

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

BRITISH AMERICAN
MEDICAL & PHYSICAL JOURNAL.

VOL. VI.—No. 3.]

JULY, 1850.

[NEW SERIES.

ART. XIV.—*Case of Scirrhus and Melanotic deposits in the Liver, By FRANCIS BADGLEY M.D., Fellow of the Royal Medico-Chirurgical Society, of London.*

The subject of the following interesting case was a French Canadian gentleman, aged about 34, a tall, remarkably strong built man, ordinarily residing in the Eastern Townships and the cities of the United States, but at the time of his death an inmate of an Hotel in this city.

At 1 in the morning of the 8th March, 1847, being requested to visit Mr. De R., I found him in bed complaining of general uneasiness, restlessness, and insomnia, which he referred to oppression at the epigastrium. Throwing off at once the covering from his body, I perceived that the abdomen had been very lately, extensively blistered. His countenance displayed considerable anxiety, his manner was that of great nervous irritability; the pulse was quick, 94, only moderately full, soft, but regular; his breathing was slightly hurried, there was no palpitation or irregularity in the heart's action. The tongue was whitish, but not at all loaded. There was neither vomiting, nor appearance of jaundice, nor had there been shivering, but the peculiar sallow look of deep organic disease was manifest. His bowels were costive, his urine was very scanty and pale colored. He complained of great thirst, his skin was clammy—there was evidence of general enaciation. There were no fever and no tenderness of the body when pressed. A tumor occupying the abdominal cavity from the ensiform carti-

lage transversely, to a line similarly drawn midway between the umbilicus and the pubic bone was clearly indicated by its defined borders. Learning by my enquiry relative to the blister, that he was under the professional care of my friend Dr. Nelson, I simply prescribed something in the room as a placebo, and promised to visit him again in the morning with Dr. N. if he wished it.

The following particulars comprise the history of the case as furnished by Mr. DeR. at the consultation at 9 A.M. For many months previously he had suffered from uneasiness at the pit of the stomach, accompanied by considerable distention and irregularity of the bowels, requiring him to wear his clothes loosely round his waist; had been subject to constipated bowels; had never had jaundice, although often thought that he was about to be so affected; had never suffered from inflammation of any of the abdominal viscera. Had never received any injury over the regions of the liver, spleen or kidneys. Had enjoyed almost invariably, in his own opinion, excellent health; was sensible of his own muscular strength and often tested it. Was a most hearty, but at the same time a most incautious eater, and was as irregular as to exercise, sometimes subjecting himself to great fatigue and exposure, at other times remaining for days together in a state of comparative torpidity. He had latterly become temperate in the use of alcoholic liquors. In the winter prior to his death, he had consulted Dr. Nelson, for an opacity of the cornea of one

eye, for which he had been recommended by that gentleman to go through an alterative course of mercury in the form of the compound calomel pill and to pay strict attention to his diet and regimen. From that period, Dr. N. had only seen him occasionally until within a few days of our visiting him together in consultation. From his symptoms on seeing him in his last illness, he was led to the conclusion, that from cold taken on his journey into this city, congestion of the liver had ensued, followed by obstruction of the biliary secretions. He prescribed for him calomel and jalap, with saline diaphoretics and laxatives—for these he soon substituted calomel and elaterium with beverages containing the tartrate and bitartrate of potash; and the blister which I had noticed.

Having ascertained that the heart was not implicated, it was determined in consultation to continue the mercurials night and morning—to have the blistered surface covered over with the mercurial ointment—to have this also well rubbed into the inside of the thighs, and to cause him to take the ioduret of potash in repeated doses during the day. There being the same sluggish state of the absorbents on the 11th, and without relief of the principal symptoms, 18 leeches were scattered over the abdomen and the same remedies and drinks continued; this plan was persevered in until the 14th, when the lower half of the abdomen was rubbed well over with croton oil liniment. This caused some irritation of the intestinal mucous membrane. On the 15th Dr. Bruneau joined in the consultation and although it was the unanimous opinion of us all, that the case must terminate fatally, yet it was judged advisable as œdema had begun to show itself in the legs and feet, to try an infusion of digitalis. This had the effect of slightly increasing the secretion of

urine, and of allaying the irritable state of the intestines induced by the croton oil, and for which also demulcent enemata had previously been administered. From the morning of the 16th he evinced evident marks of sinking and he expired on the 17th perfectly sensible.

With great difficulty a post mortem examination was obtained on the 18th, but owing to circumstances much to be regretted, this required to be made altogether too hastily and cursorily.

The division of the abdominal integuments shewed a remarkable absence of cellular tissue and fat. On laying aside the flaps, the gigantic but smooth surfaced liver, studded with immense patches of black, and intermediate smaller ones of whitish matter, immediately came into view, occupying the whole of the upper and middle portions of the abdomen; the intestines, great and small, being forced down into the lower and back part of this cavity and the pelvis. The colon was enormously distended with flatus and it, as well as the small intestines, were almost purple from congestion—there was not the slightest trace of inflammation in the peritoneum, evidenced by unusual deposits, false membranes, or softening—the lungs were driven up against the upper and back-part of the thoracic cavity, but with the heart were perfectly healthy, the substance of the latter was rather flabby. The liver was removed entire and weighed by means of a stilliard belonging to the house; (this instrument however did not happen to be in perfect order and was not therefore very delicate in its results,) 18 pounds and a little more were marked on the scale as the weight of the mass, but all the gentlemen in the room decided against this being the true weight; some thinking that it weighed 25 and others 30 lbs. My own opinion was, that it weighed

about 20 pounds. On cutting the liver through its entire substance, from above downwards, it was found to present the same appearance on its internal sections that it did on its external surface when viewed, covered by the peritoneum. The cut surface exhibited numberless sections of black masses, varying in diameter from three lines to one and a half inches; their form was spheroidal, very nearly circular, the feel was unctuous: placed upon bibulous paper they caused an oily stain: set fire to by taper, a thick offensive smoke was given off, and an odour of burning animal matter. The peritoneum investing the abdominal parietes was studded in parts corresponding to the locations of the masses in the liver, with slate colored spots, evidently due to simple imbibition. No doubt could be entertained, that the proper structure of the liver had admitted into and between its molecules, an immense deposition of true melanotic and scirrroid matter, the accessory lobes of the liver were as large as full-sized oranges, or turnips. The gall bladder was shrivelled, contained very little bile, which was dark colored; its ducts were quite pervious, the spleen, pancreas, kidneys, and bladder, could not be examined, nor was there any possibility of securing blood from the veins of the liver, for subsequent microscopical examination. The writer of this communication was fortunate enough to secure two longitudinal sections of this pathological curiosity, which have been deposited in the valuable collection belonging to the University of McGill College.

From the perusal of the above case, we are naturally led to draw the following conclusions:

1st. That all these heterologous formations are evidently the result of perverted or diseased action in the animal

economy, as proved both anatomically and chemically by their entire dissimilarity to any other tissue necessary for the right and healthy exercise of the functions of the body.

2. That the seat of the perversion or derangement is manifestly in the capillary system, the grand centre of the metamorphic changes constantly occurring in the blood.

3. That while the great and important changes necessary for the growth and health of the body and its parts are due to the metamorphosis of arterial blood in its capillary vessels: nevertheless, a similar and protective process is carried on in the venous blood, in its proper capillaries, by which, inconveniences which would infallibly arise, jeopardize health, and induce disease, are obviated.

4. That we have in the instances of Melanoma, Scirrhus, and Tuberculosis, the most positive proof of the incorrectness of the theories of Laennec and his followers, that all those matters are deposited originally in a solid form and subsequently undergo a species of softening—however long may have been the time required for the development and maturation of the masses in this particular case, certainly nothing bearing the resemblance of softening had manifested itself at the time of death—the consistence here was like that of cartilage.

Lastly, that the complete limitation of this enormous melanotic deposit in the liver, (so far as we were enabled to judge from our unfortunately hurried examination) would justify us in assigning to this organ, as has been conceded by common consent to the cutaneous and general mucous tissues, the highly important office of decarbonizing the venous or already employed blood of the system, and enabling the repara-

tive progresses to be carried on with more regularity, activity, and efficiency.

Little St. James Street, }
Montreal, June 15, 1850. }

ART. XV.—*Chronic Inflammation of the Bladder in the Female cured by Dr. MacDonnell's Method of Treatment.*

To the Editor of the *British American Medical and Physical Journal.*

SIR,—The following letter, from Dr. Belin, an intelligent and scientific physician, well known to the profession, may induce some of your readers to adopt a plan of treatment which daily experience has convinced me is superior to any other, for the cure of chronic inflammation of the bladder. You will therefore much oblige me by giving it insertion in an early number of your excellent Journal.

I am, &c.,

R. L. MACDONNELL, M.D.

To R. L. MACDONNELL, Esq., M.D.

DEAR SIR,—Agreeable to your request, I give you below a statement of a case of chronic inflammation of the bladder, which I have treated on your valuable plan, by injection into the bladder of a solution of nitrate of silver.

J. D., an unmarried female of good character, aged 27, daughter of a poor but worthy *habitant* of this parish, became, by her own account, in ill health about eight years ago: the symptoms were, pain in the puvic region, suppression of the mensus, micturition, leas, and smarting of the private parts. She was treated by a variety of women young and old, for "*Mal de Matrice*," and was afterwards successively under the treatment of several medical men. She applied to me about two years since, symptoms same as those above described with the addition of general

debility from long continued disease. Fearing the existence of organic disease, I requested to be permitted to make an examination, which request was reluctantly complied with. I, however, could discover no organic lesion by the examination. My next impression was that the case might depend upon functional derangement of the uterine system, and that the micturition was merely sympathetic; I therefore made attempts to restore the catemenial discharge, which I succeeded in partially accomplishing by means of electro-galvanism, as recommended by yourself in a paper which appeared in the *B. A. Journal*, (July number, 1846.) I afterwards had recourse to invigorating treatment; by these means I succeeded in procuring some relief, but the bad symptoms again and again returning, I at length became fully satisfied that the bladder was the principal seat of disease; accordingly I had recourse to the ordinary remedies recommended in medical works for cystitis, which had the effect of greatly allaying the symptoms, so much so that she was enabled to resume her usual labour, and I afterwards only occasionally saw her at long intervals.

About two months since my patient again became worse; symptoms, pain in the loins and hypogastrium, frequent desire to void urine, inability to remain long in the sitting posture, restlessness and anxiety, tendency to chilliness and perspiration. Being now quite confident that it was with chronic cystitis I had to deal, verified by your microscopical examination* of the urine, I determined on trying your valuable plan of treating the disease by the injection into the bladder of a solution of the nitrate of

* The urine was turbid, albuminous, and on examination by the microscope, copious deposit of pus globules, epithelium and crystals of triple phosphate, was observed.

silver; accordingly on the 10th March, I introduced into the bladder, by means of a glass syringe, 4 grains of the nitrate of silver dissolved in 4 ounces of water, this was retained for about 15 minutes; on the 18th I introduced 8 grains which was retained 10 minutes; but little relief having as yet been obtained, I again on the 20th introduced a solution containing 12 grains; this, although evidently of service, was yet insufficient, and on the 22nd I introduced, for the last time, a solution containing 16 grains, (equal to 4 grains to the ounce) this she retained for nearly ten minutes although it produced much more pain than the previous injections. She was enabled afterwards to rest the whole night, and is now not obliged to void urine oftener than if she had never been affected; the pain in the hypogastrium has also ceased, and although her general health is still bad, yet she is improving under an invigorating treatment. From the effects which I have witnessed in this case I have no hesitation in declaring this mode of treatment to be superior to all others which have ever come under my observation; and I shall not fail to have recourse to it in any future case of cystitis which may come under my treatment.

I have the honor, &c.,

WILLIAM BELIN.

L'Assomption, 3rd May, 1850.

ART. XVI.—*Horses and their Diseases: Lameness—Sprain of the Flexor Tendons*, by J. B. TURNER.

[CONTINUED FROM PAGE 72]

Sprain of the flexor tendons, or of the "back sinews," to use the nomenclature of the farrier and the groom, is one of the commonest accidents which we meet with in practice, and though not confined to the tendons of the fore legs, it happens to them much oftener than to the corresponding tendons of the

hinder extremities. We shall shortly give a reason for this. In the horse the hind legs are the chief instruments of progression; they, as it were, ply backwards and forwards under him, continually thrusting him on, while the fore legs act as props to sustain the weight of his body and prevent it from falling forward to the earth. If this fact is attentively considered, it will be easily accounted for,—that the hock joint suffers most from exertion in the hinder extremity, and that portion of the leg below the knee in the fore. Thus we find that racers and hunters are more liable to sprain of the flexor tendons in the fore legs than saddle horses, whose principal work is trotting along the road, while carriage horses are more liable, from the peculiar exertion required by draught, to sprain in the tendons and fetlock joint of the hind leg. In hard galloping or leaping, every time that the body of the horse is impelled violently forward by the action of the powerful muscles of the hinder extremities, the tendons of the fore leg are as violently distended by the weight of the body thrown on them to receive it, and at this moment it is that any sudden or extraordinary slip or false step, such for instance as the foot alighting on a loose stone, or rough uneven place, causes sprain of the tendons. We have known such accidents happen from a horse, when galloping, putting his foot into the hoof made by the foot of another horse in stiff clay, some days before, when the soil was moist, and afterwards hardened by the heat of the sun. We have also known it happen in galloping over downs covered with mole-hills, a most treacherous customer to horses, as every man knows who has ever couched over Wiltshire downs. But sprains may be, and often are caused when, the horse is not going at a fast pace, by a step on a stone, into

hole, or on an inequality of ground. A case came under our notice not many weeks ago, in which after strict enquiry, we came to the conclusion, that the sprain was caused by the horse having put his foot on, and slipped from the edge of a raised floor in his own stable; the sprain was not severe, but still it was a marked case.

It is also beyond doubt that this peculiar strain is sometimes caused by lowering the heels of the horse too much in the preparation for shoeing, thus suddenly putting the tendons on the stretch.

We will now shortly describe the anatomy of the parts, remarking first of all that the flexor tendons below the knee of the fore leg and hoch of the hind leg are precisely similar in their anatomical configuration and relations; these are the *perforanus* and *perforatus*.

Having removed the skin we find the tendons surrounded by cellular tissue, and removing this we find a layer of the same substance, fibrous as well as cellular in structure, directly enveloping the tendon, as its proper tunic. About three inches below the knee we can see the fibres, tendinous and shining, passing over the tendons in their course from the annula ligament of the joint, to their insertion into the outward border of the cannon bone (*os meta carpi magui*). This is the sheath of the tendons, and if we open it we find that it has a synovial surface, extending about half way down the leg, when it doses, thus forming a *bursa*, through which veins the *perforaus* tendon, the space between the tendons and the great suspensory ligament in their front being also filled with uniting cellular tissue.

All modern veterinarians are agreed in the general view of the nature of this particular sprain, hence it is unnecessary to quote their *ipsissima ouba*.

The tendons themselves are never sprained, for they are inelastic, incapable of distension. They sustain injury from no common accident, but the soft parts around them, that cellular and fibrous sheath of which we have spoken, is liable to extension and even laceration, when the tendons themselves were put violently on the stretch, and this extension or laceration is sprain, purely and solely.

The sprain appears in this wise; a horse is brought to us lame; if it be a severe case, we shall find on enquiry that the lameness has been quite recently discovered by the owner or his servant; if a slighter injury, some hours or days may have elapsed since its occurrence. We examine the leg; we find it swelled, puffy and hot, the horse flinching from very moderate pressure; the enlargement is sometimes small, a mere "knot," to use a stable phrase; at other times more diffused. The animal is evidently in pain; he cases the limb by resting the weight on the toe, and if we move him at ever so gentle a pace, he "drops" towards the sound limb. Occasionally the injury is so severe that the whole system is affected by sympathetic fever.

The pathology of the injury is simply this, that effusion of fluid has taken place into the brusal sac, existing within the sheath of the flexors; in the severe cases, that is, when swelling follows immediately upon the accident, there being blood poured out from ruptured vessels; in the milder, when the swelling is slower of manifestation, there being the usual sero-synovial effusion, accumulating at the bottom of the brusal cavity. There may also be sero-albuminous effusion pervading the whole mass of the cellular substance inclosing the tendons, giving the leg a round appearance, instead of that flat

one which it ought to have, and rendering it next to impossible to distinguish by feeling, between the suspensory ligament and tendons, and this deposit becomes at length, unless absorbed, so hardened and consolidated, that the enlargement is permanent. This is the result of the severe form of injury, or of "broken down," as it is termed, though there is really nothing "broken" or ruptured, albeit the epithet is an acknowledged one in the stable. It is no uncommon thing to see a horse when galloping at a rapid pace, suddenly stop, hold up one of his legs, or just rest the toe of it on the ground, and afterwards be hardly able to hobble a short distance to his stable. This is severe sprain, a "broken down," as farmers and grooms have it. But as YOUATT justly observes, "the tendon can never be sprained, because it is inelastic and incapable of extension; and the tendon or its sheath is scarcely ever ruptured, even in breaking down." In man the tendon does actually sometimes break through, as in rupture of the *tendo achillis*, but experience and repeated dissection have failed hitherto to detect such an accident to the horse; besides the tendon oftenest ruptured in man proceeds from much more powerful muscles than do the *perforans* and *perforatus* in the horse. BLAINE conceived "broken down" to be sprain or rupture of the great *suspensory ligament* of the leg, thinking rupture of the tendons "very rare." SPOONER in his commentary on WHITE says, that it is supposed to be rupture of the suspensory ligament or of the ligaments of the pastern, and mentions two cases in his own practice, which happened to horses on which the operation of neurotomy had been performed, in both of which the ligaments of the pastern gave way and the horses "came down on

the fetlock joints," and unless there is this "coming down," we should hesitate to pronounce the injury of such a character as to constitute *broken down*, of which we have no instances with regard to the *tendons*, and few only, authenticated, as respects the ligaments.

In practise it makes little difference whether the sheath of the tendons, or of the ligaments, be the seat of injury, since the treatment would be the same in both cases.

Thus though we have no actual rupture, there is no question but that in all cases of sprain there is lesion of the cellular and fibrous sheaths, and their attachments, to a greater or less degree, and probably some few fibres, either of tendon or ligament occasionally give way. We know, however, that such an accident is followed by violent inflammation with great lameness, swelling, heat and pain; the animal cannot endure to have the limb handled, nor can he put it to the ground, so as to bear the least weight on it. In four or five days after the accident, or sooner, the limb is found to be swollen from the fetlock to the knee, which swelling, if we cannot, by the remedial means known to us, reduce, becomes hard, running on to callus and permanent thickening of the parts, the leg becoming round and stiff, and the horse lame for life.

Such an appearance of the legs is seen also in old horses, who have done much hard and fast work, and experienced therein a series as it were of slight injuries, induced by constant battering on hard roads, with want of care in their stables, the consequent excessive and increased vascularity—action bringing on precisely the same condition of the parts. Such horses, in stable language, are said to have *gummy legs*.

Treatment.—This must be regulated

by the nature of the accident, as it is slight or severe, recent or of long standing. As we observed in our previous paper on "Curb," the first thing is to put the muscles in a state of rest, and this relieves from tension the tendons that proceed from them. Therefore we immediately remove the shoe from the affected limb, and having previously, if it be a severe case, abstracted some blood from the toe, replace it by a shoe with thick heels, or high calkins, thereby relaxing the *gastrocnemii* muscles and the tendons proceeding therefrom.

We are decidedly in favor, ourselves, of copious bleeding in the first instance, taking away four or five quarts of blood, from the toe, by the aid of hot water; if the case be slight the bleeding can do no harm, while if it be severe, it must do good, and we prefer to take blood from the toe, rather than from the arm, because it is more directly in relation with the congested parts. If however the accident is one of those frightfully severe ones which we occasionally meet with, we are compelled to take blood from the vein of the arm, for the leg will not bear handling. In these cases it is of no avail to bleed unless the quantity taken produces a general effect on the system.

We should then administer a full dose of cathartic medicine, from six to seven drachms of Barbadoes aloes, or the prescription of croton farina, recommended in the paper on "Curb."

During the first inflammatory stage, we recommend hot fomentations, the water to be used as warm as the groom's hand can bear, and continuously applied, by large woollen cloths from knee to fetlock; night and day, until that inflammatory stage is passed. When it has passed we begin our cooling, bracing and tonic applications, applying a long

linen bandage firmly round the parts, and keeping it continually wetted. Our own conviction is, that iced water alone is as efficacious as any thing else, and in Canada we can always procure it, in cities at least; but, if we cannot, a cooling lotion may be made as follows:—

Hydro chlorate of ammonia, two ounces; strong vinegar, four ounces; water, twelve ounces. Or,

Sulphuric ether and spirits of wine, of each, two ounces; compound tincture of lavender, one ounce; water, twelve ounces.

The bandage may be tightened as the parts grow cool, and feel no pain on pressure, this pressure being conducive, not only to the strengthening of the parts, but to the absorption of interstitial deposit. In due course of time, the horse, which has been kept from *all* motion, as much as possible, may be put into a loose box, and then in a few days, into walking exercise, the bandages being continually applied.

Thus far we have written for the information of persons who may perhaps derive some hints from our observations by which they may be enabled to treat their own horses, in places when they cannot obtain the advice of a veterinary surgeon; but there are cases, and there is a condition resulting from such cases, in which his assistance is absolutely necessary; for such stiffness may remain after the reduction of active inflammation, as to cause considerable lameness, from the quantity of unabsorbed interstitial deposit, and so compel firing and blistering—severe but necessary operations, by which many a valuable horse has been restored to permanent utility, after apparently an irreparable injury—operations however which can only be trusted to practised and skilful hands.

ART. XVII.—*Rudimentary Treatise on the Drainage of Towns and Buildings, suggestive of Sanatory Regulations that would conduce to the health of an increasing population*; by G. DRYSDALE DEMPSEY, C. E. London: John Weale, 59, High Holborn. 1849. 12mo. pp. 176.

This is a well written book, and the subject is one of no ordinary interest, involving as it does considerations of a practical nature touching the health and police regulations of Cities and Towns. The author, a civil engineer of established experience in London, has, with considerable labour and professional acquirements, presented, along with the defects at present existing, the remedies which he proposes for the improvement in the Drainage of the great Metropolis. As the principles which he sets forth for the accomplishment of such a work are of general application, we can but in this hasty and superficial review glance at a few of the most prominent. He states—

“That the drainage of a town comprehends the means and processes of removing from it all the refuse waters and other matters produced by the population. That among these means is to be included the adequate supply of water, and among these refuse waters is to be included that resulting from the fall of rain upon the entire surface of the town, after it shall have been made, as far as may be necessary, subservient to the process of removing other refuse matters. That the total of these refuse matters shall be converted, by chemical or other means, to the most useful purposes for which they are or may be made applicable.”

The treatise abounds with useful and practical applications to the drainage of buildings and streets, construction of main sewers, and adaptations for the cleansing of streets, &c. &c.

Among the appurtenances which should be attached to a City Corporation we might mention that of a Library, which should be supplied with such useful works and publications as would conduce to the improvement of city public works and the general health of the population. Were such an appendage found in our City Hall, we would say that the “*Rudimentary Treatise*,” here referred to, ought certainly to find a ready place.

PRACTICE OF PHYSIC.

Remarks on the Pathology and Treatment of Dyspepsia, as it exists among Shoemakers, by JOSEPH PARRISH, M. D., Burlington, New Jersey.

Having had an opportunity, for several years past, of observing the character and course of dyspepsia, as it occurs among a large proportion of the population of this city, I have thought it might be interesting to the profession, and perhaps not without profit, to communicate the result of these observations. The city of Burlington, being located on the Delaware river, and of convenient access to the two great cities of the Union, as well as to the surrounding country, by steamboat and railroad travel, offers many advantages as a place of business for the manufacturer, and as a healthy location for a residence. It is built upon a plain rich loamy soil, remarkable for its productive yield of the finest garden fruits and vegetables, the river skirts the northern and western sides of the town, and in the rear, a little distance from the city, is an elevated ridge of land, not surpassed by any section of the State for its salubrity, and the general health of its inhabitants. The Assiskunk creek forms the eastern boundary, and though skirted along its banks with meadows, which extend across to the river on the west, is quite healthy for a low situation. The general health of the city is good, and I know of nothing in its topography that is calculated to engender gastric disease, while this class of disorders would probably form the maximum if arranged in statistical order. Its presence, I have no doubt, partly attributable to the hal-

its and pursuits of the people among whom it is mostly to be found, just as scurvy is almost peculiar to sea-faring people. Hundreds of young men and apprentices may be found, particularly in the winter season, from 6 o'clock in the morning till 10 at night, upon the beach, taking only a few minutes at a time for their meals. Out of the twenty-four hours, not more than one is usually devoted to meals, and about seven for rest; so that nearly two thirds of their entire time, during the six working days of the week, is spent in the stooping posture, in small and hot apartments, plentifully fumigated with tobacco smoke, or the vapour arising from burning quids upon a red-hot stove. A few are in the habit of using intoxicating liquors to excess, though I am free to testify that very many on the other hand, are our most consistent advocates, by word and deed, of temperance principles. From the brief outline thus drawn of the habits of life of shoemakers in Burlington, it is easily seen they invite the enemy to human health to dwell in their midst. The stooping posture, the want of exercise, the hurried eating, the confined atmosphere of their apartments, the smoking or the chewing of tobacco—all contribute to lessen the vital energies and to engender disease. That the stomach should be the first organ to suffer is easily accounted for; not only in the food taken in haste, without sufficient mastication, and thus an unnatural demand made upon its powers, but it is often unsuited in quality to the wants of the system; the constantly-stooping position compresses the organ, interferes with its normal action, interrupts the gastric circulation, and impedes somewhat the salutary movements of the lungs; the want of exercise, and of fresh air, produces a languid circulation, tends to local congestion, gives rise to a sense of fulness, and produces constipation of the bowels, while the use of tobacco is in every way injurious.

The free use of tea and coffee may also be mentioned as a cause which contributes to disorder the digestive apparatus. It is a well-known physiological fact that these articles do not supply, in any appreciable quantity, the organizable material, which is necessary to the formation of healthy blood; hence the proper degree of animal heat cannot be

maintained, and the vital forces must sink below par. Coffee is mostly taken for breakfast, and tea for dinner and the evening meal; and though they may have a tendency to exhilarate the nervous system, and to enliven the spirits, their real value will not admit of even a moderate estimate. It becomes us, then, first to inquire what are the pathological changes which take place under such a mode of life; and secondly, how can they be remedied. A patient who has pursued such a course of living presents himself for treatment. He is not sick enough to stop his work, and yet is not well. He rises in the morning feeling dull and inactive. After breakfast he complains of pain in his stomach, sometimes in the side, it may be the right or left; his skin is dry, often cool, and pulse generally feeble; his tongue is slightly coated at its base, with an unhealthy odor of the breath; not unfrequently the appetite is unusually good; oftner, however, it is quite moderate, and but seldom is the food rejected. The stomach seems to demand the stimulus of food, although the natural taste and appetite for it may be impaired. Constipation and flatulency are generally attendant symptoms also—palpitation of the heart, headache, a slight cough and sore throat are also sometimes complained of. The stomach being oppressed by excess of indigestible or innutritious food, the circulation being languid in consequence of position, and want of exercise, the pathological condition would seem to be, that of congestion of the gastric vessels, and loss of nervous power in the organ.

The first object to be gained, is to cleanse the stomach and bowels; for this purpose I have generally employed a full dose of magnesia and rhubarb, preceded by a blue pill, if it should be indicated; the former neutralizing the acid secretion which generally exist in the alimentary canal, and the rhubarb acting upon the muscular fibres so as to produce copious feculent dejections. Abstinence from tea and coffee, and from all fried food, whether animal or vegetable, with boiled or roasted meat for dinner, and bran bread, with milk, or milk and water for breakfast and supper. This system of diet, with daily exercise in the open air, as walking two or three miles daily, will generally so modify the action of the vital forces, as to bring

about a condition in which the system will more readily respond to the subsequent treatment. In the majority of cases, the constipation of the bowels is the most obstinate symptom to overcome, as the occupation of the patient is so habitually sedentary—but I have found, as a gentle daily evacuant, pills made according to the following prescription to act kindly upon the bowels:—*R. Ext. Colocynth. comp., grs. xxiv.; ol. tiglii, gttss. iij. Ft. pilul. duodecem. Signa. Take two every morning.*

After a while the pills may be discontinued, leaving the bowels so accustomed to a regular daily movement, that the necessity for cathartic medicine is removed, provided the patient is careful to put himself in the position and place for an evacuation at stated intervals. The use of nervous stimulants and tonics, where there is considerable debility of the digestive organs, is very important to facilitate recovery. I have never found anything so effectual as quinine, assafœtida and capsicum, combined or separately as may be indicated in particular cases. A common and favorite prescription is as follows:—*R. Quin. sulph., g. assafœtida, capsicum, aa gr. xii. Ft. pil. no. xij. Signa. One or two after each meal.* Piperine may be substituted for capsicum if preferred. The flatulency is generally relieved by the assafœtida and capsicum, a gentle stimulant impression being at the same time made, while the tonic effect of the quinine upon the languid vessels serves to keep up their action. The condition of the skin is such, in most cases, as to require attention. It is alternately dry and moist—dry during the day, perhaps, and covered, and frictions with a salted towel. The addition of an alkaline salt, as common washing soda, to the water, has a delightful effect upon the skin; it renders it soft and pliable and frees it from the peculiar acid secretion. I have frequently had patients to recover entirely after a fair trial of this mode of treatment, who have supposed themselves wasting with consumption. Indeed the symptoms of phthisis are often very closely imitated—the pale and shrunken visage, the attenuated frame, harassing cough, and fugitive pains about the chest, resemble the common signs of pulmonary disease.

A gentleman, who has been a shoe-

maker from early life, called on me a few years since, and told me that he was suffering from a disease of the throat, which had been pronounced bronchitis by several skilful physicians, and though he had tried almost every known remedy for the disease, he was still left with a distressing cough, and offensive expectoration, with a sense of soreness in the throat, which indicated to his mind that he had not long to live. One physician of Philadelphia had told him that, to be cured, he must confine himself to a room of equal temperature, and not speak for several weeks, during which time he would make such applications, and administer such medicines, as in his judgment would be useful. The patient could not leave his business to comply with these regulations, and for a while abandoned all treatment. In his capacity as a local preacher and class leader, of a numerous religious denomination among us, the muscles of his throat had been overstrained by extra use; he worked at his trade during the day, and several evenings in the week was engaged in public religious exercises. He was obliged to abandon these for a season, and give up the use of tea, coffee and tobacco. Slight counter irritation was applied to the epigastrium, and under the use of the following prescription, with bathing and exercise, recovered completely in less than two months: *R.—G. assafœtida, grs. xxiv.; pulv. capsicum, grs. xij. Ft. pil. no. xij. Sig. Take two after each meal.*

Years of his life, and considerable money, had been spent in fruitless efforts with active medication, advised by physicians and quacks, to overcome a malady the cure of which was within his own control, under a few simple instructions. He now attends to his business with industry, labors in the pulpit and class room as zealously as ever, and withal enjoys good health.

I have thus attempted to describe the symptoms of dyspepsia, as they have been observed by myself, among the shoemakers of Burlington; and though I have not kept regular notes of many cases, I am quite certain that the treatment pursued has resulted in the improvement and recovery of a large number of persons.—*New Jersey Medical Reporter.*

Feigned Diseases—Successful Imposture—its ultimate detection.—SIR,—I forward the following extract from a local paper, thinking you may consider it sufficiently interesting to be worthy a corner in your journal.

We have been forcibly struck with the very close resemblance which the case bears to what Mr. Mayo (Outlines of Human Pathology) has described as "white gangrene of the skin;" and at page 341 of Johnson's *Medico-Chirurgical Review* for 1836 (where this portion of Mr. Mayo's work is copied), the reviewer adds the history of a case which also seems identical in character with it. So appositely, indeed, does our case answer to the descriptions above alluded to, both as regards the first appearance of a patch (*i. e.* on our attention first being called to it), and in its subsequent progress, as well as in the youth and the otherwise perfect health of the patient,—that, although such high authorities seem not to have entertained the slightest notion but that all was the effect of legitimate disease, we cannot avoid suspecting that they were as thoroughly deceived as have been the early attendants of our patient.

What first aroused our suspicions in this case was the consideration of the circumstances summed up in the two first "arguments." The testing required caution and time, the three fresh patches showing themselves at intervals of several days; but so exactly did it correspond on each of the three occasions, that after the third a search for the muriatic acid was considered warrantable, and was securely effected without her interference during the patient's absence from bed for the pretended purpose of having a warm bath.

I should, perhaps, add that the accuracy of the following report may be relied on: it was not the chance production of a "correspondent," but was sent to the newspaper by myself, at the request of our Board.

Your most obedient servant,
 GEORGE F. HODGSON,
 Surgeon.

Sussex County Hospital, Brighton,
 May 17th, 1850.

"At the weekly board of the Sussex County Hospital yesterday, a remarkable and almost incredible case of imposture was exposed.

"A woman, named Betsy Ginn, aged 23, (received three weeks since as an in-patient, on the recommendation of a subscriber and a surgeon's certificate) was charged by her surgeon with wilfully producing the disease for the cure of which she had applied to the hospital.

"The statement made against her was, that very numerous diseased patches of the skin, over nearly the whole of her body, limbs, and face, were the result of her own application to the parts of hydrochloric acid (spirit of salt.) Several patches were nearly as large as the palm of the hand; and they were in different stages, the recent ones being yet in a gangrenous condition, others (from which the sloughs had separated) were deep and troublesome ulcers, and many (the majority) had healed, but with disfiguring scars, and in some places to the injury and contraction of the adjacent sinews.

"The following arguments were advanced by her attendant:—That the parts of her body (as her back, &c.) not readily accessible to her own hands remain perfectly sound and free from scars; that the affection was totally different from any disease which he had ever witnessed; that the three fresh patches which had shown themselves during her stay in the County Hospital had been scrutinized, and that some distilled water with which they had been carefully washed, gave, with chemical tests, abundant evidence of the presence of hydrochloric acid; that a little hydrochloric acid which he had up from the surgery, and applied to her skin, had produced a whitish and gangrenous spot, a miniature facsimile of the others; and, lastly, that, on searching her clothes, a phial had been found containing the remains of some hydrochloric acid.

"The woman, after many denials and prevarications, at length admitted her guilt; and further, that she had been practising the deception for a period of nearly three years, four months of which she had spent in the Colchester Hospital, and nine weeks in University College, London, without the imposture being discovered. While begging for mercy, she stated that she had been induced so to act, in the hope of obtaining a better home than a work-house."

A Case of Ecstasy; by M. MAUGIN.—R.—II.—, aged nineteen years, of a good constitution, lymphatic temperament, with black hair and brown eyes, having good general health, menstruation regular, moderate in religious observances, of a gay and thoughtless character, fell asleep one evening about seven o'clock: her mother, who was at the time absent from home, was surprised on her return to find her daughter asleep, and endeavoured to wake her, but without avail. Being alarmed, she summoned M. Maugin, who found her lying on her back in a quiet and calm sleep, interrupted every now and then by deep sighs; the pulse was regular, soft, and slow; the limbs supple and moveable. The eyelids being opened, remained so; the pupils were insensible to light, and no means of excitation addressed to either of the senses succeeded in rousing her. She was insensible even to cutting and pricking and pinching the surface of the body.

This state lasted from the Sunday evening until Tuesday morning at ten o'clock, when suddenly she rose from her bed, fell on her knees by its side, and opening her eyes, which she raised towards heaven, joined her hands, and began a scene impossible to be described, and worthy the pen of a romance writer. All the catechisms, prayers, sermons, pious books that she had ever known or read, were repeated with the fervency almost of inspiration. The state of physical insensibility remained. She continued thirteen hours in the same condition, and thus occupied. On waking she expressed surprise at the concourse of people that surrounded her, and complained only of debility.

When questioned she stated that she had dreamt that an angel had conducted her to heaven. She gave a most rapturous account of the happiness she had experienced in her dream.

This state of ecstasy returned four times, twice at intervals of fourteen days, and once of eight days, and lasted on one occasion twenty-six hours. M. Maugin regards the case as one of a peculiar form of insanity.—*Gazette Médicale*, 1850.

The Powers of Nature in the Treatment of Cholera.—We are, unfortunately, obliged to admit that the best

efforts of medical men in combating cholera have met with a doubtful share of success; but we cannot allow, as some persons maintain, that medicine is quite powerless regarding this disease. In support of our opinion we shall quote a passage from a paper by Dr. Contour, published in the "Bulletin General de Therapeutique." The author gives a sketch of the treatment of cholera, in Russia, in the years 1846, 1847, and 1848, and relates the following fact:—Among the numerous religious sects of Russia there is one, the adherents of which are bound to refuse medical aid. Among these fatalists, as it were, the confirmed cholera has been extremely destructive, as nearly all the patients died. At Moscow, on the other hand, the mortality in the twelve hospitals, both permanent and temporary, has varied from 62 to 36 per cent.—*London Lancet*.

On the Treatment of Chilblains; by M. OSSIEUR.—In the earliest stage friction, either employed dry, or with brandy, or sp. camphor, is the simplest and best means; but when the parts have become red, swollen, shining, and even covered with phlyctenæ, but prior to ulceration, the formula recommended by M. Goffin may be used with the greatest advantage: Camphor, 4 parts; Ess. Oil Turpentine, 30 parts. When the practitioner is only consulted after ulceration has for some time taken place, M. Devergie's ointment is then the best application: Lard, 1 oz.; Liq. Plumb. Subac., 12 drops; Thebaic Extract, 3 grains; Creosote, 10 drops.—*Brit. & For. Med. Chir. Rev., from Bull. de Therap.*

SURGERY.

RUPTURE OF THE ILEUM.

(Communicated for the Boston Medical and Surgical Journal.)

Mr. H. G., æt. about 40, of medium size and healthy, Sept. 23, 1843, while leading a cow by a rope attached to her head, was thrown forward down hill, falling upon his face, his abdomen striking upon a small stick or stone. He felt injured from the fall, but after resting a short time, walked one mile and a half. Feeling more unwell, he sat down by the road-side, near a house.

His pain rapidly increased, and I was soon called. Saw him at 5, P.M., about two hours after the injury was received. At this time he was suffering from severe lacerating and twisting pain in the abdomen. There was no abrasion or bruise upon the surface, or appearance of hernia. On learning the history of the case from the patient and his friends, I immediately proceeded to adopt the following treatment. Venesection $\bar{\text{z}}\text{xxx}$. R. Sulph. morph., gr. 1-8, to be repeated every second hour—apply fomentations to abdomen. Saw him again at 9, P.M. Pain unabated. Repeat venesection, $\bar{\text{z}}\text{xxxij}$. Continue the morphine, to be repeated every third hour.

24th, 9, A.M.—Pain somewhat less acute, the patient being considerably under the influence of morphine—pulse wiry and frequent; abdomen tense; skin hot and dry, and all the symptoms of acute peritonitis. Repeat venesection, $\bar{\text{z}}\text{xvj}$. Continue the morphine and the fomentations—give an enema of osap and water to empty the rectum. The latter was repeated several times during the day and the following night, bringing away with each discharge a small quantity of fecal matter.

26th, morning.—The patient being evidently worse, the friends remonstrated, thinking that perhaps a better treatment might be pursued—that a cathartic should be given. I told them that there was probably a rupture of some part of the intestines, and explained the importance of keeping the bowels in as quiet a state as possible, thus affording the patient the only possible chance for recovery. The friends still persisted in their opinion, I asked for counsel. Three very worthy physicians from adjoining towns were called, who prescribed ol. croc. tig. gr. iij., in starch water, to be repeated every third hour, to give cathartic enema, to be repeated occasionally, and continue fomentations.

Nine drops of oil were given in all, when, same night, the patient died.

The autopsy was conducted by one of the counsel and myself, *post mortem*, 18 hours. No abnormal appearances discovered save in the abdomen, where were found the effects of acute peritonitis. Fecal matter was abundant in the abdomen outside of the intestines. On the median line, about midway from

umbilicus to the pubis, was a transverse rupture of the ileum extending about half way around it. Length of the ileum, from the rupture to the ileo-cæcal valve, three feet.

J. DOE.

Cabot, Vt., March 29th, 1850.

ON THE REMOVAL OF SCIRRHUS OF THE MAMMA BY THE KNIFE

To the Editor of the Provincial Medical and Surgical Journal.

SIR,—The questions put by your correspondent, Mr. Clement Hawkins, relative to operations for the removal of scirrhos of the female breast, are too pertinent and important to pass unnoticed, and I cannot permit myself to omit the opportunity of offering my quota towards their solution, which I shall do with all possible brevity.

1.—It can scarcely be doubted that a peculiar condition of the system leads to the development of scirrhos in any particular organ, and that the seat of its development must depend on local causes of an accidental nature, not unfrequently a slight blow or other injury. Hence it is, perhaps, that an analogous local cause, the necessary accompaniment of a surgical operation, seldom, if ever, fails to give a powerful impulse to the constitutional tendency (scirrhous diathesis) to reproduce, with an accelerated progress, the diseased action.

2.—The premises adduced afford a decisive answer to the second question; and if I mistake not, the principle is becoming daily more and more exposed by experience, that the removal of a scirrhous female breast by the knife is *not advisable*, even when in an indolent state.

3.—When the operation has been performed under the most favourable auspices, supposing the disease to have been confirmed scirrhos, my experience and observation convince me that the result is very rarely, if ever, favourable; that in most cases the return of the wound, or within a very limited period afterwards, and that it goes on to a fatal termination with greatly accelerated speed, the life of the patient being curtailed, and the suffering greatly increased. The answer received by Mr. Hawkins from his medical friends is full of practical wisdom and truth,—“The less you interfere the better.”

Nevertheless, it is not to be inferred that art is altogether useless, either in the relief of suffering, or even in arresting the progress of disease. Both may be effected to some extent by careful attention to the general health, and by the employment of soothing applications to the seat of disease in its more advanced stages. When ulceration has taken place, dressings containing opium will often be found especially useful, and in all stages the greatest care should be taken to prevent pressure on the part from too close fitting of the dress.

The inexpediency of operating in cases of scirrhus mammæ applies to all other cases of cancer with nearly equal force; and when the operator is induced by the early and complete cicatrization of the wound to believe that the cure of his patient is completed, he has very soon the mortification of finding a return of disease; and though some surgeons have courage and perseverance to perform repeated operations on the same patient, they cannot succeed in ousting the enemy from the citadel; the more frequent the attacks made with the knife the stronger he becomes, until his victory is complete, and the history of the patient is brought to a hasty close.

Female breasts have been removed by operation in a condition approaching to, but not quite arrived at, scirrhus, in which, perhaps, by anticipation, the cure has been effected. When carefully examined after excision, the gland is found firmer and more compact in its texture, but still not in a truly scirrhus state, though probably its normal organization was in the transition stage. Many years ago I removed from the same patient, at an interval of a year or two, both breasts, which appeared to be in this semi-scirrhus condition. The recovery was complete, and she is yet living, in the enjoyment of tolerable health, though not without an occasional alarm of threatened uterine disease. But I must not further encroach upon your pages.

I remain, Sir, your obdt. servt.,

T. M. GREEHOW.

Newcastle-upon-Tyne,
November 23, 1849.

Union of Separated Flesh.—To add to the well-attested cases in which completely excised parts have re-united

with the body, Dr. Hartshorne states that a coloured man, who had cut off the whole pulp of the end of one fore-finger with a razor, placed it on again, and came under his care at the hospital. Finding the piece crooked, he pushed it, so that it fell off into a basin of water. It was refitted, however, and left untouched for five days. It was then found to be entirely reunited, leaving a mere line to indicate the junction.—*American Journal of Med., Sciences*, Jan. 1850.

MIDWIFERY.

Case of Malformation of the Uterus, with Fatal Post-partum Hemorrhage; Morbid Adhesion and partial Osseous Degeneration of the Placenta. By R. C. HEWERT, M.D., of Louisville, Kentucky.—About four o'clock in the morning of Thursday, the 28th February last, I was called to go about two miles out, to attend Mrs. T., in labour with her first child. I arrived at her residence about 5 o'clock, A.M., and found a rather short, very fleshy but otherwise symmetrically proportioned lady, with an entirely healthy appearance and somewhat florid complexion. The mother of Mrs. T., a most sensible and estimable lady, was present, and informed me that this, her only daughter, and three sons, were all that survived of her fourteen children; that her first labor occupied three days; that she had had twins several times, but that this daughter was not a twin.

Mrs. T. was nineteen years of age, had been married three years, and was now pregnant for the first time—up to the time of marriage, and for some months after, her health was uninterruptedly good, and the catamenia continued regular in all respects, until the period of pregnancy. About eighteen months previous to the latter event, she became the subject of prolapsus uteri, and suffered greatly with pains in the back and left side. These pains continued to harass her up to the time of delivery. Until pregnancy occurred she weighed only one hundred and twenty-seven pounds, and at the time I saw her in labor her weight, she informed me, was one hundred and eighty pounds. By calculation, made at the time, I found that two hundred and eighty days

had elapsed since her last catamenial day. At the first onset of pain, about two hours before my arrival, the membranous sac had given way, and the liquor amnii had escaped. On examination I found the os uteri dilated to about the size of a dollar, and as I then concluded, the head presenting, but subsequent explorations disclosed a breech presentation, with the sacrum regarding the left acetabulum; it must have been the sacrum of the fetus presenting at first with which my finger came in contact. The bowels and bladder had been sufficiently evacuated, the pelvis had ample capacity, and everything seemed favourable for a much less tedious labor than it proved to be. During the forenoon, slight cutting pains continued to recur at very irregular intervals, and in the afternoon they almost entirely ceased. At 10 o'clock, P.M., the pains became somewhat more active but were very transient; the os tinæ was not more dilated than in the morning; the patient suffered severely with constant pain in the back and left side, particularly if she attempted to lie down; she complained of headache; her face was flushed and the pulse was full and strong. About sixteen ounces of blood were drawn from the arm, with marked abatement of all the unpleasant symptoms; but still she could not lie down without excessive pain in the back and side, and the night was passed without sleep. On Friday morning the patient was in good spirits with the skin moist, circulation quiet, and the os uteri slightly more dilated. The relatives began to manifest great anxiety and apprehension on account of the unexpected delay in the case, and I expressed a willingness to have the opinion of any medical friend in relation to it. Dr. Knight was accordingly sent for, and, after careful examination, he concurred with me in opinion that everything seemed favorable, and that nothing more could be done, nor should be attempted, to expedite the process, beyond the administration of opiates to procure sleep, and an enema, if necessary, to relieve the bowels. During this day and the succeeding night the pains were very feeble, with intervals sometimes of several hours; and although laudanum and afterwards morphine were given, the patient reached Saturday morning without more sleep

than transient dozing, and had continued to sit in a large chair. Tea and toast had been taken several times. She was sufficiently cheerful; showed no signs of exhaustion; the dilatation had made sensible progress, and the pains continued as before. About noon on Saturday an enema of castor oil and laudanum was administered, which acted sufficiently. During the afternoon the uterus acted much more efficiently, and with more regularity; but the pains were still unusually short. The breech was fairly engaged in the superior strait by 7 o'clock, being a period of sixty-four hours since the commencement of labor. Still there were no signs of unusual exhaustion. She was induced to lie down on the left side, and as the abdominal muscles were now brought into action rapid progress was made, so that by eight o'clock the presenting part was passing through the vaginal orifice. Three or four pains more expelled the body as far as the shoulders, and then the expulsive efforts seemed to cease. I directed ergot ʒss. to be immediately given; brought down the arms, and as the pulsations of the cord were very indistinct, the head was gently extracted. The child was remarkably large, perfectly formed, and irrecoverably asphyxiated. An immediate effort was made to set up respiration; and in a few moments my hand was applied to the abdomen of the mother, and the uterus (I then supposed the whole of it) seemed to be moderately contracted, although the tumor appeared to be longer and more pointed than I had ever noticed in any former case. The pulse was sufficiently full and firm, and not unusually accelerated. The mother of my patient was requested to place her hand upon the uterus and to follow it down with moderate pressure as it might contract. She remarked that it felt like a sugar loaf. My attention was again directed to the child, with attempts to resuscitate it, and after a few minutes I returned to the mother. Only one slight pain had occurred, and on making an examination the placenta could not be felt. Moderate traction was applied to the cord, and it became evident, from the firm sensation communicated by the cord, and by its mounting up when relaxed, that the placenta was firmly adhering, high up in the uterus. This surprised me, as

the latter seemed to be so much contracted. The pulse, also, was now more accelerated than I had ever observed in this stage. A message was immediately dispatched into the city for medical assistance to come with all possible speed. Up to this time the mother of Mrs. T. had her hand pressed constantly upon the uterine tumor, as directed. There was no external hemorrhage to excite apprehension, and for the third time I made efforts to reanimate the child; and whilst thus engaged I heard Mrs. T. sigh and ask for a glass of water—I immediately went to the bed, placed my hand on the abdomen, and found the uterus much higher up than at the previous examination, but it still had the remarkable pointed peculiarity mentioned above; and now I was astounded by feeling another tumor, larger than the first, and below it, in the position the patient was lying, on the left side. For the moment I concluded this might be owing to some peculiar spasmodic contraction of the uterus. The pulse had become quick and weak, with hurried respiration and sighs; the face was bedewed with perspiration and all the fearful evidences of internal hemorrhage were before me. Fifteen or twenty minutes had now elapsed since the birth of the child. Thirty grains of ergot, all I had, were directed to be given at once; my coat was instantly thrown off, and I proceeded to introduce my hand to extract the placenta, and induce contraction. On penetrating the body of the uterus my hand encountered masses of coagulated blood, and passed up into a cavity that at one point admitted it with some slight difficulty, and which, beyond this, was expanded into a sac somewhat larger than my closed hand. But the placenta could not be found. On slowly withdrawing my hand this cavity contracted upon it, and I then felt the edge of a substance, presenting downwards, and a little to the right of the patient, which I at first supposed was the placenta partly detached, but soon found that this substance was incorporated with the anterior and posterior walls of the uterus. I then found the cord, and following it up, my hand passed off to the left into another sac, in which I found a great quantity of coagula, and the placenta firmly adhering, with the exception of about five inches

of its circumference, nearest the centre of the uterus. The substance I had before noticed was now ascertained to be a dense, thick septum, dividing the upper part of the womb into two distinct cornua. In their then expanded condition, the fundus of each sac was distant from the inferior edge of this septum about the length of my hand, or seven inches. I commenced inserting my fingers between the placenta and uterus, and another peculiarity was disclosed, in numerous hard rough points studding the uterine surface of the placenta. The after-birth was adhering with remarkable tenacity, and to remove it, without endangering the integrity of the uterus, required much caution. After it was separated, pressure was applied to the fundus of the placental side of the womb, whilst one of the attendants made firm counter-pressure externally, but no effort at contraction was made. The abdomen was covered with cloths dipped in cold water, and water was freely poured upon it, but the uterus remained as inert as if severed from the body. In the meantime my poor patient was becoming very weak and faint, the extremities cold, pulse feeble and fluttering, and the face perfectly blanched. Brandy and laudanum had been administered frequently and freely. They were continued, and the head was lowered as much as possible. I determined to withdraw the placenta, and some of the clotted blood. This was done as speedily as possible, and my hand was again carried into the uterus. The right side had expanded again, and my knuckles were pressed against the fundus of each cavity, alternately. External pressure and cold water were still applied, but no contraction ensued. All the usual expedients within my reach had been used in vain, and I directed powerful external pressure to be made over both sides of the uterus, so as to bring, if possible, the anterior and posterior walls in contact, whilst I compressed the abdominal aorta, a short distance above its bifurcation, as firmly as I could with my fingers. By this expedient I hoped to gain, at least, some time. Those who have had to manage cases of flooding, in which an amiable and confiding patient, in the midst of healthy, vigorous, and youthful life, may have been reduced, in a few moments, to the very verge of

existence, and have witnessed a family, full of joyous anticipations, suddenly overwhelmed with the most fearful forebodings and uncontrollable anguish, may form some estimate of the awful scene of responsibility that had possession of me at this moment; and although this case was surrounded with anomalous features and difficulties, fully sufficient to make a fatal issue unavoidable, they did not, at the time, make my mental suffering the less. An hour had passed since Mr. T. started into the city with my message, when Professor Rogers, generously sympathizing with my condition, and braving the very inclement night and perilous road, entered the room. If an angel had suddenly appeared to rescue me from drowning, the presence could not have been more acceptable. Although for some time I had held the aorta firmly compressed, and all the other appliance had been continued, my patient continued to sink, and when Dr. Rogers arrived, she lay as still and white, and almost as cold and pulseless as a statue of alabaster, and thus quietly expired. Dr. Rogers quickly introduced his hand, and at first thought the uterus was contracted, but when I requested him to direct his hand to the left, it passed high up into the placental side, which was still perfectly flaccid. The right side had probably contracted, in some degree, and into it, Dr. R.'s hand had at first penetrated. He at once pronounced it a case of malformed uterus. We made a hasty examination of the placenta, and points of ossification, extending over its uterine surface, were distinctly perceptible to the sight and touch.

To Dr. T. G. Richardson I am indebted for his valuable services in conducting the autopsy.

Autopsy—fifteen hours after death.

—The body was found moderately rigid and perfectly exsanguinous. Not a drop of blood appeared, at any point, in the track of the scalpel. There was a subcutaneous layer of fat, fully two inches in thickness, covering the abdomen, and the muscles were remarkably attenuated. The uterus was partially contracted, and instead of a convex border at the fundus, presented a very marked depression. At the point of depression and for some distance downwards, the anterior wall evidently projected forwards; and to the touch, externally, a thick, firm mass was

felt occupying that portion of the cavity. The whole organ, with its appendages, was carefully exsected.

The relations of the deceased, with a promptness that did great credit to their good sense and intelligence, permitted us to retain the uterus and placenta.

The uterus measures from the fundus to the os tinæ eight and a half inches; its greatest width, when lying flat on a board, is seven inches. A partial, fleshy partition extends antero-posteriorly and in a longitudinal direction in the cavity of the uterus; being attached to the middle of the fundus, and reaching downwards about two and a half inches, with a free crescentic margin. Its antero-posterior width is about two inches; its thickness, at the attached part above, half an inch, and it gradually becomes thinner to the free edge. It is not unlike the falx cerebri in shape.

When the uterus is distended with water, it appears exteriorly, in front, like the female breasts, if the nipples were removed, the division between the two sides being in appearance like that between the breasts.

In all other respects the uterus seems to be perfectly normal. The deciduous membrane lined both sides, as patches of it are still adhering to the internal surface of the right or unoccupied side.

The placenta is peculiar, only in the points of ossification on its uterine surface, and in a somewhat oblong shape, with one end broader than the other.

The specimens were presented to Professor Cobb for the Medical museum of Louisville.

Remarks.—This case was probably an imperfect effort at what is called a double uterus.

From the fact, that before death the right sac was smaller than the left—at one point scarcely admitting my hand; and from noticing that the free edge of the septum was then looking considerably to the right, I infer, that the fetus, as well as the placenta, occupied exclusively the left side; thus forcing the septum to the right of the mesial line with which it now corresponds. I conceive that this partition was not endowed with the same facility for growth or development and rapid contraction as the rest of the uterus. Otherwise I can see no reason why, at full term, the point of the fundus corresponding to the attachment of the septum

was not as high up, at least, as any other part of the uterine walls, instead of being depressed as it was, and, with the two sides of the uterus expanded into two cornua, reaching up fully seven inches above the lower edge of the septum, as I noticed at the time.

This abnormal condition of the womb interrupted the favorable completion of parturition in several ways. In the first place, the fetus and placenta being confined to the left side, had less space for their development than in ordinary cases and probably produced unusual distension which may have been the cause of the ultimate fatal inertia of this side, and of the firm adhesion and partial degeneration of the placenta.

The axis of the left side being in an oblique direction to that of the superior strait, must have made the contractions much less effective in dilating the os tinæ, and aided in producing the protracted labor. In this condition of the parts, which of course could not be anticipated, the position in which my patient was lying, on the left side, was certainly not the most favorable; as it increased the obliquity of the axis of the left side of the uterus. This position, in connection with the existing obliquity, by favoring the accumulation of blood in the left sac, probably caused, also, the hemorrhage to be internal.

The bifid state of the fundus of the womb, making two distinct sacs completely deceived me when I first applied my hand to the abdomen, after the birth of the child; for, although I noticed a peculiarity in the shape of the uterine tumor, seemed to be the entire organ, and its smallness was the means of misleading me the more, as I concluded the uterus was so much contracted. From the time of the birth of the child, the left cavity, I have no doubt, was fully expanded and the hemorrhage that stealthily exhausted the life of my patient was already in progress.

The irregular, inefficient contractions that marked the case throughout, were probably owing to the septum, that acted as a band through the centre of the uterus, crippling its movements, and preventing simultaneous contraction of all its parts.

Even if the placenta had not been adherent, and had, at once been expelled, still it appears to me, the presence of the

septum would have acted somewhat like that of the placenta, in preventing sufficient contraction, and in inviting hemorrhage. As this septum was not developed in proportion with the growth of the walls of the uterus, it is fair to conclude it could not contract so readily, nor until after some considerable time would elapse.

The complete inertia of the left cavity cannot be accounted for by supposing a state of general exhaustion arising from the protracted labor, for the countenance, state of mind and pulse of the patient, gave no indications of unusual fatigue, and the right side did contract, readily, when my hand was first carried into it. It might perhaps be considered as in "a state of stupor caused by sudden evacuation," after unusual distention.

The most usual effect of morbid conditions of the placenta, is imperfect development of the fetus, and its premature expulsion from the uterus. In this case, the fetus was perfectly formed and very large; was undoubtedly living a short time before birth, and the full term of gestation had been completed.

As to the cause of abnormal adhesions of the placenta much uncertainty seems to exist. In Cazeaux's *Midwifery*, I find the following, which is probably the sum of all that is known on the subject. "According to most authors, they are owing to a fibrous transformation of the cellular filaments which hold the placenta and uterus together, whereby they acquire a degree of solidity sufficient to withstand the uterine forces. These adhesions have also been referred to the degenerations of the placental tissue itself, as well as to various osseous and calcareous concretions."

Various authors mention the fact of the occasional occurrence of cases of double uterus, and of several other irregularities in the formation of the female organs of generation. Dr. Churchill mentions the *uterus bicollis*, *uterus bicorporus*, *uterus biangularis*, &c., and says: "it is remarkable that these malformations, which are owing to an arrest of development, appear to reproduce the analogous organs of lower classes of animals." "These congenial malformations are by no means very rare; Dr. Cassan collected forty-one examples, and many others have since been reported." I have not found any new cases reported for some years past.

Dr. R. Lee says, in all cases of this kind, "without a single exception, the uterine appendages have been simple, or have consisted of one ovarium and one Fallopian tube annexed to each cornu of the uterus, and not of two ovaria and two Fallopian tubes, as the term double uterus would seem to imply."

In the *Med. Chir. Rev.*, vol. 19, the following case is recorded: "M. Moreau (Academy of Medicine, Paris) presented a very beautiful specimen of a uterus completely divided into two equal, lateral halves; each provided with a tube and ovary; each separated from the other by a double partition, and each having distinct necks and mouths into single vagina. The woman died after an accouchement. The fetus was a male, and had been developed in the left cavity; and therefore, not in accordance with the whimsical idea that the right ovary furnishes the male and the left the female germs."

Dr. Robert Lee says: "In the museum of the Royal College of Surgeons, in London, there is a specimen of bifid unimpregnated uterus, and another was preserved in the collection of Mr. Brookes in which the fundus cervix and os uteri were all divided by a thick septum.—Similar cases have been recorded by different writers.—Messrs. Lauth and Cruveilhier have reduced all the malformations of the uterus to the four following varieties: 1. Where the uterus and vagina are separated into two cavities by a septum running in the direction of the mesial line, while the external configuration presents nothing unusual.

2. Where the fundus and body of the uterus are divided into two cornua, the cervix, os uteri, and vagina remaining in the normal state.

3. Where the uterus is bifid, as above, while the cervix and vagina are divided by a septum.

4. Where the vagina form a single canal, with a double os uteri.

An attempt has been made to explain cases of alleged superfetation by supposing the existence of a double uterus; but this theory seems to be overthrown by the case reported by Dr. Lee himself, "of impregnated double uterus, in which an organized deciduous membrane, in the form of a shut sac, lined the unimpregnated cornu, and rendered superfetation and menstruation impossible."

It might be a subject of very interesting inquiry, how far these cases of imperfect double uterus may favor the production of twins. As these malformations seem to be a reproduction of corresponding organs of the lower classes of animals, it is not altogether unreasonable to suppose that some tendency to the multiparous nature of these classes, may in such cases, exist.

MEDICAL JURISPRUDENCE.

Fatal case of Poisoning by Tartar Emetic, by JAMES EDWARD POLLOCK, M.D., Licentiate of the Royal College of Physicians, (Medical Resident in Rome from 1842 to 1849) &c.

I desire to place on record a case of poisoning by tartar emetic which occurred in Rome, under my notice, in the early part of last year. The history of the case is not so complete as could be wished, as the political circumstances of that city at the time of its occurrence were so peculiar as to forbid the possibility of a post-mortem examination. The quantity of the poison actually taken, which is the point of peculiar interest to the medical jurist, was so accurately ascertained, owing to the singularity of the moral circumstances of the case, that I believe it will be a useful addition to the limited number of observations of the occurrence of death from this mineral.

In the month of January, 1849, Mr. C—, a patient of mine, had obtained from England a bottle of tartar emetic in powder for the purpose of preparing an ointment for application to the chest, as we did not conceive that the foreign preparation was equally good for that purpose. The bottle contained two ounces, and was labelled, as usual, in English. It lay on his dressing-table, to which his courier, Antonio, had free access. This bottle was missing for some weeks, and all search for it proved unavailing till after the fatal occurrence. On the morning of Feb. 21, at 7 A.M. I was called in haste to see Antonio, who, it was stated, had poisoned himself. The following was the history of the case. At 1 A.M. he had retired to rest, having accompanied his master home from a ball half an hour previously. He was a robust, healthy Italian, aged about 30; and I ascertained that,

when in waiting with the other servants at the house where the entertainment was given, he had been quite sober, and was in his usual health and in high spirits. Shortly after he retired to his room, a maid-servant in an adjoining apartment heard him vomiting violently, and, on knocking at his door, he opened it, and stated that he had taken "a tea-spoonful of tartar emetic as a medicine, not feeling himself well." He then went down-stairs to the porter, and vomited all the way; returned to his room, still retching violently, drank freely of cold water, and lay down on his bed. An Italian physician, who was then sent for, told me that he saw him at 3 A.M. (two hours after the poison was taken); that he stated that he had taken a tea-spoonful of tartar emetic as a remedy for slight derangement of stomach, &c., and that he had no other medicine. He was very restless and anxious, although sensible in manner; still vomited, or rather reached violently, at short intervals, and complained of heat and constriction in the throat, and pain in the epigastrium. His respiration was frequent; skin perspiring freely; bowels naturally moved twice; pulse rapid and small.

Conceiving that the danger was now over, as the poison must have been nearly all removed by the frequent vomiting, his medical attendant left him, ordering ℥j. of the decoction of cinchona to be taken every second hour. His medicine unfortunately did not reach him till 6 A.M.: meanwhile he was constantly attended by his master; his restlessness became extreme; respiration rapid, then slower; the difficulty of swallowing became greater, and he sank into an insensible state about 6 A.M. (five hours after the poison was taken).

The case presented the following hopeless features when I saw him at 7 A.M.:—He lay on the bed insensible, motionless; the eyes open, the pupils closely contracted; the respiration slow, laboured, no sterter; the mouth spasmodically closed; the surface warm throughout, and dry; pulse 130, very small, and, even while I remained, becoming much more indistinct; the impulse of the heart scarcely perceptible; the power of swallowing had ceased; there was no vomiting; no dejections from the bowels further than those

above mentioned. With the syringe and œsophagus-tube I washed out the stomach repeatedly with a weak solution of tannin, without, however, any hope of benefit. He died tranquilly, and without convulsions, at 11 A.M., exactly ten hours from the time of taking the poison.

On searching minutely through the room, I could not discover any phial or vessel which contained any remains of medicine; but the missing bottle of tartar emetic was found in his box, as full as when it arrived from England, and weighing exactly two ounces. The authorities immediately removed the body and all the matters in the room, and any further insight into the nature of the case was denied us; nor did any investigation that I could hear of take place. But the peculiar state of Rome at that period (which was then agitated by the Republican experiment), and the habitual neglect of proper medico-legal investigations in the Papal state at the best of times, will sufficiently account for the negligence of the authorities.

The following circumstances, which I personally ascertained, seem to decide the fact of poisoning having occurred from tartar emetic, as well as the *quantity taken*:—On inquiry at a chemist's shop who usually supplies foreigners with medicines, I discovered that some weeks previously the courier had come to the shop and stated to one of the assistants that he had spilled a small portion of a medicine of which his master had a bottle, and that he wished the chemist to replace it exactly, so that the accident might not be discovered. The assistant weighed out *one drachm* (English weight), which exactly replaced the quantity which had been removed from the bottle, and stated to us that he had a distinct memory of the transaction. We also learned that the unfortunate man had embezzled money to some amount belonging to his master, having left unpaid, for a long time, various bills for which he had received funds.

I conceive that we have here sufficient evidence that this was a case of poisoning by tartar emetic, and *that the amount taken did not exceed one drachm*. I would remark on the symptoms, that the rapid supervention of insensibility and great depression of the circulation

indicate that the mineral acted directly on the nervous centre, and exerted that powerful effect on the action of the heart which we are accustomed to call its "sedative" effect when administered in large doses in the Italian method. The absence of diarrhœa, tenesmus, &c. shows that it had probably not passed for any distance into the intestines. I cannot also help deeply regretting that a more direct chemical remedy had not been earlier administered. In such cases tannin (when it can be had, as in the present instance) is preferable to the infusions of any of the barks containing it, as invaluable time is lost in the preparation of the latter, and their administration in powder is neither so practicable nor so efficacious as that of the active principle itself. *Two hours* were lost by the chemist in the careful preparation of a decoction which arrived too late!

In a medico-legal point of view the case is interesting in several respects.

1. It is the only case on record in which death ensued in so short a time from *so small a dose*. In the only one which proved fatal of Orfila's five reported cases, that results occurred in four days from two scruples. In Beck's case (a child) fifteen grains were fatal "in a few weeks." Three drachms were fatal in a case in England (Traill); but the exact period of death is not recorded.

2. Taylor states that the quantity required to destroy life "will probably depend much on whether active vomiting or purging have been exacted or not," as in such cases the poison will probably be removed; but here vomiting of a violent character occurred early, and continued for hours, and still we have the fatal issue apparently as a primary result of the poison on the brain and heart.

3. I am not aware that any case of *suicide* by this mineral is on record: in fact, it is not vulgarly known in any country to be a poison. After much thought over the above case, my own impression is, that the unhappy man did not intend to commit suicide at all, but merely proposed to himself to excite one of the known frequent symptoms of poisoning; that, when he had been discovered to be suffering, he would state that he had robbed his master and taken poison; and that then,

having received an expected forgiveness accorded to him in commiseration, he looked forward to recovery as from a common emetic; and that thus it was a case of *poisoning by mistake*. But these speculations are concerning events hidden among the inscrutable things of eternity.

[CONCLUDED FROM OUR LAST.]

Trial of Doctor Webster for the Murder of Doctor Parkman.—A Policeman gave some evidence as to the finding the remains of the body.

The Court then heard the evidence of Littlefield, the Janitor of the College, which is so important that we give it at full length.

Ephraim Littlefield sworn.—I am the Janitor of the Medical College; superintend the building; make fires, sweep, &c.; have been Janitor seven years—three winters at Mason street College, and four at the new; have known Dr. Webster seven years; known Dr. Parkman over twenty years; was present at an interview Monday evening, Nov. 19th, between Drs. Webster and Parkman; I was in Dr. Webster's back private room, assisting him, towards evening; Dr. Webster had three candles burning; Dr. Webster was looking at a chemical book and appeared to be reading; I stood at the stove stirring some water in which something was to be dissolved; there was salt in the water; I heard no footsteps, but saw Dr. Parkman enter the room from the lecture room; Dr. W. looked round surprised to see him enter without being heard; he said, "Dr. Webster, are you ready for me to-night?" speaking loud and quick: Dr. W. answered, "No, I am not ready to-night, doctor;" Dr. P. said something else, I do not remember what; he either refused to sell Dr. W. something or refused to mortgage something; Dr. P. took out papers from his pocket, and Dr. W. said, I was not aware it was so, and Dr. P. said it is so, and you now know it. Dr. Webster told him, I will see you to-morrow. Dr. Parkman stood near the threshold of the door, and raised his hand and said, Something must be done to-morrow. He went out, and it was the last time I ever saw him in the building; when I was standing in front of the College, about 1½ o'clock next day, Tuesday, Dr. Web-

ster came and asked me if I could carry a note to Dr. Parkman, and added, that if I could not get any one I could trust, that I must carry it myself; I got a boy named John Maxwell to carry it up. He was gone about thirty minutes, and said he gave it into Dr. P.'s hands at his house. I had an interview with Dr. W. about noon the same day. Dr. P. was there Monday before—Dr. P. was there in the evening. I am very positive it was that same day. Dr. W. asked if the vault had ever been fixed where he used to put the remains of subjects from the dissecting room, and from the Demonstrator of Anatomy's room, meaning the vault in the entry; he added that there had been something said about having it repaired, or a new one built; I told him it was built right under his coal bin, which was between his laboratory and the dissecting room; in the bin he put about eight tons of coal; I told him the weight of this coal sprung the wall so as to make it leak, and caused an offensive odour to be sent to all parts of the building; he asked me how it was fixed; I told him the vault had all been covered up with dirt, and there had been no smell since; he asked me how I got down under the building to cover it up, or how any one could get down. I told him we took up the brick floor in the dissecting room entry, and then took up the board floor about 6 feet long. He asked me if that was all the way to get down under the building. I told him it was under his laboratory or the front room, and told him how the walls ran. He asked me if we could get a light into that vault, and I told him no. He asked if I was sure of it—I told him I was, for I had tried a few days before to get a light into the vault. He said he wanted to get some gas out of the vault. I had tried to get a light in to find something which Dr. Ajnsworth had lost, and the foul air put it out. Dr. A. had let down an African skull to macerate it in the vault, and the rope had rotted off. I attempted to put a light down and it went out; Dr. W. told me he wanted to get some gas to try an experiment; I told him then would be a good time, as it was high tide the water would press the gas up; I asked him how he was going to get the gas into any vessel; he said he had an apparatus that he could do it with. He told me

when he wanted to get the gas he would let me know, and that is the last time I ever heard of it; I do not recollect any other interview with Dr. Webster before the day of the disappearance—but now I do recollect a message to the hospital; he said he wanted me to get him some blood for his next day's lecture; he said he wanted a pint; I took a glass jar off from his shelf, holding nearly a quart, and asked if that would do to get it in; he said, yes, get it full if you can at the hospital; just before two o'clock I carried it to the front entry, and put it on the top of the case where I put up notices. I went to Dr. Holmes' lecture before it finished; at Dr. Holmes' lecture room I saw the student, John B. Hathaway, who attends the apothecary's shop in the hospital; I told him there was a glass jar in which Dr. W. wished to get a pint of blood; he replied, I think we shall bleed some one to-morrow morning, and I will save the blood; Friday morning I went to the apothecary shop at the hospital, and the student said they had no blood, as they had bled nobody; I told Dr. Webster about 11½ o'clock Friday, that we could get no blood; he said he was sorry, as he wanted to use it in his lecture; that is all I know about the blood. I have no recollection of having any interview on that morning with Dr. W., after the one mentioned in the morning, Friday, Nov. 23d, after I made his fire, swept the room, and went to set the broom behind the door leading from it to his laboratory, and saw the sledge hammer behind the door; it was usually in the laboratory; the handle was about two feet long, of white oak, and would weigh 6 or 7 lbs; I never saw it in his back room, or any where except in his laboratory before; the hammer was about as large round as half an orange, rounded on both sides; I carried it down stairs into the laboratory, and set it up against the box in the centre of the laboratory. I have never seen anything of it since, though I have hunted the building all over. I do not remember anything particular till a quarter of two, when, after I had eaten my dinner, I was standing in the front entry looking out at the front door. I thought before the Coroner's inquest that it was about half-past one; but reflecting upon it, I remembered that day I had examined the tickets at Dr. Holmes'

door, which would make it a quarter of an hour later. I saw Dr. P. approaching the college in North Grove street, abreast of Fruit street, walking very fast. I entered Dr. Ware's lecture-room, and lay on the settee, nearest the register and nearest the door, waiting for Dr. Holmes' lecture to finish, to help to fasten his doors and clear away his things. I did not hear any one enter Dr. W.'s lecture room. The front door was open till after the lecture that day. Dr. Ware's lecture-room door was closed by a spring. After putting away Dr. H.'s things, I came down to lock the front door; about fifteen minutes past two Dr. Holmes went out; he is generally the last one to go out of the building; then I went down stairs to prepare the furnace for the next day; I always sift the coal out in the afternoon; I cleared out the furnace that warmed the Anatomical and Medical Lecture-room—they are both in the cellar, close under the front steps; I then went up and cleared out the stove in the back private room of the medical lecture room; the anatomical room up stairs, the chemical and medical below; the former in the west and the latter in the east wing. I then went down to Dr. W.'s laboratory door to clear up his room—the door that leads to my cellar—the door under the stairs leading from Dr. W.'s small room to his laboratory under the laboratory stairs—I found that door bolted on the inside; I then went round to the next door that led to his laboratory, and found that fast—put in my key—found I could not get in, and that it was bolted; I heard him in there walking; I heard the Cochituate water running; went up stairs and tried the door that led to the lecture-room from the front entry. After a recess, Mr. Littlefield resumed—Left Professor Webster's room and went out; saw Messrs. Clapp, Kingsley, Fuller and Rice; came in by the shed; Mr. Clapp said he wished to speak with me; said he, we are going to search every foot of land in this neighbourhood, and wish to search the college, so that people around might not object to having their houses searched; I told him I would show him all parts of the college to which I had access; we then saw Dr. Jacob Bigelow in the entry: we all went into my parlour and talked; Dr. Bigelow said, show them everything;

some one said, let us begin with Dr. Webster's rooms; I went to the door leading to my cellar, and it was fast; I told them we must try the other way; went up to the lecture-room door, and found it locked; rapped as loud as I could with my knuckles; he came and unbolted the door; I told him what the officers were there for; we all passed in and down into his lower room; I think Mr. Clapp went towards the small private room; Dr. Webster said that was the room where he kept his valuable and dangerous things—I hardly ever went into that room; Mr. Clapp did not search that room; we all went down the laboratory stairs; Mr. Clifford looked into a pane of glass in the privy door, and asked, what place is this? Dr. Webster was then within three feet of him; I told him, that is Dr. Webster's private privy; no one has access to it but himself; Dr. Webster withdrew their attention to another part of the room, and unbolted another door; we all went out; some one wanted to search the vault where the remains of subjects are thrown; I told them there was nothing there but what I had thrown in myself, no one else had access to it; it was always locked, and I kept the key of it; the vault is a room sunk below the College floor, 12 feet square; the entrance to it 2 feet square, and secured by strong locks; we unlocked the access to the vault, and lowered a lantern into it; all seemed satisfied that there was nothing there which did not belong there; we searched over the whole building; then some one asked if there was any way of getting under the building; I told of the trap door; we got lights and went down; Mr. Fuller and I crawled across to the back side of the building and found nothing there but dirt, put there when the building was made. I pointed Mr. Fuller to the wall dividing off what was under Dr. Webster's laboratory; I told him that was the only place which had not been searched, and there was no access to it except by breaking through the floor, or digging through the wall; they then searched my rooms. About 4 o'clock P.M., I was standing in the front cellar under the front steps, and I heard Dr. W. open the door and come in about two minutes after. Being in the entry, I heard him come down the laboratory stairs and un-

bolt the door leading into my entry; as soon as I heard him unbolt his door, I went into my kitchen; as soon as I went in I heard his bell ring; I was in the cellar in the forenoon, Thursday; my wife wanted me to remove the grape vines, which were getting scattered about; I attempted to get them into Dr. W.'s room, but could not get them in; went to work on the wall about three o'clock to get under Dr. Webster's laboratory, near the privy, to satisfy myself and the public: I could not go outside of the building without everybody being at me, saying that Dr. Parkman would be found in the Medical College, if he was ever found anywhere; that was the only place not searched; I went down by the front scuttle; all the tools I had to choose were a hatchet and morticing chisel; I could not do much with such tools; all I did was to get out two layers of brick; I was gone that night, till about four o'clock, at a ball of a Division Sons of Temperance in Cochituate Hall; wife called me about 9 o'clock, and wanted me to go to work on the wall; did not get up till she called me to breakfast: after breakfast, Dr. Webster came into my kitchen and asked if I had heard anything from Dr. Parkman. He said he had just come from Dr. Henchman's apothecary shop, where he heard of a woman having put a large bundle into a cab, and afterwards found it all covered with blood. I said there were so many flying reports now about Dr. Parkman that one did not know what to believe. He went up stairs—there were men there carrying up busts to place in the anatomical lecture room. Dr. Henry J. Bigelow was there—I asked him if he knew there were reports and suspicions against Dr. Webster? He said he knew there were. I told him what I was doing on the wall; he told me to go a-head. In a few minutes I went into the demonstrator's room, and there I saw Dr. J. V. S. Jackson alone. I told him what I was doing on the wall—he said, Mr. Littlefield, I feel dreadfully about this.—[Objected to by the prisoner's counsel.] He said, do you go through that wall before you sleep.

Mr. Clifford—Did he give any directions as to what you should do if you found anything there? He asked me what I should do if I found anything? I told him I should go to Dr. Holmes.

He said, No: go to old Dr. Bigelow, in Summer street. He said, write your name on my slate there, and if I am not at home I shall understand it. About 3 o'clock I went to Mr. Fuller's and borrowed a crowbar; he asked me what I wanted to do with it; I said to knock a hole through a brick wall for a Cochituate waterpipe; he said, I guess you do. What I said was in joke, and I supposed he so understood me. I went home and locked all the doors, leaving the keys inside; told my wife not to let any one in, but if Dr. Webster came to be sure and let him in, but not till she had given four raps on the floor. I blistered my hands and came up and put gloves on; went and borrowed a cold chisel and hammer of Mr. Fuller—he seemed very ready to lend them. I got out three courses and a half of brick, the thickness of the wall; I heard soon some moving over the floor and four raps on the floor with a hammer; I came up and met my wife, who said she had rapped too soon; she saw two gentlemen coming, and thought one of them was Dr. Webster; they were Mr. Kingsley and officer Stackweather; I came out and saw them; Mr. Kingsley wished to get into Dr. Webster's room; I told him it was locked up, and I could not get in; Trenholm, with whom I was well acquainted, came up; I told him that I should get through in 20 minutes and would then let them know; while I stood there talking, Dr. Webster came in—he went up into his room; while I was talking with Trenholm, Dr. Webster came to me and said that an Irishman had offered a ten dollar bill at the toll-house to pay his toll of one cent; the toll-keeper thought it strange, and kept the bill, as I understood Dr. Webster; he said that the Marshall had been to him about it; that he asked him if he paid such a bill to Dr. Parkman; he said he could not swear to it. After he went away I went back into the building, and Trenholm was to call in twenty minutes or half an hour; my wife was to keep strict watch at the door. After getting down, I used the crowbar and not the chisel, and soon knocked the remaining bricks through; it might be five minutes; had difficulty to get a light through the hole, on account of the draft of air. When I got the light in there was no trouble from the draft; on holding the light, I saw the pelvis of a

man and two pieces of legs; I came up and told my wife; she spoke to me first, and asked me what was the matter (objected to by prisoner's counsel). Mr. Clifford contended that he had a right, as the witness had been charged with a conspiracy, to prove his condition, and he now asked him what that condition was. Mr. Merrie said the prisoner's counsel did not object to that question, but to his testifying what his wife said. I was violently agitated; I locked the trap door and went to see Dr. Jacob Bigelow; he was not at home; Mrs. Bigelow asked me what was the matter; I then went down to Henry J. Bigelow's, in Chancery place; he told me to come along with him down to Mr. Shaw's, in Summer street—Robert G. Shaw, Junr.; we went down into his study; Mr. Shaw sent for the Marshall, and he came: the Marshall told me to go back to the cellar, and he would soon be there; I went to Dr. J. B. S. Jackson's, in Bedford Place: wrote my name on the slate, and got back to the College before the rest; Mr. Trenholm was there; he had been down and made some discoveries. The hole I dug in the wall was about three feet from the ground—18 inches one way and a foot the other; the ground under the privy was lower from the floor than the ground in the cellar where I dug; the ground under the privy shelved from the wall; the remains were not perpendicularly under the privy hole, but thrown out from it, forward a little; there is no aperture by which anything but tide water can come in where the privy is; the wall had been pointed the year before; the tide came in underneath, through the broken stone placed around to keep the wall from spreading; the receptacle for offal of the dissecting room was meant to be tight, but lets the tide in; it would not let anything else in or out; it soaks through the bricks.—Clifford—You said Mr. Trenholm had been down and made discoveries: how could that be, when you locked the door and put the key in your pocket?—Witness: My wife had another key. Were you in the laboratory when the Marshall thought he heard Dr. Webster above, and went up with his revolver? Yes. What was the noise? It was my wife and children running; was there when they brought Dr. Webster; went to the door and saw a carriage and several

gentlemen; officer Spear came to me and said we have got Dr. Webster here, and he is very faint—we want some water for him, and to get him to the college as soon as we can; he was also then supported by the officers; did not seem to have the use of his legs at all; he looked pale, and thought he trembled; he complained that they had taken him away from his family without giving him a chance to bid them good night; I unlocked the lecture-room door and we found the back room locked; they asked me to unlock it; I said they must ask Dr. Webster for the key, for he had it himself; he said that he had been hurried away from home, so that he had not taken his keys with him; I went round through the cellar door which Dr. Webster had that day, for the first time, left unbolted, and broke down the door of the back room; they then wanted to get into the back private room, which was locked; I told them they must ask Dr. Webster for that, for I never had access to that room; he made the same excuse for that key; there were enquiries made for the key of the privy; I told them they must also ask Dr. W. for it—I had never seen it; he said it was hanging on a nail; we went to the place and took a key from a nail, but it did not fit; he asked us to shew it to him, and then said we had got the wrong key—it was the key of his wardrobe; we could not find the right key; he said he did not know where it was; there was enquiry for a hatchet, which usually hung on a nail by a ring, near Dr. W.'s stove: it was not there; Dr. W. was asked for it, and said it was down in the sink; it was found there, and we broke open the door of a back room; we there found in a drawer a hatchet that was wrapped up, and when they were undoing it, Dr. W. saw it; he said it was a new one that had not been opened; we went down and broke open the privy; I do not remember whether Dr. W. was down there or not when we broke it open; he was much agitated, and asked for water, but could not drink; his hand trembled, and he snapped at the tumbler like a dog or a mad person; I went to the furnace and fished out a bone from it; was told to let all remain as they were. We went down into the cellar, and passed up the remains on a board to the trap-door, and laid them on the floor; Dr.

Webster was brought down near them : Mr. S. D. Parker asked Dr. Webster if these were human remains; he said they were. Dr. Webster was much agitated, perspired; after looking some time the parties retired, and officers were left to guard the premises; Dr. Webster's working dress was a pair of thin overalls and an old coat; have not seen the overalls since the arrest; I think he had on the overalls Monday or Tuesday before his arrest; have always seen him have them on when he was at work; all the keys I knew of the Dr.'s having were of his own room and the dissecting room. I know a bunch of skeleton keys were found in his drawer; they were found in his small back room. Knows of towels being found in the privy vault; they were a diaper roller and two crash towels; the crash towels were marked W; the roller towel I knew; he had had it several years. On Friday, when I washed some glasses for him, I wiped my hands on that towel; I don't recollect that it was marked: I had that to wash for him a good many times. A bunch of skeleton keys were produced, found in Dr. Webster's private drawers. The prisoner's counsel objected, and asked what they had to do with the case. The Attorney General claimed, that they were accounted for by the prisoner after his arrest, and were tied with a piece of twine similar to that on the leg. The prisoner's counsel still objected, the keys were withdrawn. Was present when the towels were found; it was by an officer. Have sometimes been in the dissecting room, and got for Dr. Webster a small piece of muscle as big as my finger to experiment upon; other than that I have never known him to have any occasion for anything from the dissecting room; have heard noises from his room from explosions of pistols from galvanic battery, and bladders filled with gas; by filling and setting fire to them, they would go off as loud as cannon. I helped to hang them up and fix them, and used to stay to hear him explode them. The towels, as they were found in the vault, were shown the witness, and he identified them. On Friday, 23d Nov., when I heard water running, I went up stairs and tried the door that led to the lecture room from the entry; I found the door locked; it was bolted on the inside; I went into my kitchen, stopped awhile,

and laid down; about 4 o'clock a young lady called, came into my bedroom and told me there was a gentleman at the door who wanted to see me; I went to the door and found Mr. Porter, of the New England Bank, collector of tickets; he wanted me to fill out a course of tickets for a student who was absent, to have time; the student was Mr. Ridgway; he gave me the tickets, all but Prof. Webster's: I took the money for Prof. Webster's tickets; after Mr. Porter went away, in about fifteen minutes, I went to Prof. Webster's door and found it fastened; did not try again that day, till late at night; my object in going was to do his work up, wash his glasses and fix his fires; in the evening, about half-past five, I was called out of my kitchen, and heard some one coming down the back stairs that lead from the front entry; it was Dr. Webster; he had a candlestick in his hand, and a candle burning; never did use a lamp; he blew it out in my entry, and left it in the entry; he passed out through the shed; saw nothing more of him that night; after Dr. Webster went. I fixed myself and went to a party; got home about ten, or a few minutes after; the party was at Grant's; the first door was the laboratory door, the nearest my room; found it fast; then started to go to the dissecting-room door; unlocked the dissecting-room door, to put out the light; the students then used to dissect till 9 or 10 o'clock; found the lights out; bolted the outside door of the dissecting room, and went to bed; never knew Dr. Webster's door locked before on a lecture day—might since I have been in the college. Saturday there were but two lectures. Had but two fires to make. Made a fire in the dissecting room. Forget whether I went to unbolt the door of the dissecting room before or after I made the fire. When I did go, I found it unbolted and a-jar; I thought I had fastened some student in the night before. Never knew any one had a key of the outside door except Mr. Leigh, the Librarian, who had been there three years. Never knew of any other person getting access to the building after it was locked up at night. I unlocked the lecture room door (the one Dr. Webster came out of the night before) and went in. I went through the lecture room, but could not get through the private room into the lower laboratory—the

door was locked, and there was a lock on it which I never had the key of. He had the lock put on to lock up his laboratory when out of use in the summer time. Went back to my room; soon after I went back Dr. Webster came with a bundle under his arm—came through the East shed, I met him in the entry. He told me to make him a fire. Made a fire in the stove in the laboratory; after doing it, turned and went out. Do not recollect of being in his laboratory or lecture room again that day. Saw Dr. Webster again before eleven o'clock in the lower entry; he came into the college with a bundle under his arm, done up in a newspaper. Paid him fifteen dollars in gold for Ridgway's ticket; he had paid me eighty-two dollars for a full course of lectures; I gave the rest to Mr. Pelten. I did no more work for Dr. Webster that day. Saturday is my sweeping day. I heard him in the laboratory—I speak of the lower one, that's what I call the laboratory; did not see him again that day; I heard walking in the laboratory; heard moving; could not tell what was doing; heard the water running in Dr. Webster's sink; it was not in the habit of running; I did not see Dr. Webster all day Sunday; Sunday night I was in North Grove street, facing Front street, talking with Mr. Colburn, one of Mr. Fuller's foundry-men, about the mysterious disappearance of Dr. Parkman; had heard of the disappearance Saturday afternoon; Kingsley told me of it; while talking, saw Dr. Webster coming into Front street from Bridge street; I remarked that there was one of our Professors coming; when Dr. Webster saw me, he came right up to me; the first word he said to me was, "Mr. Littlefield, did you see Dr. Parkman during the latter part of last week?" I told him I did. He asked me when I saw him. I said, "Last Friday, about half-past one o'clock." He said, "Where did you see him?" I said, "About this spot." He asked me which way he was going. I said he was coming right towards the College. I told him I was standing in the front entry, looking out at the front door. He had his cane in his hand, and struck it down upon the ground and said, "That is the very time that I paid him four hundred and eighty-three dollars, sixty cents." I

remember he put the cents on. I told him I did not see Dr. P. come in or go out of the College, for I went directly into Dr. Ware's lecture room, and laid down on a settee. He said he counted the money down to Dr. Parkman in his lecture room. He said Dr. Parkman grabbed the money from his table without counting it, and ran as fast as he could go, two or three steps at a time. He said Dr. Parkman told him he would go with him to Cambridge and discharge a mortgage; and Dr. Webster said, "I suppose he did, but I have not been over to the Register of Deeds' office to see." He said that this was the first that he had known of it; he had read it in the *Transcript*; he was there said to have been engaged to meet an unknown gentleman. He had come over to see about it, for he was the unknown gentleman. He said he had been to see Dr. Francis Parkman. He then went away. When Dr. Webster spoke to me, he used before to look me in the face, with his head up; he did not then, but looked down, and seemed confused and agitated. I never saw him look so before; saw his face; thought he looked pale. I cannot say which way he went; think it was towards Cambridge. On Monday I could not get into his room to make up the fire. The first I knew of his being in the College my wife told me. She told me Dr. Samuel Parkman had been there to see Dr. Webster. I asked her how he got in, seeing all the doors were kept locked. I went up the laboratory stairs and saw Dr. Samuel Parkman and Dr. Webster in the back room; they were talking about the old Dr. George Parkman. I overheard conversation about some money. Dr. Parkman said the old Doctor was very angry. I staid there but a minute; did not see Dr. Samuel Parkman go away; the front door bell rang, and I went to the door, and found there Mr. Parkman Blake. He asked me if Dr. Webster was in. I told him he was. He said he wanted to see him. I asked him his name that I might carry it to Dr. Webster. He gave it. I had my key in the lecture room, but it was bolted. I went down and came up the other way to Dr. Webster. He hesitated some, and then said, let him in. I unbolted the door; do not know how long Mr. Blake was there. I went again to the laboratory door, nearly

at twelve o'clock, to see whether any work was to be done; found it locked; don't know whether the door bell rang or not; I went to the door and found Kingsley, and they said they could trace Dr. Parkman no where but to the Medical College, and they had come to look. I told them I would show them all the rooms that I could get into myself. Met Dr. Holmes on the stairs. He asked if they wanted to haul all their subjects out of their chests. They said no—they merely wanted to see if he had stowed himself away in the attic. He told me to show them all around. Went to Dr. W.'s room first; it was locked; we knocked two or three times with loud raps. Dr. W. did not come at first; finally he came, unbolted the door and stuck his hand out. I told him what the officers had come for; did not hear him say anything; we went in, looked through the room, and went down into the laboratory; do not recollect hearing Dr. W. say anything; don't remember whether he went down into laboratory with us; we unbolted the lower door and went out; I showed them all over the rest of the building, and went away; recollect of nothing more that day on the subject. Tuesday morning could not get in to make the fires, further than the lecture room; absent about half-past nine o'clock; unlocked the lecture room door and found Dr. Webster in a sort of smoking cap; I asked him if I should make a fire in his furnace; he said no; said the things for his lecture for that day would not stand much heat; asked if I knew where Mr. Foster kept, near the Howard Athenæum; I asked him if he was a provision dealer; he said he was; I said I knew him; he asked me if I had bought my Thanksgiving turkey; I said no, I had thought of going out to Thanksgiving; he said, "take that order and get you a nice turkey—I am in the habit of giving away two or three every year, and perhaps I shall want you to do some odd job for me;" I thanked him, and told him I should be happy to do anything for him I could; he then gave me another order to Foster to send him, to Cambridge, some sweet potatoes; Foster took the order and told me to pick out such a turkey as I liked; I came home and staid about there till half-past six o'clock; it was the first time he gave me anything; the idea of his giv-

ing a cent's worth was remarkable; I was going out to the Suffolk Lodge of Odd Fellows, and met Dr. Webster in the entry; he had a candle which he blew out and set it upon the settee; he went out with me; I asked him if he should want any fires in his room that week, as there were no lectures; he said "No, Mr. Littlefield, I shall not need any fires;" he asked me if I was going down town; I told him I was going to the lodge; he said, "you are a freemason, are you not?" We parted, and he went towards the bridge, and I up Cambridge street; on Wednesday morning Professor Webster came into the College early; he went into his laboratory, and I heard him moving things around there; I went to the door and tried to listen, but the catch over the key-hole was down; when I stood listening I saw my wife looking at me; I went into the kitchen; I told my wife—[Prisoner's counsel objected to his saying what he told his wife.]

Attorney-General Clifford:—State what you did when you saw your wife.

Witness:—I was picking a hole through the partition when my wife saw me; I cracked off a small piece, and thought Webster heard me; I went into the kitchen; afterwards I laid down on my face, and looked under the floor; I thought I heard the moving of a coal-hod on the floor from near the privy; I could see him as high as his knees going towards the furnace, where the bones were found; charcoal, canniell, and bark were kept near the privy stairs, in a bin; hard coal was kept near the furnace; could see no more of him; laid there about five minutes; went out with my wife about nine o'clock; did not get back till one o'clock; about three o'clock I passed through the dissecting room; in passing up stairs to the Demonstrator's room I first felt heat in the wall from Dr. Webster's laboratory; the staircase brought me in contact with the wall; I put my hand upon it, and it was so hot I could not hold my hand on it long; I knew it proceeded from a furnace where I never knew any fire, and never made any fire; I went into the store-room, of which I had the key; I put my key into the door of Dr. Webster's laboratory; it was not locked, but was bolted; found the other cellar door of the abo-

ratory locked; unlocked the door of his lecture-room and went in, but found the door of the back room locked; I then went down into my cellar, and went out back to see if I could look in through the window and see my fire; I climbed up the wall to the double window, having a light on each side, and the first place I went to was the furnace; then I had never made any fire there; did not seem to be much fire there; it was covered up by a soap-stove cover, and the whole top of the range was covered over with pots of minerals; iron cylinder was lying on it I did not move anything; I then took up a broom, and went to where there were two hogsheds full of water; I tried one of them with the broom handle and found the water was two-thirds out; the other had a gasometer in it; I did not try the water with the broom, but it was low; a spout was lying in one hogshed leading to the sink; they were full on Friday; there were but two barrels of pitch-pine kindlings, which on Friday had been, one full and the other two-thirds full; the kindlings were two-thirds gone; I could not think what he had done with them; on the stairs I saw spots such as I had not seen before; they were much spattered; I reached down and tasted of one of the spatters; it tasted like acid; the water was running; I noticed the running of the water that week before, because I had set it running and he had stopped it; he said the noise disturbed him, and it spattered the floor; I did not see Dr. Webster that day; there were grape graftings, an empty box, and a bag of sand left by the laboratory door on Monday—they stood there till Friday; I do not remember when the man went in, but he took the grape vines and the box in, himself, on Friday; I tried to get them into his room several times during the week, but could not get into his room [witness explained a mistake of dates made by him before the Coroner's Jury]; Thursday, I did not see Dr. Webster all day; that day was Thanksgiving; I went down to Hopkins' wharf and got a piece of lime for Dr. Webster, which he had asked for on Tuesday, when he gave me the turkey; it was as big as my head; it was nothing unusual for me to get lime for him. Cross-examination about to be resumed, when the Court adjourned.

MISCELLANEOUS.

The adulteration of Isinglass.—From the investigations of Messrs. Warrington and Redwood, it appears that there is a very clever method now adopted by a certain class of commercial thieves, of adulterating isinglass with common gelatine prepared from bones and skins. The pure isinglass and sheet gelatine are moistened and rolled together, by which process they become thoroughly united, and the compound mass is afterwards cut like isinglass. The fraud is all the more successful by reason of the sheet gelatine being placed between two layers of pure isinglass. Such a fraud cannot be distinguished by the eye. The distinctions pointed out by these gentlemen are—1. *Cut Isinglass* macerated in cold water becomes opalescent. The shreds are firm, and when examined under the microscope they have a fibrous character. *Cut gelatine* similarly treated, assumes a transparent appearance, this effect increasing with prolonged maceration. The shreds will swell up and soften, and ultimately become disintegrated. On examining a thin slice of the softened gelatine under the microscope, it does not present the appearance of a fibrous, but rather of a flaky structure.

2. *Cut Isinglass*, macerated in cold liquor potassæ, speedily becomes transparent: and after the lapse of a few hours, if occasionally stirred with a glass rod, it will be dissolved, forming a clear and colourless solution. After allowing the solution to stand for some time, a *very slight* flocculent precipitate will be deposited, which, in operating on twenty or thirty grains of the isinglass, will be scarcely perceptible. *Cut gelatine*, treated in the same way, becomes opaque; even those specimens which were so, to a certain extent, previously, will assume increased opacity after their immersion. The gelatine will ultimately dissolve, as does the isinglass, but the solution will not be transparent, and after standing for some time a *copious* flocculent precipitate will be deposited.

On carefully incinerating *isinglass* in a platinum crucible, an ash of a *reddish* colour is obtained, amounting to 0.5 per cent. ($\frac{1}{2}$ a grain in 100). This ash consists principally of carbonate of lime.—

2. On incinerating gelatine, as above described, *voluminous white ash* is obtained, amounting to 3 per cent. (3 grains in 100). This ash, like the former, consists principally of carbonate of lime. Three per cent. is the smallest amount of ash obtained from any of the specimens of gelatine operated upon, but some specimens yield more.

* * We will add a distinction which we have been in the habit of employing. An aqueous solution of gelatine obtained from bone yields an abundant precipitate to be produced when the test was added to an equally strong solution of isinglass, except in those cases where the genuineness of the isinglass was open to suspicion.

Gelatine prepared by means of an acid has, when dissolved, a well-marked acid reaction. A solution of pure isinglass should be neutral.

Shadows produced by Hydrogen and Carbonic Acid—In an interesting lecture recently delivered by Mr. Faraday at the Royal Institution, the lecturer took occasion to advert to the remarkable shadows produced by vapours and gases. In open daylight these were not visible; but when the flame of a candle or spirit-lamp was allowed to project a shadow by strong sunlight on a white screen, a column of vapour in a constant state of evolution, and undergoing remarkable changes, was visible for more than a foot above the source of combustion.

Having blown a soap-bubble, the lecturer caused it to cast a shadow on a white surface by the aid of the oxyhydrogen light; it appeared like a circular area of light bounded by a dark margin; and, when broken, it resolved itself into a number of smaller spheres, only seen by the shadows produced.

When a bubble of hydrogen was thus broken, the small viscesles in shadow were seen to ascend rapidly; and when a bubble of carbonic acid was broken, the small spheres appeared by their shadows to descend like heavy solids. Mr. Faraday adduced this as an instance of extraordinary molecular changes going on in bodies under circumstances not commonly appreciable by the eye, and rendered visible only by the aid of light and shade.

Effect of Railway Travelling on Animals.—I was requested to see three horses labouring under inflammation of the lungs, and which had arrived by rail from London to Berwick. A day or two after their arrival, illness manifested itself, and the horse I was more especially desired to examine will not live many hours. His ears and legs are cold, deathly cold—has laborious breathing—is nearly pulseless, at least the pulse is very imperfectly felt—has a bloody exudation from both nostrils—the conjunctival vessels are of a very dark red colour; nearly black from congestion; the Schneiderian membrane is very dark-coloured; he is lying and looking at his sides with an expression of great suffering; in short he has all the symptoms denoting a speedy dissolution. Has railway travelling anything to do in the production of pulmonary or other disease?—are horses that travel by rail more liable to head or chest affections, or any other disease? I have no experience in this, as we have no railways as yet in our quarter; but I have been told that butchers prefer purchasing cattle that have been driven by the road to those conveyed by rail; there being present in the latter an infiltration of bloody serosity into the muscular and cellular tissues, or something, as they say, resembling that, the muscles being flabby, and not possessing that firm feel and pure colour like those animals driven by the road. Is this a fact?—*Mr. Boay, in Veterinary Record.*

Relief of Convulsions by Chloroform; by Mr. HIGGINSON.—A child, aged 4 or 5 years, had an attack of frightful convulsions, which were so severe and continuous that death was expected every minute. Chloroform was administered, and in a few minutes the child was in a tranquil sleep, from which it awoke the next morning perfectly well, and has so continued (several weeks).

In another case a girl, about the age of puberty, was seized at chapel with severe convulsions, which continued with great violence. She had not previously been subject to them. Chloroform was administered to her also, and she was soon relieved, and has since continued well.

Dr. Imlach had read records of four or five cases of puerperal convulsions treated by chloroform with success; and in such cases he should in future give it and abstain from bleeding, unless it were a first pregnancy, with, such fulness or swelling of the face or head as showed bleeding to be indispensable.

Endermic Application of Quinine.—Mr. Higginson called the attention of the Liverpool Medical and Pathological Society, on the 5th, April 1850, to this mode of using quinine in some cases of phthisis, in which the stomach would not bear it in the ordinary way. When applied to the axillæ after blistering it had checked the sweats and otherwise improved the health.

Local Treatment of Cancer of the Breast.—Dr. Grotzner relates the particulars of a case of cancer of the breast, in which inflammation having been excited by chloride of zinc, suppuration was promoted by balsam of Peru, creasote, &c., together with the internal exhibition of iodide of potassium. The tumour was detached, and the surface healed perfectly.—*Casper's Wochenschrift.*

Abyssinian Remedy for Hydrophobia.—A root, called *Derabor*, is employed in Northern Abyssinia, as a cure for hydrophobia. The plant which furnishes this root grows in low warm regions. The bark of the root is removed and powdered. From tea to twelve grains are given as a dose, in honey or milk. The effects produced are violent purging and vomiting, with profuse diuresis. M. d'Hericourt states that he witnessed the beneficial effects of this medicine in two dogs, and on a soldier. *Comptes Rendus.*

On the passage of Hydrogen through solid bodies.—M. Loyet states that he has passed hydrogen gas through gold and silver leaf, through double folds of tin leaf, and through thin laminae of gutta percha obtained from a solution of the latter in chloroform. The same author, however, adds that he has not been able to effect its transmission through plates of glass.

Case of Poisoning with Hydrocyanic Acid; by ROBERT CHRISTISON, M. D. *Recovery by Cold Douche.*—A gentleman, about sixty years of age, whose mind had begun to give way under the pressure of dissipation and misfortune, and who had several times threatened to commit suicide, hastily summoned his wife one evening, told her he had just taken prussic acid to put an end to his miseries, and immediately fell down senseless on a sofa, without either cry or convulsion, but drawing his breath deeply, forcibly, and slowly. Medical aid was instantly sent for in all directions. Nearly half an hour appeared to have elapsed before I reached him. Dr. Adam Hunter and Mr. Carmichael had arrived, however; the stomach-pump had been immediately resorted to, and the first stroke of the pump was made as I entered the room.

The convulsive respiration at the outset had been soon succeeded by regular breathing, with snorting inspiration, and moaning expiration. The insensibility was complete from the first: the body was excessively relaxed, and without any convulsive movement; the eyes were wide open, staring straight forward upon vacancy, injected, watery, and with the pupils somewhat contracted, but not more so than they often are naturally in persons of his age; and the face and head were congested and hot. The introduction of the tube of the stomach-pump did not elicit the slightest sign of consciousness. In this state I found him on my arrival—wholly unconscious under all ordinary mechanical stimulation, totally relaxed and powerless, and breathing deeply, laboriously, and stertorously, but with ordinary frequency. The pulse was above 100, very small, feeble, yet regular.

The first liquid withdrawn by the stomach-pump, amounting to six ozs., was a colourless, nearly clear, watery fluid, being little else than water introduced by the pump upon an empty stomach, for he had taken no food since breakfast. My two friends could not observe any odour of hydrocyanic acid in this fluid, even while warm and fresh drawn; and I could detect it only faintly, and, I must admit, equivocally, on whiffing it slowly and steadily for some seconds. Nor was there any hydrocy-

anic acid odour in his breath, or near him, or in any part of the room.

The stomach was quickly and repeatedly cleared out, and ammonia was applied to the nostrils from time to time, but without any sign of reviving consciousness. His head was then brought to the edge of the sofa, and, while it was held over a bucket, a stream of cold water was gently and steadily poured over it for two minutes from a large jug, a foot or so above him. During this proceeding the breathing rapidly became deeper and softer, and without snoring. The head and face, very much cooled, presented less turgescence. The eyes were suddenly turned in a lateral direction, and then an attempt seemed to be made to fix them upon any one who put a question in a firm voice. From this time he slowly recovered without any further treatment; and, in an hour and a half from the time when he gave the alarm, he was able to mutter "Yes" or "No" correctly when questioned, and he could turn on his side without assistance. When not roused, however, by being spoken to, he fell into a restless sopor, with moaning and tendency to shivering. In three hours he was tolerably sensible, but drowsy; he slept profoundly all the subsequent night, and next morning he was quite sensible, though still sleepy. His mind was evidently untinged, but not more than before the act; and it has continued more or less so ever since, rendering seclusion from general society indispensable.

As in this instance no bottle could be found in the room or under the window, and no satisfactory hydrocyanic odour could be perceived in the apartment, in the breath, or in the fluid first withdrawn from the stomach, a doubt might justly have arisen whether hydrocyanic acid had been really swallowed. The symptoms, however, were so similar to those described as attending the slower cases of poisoning with this substance, as to leave at the time scarcely any doubt in my mind. Accordingly, on examining the liquid first withdrawn, I detected the poison in it by chemical analysis. It was first subjected to distillation, after the addition of a few drops of sulphuric acid; and half an ounce of clear fluid was thus drawn off. This had only a very doubtful hydrocy-

anic odour, although there was no other odour strong enough to cover it. But on adding two drops of the pharmaceutical solution of potash, then a few drops of the two sulphates of iron, mixed in the proportion of one equivalent of sesquioxide-sulphate, and, lastly, a single drop of sulphuric acid, a considerable precipitate of Prussian blue was obtained instantly and characteristically. Meanwhile the patient gradually admitted that he had asked, in the morning of the act, at a certain druggist's, for a sufficient dose of prussic acid, of full strength, to kill a dog, and that he got a *drachm*. The druggist afterwards supplied Dr. Hunter with what he believed to be a similar quantity from the same stock. This I found to amount to forty-five minims; and, on applying the very convenient test of the Edinburgh Pharmacopœia; I ascertained that it was of the due strength, and neither too weak nor too strong. The acid, therefore, contained about a thirtieth of pure hydrocyanic acid; so that our patient had taken between *a grain and a half and two grains* of radical hydrocyanic acid.

The practical deductions to be drawn from this case are various, and not unimportant.

1. The symptoms being so intense, while there still remained some poison to be absorbed from the stomach, little doubt can exist that the case would have proved fatal without assistance. Since the trial of Mr. Tawell, doubts have been expressed as to the accuracy of the statement in my book on Poisons, p. 770, that two-thirds of a grain may prove fatal; because the facts on which that statement is founded had not been very accurately recorded by their authors. The present case, however, will at all events render it in the highest degree probable that *a grain and a half* will prove adequate to occasion death.

2. It is clear that death may be caused by hydrocyanic acid *without any odour* of it being remarked in the breath, or in the first fluid withdrawn from the stomach, even although the odour be carefully sought for, and although the poison be present.

3. The notions entertained by various writers in the London journals on the occasion of the trial of Tawell, that it is an invariable circumstance that *a piercing cry* ushers in the action of a

poisonous dose of hydrocyanic acid, is evidently erroneous, and founded on limited experience.

4. Dr. Herbst, of Göttingen, was the first to propose the *cold effusion* as a remedy for poisoning with hydrocyanic acid. Mr. Banks, of Louth, seems to have been the first to substitute the cold douche of the head only. For many reasons, the latter would seem, *a priori*, to be the more suitable; and the present case shows that it is an energetic remedy, when the other means available in so urgent an emergency are inefficacious.—*Monthly Journal of Medical Science*, Feb. 1850.

Remarks.—This is a most valuable case in the history of poisoning by prussic acid. It shows that the *fatal dose* of this poison is now fixed as accurately as it need be for practical purposes. This case presents the largest dose from which a person has been known to recover. In one reported by Mr. Nunneley in the *Provincial Journal*, a man recovered after having swallowed $1\frac{1}{2}$ grains of anhydrous acid: here the person recovered after having taken $1\frac{1}{4}$ gr.; but the recovery must be set down to the good effects of immediate treatment by cold effusion, or rather the *cold douche*. It is impossible to doubt that, had this individual been left to himself, he would have died. That a “piercing cry” or “death scream” accompanies or has any connection whatever with poisoning by prussic acid, is completely disproved, not only by this, but by many cases recorded in this journal. It never had any other foundation than we know of than a crude speculation from the occasional effect of this poison on animals. The absence of *odour* from the breath and from the fluid first drawn from the stomach, although this fluid was proved to contain the poison, shows that, if medical speculation had been allowed to have its way at the trial of Tawell, what a miserable mistake would have been made, and how completely justice would have been defeated! Dr. Christison’s statement, that “the poison may exist in the stomach, though not appreciable by the sense of smell,” was attacked as an unfounded dogma, and every kind of medical and legal sophistry was employed to deprive this statement of that credibility which it deserved. Fortunately the attempt was a signal failure,

and brought disgrace upon all concerned in it. The present case affords an additional proof that the opposition to Dr. Christison’s view could have arisen only from ignorance, or an utter want of experience on the properties of this poison.—*London Med. Gaz.*

Causes of Hæmorrhage from the Umbilicus, by Dr. BOWDITCH.—Dr. Bowditch, from his researches, thinks that there are five classes of hæmorrhage from the umbilicus:—

1st. A bleeding occurs soon after labour. This is generally owing either to insufficient care in applying the ligature to the cord, or to a contraction of the cord, which, at the time of being tied, is large; and the fluids subsequently exuding allow a relaxation of the ligature. This, if noticed early, can be easily restrained by a new string.

2nd. I find one case recorded by Dr. Hill (*LOND. MED. GAZ.*, from *Dublin Med. Press*, vol. lii. p. 556), in which great hæmorrhage occurred, in consequence of a practitioner having forcibly removed the cord, from fear that erysipelas would ensue if it were allowed to remain. It is to be hoped that few cases of this kind will ever occur.

3rd. There is another, of which we have alluded to one specimen, given in Dr. Jackson’s notes of a case treated by Dr. Hayward. The bleeding began on the third day from the removal of the cord, and notwithstanding every effort, death occurred in twenty-four hours. In this case there was probably an imperfect closure of the vessels from non-coagulation of the blood.

4th. The largest class of serious bleeding is like those reported by me. In these the funis drops off, and usually nothing abnormal is observed, or at most only a delicate sponginess in the umbilicus. After three or four days an oozing commences, which either increases with every application, or, perhaps, is slightly checked by astringents, &c.; but it almost always proves fatal, and the patients before death become perfectly blanched. In these cases it is very common to observe an alteration in the functions and structure of the liver; the dejections being non-bilious, and at the post-mortem examinations disease of the hepatic structure, or of the ducts, being observed.

5th. Finally, we have the really hereditary hæmorrhagic tendency. The blood in these cases oozes from the gums, intestines, under the skin, &c. There are few cases on record of this class in new-born children, unless we consider our own cases, and the class of hæmorrhage described as our fourth species, to be such; but there are numerous examples of it among adults, in whom, however, the naval seems to have healed perfectly soon after birth.—*American Journal of Medical Sciences*, Jan., 1850.

British American Journal.

MONTREAL, JULY 1, 1850.

THE MONTREAL SCHOOL OF MEDICINE AND ITS BILL OF AMENDMENTS.

It is a trite remark, that those who are best off are the least sensible of it; and the adage is literally exemplified in the proceedings adopted lately by the Montreal School of Medicine. One would naturally have supposed that in this city, the site of the School, the nature of the amendments to their Bill of Incorporation, which, it was well known, its members were maturing, would have been a matter of notoriety; that every movement would have been open; and that a step, of the magnitude which they were contemplating, would have been communicated to the Profession, in whose interests they were professedly acting, and whose advocacy, it was natural to suppose, they would claim. Far otherwise, we are compelled to say, has been the case. Concocted in secret—perchance at some dark midnight hour, its most fitting season; known to themselves alone, so long as it was possible to maintain it so; the nature of the Bill bursts upon us, after its presentation to the house, and not one word of its object or design is divulged, until it passes a second reading, and has been referred to a special committee,—who, we must

say, have acted in perfect harmony with the members of the School, in the precipitancy which they have shown in hurrying it through its stages. If ever an attempt was made to “steal a march” upon the Profession of the Province, it has been exemplified in these late proceedings: proceedings, whether in regard to the secrecy with which the whole affair has been so long enshrouded, the precipitancy with which it has been to this period hurried through its stages, or the nature of the scheme which the proposed Bill of Amendments discloses, we cannot but regard as disgraceful to all parties concerned. In another column we have published the proposed Bill of Amendments, with the short debate in the House at the time of its presentation; and we propose now, briefly, to exhibit the measure in its deformity, to point out its real character and its design.

Passing over without a comment the first clause of the proposed Bill, we come to the second, to which we now beg to direct especial attention. It will be recollected that by the Act of Incorporation of the School, the School was compelled to deliver, both in the English and French language, 120 lectures on the six following branches of medical science:—Anatomy, Chemistry, Materia Medica, Physic, Surgery and Midwifery; subsequently, by a proviso attached to clause 12 of the Act incorporating the College of Physicians and Surgeons, these courses, still maintained at such original number of lectures, were permitted to be delivered either in French or English, at the discretion of the School itself. The amendment now proposed has then this important bearing, that it diminishes the number of lectures in these important departments, according to the whim of the lecturer; and their

courses may consist of 20, 40, 60, 80, or 100 lectures, as their convenience or their interest may dictate; and as the whole bearing of the Act has an especial reference to these six courses of lectures, if this bill passes the Legislature, it becomes obvious that the provisions of the Act incorporating the Profession at large as a College of Physicians and Surgeons, are virtually set aside; and a student might obtain a diploma from this School, without having attended an Hospital, or heard a clinical lecture, or performed the smallest dissection, or followed Medical Jurisprudence, or Botany, or Institutes of Medicine, all of which are now enjoined. For as the third clause proposes to repeal, "any thing in any Act or Law to the contrary notwithstanding," the provisions of the existing Law, viz., that incorporating the Profession into a College of Physicians and Surgeons—10 and 11 Vic. cap. 26, and 12 Vic. cap. 52—are of necessity repealed, and the School becomes erected into a Licensing Board for the Province, with arbitrary powers of its own over the curriculum which it may demand, and which, we cannot doubt, will be placed *as low* as will be strictly commensurate with its own *pecuniary* interests, which will then be involved in proportion to the number of licentiates it can make.

It follows, therefore, from these remarks, that the proposed Bill of Amendments, instead of being intended as a mere code of amendments to the Act of Incorporation of the School of Medicine itself, actually proves an amendment to the Act incorporating the College of Physicians and Surgeons of Lower Canada; and, if passed by the Legislature, would subvert the existing condition of medical education in the Province, placing it at the disposal of seven or

eight gentlemen, whose desire to maintain the standard of medical education at its present position, may be estimated by the extraordinary character of their present proposal. Verily are we fallen into strange times, if it be permitted for seven or eight gentlemen, fortuitously incorporated under the name of a School of Medicine, to dictate to the Profession what the terms of admittance to that Profession shall be, in despite of those regulations framed by the Profession at large!

As to the propriety of conceding to the School of Medicine the power of granting diplomas, we have nothing to add to the Editorial in our last number upon the subject, which exhibits, from the effects of the multiplication of Licensing Boards upon the Profession in the U. States, the certainty of similar effects accruing here.

And when we observe that, with a liberality hitherto, we venture to say, unexampled, the University of McGill College has conceded to the School of Medicine the high privilege of graduating their French Canadian students upon the completion of one annus medicus, the fees of graduation being also given to the School for the augmentation of its library; we cannot but consider the School infected with a species of suicidal insanity, which possibly ought to challenge our pity rather than our indignation, on account of its proceedings.

We do not—we cannot—believe that this measure will pass the Legislature. It is so monstrous in its pretensions,—so ruinous, in its details, to the best interests of the Profession,—that we cannot believe such an event possible. The Quebec School of Medicine has protested against it; although it asks analogous powers, if it be the pleasure of the Legislature to grant it to the Mont-

real School. And this is as it should be; for the sooner the whole Profession goes to destruction the better, and we should have no objections to see fifty schools started under such circumstances, armed with similar powers—for “the more the merrier.” The Physicians of Hamilton have protested against the measure; the Profession of Toronto and Kingston will shortly also follow in the same path. If the Bill passes, and the School has consummated that chaos which we predict will inevitably follow, the Profession will then be enabled to determine, with unmistakeable precision, between its real friends, and those who advance themselves as such,—who would themselves rise, and found that rise upon a general ruin.

We will publish the report of the Committee in a future number.

We give insertion in another page to an important trial, in which the College of Physicians and Surgeons of Lower Canada was plaintiff, against a woman of the name of Crepeau, defendant; in which the action was lost in consequence of mismanagement in the wording of the information. We perfectly agree with Mr. McCord, the acting magistrate, in the decision at which he arrived; indeed, no other course was open to him: and it is to be regretted that a blunder so palpable should have been committed when the terms of the Act are so precise on the point. We are surprised, however, that the provisions of the Act should have been attempted to be enforced against an old woman, when the country around Quebec is swarming with impostors of the other sex, who are notoriously most reckless in their proceedings, and are daily inflicting incalculable injury on the public. We should like to see the Act summarily enforced against these

latter wherever they may be found,—and their name is Legion.

We are happy in being able to announce that the British American Medical and Surgical Association will be organized in the course of a few days. It is proposed at the meeting of the College of Physicians and Surgeons of C. E., which will take place at Three Rivers on the 10th of July next to submit for adoption a Constitution and code of Bye-Laws for the government of the Association. The Bye-Laws are few, simple but comprehensive. It is also intended to suggest that the first regular business meeting of the Association be held in Canada West in 1851. We hear that Cobourg or Kingston will be the town recommended for holding the first meeting. Committees will be named to report upon subjects entrusted to them for examination; a Committee of Management will also be appointed for the supervision of the affairs of the Association.

We have had presented to us, within the last few days, a small parcel of Broma—so called by its manufacturers, Messrs. H. Y. Mott & Son, Halifax, N. S. It possesses many of the characteristics of the best chocolate; but having been informed of the nature of ingredients which enter into its composition, we consider it as a valuable addition to our dietetic agents, as it is more nutritious than chocolate, will be found less apt to disagree, and must prove of eminent service in cases in which a light and highly nutritious article of food is required; as in the convalescent stages of many diseases. We can confidently recommend it to the notice of the Profession in these particulars.

COLLEGE OF PHYSICIANS & SURGEONS
OF LOWER CANADA.

SEMI-ANNUAL MEETING.

Quebec, 14th May, 1850.

The Semi-Annual Meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada was held this day, at the School of Medicine, Quebec, when were present—

Drs. Morrin	Drs. Robitaille
Laterriere	Painchaud
David	Blanchet
Bardy	Fremont
Marmette	Landry
Badgley	Von Iffland
Campbell	Badeau
Bibaud	Sewell
Nault	Blais
Chamberlin	

Dr. Morrin, Vice-President, in the Chair.

The minutes of the last semi-annual meeting were read; after which a letter was read from the Committee appointed to draft a biographical sketch of the late Dr. Arnoldi, apologizing for not having yet been able to complete the sketch, but assuring the Board that it would be ready for the triennial meeting in July.

Several petitions were received and read, and the decision of the Board taken upon them.

It was then moved by Dr. Painchaud, seconded by Dr. Laterriere, "Que les porteurs de diplomes, du College McGill fassent preuve au present Bureau qu'ils ont etudie aux moins trois ans, conformement au 2nde paragraphe de la Xme clause,"—on which Dr. Badgley moved an amendment, seconded by Dr. Chamberlin, "That the holders of degrees obtained in any University or College in Her Majesty's dominions shall prove to the satisfaction of this Board that they are the persons named

in the said degrees, and have obtained them honestly," which motion in amendment was carried by the casting vote of the President.

The following gentlemen were then sworn and granted Licenses to practise:

Amos S. Bristol, M.D.
G. W. Sanderson, M.D.
Olivier Raymond, M.D.
Charles Lemoine, M.D.
John A. Nellis, M.D.
Jacob W. Morse
Joseph Blanchet
Enoch G. Dorland, M.D.
Robt. M. Willson, M.D.
André Loupret, M.D.
J. Van Norman, M.D.
Chas. A. Ridley
Chas. Libel
Benjamin Mausalt

Mr. Samuel Millar was Licensed as a Chemist and Druggist, and the following gentlemen were admitted to enter upon the study of Medicine:—

W. R. Stuart Jovite Lemoges
W. B. Austin Frs. Bowen
Frs. A. Desjardin Seraphin Boulet
Victor Pelletier Geo. Glass

The Board then adjourned.

15th May.

Met conformable to adjournment.

Dr. Morrin, V.P., in the Chair.

The minutes of yesterday's proceedings having been read, the Board proceeded to examine,—when

Mr. Jeremiah Prendergrast

Alfred Fortier

Denis Lafleur

Jos. A. Lapierre

James Reed

Edw. Fisette

Were granted their Licenses.

At this meeting, ten gentlemen were remanded to their studies, and two refused certificates to enable them to enter upon the study of Medicine.

T. E. J. LANDRY,

Sec. Dist. of Quebec.

We beg to direct the attention of the Profession of Lower Canada to the approaching Triennial Meeting of the Incorporation of the College of Physicians and Surgeons, to be held in Three Rivers, on the 10th inst. As none but enregistered members are entitled to vote, we hope that the Profession generally will bear this in mind; and that for the purpose of electing the future Board of Governors, members, enregistered, may vote by proxy in terms of the Act of Amendment. We hope to witness a full meeting.

Natural History Society.—At the Annual Meeting of this Society, held at its rooms on the 18th May, the following gentlemen were elected officers for the ensuing year:—

President, John Ostell, Esq.
 1st Vice-President, W. E. Logan, Esq.
 2nd “ “ T. S. Hunt, Esq.
 3rd “ “ J. H. Joseph, Esq.
 Corres. Secretary, W. Fraser, M.D.
 Recording “ H. Peltier, M.D.
 Treasurer, A. LaRocque, Esq.
 Cabinet Keeper and Librarian, G. D. Gibb, M.D.
 Council, L. Rudyerd, Esq., A. H. David, M.D., W. E. Scott, M.D., B. Workman, Esq., J. Glennon, Esq.
 Library Committee, A. F. Holmes, M.D., G. D. Gibb, M.D., J. H. Joseph, Esq., A. H. David, M.D., A. LaRocque, Esq.

An Act to amend the Act incorporating the Montreal School of Medicine and Surgery.

Whereas in consideration of the great usefulness and high character of the Montreal School of Medicine, and in pursuance of the petition of the Professors thereof, and others, it is expedient to amend the Act passed in the eighth year of Her Majesty's reign, and intituled, “*An Act to incorporate the Montreal School of Medicine and Surgery*”: Be it therefore enacted, &c.

And it is hereby enacted by the authority of the same, that for and notwithstanding anything in the second sec-

tion of the said Act, no member of the Corporation by the said Act established shall be considered as having ceased to be a member thereof by reason of his having become a permanent resident out of the City of Montreal, nor shall it be necessary to appoint another person in the stead of such member; and the said Corporation may appoint so many Professors for instruction in the different branches of Medical Science, not being at any time less than eight in number, as they shall deem expedient.

II. And be it enacted, That for and notwithstanding anything in the third section of the said Act, it shall be lawful for the said Corporation to cause to be delivered so many Lectures, either in the French or in the English language, in the several branches of science in the said section mentioned, as to the said Corporation may seem meet.

III. And be it enacted, That the sixth section of the said Act shall be and the same is hereby repealed; and all Students in Medicine who shall have attended Courses of Lectures in the said School on the various branches of medical science in the said second section of the said Act mentioned, shall, after examination before, and on being found duly qualified by the Professor of the said School of Medicine and Surgery, (five of whom shall form a quorum for the purpose of holding public examinations,) receive a certificate from the said School of Medicine and Surgery, and thereupon be entitled to receive a license from the Provincial Medical Board, without undergoing any further examination; anything in the Act above-mentioned, or in any other Act of Law to the contrary notwithstanding.

TORONTO, June 10, 1850.

MONTREAL SCHOOL OF MEDICINE.

Dr. Davignon moved for the second reading of the bill to amend the act incorporating the Montreal School of Medicine. He stated that it was composed of gentlemen well known to the public, and the profession. He asked for it the right of granting certificates that should entitle the holder to claim a license from the Provincial Medical Board without further examination.

Dr. LaTerriere said a few words but could not be heard in consequence of noise in the house.

Dr. Bouthillier was also inaudible.

Mr. Badgley opposed the bill as interfering with the right of the College of Surgeons.

Some discussion arose on the question, if the bill should be considered a private bill and the school charged the usual sum of £20 for the purpose of printing private bills.

Mr. Hincks contended that the payment of £20 should be waived in this case, as the bill in question could scarcely be considered a private bill.

Sir Allan MacNab urged the payment of the £20.

The Speaker did not consider that the bill in question came under that class of private bills for which the £20 were paid.

Mr. Badgley urged that it would be better to throw out the bill altogether. He argued that the school in question was a mere local school; and that the schoolmasters should not have the right of granting a certificate to entitle the holders to obtain a license from the Provincial Medical Board. If the clause which enacted this were struck out he would have no objection to the remainder.

After some further discussion, a motion was carried that the payment of the £20 be dispensed with.

Dr. Davignon stated that if there were any thing objectionable in the bill it could be altered in committee.

The motion for the second reading was then carried. Also a motion that the bill be referred to a select committee, composed of Messrs. Badgley, La-Terriere, Tache, Bouthillier and Davignon.

POLICE COURT, QUEBEC.

Present:—W. K. McCORD, Esq., J. P.

'The College of Physicians and Surgeons of Lower Canada,

Prosecutor.

vs.

Euphrosine Thivierge, Widow Crepeau,

Defendant.

This was an information and complaint filed by the College above named against the defendant, for having, between the first day of June, 1849, and the eighth day of May, 1850, at the

Parish of St. Jean, Isle d'Orleans, practised Physic and Surgery, without being a person duly *qualified* so to practise, against the form of the late Statutes 10 and 11 Vict. cap. 26, and 12 Vict. cap. 52.

The above charges were divided into two counts, one for practising Physic, the other for practising Surgery.

The information concluded that the defendant should be adjudged to have forfeited the sum of £1775 *cy.*, being the amount of penalties she had incurred by having practised as aforesaid,—the penalty for each day's practice being £5,—and that the said sum should be paid to the College above named to form part of the funds thereof, and that in default of such payment the defendant should be committed to the common jail of the District of Quebec until the same should be paid.

The defendant pleaded *not guilty*.

The evidence adduced by the prosecutor tended to shew that the defendant had attended a few individuals who were suffering from hurts and dislocations; and on two or three other occasions had applied cataplasms given *Tisannes* to sick persons, and attended them during their illness.—The witnesses added that the defendant made no charges for her attendance; on one occasion she had received 8s. 9d. for services as a *garde malade*.

Angers for prosecutor, stated that the Statutes above-mentioned had been passed for the purpose of preventing persons of the description of the defendant practising Physic and Surgery; that although it did not appear that the defendant was in the habit of charging for the services she rendered, yet, presents might be made her to recompense her.—That judgment must be pronounced against her for £15, for three penalties which she had incurred, of which there was sufficient proof; that the object of the prosecutor was not to harass or punish the defendant, but to enforce the law and put an end to the quacking which existed to a frightful extent in the country parts, and had produced the most baneful results.

Pope, for defendant, argued, That the prosecutor's case had not been at all proved—that not a word of evidence had been adduced to shew that defendant had practised physie.—she had

given *Tisane*, a mixture used in every house—she had merely employed herbs. As to the treatment of cases of dislocation, which had been mentioned, it did not amount to what could be termed surgical; moreover, that she had never charged for her services, that she had in fact attended persons as a nurse, and had given simple and home-made remedies, such as are used in every dwelling-house in the country, but that, whether or not, the Court inclined to the offence alleged had been proved, was, at present immaterial, because the defendant was prosecuted under the statute already referred to; that, by the provisions of that statute, a penalty could be inflicted on any person who should practice physic or surgery, without being duly *licensed* so to do, but, that in the present case, the defendant was charged, not with having practised, without being licensed, but without being duly *qualified*; that these words were not synonymous, but differed widely in their signification.—If the defendant had been prosecuted for practising without a license, she might have produced her license, and the information must have fallen, but here she was only accused of having practised without being *qualified*.—That it appeared from the prosecutor's own evidence, that she was well qualified, since she had always succeeded in what was termed her treatment—that she could only be punished for the offence being rendered punishable by statute, that the information did not charge her with a statutable offence, and that in consequence it must be dismissed.

Soulard, as a friend to the defendant, then addressed the court, and stated, that the defendant could not be convicted of having *practised*; that even admitting for argument's sake, that she had visited a few individuals, it could not be said that such visits constituted practice,—that in order to practice, she must have made a profession of treating persons—that she must gain by it, and should make her livelihood by it,—but that it was abundantly proved that she did not do so, and had not done so,—the cases mentioned were few and far between—she had acted from purely charitable motives. It was quite excusable that persons from country parts should address themselves to an aged and respectable female and obtain her assistance

as *garde malade*, in preference to asking advice from a young medical man, who besides would charge sums which the people could not pay; that the defendant had acted gratuitously, and that the law could not have intended that persons of her description, who merely administered remedies made from herbs, internally, and applied simple and home-made cataplasms, externally, should be condemned to wither in gaol for relieving the pains of their fellow creatures.

Angers for the prosecutor, in reply, insisted that his case had been proved, that the word *qualified* must be understood as meaning *licensed*, because the obtaining of a license was a necessary *qualification* to practice,—that the cases mentioned constituted practice, and that she must be condemned.

J U D G M E N T .

The Statute under the provisions of which this information has been brought, was passed for the purpose, among others of preventing ignorant persons from practising a profession requiring great skill and medical knowledge.—Serious consequences have often resulted from allowing persons of the description of the defendant to use medicines and practise surgery, without being qualified to do so; and the Legislature has acted wisely and humanely in preventing a recurrence of such cases, and at the same time requiring due qualifications on the part of those who aspire to the medical profession.

It has been stated by the defendant's Counsel, that the defendant did not make a livelihood by attending sick persons, and that therefore it could not be said that she *practised* Physic or Surgery; but viewing the Statute in the light I have just mentioned, it must be seen that the ill sought to be avoided would still obtain, were this pretension to be allowed.—Besides, the Statute does not require that gain should have been the object of persons practising unlawfully,—the offence would be complete without payment. I am of opinion that the acts proved to have been done by the defendant, amount to practising Physic and Surgery, but no condemnation can be pronounced against her, because a fatal variance exists between the words of the Statute and those laid in the information.

By the Statute, a penalty is to be in-

flicted on any person who should have practised Physic or Surgery, without being duly *licensed* to do so; the information charges the defendant with having practised Physic and Surgery, without being *qualified* to do so. Now these words have a widely different signification; besides, if I convict the defendant, I must convict her of the charge laid in the information, which must be in accordance with the Statute; for the conviction, information, and Statute must agree,—in this case they do not agree.—The information, therefore, having charged the defendant with the commission of an offence not specified in the Statute, I dismiss it, with costs against the College.—*Gazette.*

CORRESPONDENCE.

To the Editor of the British American Journal.

Toronto, May 28th, 1850.

DEAR SIR,—It is but a few days ago that the May number of your excellent Journal fell into my hands. While according to it the high praise which this number, even more than many others, deserves, I was startled at finding, under the head of Correspondence, a most extraordinary effusion signed "A Country Practitioner." If this displayed *only* ignorance, it might excite pity, but its gross ignorance is surpassed by its malevolence and malignant misrepresentations. With rather an extensive acquaintance among the Practitioners of the Home District and City of Toronto, I am happy to say I do not know of one whom I can suspect of this atrocious slander. But I proceed to particulars illustrative of the ignorance and falsity of this production.

The account of the proceedings of Convocation are garbled and falsified. Passing over the statement of the "trickish subtlety" of "some of the legal members," the assertion of "the artful manœuvring of the medical aspirants to the vacant chair of Practical Anatomy" is a foul falsehood. In the first place, to this day it is not known that there is in Convocation more than one *supposed* "aspirant" to this Chair, viz., James H. Richardson, M.B.; and whether or not, it would puzzle "A Country Practitioner" to shew how these aspirants could be affected by any proceedings in Convocation.

The expression—"the shameful inconsistency of the High Church party"—betrays the *doven foot*, and is quite consistent with the *devil's* tendency of the letter in

question:—the old gentleman with the tail and horns being, on what even Dissenters allow to be good authority, the father of lies. The "Country Practitioner" informs you that the gentleman who was elected Pro-Vice-Chancellor is "a beardless youth"—one of those who "exhibited a total absence of all discipline, dignity, and reverence for their seniors and superiors"!!! Now, without pretending to recollect whether it be twelve, fourteen or fifteen years since Mr. W. L. Smith obtained the manly appendage of a beard, or to know how often he has shaved during the three or four years of his married life, a very slight glance at his muzzle would at once stamp your correspondent as belonging to the progeny above alluded to.

Again:—His complaints and observations in regard to the "Members and Dignitaries" of the University belonging to the Medical Profession, are on a par with the foregoing. *It is not true* that "the University has proved a stumbling-block to us." (Us, indeed!!—the country practitioners have not much to boast of in their *self-selected* representative!) *It is not true* that "its functionaries, except Doctors King and Nicol, have openly arrayed themselves against us (us!) in all our endeavours to obtain an Act of Incorporation." *It is not true* that the magniloquent "hero of the lancet" "*cannot* be a candidate for, nor Professor of, any office in the new College" because—mark Sir, BECAUSE!—he is not "a member of King's College," but more probably because his *acquirements* are on a par with his *veracity*! *It is not true* that "they" (the Convocation) "have the power to enforce" the above imaginary grievance; *nor can it be true by any possibility* that "undoubtedly they will do so." The statement that the Convocation have any voice whatever in the choice of any Professor is *utterly untrue.*

The classical "way" of settling these difficulties may, however, be applicable to the final choice of the Professor of Practical Anatomy; but it can be applied only in the Senate or by the Executive. It is supposed that the candidates are—Doctor Rolph, of political notoriety, Dr. Richardson, Dr. Deazley, Mr. Norman Bethune, and perhaps two more. To which of these does the "Country Practitioner" refer?—which "*three*" of the above are "members of the College"?

The paragraph in which our amiable friend alludes to the merits of these "*three* members of the College" can excite nothing

but contempt. "It is no disparagement of either (!) of these gentlemen to assert that among the many hundreds of practitioners in this Province, several might be found "their superiors in the natural endowments and their equals in the professional acquirements necessary to form a good teacher!" Yet afterwards this self-constituted judge deprecates having any "desire to underrate the talents of the gentlemen who have (!) proposed for the vacant chair." Who are they? Very kind! Very considerate!! Very complimentary!!!

The concluding paragraph caps the climax, and is worthy of the *gascon* writer. *Everyone* who had anything to do with the efforts which from time to time have been made to obtain the Incorporation of our Profession in Upper Canada, knows that they are, with a few praiseworthy exceptions, due chiefly to the practitioners of Toronto. *The apathy of the "Country Practitioners" on this matter has been remarkable!* Not to allude further to the Act obtained in 1839 or 1840, which was allowed in consequence of *false representations* emanating from a source well known in Toronto, I need only refer, in proof of my

assertion, to the very small number of the printed circulars (distributed throughout the Upper Province, for the purpose of eliciting the opinion of the Profession at large) were returned.

If the contemptible slander had been published in any Journal of ordinary calibre or circulation, it would have been treated as it deserves; but when advantage has been taken of a periodical of high character and established reputation to disseminate it among the members of an honorable profession, it is high time to take up the gauntlet—to strip the lion's hide off the wretched donkey,—and "lash the villain naked through the world."

Let the "Country Practitioner," if such he really be, answer me with *facts*, and I will meet him in a different style; but if he cannot, I shall not degrade myself nor take up those pages which you must prefer devoting to the diffusion of knowledge, by a reply.

I have the honor to be,
Dear Sir,
Your very faithful obdt. servt.
VERAX.

METEOROLOGICAL REGISTER at MONTREAL, for the Month of MAY, 1850.

DATE.	THERMOMETER.				BAROMETER.				WIND.			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.	7 A.M.	3 P.M.	10 P.M.
1	+49	+47	+36	+48-	29.48	29.59	29.73	29.60	S S W	S S W	S S W	Rain	Show'y	Show'y
2	+39	+50	+45	+44.5	29.80	29.83	29.85	29.83	W by N	N W	N W	Fair	Fair	Fair
3	+46	+61	+50	+53.5	29.93	29.77	29.69	29.80	WNW	S	S W	Fair	Fair	Clo'dy
4	+45	+53	+51	+49-	29.66	29.62	29.65	29.58	N by E	S S E	S S E	Fair	O're'st	Rain
5	+48	+45	+41	+46.5	29.60	29.57	29.62	29.56	S S E	S S E	S S E	Rain	Rain	Rain
6	+47	+57	+48	+52-	29.50	29.33	29.48	29.44	S E	S E	W S W	Rain	Rain	Clo'dy
7	+45	+54	+45	+49.5	29.62	29.76	29.79	29.72	W	W S W	W	Fair	Clo'dy	Fair
8	+49	+63	+53	+56-	29.76	29.53	29.61	29.61	S	S S W	W by N	Fair	O're'st	Rain
9	+46	+45	+43	+45.5	29.44	29.23	29.26	29.31	S	S	W by N	Rain	Rain	Rain
10	+40	+44	+39	+42-	29.34	29.37	29.44	29.38	W by N	W by N	W S W	Fair	S Strm	Fair
11	+41	+56	+43	+48.5	29.50	29.48	29.43	29.47	W S W	W S W	W	Fair	Clo'dy	Clo'dy
12	+47	+55	+49	+51-	29.46	29.41	29.31	29.39	W	W	W	Fair	Fair	Clo'dy
13	+46	+56	+46	+51-	29.53	29.57	29.63	29.58	W S W	W	N	Fair	Fair	Fair
14	+47	+60	+49	+53.5	29.75	29.70	29.65	29.70	N	N	N	Fair	Fair	Fair
15	+49	+65	+55	+57-	29.70	29.54	29.48	29.57	N	N N E	N N E	Fair	Fair	Clo'dy
16	+51	+62	+53	+56.5	29.40	29.27	29.23	29.30	N N E	N N E	N N E	O're'st	Fair	Fair
17	+49	+62	+49	+55.5	29.20	29.04	29.03	29.09	N N E	N N E	W	Foggy	O're'st	Rain
18	+39	+48	+41	+43.5	29.62	29.36	29.51	29.50	W	W by N	W by N	Rain	Show'y	Fair
19	+47	+63	+50	+55-	29.65	29.51	29.53	29.53	S S W	S	S	Fair	Fair	Fair
20	+48	+46	+45	+47-	29.65	29.78	29.83	29.75	S	S	S W	Rain	Rain	Rain
21	+47	+57	+48	+52-	29.88	29.95	29.87	29.90	S W	S W	S W	Fair	Clo'dy	Rain
22	+48	+60	+51	+54-	29.94	29.99	30.01	29.98	N	N N E	N N E	Show's	Fair	Fair
23	+62	+63	+62	+57.5	30.04	29.98	29.98	30.00	N N E	N N E	N N E	Clo'dy	Fair	T Sh's
24	+49	+59	+55	+51-	29.91	29.89	29.91	29.90	N N E	N N E	N N E	Rain	Show's	Clo'dy
25	+54	+67	+60	+60.5	30.04	30.00	30.00	30.01	N W	N N E	N N E	Fair	Fair	Fair
26	+62	+68	+59	+65-	29.94	29.85	29.76	29.85	N N E	N N E	N N E	Rain	Rain	Clo'dy
27	+63	+79	+69	+71-	29.75	29.51	29.46	29.57	N W	S	W	Fair	Fair	Clo'dy
28	+54	+66	+53	+60-	29.59	29.60	29.59	29.59	N E	S	S	Fair	Fair	Rain
29	+43	+61	+55	+52-	29.56	29.47	29.45	29.49	S E	S E	S E	Show'y	O're'st	Clo'dy
30	+54	+70	+58	+62-	29.50	29.49	29.54	29.51	N E	E	E	Fair	Fair	Rain
31	+65	+63	+53	+59-	29.49	29.61	29.67	29.59	E N E	E by N	E S E	O're'st	Clo'dy	Show's

Therm. { Maximum, +79° on the 27th, at 3 P.M.
Minimum, -36° " 1st, at 10 P.M.
Mean of the Month, +53.3

Barom. { Maximum, 30.04 in, on the 23rd & 25th, at 7
Minimum, 29.03 " " 17th, at 10 P.M.
Mean of the Month, 29.616 inches

MONTHLY METEOROLOGICAL REGISTER, AT E. W. MAGNETICAL OBSERVATORY, TORONTO, O. W. - MAY, 1890.
 Latitude, 43° 30'. 4" N. Longitude, 79° 21' 6" W. Elevation above Lake Ontario, 108 feet. - (For the British American Medical and Physical Journal.)

Day	Barometer at Temp. of 32°			Temperature of the Air			Tension of Vapour			Humidity of the Air			Wind			Hrs. of Rain.	Weather.	
	7 A.M.	3 P.M.	10 P.M.	7 A.M.	3 P.M.	10 P.M.	7 A.M.	3 P.M.	10 P.M.	7 A.M.	3 P.M.	10 P.M.	7 A.M.	3 P.M.	10 P.M.			
1	29.655	29.744	29.856	37.6	45.4	30.3	30.0	1.44	1.17	1.67	64	58	67	W	W	10 P.M.	—	am h. cold; uncloud. 1 P.M.; h. wd.
2	29.682	29.802	29.892	38.5	53.8	38.0	45.3	1.54	1.23	1.86	61	55	64	W by N	W	10 P.M.	—	1 P.M. frost; few h. clouds; fine day
3	29.583	29.647	29.645	42.0	50.2	42.0	47.7	1.91	1.85	1.96	78	78	66	calm	E by N	10 P.M.	—	Overcast; high clouds and haze
4	29.314	29.395	29.510	44.7	60.8	44.0	46.3	2.31	2.00	2.32	67	62	60	E by S	E by S	10 P.M.	—	Clouded till 4 p.m.; sig. n. from to 3
5	29.246	29.325	29.435	43.0	43.7	43.0	46.3	1.86	2.02	2.02	68	63	60	W	W	10 P.M.	—	Clouded all day
6	29.089	29.209	29.269	38.4	38.4	40.5	40.5	1.86	2.02	2.02	68	63	60	W	W	10 P.M.	—	Heat frost; am; clouded all day
7	29.079	29.209	29.269	38.4	38.4	40.5	40.5	1.86	2.02	2.02	68	63	60	W	W	10 P.M.	—	Uncl. am; cold pm; 1 P.M. rain
8	29.041	29.209	29.269	46.0	54.1	46.0	48.5	2.31	2.02	2.02	91	78	78	W	W	10 P.M.	—	Gen. cloud; faint auroral 11.10 pm
9	29.341	29.323	29.390	45.4	48.5	45.4	48.5	2.31	2.02	2.02	84	84	84	W	W	10 P.M.	—	Mostly clear; aur. E. N. rain
10	29.206	29.331	29.412	35.0	40.3	39.0	40.0	1.80	1.60	1.72	67	67	67	W	W	10 P.M.	—	1 P.M. passing clouds; sharp fr. frost
11	29.201	29.286	29.365	38.0	40.3	41.8	42.0	1.80	1.60	1.72	67	67	67	W	W	10 P.M.	—	Detached clouds; mostly clear
12	29.431	29.463	29.514	53.4	55.0	53.4	55.0	2.31	2.02	2.02	68	68	68	W	W	10 P.M.	—	1 P.M. passing clouds; mostly clear
13	29.431	29.463	29.514	53.4	55.0	53.4	55.0	2.31	2.02	2.02	68	68	68	W	W	10 P.M.	—	1 P.M. passing clouds; mostly clear
14	29.551	29.505	29.573	50.0	56.1	50.0	56.1	2.31	2.02	2.02	68	68	68	W	W	10 P.M.	—	Mostly clear; hazy round horiz.
15	29.445	29.573	29.360	52.0	56.1	51.6	55.2	2.31	2.02	2.02	68	68	68	W	W	10 P.M.	—	Dry cloudy; uncl. 10 pm to mlt.
16	29.220	29.157	29.102	61.2	66.5	66.5	66.5	2.31	2.02	2.02	71	71	71	W	W	10 P.M.	—	Heavy dew am; night clear and fine
17	29.580	29.111	29.306	50.9	51.2	51.2	51.2	2.31	2.02	2.02	68	68	68	W	W	10 P.M.	—	1 P.M. & few drops in am; clo; wd
18	29.410	29.469	29.491	49.9	51.4	49.9	51.4	2.31	2.02	2.02	68	68	68	W	W	10 P.M.	—	Few h. passing clo.; cold dry wd
19	29.440	29.283	29.491	48.2	53.6	48.2	53.6	2.31	2.02	2.02	68	68	68	W	W	10 P.M.	—	1 P.M. passing clouds; mostly clear
20	29.659	29.741	29.800	36.8	37.8	37.2	37.0	1.46	1.05	1.16	67	67	67	W	W	10 P.M.	—	Frost; am; sn. & silt 10 am to 4 pm
21	29.553	29.583	29.653	30.3	31.8	31.2	31.2	1.46	1.05	1.16	67	67	67	W	W	10 P.M.	—	Clouded all day
22	29.576	29.863	29.956	43.4	51.2	40.5	43.6	1.90	1.99	1.97	85	85	85	W	W	10 P.M.	—	Let clo am; cloudless & fine pm
23	29.900	29.800	29.912	44.0	56.8	50.4	51.3	2.49	2.85	2.81	76	76	76	W	W	10 P.M.	—	Heat frost; 1 P.M. clouds; fine day
24	29.581	29.570	29.721	50.7	56.8	50.7	56.8	2.49	2.85	2.81	76	76	76	W	W	10 P.M.	—	Clear am; cloudy pm; silt in 10
25	29.830	29.576	29.806	52.8	56.4	53.0	54.2	2.49	2.85	2.81	69	69	69	W	W	10 P.M.	—	Generally cloudy; hazy
26	29.803	29.723	29.806	52.5	56.4	53.0	54.2	2.49	2.85	2.81	69	69	69	W	W	10 P.M.	—	1 P.M. during day; night clear
27	29.671	29.578	29.556	60.4	62.4	60.4	62.4	2.49	2.85	2.81	69	69	69	W	W	10 P.M.	—	Unclouded but hazy; very fine
28	29.631	29.452	29.333	61.2	60.8	61.2	60.8	2.49	2.85	2.81	69	69	69	W	W	10 P.M.	—	Clouded am; eve & ngt. cloudless
29	29.369	29.359	29.383	50.9	48.6	43.8	47.9	2.07	1.97	2.06	87	87	87	W	W	10 P.M.	—	Uncl. am; s. & ngt. 9 & 10 pm
30	29.441	29.449	29.502	40.1	50.4	40.1	48.5	2.07	1.97	2.06	87	87	87	W	W	10 P.M.	—	Gen. clo; slight rain 9 & 10 pm
31	29.651	29.612	29.670	46.6	65.0	45.5	48.6	2.07	1.97	2.06	87	87	87	W	W	10 P.M.	—	The snow on the 20th melted; us. 1 P.M.; it is the latest date of snow

Sum of the Atmospheric Currents in miles resolved into the four Cardinal directions.
 North 1508.1, West 2148.5, South 1136.3, East 780.0.
 Mean velocity, 6.32 miles per hour.
 Maximum velocity, 22.4 miles from 9 to 3 p.m., on the 17th.
 Most Windy day, 17th; mean velocity per hour, 10.73 miles.
 Least do., 5th, do., do., 2.53 miles.
 Most Windy hour, 1 p.m., mean velocity, 10.62 miles per hour.
 Least do., 3 a.m., do., do., 3.31 do.
 Diurnal variation, 7.31 miles per hour.

Year	Thermometers.				No. of days Inches.	Days. Inches.
	Mean.	Max.	Min.	It. max.		
1800-	63.2	75.4	31.2	46.2	1.00	—
1811-	61.1	78.0	30.5	51.5	1.11	—
1812-	47.8	71.2	28.2	46.0	1.275	—
1813-	47.3	79.3	30.3	50.6	1.670	—
1814-	61.2	78.4	32.7	49.7	1.4	—
1815-	61.3	77.8	32.8	49.0	1.670	—
1816-	63.7	76.7	32.1	49.6	1.435	—
1817-	62.5	75.1	31.2	48.1	1.5	—
1818-	62.5	75.1	31.2	48.1	1.5	—
1819-	48.20	72.2	27.9	41.3	1.13	—
1820-	48.61	74.8	27.5	40.3	0.415	1