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J. Blanchet

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ORIGINAL COMMUNICATIONS.

ARTICLE XI.—*Remarks on Gunshot Injuries to the Extremities; from Observations made during the late War.* By Assistant Staff Surgeon D. Woods, Licentiate of the Royal College of Surgeons, Ireland, &c., &c.

In making the following observations on gunshot wounds of the extremities, it must be recollected, that no intention is entertained of giving anything like a detailed description of these accidents. On the contrary, I merely intend to put forward such facts as came under my notice, supported in so far as possible by cases, together with the reflections, induced at the time, when the subjects were under treatment, and afterwards by the ultimate results of the treatment put in force.

I shall commence by alluding to wounds of the shoulder. Of the larger articulations in the human body, the shoulder joint is, I am of opinion, capable of bearing the greatest amount of injury, with the least danger to life; and, when suitable treatment has been adopted, a more useful limb is preserved to the patient than is likely to be the case when gunshot injuries have befallen other articulations, whether of the elbow, wrist, knee, or ankle. In so far as my experience tends, that excessive degree of inflammation, so imminent after severe injury to the last mentioned parts, rarely follows injuries to the shoulder; whilst the operations, whether of excision of the head of the bone, or removal of the

entire ex'tremity by amputation at the joint, are not only more easy of performance, but also, as a general rule, more likely to turn out successfully than when other joints are thus treated. It can be a matter for doubt no longer as to whether, after the passage of a bullet through the shoulder joint reparation is possible, without other interference by the knife than such as may be necessary for the removal of splintered and detached bone; Mr. Guthrie having given several cases of such recovery; so that we may lay it down as a rule, that in cases where a small amount of splintering has taken place, the limb may be preserved without an operation. The cases are, however, very few indeed when conservative surgery could thus be put to the test; and since the introduction of the Minie bullet, such a class of cases must be fewer than ever, since this missile in its passage through the long bones, or indeed any other structure, lacerates or breaks to pieces the parts with which it comes in contact, much more than did the round ball; its destructive tendencies in this respect being attributable to its more readily assuming a flattened and rugged form, when opposed to any resisting body—Independently of the considerations alluded to, there are others, however, which require notice. For instance, a bullet may have come in contact with the bones entering into the formation of the articulation; the injury apparent may not seem very great and yet be really so, the flattened portions of bone being kept together by the surrounding membranous connections, whilst the subsequent inflammation causes a greater degree of injury in the joint, giving rise to caries, necrosis, and longer continued suppuration, than is the case when the shafts of bones alone have suffered. The amount of prolonged suffering, frequently, as we see in other gunshot fractures, where joints have suffered, extending over a period of years, induced by an attempt to save the limb; the excessive discharge of matter, and the ultimate bad results to the patient's constitution, especially if of scrofulous diathesis, would, in almost every case, demand of us that at the earliest possible period after the receipt of the wound, we should remove the parts injured, either by excision or amputation. That some cases of injury to the bones entering into the shoulder-joint, may and do recover without such interference, I am, however, convinced of, having had a case under my own care in which such a result took place; and reflection on this subject with others has convinced me of the exceeding folly of laying down dogmatical rules to be followed in the treatment of gunshot wounds. Scarcely ever do we meet with two cases alike. The constitutions of men are so different; the effects of climate on different individuals so varied, and the complications from disease—when epidemic influences are so rife as with an army in the field—so many; all these combined contingencies, require a sound judgment, equally, if not more,

than the teaching of experience, on the surgeon's part. Accidents, which, under the ordinary sanitary conditions prevailing in civil hospitals, would speedily revive, do too frequently on the field take an unhealthy and unlooked for action, excited by causes over whose prevention we can exercise no control, and induced in no small degree by a sudden change from a mode of life of comfort and almost clockwork regularity, to one whose every feature is the direct contrary.

It is scarcely possible for a musket ball to fracture a bone, without at the same time extensively splintering that part of the shaft through which it has passed, leaving some of the splinters entirely detached, whilst others are in part adherent. In such cases it is our urgent duty, as so far as circumstances will allow after the receipt of the injury, to remove by incision those pieces which must ultimately come away; and yet how frequently is this all necessary operation deferred, or altogether neglected; the part being merely placed in a suitable position, covered with dressing, so far as the removal of the bone is concerned; and left to nature; and what is the result? Months and years roll away, abscesses, preceded by long sinuses, point at different parts of the injured limb, frequently at a distance from the original seat of the accident, *speculater s; ienula* of bone continue to present themselves, the muscles in which these pieces of bone by their sharp and jagged edges take hold, or are otherwise connected, become inflamed, hardened by the deposition of lymph, and finally contracted, whilst nature making attempt after attempt at reparation, throws out callus inordinate in quantity, and in places where such is not required, so that frequently it happens, that a limb which might have been preserved, by the early opportune removal of the detached portions of bone, to become a useful member, remains at last only an encumbrance; a legacy of suffering, finally to be removed by the knife. The foregoing picture is no imaginary one; I have had a number of such cases under my care. In many of these, months after the receipt of their injuries, no attempts at reparation had been set up, the broken ends of the bones were reunited, and through the sinuses could be felt the necrosed pieces of bone, whose extraction, from the state of the action going on in the part, were frequently productive of severe hæmorrhage, and from their being surrounded by callus or thickened muscle, was a matter of no small difficulty. Now, why should this be so? Why is the surgeon, ever ready when necessary, to amputate a limb, so disinclined to cut down on the fractured ends of a bone for the removal of splinters, or when in some cases, an incision might expose such a state of matters, as might dispose him to remove the broken ends altogether by sawing them off, and bring two surfaces likely soon to unite "without after bad consequences" in contact? a

practice in my opinion, not followed out as frequently as it might be. The fact is, the question in such cases usually resolves itself into two parts; Is it a case for amputation or not? and if not, the knife is frequently laid aside altogether, when it might be used with the best results, in the removal of broken splinters, &c.; again, cases requiring such operations are rarely presented to the surgeon during his career as a student; these with other causes unnecessary to mention, operate, too frequently, in the prevention of a practice all necessary, and without which conservative surgery has not a fair chance of success.

The following case exhibits an example of injury to the shoulder-joint, in which recovery has taken place, the limb being preserved without an operation. One or two persons who saw the case a short time after the injury, expressed a doubt as to whether the articulation had suffered, but having afterwards treated the case myself during the man's return to England, and whilst in the hospital at Portsmouth. I became satisfied that the joint had been implicated in the original injury.

Case.—Sergeant Seymour, 23rd Regiment, a young and previously healthy soldier, was wounded at the final attack on the Great Redan, on the 8th of Sept., 1855, by a musket ball, which entering anteriorly, on a line with the attachment of the capsular ligament of the shoulder joint to the humerus, passed downwards and backwards, sweeping through the lateral and dorsal aspect of the arm, about two inches lower down than the point of entrance. After a careful examination, some doubt being entertained as to whether the joint was implicated, it was decided not to amputate; several splinters of bone were extracted, and the limb being placed in a suitable position, properly supported, and kept covered with a cold dressing, the case was left to develop itself. Considerable local inflammation ensued, followed by profuse suppuration; large sinuses formed posteriorly and anteriorly around the joint, and several long and ragged splinters of bone were removed, but no attempt at reparation of the injury done to the bone was set up during the man's stay in camp, from whence he was not removed until the 15th of January, 1855. I had this man afterwards under my charge, in the Hospital Transport, Great Tasmania, whilst returning invalided to England, and subsequently in the Hospital at Portsmouth; during this period I made frequent incisions down to the bone in the course of the sinuses, and extracted a considerable number of long and ragged pieces of bone, which from their length and aspect, evidently formed a portion of that part of the humerus entering into the formation of the shoulder joint. I continued this practice until no more dead bone could be detected, but little or no improvement took place; nor did the sinuses tend to heal until towards

the close of the month of April; during the latter part of this month, however, he improved considerably, and when he left Portsmouth Hospital, in May, several of the sinuses had healed, and he had partially recovered the power of motion in the limb, which previously he could not move by his own effort; his general health also was much better.

The foregoing case is therefore important from two circumstances. In the first place, as shewing how far we can extend the practice of conservative Surgery in wounds of the joint when we have a young and healthy subject to deal with, and in whom neither a Scrofulous nor a Syphilitic taint exists; either of which would materially influence the course to be pursued on the performance or not of an operation. But the second and more important point remains to be considered. We have had a most favourable subject to deal with, and yet for a lengthened period, extending over a space of seven months, no attempt at reparation whatever was set up; whilst the incessant discharge of a large quantity of pus, combined with the constant irritation necessarily present, and the confinement to bed, from which, on account of the state of the limb, the man could not for a long time be removed, bore down the constitution; which had it not been originally good, must have given way, and necessitated the removal of the limb, for the purpose of saving his life. Nine months after the original receipt of the injury, when the man was removed from my charge, reunion had only commenced, and a long period must still have to elapse before a permanent recovery, with a partially disabled limb, could take place. (Mr. Guthrie, in his commentaries on Surgery, has mentioned a case of gunshot injury to the head of the humerus, in which, years after the receipt of the injury, disease of the head of the bone still existed.) The question then for consideration is: would it not have been much more preferable in the beginning to have excised the fractured portion of bone? the patient, under the influence of Chloroform, could not have felt the knife, and the operation is not in itself dangerous to life; neither would the ultimate mutilation have been greater than ensued from the attempt to preserve the limb entire, thus removing the great objections to all operations. The answer to the question is therefore obvious. Had excision been performed, the man, in all likelihood, in three or four months, would have been free from pain and suffering, and with an equally, if not a more useful limb, than is likely to result from the course pursued. The constant formation and presence of sinuses, which in a wound of the joint we cannot avoid, are in themselves most likely to bring about Caries in sound portions of the bone; so that we have thus a constant reproduction of disease being set up, and only to be removed by the removal of the entire part. Should such a case again, then, come under my notice, I would not leave

it to nature; I would do the operation of excision of the head of the bone. It is, however, a happy circumstance to be aware of, that should a wound of this joint come before us at a time when Hospital Gangrene, or other malignant influences affecting the course of wounds, are rife, we may for a time defer the operation without endangering the patient's life or ultimate recovery. In some cases, when the head of the humerus is much shattered, and the scapula implicated in the injury, of course immediate operation is the best, and indeed the only remedy; not alone on account of the saving of the patient's health, by the prevention of inflammation, profuse suppuration, &c., but also on account of the liability which is present to the wounding of some of the vessels of the part, by the numerous sharp spicula of bone. At least half a dozen cases have come under my own observation, in which large vessels were thus wounded, and with fatal results in some of the cases; the constitutions of the men having become so reduced by previous suffering, &c., as to be unable to bear up against a large hæmorrhage. The following case is an example of this nature.

Case.—A man belonging to one of the Regiments of Guards was wounded at the battle of the Alma, by a musket-ball, which fractured the head of the humerus with the glenoid cavity of the scapula. The man came under my care about fourteen days after the receipt of the injury, when undergoing treatment in the general Hospital at Scutari; from the extensive injury done to the bones, I called the attention of the Staff Surgeon to the fact, that it was a case requiring amputation, in which opinion he concurred; before, however, arrangements could be made for the performance of the operation, severe hæmorrhage set in, and was with difficulty restrained; the arm was now immediately amputated at the joint, and all injured bone removed, the man was however by this time greatly reduced, and accidental sloughing having attacked the stump, he sank three days after the performance of the operation. I may however, here remark, that whilst very few of those primary operations, done on the field of the Alma, and with all the necessary attending difficulties, failed, very few indeed of the secondary operations performed at Scutari, when all the needful appliances were at hand, recovered.

In the foregoing case, had a primary operation been performed on the field, very little doubt can remain but that the man's life would have been saved

(To be continued.)

ART XII.—*Statistics of the University Lying-in Hospital.* By
 GEORGE E. FENWICK, M.D., Registrar. Physician to the Montreal
 Dispensary.

The University Lying-in Hospital was established in the year 1843 through the exertions of the late Dr. McCulloch, aided by the zealous efforts of benevolent ladies.

Since the first opening of this Institution in November of that year, to the end of May last, 1753 females have participated in its benefits.

From a faulty system of enregistration it is to be regretted that 759 of these cases are lost to usefulness, (of these I must except 354, some particulars of which were published by Dr. McCulloch, in the *British American Journal of Medical Science*, vol. 2, page 260), there remain 994 which are available, and these suffer a further reduction of 348 touching the time or period of utero-gestation.

I have adopted the classification of most British authors, who describe labour under four distinct heads.

1st. Natural Labour, or where the head of the fetus presents, and the labour is completed within the period of twenty-four hours.

2nd. Protracted Labour, where the head likewise presents, but the labour is prolonged by various causes beyond the above mentioned period, such causes being, irregular uterine action, debility or inertia, rigidity of the os or external parts, tumours, disorted pelvis, and mal-position of the foetal head.

3rd. Preternatural Labour. Under this division are included all presentations other than the head of the foetus—manual or instrumental interference in many cases being necessary.

4th. Complicated Labour. In this form of labour, danger to the life of mother, or child, or both ensue, from some accidental cause unconnected with the presentation, such as hemorrhage, convulsions retained placenta, rupture of the uterus, &c.

There are four principal positions in which the head enters the cavity of the pelvis; other four are admitted to be within the bounds of possibility, which make in all eight positions in which the foetal head descends during parturition.

In considering the relative shape of the pelvis and foetal head, it would be said that four of the above positions, viz.: where the head enters in the transverse, and antero-posterior diameters, never occur except under certain circumstances, as where the head of the child is small in comparison with the size of the pelvis, and in deformed pelvis, where the transverse, or antero-posterior diameters are considerably increased. Naëgelé whose evidence is the result of unwearied

observation of the operations of nature, describes but four positions. The mechanism of labour is undoubtedly complicated. It is easy to multiply varieties in the position of the fetal head, by insisting on trivial differences, an error, which retards, rather than advances, obstetric knowledge.

The first position, or where the head enters the pelvis in the right oblique diameter, the occiput being towards the left acetabulum and the forehead towards the right sacro-iliac synchondrosis has occurred 911 times in the 1009 cases, equal to about 91 per cent.

The second position in which the occiput is towards the right acetabulum, and the forehead towards the left sacro-iliac synchondrosis has occurred twenty-four times.

The third position, the reverse of the first, has occurred in fifteen cases; and the fourth position the reverse of the second, confessedly the most rare, has been observed in but three cases. For the correctness of the above I will not vouch. The Third Position is looked upon as the next in order of frequency, after the first, although some authors describe the second as being met with in greater proportion than the third. Nægelé observes that the third position is frequently not ascertained until it has changed into the second position. He states that of 96 cases in which the head presented originally in the third position, he observed it to be delivered in the occiput posterior direction in three only.

Face presentations have occurred five times, in all the child was saved, in one which was complicated with puerperal convulsions, and in which the forceps were employed, the life of the child was saved, but the mother sank comatose four hours after delivery.

The superior extremities have presented in eight cases, the inferior in nineteen, and there have been twenty breech presentations. The funis was prolapsed five times, and there has been but one case of placenta prævia, occurring in an extern. This latter case is one of great interest in consequence of its unusual termination.

Catherine Tivington, aged 37, in labour with her sixth child, applied for admission into the University Lying-in Hospital, on the morning of the 17th December, 1856.

The Hospital being closed in consequence of puerperal peritonitis having appeared in the wards, she was placed under the care of Mr. D. T. Robertson, at her own residence.

On inquiry Mr. R. found that labour had but recently commenced; for several weeks past she had suffered occasional losses of blood, and on one or two occasions (the husband informed me) in great quantity; the woman did not present an ex-sanguine appearance, nor was she at the time

losing much; it came away in gushes with each pain. On examination the os was found tolerably well dilated, but filled with a soft spongy mass, which impeded the presenting part from being satisfactorily determined. Mr. R. diagnosed placenta prævia, and aware of the serious nature of the case sent for assistance.

I saw the woman shortly afterwards. On examination I found the placenta almost wholly detached, and bulging out through the os, which was fully dilated, the pains were lingering, and by no means severe, with each pain there was a slight gush of blood, but the quantity lost was so trifling as not to have affected the circulating system. I explained to the husband that manual interference was necessary, and that it was an operation attended with risk to his wife. He requested me to delay until he had procured the services of her priest, to this I consented: shortly after he left the house our patient was seized with a prolonged and vigorous pain, as I passed my hand beneath the bed clothes, the placenta was shot with considerable force over my knuckles, and the child immediately followed, the uterus contracted firmly, and all was well as regarded the mother, the child, however, was dead.

Mal-presentations have occurred in fifty-six cases; the forceps have been used in twelve cases, and turning in six cases. Forty-six children were still-born, of these thirty were saved by artificial respiration and other means; latterly, Dr. Marshall Hall's ready method has been employed with success.

Nine children were born dead, making the total number lost twenty-five. Of twenty cases of breech presentations five children were lost, of eighteen foetling cases, four were lost. Three out of five children were lost in whom the funis was prolapsed. Constitutional lues occurred in four women, of these two children were born dead, one died two hours after birth, and one left the hospital alive, both mother and child were covered with a papular eruption, the result of this case is unknown.

There have been thirteen cases of twins, one child was lost, the presentation being of the head in the first position.

Triplets occurred once, the first child came breech foremost and was lost, the other two followed soon after, in both instances the presentations were of the head in the first position.

The placenta covered an immense extent of uterine surface. It appeared as if, originally, it had consisted of three distinct placentæ, the funes were short, so much so that in the first birth the cord was much stretched and pressed upon, which accounts for the fatal result. Of the mothers fourteen were lost, of these four died of puerperal peritonitis, four of puerperal convulsions, and six from other causes.

Hæmorrhage has occurred ten times; seven of these were accidental,

two post partum, and one unavoidable. Four of the children were lost, in all the result was favourable to the mother.

Duration of Labour. Of all the cases which occurred 373 were confined before the expiration of the sixth hour from the commencement of the symptoms, 360 between the sixth and end of the twelfth hour, 100 from the end of the twelfth to the end of the eighteenth hour, 94 from the end of the eighteenth to the end of the twenty-fourth hour, 50 from the twenty-fourth to the end of the forty-eighth hour, and 17 over the forty-eighth hour; thus the vast majority 337 cases, were delivered before the expiration of twelve hours, 194 from that period to the end of 24 hours, while 67 only were prolonged beyond the 24 hours.

The length of the Funis. This admits of every variety, thus in 31 cases the funis measured from five to ten inches, 546 measured from ten to twenty inches, 358 from twenty to thirty inches, 67 from thirty to forty inches, and seven were over forty inches; while on this subject I may mention a case, which occurred in my own practice, where the funis measured fifty-four inches.

Duration of Pregnancy. Ten lunar months, or 280 days is the time generally admitted to be the usual period from conception to delivery; that this period is without variation is far from correct, cases there are, well authenticated, in which pregnancy has been prolonged to eleven lunar months equal to 308 days, and the fact of viable children being born a month or two before maturity is of too common occurrence to be questioned; the cases here adduced are not wholly reliable and therefore valueless. I give them however as they are, the period is dated from the last flow of the catamenia and not as is usual, to allow fourteen days from that time.

Thus from 200 to 250 days since the last appearance of the menstrual flow, there were twenty three women delivered.

From 250 to 260 days,	three only.
From 260 to 270 days,	57 cases.
From 270 to 280 days,	252 cases.
From 280 to 290 days,	228 cases.
From 290 to 300 days,	61 cases.
And over 300 days,	21 cases.

When we perceive how varied are the operations of nature in all other matters regarding the existence of man, it does seem strange to expect regularity in this particular.

One woman declared she had menstruated regularly to within sixty days of her confinement, the child was born at the full time.

Complications. There have been fifteen complicated cases, one with dropsy, case favourable to child, the woman who was young, ultimately recovered; four cases of puerperal convulsions have occurred, all of them fatal to the mothers, three of the children were saved; ten cases of hæmorrhage; one monstrosity, anencephaloid with single nostril, the presentation was of the shoulder and necessitated turning, the child lived two hours after birth. It is a curious coincidence that this same woman was re-admitted into the Hospital on the 24th of June last, in labour with her second child, the presentation was again of the shoulder. I had to turn, which was accomplished with ease, the liquor amnii not having wholly escaped. The child had been dead for some time, but was perfect as to formation.

KIND OF LABOUR.	DURATION OF LABOUR.	DURATION OF PREGNANCY.	
		NO. OF DAYS SINCE LAST CATAMENIA.	
Natural,	864	From 1 to 6 hours,	373
Preternatural,	51	From 6 to 12 do.	350
Protracted,	64	From 12 to 18 do.	100
Complicated,	16	From 18 to 24 do.	94
		From 24 to 48 do.	50
		Over 48 do.	17
		60 days,	1
		200 to 250 days,	23
		250 to 260 do.	3
		260 to 270 do.	57
		270 to 280 do.	252
		280 to 290 do.	223
		290 to 300 do.	61
		Over 300 do.	21
		Cases unreported, ..	646
			348
Total,	994	Total,	994
		Total,	994

PRESENTATIONS.		LENGTH OF FUNIS.	
First,	911	From 5 to 10 inches,	31
Second,	24	From 10 to 20 do.	548
Third,	15	From 20 to 30 do.	358
Fourth,	3	From 30 to 40 do.	67
Face,	5	Over 40 do.	7
First and hand,	3		
Shoulder,	1		
Arm,	2		
Elbow,	1		
Head, Hand, Foot, Funis,	1		
Breech,	20		
Feet,	18		
Funis,	4		
Placenta,	1		
Total,	1009	Total,	1009

CASES FATAL TO CHILD.		PLURALITY OF BIRTHS.		BORN ALIVE, STILL, DEAD.	
No. of Cases.	Deaths.	Twins,	13 Cases.	Born alive,	954
Breech,	20 Lost 5	Both Head,	2 Cases 4 child.	Born still but saved, ..	30
Feet,	18 do. 4	Head & Breech 4 do.	8 do.	Born still but lost, ..	16
Funis,	5 do. 3	Breech & Head 2 do.	4 do.	Born Dead,	9
Placenta Prævia, 1 do.	1 do. 1	Head and Feet 5 do.	10 do.	Total,	1009
Protracted,	64 do. 4	Total, ...	13 26 child.		
Synphus,	4 do. 3	Both Males, 4 Cases	8 child.	<i>No. of Males and Females.</i>	
Convulsions,	4 do. 1	Both Females, 4 do.	8 child.	Males,	561
Hæmorrhage,	8 do. 4	Male & Fem. 5 do.	10 child.	Females,	448
		Total, 18	26 child.		
		<i>Triplets 1 Case.</i>			
		1st.—Male,	Breech.		
		2nd.—Female,	Head.		
		3rd.—Male,	Head.		
Total No. of Children Lost, 25				Total,	1009

MOTHERS LOST—FROM WHAT CAUSE.		HEMORRHAGE.	
Puerperal Convulsions,	4	Accidental Hemorrhage,	7
Do. Peritonitis, 7 Cases, deaths,	4	Post Partum,	2
Other Causes,	6	Unavoidable,	1
Total No. of Deaths,	14	Total No. of Cases,	10

AGES OF PATIENTS.			
From 15 to 20 years,	111	From 30 to 35 years,	131
From 25 to 30 years,	290	Over 45,	11
From 35 to 40 years,	40	Total,	994
From 20 to 25 years,	405		

ART. XIII.—*Strychnia*. Being extracts from the *Materia Medica Prize Essay*, of the Session 1856-57, McGill College. By Mr. ALEXANDER REID, London, C. W.

(Continued from page 120.)

ANTIDOTES.—(After describing the antidotes ordinarily mentioned, as astringents, conia, chlorine, &c., Mr. R. asks—)

Does Iodine act as a Physiological Antidote? To test this I gave to a kitten $\frac{1}{10}$ of a grain dissolved in acetic acid, and very soon afterwards, almost immediately, I gave about $\frac{1}{2}$ of a drachm of the ioduretted solution. It died in the usual time, about 10 minutes, notwithstanding the antidote, and the symptoms under which it laboured were exactly the same as in every other case.

From this I would conclude that its action, as an antidote, was but very slight, if any, at least as a physiological agent. And, secondly,—

Does Iodine act as a Chemical Antidote? It might be thought that the ioduretted precipitate, from its insolubility in almost every menstruum, would be just what is required, and the former experiment explained by saying that the strychnia was not acted on by the antidote, and hence the failure. To satisfy this doubt, I precipitated the alkaloid from its solution by iodine, collected, washed and dried it. I gave the compound in a dose of $\frac{1}{2}$ of a grain, rolled up inside of a piece of meat. The spasms came on in the usual time, and with usual severity, and proved fatal. On examination of the stomach, I found about $\frac{2}{3}$ still rolled up in the piece of meat as given, and the remainder was scattered around the cardiac orifice of the stomach, apparently unacted on, as the colour and continuity was not injured. From this experiment I should conclude it was no chemical antidote.

Bromine next comes under observation, and I will not examine it more than as the precipitated product obtained by adding it to a solution of strychnia.

I gave $\frac{1}{16}$ of a grain upon a piece of meat; it began to act in 20 minutes, but not very violently. After some time I gave as much more, rubbed up with butter; in fifteen minutes more, spasmodic contractions came on with great violence, and it died in five minutes—although the heart pulsated for two or three minutes after pulsation ceased. On examination, I found it still in the stomach, between the folds of membrane. I do not think from this that it can be of much efficacy as a chemical antidote, because the whole quantity given did not exceed $\frac{1}{8}$ of a grain of the compound.

Since it is so difficult, if not impossible, to get any chemical antidote, (other details have been entered into of the probable inutility of various double compounds of strychnia,) I thought that some active physiological agent might be employed to relieve its spasmodic action. From the quickness with which it acts, the remedy must be active also; and the one that I tried, as giving most chance of success, was *Hydrocyanic Acid*, and I tried it in two cases.

The benefit I should expect from a *a priori* consideration is that this acid acts in a manner contrary to strychnia, causing a paralytic effect on the muscles of respiration; and in acting thus, the spasmodic contraction would be at least lessened in action.

I put about the $\frac{1}{4}$ of a grain under the skin on the back of a kitten, and when it became convulsed and respiration was almost ceasing, I poured some of the diluted acid on the same spot. In about ten seconds the spasms ceased, and the limbs which were before rigid became now quite flaccid. It appeared to be quite senseless; but breathing returned and it respired deeply and slowly, the parietes of the chest expanding to their fullest. It remained this way for some time, when gradually the breathing became weaker and not so full, and then stopped altogether.

I tried the effect of this agent on others that had taken it by the stomach; but from the difficulty experienced in administering—nay the impossibility of introducing it into the stomach—no benefit could be derived, as the effects of the acid were not brought out.

(Speaking of its analogy to Conia, we are told) their relative merits cannot be decided from paucity of details; and of the two, as prussic acid is always to be had, it would be most likely the one employed. In its use we must use some circumspection, as it even exceeds strychnia in energy, and it should be only given in small quantities at a time, sufficient to bring out, and keep up its physiological action. It would no doubt answer a better purpose if given immediately on the ingestion of the poison, or before the spasms come on. If given in a large dose just after the injection of strychnia, it would be sufficient to prove fatal long before, so to speak, the strychnia would have commenced. This is a fault which must be guarded against.

I think this agent would be particularly beneficial from its benumbing agency on the nerves of the stomach, and by this means prevent the pernicious effect which the alkaloid would have on them; and thus the spinal chord might not through their impaired innervation be as strongly, if at all, impressed by the poison. It would be quite justifiable to exhibit it endermically in those cases where it could not be administered by the mouth, and thus it would act in reality as a physiological counter-poison.

The acid would not act as a chemical antidote as the hydrocyanate of strychnia though not so soluble as the pure alkaloid, is nevertheless as active a poison if this neurotic were even given after spasms had come on, if it did no more good it would relieve the convulsions greatly and smooth the road to death.

A physiological antidote which I think speaks well for being of much benefit is Chloroform. In one case lately chronicled—the spasms were never allowed to come on through the paralyzing effect of the chloroform, and as it was gradually absorbed, the system got so used to it that it was excreted without any untoward result following after.

I think that it will prove to be a most useful means, but further evidence is requisite on this point, however, before its value can be definitively settled.

(This part of the essay concludes with a dissertation on mechanical antidotes, as lard, olive oil, &c.)

(The Salts of Strychnia constitute the last part; they are divided into those; 1st. with common acids as the sulphate, &c., tannate, benzoate, chromate, carbazotate, et al 2nd. With hallogen radicals e. g., Strychnia and chlorine described under the hydrochlorate, chlorurated chloride, oxygen acids of chlorine, and intermediate compounds. 3rd. With cyanogen as the hydrocyanate, hydroferrocyanate, hydroferridecyanate, hydrosulphocyanate, and cyanate. 4th. With the metals as antimony, arsenic, copper, platina, mercury and iron. Among the least known there is described :—)

HYDROBROMATE OF STRYCHNIA.—I cannot find any mention made of this in the works to which I have access. I have prepared it by precipitation from a solution of sulphate of strychnia and bromide of potassium. It is a nice white salt which crystallizes in bundles much resembling hair. They are round and very long.

It is soluble in water to some extent, and hence cannot be washed too freely on the filter after precipitation. It is soluble in the diluted acids. Lowig and Silliman state that bromine like chlorine changes Strychnia and Brucia into bases in which the hydrogen is replaced by bromine. Its uses will be similar to that of the alkaloid itself.

BROMURETTED HYDROBROMATE OF STRYCHNIA.—I have prepared this by adding a watery solution of Bromine to a solution of Strychnia. It is of a pale yellow colour, and I give it the above mentioned name as being similar to the like compound of iodine or chlorine. It is very insoluble in water and behaves in almost all other respects similar to the before mentioned salt. Its medicinal use will be likewise similar to the like compound of iodine.

I gave a kitten $\frac{1}{10}$ of a grain wrapped up in a piece of meat; it merely caused sickness for some time. I think it was the way that I administered it that prevented prompt action on the stomach; but when the same quantity was given rubbed up with a piece of butter, death was caused in twelve minutes. I know that the system was under the effects of it before this last dose, but I think that when it was rubbed up with the butter, it acted much more promptly. The symptoms were the same as they are in general with these salts.

HYDROCYANATE OF STRYCHNIA.—(This salt, which Thomson in his treatise on "Organic Chemistry" disposes of in two lines and a half, Mr. R. thus fully describes.) This is a beautiful and crystalline salt. It is mentioned by Kane, but I myself prepared it before I was aware that it was mentioned by him, and he is the only one that I know that speaks of it. Its preparation according to Kane is to dissolve Strychnia in hydrocyanic acid, but the product is not soluble in five per cent acid, and if that be used it will never appear to change and it is difficult to tell when the operation is finished. The method by which I first prepared it in a determinate way was, by precipitation from any soluble salt of strychnia and cyanide of potassium. The salt of Strychnia which I have found to answer the best purpose is the sulphate. The temperature of the solution also makes a marked difference in the appearance of this product as well as the similar product of morphia, and also in the simple obtention of the alkaloids from their salts, by adding an alkali. Any soluble cyanide will answer a similar purpose to that of potassium; but if the bicyanide of mercury be used, a double salt is formed which will be described elsewhere. If both the precipitating solutions be cold, the product will be of an amorphous or obscurely crystalline appearance, which under the microscope in the case of Strychnia, gives crystals of the usual form, but small and distinctly of a needle shape; and the product likewise is not so bulky or so quickly formed as when the solutions are hot. If the solution of Strychnia salt be at 212° , and the other cold, you have an amorphous precipitate likewise, but after the temperature falls a little, say to 190° or 200° you have very beautiful crystals formed resembling sulphate of quinine in general appearance but with rather larger

crystals. Kane says it forms needles which are decomposed by a very gentle heat. Under the microscope these crystals are needle-shaped, but with the same power they appear four times larger and longer in proportion than when the solutions are both cold. When you examine the product of the spontaneous evaporation of the alcoholic solution, many look like portions of larger ones which have a cubical form and the crystalline layers are very similar to that of ferrocyanide of potassium. They are right-angled and generally well formed, some appear like flat tabulated pieces superimposed one on another. I also examined a specimen prepared by boiling freshly precipitated Strychnia in water.

It appears externally like an amorphous powder, but with a microscope, beautiful four sided crystals are seen well defined, and with straight edges; right angles well formed, and solid angles perfect: although some of the latter being replaced by planes, gave it a conical appearance at the extremity of the crystals. In many there were two angles and in some only one, replaced by a plane. This was seen to the best advantage by fixing your eye on one of the crystals in the field of view, and then by having the upper glass side moved over, the inferior field being fixed. The crystal, although microscopic in size, can in this way be turned round and round, to expose each of the sides in succession, and the side angles also if required. These crystals belonged undoubtedly to the square prismatic system; because the bases were squares, and equal to one another, having two of the axes equal, and the other at right angles.

This salt is very light and bulky, even compared with the common Strychnia; it is odourless, but tastes bitter; it is not as soluble in water as Strychnia, itself requiring about 7500 parts for its complete solution; which is rendered very bitter; it is more soluble in hot water, two drachmas dissolving nearly three-tenths of a grain, and retaining it in solution when cold. And thus water at 212° dissolves nearly twelve times as much as cold does. Its solubility, compared with the free alkaloid, is in cold water scarcely so soluble, and in boiling water four or five times more so.

Its behaviour with alcohol is more remarkable. In cold alcohol three-eighths of a grain are soluble in two drachms or one and a-half grains to the ounce, whereas in boiling alcohol one ounce is required to dissolve one grain only; and if a cold saturated solution be boiled, the excess of Cyanide is precipitated, and on cooling this hot solution, what was thrown down is again dissolved.

If water be gradually added to a cold alcoholic solution, a certain quantity is precipitated. It is soluble in diluted Sulphuric, Nitric, Hydrochloric and Acetic Acids; and also in Hydrocyanic Acid of five per

cent., but in small proportions. It is precipitated from either of these solutions by an alkali as a crystalline powder.

The powder which is thrown down is I think the Cyanide un-decomposed, as the supernatant liquid does not give a trace of Cyanogen. It is insoluble in all the neutral salts, as acetates, and sulphate of potash, and ammonia, iodide or cyanide of potassium, and also in the alkalis caustic potassa or ammonia. It is insoluble in turpentine, even at a boiling heat, but dissolves to a slight extent in ether. Nitrate of silver neither gives any evidence of Cyanogen in its alcoholic nor acetic acid solution.

No other test for Cyanogen would indicate its presence. This gave room for doubt as to whether it was or was not a Hydrocyanate; but all these misapprehensions subsequently vanished, because I obtained afterwards undoubted evidence of its presence as a Cyanide of Silver, thus: I added to a solution in acetic acid a quantity of aceto nitrate of silver, then caustic potassa in excess; to render the solution very alkaline, an excess of nitric acid was added, and on boiling the mixed solution the white Cyanide of Silver was precipitated.

I also obtained it from an alcoholic solution with aceto-nitrate of silver and nitric acid, without employing heat. I had tried frequently with solution of nitrate of silver, and obtained no indications; when I used the aceto-nitrate and got successful results. I am sure it contained no Cyanogen, because it was tested previously, and is prepared by adding one-third of its bulk of acetic acid to a solution of nitrate of silver containing one drachm of the salt to an ounce of water; it may be no better, but I succeeded better with it. I proved it to be a cyanide of silver that was thrown down, not only by not being soluble in strong nitric acid when cold, but dissolved by the aid of heat; but also by another test for the cyanide of silver, which I have found very useful, even as much so as the one mentioned.

Cold diluted sulphuric acid dissolves all the precipitates with nitrate of silver, except chloride, iodide, bromide; these not being affected by it at any temperature or strength. Those that I have examined into are the tartrate, oxalate, and phosphate. The Cyanide stands alone insoluble in cold sulphuric acid, but soluble in it if heated. A very diluted acid will not dissolve it even by the aid of heat; in most cases a boiling temperature is scarcely required, and I find I can manage it very well by leaving a very small quantity of water with the Cyanide, and then add your concentrated sulphuric acid, when the heat, disengaged by the action of the water and acid, will be sufficient to dissolve the cyanide if the mixture stands for a few minutes. In hot hydrochloric acid the

cyanide is not so soluble as the chloride: acetic acid at a boiling temperature has no action on either.

I think, from the difficulty experienced in separating the Cyanide from the Strychnia, that it has as great, if not a greater affinity for it than for the silver. The ioduretted solution acts on the cyanide in the same manner as on pure Strychnia, and in all its other reactions it is similar to the pure alkaloid.

Physiological effects are similar to Strychnia; I gave a chicken one sixty-fourth of a grain, and I thought it caused a little irregularity of gait. In an hour afterwards I gave the same quantity again, which caused it to walk as if its legs were inflexible and stiff; it however eat and drank as usual. It was quite well in twenty-four hours, although during the previous day it appeared to be rather solitary inclined. I then gave it one sixteenth of a grain, which caused in fifteen minutes, sickness and indisposition to walk around unless forced, and then it was in a hobbling manner. I afterwards put one sixty-fourth of a grain under the skin of the thigh, but it did not appear to be productive of any result except causing a little local inflammation. It got quite well in twenty-four hours and I then gave it one-eighth of a grain; in fifteen minutes it became spasmodically affected and respiration was rendered difficult; it had several spasms at once and then remained for ten minutes apparently easy, when they would again come on with vigour. It remained in this way for about an hour, when it died, apparently from exhaustion as much as convulsions; just before dying, thirty seconds or a minute intervened between each effort to breathe.

The pigeon before mentioned took a much larger quantity of the alkaloid itself and did not appear to be at all affected, or but very slightly, and I would think from the two that the Cyanide is as powerful, if not more so than the simple alkaloid; but I have only these two cases to judge from.

I put about one-eighth of a grain of the Cyanide under the skin, on the back of a cat, which proved fatal in the usual time, and with the usual symptoms.

Uses.—These will be no doubt similar to that of the Alkaloid itself or not very different from it in its actions.

HYDROFERROCYNATE OF STRYCHNIA.—This salt is easily prepared by a double decomposition from ferrocyanide of potassium, and a soluble salt of Strychnia. It is an amorphous white powder, but if exposed to the air, and in contact with iron, it becomes green. It is odourless, and insoluble in water; the taste is not very bitter, but is sensibly metallic and disagreeable.

Medical uses will be likely similar to that of the base.

ANTIMONIATE OF STRYCHNIA—This salt is easily prepared by precipitation from a soluble salt of the alkalioid and antimoniate of potash; it is amorphous, tasteless, and insoluble in water.

Uses.—From the composition of this salt I would consider the compound as one of some interest, its insolubility not being any fault; but it might act very violently, as the most of the strychnia compounds do act, as well as those of antimony, the teroxide of that metal being a very energetic compound, and yet insoluble.

ARSENITE OF STRYCHNIA.—I have prepared this salt by double decomposition from arsenite of potash, and a soluble salt of Strychnia; it is copiously precipitated in an amorphous form, from these solutions; it is not very soluble in water, but yet must not be too freely washed or your precipitate will disappear. It has no taste, and thus differs from almost every other compound of strychnia.

Uses.—What its therapeutical action may be it is difficult to conjecture. From its insolubility it might be considered milder, and from its tastelessness that it might be useful in this respect; but if we consider the poisonous nature of its compounds, it cannot be but very active on the animal system. I should suppose it as, a priori, to be beneficial as an antiperiodic, febrifuge, and tonic.

Both acid and base have been greatly recommended as means of cure for Ague, and the like intermittent fevers; the arsenite of quinine is recommended in bad cases of these fevers, and it is insoluble, or nearly so; and hence I think that if this salt were more used, it would come into general estimation.

Not only would patients be relieved of their bitter draughts, but the physician would not use such immense quantities of an expensive alkaloid, and would be able to carry enough with him in very small compass to answer all that would be required of such a medicine. It is not a mineral alone, but one combined with a vegetable tonic and nervine of great efficacy. I do not think that because it is active it should thus be deprived of showing its virtues to mankind; we would only be required to give it in a less dose, and this is very easy to do, being sufficiently soluble for this purpose.

HYDROCHLORATE OF STRYCHNIA AND PLATINA:—This is a beautiful lemon-yellow salt, but differs in its appearance, owing to how it is prepared. If you add the bi-chloride of platinum to a boiling solution of hydrochlorite of strychnia, you have a salt of a beautifully crystalline form; but if both of the solutions be cold, it is of an amorphous appearance.

If the hot solution precipitate be examined by the microscope, it looks like cubical flakes lying piled one on another; without the microscope

it looks like very thin bright scales. It is insoluble in water; hydrochloric and nitric acids, when cold, but easily in nitric acid when boiling. Its medicinal uses will be similar to those of Strychnia, but its action I think is more powerful.

I gave about $\frac{1}{4}$ of a grain to a cat, almost full grown, mixed up with butter; in eight minutes two or three violent spasms came on, and in one minute she had ceased to breathe; the action of the heart continued for a time. Upon after examination I found the glistening scales of the salt lying partly on the posterior nares and gullet, and partly at the cardiac orifice of the stomach. In this case there must have been a local action on the nerves to produce, almost to say, such instantaneous effects.

HYDROCHLORATE OF STRYCHNIA AND MERCURY.—This salt is formed, according to PAVONA, by adding bichloride of mercury in solution to hydrochlorate of strychnia, likewise dissolved, a white clotty precipitate falls, which is insoluble and shows no crystalline form even under the microscope, but it is obtained as a beautiful crystalline product when the solution of salt of Strychnia is at 212° . This by the microscope appears like small needles very similar to the other salts of Strychnine. It is insoluble in water, but has a bitter metallic taste which is very persistent. It is insoluble in acetic acid, but is soluble in ammonia, nitric, and hydrochloric acids. With sulphuric acid it forms a milky looking mixture although it does dissolve.

Uses.—Will be most likely similar to the alkaloid although much more powerful. I gave about $\frac{1}{6}$ of a grain to a kitten whose mouth was bleeding a little, in thirty minutes it became powerfully convulsed, every muscle being rigid. The spasms came on every twenty seconds, lasted for four or five minutes and then ceased partially. It thus continued for awhile, but gradually the spasms became weaker, and finally ceased altogether, and the animal apparently became quite well, but in about an hour it again became convulsed and died.

I gave rather less a quantity about $\frac{2}{8}$ of a grain to another, in about an hour it became twice convulsed but recovered and eat its supper, but was not quite well in about an hour afterwards, for it screamed a little at times although it had no convulsions. Instead of mercury diminishing the activity, I think in this case that it increased its efficacy without doubt; and I think that this preparation is one of the most virulent of any described.

HYDRIODATE OF STRYCHNIA AND IRON.—This is formed by dissolving Strychnin in iodide of iron, the protoxide of iron is thrown down at first green, then black, and red on exposure to the air. The solution must be filtered whilst hot, and the solution on cooling throws down

beautiful crystals of this salt. The mother water in which the crystals float contains no strychnia, but some oxide of iron.

The microscopic appearance of this salt is beautiful and the crystals are very distinct, being tubes of a needle like form. It gives a light greenish precipitate with ferrocyanide of potassium and a deep blue with starch on the addition of nitric acid, but not previously. It also yields a very heavy precipitate when the iodine test is added, showing that it contains iodine, strychnia, and iron, although the alkaloid exists in much the greater proportion, and the iron in the least. It is soluble in water, if in large quantity, and hence the precipitate must not be washed too freely.

The uses will be most likely similar to strychnia itself. It is a very energetic compound. I gave $\frac{1}{10}$ of a grain of it to a kitten and it died in the usual time and with similar symptoms as with other strychnia compounds. Every compound of strychnia which I have examined depends on the alkaloid together, and appears to be uninfluenced or to a very slight extent only, by any other compound with which it may be united. Insolubility has but little to do with strychnia in its physiological actions:—this is contrary to our pre-conceived notions of things that the more insoluble any compound is the less likely will it be to act energetically.

ART. XIV.—*The late Dr. Blanchet.* By DR. J. C. TACHÉ.

Le Docteur Jean-Baptiste Blanchet naquit le 17 mai 1795, dans la paroisse de Saint-Pierre de la Rivière du Sud. Ses parents, Joseph Blanchet et Marie Pélagie Cloutier, étaient des cultivateurs aisés et ayant conservé ces mœurs patriarcales qui distinguent les habitants canadiens. Il nous semble assister à la cérémonie du baptême qui fut faite par le vénérable curé, M. Paquet, entendre du haut du Côtéau le son argentin de la cloche de la jolie église, et prendre part aux réjouissances qui saluèrent l'arrivée d'un nouveau membre de la brave famille.

Les années d'enfance et de première jeunesse de Jean Blanchet s'écoulèrent au sein de sa famille, jusqu'à l'époque où dût commencer son

Through the kindness of the Hon. P. J. O. Chaveau, Superintendent of Education, C. E., we are enabled in this number to present our readers with an excellent likeness of our recently deceased and esteemed confrère, Dr. Blanchet. The biographical notice which follows, from the pen of Dr. J. C. Taché, we copy from that excellent publication, the *Journal de l'Instruction Publique*.—Eus. MEO CHROS.

éducation dont se chargea le Docteur François Blanchet, son oncle qui a laissé son nom dans l'histoire de nos luttes politiques comme dans celle de Part médical canadien. Mis de bonne heure au séminaire de Québec, Jean Blanchet en sortit à l'âge de dix-sept ans pour commencer, sous les soins de son oncle, les études de la profession médicale à laquelle il se destinait.

En 1818, à l'âge révolu de vingt-deux ans, il partit pour l'Europe afin d'y compléter des études brillamment commencées.

Le jeune élève, en compagnie de ses camarades, les docteurs Parent et Mercier, étudia à Londres durant une partie de l'année 1818, puis se rendit à Paris où il suivit à l'Hôtel-Dieu les cours de Dupuytren, et, à l'Hôpital du Gros Caillou, la clinique chirurgicale de Larrey. Revenu à Londres, il continua à suivre les leçons de Sir Astley Cooper, de Sir William Blizard, de Curry et de Blandell. En 1820, il subit un examen dont le résultat fut l'obtention du diplôme du Collège Royal des Chirurgiens de Londres.

Revenu dans son pays, le Docteur Blanchet s'établit à Québec, où, en société avec son oncle, il pratiqua sa profession en même temps qu'il se livrait à l'enseignement de l'anatomie à l'Hôpital des émigrés, qui se trouvait situé près de l'endroit où s'élève maintenant l'église du faubourg saint Jean. Au décès de son oncle, en 1830, Jean Blanchet fixa sa demeure dans l'ancienne maison de son protecteur, au coin des rues du Palais et des Pauvres, maison qu'il a toujours habitée depuis et dans laquelle il vient de terminer sa carrière.

L'affreuse épidémie de 1832, le choléra, qui ravagea Québec, fit ressortir dans tout son éclat le dévouement de Jean Blanchet dans l'exercice de sa profession. Il serait impossible de dire à combien de fatigues et de dangers il fut exposé pendant les plusieurs mois que dura le fléau; nuit et jour il était sur pied, et, tombant de lassitude, il se relevait pour courir à qui demandait son secours, sans voir dans ceux qui l'appelaient, pauvres ou riches, autre chose que des frères et des concitoyens.

En 1834, il fut appelé par le Comté de Québec à la représentation parlementaire, et siégea comme député de ce Comté dans l'Assemblée Législative du Bas-Canada jusqu'en 1837, époque de l'insurrection.

De 1838 à 1847, Jean Blanchet se consacra exclusivement à la pratique de sa profession, et vécut complètement retiré, ne jouissant du commerce de la société qu'avec quelques amis, et vouant son temps à l'étude et à l'exercice de ses pénibles devoirs; tenant le sceptre de la chirurgie à Québec, médecin hors ligne, accoucheur célèbre, il avait la clientèle la plus vaste qu'il soit possible à un praticien de servir, et tout le monde, et ses confrères plus que tous les autres, s'étonnaient qu'il y eût suffire.

Le plus beau titre de gloire de Jean Blanchet, celui que nous voudrions voir gravé sur son tombeau, seul et à l'exclusion de tout autre, ce titre il le reçut de la voix commune de ses concitoyens et le voici : *Le Médecin des Pauvres*. Il était le médecin de bien des riches par droit de conquête du talent ; mais il était le médecin des pauvres par droit d'affection. Citons un trait qui nous a été raconté, alors que nous étions étudiant en médecine et qu'élève de feu Denis Blanchet, fils de François Blanchet et cousin de Jean, nous étions admis à la faveur d'assister aux opérations chirurgicales que pratiquait ce dernier.

C'était, si notre mémoire ne nous fait défaut, en 1834, à l'époque du second choléra : un carrosse, attelé de deux chevaux échauffés par une course rapide, s'arrêtait à la porte d'une pauvre maison, à l'extrémité d'un de nos faubourgs, et l'un de nos plus riches citoyens en descendait pour frapper à l'humble logis, en donnant des signes d'une agitation et d'une inquiétude mortelles.

Qu'y avait-il donc dans cette pauvre demeure qui pût attirer vers elle ce riche équipage ? Il y avait une malheureuse femme en proie aux douleurs d'un enfantement laborieux et souffrant en même temps d'une atteinte du choléra ; il y avait encore au lit de cette pauvre femme Jean Blanchet, son médecin, que M.*** venait en grande hâte chercher pour l'emmener auprès de son père tombé malade.

Aux coups qu'on venait d'entendre frapper à la porte, la malheureuse femme dirigea vers Jean Blanchet des regards suppliants. On vient vous chercher, Docteur, ah ! par pitié ne m'abandonnez pas... Non, mon amie, répond le *médecin des pauvres*, pour aucune raison je ne vous abandonnerai.

—Mon cher Docteur, dit à notre héros M.***, dans le court entretien qui eut lieu à travers la porte entrebâillée, hâtez-vous de monter dans ma voiture, mon père est bien malade.

—Impossible, mon cher monsieur, dit Jean Blanchet, j'ai ici une pauvre malade qui requiert tous mes soins.

—Mais je vais envoyer mon domestique en toute hâte chercher un autre médecin pour votre malade, et alors, n'est-ce pas, vous viendrez voir mon père ? Vous savez qu'il a confiance en vous, vous êtes notre médecin.

—Je suis aussi le médecin de cette pauvre femme ; impossible de la laisser ; après, je suis à vos ordres.

Le brave citoyen s'inclina devant cette fermeté du devoir ; et Dieu, récompensant son respect pour cette vertu publique et son amour pour son père, sauva celui-ci dont Jean Blanchet est demeuré le médecin.

Jean Blanchet avait été médecin visiteur et professeur de l'Hôpital des émigrés, comme nous l'avons dit, et de plus, membre des différents

bureaux provinciaux pour l'examen des élèves et l'admission des r cipiendaires   la pratique des diff rentes branches de l'art de gu rir ; en 1847, il fut nomm  m decin visiteur de l'H pital de la Marine et professeur de clinique chirurgicale   l' cole de m decine.

Les immenses travaux, impos s   Jean Blanchet par le service m dical de sa vaste clientelle, le forc rent   r signer, en 1848, sa charge de m decin visiteur de l'H pital de la Marine.

Lorsque fut fond e la facult  de m decine de l'universit  Laval, en 1853, Jean Blanchet fut nomm  doyen de la facult  et professeur d'institutes de m decine et de physiologie.

Jusqu'  l' poque o  nous sommes rendu de la vie de notre digne compatriote, sa sant  n'avait jamais subi la moindre atteinte ; il avait travers  les  pid mies sans en  tre touch  ; mais, vers le commencement de 1854, il fut frapp  d'une attaque de fi vres typho des dont il ressentit pendant six mois les effets.

En 1854, il fut  lu d put    la Chambre d'Assembl e par la cit  de Qu bec et, malgr  l' tat pr caire d'une sant  ruin e par les fatigues, il assista r guli rement aux s ances de la session l gislative de la m me ann e. Ce fut encore en 1854 qu'il pronon a le discours d'inauguration de la facult  de m decine,   la grande f te universitaire du mois de septembre. Au printemps de 1855, il commen a   ressentir les atteintes de la terrible maladie de la pierre, qui le forc rent d'interrompre presqu'entièrement l'exercice des fonctions multiples dont il  tait investi.

Ce fut en mai 1856 qu'il se soumit avec un courage incroyable   l'op ration cruelle de lithotomie, que lui-m me il avait pratiqu e quinze fois avec un succ s presque constant. Le Docteur Landry, choisi par lui comme op rateur, accomplit la dangereuse op ration avec un succ s complet, qui fut suivi d'une gu rison assez prompte. Mais la sant  ne pouvait reprendre le dessus sur cette constitution ruin e par les veilles et les travaux d'une longue vie consacr e   de p nibles fonctions, et le m decin des pauvres dut payer le commun tribut de la nature, le 22 avril 1857,   l' ge de soixante-deux ans. C'est Monseigneur de Tloa, confesseur du d funt, qui l'assista dans les derniers moments de sa vie, et qui, fondant son esp rance sur tant d'œuvres de bienfaisance de l'illustre mourant, a d  lui dire avec confiance ces sublimes paroles de l' glise : "*Allez, ame chr tienne.*"

Comme m decin, Jean Blanchet se place parmi les hommes les plus distingu s qu'ait produits le Canada. Son immense pratique en obst trique lui a fourni un champ d'observations qui s' tendait au chiffre consid rable de 12,000 cas. C'est surtout comme chirurgien qu'il  tait connu ; son aphorisme de pr dilection  tait : *sat cito, si sat bene*, " c'est assez t t fait, quand c'est bien fait." Aussi, avec quelle pr cision et quelle s ret  il

procédait, et combien il était habile dans les soins à donner, soit avant, soit après les opérations ! Jean Blanchet a exécuté les opérations les plus difficiles de la chirurgie et avec un succès étonnant ; il a pratiqué plus de cinquante fois les différentes opérations de la hernie, et nous avons nous-même assisté à une ablation du maxillaire supérieur faite par lui avec parfaite réussite sur une dame, dans un cas d'ostéosarcome. Nous avons déjà dit qu'il a pratiqué quinze fois la lithotomie. Nos lecteurs viennent de voir que lui-même fut obligé de se soumettre à cette opération ; au moment où le Dr. Landry allait commencer son incision, Jean Blanchet, attirant son attention, répéta avec un calme remarquable cette maxime qui l'avait guidé dans toute sa vie chirurgicale : " Mon cher docteur, dit-il à son jeune chirurgien, " *la sûreté avant la célérité.*"

Jean Blanchet est mort garçon ; sa famille, c'étaient les enfants de ses frères qu'il a comblés de bienfaits, ses pauvres et ses élèves, dont deux sont ses neveux, et l'un, M. Hilarion Blanchet, est son successeur dans la pratique.

Les funérailles du Docteur Blanchet ont eu lieu à Québec : les dépouilles mortelles du défunt ont été accompagnées d'abord de sa demeure à la cathédrale, puis, de l'église au cimetière Saint Charles, à la suite du service, par un concours immense de citoyens. Les professeurs et élèves de l'Université-Laval et du Séminaire de Québec, au nombre d'à-peu-près trois cents personnes, suivaient le corps ; les coins du poêle étaient tenus par MM. les Docteurs Painchaud, Morin, Bardy, Sewell, Nault et Landry. Le service funèbre, auquel assistait sa Grâce Monseigneur l'Archevêque avec toute sa maison, a été chanté par M. le curé de Québec.

REVIEWS.

ARTICLE VI.—*Elements of Pathological Anatomy.* By SAMUEL D. Gross, M. D., Professor of Surgery in the Jefferson Medical College of Philadelphia, and formerly Professor of Pathological Anatomy in the Medical Department of the Cincinnati College. Third Edition. Illustrated by 342 engravings on wood. Philadelphia : Blanchard & Lea. Montreal : B. Dawson. Quebec : Middleton & Dawson. 1857.

When we trace the finger of death in progression, ere yet the vital spark has fled, we recognise three great displays as its invincible assaults on the citadel of health, and these we record as examples of death be-

ginning at the head, heart and lungs respectively: but this trifold arrangement cannot always be preserved, should we look for the finger of death, after consummation, when the breath has ceased to vibrate; then a more simple gathering in of the results is admissible, and only two well defined classes allow of discrimination, founded upon a starting point of an entirely different order. Now, the seat of the symptoms is no longer the indication, for these have gone for ever; now, the evidence is no more unintelligible nor liable to confusion, for secondary accidents have no power to complicate and the rule lasts unbroken by intercurrent exceptions. The classes we refer to may be simply denoted by the designations of the *mechanical* and the *psychical*. Every inspection, at which the cause of death is sought for, will reveal one or other of these varieties, and under the two, every example may be enrolled. The question being determined by the obvious conditions under examination.

Let us picture them as they occur, that our meaning may not be mistaken. A patient suffers from pain in the head, convulsions follow, general derangement of the bodily functions ensue, the disorder is fixed in the encephalon, the local signs are unequivocal, after a course of a few days debility becomes a prominent feature, and sooner or later coma ushers in a fatal termination. This is not an uncommon case, the diagnosis is clearly made out to be disease within the head, and at the autopsy the fact is verified by finding a large effusion of serum within the ventricles or poured over the exterior surface; and the plain inference must be, that the cause of death has been mechanical,—the extra fluid compressed the brain unduly, and the deleterious effect was in no way counteracted. The agency and the operation alike were both purely physical. And the inquirer leaves his subject with the idea that had it not been for the presence of that fluid, death would not have occurred as it had. Or, suppose the *post mortem* relief was not an effusion, but an exudation of lymph, the death is yet virtually mechanical—the event may still be referred to the previous compression, which forced out the living embers. Or, if truly inadequate to effect its purpose in this decided manner, as a cause it may still be mechanical; for this distinction does not necessarily import an obstruction, but is equally appropriate in being understood as a physical change. And, in relation to the present subject, is such a change as marks a manifest incompatibility in the part affected with the maintenance of vitality; therefore, under this view, a trivial spot of exudation would stand in the same degree of importance and rank of arrangement as a simple opacity of the arachnoid membrane, or a trajet of ramollissement in the cerebral substance. But there is not always, so to speak, a written pathology; and in contrast appears the *psychical*—the death of the subject considered apart from its material

connexions. The means whereby, we believed, the result had been brought about have no discoverable existence, and the destructive power has accomplished its object without them; while to increase our wonder, the progress and end have been in no respect different to the course of the former. The patient during life exhibited the same symptoms,—between his case and the former there appeared a perfect parallelism—the pain, convulsions, systemic disturbance and coma obeyed an analogous order of development and succession. Death supervenes. The *post mortem* is expected to account for the event, and to substantiate the diagnosis expressed during life. Instead, however, no mechanical evidences are seen, and, apparently, the organ esteemed during life in an advanced condition of disease, is now, *post mortem*, to the outward eye, perfectly healthy. The examiner experiences difficulty in understanding such remarkable occurrences, such forcible contradictions to the rule of diseased structure. Why, might he ask, did the person die?—there is no physical cause for it. Why were the symptoms so exact a counterpart of those that in other cases attended organic changes? Death clearly works in a double way—mechanically and psychically; and her process, in announcement, in both, wears no outward difference. From the symptoms alone, we cannot always predicate which variety is in progress, and may be misguided into a wrong expectation.

From what has been written, we may define the scope of Pathological Anatomy; this branch of medicine takes cognizance of the mechanical causes of death, but has no concern with the psychical. She is alone occupied in describing changes in structural conformation, or the deviations from the healthy anatomy. From pathology, in a wider sense, she is distinct, as the latter science considers the various functional derangements which simulate the organic lesions or exist in disparity to them. A further separation might also be easily extended between them, but it is unnecessary now to prolong it further. Suffice it to say, that, strictly, Pathological Anatomy should be confined to the description of the mechanical lesion, and is merely morbid Histology; while Pathology enters also upon the detail of the symptoms, causes and diagnosis. This distinction was well exhibited by the present and the former editions of Dr. Gross' work, under notice. This is more properly a treatise on Pathological Anatomy—that was a work more rightly belonging to Pathology; it treated of diagnosis,—this does not. The matter omitted has been replaced by more ample details upon the subjects retained.

The study of Pathological Anatomy, we fear, has not on this continent received the attention it deserves; whether considered in point of value or of interest, its claims to cultivation are equally strong. Of its value, none can doubt: and its interest only requires to be known to be appre-

ciated. Take a single example in illustration. What is more competent to fill the mind with admiration than a survey of the *protection* which is occasionally afforded by disease against impending destruction. An ulcer, in its gradual extension through the coats of the stomach, leads to perforation, by which the danger is, the ingesta will escape into the abdominal cavity, and create a fatal Peritonitis; but against such a direful event a preservative is prepared, in the words of Dr. Gross, "most generally a communication is established with the arch of the colon, the walls of which, as the erosive process extends, are firmly cemented with those of the stomach by means of lymph." The same morbid action is rendered subservient to the aversion of the evil it was permitted to threaten; and by a slight disposal of a few collateral circumstances the patient is transferred from a situation of imminent peril, to one of perfect immunity from danger. The inflammation is restrained within a degree of its energy, its tendency is reduced from ulceration to exudation, the stomach and colon are opposed in close contact, each is cemented to the other by adhesive lymph, and the intestinal wall, acting as the floor, forms the proper continuation of the stomach's paites and completes the enclosure of the cavity of the latter organ. Food is now taken with the utmost safety, its digestion is as satisfactorily accomplished as ever, and its transmission onwards through the intestinal tract entirely secured. How great an event here appears to have depended upon a small thing, for had not the stomach been thus sealed up at the ulcerated spot, by the approximation of the colon, what could have prevented the food from escaping as it was swallowed, and leading to the serious train of evils which must have ended in death. But such a beautiful protection excites further commendation in being a forcible and instructive teacher. It clearly demonstrates design in its stages,—life was jeopardized and it has been purposely saved; it denies all reference to chance, for this blind influence, if there be such a power, would have been more likely to have spread the first inflammation over the stomach's surface than to have confined it, modified, to a narrow ring. It accords with only one view, than which none other is true; for otherwise we cannot account for the intelligent diversion of the morbid action towards the colon, the beneficent diminution in the grade of the inflammation, and the merciful prolongation of life, than by thankfully referring the whole to the disposal of He who is "not far from every one of us: for in Him we live, and move and have our being;" and the event remains of a pattern with the other matchless operations that the human economy abundantly displays of His unwearied Providence.

We have been favourably impressed with the general manner in which Dr. Gross has executed his task of affording a comprehensive digest of

the present state of the literature of Pathological Anatomy, and have much pleasure in recommending his work to our readers, as we believe one well deserving of diligent perusal and careful study.

ART. VII.—*Manual of Physiology*. By WILLIAM SENHOUSE KIRKES, M.D., Fellow of the Royal College of Physicians; Assistant Physician to, and lecturer on Botany and Vegetable Physiology at St. Bartholomew's Hospital. A new and revised American, from the last London edition. With two hundred illustrations. 1857. p.p. 541. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson.

In this third edition there is very little added to what the two former editions contained. It continues, however, to represent in a condensed form the present condition of those parts of physiology which are particularly treated in its pages. There is very little, too little in our estimation, of the structure of the organs and tissues. It is all very well for the author to excuse himself by saying that he omitted to give a more detailed account, "because of the increased bulk which such an addition would have occasioned, and because of the number and excellence of the published works in General and Physiological Anatomy;" but it would have been of great service to the student, and made his handbook the most complete in English language, had he been rather more full on the subject of structural anatomy.

ART. VIII.—*Principles of Medicine*. An elementary view of the causes, natural treatment, diagnosis and prognosis of disease. With remarks on hygienics, or the preservation of health. By CHARLES J. B. WILLIAMS, M.D., F.R.S. A new American from the third and revised London edition. 1857. p.p. 486. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson.

Williams' "Principles of Medicine," is a work of established reputation, and a favorite text-book in the Universities of Great Britain and America. As every student who studies in McGill College is certain to furnish himself with a copy, we need not urge them to do so; but the volume is so replete with information of the highest practical importance, we think the practitioner who finished his studies previously to its publication will derive both pleasure and profit from its attentive perusal.

CLINICAL LECTURE.

On Fetid Bronchitis. By Professor LAYCOCK, of the University of Edinburgh.

(From the *Medical Times and Gazette*.)

A case of fetid bronchitis, under the care of Dr. Laycock, in the clinical ward of the Royal Infirmary, has attracted some attention from the discovery of the cause of the odour in this disease, and the rapidity with which, apparently, it yielded to strychnine.

Oliver Scott, aged 37, single, by trade a tailor, residing in the Canon-gate, admitted February 17, 1857.

Patient is 5 ft. 6 in. in height, well formed and tolerably robust. Has the appearance of having been very stout, but the muscular system is now flabby. Diathesis, lymphatic; hair dark; features broad and massive; forehead prominent; conjunctive anæmic; eyes grey; nose short and thick, alar nasi expanded; malar bones not prominent; upper lip tumid; mucous membrane of lips and gums pale; teeth small and regular, enamel good. Voice hoarse and whispering; breath gives off a peculiar fetid odour. Sternal end of left clavicle is higher than the right; manubrium sterni depressed. On left side there is a prominence of the third and fourth ribs at their junction with the cartilages. Abdomen rather large and flabby.

History.—Is one of a large family, several of whom, viz., four brothers and three sisters, are dead. Does not know of what diseases they died. Patient states that in his youth he was very healthy and temperate. Until the age of twenty-five years he followed the occupations of a tailor and hawker, which he relinquished at this time for that of a beer-shop keeper. For five years subsequently he continued well, and though indulging occasionally in liquor, was not, he considers, on the whole, intemperate. Being unfortunate in this line of business, he was compelled to sell his house and resume his prior occupation of hawking. Owing to the depression resulting from his misfortunes, he became very intemperate, and five years ago had a severe attack of delirium tremens, for the treatment of which he became an inmate of the infirmary. After remaining there a month, he was discharged, and he returned at once to his habits of dissipation. Twice subsequently, while in a state of intoxication, he received injuries on the chest, which caused the alterations in its form above noticed. In other respects he continued well until a year ago, when he had a second attack of delirium tremens, and was again an inmate of the Infirmary for eight days.

The present illness commenced three months ago, after exposure to severe cold and wet. The first symptom noticed was a troublesome cough, which, however was unattended by pain or expectoration. This continued until two months ago, when, after repeated exposures to cold and wet, it became more urgent, though still without pain, and with only slight expectoration. Between three weeks and a month ago, the cough increased in violence; there was severe pain in the left side, and sputa was streaked with blood. He noticed now, for the first time, that his breath was very offensive. Since that time the cough has continued unabated; the pain in his side is much increased, and the sputa have been occasionally tinged with blood.

He has not been under medical treatment. Has had no feverishness or thirst from the commencement of the present attack, until four days ago. States that he has lived well during the past seven years. Feels tolerably well, except as to the cough.

Examination on admission.

Respiratory System.—Thoracic expansion is somewhat restricted. The sternal end of the left clavicle is dislocated; manubrium sterni depressed, and the prominence of third and fourth ribs appears to have resulted from an old fracture.

On percussion, anteriorly, the right side of the chest is resonant, as also the upper two-thirds of the left side; the lower third is dull both anteriorly and laterally. On auscultation over right side, inspiration is found to be harsh, expiration prolonged. On the left side inspiration is sibilant, expiration prolonged and attended by fine moist crepitation superiorly, but over lower third, by loud snoring. Posteriorly, percussion is normal. The respiratory sounds are slightly exaggerated on both sides, and at the base of left lung there is fine crepitus with expiration. The cough is very troublesome; sputa copious (about a pint in twenty-four hours) muco purulent, viscid and fetid, but much less so than the breath; some of the masses are tinged with blood. No lung substance is observable under the microscope; but there are abundant pus-globules.

Digestive System.—Tongue furred and moist. Patient complains of great thirst. There is no hepatic or splenic enlargement discoverable on percussion. Bowels open.

Genito-Urinary System.—Urine, sp. gr. 1.032; deposits a copious sediment of urate of ammonia and purpurates. Chlorides abundant.

Circulatory System.—Cardiac dullness two and a half inches transversely at nipple; impulse felt between fifth and sixth ribs. There is a slight blowing murmur at the close of systolic, heard at the apex. Pulse 68, full and firm.

All the other systems normal.

Feb. 17th. Pulse 80, full; skin hot and dry. On right side of the chest the respiratory murmurs are harsh, and with forced expiration, snoring. On the left side the respiratory sounds have the same character, but to a greater degree. Posteriorly, forced respiration is harsh on right side; and on left there is snoring with both respiratory acts.

Tongue furred; thirst excessive.

18th. To take the following mixture: R—Naphthæ medicinalis, ℥ ij; Liquoris morphine muriatis, ℥ ij; Aquæ distillatæ ad ℥ vi.—M. Ft. mistura ejus sumat ̄ss, ter quotidie.

Vesperæ.—On the right side the sounds are unchanged; but on the left there is sibilus anteriorly, with inspiration and expiration, and fine crepitus at the close of the latter. Patient continues very thirsty. Puls. 80, full. Patient expectorates about a pint in twenty-four hours. Makes no complaint.

19th. No sibilus on left side.

20th. Considerable pain over lower third of left side. To have a blister applied to the seat of pain.

21st. Pain much diminished. Patient is still very thirsty. Sputa increased in quantity.

22d. The pain has quite gone. On percussion the dull sound is more marked over lower third of left side. Over the same region posteriorly, the crepitant rale is still heard.

23d. The crepitus previously heard over left side anteriorly, is no longer present. There is no sibilus on either side, and over the whole trunk the respiration is not snoring, although it is harsh. Pulse 60, soft and rather feeble. Sputa much increased (two pints in twenty-four hours). Exhales an odour resembling that of May flowers. Breath still very fetid; the odour is rather feculent than gangrenous.

25th. Had a return of hæmoptysis to day at 2 P.M. The sputa were deeply covered with blood. Patient had no pain, and at 7 P.M. the hæmorrhage ceased. Expresses himself as feeling well in other respects. The snoring and crepitus have returned on the left side. Posteriorly, over lower half of left side, there is coarse crepitus with both respiratory acts. Pulse 60, very feeble. Appetite good; thirst diminished. Add five minims of tinct. ferri sesquichlor. to each dose of the mixture.

March 2d. On auscultation a fine moist crepitation is heard, with inspiration over the whole back. There is no dulness on percussion, although the tone is rather flatter than natural. Vocal resonance everywhere increased.

5th. For the last three days patient has been sitting up for about three hours daily. Sputa as copious as before. Still no complaints.

Ordered to omit the other remedies and take one-thirtieth of a grain of strychnia every eight hours.

9th. No crepitas on right side. The breath is not nearly so offensive. Patient feels considerably stronger, and sits up for five or six hours daily. Increase dose of strychnia to one-twentieth of a grain.

10th. The sputa this morning were slightly tinged with blood. The cough was very urgent, but patient had no pain. Continued same treatment.

19th. Strength increasing. Sputa diminished in quantity, and since last report have been occasionally tinged with blood. The fragrant odour has entirely disappeared, and the breath has almost lost its fetor.

24th. The dulness over the lower third of left chest is still present; there are yet crepitations remaining over the corresponding region posteriorly. The expectoration has very much decreased; the sputa amounting to only a half-a pint in the day, contain but very few traces of blood.

27th. The cough is now very slight; sputa measures only 2 oz. per diem. Patient is gaining flesh rapidly.

April 2d. The improvement continues; sputa only 1 oz. in last twenty-four hours, viscid and free from blood.

Dismissed. The expectoration had wholly ceased.

The fetid sputa were examined in the chemical laboratory of the University by the kindness and under the superintendence of Professor Gregory, and the odour was found to be due to the presence of methyamine with butyric and acetic acids.

Comment.—Dr. Laycock remarked that the case would formerly have been regarded as an example of pulmonary gangrene, but it resembled in the leading symptoms the class of cases known as fetid bronchitis. In one point, however, only is there a resemblance to pulmonary gangrene, namely, in the stench of the breath and of the sputa. In the fetid bronchitis the odour is not that of putrid flesh, but very characteristic of butyric and the new odorous compounds, the butyrates of ethyl, now used to flavour confectionery. In the case of Scott the odour was that of the May flower, or of apple blossom, with a conjoint odour—a sort of *arrière gout* of feces.

Scott's case showed other interesting characteristics. First, there was the excessive thirst, out of all relation to the febrile or general disturbance, and referrible probably to lesion of the nervous system—a polydipsia to be attributed to functional disturbance of the pneumogastric centre. Secondly, there was the sensorial hebetude, as indicated by the feeling of well-being and content which the patient always manifested. No feeling of illness, and especially nothing referrible to the lungs was

complained of. This is a condition analogous to that observed in certain cases of phthisis. Thirdly, in the history there was the revealed occurrence of delirium tremens, and the morbid state of the encephalon to be estimated consequently upon it, and upon the continued drunkenness. Dr. Laycock, therefore, concluded that the production in the lungs of the peculiar compound to which the odour of the sputa was due, might be referred to some change in the ganglia of the pneumogastric and of the sympathetic in connection with the pulmonary mucous surface, of an asthenic character. He said he was led to this view by the result of the experiments of Claude Bernard, who had discovered that the irritation of the floor of the fourth ventricle, or, in other words, of the origin of the pneumogastric, was followed by the appearance of sugar in the urine. However, the production of sugar in the organism may be explained theoretically, the facts indicated that the pneumogastric ganglion or the nerve tissues near it and in anatomical relation with the pneumogastric nerves, exercised an action on the blood as it passed through the lungs, so that the organic compounds contained in it would be abnormally altered when abnormal action was set up in them. Hence Dr. Laycock prescribed strychnia in the case of Scott, hoping thereby to modify the state of the nerve-centres, upon which probably the production of butyric acid and the butyrates depended.

THERAPEUTICAL RECORD.

Vomiting in Pregnancy.—Dr. C. G. Quintard succeeded in checking obstinate vomiting in a pregnant woman by cauterizing the fauces freely with a fifteen grain solution of the nitrate of silver.

Prophylaxis of Purperal Fever.—It is recommended by a French Physician to administer Quinine and Subcarbonate of Iron to lying-in-women who are exposed to the contagion of Purperal Fever. He prescribes it in eight grains of the former and thirty grains of the latter daily.

Assafœtida in scorbutic ulceration of the fauces.—Dr. Piwowarrow, chief physician of the military hospital at Poltawa, reports that of all the means he has employed in scorbutic ulceration of the throat, assafœtida has proved of the most marked utility, rapid healing taking place, even when the destruction has been considerable.

Cinchonine in Gastralgia.—Dr. Franchini strongly recommends this substance, giving gr. $\frac{3}{4}$ in two scruples of calcined magnesia four times daily, or gr. $\frac{1}{2}$ in the form of pill three or four times a day.

Treatment of Boils.—Dr. Winslow states that he has found his treatment remarkably efficacious in the various parts of the world he has tried it in. It

consists in bleeding the patient and giving no medicine. He prescribes the remedy with as much confidence as he gives quinine in ague, and that whether the boil be but a slight one, or assuming a carbuncular form.

Iodate of potassium in affections of the mouth.—Induced by the great success that has attended the employment of chlorate of potass in affections of the mouth, MM. Demarquay and Gustin have tried the efficacy of the iodate of potassium in numerous cases of diphtheritis and gangrenous stomatitis. The success has been considerable, and that in some cases in which the chlorate has failed. The dose employed was from four to eight grains.

Against Ascarids.—R. Arsenious acid, gr ʒi-6; distilled water, ℥ iss. Let the acid be dissolved in the water, which is to be hot. The intestine is to be cleared of its contents by a simple enema, and then the above solution is to be thrown into the rectum with a syringe of glass.

Borax Emulata in Diarrhœa of Children.—The great utility derived from the employment of borax in aphthæ of the buccal mucous membrane should lead to its more frequent use. Thus in intestinal catarrh of children there is often ulceration around the margin of the anus. In such cases M. Bouchut employs the following enema with advantage:—Borax ℥ j. ad ʒ ij., weak barley-water, ℥ xxxvi.

PERISCOPE,

Treatment of Nævus by the Perchloride of Iron.—The perchloride of iron still holds its place as a very useful agent in the treatment of some forms of nævus. Mr. Lawrence in St. Bartholomew's, and Mr. Cook and Mr. Hilton in Guy's, frequently employ it as at first proposed, by means of injection. Used in this way, its chief advantages are in cases in which the growth is too large to be ligatured or excised. Repeated injections of small quantities at a time, appears to be the most successful method, as larger ones risk sloughing. There was a case recently in the Middlesex Hospital under the care of Mr. De Morgan, in which a nævus of the middle of the upper lip spread rapidly, and ulcerated through the lip, leaving a large fissure. In this, by the use of the perchloride, much advantage has been obtained; the disease did not appear to be spreading. The child's condition is now that of a single harelip, both edges being, however, involved in a nævoid structure. Mr. Bowman, in two cases recently under his care, in which the nævus was on the eyelid, has employed the perchloride, introduced by a thick ligature of silk. One of these was that of an infant at the Ophthalmic, on whom we saw him operate. The nævus was about the size of a sixpence, and involved the centre of the upper eyelid, being partly cutaneous and partly under the skin. To have tied it would have involved a subsequent

eversion of the lid ; and it became a problem of much interest to cure it without leaving a scar. The plan adopted was to draw through its centre two large ligature threads previously soaked in the perchloride. To prevent the threads from being squeezed dry in entering the skin punctures were made in the latter with the point of a knife, and a broad needle was employed. So complete was the coagulating power of the fluid, that the threads came out quite unstained, and not a drop of blood escaped from the punctures. This having been done, a small actual cautery, about the size of a probe, was introduced into the middle of the nævus, and made to burn subcutaneously a little patch in its centre. The seton threads were to be taken out the same evening. It was hoped that the irritation, &c., which must follow these procedures, would destroy the morbid vascularity of the part ; and the plan altogether struck us as exceedingly likely to be successful, and at the same time possessing the great advantage of being quite free from risk. Its success it will be for time to determine. With the perchloride, in which the nævus is too large to be safely tied, much patience must be exercised. Many injections will be required, and the shrinking of the vascular tissue will often not be nearly so great at the time as it will become after the lapse of a few months. As exemplifying the dangers of the ligature, we may mention that the writer assisted a fortnight ago in tying a very large nævus on the side of the face in a case in which the infant, healthy at the time, died a week afterwards, and probably from the irritation caused.—*Medical Times and Gazette.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

PROFESSIONAL SECRECY.—The relations of a physician to those who favor him with their confidence are of so intimate a nature ; he has so many opportunities to become acquainted with matters, occurring in families, that ought to be held sacred by him and remain securely locked in the deepest recesses of his bosom ; he is so often selected as the confidant to whom the wretched, sorrowful, and repentant entrust their tale of guilt, remorse, and grief, it becomes him to be a man of extended sympathies and high uncompromisable honour to command the esteem of his patients and make them feel that their simplest as well as greatest secrets are perfectly safe in his keeping. From the earliest periods in the history of medicine down to recent times, the fathers in medicine

and those entrusted with the preparation of the medical neophyte for the practice of the important duties of his profession, have thought it incumbent on them to exact an oath from each successful candidate, that he would never betray any secret entrusted to his keeping, or one that he should accidentally become cognizant of, professionally, ere they invested him with the authority to go forth into the busy world and assume the responsibilities of physician to his fellows. It was never intended, however, that a medical man was to remain silent whenever facts relating to fearful crime, such as murder, either accomplished or contemplated, came to his knowledge. No oath could be binding on a man, or warrant him in assisting to defeat the ends of justice. Under such circumstances, silence would be criminal and make him accessory to the fact. Instead of meriting praise for keeping secrets of that nature he would rather deserve the execrations of society.

An event has lately occurred in the city of New York which has caused a great deal of excitement in the community and involves the question of the betrayal of trust on the part of a physician. We propose laying in brief terms, the facts of the case before our readers, with our views on the subject. The notorious Mrs. Cunningham, *alias* Mrs. Burdell, who a short time since was tried for the murder of Dr. Harvey Burdell, and acquitted, has lately attempted the perpetration of a criminal fraud, formed for the purpose of obtaining the whole of the late Dr. Burdell's property. It appears that while this lady was confined in the Tombs awaiting her trial for murder, she caused it to be announced that she was pregnant with child and that in due time an heir would be born to Dr. Burdell's estate. Her personal appearance justified the assertion, and, at her request, Judge Dean gave an official notification of the circumstance. Mrs. C. next consulted Dr. Uhl, who would appear to have been her medical adviser, and desired to engage his services. Subsequently she told him that her pregnancy was a pretence, but that if he would aid her in carrying out her plans to a successful issue, one thousand dollars would be his fee. The services of one Dr. Catlin, an individual whom Mrs. Cunningham professes "to have in her power," were also secured for the interesting occasion. Dr. Uhl apparently assented, but his conscience not feeling very easy, he immediately informed District Attorney Hall of everything that had transpired. By the advice and at the urgent request of Mr. Hall, Dr. Uhl entered enthusiastically into Mrs. C's plans, with the view of exposing the attempted fraud and bringing the guilty ones to justice. "To carry on the project, he represented that he had the good luck to have found a woman who was about being confined in Elm street, who would part with her baby. She was neither to see or know Mrs. Cunningham, and therefore there could be no possi-

bility of any unpleasant developments. Apartments were procured at 190, Elm street, and were furnished by Mr. Hall for the proper reception of a lying-in-woman. Meantime officers Dilks, Hopkins, Speight, and Walsh were detached to keep a close look out in Bond street. Mr. Hall assisted himself on Monday in perfecting arrangements. An infant that had been born on Saturday was engaged from its mother at Bellevue Hospital, marked by lunar caustic, and otherwise identified, and a nurse engaged. Dr. Uhl was to be at Elm street to deliver over the baby to the Sister of Charity who was to call for it.

All things being ready, Mrs. Cunningham was notified that the heir was born, and she said she would send a lady (whose name she refused to give) to look at the place, so as to know where to go at a later hour. Dr. Uhl stationed himself at 190, Elm street, and kept watch for the lady who was to be sent to reconnoitre the premises; and in a short time a person made her appearance, passed by and inspected the place. That lady, although in the disguise of a Sister of Charity, Dr. Uhl recognized as Mrs. Cunningham herself. As soon as she had left the neighbourhood, Dr. Uhl again visited No. 31, Bond street, when Mrs. Cunningham called a lady, whom Dr. Uhl recognised as her sister (Mrs. Burns,) into the room, and asked her if she was ready to go for the child, when Mrs. Burns asked for the dark dress, and Mrs. Cunningham told her where it was. It was then arranged by Mrs. C. and the doctor that he should go to No. 190, Elm street, and wait at the front hall till the lady to be sent should come; and in order to avoid any mistake in the matter, the lady was to carry a white handkerchief in her hand. After waiting about fifteen minutes, the lady appeared who had previously reconnoitred the premises, carrying, as agreed upon, a white handkerchief in her hand. The lady wore a long black dress, and a hood or close bonnet, after the style worn by the Sisters of Charity—her face being almost covered; but from her manner, form, and general bearing, Dr. Uhl again recognized her to be none other than Mrs. Cunningham herself. Dr. Uhl asked her if she had come for the child. She made no reply, but followed him up stairs to the door of the room. The light burnt dimly on the centre table, the door which opened into the adjoining room displayed the foot of a cot on which the sick mother was supposed to be prostrate. Mrs. Cunningham only looked in, but a glance must have satisfied her all was right; the nurse, Mary Regan, sat with the child in her lap, the basket at her feet; as Mrs. Cunningham presented herself, she was asked if she came for the child, as agreed upon, she shook her handkerchief in reply, the next instant the "little thing" was placed in the basket and handed through the partially opened door, and Mrs. C. hurriedly left the house. Dr. Uhl then

started for home, leaving those engaged with him in the plot to attend to Mrs. Cunningham's movements. The doctor had been at home but a brief period, when he received a summons through a gentleman (a stranger) to repair immediately to 31, Bond street, as Mrs. Burdell was then suffering with labor pains. On arriving at the residence of Mrs. Cunningham, he was conducted to a darkened room, where Mrs. Cunningham was in bed and apparently in great suffering. Dr. Catlin and Mrs. Burns, sister of Mrs. Cunningham, were present. Dr. Catlin brought in a pail containing blood, with which the sheets were saturated; and, in due time, after considerable groaning and moaning, the expectant heir was brought forth and transferred over to the nurse, Jane Bell, who washed and dressed it, while the doctors went through the process of bandaging the suffering but delighted mother; who took occasion to exclaim, with much earnestness, that "she had put her trust in God, and in return he had been pleased to favour her!" At this stage, Dr. Uhl left the house and the case to the charge of others, who were on hand at the door. All this farce was performed on Monday night, between eleven and twelve o'clock. At half past eight the policemen in the secret took their stations, Capt. Dilks, in Broadway opposite Bond street, Capt. Speight opposite Burdell's house. Capt. Hopkins took up his station in the alley which leads from the rear of 31, Bond into Bleeker street, when he was mistaken for a burglar, much to the alarm of the neighborhood. Capt. Speight saw Mrs. Cunningham come out of the house, followed her to Elm street, and saw her return to Bond street, the basket containing the baby in her possession. The policemen then took their stations in front of the house to observe who went in or out. Among the latter was Catherine Bell, the nurse, Dr. Catlin, and lastly Dr. Uhl. About twelve o'clock at night the police started towards Broadway, when they met District Attorney Hall, Capt. Dilks, Dr. Montaguie, and Officers Smith, Wilson, and Walsh.

After a little conversation, it was agreed that Capt. Dilks and Dr. Montaguie should go to 31 Bond street, and state that they had heard that a curious delivery had taken place, and that they wanted to see that all was right. Two women answered the summons, and stated that Mrs. Cunningham was too sick to be seen. The women then went up stairs, and the men followed. Before reaching what was Dr. Burdell's bedroom, the women opened the door and said, "Mrs. Burdell, here are two gentlemen who want to see you." She said, "Shut the door; they can't come in." Dilks immediately went in and said, "Madam, we don't wish to interrupt you seriously, but we have heard that you have been delivered under suspicious circumstances, and it is our duty to inquire."

The light was then down; they turned it up, and saw by her side a sleeping infant. Dr. Montagnie recognized it as the child he had carried to Elm street. He had previously marked it with a little lunar caustic under each armpit and under each ear, marks which did not appear until next day. He had also cut the umbilical cord anew, and retied it with the edging of a pocket-handkerchief which there could be no mistaking.

Dr. Montagnie said to Mrs. Cunningham, "Whose child is this?" She said, "It is my child." He asked if it was the child of Dr. Burdell. She said, "Yes, of course! whose else could it be? I am his widow."

Almost immediately Dilks came down to the door, and the police went up stairs. Those present were apprehensive that the child might be killed, and an attempt was made to take it away from her at all hazards. She said, "Don't take my baby!" and the woman persisted in saying, "You must not take this baby; it is Mrs. Burdell's baby." One of the police asked, "Where is the basket that it was brought here in?" She said, "There is no basket in the place." A policeman then said, "There was no use making any disturbance about it; the doctors were arrested, and everything was found out; the child belonged to the Bellevue Hospital." The hospital clothes had been taken from it, and new and elegant apparel, evidently made for the purpose, had been put upon it. In the back room—the room in which Dr. Burdell was murdered—the police found the remains of a lunch. Meanwhile Mrs. Cunningham still persisted that she had been in labor, and was suffering with after pains. The basket could not be found, high or low. The after-birth that Dr. Montagnie brought from the Bellevue Hospital was there; a pail of bullock's blood was found, and the sheets smeared with blood."

Now the question which has been mooted in the United States, in reference to the conduct of Dr. Uhl, viz: was he warranted in betraying secrets revealed to him professionally? is, we conceive, easily answered. Mrs. Cunningham contemplated the commission of a crime which would, if successfully carried out, have seriously injured the interests of other parties. It was absolutely necessary to the success of the plot that a physician should be made cognizant of the whole details, and induced to work in harmony with others. Whatever guilt was attachable to any one concerned in the criminal act would be equally attachable to him. When Mrs. Cunningham, therefore, informed Dr. Uhl of the fraud which she intended to perpetrate, and requested him to become a party to it by an attendance on her during the pretended accouchement, she virtually asked him to criminate himself by aiding her to play the villain. The oath which Dr. Uhl subscribed to on the day of his graduation, was never intended to impose silence on him under such circumstances. His

duty to himself, to society and to the miserable woman was perfectly clear. When the proposition was made, he ought immediately to have declined having anything to do with it; he should have given her distinctly to understand that he would not consider himself bound to withhold his evidence against her in the event of the crime being committed; and lastly, he should have *seriously* warned her against the criminal course she intended to pursue. In neglecting to act in this manner, pursuing indeed a most opposite course, and *not* in betraying professional secrets, has Dr. Uhl, in our opinion, acted unprofessionally, and laid himself open to the severest censures of his confreres. Instead of firmly and manfully refusing on the instant to have lot or part in the fraud, he wilfully deceives Mrs. Cunningham by accepting with apparent eagerness the terms of her proposition. He not only does this, but he informs District Attorney Hall of what has transpired, at whose request, moreover, he consents to act out a falsehood, and by so doing lead on a female to the commission of a crime. We have yet to learn that such an act is either morally right, or one that is becoming in a member, either of the legal or medical profession. It is the undoubted duty of all to prevent the commission of crime, and to aid in its detection when committed, but who ever tempts his fellow to do a criminal action by placing facilities in his way, ought certainly to be considered an accessory, and judged accordingly. Dr. Uhl has acted unprofessionally also in becoming the agent of Mr. Hall, a sort of detective or spy in the service of that gentleman. Had he, when he lodged information with the authorities, washed his hands of all further connection with the deceit, we could have nothing to say against him, but by becoming the very life and soul of every move in the deception, he prostituted the noble profession to which he belongs, and should, as a punishment, be deprived of the status he holds in that profession.

CRIMINAL ABORTION.—A short time ago a charge was brought against a Medical Practitioner here for having produced Abortion;—he was accordingly handed over to justice, and the result, we believe, is still pending his future trial. Without desiring to engender any public animosity or prejudice against the degraded offender, we conceive that the subject in its general bearings as a CRIME is deserving of consideration, from having reason to know that there are doubts abroad concerning the impropriety of the offence, as well as mistaken notions of the degree of punishment it deserves; and it is merely in relation to these we offer the following remarks, moved by no other feeling than a desire to put forth matters in their true light.

The morality of the ancients was very low, and but little compunction was felt by them in destroying the offspring at an early age after its developement had begun. But their ignorance often would extenuate their monstrosity, for they did not in many cases believe that the embryo received vitality till a period remoter than the time when the miscarriage had been induced. The earliest statement of the inception of life among their records, is by Hippocrates, or rather by the writer of a tract assigned to him, who held that the fœtus was not endowed with life till 30 days after conception if it were a male, and 42 days after if a female. Others, however, fixed upon a more advanced date, and even the learned Zacchias, the Roman Medico-Jurist, doubled the period and settled upon 60 days.

It is pleasant to contrast with these reminiscences of the dark ages, the extent of our present belief founded upon more exact science and intimate inquiry. We now contend that vitality immediately succeeds conception,—the new being enjoys existence from its first developement, and from the first moments of genesis is manifested, in a progressive growth, an active life. And this is no mere scientific abstrusity, but a doctrine enforced by legislation. The law recognizes the life of the fœtus *in utero matris*, as the phrase is, she admits the propriety of the unborn offspring to her protection, and affords it the justice which its entity demands when injured. And moreover, she allows that life begins from the earliest period of existence; in short,—she sanctions the modern propositions we have first contended for. By the law, an infant is the inheritor of real estate from the moment of its conception; its existence being made to date from its earliest germination, and to extend throughout the whole time of its intra-uterine abode: the embryo is thus clearly alive, legally, *ab initio*, for it may be invested at its conception with the inheritance and the rights appertaining to the owner of real estate.

The most important consequences follow by the law's admission of the propriety of the unborn offspring to her protection, and its right to the justice which its entity demands when injured,—and of this a still further example is furnished by our present subject. We find, in the criminal code, that if injury be done the fœtus it is avenged: if such violence be used towards the mother that the child die in consequence, the crime of Feticide is committed, which is regarded as a heinous misdemeanor. This is Abortion; and here we would remind all who are tempted, and Physicians often are tempted by patients themselves, of the great peril to which the "heinous" practice if effected would expose them. According to Canadian law, whoever is convicted thereof, shall be liable at the discretion of the Court, to be imprisoned at hard labor in the Provincial Penitentiary for the time of his natural life, or for any term not less

than seven years, or to be imprisoned in any other prison or place of confinement for any term not exceeding two years. Attempts are frequently made to establish degrees of criminality. The severe punishment above specified is alleged to be condign when the mother is quick with child; and for the same offence at an antecedent period of pregnancy, no express measure of infliction has been specifically apportioned. But such a distinction, in the case of Feticide or Fœtus murder, is about as unpardonable as it would be to divide Homicide into shades of culpability according to the age of the person killed; awarding a less heavy punishment to the murderer of a boy than to the murderer of a man, because—and no better reason is given for the mitigation of sentence against abortionists before quickening—the boy was an immature man. Quickening does not shew an inception of life, but is merely a manifestation, and a late one, too, of life, late—because so long delayed as to have been forestalled by many other vital signs equally reliable. Quickening rather than being the exponent of life, is an evidence of viability, and therefore declares that the child has acquired such an amount of organic power as to have an aptitude for sustaining an extra-uterine existence or separate maintenance—and that previously this power had not sufficiently grown to produce the movements that give it character. This view is well attested by the correspondence that holds between the periods of viability and those of quickening commonly admitted. Ramsbotham, as an authority, says, quickening generally occurs “about the end of the fourth or commencement of the fifth month,” *i. e.* it now *first* supervenes; and early though this be for a personal survivorship, yet facts shew that there are instances of life-continuing children even then. There are three cases of children being born at the 5th month of utero-gestation who continued to live for some time. The first of these was seen by Dr. Montgomery of Dublin—it only lived a few minutes. The second by Mr. Smythe, and it lived for 12 hours: from peculiar circumstances it was clear that the mother of the infant was correct in respect to dates, and the case is received as authentic by Mr. Taylor, who records it in his *Manual of Medical Jurisprudence*. The third is that of Cardinal Richelieu, on account of whose early birth the Parliament of Paris decreed that the infant at 5 months possessed that capability of living to the ordinary period of human existence which the laws of France required for establishing its title to inheritance. Now, if we descend the scale of uterine longevity we arrive at the next period—between the 4th and 5th month—and even here two cases of viability appear. One, that of Fortunio Liceti, an Italian Physician, who was born between the 4th and 5th months of utero-gestation, and who attained the age of 80 years, and a case mentioned in Taylor (*Op. Cit.*) of a child born at the 4th month of pregnancy, and living.

With the natural doubts that some of these statements *prima facie* arouse about their credibility, we having nothing to do; for if we merely receive them unitedly, one single fallacy, or even individual exceptions, cannot destroy the general veracity: and through this the original or leading truth is substantiated. They prove that to limit the extreme punishment of Abortion to the time of quickening, is to avenge the death not of a living but of a viable child. The fundamental object must then elude legal cognizance; for the desire is not to preserve life, and murder ceases to be the destruction of life; but the endeavor is to substitute in each instance for this great principle,—*i. e.* life,—one of its less proximate acts. The law incarcerates the Abortionist most long, not so much because the child had life as because it moved, and not that it was made dead, but rather because it could no longer quicken. The defectiveness of Juridical discrimination in these cases is rendered yet more evident by the above data. They fix upon the 5th month, at least as an indisputable term of life; and are sufficiently numerous to warrant our imputing viability to other children at that period. Plain though this be, still we cannot always be guided by even such a rule in criminal cases, as in these the utmost rigor of the law may yet be defied,—for it may happen that although the age of the pregnancy has been definitely ascertained, the usual period of quickening has transpired without this event accruing. So that in reality there is no safety in the legal protection of children in utero whose mothers do not feel quickening till later than the 5th month, an accident by no means improbable, as this sign of gestation is often very retarded in its appearance, and sometimes never once supervenes; and although there be the general similarity before shewn, between it and viability, in point of time, there is no correspondence as regards mutual indication, for the offspring may be viable when the mother does not experience quickening.

We, therefore, claim an equal punishment for abortion at whatever period of life this diabolical act may be criminally perpetrated, for in our eyes, the murder is as true at one age as at another, and to us the embryo with its growing faculties is as sacred an object for preservation as its more developed because elder neighbour.

OBITUARIES.

THENARD, the celebrated chemist, has just died, at the advanced age of eighty. He maintained his ardent love for science to the last, and will be especially missed by young aspirants for scientific honours, whom he especially delighted to encourage. He has died universally regretted; and the Académie des Sciences, on hearing of his death, which took place

the evening before their weekly meeting, at once adjourned, as it its excellent custom whenever it loses one of its celebrated members. One of the last acts of M. Thénard's admirable career was the foundation of a new Benevolent Society for scientific persons, or, as he styled them, the friends of science. He was formerly a Peer of France and Chancellor of the University, as also a member of the Institute, and a Grand Officer of the Legion of Honour. He taught by turns at the Sorbonne, the Ecole Polytechnique, and the College of France; and he has endowed his country with a work on chemistry, which has remained for forty years, and passing through six editions, the most esteemed book on that science. M. Thénard possessed large property, which he used in a most generous and Christian manner, his last act of philanthropy being the foundation of a society for the relief of scientific men in distress, his first subscription amounting to £800. Dumas, who was twenty years ago the pupil of Thénard, pronounced over his tomb an eulogium full of grief and affection, by which all the assembly was deeply moved.

SESTIER—Another of the rising celebrities of the Paris Medical community has been cut off, like his friend Valleix, in the prime of life. He had conquered an important position through the concours, and had produced an excellent monograph upon Œdema of the Glottis. He has left a valuable work upon the effects of lightning, unfinished.

GUENEAU.—Dr. François Gueneau de Mussy died at Paris, May 4th, at the age of 83. He was a member of the academy of medicine, and formerly a physician of Hôtel-Dieu. He was eminent as a man of science; but it was chiefly on account of the noble simplicity and rectitude of his character that the profession glorified him. As Lamb would say, he had something of the old Roman height about him.

SIR JAMES EYRE, M.D.—Died at the residence of a friend at Clapham, on Friday morning, the 19th inst. He had attended the Queen's levée on the previous day, retired to bed in his usual health and spirits, and was found dead early in the morning. Sir J. Eyre was for many years in general practice at Hereford, and was knighted on the occasion of his presenting an address to the Queen from that town (of which he was then Mayor), on the birth of the Prince of Wales. He subsequently settled in London, and practised for some years in Brook street. He published a work "On the Use of Oxide of Silver in Uterine Affections," and another entitled "The Stomach and its Difficulties." Both of these productions were of a semi popular character, and had a large sale. Of late Sir James had partially retired from practice, and resided at Brompton. He was sixty-six years of age.

SIR ROBERT CARSWELL, physician in ordinary to the King of the Belgians and formerly professor of pathological anatomy at University College, expired at his residence at Lacken, near Brussels, on the 15th inst., aged sixty-four.—His Pathological plates are well known.

SECRETARY'S OFFICE, }
 Toronto, 1st August, 1857. }

MEDICAL APPOINTMENTS IN AUGUST.—His Excellency the Administrator of the Government has been pleased to grant a License to Harvey John Philpot, of the Town of Simcoe, Esq., M.R.C. of Surgeons of England, to practice Physic, Surgery, and Midwifery in Upper Canada.

August 8th.—Jacob Baxter of Cayuga, William McPherson and William McCargow of Caledonia, Esqs., physicians, to be a Board for examining applicants for Militia Pensions in the County of Haldimand.

QUARTERLY REPORT OF THE MONTREAL GENERAL HOSPITAL,
 ENDING 28TH JULY, 1857.

DISEASES AND ACCIDENTS.

DISEASE.	ADMITTED.	DETH.	DISEASE.	ADMITTED.	DETH.
Abscessus,	3		Hypertrophia,	1	
Amputation,	1		Hydrocele,	1	
Amblyopia,	17	1	Hydrothorax,	1	
Amputatio,	2		Icterus,	1	
Anasarca,	1		Impetigo,	2	
Arteritis Chron.,	1		Laryngitis Chron.,	1	
Ascites,	1		Lichen,	1	
Bronchitis,	5		Luxatio Ulne,	1	
Bubo,	1		Lumbago,	1	
Bursitis,	1		Menorrhagia,	2	
Calculus Vesicæ,	1	1	Morbus Cordis,	1	
Caries,	12		Morbus Cocæ,	1	
Cataractus,	2		Necrosis Tibiæ,	1	
Cephalalgia,	3		Ophthalmia Purul.,	3	
Cerebritis Chron.,	3		Ophthalmia Traumat.,	1	
Cholera, Canadien,	1		Ophthalmia Tarsi,	1	
Colica,	1		Obstipatio,	1	
Conjunctivitis,	12		Orethritis,	1	
Contusio,	9		Paronychia,	5	
Corneitis,	6		Paraplegia,	1	
Cyaniche Tonsillans,	3		Parotitis,	1	
Debilitas,	5		Paraphymosis,	1	
Delirium Tremens,	6	1	Peritonitis,	2	
Diarrhœa,	5		Periostitis,	1	
Dyspepsia,	14		Phagadæna,	1	
Dysuria,	1		Phthisis,	11	2
Eczema,	1		Pleuritis,	1	
Eneuresis,	1		Pleurodynia,	3	
Enteritis,	1		Pleuropneumonia,	1	
Encephaloma,	1	1	Purpura Hæmorrhagica,	3	
Encephalitis Acut.,	1	1	Purpura Nautica,	1	
Emphysema,	2	1	Prolapsus Ani,	1	
Epilepsia,	3		"Ramollissement" Cerebri,	1	
Epithelioma,	1		Retentio Placentæ,	1	
Erythema Nodos,	1		Rheumatism. Acut.,	7	
Erysipelas,	5	1	Rheumatism. Chron.,	17	
Fractura Simp.,	4		Sinus,	1	
Fractura Comp. et Com.,	5		Staphyloma,	1	
Febris Continu. Con.,	17		Strabismus,	1	
Febris Ephemer.,	1		Scarlatina,	3	
Febris Intermit.,	5		Subluxatio,	1	
Fistula in perineo,	2		Structura Urethræ,	2	
Tisura Glossæ,	1		Structura Oesophag.,	1	
Gastritis Chron.,	3		Synovitis,	5	
Gastrodytia,	1		Syphilis,	9	
Gonorrhœa,	8		Tumor,	2	1
Hæmoptysis,	2		Ulcus,	11	
Hæmorrhagia Uterin.,	1		Variola,	15	
Hæmorrhoides,	1		Vena Varicosa,	1	
Hepatitis Chron.,	1		Vulnus,	10	
Hemiplegia,	1		Verres,	1	
Hic,	2				
Hypochondriasis,	1				

Patients remaining from last Quarter,	59	Died during Quarter,.....	11
Admitted present Quarter,.....	325	Now in Hospital,.....	46
		Discharged,.....	327
Total,.....	384	Total,.....	384

IN-DOOR PATIENTS.

OUT-DOOR PATIENTS.

Males,.....	194	Males,.....	64+
Females,.....	131	Females,.....	746
Total,.....	325	Total,.....	1390

OPERATIONS &c., DURING THE QUARTER.

MAJOR.—By *Dr. Howard*—Lithotomy.

By *Dr. McCullum*—Amputation at upper third of thigh, and removal of fibroid tumor from lip.

By *Dr. Sutherland*—Extirpation of testicle.

By *Attending Physicians*—Trepining skull 1. Amputation of fingers 3. Ligation of hæmorrhoids 2. Tumors removed, encysted 1. Painful subcutaneous 1. Operations for strabismus 4; for ectropion 2; for pterygium 2; for cataract 4 (Keratomyxis). Hydroceles tapped 2. Hydrocele injected 1. Knee joint tapped and injected 2. Tapped alone 2. Total 31.

MINOR.—Venæsections 13; Cuppings 16; Wounds dressed 27; Frænum linguæ divided 6; Vaccinations 5; Abscesses opened, and other incisions, 157; Starched bandages applied 30; Teeth extracted 202. Total 455.

FRACTURES AND DISLOCATIONS.—Fractures treated, in-door, 9; out-door 6. Total 15. Dislocations reduced, humerus 1; radius 1; radius and ulna 1. Total 3.

ATTENDING PHYSICIANS.—Drs. Fraser and Reddy.

ROBERT CRAIK, M.D.,

House Surgeon.

MEDICAL NEWS.

We notice that Professor R. M. Huston, has resigned the chair of *materia medica*, which he has so long filled in the Jefferson medical college.—He has been succeeded by Dr. Mitchell—In the midst of a splash of excrementitious folly, about the circulation, we find this verdant bog. “The visible heart performs this function, because there is a corresponding spiritual heart within it.” The function referred to, is describing to be throwing, “the blood to the finest

ramifications of the vascular system, and magnetically calling it back again."—An additional subscription of £45, collected in Russia by His Excellency, Dr. Markus, has been received. Dr. Redfern of Aberdeen, has transmitted £16 collected by himself.—Dr. William Pultney Alison has been granted a pension of £100, from November the 10th 1856 in consideration of his scientific attainments. He was late Professor of Physic in the University of Edinburgh.—The minister of war has sanctioned a proposal, that assistant surgeons for service in the Army, shall henceforth be selected from a competitive examination. The first examination was to have taken place July the 16th. and the vacancies to be filled up were 20 in number.—At the last half yearly meeting of the Royal Humane Society, an honorary medal was unanimously awarded to Mr. Erasmus Wilson; who saved a woman aged 60, in the Regent's Canal, Regent's Park, last April.—In 1787, the physician who attended Queen Caroline had 500 guineas, and the surgeons 300 guineas each—Dr. Willis for his successful attendance on George the Third, was rewarded with £1,500 per annum for twenty years, and £650 per annum to his son for life. The other physicians had 30 guineas each visit to Windsor; and 10 guinea each visit to Kew.—The winter account of Guy's Hospital, for 1856 amounted to more than \$5,000. This estimate does not include the spirits account, which nearly reached \$32,000.—Medical journalism, has penetrated to the antipodes. A periodical, entitled the Australian medical journal, has recently been established at Melbourne.—It is stated in the Gazette medical de Paris; that of 3,295, 220 young men examined in France, for military service during 19 years, 13,007 were exempted for myopia.—The largest man in the world, as said, died lately in Henderson County Tenn. His height was *seven feet six inches*. His weight was a fraction over 1000 pounds. It required 17 men to put him into the coffin. Took over 100 feet of plank to make his coffin. He measured around the waist 6 feet and 9 inches.—At the Thames Police Court lately, a person was fined 40s. for selling arsenic uncolored, by which death was caused.—Electricity has been used for cooking, by M. Gisque; an oil refiner of Paris. By means of a special apparatus, six pounds of beef were cooked, in five minutes and ten seconds.—Mrs. Gavin widow of the late Dr. Gavin, the Government Sanitary Inspector in the Crimea, has been granted a pension of £50.—M. J. Nickles has not only found fluorine in human blood, but likewise in that of other mammalia, as the pig, sheep, ox and dog, and in that of many birds, as turkeys, geese, ducks and chickens. He has also found it in the bile, in the albumen of egg, in gelatine, in saliva, and in fact in the entire organism.—

Three faces wears the Doctor; when first sought
An Angel's—and a God's the cure half wrought;
But when that cure complete he seeks his fee,
The Devil looks less terrible than he.