu'a-t-il fait avec la différence ? on devrait donc trouver du chlore à l'état gazeux dans l'eau minérale, selon l'analyse quantitative des corps faite par Mr. Hunt.

Le lecteur voit qu'en examinant chaque item de la composition des sels, donné par Mr. Hunt, il n'y a pas un seul corps qui a son poids exact, et si on admet que la colonne No. 1 soit véritable, celle No. 2 est erronée, et si le No. 2 est vrai, que peut on penser du No. 1 ?

Pour plus grande preuve que les chiffres ne sont pas

exacts, c'est qu'en ajoutant à la colonne No. 1, 991.873503, qui est la quantité d'eau qui se trouve dans 1000 parties on a 1000.967284.

Je ne crois pas que Mr. Hunt aurait ajouté de l'eau lui-même pour augmenter la quantité. D'où vient-t-il que Mr. Hunt trouve dans 1000 parties d'eau une quantité de 1000.967284 à part des traces de fer et manganèse.

Un Chimiste le plus consciencieux et le plus expérimenté peut faire des pertes, mais jamais trouver plus de ce qu'il a pris pour faire des analyses, comme il dit, "*dignes d'être envisagé avec confiance sous tous les Rapports.*"

Mr. Hunt ne croirait-il pas que l'augmentation si grande dans ses analyses, lui aiderait d'expliquer les grands phénomènes qu'il a cru découvrir en parlant de la silice en dissolution, que ce n'est pas dû à la présence des alcalis dans les eaux minérales, mais à la grande poussière faite dans son laboratoire.

On voit donc que les chiffres faits par Mr. Hunt sont des plus erronés, même en admettant que les pesées étaient bien faites, et que chaque corps était bien déterminé. Si la pesée était correcte, on aurait du dire que dans telle quantité d'eau après l'évaporation on a eu tant de résidu, et on aurait vu où était l'erreur, tandis qu'avec la méthode que Mr. Hunt a suivie, il y a l'impossibilité, vû qu'on peut ajouter la quantité d'eau nécessaire pour faire paraître les chiffres ronds.

À présent venons à la nature des corps qui figurent dans les analyses de Mr. Hunt.

L'acide carbonique a la propriété d'éteindre les corps en ignition, tandis que l'hydrogène carboné brûle lui-même. D'où cela vient que Mr. Hunt qui fait des analyses si correctes qu'il ne fait pas d'erreur à 1000000 un millionième de grain, nous donne la quantité d'acide carbonique à l'état gazeux à 10000000 de grain, et ne donne rien de la quantité immense d'hydrogène carboné qui se trouve dans cette source.

Tous les voyageurs peuvent se rappeler les expériences que le propriétaire faisait en allumant les gazes sortant de la source. Ces gazes d'après l'expérience de Mr. Miller, Professeur de Chimie à Edinburg, publiée en 1822, prouvent que l'eau absorbe $\frac{3}{10}$ de son volume, et 1 litre de ce gaz pèse 0,721 grammes.

Mr. Hunt croit-il que l'acide carbonique ou l'hydrogène carboné sont la même chose, à cause que ce sont des gazes, ou que cela était plus facile et commode pour son analyse de les mettre de côté?

La "Source au Soufre Blanc."

"Bien qu'elle porte le nom d'eau sulfureuse, son titre à cette dénomination n'est pas très fondé, elle a une saveur et une odeur faiblement sulphureuse et elle noircit légèrement les sels de plomb et d'argent; mais la quantité de soufre existante, soit comme hydrogène sulfuré, soit comme sulfure alcalin, est très peu considérable et ne peut pas être estimée quantitativement par les procédés ordinaires."

Mr. Hunt lui-même donne le nom de soufre blanc à la source, puis il dit, "Bien quelle porte ce nom, ce n'est pas très fondé," et immédiatement il ajoute qu'elle a une saveur et une odeur faiblement sulfureuses

et sensible sur les sels d'argent et de plomb, et il ne sait pas si c'est de l'acide sulfurique ou du sulphure alcalin, quand plus bas il dit, "plusieurs bouteilles d'eau furent mêlées à la source avec la solution d'arsenic, mais le précipité de sulfure arsénieux fut à peine perceptible: la quantité d'hydrogène sulfuré n'équivalait à un pouce cube par gallon." Donc c'est de l'hydrogène sulfuré qu'il croit avoir obtenu, ensuite il ajoute, "Il est néanmoins suffisant pour communiquer à l'eau des propriétés médicinales, car il est bien attesté que l'efficacité de cette source pour le rhumatisme et les affections cutanées surpasse celle de toutes les autres." Je vois que les estomacs des pauvres malades sont de meilleures preuves que ces travaux scientifiques de Mr. Hunt, car dans ses chiffres il ne donne pas même les traces; il dit "qu'on ne peut pas l'estimer quantitativement par les procédés ordinaires," et "qu'il y a à peu près un pouce cube par gallon d'acide sulphurique," donc ce n'est pas le sulfure alcalin comme il le supposait.

Voyons donc si je ne pourrais pas trouver la conclusion dans la dénomination des corps de son analyse. — Pas du tout. Cette source a la même combinaison chimique que les autres, et avec les chiffres ronds 1000.

Malgré l'iodure de sodium, le carbonate de fer comme traces, voilà encore la quantité de soufre, soit "comme hydrogène sulfuré, soit comme sulfure alcalin" abandonné dans les analyses quantitatives, mais n'importe, on reste avec les chiffres ronds, 1000. J'espère donc qu'il n'y a pas de nécessité à refaire des pareils calculs, car il est plus que visible que la vérité ne se trouve pas plus dans les chiffres, que dans les descriptions de corps composants.

Mais venons donc à la grande découverte qui s'est faite dans le laboratoire de progrès de 1847-8, qui va éblouir le monde savant et les frapper de stupeur; mais comme la découverte est bien grave, laissons parler l'auteur lui-même,

"La grande quantité de silice qu'elle contient est une particularité intéressante, et qui se rattache naturellement à la nature fortement alcaline de l'eau. Comme la silice est capable de décomposer une solution de carbonate sodique, il est probable qu'une portion de la soude existe à l'état de silicate. Vu l'incertitude qui règne encore quant à la composition de ces silicates solubles, il est impossible de calculer quelle portion de la soude il faudrait déduire de celle qui est représentée comme existant à l'état de carbonate, mais une expérience indirecte jette quelque jour sur la question. On fit évaporer 1000 grammes de l'eau jusqu'à siccité parfaite, pour rendre toute la magnésie insoluble. Le résidu après avoir été dissous dans de l'eau distillée, fut mêlé avec une solution de chlorure barytique, et donna un précipité de carbonate avec un peu de sulfate, qui contenait une quantité d'acide carbonique correspondant à 2540 de carbonate sodique, tandis que la quantité de soude en sus de ce qu'il en fallait pour saturer le chlore, le brome et l'acide sulfurique, égalait 4558 parties de carbonate. La différence 2018 correspond à 1179 de soude pure, ce qui peut être regardé comme formant un silicate avec les 0840 de silice. Vu la connaissance imparfaite que nous avons des silicates,

et particulièrement des silicates solubles, il est évidemment inutile de s'étendre davantage sur le mode de combinaison sous lequel ces substances existent.

“ La composition de 1000 parties de l'eau donne :—

“ Chlorure sodique,	3.84300
“ potassique,	0.02300
Bromure sodique,	0.01004
Iodure sodique, traces,	
Sulfate sodique,	0.01833
Carbonate sodique,	0.45580
“ calcique,	0.21000
“ magnésique,	0.29400
“ ferreux, traces,	0.
Alumine,	0.00265
Silice,	0.08400
Acide carbonique,	0.14100
Eau,	994.91818

1000.00000

“ La quantité de matières solides dans 1000 parties de cette eau est de 4.9406 parties et la composition d'une livre de 7000 grains est comme suit, etc., etc.”

Mr. Hunt dit qu'il a trouvé dans 1000 parties de cette eau 4.9406 de matières solides ; plus haut il dit que dans mille parties de cette eau il y a 994.9181, ajoutez ensemble matières solides à cette eau, on a 999.8587. Que le lecteur juge s'il y a de la vérité dans les chiffres. Je crois que de cette découverte l'on ne retirera pas plus d'utilité ni de connaissances, que l'enfant d'une bulle de savon qu'il voit en plusieurs différentes couleurs, mais s'il veut la saisir, il n'a que des gouttelettes d'eau pour certitude.

Mr. Hunt dit que la grande quantité de silice que l'eau contient est une particularité intéressante et qui se rattache naturellement à la nature *fortement alcaline de l'eau*. Comment cela ? Pour que l'eau soit alcaline, il faut qu'il y ait des alcalis libres ou des sels basiques, ce qui n'existe pas d'après sa propre analyse. Le chlorure, bromure, iodure, et le sulfate ne sont pas des sels alcalins ; de plus, Mr. Hunt a trouvé l'acide carbonique libre dans cette eau, donc elle ne peut pas être alcaline ; la silice n'est jamais soluble dans aucune eau alcaline ; mais le silicate de soude.

C'est sur ces principes qu'est fondée l'analyse des silicates. Car, si c'est comme Mr. Hunt voudrait prétendre, on aurait pu dissoudre les grenats, cristaux de roche, rubis et divers autres minéraux dans l'eau alcaline, tandis qu'il faut les mettre au feu, avec cinq à dix fois leur poids de carbonate de soude.

Dans son analyse quantitative il a eu seulement la silice pure, et il n'a pas de soude pour former le silicate alcalin pour les rendre solubles. Mr. Hunt trouve dans toutes les eaux sans distinction, la silice pure avec l'acide carbonique, et jamais la soude pour rendre l'eau alcaline. Il dit “ comme la silice est capable de décomposer une solution de carbonate sodique, il est probable qu'une portion de la soude existe à l'état de silicate.”

C'est bien amusant ceci. Il est vrai que le proverbe dit, “ Toute vérité n'est pas bonne à dire.” mais en chimie il n'y a pas de proverbes—mais des lois. Aussi l'on dit, “ La silice décompose le carbonate de soude au feu,” car les carbonates sont décomposables au

feu, et la silice jouant le rôle d'un acide qui est stable, forme le silicate plus ou moins soluble suivant la nature de la base, lequel silicate de nouveau se décompose en présence de l'acide carbonique.

Allons plus loin, il dit que, “ Vu l'incertitude qui règne encore, etc., etc.”

Mr. Hunt aurait mieux fait de dire, vù que je ne sais pas, *moi personnellement*, quelle est la nature des silicates ni pourquoi la silice est en dissolution dans les eaux que j'analyse, ni comment m'y prendre pour résoudre cet accident, quoique j'ai tant évaporé, j'ai tant filtré inutilement, que j'ai rendu tous mes ballons inserviables, tellement je les ai attaqués par les acides qu'ils sont devenus presque mats, et usés à moitié : si quelqu'un peut me dire je lui serai bien reconnaissant, car par ordre du directeur de l'Exploitation Géologique je dois refaire les analyses de mon prédécesseur qui n'a pas voulu se soumettre à écrire des chiffres : en attendant je vais mettre cela sur le dos de la science et de mes philosophes, “ qu'il y a réellement séparation des acides et des bases dans la solution :” quant à moi, je ferai mes chiffres ronds de 1000, et que le Gouvernement s'arrange comme il le voudra. A cela j'aurais donné le conseil d'un chimiste, *Chauffez moins, filtrez plus rarement, surtout quand il n'y a pas de besoin, et ne vous servez pas de verres qui ont des silicates de soude, que les acides dissolvent, et par là augmentent les analyses*, (comme les chiffres de Mr. Hunt en font un exemple.) *Mettez vos travaux à l'abri de la poussière au Laboratoire* ; ensuite tâchez de comprendre qu'il y a une différence marquante entre le soufre de l'acide sulphydrique décomposé à l'air, et la matière organique qu'on appelle *barégine*, qui flotte aussi, et qui se trouve dans cette eau, comme entre les corps selenhydriques et les choux pourris, malgré que tous les deux ont les mêmes arômes ; ce qui prouve que le chimiste peut utiliser son nez, mais non pas juger seulement par le nez.

La “ Source sure” de Tuscarora.

C'est la source à laquelle j'ai donné le nom Antimoine-ferreuse, à cause de la présence d'antimoine trouvée par moi. C'est avec la plus grande peine que je me décide à faire les remarques suivantes sur l'analyse de Mr. Hunt, mais j'y suis forcé par la nature de sa publication. Je donne la copie textuelle de l'examen de l'eau par Mr. Hunt comme preuve de ses connaissances en chimie, afin que le lecteur puisse juger si la personne est capable d'autre chose que peser de l'eau, et faire aboutir ses comptes en chiffres ronds de 1000, au lieu de corriger les travaux d'un chimiste qui est reconnu comme tel par les premiers chimistes de l'Académie des Sciences de Paris.

Examen de l'eau par Mr. Hunt.

“ La pesanteur spécifique s'est trouvée de 1005.583. Une solution de nitrate argentique ne l'affecta pas sensiblement, montrant l'absence de chlore, mais des sels barytiques solubles produisirent d'un coup un précipité copieux, insoluble dans un acide quelconque indiquant que l'acide présent dans l'eau était le sulfurique.” Mr. Hunt dit qu'il n'a pas eu de précipité avec le nitrate d'argent ; il est plus qu'en erreur ; car s'il n'en avait pas

eu il n'aurait pas dit, "une solution de nitrate d'argent ne l'affecta pas sensiblement," c'est-à-dire, qu'il y avait toujours pour les chimistes, quoique non pour les droguistes. Sulfate d'argent est aussi insoluble, donc il a dû y avoir un précipité; en se servant du nitrate argentin le premier au lieu de sel de barite il a confondu le chlorure avec l'acide sulfurique. Plus tard il dit qu'il a eu du chlorure alcalin, comment cela? on ne voit pas qu'il l'ait converti en chlorure par aucun procédé direct, si ce n'est qu'il s'est servi du chlorure baritique; mais comment peut-il être certain que tout son alkali aurait pu être converti en chlorure, s'il ne s'est pas servi de l'acide chloro-hydrique; certes ce n'est pas le moyen sûr et correct d'avoir du chlorure pour doser, surtout pour un savant chimiste qui prétend ne pas se tromper pas même à un billionième de gramme.

"Les réactifs ordinaires appliqués à l'eau récente montrèrent que le fer était dans un état de proto-sel, condition nécessairement liée, en effet, à la présence de l'hydrogène sulfuré. Concentré par l'évaporation et mêlé d'un peu d'acide nitrique, l'ammoniaque donna un copieux précipité brun rouge: une portion de matière organique dans le liquide empêcha la parfaite précipitation du fer, et le sulphydrate ammoniac fut en conséquence ajouté en même temps. Le précipité ainsi obtenu, après avoir été complètement lavé, fut dissous dans de l'acide hydro-chlorique, puis bouilli avec de l'acide nitrique, filtré et précipité par l'ammoniaque avec l'addition préalable de sel ammoniac, et encore filtré. La transparence du liquide filtré, ainsi obtenu, ne fut pas troublée par le sulphydrate d'ammoniac, circonstance indiquant l'absence du manganèse et autre métaux de cette classe, y compris le zinc, le nickel et le cobalt. Le précipité se trouva en partie soluble dans une solution de potasse, la portion soluble était l'alumine, et le résidu le peroxyde ferrique avec un peu de magnésie."

Eh bien! que Mr. Hunt montre donc cela à un chimiste, mais à un véritable chimiste, non pas à ceux qui sachant un peu filtrer, évaporer, et quelques noms propres de réactifs portent de suite le nom de chimistes, (quelque fois même de minéralogistes, astronomes,) et il verra si, après avoir lu son rapport, il osera donner aucune valeur quelconque à ses analyses. Comment! il a eu d'après lui-même un précipité copieux par l'ammoniac avant de se servir de sulphydrate d'ammoniac, et il a pris tout cela seulement pour du peroxyde de fer. Puis quand il a obtenu ce précipité copieux qu'il a (à ce qu'il dit) traité par le sulphydrate d'ammoniac sans mentionner si cette sulphydrate d'ammoniac a produit un précipité ou non, il reprend ce précipité pour dissoudre dans l'acide hydro-chlorique, puis il le fait bouillir dans l'acide nitrique, encore il filtre, il précipite, par l'ammoniac, il filtre encore et ne dit que ce qu'il a obtenu par ces deux filtrations, seulement il dit que la transparence du liquide filtré n'était plus troublée par le sulphydrate d'ammoniac, ensuite il ajoute que le précipité se trouva en partie soluble dans la potasse, sans dire quel précipité. Est ce le précipité obtenu par l'ammoniac ou celui de sulphydrate d'ammoniac ou celui qu'il a dû obtenir sur le filtre après avoir dissous dans l'acide chloro-hydrique et ensuite bou-

illi avec de l'acide nitrique, ou du second filtre quand il a traité la dissolution de l'acide chloro-hydrique par l'ammoniac? Il dit seulement que le précipité traité par la potasse lui a donné pour le résidu le peroxyde de fer avec la magnésie et l'acide phosphorique en dissolution avec l'alumine, sans dire par quel moyen il s'est assuré que tous ces précipités abandonnés sur les filtres ne contenaient pas d'autres matières. De grâce, que Mr. Hunt ouvre donc les ouvrages élémentaires, qui lui en diront assez sans que je sois forcé de lui citer un traité complet de chimie. Plus bas il dit.

"L'arsenic, l'antimoine, le plomb, l'étain et le cuivre ont tous été découverts récemment dans différentes eaux ferrugineuses de l'Europe; mais la présence de l'hydrogène sulfureux libre dans l'eau récente de la présente source est incompatible avec leur existence en solution."

Professeur Croft dans une polémique par rapport à cette source m'a traité avec de beaux sarcasmes me désignant comme un ignorant complet dans la science de chimie à cause que j'avais osé dire qu'un sel d'antimoine se trouve en dissolution dans une eau minérale; il citait à l'appui de son jugement tous les ouvrages qu'il avait dans la collection de sa bibliothèque, qui ne disaient rien sur l'existence de ce corps dans les eaux minérales, et par là il a voulu prouver qu'il est impossible que le sel d'antimoine puisse exister dans l'eau minérale excepté (avec?) la chaux, la potasse, la magnésie, etc., et DE L'EAU EN ABONDANCE; tandis que Mr. Hunt paraissant ou voulant être plus à la hauteur des nouveautés scientifiques de l'époque dit, que l'antimoine a déjà été trouvé en Europe, niant son existence dans celle de Tuscarora.

Mr. Hunt voudrait il me dire quand, et par qui l'existence de l'antimoine dans l'eau a été trouvée, et il verra que j'ai été le premier qui a fait cette importante découverte pour la science de chimie et la médecine; mais je lui dirai que pour le trouver quoiqu'il est plus facile quand on est prévenu qu'il n'est pas capable même de le constater; car la marche qu'il a suivie et qu'il décrit parle par elle-même. M. Hunt, dit que l'hydrogène sulfureux libre dans l'eau récente de la présente source est incompatible avec leur existence en solution, et plus bas il ajoute:—"la quantité d'hydrogène sulfuré présente est petite ne faisant qu'environ un demi pouce cube dans 200 pouces cubes d'eau;" donc il y avait de l'acide sulphydrique; mais en présence de protoxyde de fer l'acide sulphydrique est aussi incompatible, car l'hydrogène sulfureux ou l'acide sulphydrique précipite le protoxyde de fer. Soyez donc compatible avec vos idées et vos travaux Mr. Hunt. Quand il dit qu'il a trouvé dans la même source le peroxyde de fer, et le protoxyde et de plus qu'il a dosé le tout à l'état de sulfate ferreux, quoiqu'il disait plus haut qu'il a trouvé le protoxyde par l'acide sulphydrique et le peroxyde par l'ammoniac, le sulfate d'ammoniac et la potasse. Est-ce que par hasard quelques philosophes lui ont appris que l'oxyde ferrique qui a la composition, FeO_2 est la même chose que ferreux qui a la composition, FeO , que quand on trouve tous les deux, on les prend seulement comme si c'était sulfate ferreux pour avoir la facilité de mettre un chiffre rond de 1000.

Comment, Mr. le chimiste peut il faire des analyses

qualitatives sans faire attention aux matières organiques et plus encore dans les analyses quantitatives ?

Mr. Hunt ne sait il pas que plusieurs matières minérales en présence des matières organiques ne peuvent pas être découvertes par aucun réactif chimique ? Mr. Hunt dit qu'il a trouvé de l'acide phosphorique ; je suis fâché qu'il n'ait pas voulu donner la description par quel réactif et dans quelle période de l'analyse il l'a remarqué, car je crains que la présence de l'acide phosphorique ressemble à l'histoire de la silice. Que Mr. Hunt remarque encore, que dans la correction qu'il a faite à l'analyse de Mr. Croft, qui a trouvé le fer à l'état du peroxide, et lui, tantôt à l'état du peroxide, tantôt comme protoxide et tantôt il donne la quantité du peroxide de fer avec l'alumine, quand ils sont en si grande abondance tous les deux. C'est un peu amusant de voir des escapades de cette nature faites par un chimiste qui ne se trompe pas à un millionième de gramme, et qui corrige les travaux des autres avec un air si assuré.

À présent, examinons les chiffres. Qu'est-ce que cela signifie que Mr. Hunt trouve dans la même source la quantité d'acide sulfurique avec la formule $S O_3$ et en suite $S H O_4$? Je crois qu'il y a la lieu à l'incompatibilité, même avec la quantité suffisante de matières organiques ; mais, cela à part, d'où vient que Mr. Hunt dit avoir trouvé acide sulfurique avec la formule $S O_3$ la quantité 4.63500 et en suite représentant les bases comme combinées avec leur équivalent d'acide sulfurique ; nous avons pour la composition dans 1000 parties de l'eau, acide sulfurique libre avec la formule $S H O_4$ la quantité 4.28952. Aurait-il la prétention de trouver un phénomène dans son laboratoire ou l'acide sulfurique libre de nord-hausen qui a la formule $S H O_4$ en présence d'une quantité immense d'eau aurait pu être toujours à un atôme d'eau. C'est peut être depuis l'époque de la tempérance que l'acide sulfurique aurait dédaigné de se combiner avec de l'eau, préférant de l'alcool.

Mais, Mr. Hunt, a bien réussi dans son analyse, vu, qu'en ajoutant 993.83837 parties d'eau, à part de l'acide phosphorique et une très grande quantité de matières organiques, qui l'ont bien embarrassé d'après son propre aveu, il a eu son chiffre rond de 1000, et le rapport paraît plus correct, plus volumineux, plein de chiffres, les uns au-dessus des autres, ce qui devrait plaire, surtout à ceux qui aiment à en imposer avec des chiffres, a fin de ne pas être pris pour des visionnaires, mais pour des gens de science pratique.

St. Cesaire, Novembre, 1849.

ART. XL.—PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY.

Saturday, October 27, 1849.

The President, Dr. Scott, in the chair.

Dr. Fenwick exhibited the cast of the right forearm and elbow of a boy, with ANEURISM OF THE RADIAL ARTERY.

The following were the particulars of the case :

E. P., a boy *ætat* 12, was brought to me on the 18th of last May, suffering from a wound in the right forearm. It appeared that in firing off a small brass can-

non, loaded with several duck shot, the contents accidentally entered about the lower third of the fore-arm, on its palmar aspect, and to the outer edge of the tendon of the flexor carpi radialis. There were several trajets—one, taking the direction of the radial artery, running upwards beneath the skin to the extent of about one inch and a half. I was unable to trace it further as the course here deviated ; another, took an oblique course upwards and inwards passing beneath the superficial layer of muscles in the direction of the internal condyle of the humerus.

I could not discover any of the pellets, and did not consider myself justified in groping further ; in this opinion I was supported by Dr. Sutherland, who saw the case with me. We determined simply to apply hot fomentations, enjoin rest, and give a purgative of hyd. sub. and rhu. At the time of the receipt of the injury there was little or no hemorrhage, nor was there any subsequently during the examination of the wound ; there was slight swelling, no pain, but considerable stiffness.

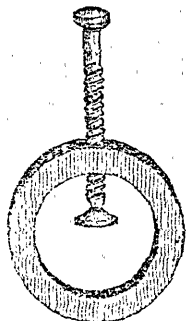
May 19.—Visited patient at one p.m. No pain in the arm ; slight swelling and discoloration of the skin, which extended above the elbow joint ; pulse 96 ; bowels moved twice by the medicine ; slept well ; appetite good ; continued fomentations.

20th.—Much the same as yesterday ; swelling and stiffness increased ; continued the same application.

22nd.—Swelling almost gone ; no pain ; still considerable stiffness. He had so much improved that I determined to discontinue my visits ; told him he might rise the following day, and recommended the use of a sling ; I cautioned him not to attempt to make use of the arm, and directed him to come and see me in a day or two.

I did not, however, see him until the Monday following (28th). It appeared that on the Saturday previous, the lad hearing some guns firing in the distance, started from home at a run, the arm swinging at his side, having removed the sling for greater freedom of motion ; he had not proceeded far when he was suddenly seized with an acute lancinating pain near the seat of the injury, and extending down the hand. He returned home crying, when hot fomentations were again applied, which afforded temporary relief ; his sister, who fomented the arm, perceived a slight swelling which gradually increased ; the pain came on at intervals, and the parents becoming alarmed sent him to me. On examination I found an irregularly circumscribed tumor, the size of a hen's egg, commencing about an inch above the wound, extending upwards almost to the elbow joint, stretching from the radial to the ulnar side of the forearm, and apparently covered by the superficial layer of muscles. It was soft and fluctuating, but not pulsatile. I sent him home with directions to keep very quiet and simply to apply a cold lotion. Dr. Gibb, who saw the case with me, accompanied me to the house the following day. The tumor was not at all altered in size or appearance, but, upon grasping it, pulsation was then distinctly felt ; pressure over the sac, with a view to empty it, was unsuccessful, indeed it was not continued long, as it

gave the patient great pain; there was no perceptible increase in temperature; slight tingling or numbness of the fingers was present; the pulse at the wrist was more feeble than in the healthy arm; pressure over the brachial completely controlled the pulsation, but did not alter the size of the tumor; no bruit was distinguishable. The arm was slightly flexed, and could not be extended; the other motions were performed with difficulty.



From these symptoms we came to the conclusion that the case was one of false aneurism of the radial artery, and determined on treating it by compression. As I had no instrument, in common use, I was constrained to make one for myself, which, although rude in its appearance, answered the desired object. It consists of a simple ring of wood, large enough to slip with ease over the elbow joint; through its circumference is passed a screw, at the end of

which is a button, as represented in the sketch.

As it took some time to make, I did not commence the treatment until the following day. Before putting up the arm I made another careful examination, when a distinct bruit was heard, and all the other symptoms existed as already detailed.

I commenced by including the hand, forearm, and lower part of the arm in a roller. Over the inferior third of the brachial artery was placed a graduated compress, which was kept in position by a turn or two of the bandage; the instrument was next applied over the compress and tightened sufficiently to restrain, but not stop, the circulation.

The day following, 30th May, I had to re-apply the bandage as it became loose during the night; slept well and complained of increased tingling in the fingers.

31st.—Slept well; constant pain shooting from the aneurism down the hand to the extremity of the fingers; this lasted for some hours. Through the night the tumor felt firmer, and its impulse was feeble. The compression was assiduously kept up till the 10th June, after which I deemed it unnecessary to continue it longer, inasmuch as, for several days previous, the pulsation had ceased and the tumor felt firm and fibrous. On the 12th, pulsation with considerable fluidity had returned; the impulse was feeble, and a slight but distinct bruit was heard; I determined not to be baffled, but to make another attempt at cure, and applied compression as before. Some days after, the pain became very distressing, coming on at intervals and lasting sometimes for hours. From this date coagulation again commenced, as was evinced by the amelioration of the symptoms; the pressure was kept up without intermission till the 30th June, when the tumor was quite solid. The limb, after the removal of the bandage, was very stiff; flexion and extension could not be performed without assistance, and but

slowly. I bandaged the arm as he complained of the want of its support, and enjoined passive motion. I may mention that the position of the compress was changed each day, thus preventing vesication and the other evils which would have resulted from too long continued pressure on one part. Since the 30th all has gone on well; the tumor is now hardly the size of a small walnut, and all the motions of the limb are free and perfect. I lay before you a cast of the arm taken a few days after the treatment was discontinued, which will give you some idea of the size of the aneurism.

Dr. Gibb said he had seen the boy several times during the progress of the treatment, and remarked that it was an exceedingly interesting case, from the fact of coagulation being produced within the sac after twelve days compression, but which became fluid again in forty-eight hours after the compression was removed, requiring a second trial of the treatment, which was followed by a perfect cure in eighteen days. He said it afforded another example, in addition to the many already published, of the benefits to be derived from this mode of treatment in aneurism, and which he believed was daily becoming more general in America.

ART. XLI.—*Inaugural Address delivered 15th May, 1848.* By JOS. MORRIN, M. D., President of the School of Medicine, Quebec, and Vice-President of the College of Physicians and Surgeons of Lower Canada. Quebec, 1849. Pamphlet, pp. 31.

The above inaugural address has been lying some time before us, and we now notice it, although even at a late period. It was delivered by the respected author at the opening of the Quebec School of Medicine, in 1848, an institution in which he took considerable interest, with which he is still connected, and which it is our sincere wish may flourish, adding yearly to the number of its pupils.

The principal part of the address is occupied by a history of medicine, written in the terse, forcible, epigrammatic style, for which the author is himself so remarkable, but which gives to the narrative a zest, which the very dryness of the subject would otherwise preclude.

The most interesting portion of the lecture is the concluding part, in which some statistical information is afforded of the early medical history of the country. This being a matter of general interest, we will give entire; regretting, however, that the author has not added to his historical treat by travelling beyond his own city:—

If it is pleasing to look at the present accelerating progress of medical institutions of this colony, as in the founding of the McGill College, of Montreal, the Montreal School of Medicine and Surgery, the Medical Faculty of King's College, Toronto, the various Medical Societies, in Canada East and West, and I may add, the publication of medical journals; there is also much in the past, that must not be left unnoticed.

In the beginning of the 17th century, the country in which we live, was an obscure corner in the Creator's empire. The Indian roamed through the wilds of which our city and its immediate

dependencies formed a part. Throughout the breadth and length of our land, terror, misery, and destruction seemed to have leagued together; and we, that peacefully occupy the site of the wigwams of Stadacona, some endeavoring to extend and communicate useful knowledge; others carrying out those grand diffusive principles which make the mighty ocean, the rolling river, and the other numberless ramifications, which every day, and on every hand, are manifested, contribute to the happiness of every social circle, and all, in our different spheres, assisting in kindly offices of soothing distress and mutually exchanging sentiment and generous affection, we, I repeat, are no longer scared either by the ravenous wolves of the forest, or by human wolves more ravenous still, thirsting for blood and prowling for their prey.

Soon after the period above mentioned a more auspicious era arose. Under the benignant spirit of enterprise, the restless agitation of malignant passions partially subsided; ferocity was softened, and the battle axe of the warrior was being changed for the axe of the wood cutter, in clearing the almost impenetrable forest.

Many of the physical evils induced by the red man upon his fellow, began to be ameliorated, and the personal maladies of the suffering Indian were relieved by the sympathy and tenderness of the kind and fostering hand of female benevolence.

We peruse history, and admire mighty conquerors and barbarian heroes. But the feeling heart sickens over the graves of slaughtered nations, while it dwells with untiring delight over the restoration of moral order. We desire to draw your attention for a moment, to the labors of a society of angelic messengers, who, forsaking the land of their birth and their smiling homes in France, fearlessly devoted themselves to the general good of the inhabitants of the districts, in which the noble foundations of the Hôtel-Dieu of Quebec, Three-Rivers and Montreal were placed.

The ladies forming the communities of these establishments were the earliest dispensers of medicine in Canada, and in 1640 and 1642, when that scourge of the human race, small pox, was raging with uncommon virulence, these young and delicate females comforted and relieved, both the sick Indian and the Colonist, with the same degree of unremitting attention, that has so remarkably distinguished their successors up to this hour.

I know nothing approaching nearer to perfection in all that regards order, cleanliness, and attention to the wants of the sufferer, than the Hôtel-Dieu of Quebec.

If every other institution in our land, for the relief of human suffering, were conducted with the same sacred regard to the comfort of its inmates, we should indeed be an example to others.

I may be allowed to close this humble but just tribute, by an anecdote connected with the Hôtel-Dieu of this City. Last season, while accompanying an eminent physician of the United States, round the various wards, I observed him going about, from place to place, with his eyes fixed upon the ground, apparently in a meditative mood; and on questioning him as to the subject of his reflections, "I am looking," says he, "for one dirty spot!"

The nuns were assisted in process of time by a Sieur Giffard, who was succeeded by M. Jean Madry, a medical practitioner of that incorporation, called Barber Surgeons. Two hundred years have now elapsed since he came to this country, commissioned by the Court of France, and armed with full powers to name his deputies in the profession, consequently, little beyond his name and the extraordinary powers of his commission, have come down to our day, with the exception of his death,—being drowned on his way to Montreal. In 1684, a French frigate arrived at Quebec, having on board l'Abbé de St. Valiere, and many persons of distinction, besides troops and recruits. She was to such an extent infected with sickness, that all the accommodations of the Hôtel-Dieu wherever a bed could be placed were put in requisition.—Fever, with delirium, petechiæ, and a scorbutic affection of the gums, were the principal symptoms. Opening the temporal artery early in the disease, was found, by the medical attendants, as the most successful of all the remedial measures tried.

In 1700, an epidemic resembling the influenza of the present day, raged with uncommon virulence, and carried off many of the aged, and among others, M. Rouesselle, the physician of the Hôtel-Dieu, a man of great ability, and who had for many years filled with credit, that important office.

The year 1708 was remarkable for the third equally fatal attack of small pox, which eight years afterwards again appeared,

but of a milder type. The *Cimetières de Picotés*, known to us all, in this city, is their resting place.

In 1710, a vessel called *La Belle Brune*, arrived at Quebec, having on board persons infected with a contagious fever called *la maladie de Siam*, a disease similar to one introduced into the colony some years before, by a vessel named the *Oriflamme*. In both instances the disease was communicated to the colonists, and committed fearful ravages, numbering among its victims, during the existence of the latter epidemic, twelve priests and six nuns. From all that can be known of these two epidemics, they bore a close resemblance to the ship fever of last season. Judging also from its fatality to the clergy who administered consolation to those afflicted, we may conclude, that in those days, they did not yield in the devotedness of their duty, to the distinguished zeal of their brethren who periled their lives, in their attendance on the emigrants of 1847.

The first physician from old France, who attended the Hôtel-Dieu, was le Sieur Giffard, above-mentioned, and the last was Dr. Dénéchaud, the grand-father of the present highly respectable family of that name, still resident in our city. Dr. Dénéchaud was a man of genius, of mild and winning address, who benevolently solaced the sufferers under his care, and possessed many qualifications, which entitle his memory to esteem.

From the middle to the end of the 18th century, the principal physicians in this city were Drs. Badelart, Guthry, Hurst, Beaumont, Lapane, Lajus, Duvert, Superant, Lattérière, Ust and Suzor; some of whose descendants, like those of Dr. Dénéchaud, occupy a prominent place among the most respectable citizens of Lower Canada.

Among the British names deserving of mention, as having been in their day, faithful and attentive practitioners, may be noted those of Dr. Nooth, head of the army medical department in 1793, who accompanied Lord Dorchester to Canada, and who was distinguished for his high professional character, together with the names of Davidson, Longmore, Fisher, Holmes, Buchanan, Cockburn, Lloyd and others.

For many years after the conquest the principal practice was in the hands of the military medical officers who acted in double capacity of military and civil practitioners, more particularly among the families of British origin.

The first board of medical examiners was established about 1794, under the ordinance lately superseded by the foundation of the college of physicians and surgeons of Lower Canada, the governors of which, now form the Provincial Medical Board, its members were Drs. Fisher, Lajus, Foote and Oliva.

It may be remarked of Drs. Longmore and Holmes that they were the first two English practitioners attached to the Hôtel-Dieu, and the first to admit students, natives of Canada, into their offices.

The last military gentleman I shall name, whom the profession, as well as the public, held in high and deserved estimation, as a scholar, physician and philanthropist, was Dr. Skoy, the then inspector general of military hospitals.

Among the leading native members of the profession in the early part of this century, who have now gone to their account, I may mention Drs. Menard, F. Blanchet, Labrie, Mercier, P. De Sales, Lattérière, Hall, Holmes, Perrault, Tessier, Fargues, and others, all of whom had finished their education in Europe, or in the United States.

Gentlemen, I do no more than Justice to the present Medical Faculty of Quebec, as a body, when I state, that they are not surpassed on this continent, for their skill in Medicine, Surgery and Obstetrics; and, I am proud to add, for their strictly temperate habits.

Gentlemen, those among you, who are to occupy the honorable position of Professors in this Medical School, pursue with ardour and constancy every discovery after truth. The basis on which rests the glory of Medical Professors both in ancient and modern times, is the sterling truth of their observations. Never employ your talents in aggrandizing visionary hypotheses. As truth alone is abiding, it is not merely the duty of every Medical Professor, but it is his greatest glory, to declare it. Be systematic, patient, and attentive, and clear in all your statements of particular facts. Be affable, yet dignified. Leave nothing unat-

tended to, that will promote the acquisition of true experience among those under your tuition and direction.

The author promises an appendix at a future day, which we will be most happy to see.

PRACTICE OF MEDICINE AND PATHOLOGY.

Microscopical Discoveries in Cholera.—That epidemic diseases in general originate in the presence of vegetable or animalcular parasites, has long been a favorite theory, and has quite recently been made the subject of a special essay by Dr. Mitchell, of Philadelphia.

The same view as regards its vegetable origin has been taken of cholera in particular by Dr. Cowdell, of Dorchester, and others. But though "coming events" have thus "cast their shadows before," the positive demonstration of facts substantive of this doctrine, have been few, and have failed to attract any great share of attention. In respect of cholera, it may be stated that Donnè had noticed the existence of a species of *vibrio* in the rice-water evacuations, and that the fact has since been confirmed by Pouchet, (*Comptes Rendus*, Avril, 1849,) and by Mr. Burnett, an American, who describes them as special bodies, of 1-12.000 to 1-8.000 of an inch diameter, when seen singly, and possessing great activity of movement.

We mention these observations merely to show that the attention of microscopists has some time since been directed to the presence of peculiar bodies in choleraic discharges. What immediately concerns us at the present time is, the announcement that certain organisms, of confervoid aspect, are constantly seen in these fluids, as well as in the air of infected localities condensed for the purpose of examination. These organisms are likewise described as of a circular figure; they vary in dimensions and development, according to the source from which they have been obtained, being 1-1.000 of an inch diameter as seen in the atmosphere, 1-3.000 in the vomited matters, and acquiring a diameter of from 1-1.000 to 1-500 of an inch in the intestinal fluids. They are said to exhibit a double outline, with a centre filled with granules, and are well represented in the wood-cuts which accompany Dr. Brittan's paper, (*Medical Gazette*, Sep. 28.) The interest attached to this discovery does not, however, rest here, for it would appear that our associate, Dr. W. Budd, has met with the same bodies in the water consumed in the cholera districts; and Dr. Cowdell has announced their presence in the perspiration of cholera patients.

We shall not attempt to predicate what import these discoveries are destined to assume as pathological data. Prone as is the human mind, unless well disciplined, to jump to conclusions, especially when, as in the present case, its salutatory efforts are too likely to be encouraged by a natural and excusable hope that we are at length about to unravel the mysteries of the origin of the pestilence, the assumption will doubtless be, that in these little annular bodies, taken into the system in the water consumed, we behold the *fons et origo mali*; indeed, if we mistake not, this idea has already been urged by Dr. Budd, although Mr. Brittan has maintained a wise reserve upon the subject. Thankful should we be were it possible to regard such a view as a legitimate deduction from the premises advanced, for then should we have this fell disease as completely under our control, as it may suit the designs of Providence that disease should be under the control of human efforts; but objections force themselves upon us *in limine*, which induce us to pause ere we can admit that we are so near the solution of the enigma which has for so many years baffled all attempts at its comprehension. Not only must these identical observations be confirmed by other inquiries, but

it must be positively ascertained that these bodies do not exist in healthy fæces, or in the evacuations in other diseases. This has yet to be done. Again, a most important link in the chain of evidence necessary to exhibit the agency of these annular bodies as the cause of cholera, is their discovery in the blood; without this there is nothing to determine that they are not the effects of the choleraic poison, rather than an integral portion of the poison itself. Other objections suggest themselves to our mind, which it would at present be premature to enumerate; enough has, we think, been said, without inculcating an irrational scepticism, to show the necessity of exercising some caution in our appreciation of the value of the present inquiries; we would, however, in the meantime, congratulate Mr. Brittan on having struck upon a track which may probably lead to results of incalculable importance, and we trust that among the members of this Association there will be found many who are both able and willing to aid him in his investigations.—*Prov. Med. & Surg. Jour.*

Case of Spontaneous Hydrophobia.—Dr. Condie presented the outlines of a case of Spontaneous Hydrophobia. The person in whom it occurred, was a man of the name of Willets, an overseer in the ship-yard of Simpson and Neil, Southwark, about 35 years of age, and of robust frame and active, temperate habits. He had enjoyed, previously, uninterrupted health, being unable to recollect an attack of any severe sickness, excepting a short convulsive paroxysm with which he had been seized several years ago. On Tuesday evening, August 27th, he went home in his usual health. The ensuing morning, on awaking from sleep, he experienced a stiffness along the left side of the neck, and a sense of numbness in the arm of that side; this he attributed to exposure on the preceding night, during a sudden change in the temperature of the air. Dr. T. S. Reed was applied to, who directed an appropriate treatment, which, however, did not abate the symptoms under which the patient labored. He soon began to complain of pain extending from the occiput along the left side of the neck and body to the epigastrium. Feeling thirsty, he took a tumbler of water in his hand, but on attempting to swallow some, was seized with a most painful sense of suffocation, followed instantly by a general spasm; which, however, continued only a few minutes. A sinapism was applied to the nape of the neck, and a large teaspoonful of laudanum was given, and repeated after an interval of two hours. The patient slept none. During the whole of Wednesday night he was tormented with an urgent thirst, which induced him to attempt to swallow water, but every time the attempt was made, the sense of suffocation and the spasms recurred. Dr. C. saw the patient, with Dr. Reed, at noon on the 29th of August. He found him in a constant state of jactitation; his eyes had a peculiar wild, suspicious look; his tongue was moist, and slightly coated along its centre, with a yellowish mucus; it was somewhat pointed and red at its edges; his skin was cool and moist. He complained of a pain commencing on the left side of his neck and extending down the side of his body, with a sense of weight or constriction at the epigastrium. He answered the question put to him correctly, but in a quick, sharp tone of voice. He complained of intense thirst, but every time he attempted to drink, he was seized with the most agonizing sense of suffocation. To show me the manner in which it affected him, he seized a glass of water which stood upon the bureau in his room, and by a sudden, jerking motion, brought it to his lips; on attempting to swallow a few drops, he became violently convulsed; threw his limbs about in a wild agitated manner; his eyes staring wildly open; his face assuming a dark hue, and his whole chest heaving as of one in the agony of suffocation. During the paroxysm his pulse was contracted, hard, and

frequent, but immediately upon its close, it became more developed, soft, and slow; the face, at the same time, lost its flush, and the forehead became covered with a profuse perspiration. As soon as the paroxysm, which lasted only for a few minutes, ceased, the patient became perfectly rational, but continued in a state of constant rapid motion, getting up and lying down—first on one side then on the other; and ejecting, every few minutes, from his mouth, with great force, and every time in a different direction over the room, a small portion of thick frothy saliva. There was no redness nor swelling of the fauces, nor was any pain or uneasiness excited by pressure upon the throat or epigastrium. As the patient lay upon his back, I took up a fan, unperceived by him, and with it gently agitated the air over his face; he was immediately seized with the same convulsive paroxysm as on attempting to swallow fluids, but less intense, and of shorter duration. The mention and sight of water caused, he said, a sense of constriction in the throat, and a peculiar, indescribable dread. The air blew directly upon him, through an open window, at the side of his bed; this caused him no uneasiness, it was rather, he declared, agreeable to him. Bodies in motion, as the waving of the window curtain, or the agitation of the trees seen from his room, produced no effect upon him. He declared that he had never been bitten by a dog, nor had, for the last eighteen years, received any wound or contusion. Upon a minute examination of his body, no cicatrix could be discovered. He attributed the symptoms under which he was laboring, to his having become overheated while working in the sun, and then chilled in consequence of a sudden change in the temperature of the air. He was directed Dover's powder in scruple doses, to be repeated at short intervals, and half drachm doses of chloroform. A blister was applied to the nape of the neck, and an active cathartic was administered. But a very small portion of the medicine was taken, as every attempt to swallow brought on instantly a sense of impending suffocation, and a violent paroxysm of convulsions. Towards the latter part of the day the patient became very much agitated, wandered over the house, and offered violence to those who attempted to restrain him. In the evening he was more calm, and took some bread soaked in tea, the swallowing of which was attended with only slight difficulty. He now complained of pain at the top of his head; the whole head felt hot; there was a slight injection of the eyes; the pulse was full and firm. Cold applications were directed to his head, and his feet were immersed in hot mustard water. Blood to the amount of twelve or fourteen ounces was taken from his arm, when his pulse sunk and he soon after fainted. He now became more tranquil; the inability to drink fluids still, however, continued. Early on the morning of the thirtieth he died; his death being unpremeditated by coma and unattended by convulsions. No post mortem examination could be obtained.

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

Report of the Cholera Committee of the Royal College of Physicians, on the nature and importance of certain Microscopic Bodies Found in the Intestinal Discharges of Cholera.—“We propose in this report to lay before the committee the results of some experimental inquiries on a subject which, within the last few weeks, has engaged much of the attention of the profession. We allude to the discovery by Mr. Brittan and Mr. Swayne, of Bristol, of peculiar bodies in the ‘rice-water’ dejections of cholera patients, and to the statement that similar bodies have been found by Mr. Brittan in the atmosphere, and subsequently by Dr. W. Budd in the drinking-water of infected localities.

“These observations, on account of their important bearing, if true, on the pathology of cholera, seemed to us to demand a searching examination. We have accordingly given much time and attention to the subject. Having, in the first place, satisfied ourselves of the distinctive characters of the bodies found in the rice-water dejections, we next sought to verify the observations of Mr. Brittan and Dr. Budd with reference to their presence in the air and drinking-water of places infected with cholera. It was necessary that this part of the inquiry should not be delayed; for the epidemic had already reached its turning point, and it would, before long, have been difficult to obtain favorable opportunities for experiments of a satisfactory character.

“Our inquiries were afterwards directed to the nature and properties of the newly discovered corpuscles, and to the question of their occurrence in other diseases. In this investigation, we soon perceived that objects totally different had been regarded as identical; but we had arrived at no positive conclusion respecting those which seemed most characteristic of the cholera evacuations when we received two important communications on the subject from Mr. Marshall and Dr. Jenner.

“Our observations on the air and drinking-water of infected localities, 25 in number, gave uniformly negative results. With regard to the value of our experiments, taken separately, it will, we think, appear that many are liable to no objection. Some of those which relate to the drinking-water of infected places are certainly wanting in the conditions which would make them convincing. But when it is considered that Dr. Budd believes he has detected the objects sought for, ‘in great numbers,’ in such large bodies of water as the Float at Bristol, and the Surrey Canal, and that he represents them as being deposited in the sediment of the water, we shall not be thought unreasonable in having expected that they might be discovered in the cisterns of houses and public institutions in which cholera had prevailed severely, although it had ceased there for some days or weeks.

“Nevertheless, a much larger amount of evidence would have been required to disprove the statements to which our observations refer, had those statements been unassailable from other points. But the facts to be detailed in the subsequent part of this report will show that the bodies found in the rice-water dejections have no peculiar relation to cholera; and that, if they should occasionally be present in the atmosphere, or impure water, this will not happen exclusively, or even especially, in districts infected with the epidemic.

“We shall now submit the particulars of all the observations to the Committee, describing first those on the air.

“*Microscopic observations on water condensed from the atmosphere of infected localities.*

“Two methods were employed for condensing the aqueous vapour. One was, to suspend in the air to be examined a glass funnel, nearly filled with a freezing mixture, its lower opening having previously been closed by a cork and covered with sealing-wax. The moisture condensed on the outside of the funnel trickled into a small phial placed beneath. The second method was to force air slowly, by means of bellows, through a bent glass tube immersed in ice and salt, when the moisture was deposited on the interior of the tube, and collected in a bulb at its lower part. In either way from half a drachm to a drachm of water was readily obtained.

“The water condensed from the air in the several localities, and under the circumstances we have described, was in each case examined by us more than once. But the search for annular bodies, such as those found in the cholera dejections, failed, as we have already intimated. Neither cells, nor rings, nor anything bearing a resemblance to them, could in most cases be discovered. We saw merely portions of gelatiniform matter containing bright points—sometimes finely granular brownish masses perhaps derived from smoke—and occasionally colorless, transparent particles, of a crystalline appearance, which may have been portions of silicious dust. After the water had been kept some time chains of delicate oval vesicles, like those of the torula of yeast, but much smaller, appeared in it. These were absent at first, and could not be mistaken for the cholera discs. Equally unlike those discs were the three or four separate oval cells, which, in two instances, were seen in the water when first examined. They had a clear, single outline, and were not flattened.

“The uniform result of these experiments, as of the former series, was negative. No bodies were found which could be

regarded as identical with the more characteristic of those discovered by Messrs. Brittan and Swayne in the rice-water dejections of cholera. The objects met with were far more numerous than those seen in the moisture condense from atmosphere. The sediment, when viewed with a 1.8th inch object glass of Rose, or 1.16th inch object glass of Powell and Lealand, presented, besides amorphous matter, an almost endless variety of organic forms, both animal and vegetable. Amongst these were many round or oval cells, of various dimensions, and some separate rings of minute size, colourless, and pellucid. The cells had generally very delicate walls and a clear cavity, were never flattened, and often contained a multitude of distinct granules, which, in some instances, presented the molecular motion. Like the rings, these cells were obviously different in their nature from the thick-edged discs which the descriptions and drawings of Messrs. Brittan and Swayne and Dr. Budd had led us to regard as the characteristic corpuscles of the cholera evacuations.

"The negative results of our research in the atmosphere of infected places for objects identical with those just referred to are confirmed by some observations communicated to us by Mr. Marshall. While cholera was prevalent in St. Giles's he examined the dirt washed from the broken glass of windows, and from cobwebs taken from houses in that district, in which deaths had occurred from four to ten days previously. With a 1-12th inch or 1.8th inch object-glass, he found a vast number of objects, such as particles of silic and soot, hairs, wings, and legs of insects, round and oblong cells of a brownish color, very dark spherical granular masses, probably of a confervoid nature, and fragments of vegetable tissue, amongst which were pieces of spiral tubes, and entire rings, apparently of woody tissue, of an oval, polygonal, or circular form. But he detected no discs with double outline. A microscopic examination of the objects collected on a moist surface from the atmosphere of sewers, gave Mr. Marshall a similar negative result with regard to those discoid bodies; although he found (besides fine particles of silic and other dust) brown, oval, and round cells, single, and in couplets, minute colorless vesicles, either single, double, or in triplets, a single large oval cell, and numerous opaque granular confervoid bodies, of brownish or blackish green color.

"*Microscopic observations on the 'cholera fungi.'*"

"We next proceed to show how various are the bodies which have been confounded together under the terms annular bodies (Mr. Brittan), cholera cells (Mr. Swayne), and cholera fungi (Dr. Budd).

"On examining the drawings given by the three gentlemen who have called attention to the subject, four principal forms, which can hardly belong to the same objects, may readily be distinguished.

"1. Rings, which enclose a free area, and which often are broken. These are usually of a minute size, but are occasionally large.

"2. Globular, or oval cells, chiefly of the middle size, which have a thick wall with numerous small eminences on its surface, and contain a granular mass, in some instances separated by a clear space from the wall of the cells. These are distinctly figured only by Mr. Swayne, but are regarded by him as perfectly developed cholera cells.

"3. Bodies having apparently the form of discs, with thick rounded edges, and centres of insistent structure. These vary extremely in size, including some of nearly the smallest, as well as many of the largest, of the objects represented by the three observers. They predominate in all the representations given of the corpuscles of the rice-water dejections, and must be taken as the type of the bodies discovered by Messrs. Brittan and Swayne.

"4. Large broken cells, having apparently homogeneous membranous walls, and containing small, well-defined, oval bodies; figured by Dr. Budd as cholera fungi undergoing decay, but differing in character from all the other objects represented.

"A mere inspection of these different figures would suggest strong doubts as to their representing different appearances of really identical bodies in different states or stages of development or decay. The more particular description we have now to give of each kind of body will demonstrate that they are of various and distinct nature.

"1. The rings, when closely examined, are seen to be of different kinds, some perfectly continuous in their entire circle, others formed by a curled fibre; some round, some oval, others

lozenge-shaped. Some of these have been traced to their true source by Mr. Marshall, who has found that exactly similar objects may be prepared by the artificial digestion of the vegetables used as food; such as cabbages, potatoes, and onions, the withered style of wheat grain, and portions of cane in sugar; the spiral and annular tissues of which break down into rings of different sizes, or coils resembling rings.

"Intermediate between these and the third class of bodies are minute oval, or round, colorless corpuscles, which have an annular appearance; but, on a close inspection, are seen to have their area filled up with a transparent substance presenting sometimes perforations. In some specimens of the rice water fluid, oval bodies, in part having their middle filled up, as here described, and in part mere rings, exist in extraordinary abundance. The rings of these bodies have been observed by Mr. Busk and Mr. Griffiths to be divided by cross-lines into segments, which Mr. Busk thinks are bead-shaped,—an appearance which had occasionally been noticed by ourselves, as well as by Mr. Marshall. They are calcareous structures, originally derived from chalk, in which they abound; and they have been introduced into the contents of the intestines with the medicines (chalk-mixture, aromatic confection, &c.) which the patients have taken.* These minute bodies from the chalk are, of course, not found in all cases; and we may think it not unlikely that, in their absence, the separated nuclei of animal and vegetable structures, as well as the vegetable rings above described, may sometimes have been mistaken for fungi. The microscopic bodies from chalk are, however, the most striking in their characters; and, we believe, are those which have been chiefly regarded as representing the first stage of the cholera fungi.

"The brown globular bodies, with tessellated surface and thick wall have been clearly identified by Mr. Marshall with the spores of different kinds of uredo, the rust, smut, and bunt of grain; some species of which may be found, not only about the withered style or grains of wheat, but also in almost every specimen of corn and bread. Mr. Busk has made the same observation, and identifies them with the uredo segetum, or bunt.

"Discs, with thick, elevated, and somewhat irregularly-formed margins; the central area flattened, and obscurely granular. They have generally a yellowish, or pale brown tint, which varies in depth with the color of the fluid containing them. These are the most peculiar of the bodies found in cholera, and differ from the rest in being more or less soluble in ether. Mr. Marshall, who first informed us of this fact, found that the smaller discs undergo nearly complete solution, leaving a cavity in the dried mucus, whilst the larger ones leave a fine granular film. They are apt to break across, and the thick margin to curl inwards. They are evidently not cells, nor have they any organized structure which could give them any claim to be regarded as living organisms. On the other hand, their solubility in ether shows that they consist, in great part, of some substance of the class to which the fats, resins, and saponaceous matters belong. This observation led Mr. Marshall to examine different fatty substances, and at length to find that curled concretions, not unlike the discs found in cholera, could be obtained by compressing a piece of rich cheese [with or without the addition of ether] between two plates of glass. We are not yet able to account for the origin of

"* It is right to state how we arrived at the knowledge of these facts. Dr. Griffiths has pointed out to us that the bodies in question are heavy, polarize light and are soluble in dilute nitric acid. He suspected that they were oxalate and phosphate of lime. Mr. Marshall subsequently showed us that acetic acid also dissolves them readily, and that sulphuric acid acts on them, producing needles of sulphate of lime. Having ourselves found the same bodies in the evacuations of two patients suffering from typhoid fever, we were examining them in company with Dr. Griffiths and Mr. Marshall, when the demonstration of their calcareous nature reminded us of the fact, that these patients had been taking medicine containing chalk, and, at the same time, brought to our recollection the remark made to one of us by Mr. Topping, that Mr. Brittan's 'annular bodies' were to be found in chalk-mixture. Accordingly, we examined a portion of medicine containing aromatic confection, and afterwards a piece of common chalk, and in both found the bodies described above, though not the larger discs, which are also found in the rice-water fluid."

these peculiar discs. Mr. Busk regards them as altered starch grains. It is, at all events, certain that they are not fungi, and, as we shall afterwards see, that they are not peculiar to cholera.

"Besides these fatty discs there are sometimes met with yellowish bodies, which might easily be confounded with them, but which are merely rendered more pelucid by ether. Bodies of similar character have been shown by Mr. Busk to arise from a disintegration of the bran of wheat, and Mr. Marshall has independently made the same observation.

"Under the fourth class of bodies, we refer to those represented by Dr. Budd as the cholera fungi undergoing decay and disintegration. They are evidently of a different nature from those figured by him as characteristic of the fresh cholera dejections. The mode of disintegration of the two classes of bodies is quite distinct: the so-called cholera bodies, after resisting the action of water for some time, break up into irregular granular masses; whilst the decomposing bodies depicted by Dr. Budd seem to be in part homogeneous, membranous cells, deliquescing, and are perhaps starch-cells. The rings are most probably parts of disintegrated vegetable tissue.

"It is shown by Mr. Marshall, and had before been noticed by Boehm and others, that cells like fungi, or their spores, are occasionally found in the excretions in cholera. These, however, have a more delicate structure than any of the bodies described as characteristic of cholera, and are totally different from them. It is well known that various vegetable forms are apt to become developed in organic fluids generally.

"From a review of the foregoing facts, it is obvious that various bodies found in cholera dejections have been confounded, and described as identical. It is also shown that many are traceable to an extraneous source, and that even the discs placed in our third division are not fungi. The statement that the bodies found in the cholera dejections present an endogenous multiplication has, in all probability, arisen from confounding them with the uredo, or from mistaking the appearances produced by the small bodies seen through, or upon, the larger ones, or entangled in their substance.

"We are unable to identify the rings obtained from the air, and figured by Mr. Brittan, with any of the bodies included by him under the term 'annular bodies.' Our own experiments have satisfied us that these bodies do not commonly exist in the atmosphere of infected places; but the observations of Mr. Marshall, on the dirt collected from windows and cobwebs, show the great variety of matters which must be wafted about in the air, in the form of dust, and which might, in different instances, be caught with the condensed moisture.

"The bodies represented by Dr. Budd as being found in impure drinking-water, have the form of discs with thick edges. We have ourselves never seen such bodies in water. But when it is remembered that the contents of bran-cells sometimes assume that form, the occasional presence, in water, of bodies capable of being confounded with the discs derived from the discharges of cholera will not appear remarkable.

"Had the bodies described by Messrs. Brittan and Swayne been proved by the foregoing investigations to be of fungoid nature, yet the facts we have now to add would have shown that they have no necessary connexion with cholera. In the first place, they seem not to be constantly present in the discharges. It is, indeed, remarkable that, in those dejections which, from the absence of color, have usually been regarded, as the most characteristic of the disease, they are frequently absent: We have failed to find them in several instances. In one a portion of every evacuation was set apart, and examined several times by each of us, and yet in neither portion could we detect them.

"A still more important fact, which, from the explanations already given, might be anticipated, is, that all the more remarkable of the bodies which have been thought peculiar to cholera exist in the intestinal evacuations of persons affected with other diseases. Dr. Jenner first demonstrated to us their presence in great abundance in the dejections of a patient affected with typhoid fever. We have since verified his observation in five other cases of this disease. We have also satisfied ourselves of the existence of some of the forms in dejections apparently healthy, from two patients in Gur's Hospital, one suffering from bronchitis the other from early cirrhosis of the liver; and Mr. Marshall has detected small annular bodies 'in the mucus covering the healthy excrement' of several herbivorous animals. It is obvious that

bodies derived from such various sources will not commonly be found all present together. This, indeed, is not the case in cholera. And it is also clear that those belonging to chalk will very rarely be met with, except that substance has been taken as medicine.

"We shall now briefly restate the principal results we have arrived at, and submit the conclusions which seem to us justified by them.

"1. Bodies presenting the characteristic forms of the so called cholera fungi are not to be detected in the air, and, as far as our experiments have gone, not in the drinking-water of infected places.

"2. It is established that, under the term annular bodies and 'cholera cells or fungi,' there have been confounded many objects of various and totally distinct natures.

"3. A large number of these have been traced to substances taken as food or medicine.

"4. The origin of others is still doubtful; these are clearly not fungi.

"5. All the more remarkable forms are to be detected in the intestinal evacuations of persons laboring under diseases totally different in their nature from cholera.

"Lastly. We draw from these premises the general conclusion that the bodies found and described by Messrs. Brittan and Swayne are not the cause of cholera, and have no exclusive connection with that disease; or, in other words, that the whole theory of the disease which has recently been propounded erroneous, as far as it is based on the existence of the bodies in question.

"WM. BALY, M. D. } Cholera
"WM. W. GULL, M. D. } Sub-committee."

—London Med Gaz.

SURGERY.

Ossification of the Crystalline Lens and Capsule.—By Mr. White Cooper. Ossification of the lens itself is extremely rare. Mr. Tyrrell relates one instance of it, where the capsule was opaque and thick, and contained a mass about equal to one-third of the original lens, hard and brittle, so that it broke on attempting to separate it from the capsule: it was the result of a blow, and was extracted from the eye of a lad of fifteen, who speedily recovered from the operation. A well-marked case is also related by Mr. Wardrop: it was from an eye sent to him by Mr. Allan Burns, of Glasgow. On dissecting back the choroid, the posterior chamber was found filled with a white pulpy mass, and on dividing the crystalline, its central portion was found converted into hard bone. The external laminae of the lens were soft, those near the centre more consolidated, and the central portion itself of a deep brown color, perfectly osseous, and exhibiting a laminated structure. Case iv. is another example. And it is worthy of remark, that in two out of the three instances, this remarkable change was the result of a blow upon the eye: of the third there is no history.

Ossification of the capsule of the lens is the most frequent form of osseous cataracts. The character is that of a shell of bony matter irregularly deposited, some parts being thick, others as thin as tissue paper. The color is yellowish, and when viewed in the eye, appear as if dotted with white paint. For the following analysis of the cataract extracted in Case I, I am indebted to Dr. Hoffman, of the Royal College of Chemistry. "The ash left on incineration was found to consist principally of phosphate of lime; it contained besides small quantities of sulphate of lime, and traces of sulphate of potassa and chloride of sodium. It therefore has a very analogous composition to that of bone."

The agonizing pain caused by these cataracts is of a neuralgic character, being the result of the constant irritation of the iris by the pressure of the hard body. So severe is it at times, that it causes temporary delirium; and I have known two instances in which the patients were driven into the

pernicious practice of opium-eating, to drown their sufferings in stupor.—*London Jour. Med.*

Operation for Osseous Cataracts. By W. White Cooper, Esq.—In the performance of the operation, the almost entire obliteration of the anterior chamber by the projection of the lens and iris, renders it extremely difficult to pass the knife across it: in such a case, it would be found easier to direct the incision obliquely. That should be free; and if the cataract knife do not make it of sufficient size, the blunt-pointed sabre knife cutting on the convex edge, will enlarge it with facility. In the event of the adhesions to the cornea being so extensive as to preclude the possibility of performing the operation in this manner, it may become a question whether an incision directly across the cornea may not be the best mode of proceeding; the object in view is not to give sight, but simply to relieve suffering, and it must be familiar to many, that similar wounds of the cornea inflicted by accident unite the kindly if judiciously treated. The great difficulty, however, is the extraction of the cataract. The iris having lost its elasticity, and being bound by adhesions to the lens, and possibly to the cornea, does not yield to pressure; and the lens, being solid, cannot be forced through the contracted pupil, even after the adhesions have been divided, with such an amount of force as can be prudently applied. The better way, then, is to break down the osseous shell and remove it piece-meal, having previously divided the adhesions by sweeping round the margin of the pupil with a fine iris knife. Before placing the flap in apposition, a careful examination should be made, to see that none of the fragments are left. After the lids have been closed, two or three folds of rag, dipped in cold water, should be applied to the eye so long as is felt agreeable, and a full dose of hyoscyanus administered.—*Med. Gaz.*

MIDWIFERY.

Early Pregnancy: and Infantile Menstruation.—In the *London Medical Gazette*, for 3d Nov. 1848, Mr. John Smith publishes a recent case of *Early Pregnancy*. It is interesting not only from the extreme youth of the mother, but from the fact of her having borne a living and tolerably healthy infant. The following is Mr. Smith's narrative:—

“At the Coventry Assizes, of August, 1848, Julia Amelia Sprayson preferred a charge of rape against her uncle, James Chattaway, who was convicted of the assault, and sentenced to two years' imprisonment and hard labor in the House of Correction. The girl was far advanced in a state of pregnancy, and as it is of rare occurrence for conception to take place at so early an age as *between eleven and twelve years*, many surmises were expressed by the gossips as to what would be the probable issue. She continued in good health up to the day of delivery, which took place on the 16th September, 1848. In the early part of the morning she became restless and uneasy; and from the hour of 11, A. M., slight pains occurred at irregular intervals, until about 5, P. M., when it was evident that labor was rapidly advancing. On being sent for soon after, in consequence of the absence from town of Dr. Dewes, who had been engaged to attend her, I proceeded to make an examination, when I found the pelvis of average dimensions, and the os uteri about the size of a shilling piece; but as the parturient throes were active, and returned every eight or ten minutes it appeared prudent to remain until the case had terminated. Nothing remarkable supervened during the progress of the labor, except that it was of unusually short duration. From first to last she was not more than ten hours ailing, while the period of actual labor was not extended beyond four

hours, and this would have been further shortened but for the smallness of the external outlet. The subsequent symptoms were just as favorable as the labor had been short. The lochia ceased after the lapse of a few days: the mammæ became duly developed, and the secretion of milk was so copious as presently to suggest to her mother the idea of seeking for a situation as wet nurse. The infant at birth was long, slender, and emaciated, but rather below the average size, and in many respects may be said to have borne a striking resemblance to the offspring of mothers who had been imperfectly nourished during pregnancy. It did not occur to me at the time, either to place it in the scales, or to take its admeasurement, but at the time of writing this report (23d October, 1848,) it is 8½ pounds in weight. The present weight of the mother is 104½ pounds. When she had so far recovered as to take a share in domestic avocations, it seemed advisable to pay her an early visit, to elicit, if possible, some farther information than what had transpired in court, with a view of establishing some data as to the period of uterogestation; and although foiled and disappointed with the result of this part of the investigation, some particulars of interest were readily obtained. She was rather of prepossessing appearance, of fair complexion, with brown hair and dark grey eyes; more womanly by far than is usually witnessed at her age, her figure being tolerably plump, well set and proportioned, and her height being rather more than five feet; and notwithstanding her casually childish manner, there was that forwardness of expression which betokened a more than ordinary development of character. On inquiry her mother assured me that she began to menstruate when *ten years and six weeks* old; and it was distinctly ascertained that there had been a regular return of the catamenial discharge, in somewhat profuse quantity, up to the period at which conception took place. The girl had lost her father about two years ago, and that she might not be a burden to her widowed mother, had been in residence with her uncle, who was a weaver at Foleshill. This unhappy man, who proved her seducer, was aged forty-seven, living with his wife, to whom he had been married twenty-five years, and by whom he had had a family of two or three children. The niece was taught to weave at a handloom, which stood in the same apartment in which her uncle pursued his daily employment; and here it would seem that familiarities arose which issued at length in criminal intercourse. This latter took place for the first time about the middle of November, 1847, and was allowed to be repeated on four occasions at weekly intervals; but as the catamenia had appeared during the last week of that month, and did not recur in the Christmas week, she dated conception from the latter period. No communication was made to her relations of what had transpired until six months had elapsed, when her situation became too prominent to elude further observation, and then it was that arrangements were made for bringing her under the maternal roof; and means were taken for delivering her seducer into the hands of justice. The most rigid inquiry failed in deducing any farther particulars that could be at all relied on as authentic information. . . . I have been at the pains of consulting the registers both of her birth and baptism. The former bears the date of February 13th, 1836, and the latter March 7th, of the same year.”

Early Pregnancy.—In connexion with the above, the following notes of cases of early pregnancy may be interesting to many; the more especially at present, when we may expect to hear of similar, or more remarkable cases, occurring in those continental cities which have lately been the scene of revolutionary license. That the aptitude of the human female for conception at a tender age is greater than is commonly imagined, we may infer from the fact that during national convulsions (in which the bonds of social

order and decency have been broken,) cases of early pregnancy have been observed to be of more frequent occurrence. During the revolution in France, at the close of the last century, several instances occurred of females of eleven, and even below that age, being received, in a pregnant state, into the Maternité at Paris.

1. Sir Everard Home says, "I have met with corpora lutea in virgins at fourteen, and know of two instances of girls still earlier, one at thirteen, the other at twelve."—*Phil. Trans.* 1819. p. 61.

2. Dr. W. F. Montgomery says, that "the earliest instance of pregnancy known to him, was that of a young lady who brought forth twins before she had completed her fifteenth year."—*Signs and Symptoms of Pregnancy*, p. 163.

3. Mr. Robertson, of Manchester, mentions a case which occurred in the practice of Mr. R. Thorpe. It is thus quoted from the *Edinburgh Medical and Surgical Journal*, vol. xxx viii, p. 231, by Dr. Montgomery:—"She had been employed in a cotton factory, and was represented to have become pregnant in her eleventh year. Mr. Thorpe and the late Dr. Hardie were at the trouble of examining the registers of her birth and christening, and fully satisfied themselves that she had really conceived during the eleventh year of her age, and that at the time of her delivery she was only a few months advanced in her twelfth year; her figure was that of a well-grown young woman, with fully developed mammae, and it was ascertained that she had menstruated before she became pregnant."—*Op. cit.* p. 162.

4. Dr. Rowlett, of Waisborough, Kentucky, reports in the *Transylvania Medical Journal*, vol. vii., p. 447, the case of Sally Dewese, born 7th April, 1824, in the county of Butler, Kentucky, "She began to menstruate at a year old, and the pelvis and breast became developed in an extraordinary degree; she continued to menstruate regularly up to 1833, when she became pregnant, and on the 20th April, 1834, she was delivered of a female child, weighing seven pounds and three-quarters. At the time of publishing the case the child weighed eight pounds and three-quarters, and the mother 100 pounds, and was four feet seven inches in height."—(As quoted by Montgomery, *Op. cit.* p. 162.)

5. La Motte delivered a girl who had not completed her thirteenth year, and who had never menstruated.—(*Traité des Accouchemens*, Obs. xxiii., p. 52, as quoted by Montgomery, *Op. cit.* p. 163.)

6. Dr. Michael Ryan knew of a female, pregnant at 12½ years of age.—*Medical Jurisprudence*, p. 242.

Infantile Menstruation.—The following are a few curious instances, some of which certainly may be considered as puberty at an infantile age:—

1. Mr. Embling, in the *Lancet* for January 29, 1848, gives the following case:—"At the date when the account was published, the child was three years old, and had during some preceding months menstruated regularly. The mammae and nates were as fully developed as in an adult of twenty; the labia, etc., were like those of a mature young woman; the hymen was perfect; the vagina anteriorly was of large size; and on the pubes there was a slight growth of hair.—The countenance, appearance and gait were in miniature those of an old woman. At her menstrual periods, she suffered the uterine, lumbar, and other pains common in women capable of uterogestation.

2. Dr. Dieffenbach, of Berlin, in *Meckel's Archiv für Anatomie*, etc., 1827, p. 367, relates a case of early menstruation in a child nineteen months old. It was at birth of the natural size, but after the first month began to grow rapidly. In her ninth month she was as large as a child a year and a half old; and about this time a discharge of blood from the vagina was observed. At the end of two months a more copious discharge took place, which was accompanied with an increase in the size of the mammae, and the appearance

of hairs on the genitals. The same phenomenon recurred at fourteen, and again at eighteen months. At the time of the report the mammae were large, and the genitals were largely developed and covered with hairs. Nothing was remarked in her mental disposition different from other children of the same age, and there was no indication of sexual desire.

3. Dr. Catals, of Adge, attended a little girl of six years old, who was affected with a spasmodic cough, colic, headache, and epistaxis, which recurred every month. With other remedies which this condition indicated, he applied leeches to the calves of the legs. A discharge of blood from the uterus supervened, which was preceded by a febrile state. These phenomena, accompanied with some enlargement of the mammae, pain in the lumbar region, and itching of the genitals, returned regularly every month, and lasted three days.—(*Journal de Médecine et de Chirurgie*, par Corvisart, Leroux, et Boyer, t. xi. p. 37, as quoted by De Boismont, in his work, *De la Menstruation*, p. 33, Paris; 1842.)

4. M. A. Brierre De Boismont, *op. cit.* p. 35, relates, on the authority of M. Le Beau, the case of Matilda H., who was born at New Orleans in 1827, with the breasts and genitals as perfectly developed as in a girl of 13 or 14 years. The menses appeared regularly each month, from the age of three years. They continued three days; and were as copious as in a perfect woman. At the age of four years, when the report was made, she was well-formed, and of handsome appearance; the mammae were of the size of a large orange; and the pelvis seemed as large as in a child of eight years. Her health was excellent. (From *Annal d'Hygiène*, t. x.p. 484.)

5. Dr. Carus, of Dresden, mentions the case of Christina Theresa, born in the mountains of Saxony, of parents of a weak constitution. She was scarcely a year old when she began to grow rapidly. At the end of the second twelfth-month the catamenia appeared, and continued to flow regularly once a month. The mammae were firm, like those of a strong girl of 16; the body was stoutly made; and the genital organs were covered with dark brown hair. Her intellectual functions, tone of voice, and physiognomy, were those of a child three years old.—(*Allgemeine Zeitung, für Chirurgie*, as quoted in *Edinburgh Monthly Journal of Medical Science*, p. 1050. 1842.)

6. Mr. W. H. Whitmore, of Cheltenham, communicated to the *Northern Journal of Medicine*, for July, 1845, an account of the case of a child who menstruated regularly, at intervals of three weeks and two or three days, from a few days after birth, until the age of four years and some months, when she died. The development of the body equalled that of a girl 10 or 11 years of age. The mammae were unusually large; the mons veneris well covered with hair; the labia pudendi more sparingly so. In the absence of her periodical ailments, she would enter into the amusements of children of her own age; but when she was indisposed, she was exceedingly reserved, and would withdraw from all her playful occupations.

7. Dr. Lenz, of Dantzic, relates a case in which menstruation appeared at the eighteenth month, and continued up to the age of two years, when the case was reported. The general health was unaffected in the intervals, provided the discharge took place at the regular periods. The breasts and genital organs presented no remarkable appearance, but experienced an increase in temperature and size at each menstruation.—(*Caspar's Wochenschrift*, Oct. 3, 1840.)

8. M. Gruere, of Dijon, was acquainted with the case of a child, aged three years, who had menstruated regularly since she was one year old. Her general health was good. There were no premonitory symptoms, except a slight feeling of tension in the hypogastric region. There were no external signs of puberty.—(*Journal de Médecine et de Chirurgie Pratique*, Mai, 1842. Paris.)

In addition to the above cases, others have been recorded, in which a discharge of blood, often accompanied with some enlargement of the breasts, took place from the genital organs soon after birth. It seems probable, however, that the hæmorrhage might have arisen from other causes than the establishment of menstruation; and that the enlargement of the mammæ may be due to the sympathy which exists between them and the genital organs, independent of sexual aptitude. Of this kind are, probably, among others, the cases recorded by M. Mallat in the *Gazette Medicale* for 1832; and by Dr. Camerer in the *Medicinisches Correspondenz-Blatt*, as quoted in *Gazette Médicale* p. 248. 1815.—*lb.*

MATERIA MEDICA AND CHEMISTRY.

Use of Nitrate of Silver for White Swellings, Hydrarthrosis, and Venereal Bubo.—M. Decaisne, military surgeon at Anvers, has published, in the *Archives de Médecine Militaire*, some observations on this subject; two remarkable cases are given. One of the patients was a man of 27 years of age, and of a lymphatic temperament, who on the night of the 5th of February, 1847, felt a severe pain in the right knee; swelling soon followed, and the patient was unable to use the limb. Every means were had recourse to for his relief—antiphlogistics, baths, calomel and opium, blisters, iodine, mercurial ointment, compression and douches, without any effect in arresting its progress into regular white swelling. In the month of July, M. Decaisne began the use of an ointment of nitrate of silver, when the knee was double its natural size, was so tender that the patient dreaded its being touched, all motion in the joint impossible, and three fistulous openings at the inner side of the joint; amputation appeared inevitable; and in this very unfavorable aspect of affairs, it was ordered to employ friction twice a day of an ointment composed of one gross (59.1 grains) of the salt of silver to an ounce of lard; about two gross of the ointment were used at each application. Under this treatment the pain sensibly abated in a few days, the swelling gradually diminished, and in about a month the improvement, in every respect, was considerable. During the month of August, the proportion of the nitrate of silver to the lard was increased to a gross and a half or two gross to the ounce of lard, and at length, at the end of the month, the cure was complete, and the young man only experienced a slight stiffness in bending the knee.

The second case was that of a young boy, attacked with a white swelling of the radio-carpal articulation. Previously to the employment of the ointment of the nitrate of silver in this case, a number of the more active remedies had been tried in vain; the swelling was considerable, and it was necessary to open a large abscess near the articulation. After using the ointment of the nitrate of silver for two months, the amelioration was considerable, or rather the cure was completed.

After giving the above cases, the *Journal de Médecine* adds the following remarks: other cases, where the salt of silver in the form of ointment have been recently published in the *Archives de la Médecine Belge* by Professor Uytendoeven, he used it in a great number of cases, but all those he details were dropsy of the joints, not white swelling. The ointment of nitrate of silver possesses a resolute action upon those serous swellings of joints. This therapeutic agent should not be employed until the inflammatory stage has passed.

In making the ointment it is necessary to dissolve the nitrate of silver in water before incorporating it with the lard, to prevent the rubefacient or cauterizing effect of the metallic salt on the skin or the formation of vesicles, which

without this precaution would be inevitable. Generally smart pain, but transient, is experienced on the application of this remedy at the place on which it is rubbed.

The power of this ointment to resolve venereal buboes has been experienced in the practice of M. Lutens; he dissolved a drachm of the salt in a sufficient quantity of distilled water, and then mixed it with an ounce of lard. His mode of using it is this,—about two drachms of the ointment are used at each rubbing; after three or four days the skin becomes black and shining; instead of suspending the treatment until the epidermis desquamates fully, the scales are detached with a nail, or a spatula, and the frictions immediately recommenced. These frictions never occasion pain, but sometimes a slight uneasiness. M. Lutens uses this ointment also in glandular swellings of the neck and groin, and in all stages of bubo.—*Dublin Med. Press.*

Oxide of Silver in Menorrhagia.—The advantages of this medicine in menorrhagia, as first brought forward by Mr. Butler Lane and Dr. Eyre, are strongly confirmed by Mr. Thwait, of Petersburg, U.S. He considers it especially useful in those cases in which menstruation recurs once a fortnight or three weeks, and which are frequently most rebellious to treatment.—*Am. Jour. of Med. Science.*

MEDICAL JURISPRUDENCE.

The following singular account is from a London paper of the 10th ult. Mr. H. M. Wakley is, we believe, a son of the well known M.P., Coroner for one division of Middlesex, and proprietor of the *Lancet*.

Last evening, at five o'clock, Mr. H. M. Wakley, deputy-coroner for Middlesex, and a jury of inhabitants of St. Pancras, assembled for the third time at the Perseverance Tavern, William Street, Hampstead Road, to conclude their inquiry concerning the death of Mr. Richard David Pearce, aged thirty-four, an upholsterer, late of No. 86, Mary-street alleged to have been starved to death, whilst under the homœopathic treatment of cholera, adopted by his brother, Mr. Charles Thomas Pearce, an unqualified homœopathic practitioner, residing at No. 3, Taunton-place, Regent's-Park.

The accused was present throughout the proceedings, accompanied by Mr. Dowding, his solicitor, and the inquiry excited throughout the neighborhood a great deal of interest, especially amongst the medical profession. The following is an epitome of the evidence.

Mrs. Jane Pearce, widow of the deceased, deposed that he was taken ill with diarrhœa and spasms of the stomach, on Saturday, the 8th ultimo. On Sunday morning the 9th, Mr. Harris, surgeon, of Gower-street, was sent for, and on arriving pronounced deceased to be laboring under cholera. Mr. Harris saw him three times that day, and gave him medicine, and Mr. Charles Thomas Pearce, the accused came the same evening. When he came, he said he should take deceased under his own care, and she believed he dismissed Mr. Harris. He told her he had taken his brother out of Mr. Harris' hands, and he then gave him a powder, giving her strict injunctions not on any account to give deceased anything to eat or drink excepting ice water and the medicines he sent. The deceased was under his treatment for ten days previous to his death, which took place on the 18th of September. During the whole of that period Mr. Pearce, the accused, refused to allow him to have anything to eat. Deceased continually craved for food, and when she appealed to the brother about it, he said if he gave him food she would kill him, and therefore she was afraid to do so. Deceased was continually crying for food, and complained that he was being starved to death. She sent for

Mr. Davis, another surgeon, on the evening of the 17th, because her husband became much worse. She did give him some beef tea and some arrowroot, and the day before he died some toast. He was sick more than three times. He did not get any better under his brother's treatment.

Mr. James Davis, surgeon, of Ampthill-square, deposed that he was called to see deceased on the evening of the 17th ult., and found him in a very low and exhausted condition, apparently for want of nourishment. Deceased was sensible, and told him he had been starved to death by the homœopathic system of medical treatment. He ordered him some brandy and water, and sent him medicine, and when he saw him on the following morning, the 18th, he was dying. Could not say that he considered him laboring under cholera when he first saw deceased. On examining the body he found it much emaciated. The liver, kidneys, lungs, and right side of the heart were congested. The stomach was healthy, but all that was found in it was a small quantity of liquid matter of a brown color, which, on being tested, proved to contain a slight portion of arsenic. In witness's opinion the cause of deceased's death was exhaustion from want of food. Was informed that all deceased had had in shape of food was a little beef tea and some arrowroot. Considered such treatment enough to kill and exhaust any man.

The inquiry was ultimately adjourned till last evening, Mr. Harris, who first attended the deceased, being out of town; and on the re-assembling of the jury—

Mr. Harris was sworn—Finding that the brother of the deceased professed the doctrine of homœopathy, and that he wished deceased to be treated under that system, he told him he could not act in concert with him, and at his request he then gave the care of deceased over to him. He could not say that deceased died of Asiatic cholera. He had cholera when he (Mr. Harris) saw him, and he treated him for it. He did not give up the case because it was hopeless. Having heard the whole of the evidence read over, Mr. Harris said he certainly considered the deceased had not sufficient food to sustain life. On the contrary, he (witness) ordered strong beef tea, arrowroot, brandy and water, and solids, if he could take them.

Mr. Dowding, on the part of the accused, proposed to call Dr. Epps, Dr. Kelsall, and other professors of the homœopathic system who were present, and who, he said, would prove that the treatment of the deceased was skilful and proper.

Dr. Kelsall was sworn—He said he was a professor of homœopathy, and had formerly been a surgeon in the navy. He had had many cases of Asiatic cholera under his care, and he considered the treatment pursued by the accused proper. It was his firm conviction that it was highly improper to give food in cases of cholera. No food whatever should be given from the moment of attack until the patient is convalescent. He had patients under his own care without food for a longer period than deceased, and he considered it certain death to give a patient any food whatever. To give a patient laboring under cholera arrowroot—you might as well give him sawdust. He had had one hundred patients under his care, within the last two months, and had lost only ten.

Mr. Dowding wished to call Dr. Epps to corroborate this statement, but the jury declined hearing him.

The Coroner, in summing up the evidence, said it was the opinion of the most eminent and educated in the medical profession that the system of homœopathy was a species of humbug and quackery, not founded on medical science. It had been proved that the deceased had died from exhaustion from want of food, and the question was by whose influence the food had been withheld. The coroner then cited the judgments of Lord Lyndhurst and several other judges; showing that if a medical man, whether qualified or not,

treated a person unskilfully, and death ensued, he was guilty of manslaughter.

After two hours' deliberation the jury returned a verdict of manslaughter against Charles Thomas Pearce, who was at once committed to Newgate on the coroner's warrant.

[Since the above was received, we find that the party indicted has undergone his trial, and the case was dismissed, and we think properly too. Although no friend to Homœopathy as a system of Medicine, we think that many much better methods exist for exhibiting its absurdities, and much more legitimate too, than the attack attempted upon it, on such really trifling grounds.—Ed. B. A. J.]

MISCELLANEOUS.

Thoughts on Suits for Malpractice, suggested by certain Judicial Proceedings, in Erie County, Pennsylvania. By WILLIAM M. WOOD, M.D., U. S. Navy.—Since my duty has required my presence in this section of country, I have several times been summoned as a witness in trials for malpractice. The character, conduct, and results of those cases, go to show that in them, as too often in others, the principles of law, intended for the protection of the community, are perverted into powerful instruments of wrong and injustice.

The general influences, leading to these pervasions of justice, can be readily understood and appreciated by all, and it may not be out of place to notice them, before detailing the special cases in which these influences have been manifested. It is well known, that all efforts to limit the exercise of the profession of medicine to those who have the abilities and acquirements essential to its proper understanding, have utterly failed; and ignorant and impudent pretenders, under a great variety of humbugging titles, come before the public with equal rights, and a better chance for popular favor, than the regular practitioner. The public, unfortunately, seems to consider all efforts to limit the practice of medicine to those of scientific attainments, as the attempt of a sect to monopolize rights, and to infringe upon the largest liberty. Under this latitudinarian license, we have Indian doctors, urine doctors, root doctors, water doctors, steam doctors, and homœopaths, preying upon the community; and each has his representative here. Some among them are too ignorant to know their own ignorance; and others, cunningly calculating how much the mystic and marvellous—the disposition to be humbugged—preponderate in human nature, over plain reason and common sense, appeal for a living to the greater ingredient, and shrewdly, if not honestly, make their bread out of the folly of their neighbors; only adapting their machinery to the refinement of the classes with which they deal. Charms and amulets do for some. The beautiful, refined, and fascinating vision of mystical phials and infinitesimal doses, touch the same chord in others. But how stands the regular practitioner affected by such circumstances? Why, it is this assemblage of varied dye, which represents the profession to the community; they are all of the healing art—doctors—as well as the M.D., and the interests and prejudices of the whole class are against the acts and doings of the regular practitioner. Hence, ignorance and charlatanism become the rule, and intelligence the error. As will be seen, it may be very unsafe to cure a man on scientific principles. The anecdote of the old lady, who gave implicit belief to her sailor son's story of drawing up Pharaoh's chariot wheel on the fluke of their anchor,—but when he told of flying fish, charged him with lying, is an apt illustration of the faith and credence reposed in those who, studying nature's laws and truths, attempt to act by their direction. The course of the regular practitioner is all wrong; and, for unfortunate result, whether from the nature of the case, the neglect of his patients, or contingencies beyond his control, the regular

practitioner is held responsible to a judicial tribunal, and he alone is held responsible. People have a right to lie contrary to art, but *secundem artem*—never.

For some such unfortunate case, the regular practitioner is arraigned before a jury, the whole horde of "doctors" interested in driving him out, are summoned to give testimony. The jury is, of course, not accustomed to the mental discipline of investigating medical facts, and it may be, have the common prejudice against the regular practitioner. The most preposterous and absurd opinions are given to the jury in incomprehensible language, and with a pompous and dictatorial manner, but which makes an impression where the simplicity of truth would be unheeded. The very men who give this testimony are, perhaps, those who have instigated the suit. Add to the foregoing circumstances, the avarice of those disposed to escape their doctor's bill, and willing to take the chance of making money out of their injuries; the ingenuity of lawyers watching for cases, and determined to make fees; and it will be seen the regular practitioner pursues his profession under risk and hazards no prudent man would encounter. The consequence is, a fearful retribution is being visited upon the community in which such persecutions are sustained. Some of the most competent young men are driven off, and such as remain refuse to take the responsibility of surgical cases. Humanity is paralyzed in its efforts to relieve suffering, for I am told that services rendered in charity have terminated in a malpractice suit.

I was informed by an intelligent lawyer, that, before a jury, he would feel no confidence in the correctness of the practitioner's course saving him from damages. Another informed me that, when upon the bench, a suit was tried before him for malpractice, in the reduction of a dislocated shoulder. The ground was, that, at the moment of reduction, a "click" was heard, and, since then, the shoulder had been easily dislocated. It was proved against the doctor, by medical testimony, that at the time of reduction, he had ruptured the *round ligament of the shoulder-joint*, and the jury rendered a verdict against him of five hundred dollars. The judge accidentally learned that there was no such ligament, and set aside the verdict. For such a deplorable state of affairs, deplorable for the profession, and more so for the community, the illiterate alone are not responsible. The singular support, which the influence of the pulpit too often gives to visionary and quacking schemes has ever been a subject of wonder and regret. It is this influence which enables quackery to appeal to the public in the garb of respectability, and to appear to the mass as having equal claims with science. We should suppose that the laborious students of divinity, aware of the assiduous discipline and mental training, necessary to give the power to study—the power to acquire and arrange facts, to trace their connection, to investigate speculations, and to comprehend principles—would be the last to suppose that the comprehensive and intricate principles of medical science could be intuitively acquired by ignorant men. I cannot forbear quoting the remarks, or part of them, upon this subject, from the "Discourse of Dr. Francis, before the New York Academy of Medicine." In allusion to the clergy he says: "They, with all their benevolence superadded to the weight of their sacerdotal office, sustain theories, and give credence to alleged facts, which are often at war with the best-established principles of medical science, and indirectly do harm to that calling which is like into their own corporeal nature, demanding physical relief, as the immortal soul, the support of divine counsel."

"The Right Rev. Bishops of the Church of Great Britain, with their subordinates who set forth, in solemn testimony, their convictions of the cures derived from Perkins' metallic tractors, humiliating as was the spectacle, impugned not the

orthodoxy of their religious faith; but it would be difficult to exonerate them from blindness in observation, and fallacy in judgment, in medical affairs."

"I well remember," says Dr. Francis, "an interview I enjoyed with the late Rev. Dr. John M. Mason, the univalved preacher of this country in days past. He had repeatedly travelled abroad, and extensively visited Great Britain. He was asked why he did not give to the public the results of his observation. 'Alas!' he replied, 'What sort of travels can I write? I neither understand the nature of the air I breathe, nor the water I drink, nor the earth I tread upon. My life has been appropriated to polemical divinity.' The frankness of this answer was characteristic of this honest and great man, who long bore the name of the American Paul."

The eyes of the clergy should be opened by one fact, if they are closed to reflection, and it is: That those of their body who study medicine scientifically are never the advocates of quackery.

The bearing of the foregoing widely extended and powerful influences, will be illustrated by the following facts:—

Within a recent period, a young German physician and surgeon, Dr. B., located himself in this place, and he was one whose talents and acquisitions should have secured him welcome and encouragement. With gentlemanly manners and deportment, he had a superior general education. As a pupil of Dieffenbach, he had enjoyed and profited by great professional advantages.

This gentleman informed me, that, from an early period of his residence, he had been persecuted by suits or threatenings of suits, let the results of his surgical practice be what it might; the people being, as he alleged, instigated to these suits by the irregular practitioners, who regarded his advent with a jealous eye, and who were called to the witness-stand as professional witnesses when the case came on. Prosecution was threatened, not only in cases of recovery with real or imaginary defect, but when his dislocations were reduced, and his fractures united, he was threatened with proceedings for having treated cases in which there had been no injury.

I was first summoned, on his part to give evidence in the following case:—

During the prevalence of small-pox, two girls, who had been exposed to the contagion, applied to him to be vaccinated. Before the vaccine influence could manifest itself, one of the girls was taken with variola, and which proved to be a very bad case of confluent disease, leaving the girl dreadfully scarred. The arm of the other girl became very much inflamed. The charges against the doctor were, that he had communicated the small-pox in one case and some unknown animal poison in the other. Medical men, as they called themselves, whoever they were, who advised this prosecution, ought to have known that extensive inflammation sometimes follows the insertion of the vaccine virus, and to have considered that, in the other case, the variolous disease had been communicated before the girl was vaccinated. The violence of the disease alone would contradict the idea of its being inoculated. But, on account of these cases, Dr. B. underwent a great deal of guerrilla persecution, professional and lay, besides being compelled to enter into expenses, and to take measures to protect himself before the court. The case was first brought before arbitrators, but was withdrawn from them to be carried into court. Dr. B., wearied of vexation, having made arrangements for his defence in his absence, left his suits, his property and his family, to seek a more generous home and better rewards in the golden valleys of California. Soon after the withdrawal of the foregoing case from the arbitration, I was summoned before a magistrate, to give evidence in another suit against

Dr. B., or rather payment of the doctor's bill was resisted, upon the defence of malpractice.

A farmer in good health, and the prime of life, had his left leg fractured by the fall of a heavy piece of timber.—The fracture was about the middle of the leg, and compound, both bones being driven through the soft parts, forming the calf. There was, of course, much extravasation. The doctor thought there might be a chance of saving the leg. He placed the bones in apposition, and retained them there by means of straw splints, made by neatly rolling a volume of straw on each end of a piece of canvass, and bedding the contused and fractured limb between them. The foot was prevented from falling over by a foot-piece made fast to the foot of the bed. Cold water dressings were at first applied, and afterwards a viscus wash. In the course of a few days, coagula clogging the orifices in the soft parts, and there being much stuffing of the limb from effused blood, Dr. B. made one or two incisions, to free it. Gangrene came on, and the limb was amputated by the double flap operation, through the lower third of the thigh.

Respecting the time occupied in the operation, there was a difference of opinion, the longest asserted being forty-three minutes up to the conclusion of the dressing, and part of this was lost by the operator having scalded his hands. About two days after the operation, the man died.

Taking into consideration the great mortality attending thigh amputations, I was at some loss to conjecture the grounds for alleging malpractice, and presumed it would be charged from the delay of the amputation. This was made a point, but barely touched upon. Malpractice was attempted to be shown from all the following points:—

1. The operation not being primary.
2. The time occupied.
3. *Not bandaging and enclosing the limb in firm splints from the beginning.*
4. The application of cold water.
5. Fastening the foot to the foot-board.
6. Making incisions.

The third, fourth, fifth, and sixth points were those most urged, and a Thompsonian or Botanic physician, and a Homœopathic, gave evidence adverse to the doctor on all these points. The scientific and unprejudiced character of the testimony may be judged, but the Thompsonian was complimented by one of the lawyers upon the excellency of his testimony.

The incisions, and the failure of the doctor to bandage this crushed and contused limb, were insisted upon as very great faults. The regular physicians sustained on the witness-stand the course pursued by Dr. B., and the justice rendered a verdict in his favor. What would have been the result before a jury, is by no means certain. But the exile of Dr. B. has, I believe, been the means of preventing this case from coming into the court.

Dr. B. having got out of the country, I began to hope that my services as a medical witness were, at least for the present, at an end; but at the very next term, that of the present month, I was summoned to give evidence in the following case. A woman, by a fall through a bridge, received an injury of the right arm. A country practitioner was called, and pronounced the injury a fracture, and treated it with a patent splint, for fractured radius. After six days' attendance, this gentleman was told he need not come again unless sent for, and from that time the family treated the arm without any professional advice. It is now a year since the accident, and the fractured radius is well united, but there is a dislocation of the carpal extremity of the ulna. In this case, the jury found against the doctor for four hundred and fifty dollars, which, added to the costs and loss of reputation, is, to a poor country practitioner, an overwhelming verdict.

It was not in proof that the doctor discovered the dislocation at the time he reduced the bone, neither was it in proof that he did not, further than that he made no mention of it.

There are some important questions suggested by this case, and of interest to the profession and to the community.—Admitting that the dislocation was not discovered by the doctor during his attendance, ought he to be held responsible for the final result, when he was dismissed after six days' attendance? Had he been continued, it would have afforded him the opportunity of discovering the injury in time for its reduction, though it may be doubted whether, under any circumstances, the recovery would have been better than it has been. But again, how far ought the common practitioners through the country to be held amenable to a standard of professional excellence, which neither the ability nor the inclination of the people will justify by pecuniary compensation, and which excellence is, moreover, difficult of attainment, unless by a greater amount of surgical practice than the country affords? These certainly are important considerations for the profession, and for the people.

The existing state of affairs, it appears to me, is worth the consideration of those who are interested in the question of medical education, now agitating the profession. Some few years ago, I heard a professor, in one of our principal medical institutions, defend, in his introductory lecture, the facility with which diplomas are granted by our colleges, upon the ground that it is better to provide the people with imperfectly educated physicians, than with those not educated at all. But here we see the people repudiate such doctrine; they not only claim to have, in all the highways and by-ways, the most skilful and accomplished men, but those who must make no mistakes and be liable to no accidents. It is better to be without a diploma; for then, besides having the sympathies of the community, the practitioner can say, "I make no pretensions, I offer no certificate of ability, and only give my neighbor in his sufferings such aid as I could."

One of the most able and experienced practitioners here, now refuses to take the responsibility of surgical cases, and feels constrained to turn the applicants away to find help where they can. Being urged to take charge of a dislocated elbow, which, for want of aid, went a week unreduced, he would consent to do so, only upon being released from all responsibility. During the progress of the cases narrated above, a pregnant lady, it is currently reported, expelled her foetus, and she herself died under the action of repeated Iobelia emetics, exhibited by a botanic physician; but no proceedings, I believe, were instituted in this case.

It would certainly be a source of congratulation, if those who tamper with the health and lives of the people, whether by criminal ignorance or wilful neglect of their duties, could be held to a healthful accountability; but it is too much to require the regular practitioner only to be responsible; and to be not only responsible for the unfortunate contingencies of his profession, but subject to the avarice of the community, the influence and opinions of charlatans, the acute management of the bar, and the ignorance of juries. Such is the case at present, and the only remedy that I see lies with the bench. Let judges make themselves acquainted with what should be the qualifications required of medical men, according to the *standard justified by their location*, and charge juries definitely and clearly upon that point. There may be other modes of setting things right for the advantage of all parties, and I shall be most happy to see them suggested.—Erie, Pa., May 24, 1849.—*Am. Jour. of the Med. Sciences.*

Quackery in the Nineteenth Century.—(To the Editor of the *Boston Medical and Surgical Journal*.)—Dear Sir,—I have thought it might be at least amusing to your subscribers to read the following somewhat curious document. It was given to me by a patient who had been for several years afflicted with epileptic fits, and who applied to a *mesmerizer* or *mesmerizeress*, to ascertain the *precise* cause of the trouble. It is amusing to see in what curiosities our goodly city abounds, and what wonderful talent exists in the assumed medical profession in these days. Here is a class of empirics who profess to *look right through* all the integuments of the human body, and take a “bird’s-eye view” of the state of all the viscera and of every internal organ. They are so “eagle-eyed” that the smallest lesion in the minutest particle of the human organization cannot escape their search, and so pathologically correct is their diagnosis, and so thorough their knowledge of the *matriva medica* and skill in prescribing, that they can direct to the “*very medicine which will prove an all powerful specific, in every case.*” “*O tempora! O mores!*” What will come next? Perhaps it may seem like taking too much notice of one of the silliest humbugs that has flown around, and buzzed among us, in these times of progress, and of the astounding credulity of the age in which we live. But, such as it is, Mr. Editor, here you have the genuine “*Examination and Prescription,*” *verbatim et literatim*, with only this additional remark, which was affirmed by the patient, that the priestess, while declaring the arcana from the oracle (more wise than that of Delphos), fell into two genuine epileptic fits, for the purpose of showing the patient how one appeared in such a state: that is, was really thus affected.

“*Examination.*—Scrofulous Humour in Blood.

Get a Bottil Babery Snuff take it constantly
Put a blister Across from Ear to Ear
3 mornings before putting on the blister Shower the head With Cold Water
Nervous System has been Renshed By convulsives fits
Convulsion Come on between twelve & one O. C.
Rub the Limbs With flannels vinegar & Water
Get a ounce of Ether own of Camfir $\frac{1}{2}$ oz paragoric take it Clear as soon as the Spasm: com on
take $\frac{3}{4}$ of Grate Spoon ful before they come on
Rub the temples armes & Stomach With vinegar & Water
Spasms Brought on By Straining the nervs & cramping them

Nounce Cramp Convulsion fits
Blood in a Cold State
Get an oz of Picre put in a pint of New Rum take $\frac{1}{2}$ Glass Tuesday and friday Morning for Six Weeks
the Blood Gets in Cold State Strikes to the Stomach
When She is a Sleep stagnates & Cuses the Spasms
Be verrey cautious not to Goo to Sleep on your Back Lay on your Side turn over often
take $\frac{1}{2}$ pint Blood from Right arm before you Rub, this Will help the pain in the head
Soak the feet on thursda in Salt & Water Rub the Limbes with the Same
take table Spoon full of Oil twice a Week Opposite the Picra.”

One more item, and we have done with the astounding medical advancements of the present day in good old Massachusetts. It may serve as a grand climacterical auxiliary to the preceding, or some other equally nonsensical humbug that feeds the gullible appetite of the present age on medical matters. The prefatory remarks are from the Bee of this city.

“The following directions for using a cure for the rheumatism were handed by the doctor who prepares it, to a printer in this city for publication in a hand-bill. We assure our readers, that it is not at all exaggerated; it is set up from the original, *verbatim.*”

“A CURE FOR THE RHEUMATISM.

“A celebrated medercine for this complaint this medercine is Composed of metrials of his one Collection of South Canton mass.

N. B. Directions for using; take won teasponful in the Morning mixed with a Little of molaces accept those that have a Strong Constition which Can bare a little more, take it for fore Days and you will find your panes Removing and in the Corse of ten or twelve Days you may think your self gitting Red of them. In case that the patient has swelled Joints and Paine ful thare is an Erb that aught to be used at the same time as a poltice, in order to releave the pane in the Corse of one or two Nights, and take down the swelling in a short time. I have other other medercine on hand for many other Complants Sutable for famerleys use to keep on hand in Case of Suding attacks which we are all liable to meat with and not to be without and keep for ears if tacon of, a Child can use the same in moderate Doses there is not a nother person knone in the States that can prepare these articles, which can be had by some agents in many places or towns &c and may bhad of Mr ——— No ——— street, Boston.—Prepared and put up only by Dr ———.

“All of you that have eused this medercine and sattisfide Plesse to in form your nabours and frinds whare it may be had.”

We shall not expect to hear anything more about progress in medicine, as the acme has now been reached; so we bid farewoll to Hippocrates and Galen, and all the moderns will go to mesmerism and S. C. Yours, W. M. C.

Discases of California.—The diseases most common in California are fever, leprosy, and dysentery. The yellow fever is unknown; but intermittents are very common, the natural result of the ground being under water during four months of the year, the quantity of rain that falls, the great heat of the climate, and the intense fogs. Emetics and large doses of quinine are the usual modes of treatment. Leprosy is a very common disease in all the warm regions of America. Dysentery is the most fatal disease of the country, and caused, it is said, by the general use of fruits. Generally speaking, the climate is good; and, with temperate habits and prudence, any serious malady may be avoided.—*Med. News*, October, 1849.

OBITUARY.

BOUAGERY, M. at Paris, of cholera, on the 8th of June. He was extensively known for his researches in anatomy, and was the author of that great work entitled “*Anatome de l’homme.*”

E. SON, M., of the Hôpital des Enfants Malades, lately, in Paris. He was well known and esteemed, and extensively consulted in the diseases of children.

SERRRE, M., Professor of Clinical Surgery in the University of Montpellier, lately, of apoplexy, in his 49th year.

CARROLL, Dr., Professor of Clinical Surgery in the University of Pavia, recently.

CARMICHAEL, R., Esq., M. D., on the 8th June, in his 70th year, by accidental drowning. This announcement of the melancholy death of this distinguished man will be received with much regret the world over, where the science of medicine is cultivated. In the language of the writer of a memoir of his life in the *Dublin Medical Press*, for July 4th:—“We were about to say that a brilliant light had been extinguished by the death of this great and good man. But it is not so. His bright example will long light congenial spirits in his profession to tread the path he trod, and encourage them to emulate the energy, the perseverance, the virtues, that made him an ornament to his profession, a credit to his country, an honor to human nature itself.

‘Tanto homini nullum par eulogium.’

Even his death has marked him extraordinary;
And all the courses of his life have shown
He was not in the roll of common men.’

His last will bears witness to the same. In the part of it that relates to the public, and of which it is within our province to speak, he has bequeathed £3000 for the improvement of the Richmond Hospital School of Medicine, of which he was, in conjunction with Mr. Adams and Dr. McDowell, the principal founder, and to which he had given for the last eight years £50 a year to be bestowed in premiums. To the same school he has left £2000, the interest of which is to be annually bestowed, in premiums, by examination, on the students of the school who distinguish themselves most in the cultivation of the medical sciences. For a somewhat similar purpose, and with a view to the promotion of medical reform, he has left £2000 to the College of Surgeons, the interest of which is to accumulate for four years, and then to be awarded by the Council of the College to the authors of the best essays on subjects specified in the will; and lastly, he has left to the Medical Benevolent Fund Society £4,500, making (along with £500 given to it during his life) his contribution to this excellent charity, for the relief of his distressed professional brethren, or their widows and orphans left in want, amount to £5000."

CLIFF, WILLIAM, Esq., F. R. S., on the 20th of June, at his residence in London, aged 77. Mr. Cliff for nearly half a century was Conservator of the Hunterian Museum of the Royal College of Surgeons of England, having been appointed to that office on the purchase of the collection by government of the executors of John Hunter, whose apprentice and assistant he was for many years, and also a fellow-laborer in the formation of that magnificent monument of the genius of his immortal master. Mr. Cliff was a Fellow of the Royal Society, and greatly esteemed by the present and former distinguished surgeons of that body, particularly the late Sir Joseph Banks, Dr. Wollaston, and, indeed, so highly did Sir Humphrey Davy (then President of the Royal Society) think of the lamented deceased, that he used his influence to admit Mr. Cliff a Fellow before the increase of the now expensive admission fees; this gentleman being the last admitted on the old scale.

THOMSON, ANTHONY TODD, M. D., on the 3d of July, in London. Dr. Thomson was Professor of Materia Medica and Medical Jurisprudence in University College, London, and the author of several valuable and distinguished works. His biographer, in the *London Medical Times*, thus speaks of this remarkable man:—"Let those who regard the general practitioner as one of an inferior class, or as one who, in the multiplicity of his engagements, is obliged to abandon all independent observation, confess their error, in observing how Dr. Thomson, while engaged in the largest practice in his own part of London, appeared as the only instructor in a very important branch of medical study—published works which, even after nearly forty years, remain unexcelled—agitated unceasingly to obtain from the medical corporations consideration and justice for his professional brethren—and, in fact, realized, in his own person, the beau-ideal of an accomplished professional man, at once literary and practical, a profound scholar, and an excellent practitioner—doing his duty to those whose lives, under Providence, were committed to his charge, and, at the same time, working honestly and disinterestedly to advance the art which he practised, and to promote the good of those who practised it with him."

ANDREWS, GOLDWYER, on the 28th of July, of rupture of the aorta, in the 68th year of his age. He was one of the Surgeons of the London Hospital, and a member of the Council and Court of Examiners of the Royal College of Surgeons of England.

REID, JOHN, M. D., at St. Andrews, Fifeshire, on the 30th of July. He was Professor of Anatomy and Medicine in the University of St. Andrews, and well known by his contributions to the literature of Pathological Anatomy, &c.

SCUDAMORE, SIR CHARLES, on the 4th of August, of valvular disease of the heart, well-known by his Treatise on the Nature and Cure of Gout, Gravel, Rheumatism, etc., and several contributions to periodical medical literature.

KEY, CHARLES ASTON, Esq., on the 23d of August, of cholera, after an illness of about twenty hours. Mr. Key had acquired an extensive and deserved reputation by his folio monograph on Lithotomy and Hernia. He was also the editor of Sir Astley Cooper's great work on Hernia. At the time of his death he was Senior Surgeon to Guy's Hospital, and, in conjunction with the late Mr. Morgan, at one time, was Professor of Surgery. The *London Medical Gazette*, in speaking of his death,

very truly says, "his untimely loss will be deeply lamented not only by those who knew him in private life but by the whole profession."—*New York Journal of Medicine*.

THE British American Journal.

MONTREAL, DECEMBER 1, 1849.

THE COMPARATIVE COST OF MEDICAL EDUCATION CONSIDERED WITH REFERENCE TO THIS PROVINCE AND THE UNITED STATES.

Our attention has been drawn to this subject in consequence of certain remarks in two late numbers of the *Montreal Gazette*, in which the fees for the classes at the Medical Schools in this city have been pronounced high, unsuited to the pecuniary ability of the people, and excessive compared with those of analogous Institutions in the United States. Now while we entirely exonerate the *Gazette* from any intention of injuring the Schools within this city or in the Province, it will be our duty to exhibit to him that his statement is erroneous, and that the necessary expenditure on the part of students is less here than in the United States. It is requisite to observe, that until within the last eighteen months, the general duration of the courses in the United States was sixteen weeks, and in a few of the inferior Colleges fourteen weeks. At the period specified a Committee of the American Medical Association recommended an extension of the courses from four to six months; the proposal was received by the Colleges in different ways according as interest swayed. The principal Colleges extended the courses by a fortnight, giving a gratuitous series of lectures, for the period of a fortnight or three weeks, on some special subject of medical science; thus making what might be deemed, but unfairly, a four or five months course. The minor Colleges again, extended another fortnight, converting their fourteen weeks courses into sixteen. The duration of the courses here and at King's College is six months.

There is another point also to be taken into consideration, and it consists in the more extended nature of the education which students receive in this Province. Indeed the system with us has been assimilated as much as possible to that of the mother country, each branch being taught by an independent lecturer; flowing from which there results again the important consideration, that each ticket is duly acknowledged by the Universities and Colleges of Great Britain, facilitating the student's purpose should he be desirous of completing his studies there—a privilege which would not be accorded if any lecturer taught two branches, a practice prevalent even in some of the best Universities of the Republic.

Again—in the United States, the period of study is three years, two only of which require to be in attendance at lectures in one of the Universities. The period in this Province is four years, all of which must be academic.

There is, lastly, another most important consideration depending upon the curriculum. Examining the various curricula, we find them differing so considerably in the nature of the classes or branches taught, that we find it difficult to reduce them to a standard for comparison. Thus some teach in one course Physiology and Pathology, two very important branches, rendering it impossible for us to tell which receives the greater share of attention. In the University of Louisiana, in which these branches are taught in this manner, the courses are of only four months duration. In the University of New York, in which the courses are also of four months, with a preliminary one of three weeks, "until the regular course begins," we find Institutes of Medicine and Materia Medica taught together. With us these courses are each of six months duration. In the University of the State of New York, we have Materia Medica and Medical Jurisprudence taught together, in a five months course. With us the former is an independent six months, and the latter a three months course. In the Philadelphia College of Medicine, we have the Institutes of Medicine and Medical Jurisprudence delivered in one course. These variations render comparison difficult; we may, however, take as our guide the curriculum required by a few of the first schools in the United States, so estimated from their reputation, and their annual number of graduates; we mean those of Philadelphia. The Schools of New York are emphatically their rivals in every respect, but we select Philadelphia. There are seven lecturers, and the branches taught are the following:—1. Institutes of Medicine, &c.; 2. Materia Medica and General Therapeutics; 3. General, Descriptive and Surgical Anatomy; 4. Practice of Medicine; 5. Surgery; 6. Obstetrics, &c.; 7. Chemistry—with Practical Anatomy and *Clinical Instruction*. In many of the Colleges Practical Anatomy is *not* imperative, nor is Clinical Instruction; many of the Colleges *merely recommend* the former. Of the first seven of the above branches of education, two courses of each are required.

At McGill College there are eleven lecturers, exclusive of the Demonstrator of Practical Anatomy,—and the courses enjoined are the following:—1 Anatomy and Physiology; 2 Chemistry; 3 Theory and Practice of Medicine; 4 Obstetrics, &c.; 5 Surgery; 6 Materia Medica and Pharmacy; 7 Clinical Medicine; 8 Clinical

Surgery; 9 Practical Anatomy—of these, all are delivered in full six months courses, except Clinical Medicine and Clinical Surgery, the courses of which are three months; 10 Institutes of Medicine; 11 Forensic Medicine; 12 Botany—of these last, the Institutes is a six months course, the two latter, three months courses; and, besides this, twelve months of hospital attendance. Of these branches, the University demands two full courses of each of the first nine, and one of each of the remaining three,—the curriculum to be completed in the period of four years.

The regulations of King's College, Toronto, for its honors in Medicine, are unlike those of any other University on this Continent, with which we are acquainted. Like the Universities of Cambridge, Oxford, and Trinity College, Dublin, the student must graduate in arts, before he can graduate in medicine; but the merely medical fees do not exceed those of McGill College; and its medical curriculum is not dissimilar, though not so extensive.

After these remarks, and in connection with them, we come to the question of fees, as indicative of comparative cost; and will give, in tabular form, statistics of the American Colleges, referring to the duration of their courses, the average cost of tickets, the number of lecturers, and the total cost of graduation, derived from the circulars of the respective Colleges lying before us.

Medical School.	Duration of Course.	Number of Lecturers.	Average cost of Ticket.	Total expense of graduation
Medical School of Maine	3 mo's	5	\$13	\$174
Berkshire Medical Institute	3½ —	6	8½	128
Vermont Med. College	4 —	7	7½	124
Castleton Med. Col. Vt.	4 —	7	7½	129
Harvard University	4 —	7	11½	194
Yale College	4 —	6	12½	167
University of New York	4 —	6	19	255
Albany Med. College	4 —	8	8½	170
Geneva College	4 —	6	10½	130
University of Buffalo	4 —	7	8½	155
" of Maryland	4 —	6	15	220
Washington University	4 —	6	15	220
Med. College Georgia	4 —	7	16½	265
University of Louisiana	4 —	7	15	260
" Transylvania	4 —	7	15	255
" Louisville	4 —	7	15	255
" Ohio	4 —	8	13	258
Memphis College, Tennessee	4 —	7	15	210
Hampton Sydney, Col. Virginia	4½ —	6	17½	2
Jefferson Med. College, Philadelphia	4½ —	7	15	255
University of Penn.	5 —	7	15	265
" State of N Y	5 —	7	13½	231
McGill College	6 —	11	9	257

If now we take the average cost of graduation among the foregoing American Colleges, and there are only about eight or ten more, we will find it to be about \$210; and as the large majority of the American Colleges give courses of four months duration, a few below,

and a few above, that period of time, we will not err in assuming that period for the average also. If, then, we add to the \$210, a sum proportionate to the additional two months instruction which students receive at McGill College, and the other Medical Schools of this Province, we will find the expenses at these latter considerably lower than those of any similar Institutions in the United States. But there is another advantage in favor of our own Provincial Institutions and Schools of Medicine, that this greater extension of time, and (if we may use the expression) subdivision of labor, necessarily causes a *minuter* instruction in the various branches; and although we desire not to institute any invidious comparison, yet the conclusion may be warranted, that if minute instruction should yield greater proficiency, the presumption is in favor of the greater proficiency of students educated at schools where the minutiae are rigidly attended to, and the practice of generalizing less.

There is another argument in favor of our own Schools. With us the amount required, \$257, is scattered over a period of four years, causing an average expenditure of but \$64½; whereas the average amount of graduation in the United States, \$210, is to be borne in two years, apportioning to each year an outlay of \$105.

We will not do the *Gazette* (how well soever it may be conversant "with the cost of medical education here or elsewhere") the injustice of supposing that he desired to compare McGill College with any of the Border Colleges of the United States. We assume that he did not, although we have, in our calculations, taken these very Colleges into consideration in obtaining our averages. But instituting the comparison with Colleges of a status similar to that of McGill College, such as the Schools of Philadelphia and New-York, the cost of medical education is immeasurably cheaper here than there, as the *Gazette* may perceive, by assimilating the courses in respect to duration, and apportioning the rate of fees therewith.

Quackery in Quebec.—The following choice morceau has been lately handed to us, cut from the advertising columns of the *Canadien* newspaper, published in Quebec:—

SACHETS ANTICHOLERIQUES.

Dans un temps où l'invasion du choléra n'est malheureusement que trop à craindre, chacun doit prendre les précautions suggérées par la science et justifiées par l'expérience pour se préserver de l'épidémie que approche à grands pas. Outre les moyens hygiéniques recommandés, il y a un préservatif qu'une longue expérience a démontré être sûr et certain pour se garantir non-seulement du choléra, mais de tous fièvres putrides et épidémiques. On le trouve chez le Dr. Seguin, résidant à St. Roch, rue de la Couronne, au pied de la côte. Il consiste en deux sachets remplis d'une composition de médicaments dont ce médecin a fait lui-

même l'expérience dans les années 1832 et 34, où il a été constamment occupé près des cholériques, jour et nuit, sans éprouver la moindre indisposition. La personne qui porte ces sachets peut sans crainte visiter les malades atteints d'épidémie, les hôpitaux, les navires, etc., etc. Ils sont de composition différente et doivent se porter sur la peau, l'un sur la poitrine et l'autre au milieu du dos. Ils se vendent 5s. les deux, argent comptant.

Québec, 2 juillet, 1849.

Which being translated runs in this wise:—

ANTICHOLERA BAGS.

At a time when there is too much reason to fear the invasion of cholera, every one should avail himself of the precautions suggested by science and justified by experience, to preserve himself in the epidemic so rapidly approaching. There is a preservative which long experience has shown to be sure and certain, in securing indemnity not only from cholera, but from all putrid and epidemic fevers. It may be obtained from Dr. Seguin, residing in Crown Street, St. Roch Suburbs, at the foot of the hill. It consists of two bags, filled with a composition of medicines of which this physician has himself had experience, during the years 1832 and 1834, when he was constantly occupied, night and day, near cholera patients, without sustaining the slightest indisposition. The person who carries these bags may, without fear, visit patients attacked with the epidemic, the hospitals, the shipping, &c. They are of different compositions, and should be worn on the skin, the one on the breast, the other on the middle of the back. Price 5s. a-pair, cash.

Since our editorial career commenced we have, on several occasions, been called upon to animadvert in strong terms, on different varieties of quackery existing in this country, and to expose them. We have met with none which can in any degree compare with the foregoing, and we only regret that the affair was not brought under our notice during the prevalence of the epidemic in Quebec, that the charlatanic practice might have been denounced at that period, its most fitting occasion. The days of Amulets and Charms we thought had passed away, unless perchance the practice lingered among the "medicine men" of our Indian tribes, or the Ju-Jus of Western Africa. One thing is certain, that their *external* use gave way to their *internal*, and that the latter method was found not one whit more efficacious in preventing "the supervention of putrid and epidemic fevers." The imposition upon the credulity of the people of Quebec is of the most glaring description, and while we cannot doubt that many, whose apprehensions were excited, have fallen into the trap so artfully laid, Dr. Seguin must know that while filling his pockets in this unworthy manner, he has secured for himself the scorn of a Profession, which discountenances charlatanism of every description, and deals not at the present day in mysticism of any sort. We wonder if Dr. Seguin cured his cholera patients by incantations when they were attacked; and if the powers of his amulets would not have been augmented in proportion to the number worn; or, in other words, if one pair caused assurance, would not *two pair have made assurance doubly sure*. We suspect his quackery did not go to this extent, as it would have proved an unerring *exp. é* of the imposition.

Lectureship Appointments.—In McGill College, Dr. MacDonnell, Lecturer on Institutes of Medicine, has been transferred to the chair of Clinical Medicine—Dr. Fraser fills Dr. MacDonnell's vacated chair; and Dr. Badgley has been appointed to the chair of Forensic Medicine, vacated by Dr. Fraser.

In the Montreal School of Medicine, Dr. Trudel supplies the vacancy caused by the retirement of Dr. Sutherland, as lecturer on Chemistry; Dr. Trestler that of Dr. Arnoldi, lecturer on Midwifery; and Dr. Beaubien that of Dr. Badgley, lecturer on Medicine, who resigned.

In the Quebec School of Medicine, Dr. Jackson has been appointed lecturer on Chemistry, in place of — Aubin, Esq.; and Dr. Rowand, appointed lecturer on Clinical Surgery.

In the Toronto School of Medicine, Dr. G. Russel, has been appointed lecturer on Chemistry, in place of Mr. Hurlbut.

Medical Jurisprudence.—The delivery of a course of lectures on this important branch, by Dr. Badgley, *in town*, is now taking place in the rooms over the Mechanics' Institute. It could scarcely be expected that lawyers, and students of law, could attend these lectures when they were delivered at McGill College; now that this objection is removed, we cannot comprehend why the opportunity should be neglected. We have heard such gross ignorance displayed by members of the bar

in this city, in conducting criminal cases, that, if some excuse might have been offered hitherto for their ignorance, certainly none can be urged now, when the opportunity for acquiring a knowledge of this department is so conveniently offered. The happy manner in which the lecturer treats his subjects, imparts an interest, which should secure a full audience.

Small Pox at St. Regis.—We have been informed that at the Indian village of this name, opposite Cornwall, the inhabitants are suffering dreadfully under small pox—an immense number of cases having already occurred, and, in numerous instances, proving fatal. Interments at the rate of eight or ten per diem have taken place. Some medical gentlemen from Cornwall volunteered their services to vaccinate the Indians yet remaining unscathed, but the offer was declined in consequence of the representations of a schoolmaster, who has contrived to imbue them with his own silly prejudices. The whole affair is one demanding the interference of the Government in some shape or way, for relieving present, or preventing future, distress.

Drs. T. Macklin, Chippewa; W. Macpherson, Seneca; S. J. Stratford, Woodstock; G. Southwick, St. Thomas; and B. R. Church, Merrickville, are informed that parcels of the British and Foreign Medico-Chirurgical Review, from New-York, lie at this Office, and cannot be sent by post.

MONTHLY METEOROLOGICAL REGISTER AT MONTREAL FOR OCTOBER, 1849.

DATE.	THERMOMETER.				BAROMETER.				WINDS.			WEATHER.		
	7 A.M.	3 P.M.	10 P.M.	Mean.	7 A.M.	3 P.M.	10 P.M.	Mean.	7 A.M.	Noon.	6 P.M.	7 A.M.	3 P.M.	10 P.M.
1,	+41	+53	+39	+47.	29.58	29.53	29.64	29.58	N by E	N by E	N by E	Fair	Fair	Fair
2,	" 38	" 54	" 42	" 46.	29.70	29.73	29.79	29.74	N N E	N N E	N N E	Fair	Fair	o'erc'st
3,	" 42	" 56	" 47	" 49.	29.84	29.81	29.76	29.80	N E	N E	N E	Fair	Show's	o'erc'st
4,	" 49	" 47	" 43	" 48.	29.70	29.68	29.72	29.70	N E	N E	N E	Rain	Rain	Rain
5,	" 44	" 49	" 42	" 46.5	29.73	29.79	29.79	29.77	N by E	N by E	N by E	Rain	Fair	Cloudy
6,	" 40	" 50	" 41	" 45.	29.71	29.67	29.59	29.66	N by E	N	N	Fair	Show's	Cloudy
7,	" 42	" 46	" 42	" 44.	29.51	29.46	29.50	29.49	N E	N E	N by E	Rain	Rain	o'erc'st
8,	" 38	" 52	" 41	" 45.	29.61	29.69	29.75	29.68	N by E	N	N by E	Fair	Fair	Fair
9,	" 37	" 55	" 39	" 46.	29.82	29.80	29.76	29.79	N N E	N N E	N N E	Fair	Fair	Fair
10,	" 43	" 57	" 46	" 50.	29.76	29.68	29.66	29.70	E N E	E N E	E N E	o'erc'st	Fair	Cloudy
11,	" 42	" 45	" 41	" 43.5	29.62	29.35	29.25	29.41	N E by E	N N E	N N E	Cloudy	Rain	Rain
12,	" 43	" 54	" 48	" 48.5	29.33	29.42	29.53	29.43	N W	N W	N W	Rain	Fair	o'erc'st
13,	" 44	" 53	" 31	" 48.5	29.61	29.73	29.85	29.73	N W	N W	N W	Cloudy	Cloudy	Fair
14,	" 30	" 44	" 35	" 37.	29.97	29.98	29.96	29.97	N	N	N	Fair	Fair	Cloudy
15,	" 37	" 51	" 44	" 45.5	29.98	29.85	29.86	29.90	N N E	N N E	E	Fair	Fair	Fair
16,	" 43	" 55	" 49	" 49.	29.88	29.83	29.76	29.82	E	E	E S E	Fair	o'erc'st	o'erc'st
17,	" 56	" 58	" 51	" 57.	29.68	29.66	29.73	29.69	S	S by W	S S W	Cloudy	Rain	Fair
18,	" 44	" 54	" 43	" 49.	29.82	29.89	29.97	29.89	W	W by N	W by N	Fair	Fair	Fair
19,	" 41	" 50	" 40	" 45.5	30.04	29.99	30.00	30.01	N N W	N N W	N N W	Fair	Fair	Fair
20,	" 34	" 48	" 41	" 41.	30.03	30.07	29.96	30.02	N W	N W	N W	Fair	Fair	Cloudy
21,	" 38	" 54	" 42	" 46.	29.97	29.86	29.65	29.83	W by S	W by S	W S W	Fair	Fair	Fair
22,	" 47	" 49	" 48	" 46.	29.42	29.18	29.16	29.25	S	S	S	Rain	Rain	Rain
23,	" 48	" 55.	" 47	" 51.5	29.28	29.30	29.32	29.30	S W	S W	W	Rain	Rain	Rain
24,	" 39	" 48	" 38	" 43.5	29.54	29.68	29.84	29.69	W	W	W	Fair	Fair	Fair
25,	" 38	" 53	" 41	" 45.5	29.79	29.73	29.89	29.80	W	N	N	Fair	Fair	Fair
26,	" 35	" 52	" 43	" 43.5	30.00	29.95	29.90	29.95	N W	N W	N W	Fair	Fair	Fair
27,	" 42	" 54	" 43	" 48.	29.92	29.88	29.96	29.92	W S W	W by S	W by S	Fair	Fair	Foggy
28,	" 41	" 52	" 50	" 46.5	29.95	29.81	29.73	29.83	W	W	W	Foggy	Foggy	o'erc'st
29,	" 53	" 62	" 60	" 57.5	29.67	29.37	28.98	29.34	S	S	S	Fair	Rain	Rain
30,	" 42	" 43	" 35	" 42.5	29.22	29.40	29.59	29.40	W N W	W N W	W N W	Fair	Show's	o'erc'st
31,	" 32	" 34	" 31	" 33.	29.70	29.82	29.93	29.82	N	N W	N W	Cloudy	o'erc'st	Fair

THERM. } Max. Temp., +62° on the 29th
 } Min. " +30° " 14th
 Mean of the Month, 46.3

BAROMETER, { Maximum, 30.07 In. on the 20th
 } Minimum, 28.98 " 29th
 Mean of Month, 29.707 Inches.

DAY.	Barometer at Temp. of 32°.			Temp. of the Air.			Elasticity of Vapour.			Humidity of the Air.			Wind.			Inches of Rain.	WEATHER.					
	7 A.M.	3 P.M.	10 P.M.	Mean	7 A.M.	3 P.M.	10 P.M.	Mean	7 A.M.	3 P.M.	10 P.M.	Mean	7 A.M.	3 P.M.	10 P.M.							
1,	29.353	29.449	29.569	29.455	48.8°	56.0°	43.6°	49.1	.333	.209	.136	.228	.97	.47	.48	.65	N E	E	N E	—	Generally overcast; light clouds.	
2,	29.613	29.573	29.535	29.577	39.1	49.4	47.0	44.6	.353	.223	.258	.211	.65	.61	.71	.91	N E	E	N E	—	Mostly cloudy; rising from 6 to 10 pm.	
3,	29.515	29.514	29.490	29.517	47.0	50.8	50.4	49.4	.304	.348	.347	.329	.95	.95	.96	.94	N E	E	N E	—	Overcast; light clouds; rain from 6 to 10 pm.	
4,	29.514	29.514	29.602	29.539	47.4	57.6	47.1	49.8	.305	.339	.282	.315	.91	.84	.88	.88	N W	W	N W	—	Thunder and sheet lightning; rain from 7 to 9 pm.	
5,	29.678	29.693	29.683	29.667	46.8	49.2	47.4	47.6	.239	.279	.270	.270	.82	.80	.84	.83	N W	W	N W	—	Densely cloudy; showers at 2 to 6 pm.	
6,	29.455	29.246	29.245	29.317	46.2	49.8	47.2	47.3	.309	.341	.310	.318	.93	.92	.96	.95	N W	W	N W	—	Densely heavy rain from 6 am to 11 pm.	
7,	29.637	29.667	29.667	29.645	45.4	58.0	46.7	44.7	.261	.258	—	—	.88	.77	.88	.95	N E	E	N E	—	Overcast; rain; slight rain till noon; faint arch of aur. at 9 pm to midnight.	
8,	29.649	29.663	29.663	29.645	40.2	51.4	46.7	44.7	.190	.258	.262	.234	.77	.73	.80	.80	N E	E	N E	—	Generally clear; fine day.	
9,	29.448	29.566	29.503	29.571	39.8	57.0	51.8	49.2	.237	.355	.297	.298	.97	.78	.78	.85	N E	E	N E	—	Mostly cloudy; clear showers.	
10,	29.479	29.467	29.464	29.463	46.2	48.7	37.6	44.0	.254	.254	.211	.241	.82	.75	.85	.85	S W	S	S W	—	Generally clear; a brilliant sun.	
11,	29.507	29.505	29.582	29.457	44.0	51.8	47.0	47.4	.206	.255	.228	.238	.81	.67	.80	.77	N W	W	N W	—	Light clouds dispersed; partial at 7.30 am; rain at 9 pm.	
12,	29.714	29.731	29.811	29.750	40.6	47.4	36.4	41.2	.219	.172	.176	.190	.87	.53	.82	.76	N W	W	N W	—	Gen clear; a few light passing clouds; fine; double arch of aur. at 9 to 11 pm.	
13,	29.910	29.856	29.650	29.697	44.0	53.5	48.1	49.4	.234	.234	.307	.292	.83	.73	.82	.83	N W	W	N W	—	Gen overcast; clear; at 10 to 11 pm.	
14,	29.760	29.680	29.545	29.633	52.1	51.2	55.9	54.1	.333	.408	.415	.385	.87	.99	.96	.94	N W	W	N W	—	Overcast; light clouds and haze.	
15,	29.639	29.545	29.415	29.533	52.1	51.2	55.9	54.1	.371	.272	.199	.280	.93	.65	.74	.78	N W	W	N W	—	Densely overcast; thick haze & fog; alt rain at 6 pm.	
16,	29.491	29.617	29.792	29.631	53.4	54.2	42.0	49.9	.184	.195	.161	.179	.86	.50	.69	.69	N W	W	N W	—	Alt rain at 6 pm; clear from noon to 11 pm.	
17,	29.913	29.914	29.996	29.938	36.4	52.0	38.6	42.0	.150	.220	.173	.185	.73	.70	.93	.83	N W	W	N W	—	Alt rain at 6 pm; clear from noon to 11 pm.	
18,	30.003	29.939	29.943	29.962	35.0	46.9	32.8	37.9	.168	.199	.176	.180	.97	.51	.88	.79	N W	W	N W	—	Gen clear; a few light clouds; fine.	
19,	29.925	29.886	29.842	29.884	30.8	52.3	34.8	38.9	.243	.228	—	—	.90	.71	.88	.83	N W	W	N W	—	A few light clouds; occasionally; day fine.	
20,	29.819	29.597	29.199	29.164	50.0	51.2	46.2	49.0	.352	.349	.289	.327	.99	.94	.95	.95	N W	W	N W	—	A few light clouds; occasionally; day fine.	
21,	29.153	29.119	29.333	29.251	43.8	49.1	43.4	44.9	.261	.300	.250	.268	.92	.88	.90	.90	N W	W	N W	—	Alt rain at 6 pm; clear from noon to 11 pm.	
22,	29.960	29.164	29.333	29.251	43.8	49.1	43.4	44.9	.261	.300	.250	.268	.92	.88	.90	.90	N W	W	N W	—	Alt rain at 6 pm; clear from noon to 11 pm.	
23,	29.710	29.854	29.936	29.830	41.8	47.6	32.4	40.5	.181	.284	.166	.195	.83	.62	.91	.79	N E	E	N E	—	Alt rain at 6 pm; clear from noon to 11 pm.	
24,	29.802	29.700	29.757	29.754	37.0	44.6	41.4	43.7	.151	.284	.239	.232	.82	.69	.81	.81	N E	E	N E	—	Alt rain at 6 pm; clear from noon to 11 pm.	
25,	29.788	29.794	29.806	29.795	41.4	52.7	40.0	44.5	.253	.327	.231	.270	.98	.84	.94	.93	N E	E	N E	—	Alt rain at 6 pm; clear from noon to 11 pm.	
26,	29.814	29.747	29.768	29.778	34.8	55.0	40.8	43.2	.197	.355	.249	.264	.98	.73	.99	.94	N E	E	N E	—	Alt rain at 6 pm; clear from noon to 11 pm.	
27,	29.756	29.619	29.231	29.189	51.8	51.1	43.5	43.5	.295	.332	—	—	.98	.85	.94	.94	N E	E	N E	—	Alt rain at 6 pm; clear from noon to 11 pm.	
28,	29.314	29.107	29.655	29.518	35.3	39.5	35.0	36.7	.168	.141	.159	.157	.82	.59	.76	.73	N W	W	N W	—	Alt rain at 6 pm; clear from noon to 11 pm.	
29,	29.402	29.521	29.655	29.518	35.3	39.5	35.0	36.7	.168	.141	.159	.157	.82	.59	.76	.73	N W	W	N W	—	Alt rain at 6 pm; clear from noon to 11 pm.	
30,	29.826	29.877	29.933	29.878	29.0	31.9	26.0	28.7	.144	.174	.126	.148	.90	.97	.87	.92	N W	W	N W	—	Alt rain at 6 pm; clear from noon to 11 pm.	
31,	29.603	29.585	29.624	29.602	42.4	50.7	42.2	44.2	.244	.275	.192	.251	.88	.74	.85	.83	N W	W	N W	—	Alt rain at 6 pm; clear from noon to 11 pm.	
Mean																						

The means are deduced from six observations daily, viz., 6 am, and 2 and 10 pm, and 7 am, and 3 and 11 pm.
 Further explanatory notes will be found at the foot of all the Registers for 1846, and 1846.
 Magnetic Disturbances on 30th, from 10h to 18h, Golt. M. T. Range of Declination, 1° 2.

SUPPLEMENT

TO THE

BRITISH AMERICAN JOURNAL

FOR OCTOBER, 1849.

UNIVERSITY OF M'GILL COLLEGE.

FACULTY OF MEDICINE.

THE ENSUING WINTER COURSE, OF LECTURES, in the Faculty of Medicine, will commence on Monday, November 5th, and will be continued, uninterruptedly, with the exception of the Christmas vacation, till the last week in April, forming a Session of Six Months.

Midwifery and Diseases of Women and Children,	by M. McCulloch, M. D. ; 8, A.M.
Materia Medica and Pharmacy,	" A. Hall, M. D. ; 9, A.M.
Institutes of Medicine,	" R. L. Macdonnell, M. D. ; 10, A.M.
Principles and Practice of Surgery,	" G. W. Campbell, M. D. ; 11, A.M.
Anatomy, (Descriptive),	" O. T. Bruneau, M. D. ; 2, P.M.
Theory and Practice of Medicine,	" A. F. Holmes, M. D. ; 3, P.M.
Forensic Medicine,	" Wm. Fraser, M. D. ; 4, P.M.
Chemistry,	" Wm. Sutherland, M. D. ; 7, P.M.
Clinical Medicine and Surgery,	" J. Crawford, M. D. ; 1, P.M.
Practical Anatomy,	" W. E. Scott, M. D.
Curator of Museum,	G. E. Fenwick, M. D.

Montreal General Hospital, visited daily at Noon.

University Lying-in Hospital open to the Students of the Midwifery Class.

In each of the Courses above specified, five lectures per week are given, except in the Courses of Clinical Medicine, and of Medical Jurisprudence, in the former of which two, and in the latter three only, during the week, are given. The Lecturers in the different departments, will illustrate their respective subjects, by the aid of preparations, plates, apparatus, specimens, etc. etc.

The Medical Library, which is furnished not only with books of reference, but the usual elementary works, will be open to matriculated students, without charge, under the necessary regulations. Access to the Museum will be allowed at certain hours.—The Demonstrator of Anatomy will be daily in the Dissecting Rooms to oversee and Direct the students.

N. B.—The tickets of this University being recognized by the Universities and Colleges of Great Britain, students who purpose completing their professional education in the mother country, will obtain an important advantage by having attended its Courses.

EXTRACTS OF STATUTES, &c.

*Of Medical Faculty, M'Gill College, as revised and sanctioned by Her Majesty, 1849.**

CHAPTER I.

Of the Duties of the Teachers of the Medical Department.

1st. The Teachers of the Medical department shall consist of Professors and Lecturers.

2nd. Each Teacher shall deliver at least five Lectures during the week, except in the Class of Clinical Medicine and Surgery.

3rd. Each Lecture shall be of one hour's duration.

4th. Each Teacher shall give to the pupils attending

his class, an examination, at least, once a week, and each examination shall be considered a Lecture.

5th. A roll of the names of the Students attending each class shall, from time to time, be called by each Teacher, and those who do not answer to their names shall not be entitled to a certificate of attendance at the termination of the course, except in cases where a satisfactory reason can be given for such absence.

6th. All tickets which have not a certificate of regular attendance attached to them, shall be rejected by

* NOTE.—Students who have commenced their studies before this date will be governed by the previously existing Statutes.

the Secretary, when presented as testimonials preparatory to examination for the degrees.

7th. The fee for each class shall be three pounds, Halifax currency; except for the Anatomical and Chemical classes, for each of which the fee shall be three pounds fifteen shillings, of the same currency; and for the classes of Clinical Medicine and Surgery, of Forensic Medicine, and of Botany, for each of which the fee shall be two pounds ten shillings.

8th. Any Student, after having paid the fees and attended two courses of any branch, shall be entitled to a perpetual ticket for that class.

9th. The winter courses shall be of six months duration, except that of Forensic Medicine.

10th. The summer courses shall be of three months' duration.

11th. Each Teacher shall, within one month after the closing of the classes, deliver to the Secretary of the Faculty, a list of the names of the Students who have attended his class.

12th. The winter courses shall commence on the first Monday of November, and the summer classes on the second Monday of May.

CHAPTER II.

Of the Studies and Qualifications of Students and Candidates for the Medical Degree conferred by this University.

1st. The Medical Degree granted by this University shall be that of Doctor of Medicine and Surgery.

2nd: All Students desirous of attending the Medical Lectures at this University, shall enroll their names and residences in a book kept by the Registrar for that purpose, and procure from him at the same time, a ticket of matriculation, for which each Student shall pay a fee of ten shillings.

3rd. The Book for enrolling the matriculations for each Session, shall be closed on the 23rd of December of each year, after which date no tickets can be obtained from any of the Teachers.

4th. No one shall be admitted to the degree of Doctor of Medicine and Surgery, who shall not have studied Medicine and Surgery for the period of at least four years, either in this University or some other University, College, or School of Medicine, approved of by this University.

5th. No one shall be admitted to the examination for the degree who shall not have furnished testimonials of attendance on the following branches of Medical Education, and in the manner following, viz.:

Anatomy and Physiology, Chemistry, Theory and Practice of Medicine, Midwifery and Diseases of Women and Children, Principles and Practice of Surgery, Materia Medica and Pharmacy, Clinical Medicine, Clinical Surgery, Practical Anatomy, Institutes of Medicine, Forensic Medicine, Botany,	} Of each of which two courses will be required.
} Of each of which one course will be required.	

6th. The person presenting himself must also give proof by ticket, of having attended during one year, the practice of the Montreal General Hospital, or some other Hospital having beds for at least forty patients.

7th. Moreover, no one shall receive the Medical degree conferred by this University, who shall not have pursued his studies in it during at least one session.

8th. Every candidate for the degree must, before his examination be entered into, give proof of competent classical attainments.

9th. Every candidate for the degree must, on or before the 24th day of March, present to the Secretary of the Medical Faculty, testimonials of his qualifications entitling him to an examination, and also an inaugural dissertation, written by himself, on some subject connected with Medical or Surgical science, either in the Latin, English or French language. He must, at the same time, deliver to the Secretary of the Faculty, the following certificate:—

Montreal, March 18, —.

I, the undersigned, being desirous of obtaining the degree of Doctor of Medicine and Surgery, do hereby declare that I have attained the age of twenty-one years, (or if the case be otherwise:—that I shall have attained the age of twenty-one years before the next graduation-day) and that I am not (or, shall not be at that time,) under articles as a pupil or apprentice to any Physician, Surgeon or Apothecary.

(Signed) A. B.

10th. The trials to be undergone by the candidate, to be:—

1. An examination into his classical qualifications; and if these be found satisfactory—

2. A general examination on all the branches of Medical and Surgical science, which examination shall not be of less duration than one hour, unless it be ascertained that the candidate is quite unprepared; in which case the examination may be closed.

3. The public defence of his inaugural dissertation at or within seven days before the graduation.

12th. The fee for the degree of Doctor in Medicine and Surgery, shall be five pounds, Halifax currency, to be paid by the successful candidate, before the day of graduation, to the Registrar, together with a fee of five shillings for entering the same into a register kept by him for that purpose.

N.B.—The Curriculum of Study required by the Act of Parliament incorporating the College of Physicians and Surgeons of Lower Canada—and constituting it the Examining and Licensing Board—is substantially the same as that required by the Statutes of McGill College.

THE ANATOMY, PHYSIOLOGY, AND PATHOLOGY OF THE EYE,

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

Surgeon to the Montreal Eye and Ear Institution.

THE SUBSCRIPTION LIST to the above work is still open; and Members of the Profession desirous of subscribing to the same, are requested to furnish their names without delay. The work will be put to press as soon as one hundred subscribers are obtained, thirty-five being now on the list, to whom the price will be \$4—and to non-subscribers \$5.

Montreal, September 25, 1849.

SCHOOL OF MEDICINE AND SURGERY.

THE LECTURES at the SCHOOL will commence on Monday, the 1st of November, and will be continued till the last day of April, 1850. During the Session, Lectures on the following Departments of Medical Education will be delivered, viz:—

Anatomy,
Chemistry,
Materia Medica,
Surgery,

Practice of Medicine,
Midwifery,
Institutes of Medicine,
Medical Jurisprudence.

The Lectures are given in the French Language.
Montreal, October 1, 1849.

L. BOYER, M.D.,
Secretary.

MASSACHUSETTS MEDICAL COLLEGE.

THE MEDICAL LECTURES of HARVARD UNIVERSITY will commence at the MASSACHUSETTS MEDICAL COLLEGE in BOSTON, on the first WEDNESDAY in NOVEMBER.

Obstetrics and Medical Jurisprudence by
Materia Medica and Clinical Medicine by
Theory and Practice of Medicine by
Chemistry by
Pathological Anatomy by
Anatomy and Physiology by
Principles and Operations of Surgery by

WALTER CHANNING, M.D.
JACOB BIGELOW, M.D.
JOHN WARE, M.D.
JOHN W. WEBSTER, M.D.
JOHN B. S. JACKSON, M.D.
OLIVER W. HOLMES, M.D.
HENRY J. BIGELOW, M.D.

Clinical lectures at the Hospital three times a week by the professors of Clinical Medicine and of Surgery. Surgical operations are very numerous. The safe and effectual practice of etherization is taught in this School. Practical Anatomy is amply provided for by new and liberal arrangements.

Fees for the whole Course, \$80. Matriculation, \$3. Dissecting Ticket, \$5. Graduation, \$20. Hospital and Library gratuitous.

A descriptive pamphlet may be had by application, post paid, to David Clapp, Printer, corner of Washington and Franklin streets, Boston.

July 4, 1849.

TORONTO SCHOOL OF MEDICINE.

THE next session will commence on the LAST MONDAY in OCTOBER, and terminate on the LAST MONDAY in APRIL; under the following Lectures:

On Anatomy and Physiology
Midwifery and Diseases of Women and Children
Principles and Practice of Surgery
Theory and Practice of Medicine
Practical Anatomy
Materia Medica and Therapeutics
Chemistry

Dr. ROLPH.
Dr. WORKMAN.
Dr. PARK.
Dr. MORRISON.
Dr. AIKEN.
Dr. LANGSTAFF.
Mr. HURLBURT, A.M.

This school is recognised by the Faculty of Medicine of the University of McGill College, Montreal, and qualifies for graduation, in accordance with its rules.

Toronto, July 16, 1849.

GENUINE COD LIVER OIL.

CLEUM JECORIS ASELLI.

THE SUBSCRIBERS have just received a supply of their Genuine Cod Liver Oil, which the Profession can depend upon for purity. It will be found to stand any test. Its efficacy in Consumption and Scrofula, both in England and on the Continent, have been clearly proved.

S. J. L. & Co., have both the *White Clarified* and the *Red Oil*. The former is 7s 6d, the latter 5s, per Bottle. Orders from the country carefully attended to.

S. J. LYMAN & Co.,
Chemists, Place D'Armes, Montreal.

Montreal, Dec. 1, 1849.

THE Subscribers have their usual assortment of genuine Drugs and Chemicals, which they offer low for cash, or approved credit.

WM. LYMAN & CO.,
194 & 196, St. Paul Street, Montreal.

COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

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

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

All such as signed the Petition to the Legislature for the Act of Incorporation, are entitled to Register forthwith, provided that at the time of their signing they were in possession of a Provincial License to practice Medicine, &c., &c.; and in virtue of the By-Law which refers to Membership, the Books of the College shall be kept open during a period of Six Months from the time of the passing of the said By-Laws, viz., the Tenth day of October, 1848, for the Registration of every Member of the Profession who desires so to do, provided such Member has been in possession of a Provincial License to practice Medicine, &c., &c. Four Years at the time of the passing of the Act of Incorporation, viz., 27th July, 1847.

FRANCIS C. T. ARNOLDI, M. D.

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

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

MEDICO-CHIRURGICAL SOCIETY.

THE next Monthly Meeting of this Society will be held, at the Rooms of the Mechanics' Institute, on Saturday Evening Dec. 1, at 8 o'clock P.M.

GEORGE D. GIBB, M.D.,

Montreal, Dec. 1, 1849.

Secretary

TO MEDICAL STUDENTS.

ON MONDAY 5th NOVEMBER, a series of EVENING LECTURES and EXAMINATIONS will be commenced on the different branches of Medical Science, for the instruction of Students about to present themselves before the Medical Boards of the Province.

They will be illustrated by drawings, models and preparations, together with the use of the microscope, and every facility will be afforded towards the acquisition of the requisite knowledge.

For Terms and other information apply to
G. D. GIBB M.D., L.R.C.S.I.
48 Craig Street,

Or

GEO. E. FENWICK. M.D.
Corner of Craig & Coté Streets.

October 1, 1849.



URQUHART'S

FLUID EXTRACT OF JAMAICA SARSAPARILLA

THE Subscriber begs leave to submit to the Medical Profession and to the public, his preparation of Sarsaparilla which has been extensively used in their practice, by many of the most eminent Medical Gentlemen in the City, and with the most beneficial results, as the following testimonials, with which he has been very politely favored, will satisfactorily show.

For sale only at the Medical Hall, Great St. James Street.

ALEX. URQUHART.

August 2.

PARTNERSHIP WANTED.

A MEDICAL GENTLEMAN, residing in the District of St. Francis, being compelled, from ill health, to relinquish, for about a couple of years, his practice—will treat on the most favorable terms with any gentleman desirous of assuming his duties for that period, with the subsequent contingency of continued partnership or independent practice. The income is averaged between £400 and £500 per annum, of which three-fourths will appertain to the party who enters into the engagement. A married man, or one of thirty years of age or upwards, would be preferred.

Every information may be obtained by application to the Editor of this Journal.

As the Medical gentleman wishes to leave in January, and is desirous of introducing his partner to his practice, an application as early as possible is requested.

Montreal, October 28, 1849.