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THE

BRITISH AMERICAN JOURNAL.

ORIGINAL COMMUNICATIONS.

ART. XVIII.—*Reply to Dr. Hingston's Communication on the "Medical Evidence in the Wellington Street Murder Case."* By ROBERT CRAIK, M. D. House Surgeon to the Montreal General Hospital, and Demonstrator of Anatomy, McGill College.

When I took up a late number of the *British American Journal* to peruse Dr. Hingston's long article on the medical evidence in a late trial, I did so expecting to find the case set forth in a fair and truthful manner, being the least that I could expect from a member of our honourable profession: but although I anticipated some expressions indicative of wounded vanity, I was not at all prepared for such a tissue of misrepresentations. It is always a painful task to accuse another of aught but the fairest dealing, but in this case justice compels me to say that Dr. Hingston has been guilty not only of the *suppressio veri*, but also —to use no harsher term—of the *suggestio falsi*.

He has so distorted the medical testimony as to render it scarcely recognizable and certainly not reliable; he has introduced absurd parodies on the same testimony so artfully, that nine-tenths of the readers of the Journal—even the Editors of the daily papers included—have actually mistaken them for the reality; and he has crowned the whole by a puerile and bombastic commentary, which, though professedly written in a spirit of modesty and fairness, savours strongly of feelings and motives much less commendable.

There is no sound reasoning nor logical deduction in the whole article, but there are to be met with instead, here a sweeping assertion, there an inflated tirade, and anon a lachrymose deprecation. Indeed, from the mental qualities which he displays throughout, he might with more hopes of success try his hand at a sensation novel or other work of fiction, for his resources in that line are apparently inexhaustible.

Dr. Hingston begins by lamenting the—to him—unedifying spectacle of medical men presuming to differ in their opinions, from their confrères in a court of justice. He then attempts to say that if one set were Homœopathists and the other, Allopathists, he could understand the anomaly, but for pupils of the same

school to disagree is wrong, it is unseemly, it has caused the public to censure the whole profession, and the presiding Judge to stigmatize medical evidence, here and in England, as an intolerable nuisance. I repeat, Dr. Hingston *attempts* to say this, for the paragraph is so ambiguous and ungrammatical that it is difficult to ascertain his real meaning.

Now it may doubtless wound the self love of so sensitive an individual as Dr. Hingston, to hear the correctness of his opinions openly questioned, and the justice of his conclusions doubted, and it may even offend the taste of some over-fastidious persons, to see members of the same profession ranged upon opposite sides; but if a medical man is to withhold an honest opinion in a case involving life or death, merely because a confrere may have expressed one in some degree conflicting, it is high time a new code of medical ethics should be established. Such an amiable concurrence of opinion may be very desirable for those who are more anxious to secure the approbation of the public than of their own consciences; but thus to allow an overstrained delicacy on the one hand, or a servile dread of public opinion on the other, to outweigh the importance of justice and human life, is altogether opposed to the spirit of British freedom and independence.

The whole of this storm of indignation has arisen because the unfortunate accused availed himself of the self same privilege, which the Crown Officers have for years, out of the plenitude of the public purse, been in the habit of securing. It is notorious, that at every term of the Court of Queen's Bench during the last five or six years, the Crown Officers have been in the habit of *retaining* medical gentlemen to give opinions in favour of the prosecution; these gentlemen, be it remarked, rarely if ever being *direct* witnesses in any of the cases. It is needless to say that when their opinions are found to be unfavourable to the interests of their employers, they are carefully kept out of the witness box; but when they coincide with the Crown witnesses, they are then paraded before the jury and the public to throw all their weight into the scale against the prisoner.

I have not been able to learn that a similar course is pursued in any other Court of Justice in the civilized world, and it is devoutly to be hoped that our bright example may not be followed elsewhere.

This one-sided evidence having been given with all due emphasis against the prisoner in the present case, it is not surprising that his counsel, indignant at this perversion of justice, should use every effort to neutralize this out-side testimony, and that medical men in the interests of humanity, should be found to come forward as readily for the defence as others were found to do for the prosecution.

If we had not been already told that medical evidence in England is a nuisance, I might cite the constant practice of that country as a precedent; for it is there considered a matter for congratulation, that owing to the rigid scrutiny to which every man's evidence is subjected, the prisoner is seldom likely to suffer from the ignorance or presumption of the Crown witnesses. The late Smethurst case furnishes an excellent illustration. Had a gross blunder on the part of one of the witnesses for the Crown not been discovered and exposed in time, the prisoner would undoubtedly have been executed; and the *London Lancet* (an authority second to none) in a long leading article, shows the great advantage to the cause of

justice and science, which is derived from the very state of things which is here flippantly termed a nuisance.

Had we not already unmistakeable evidence of the fertility of Dr. Hingston's imagination, I should feel at a loss to discover whence his report of the case is derived, for it differs most materially from any of those which I have been able to examine, and I have examined every one to which I could possibly obtain access, including all those published in the daily papers. With the evidence of the non-medical witnesses I have no fault to find, as I shall presently show in what important particulars it flatly contradicts Dr. Hingston's statements; but the medical evidence is so garbled and misquoted that its meaning is in many instances entirely reversed.

To begin with Dr. Hingston's own evidence. In the first place, it is very much abridged; and in such a manner that many important statements are entirely left out. (The same occurs in the evidence of all the crown medical witnesses, while the evidence of the others is given *in extenso*. The motive for thus suppressing parts of the evidence we need not stop to examine).

Interpolations have also been made which tend to favour his own peculiar views. For instance, in describing the condition of the deceased on the night before her death, he says, "I asked her to turn over, she seemed from pain unable to do so." Now the words "from pain" do not occur in any of the printed reports of his evidence, nor were they in the Judge's notes which were read to the jury. It will be remembered also by those who were present at the trial, that Dr. Howard, after hearing all Dr. Hingston's evidence, declined giving an opinion as to the cause of death, unless Dr. Hingston were re-examined as to the cause of her inability to turn over. Had Dr. Hingston given *pain* as the cause, Dr. Howard's difficulty would not have occurred. The object of this interpolation I can readily show. Dr. Hingston having given no reason for the inability of deceased to turn over in bed, and the spine not having been examined, it was suggested *after Dr. Hingston had been examined*, that paralysis may have existed. Now this was a strong point in favour of death from apoplexy, and therefore Dr. Hingston thought it necessary, in giving his version of his own evidence, to meet difficulties which *were not started until after his evidence had been given and recorded.*

Another interpolation of the same kind occurs farther on in his evidence. In describing the condition of the brain and its membranes, he reports himself as having said that they "were pale and healthy." The word *pale* is an interpolation, and a most unfortunate one, shewing that his anxiety to prove that the woman did not die of apoplexy, actually outstrips his anatomical knowledge, for only such an imagination as Dr. Hingston's could reconcile *paleness* of the *pia mater* with its *healthy* condition, much less with extravasation into the sac of the arachnoid.

There are numerous other alterations in Dr. Hingston's evidence, some of which I shall merely mention: for instance, in his deposition before the coroner, as well as in his evidence at the trial, he stated that there were "ecchymoses" in the cavity of the arachnoid; some kind friend, however, having probably told him that an ecchymosis in the cavity of the arachnoid was a new fact in patho-

logy, (for fact it must be since it was sworn to, to use Dr. H's own language as applied to myself,) he has seen the propriety of substituting the word "extravasation." Probably for the same reasons he has omitted the very elegant and scientific expression "box of the larynx" which he made use of on the two occasions above referred to.

It was not until after the above was in type that I succeeded in obtaining an authentic copy of Dr. Hingston's deposition made at the Coroner's inquest. Having now obtained the copy, however, and as it more than proves the statements which I have made with regard to Dr. Hingston's evidence, I shall give it entire, that the readers may have an opportunity of judging for themselves. To allow of the chief differences being seen at a glance I shall also place Dr. Hingston's version of his own evidence,—taken from the Journal—in a parallel column. The Italics refer to the principal points of difference, and the remarks within brackets are my own.

Deposition made before the Coroner two days after the woman's death.

William Hales Hingston, Doctor of Medicine, of the city of Montreal, having been duly sworn deposeth and saith:—I was called about eight o'clock on the evening of the twenty-third of the present month of May to visit the deceased Mrs. Connell. I found her suffering from injuries she had received a short time previously. *There were several bruises upon her body and limbs.* She told me that these injuries had been inflicted by her husband. Her husband was not at home at the time; but came to the door at my departure. I expostulated with him on his conduct, and he promised not to visit her again that night.

At about eight o'clock the following evening, the twenty-fourth of May instant, I was again summoned to see the deceased, I found her in the same bed in the same apartment, in a dying state. She died at about nine o'clock the same evening. *So soon as she had ceased to breathe and the heart to act, I made an incision through the parietes of the abdomen, and extracted a fœtus of about four months.*

Dr. Hingston's report of his own evidence, given at the trial eight months after the woman's death.

Dr. Hingston examined:—On the twenty-third of May I was called upon in the evening about eight o'clock to visit the prisoner's house. I found the deceased suffering from injuries she had received. She was lying on her side, her back towards me. I asked her to turn over; she seemed *from pain* unable to do so. The prisoner was not there at the time. My visit was short; it was occupied in hearing her statements. *She did not turn.* She appeared to be partially under the influence of liquor, and suffering much from other causes. *I prescribed a dose of opium.* [Observe from the statement opposite that Dr. Hingston saw the bruises on her body and limbs at this visit.].

I saw the woman about the same hour next evening. She was in a dying state She died about nine o'clock. I was present when she died. *She was quite sensible from the time I entered the house till she died, though unable to articulate distinctly. Before she died I saw several marks of violence about the head; they were contusions, or bruises, and abrasions of the skin.* They must have been produced by external violence. [It is very strange how Dr. Hingston could have seen these bruises and abrasions on the head before death, for he tells us in his deposition opposite, that all the ecchymoses on the head were situated *"between the scalp and the skull,"* only two marks being visible externally, one "an

About half-past 3 o'clock in the afternoon of the 25th of May inst., I again inspected the body in company with Dr. R. P. Howard. The body lay in the same position which it did on the previous evening. There was a small bruised ecchymosed spot on the right side of the *box* of the larynx, and another at the upper end of the breast bone; three larger ones on the right breast on the right side of the chest; several bruises of long standing on the left arm, and three more recent ones upon the right leg. There was an abrasion on the left knee and on the right shin; there was also an abrasion of two and a half inches in length on the right shoulder, and another *of the size of a sixpence on the right temple.*

The larynx was found to be healthy, as also the muscles covering it; both lungs were healthy, except a patch two inches in area at the base of the left lung, which was in a state of congestion; the left lung was attached to the ribs by an old pleuritic adhesion *; there was slight congestion of the two bronchi and of the lower end of the trachea.* The heart was found to be healthy; the liver was somewhat paler and more friable than natural, with an ecchymosed spot about *the size of a crown piece* on the under surface of the left lobe. The spleen, kidneys, and intestines were healthy. The stomach contained a large quantity of bile, and its cardiac extremity was *considerably congested.* There was a small patch of ecchymosis about the size of a threepenny piece in the anterior portion of the uterus.

There were four patches of ecchymosis *between the scalp and the skull*, one over the forehead, another higher up, and one *behind either ear*, the two latter were extensive, the ecchymosis *behind the right ear corresponding to an external mark.* There was an ecchymosis about *the size of* abrasion the size of a sixpence on the right temple," and the other—not discovered till after dissection—"*behind* the right ear."]

On the following day, at about 3 p. m., I made a post mortem examination of the body, in conjunction with Dr. R. P. Howard. The body lay in bed in the same room and in the same position in which I had left it on the previous evening. It appeared very much emaciated, pale, and ill-conditioned. The marks of violence were numerous, *very numerous*, but the following recent ones were noted: a bruise in the centre of forehead, another higher up, one over the right eye, one *over* each ear, that *over* the right being several inches in area. [It cannot fail to strike the reader that Dr. Hingston *now* remembers seeing bruises which he did not remember having seen *two days after death*, and also, that in the eight months which have elapsed, the ecchymoses behind the ears have *travelled* to a spot *above* the ears, no doubt endeavouring to reach their comrades on the convexity of the hemispheres inside.] An abrasion on the right side of the larynx; an ecchymosis of upper end of breast bone, an abrasion of considerable extent over right shoulder, three bruises of right side of chest near the mamma, four of left arm, three of right thigh, an abrasion of left knee, another of left leg. In addition to these there were *numerous ecchymoses* of longer date *on different parts of the body*, they were *too numerous to count.* Some were less recent than those enumerated, others were fast fading into health; there was more skin discoloured than in its natural state.

[It is singular that Dr. Hingston managed to count the bruises, when before the Coroner, and now fails. Probably these remarkable bruises possessed the power of self-propagation as well as of locomotion, and thus the enormous increase is accounted for.]

Beneath the scalp extensive effusions of blood were found *corresponding to the injuries over forehead, right eyebrow, and both ears*, [which external injuries had no existence except in Dr. Hingston's imagination], that of the right ear extending over *nearly whole of right side of head.*

an English shilling over the convexity of the left hemisphere of the brain, and a similar one on the right; both of these ecchymosed spots or patches of *ecchymosis were in the arachnoidean cavity*, and were recent. The substance of the brain was healthy. The body presented abundant evidence of having been grossly maltreated.

The injuries to the brain, though not severe, as also *the injuries to the lungs and liver were, in my opinion, caused by external violence.* All these injuries collectively *might have* caused death—death was probably caused *by external injuries and shock* to the nervous system. This opinion is strengthened by the absence of natural causes sufficient to account for death. The maltreatment which the deceased received, even if she had not been in a state of pregnancy, *might have been sufficient* to cause death. Injuries received during pregnancy are more dangerous. I don't think that a person under the influence of liquor could have received so many injuries by falling.

By the prisoner.—Doctor, did you consider that the deceased drank liquor?—At my first visit I perceived that the deceased had taken liquor; the second time I did not notice that she had taken liquor.

The prisoner states that he has no other question to ask the witness.

This information having been read to the witness, he declares it contains the truth, persists therein, and has signed.

(Signed,) Wm. H. Hingston, M.D.

Sworn before me, Joseph Jones,

Coroner, &c. &c.

(Signed,) Joseph Jones,

Coroner.

The membranes of the brain were *pale* and healthy, an *extravasation* about *the size of a sixpence* was observed in the arachnoid sac, corresponding to the injury *over* right ear, and a similar one upon the left side. The substance of the brain, like the membranes, was pale and healthy. [The external injuries have evidently travelled and multiplied at the expense of the membranes and the ecchymosis in the arachnoidean cavity, for the former are now *pale*, and the latter, from having been originally as large as an English shilling, have now dwindled to the size of a sixpence.] Muscles covering larynx natural, larynx *and trachea* uninjured. Lungs healthy, except a small patch of congestion at lower lobe of left; there was also an old but unimportant pleuritic adhesion on this side. Heart normal, containing usual quantity of blood. Liver paler and somewhat more friable than usual; an ecchymosis about *the size of a shilling* on lower surface of left lobe. [This ecchymosis at the inquest was the size of a crown piece, and the trachea and bronchi were then congested. The change is, no doubt, due, as before, to the great increase in the external bruises.] Stomach *slightly congested* at the cardiac and pyloric extremities. [At the inquest it was *considerably* congested.] Intestinal tube empty and natural. Small ecchymosis in front part of uterus, [of course not likely to be due to Dr. Hingston's operation;] other abdominal viscera healthy. She was about four months advanced in pregnancy. After a description of the marks discovered on the body of the deceased during the *post mortem* examination, [and, I would add, during the eight months succeeding the examination,] Dr. Hingston came to the conclusion that death was probably caused by external violence, causing a series of lesser shocks to the nervous system.

Cross-examined by Mr. Devlin.—Did not believe the discolouration of the skin could have been produced by falls. They were too numerous, and most of them on parts of the body least likely to be injured by falls. A fall down stairs would not cause such appearances as he found upon the body. Would not a few blows or falls have produced many discolourations

on a person of her habits? No! no matter what her habits may have been, a blow or fall must have been received for each discolouration. They were not a few large, but a great number of small ecchymoses.

By the Court.—Had the deceased been ill-treated between twelve o'clock and nine on the day she died, death would have unquestionably been accelerated. A woman when pregnant, as she was, is more susceptible to injuries than at other times, from the exalted state of the nervous system. [Probably Dr. H. means that the nervous *functions* were exalted, unless, indeed, Mrs. Connell lived in a garret.]

Dr. Hingston was evidently aware of the discrepancies between his deposition at the inquest, and his version of his own evidence as given in the Journal, when he endeavoured to forestall criticism by saying that it was "drawn up in the language of the Coroner's clerk." In reply to this, I will simply state that the Coroner's clerk—Mr. Lionais—is not in the habit of tampering with the evidence of medical witnesses, nor are the discrepancies of a kind that could possibly arise from such a cause. It is well also to bear in mind, that evidence given at a coroner's inquest, when all the facts and details are fresh in the memory, is much more reliable than that given at a remote period of time, in a crowded court-room amid all its exciting and confusing episodes.

The discrepancy is most extraordinary with regard to the external marks, and particularly those on the head. In the evidencegiven before the Coroner, the external marks are carefully enumerated, only one instance occurring in which the precise number of marks on any part is not stated, and that instance refers to "several bruises of long standing on the left arm." Only one external mark on the head is at first described, viz.: "an abrasion about the size of a sixpence on the right temple," and this abrasion was so slight that there was no corresponding ecchymosis beneath the scalp. "*Between the scalp and the skull*" however, there were "four patches of ecchymosis" and one of these "behind the right ear" was found to "correspond to an external mark"; this latter mark being probably concealed by the hair, accounts for its not being previously observed. There can have been no external marks corresponding with the other ecchymoses beneath the scalp, or the fact would doubtless also have been mentioned; but it now suits Dr. Hingston's purpose to make them appear, and at his bidding they appear as in duty bound. Nor is it said in the same deposition that the "ecchymoses on the convexities of the hemispheres of the brain" corresponded to those behind the ears; indeed, from their positions as described they could not have done so. To effect this, however, the bruises in question have been brought up from their positions *behind* the ears to a more favourable spot *over* the ears. Neither is there any mention made in the former case of the numerous other bruises—"too numerous to count"—on which Dr. Hingston

now lays so much stress, and yet while the other injuries are detailed with such scrupulous exactitude, they could not have escaped notice.

The only inferences therefore that can be drawn from these discrepancies are, that Dr. Hingston in his anxiety to support his own side of the question, has drawn largely from his imagination, and that his evidence as reported by himself in the Journal is totally unreliable.

Let me now proceed to examine Dr. Hingston's conclusions, and see whether they are more reliable than his premises. He ascribes death to "a series of lesser shocks to the nervous system," ignoring altogether the existence of any severe shock or shocks. It is needless for me to remind the professional reader that the term "shock to the nervous system" is used to indicate a condition which does not admit of demonstration, and that the term is generally made use of as a convenient scape-goat, when a medical witness is at his wit's end to assign a sufficient cause for death. That there was much room for doubt as to the real cause of death in Mrs. Connell's case, is evident, from the fact that Dr. Howard—to whom Dr. Hingston deservedly pays a high compliment, and who performed the post-mortem examination—declined in the witness-box eight months after the decease of the woman, to give a decided opinion, unless Dr. Hingston could throw more light on the case.

Dr. Hingston takes great pains to prove that death may result from a nervous shock without any visible mortal wound, quoting from Dr. Taylor in support of his position, but he loses sight of the important fact, that the cases to which Dr. Taylor refers are those in which all the injuries hava been inflicted immediately, or a very short time, before death, such as flagellation, blows received during prize fights, &c.

It can easily be understood how a *rapid succession* of injuries should produce death by a *constantly increasing* nervous shock, but where the injuries are inflicted at intervals sufficiently long to allow of reaction, the case is widely different and not to be judged by the same rules. That this was the case with Mrs. Connell is quite evident, for some of the bruises, those on the left arm for example, "were of long standing," those "on the body and limbs," were present at Dr. Hingston's first visit, and in all probability those on the head were then present also; for there is absolutely no proof of violence inflicted upon her after that time, except taking her up by the night-dress and letting her fall back upon the soft bed; and even that, only upon the evidence of "an ignorant excited woman," whose testimony Dr. Hingston himself censures me for receiving: indeed all the evidence adduced to prove actual violence on the part of the prisoner is singularly weak and defective, the blows said to have been aimed at deceased with whips and axe-handles being all intercepted by women, who nevertheless were not injured by them. On the other hand there is abundant proof of injury from falls; for Catharine Donovan "saw her fall out of bed more than once;" she also says that "deceased fell several times when her husband was not present," and "upon one occasion after the deceased fell I saw blood come from her nose." William Tobin, also, the son of deceased, testified that on the Sunday, *two days before her death*, she fell down stairs.

Dr. Hingston's theory, therefore, of—a series of lesser shocks to the nervous

system ending in death,—is altogether unsustained by the evidence, or by the authority which he quotes in support of it; and it is much to be regretted that Dr. Hingston in quoting from Dr. Taylor should have overlooked the very first sentences of the chapter from which his quotations are taken, and where that "highest authority on legal medicine," as Dr. Hingston himself styles him, thus expresses himself: "It is important for a medical witness to bear in mind that in all cases of wounds criminally inflicted, the cause of death must be *certain*. No man is ever convicted upon mere medical probability." The Italics are Dr. Taylor's. Nothing could be plainer or more emphatic than this, and if Dr. Hingston had been guided by it in the present instance, it would have been better for his own reputation, as well as for the cause of justice.

Let us now see whether the views entertained by the medical witnesses for the defence are as devoid of foundation as I have shewn Dr. Hingston's to be. That gentleman was evidently aware of the strength of their position and of the weakness of his own, when, instead of taking their evidence itself and commenting upon it, he substituted a series of absurd caricatures and based all his remarks upon them, well knowing that the majority of the readers of the Journal would mistake them for the real evidence. And here let me inform those of the readers who have fallen into this very natural error, that the questions and answers given in large type on pages 70, 71, and 72, are the pure coinage of Dr. Hingston's own brain, and bear about as much resemblance to the real evidence given in court, as the tales of the Arabian Nights do to actual occurrences.

The medical witnesses for the defence were agreed in the opinion that death was probably due to apoplexy instead of shocks to the nervous system, and this opinion was formed after a careful consideration of all the facts of the case as stated by the crown witnesses, and was based upon what they then considered, and still continue to consider, sufficient grounds.

The first and most obvious reason for this opinion was the finding of extravasated blood on both hemispheres of the brain—two patches of the size of an English shilling. Here was a strong positive fact in favor of apoplexy, nothing less than its principal anatomical character.

The habits of the deceased, also, were such as to dispose to apoplexy; for it was proved beyond a doubt that the woman's habits were intemperate in the extreme. One witness, Catharine Donovan, stated on cross-examination that "from the 17th March till witness left the house," (a few days before the woman's death), "deceased drank all the time with the exception of two weeks;" and further that she "had seen her take half a tumblerful at a time either of whiskey or gin." William Tobin the son of deceased testified to the same habits, and Dr. Hingston himself states that at his first visit he "perceived that she had taken liquor;" and yet he asserts on page 72 that her habits of intemperance were "not proven." Dr. Hingston's notions of temperance, like his ideas of Medical Jurisprudence, are somewhat unique. If more proof of her habits of intemperance were needed, the state of the liver might be cited, and from the "considerably congested" state of the stomach, it is even probable that the woman had drunk largely on the day of her death.

The symptoms exhibited by deceased on the day of her death were more those

of apoplexy than of nervous shock. All those who saw her some hours before death, agree in saying that she was speechless, and froth was issuing from her mouth. That she should have shewn some signs of consciousness, is nothing remarkable for it is not uncommon to find a degree of consciousness present where extensive extravasation has taken place in the brain; that she was quite sensible however, as Dr. Hingston would have us believe, while she was speechless and "red froth" issuing from her mouth, is, to say the least, very remarkable.

It will be remembered also that in describing the post mortem appearances at the Coroner's inquest, Dr. Hingston stated that there was "congestion of the two bronchi, and of the lower end of the trachea," which is much more indicative of death from coma than from syncope.

The fact that deceased had taken a dose of opium, (though not entering into our calculations at the time, yet as Dr. Hingston himself has given it such prominence in his article,) must not be lost sight of, for where a strong predisposition to apoplexy already existed, as in the case of the deceased, and particularly where she was already semi-narcotized by alcohol, the administration of opium could not fail to be highly deleterious.

To sum up the arguments in favour of apoplexy, we have, then, habits of intemperance with disease of the liver; drunkeness on the day previous to, if not on the day of her death; a dose of opium within twenty-four hours of her decease; more or less complete insensibility for some hours before death, as evidenced by speechlessness and foaming at the mouth; and in connection with these, two extravasations of blood upon the hemispheres of the brain, in the arachnoidean cavity; and lastly, congestion of the trachea and bronchial tubes.

It is not pretended that a clear case of apoplexy is made out; on the contrary, it was and is admitted, that the case was one involving very great doubt as to the real cause of death, but it will, I think, scarcely be denied by any candid person, that the probabilites are stronger in favour of apoplexy than nervous shock. It was this grave doubt in the minds of the medical witnesses for the defence, which induced them to come forward in opposition to the prejudices of the public, and of all, or nearly all those concerned in the prosecution; and while they are conscious of having vindicated an established axiom of British law, which gives the unfortunate prisoner the benefit of a doubt, they care little for the sneers of disappointed counsel, or the harmless bleatings of Dr. Hingston.

As all of the medical witnesses for the defence, were more or less misrepresented in Dr. Hingston's report of their evidence, I addressed to each of them a note requesting them to hand me for insertion such corrections and remarks as they might deem necessary. The following notes were received in reply.

(*From Dr. Hall.*)

MONTREAL, April 3rd, 1860.

MY DEAR CRAIK,—

In reply to your letter requesting me to detail my evidence in Court at the late trial of James Connell for the murder of his wife, I scarcely think it worth while to do so; as although the reported evidence as given by Dr. Hingston is very much curtailed, contains some obvious typographical errors, and has been, in as

far as relates to one question alleged to have been put to me, somewhat amplified by him, it is yet sufficiently continuous to indicate the ideas which passed through my mind at that examination, and therefore to obviate any such necessity on my part.

With reference to Dr. Hingston's report of the examination of myself on page 70, I have again to repeat that it has been drawn from his imagination, but put forward so artfully as to lead to the impression that it actually occurred. I regret that Dr. H. should have selected such an occasion for a display of his ingenuity or wit, and more especially, that he did not hasten to correct the false impression made on the minds of some of the Editors of the daily Press, who accepted it as fact, and commented upon it accordingly. This, I think, as a duty to those whom he had placed in a false position before the public, he should have done. I can only explain this dereliction on the most charitable supposition, that every person does not entertain the same ideas, as to the performance of what seems the obvious obligation of one man towards another.

I remain, yours very truly,

DR. CRAIK, &c., &c. A. HALL.

(From Dr. Nelson.)

MONTREAL, April 5th, 1860.

DEAR DOCTOR:—

I have neither the leisure nor the disposition to enter into a discussion with Dr. Hingston, a man who enjoys an extraordinary capacity of drawing upon the resources of a very fertile imagination, for sustaining positions based upon false promises, as well as ignoring that the French Writers characterize a sudden stroke of apoplexy *un coup de sang*, une *apoplexie foudroyante*, or as the English Writers have it, *thunder-struck*, and too, in many cases, without leaving any vestige behind.

The pathologist in question, is advised to refresh his memory by perusing any of our excellent elementary works, for the proofs of the absence of any special lesion in many of the cases; he will, at the same time, learn to appreciate the therapeutical effects of narcotics in complaints of such tendency, and how fatal an error my prove under such circumstances.

Drs. Hall, Peltier and yourself are quite qualified, from having been present and unprejudiced in every way, of judging of the veracity of Dr. Hingston's report of my evidence, the correctness of which none but a very sprightly (*spirituel*) and visionary personage would dispute.

I am, Dear Doctor, very truly yours,

WOLFRED NELSON.

TO R. CRAIK, ESQ., M. D., Montreal.

In justice to Dr. Nelson, I must remark that he did not state that deceased died from an "apoplexie foudroyante," as Dr. Hingston reports him as having done. He merely mentioned the "apoplexie foudroyante," by way of contrasting it with congestive apoplexy which he was describing. The assertion is simply another of Dr. Hingston's fictions.

(From Dr. Peltier.)

MY DEAR DOCTOR,—

In answer to your kind note of yesterday, I have simply to state in reply to Dr. Hingston's remarks as to my opinion, that it was substantiated upon a statement written by the Coroner's clerk under the *immediate* (so I have been told) guidance of Drs. Howard and Hingston; and moreover that Dr. Hingston's wit throughout his commnication has somewhat helped him to elude the weakness of his argument.

Very sincerely yours,

HECTOR PELTIER, M.D., *Edinburgh*.

ROBERT CRAIK, M.D., Montreal, 5th April, 1860.

With regard to my own evidence I have a few words to say. In his report of it and in his remarks, Dr. Hingston eclipses all his other performances, absolutely placing no bounds to the license of his pen, and I regret to be obliged to add, that he there states what he must have known to be incorrect, when he represents me as saying that "persons receiving frequent beatings are uninjured by them, &c." What I did state, and what he has so grossly misrepresented, was in answer to a question from the judge, and which was as follows:—*Ques.* "If the prisoner had gone into his wife's room at 4 o'clock in the afternoon. making use of most violent language, and had seized his wife and raised her from the bed, letting her fall back upon it, would not such conduct have accelerated death, by producing a shock to the nervous system?" *Ans.* "In a nervous and timid woman unaccustomed to such scenes, the treatment described would undoubtedly have that effect, but in one like deceased, accustomed to habitual quarreling, the *amount of violence described*, inflicted 5 *hours before death*, would not *necessarily* accelerate that event." On being asked "whether pregnancy did not render women more susceptible of injury," I replied that, "as a general rule it did, but that there were exceptions." The reader will perceive the great difference between what I really did state, and what Dr. Hingston has absurdly represented me as stating, and will not fail to attribute it to the same motives and tendencies which have been so conspicuous throughout.

Had this article not already been extended much beyond its proposed limits, I might treat Dr. Hingston to a parody on his own evidence, when its grotesque proportions might somewhat astonish him. I might also allude to the exquisite taste he displays in the selection of his illustrations. His grief at the loss of his "dear departed Sarah Gubbins" is only equalled by his admiration for the tailor's wife to whom he devotes half a page; but as my object is merely to defend myself and my respected colleagues from an unjust and indecent attack, I shall not pursue the matter further.

I cannot close this article, however, without in conclusion, calling attention to the very peculiar views which Dr. Hingston entertains regarding the duties of medical witnesses. On page 73 he says: "But there are questions of far greater moment than the correctness of this one or the error of that. What is to be the effect upon the public of these exhibitions of contrariness?" Here we have the secret of the whole matter. It signifies not whether the opinion sworn to, be right or wrong, whether the ends of justice be maintained or frustrated, whether the life of a human being be saved or sacrificed; all is right so long as the public is satisfied! Perish forever the revolting thought, that any responsible being should thus be willing to barter both soul and body for the sake of a little transient popularity!

Montreal, April 6, 1860.

Dr. Craik's reply to Dr. Hingston closes this subject, as far as these pages are concerned. The whole subject is not worthy the space which we have permitted to it.—EDITOR B. A. J.

ART. XIX.—*Notes of a few Surgical Cases.* By J. A. GRANT, M. D., Attending Physician, General Protestant Hospital, Surgeon to the County of Carleton Gaol.

Case I.—*Scirrhus of the mammary gland, operation and rapid recovery.*

Mrs. S——, aged 40 years, admitted into the General Protestant Hospital, 28th Nov., 1859, of short stature, moderate conformation, pale complexion, married, and the mother of eleven children, the last two being twins, habits intemperate, states that four years ago, whilst interposing in a quarrel, she received a blow with considerable violence upon her right breast. After the lapse of a short time, a hard lump formed to the right of the nipple. Attacks of lancinating pain, gradually increasing in frequency and severity came on, consequent upon which she suffered much from broken rest, loss of appetite, and depression of spirits. At first the subcutaneous nodule was of very moderate dimensions, but by degrees it gradually enlarged, until the entire gland together with a great portion of the surrounding integument became implicated, also several of the axillary absorbent glands participated in the morbid change. About two months previous to entering hospital, a fissure formed at the lower part of tumour, from which there frequently exuded a thin, irritating discharge of a quasi-sanious character, and on one or two occasions, a considerable quantity of blood was lost. As Mrs. S. entered the hospital for the express purpose of undergoing an operation in order to relieve her suffering, it was determined in consultation with Dr. Hill, that the entire breast should be extirpated, which was performed in the usual way, attended by very moderate hæmorrhage, chloroform having been previously administered. The diseased axillary glands were also removed, and the integuments brought together by the requisite number of sutures, dressed with wet lint, and the patient quietly placed in bed. 5th Dec. The sutures were principally removed, and the greater portion of the wound had united by the first intention. 21st Dec. The ligatures in connection with two small branches of the superior thoracic came away. 26th Dec. The wound had almost entirely healed, and the patient left the hospital, much improved in vigor of body, and with a most decidedly beneficial alteration marked in her countenance. 24th Feb. I have been informed that she now enjoys good health, never having suffered since the date of excision from any of the former pain, but on the contrary, in possession of a vigorous digestion, and actively engaged in the performance of her household duties. The gland in this case formed a projecting tumour of a somewhat quadrangular shape, possessed of considerable firmness, with the integument hard and tense inferiorly, but more relaxed and pliable superiorly. Diameter of tumour greatest at the base, and weight 14 ounces. The retraction of the nipple, which took place some time after the appearance of the cancerous nodule, was however, highly characteristic. Being called upon six months previous to Mrs. S. entering the hospital, I was then forcibly impressed with the thin and emaciated condition of the twins, which appeared to have derived but scanty nourishment from the impoverished blood of the mother. One only survived 24 hours, and the other eked out a miserable existence, and departed

this life after a period of six weeks. According to Brickett, (Jones and Sieveking's Path. Anat., p. 655,)of 116 cases which came under his observation, 79 were married women, and 37 single; of 55 married women, 47 were prolific, many of them having borne several children, and only *eight* were sterile. Sir A. Cooper met with a case of this description, where a woman was pregnant seventeen times. The present case only falls six short of that number. From a recent and minute statistical analysis of 139 cases, by Paget, (Braithwaite's Ret., part 38, p. 229.) we observe that he considers operation in the majority of women affected with cancer of the breast, as tending to prolong life rather than shorten it, as was previously supposed. "In 75 cases where no operation was performed, the average duration of life, from the first stage of the disease, was 48 months; while in 64 cases where the patients survived the operation, it was 52. The longest lifetime enjoyed by one of the first class, was 216 months, the shortest 7½ months." Statistical information of this nature, from so celebrated an authority on pathology, is very satisfactory, still when we consider the opinion expressed by Cline, sen., Sir Ed. Home, Leroy D'Etiolle, Bransby Cooper and Brodie, on the same subject, it only tends to confirm the idea, that on such points, great care and discrimination is necessary, previous to any operative interference.

Case II.—Cancer of the lower lip and cheek: Excision.

Having recently perused an able article on the "Use and abuse of Tobacco," by Dr. Marsden, and being also previously convinced, from my own observation, of the deleterious influences it, in numerous instances, produces upon the system, I have noted the following short case being one in point, though not possessed of any remarkable peculiarities beyond its supposed origin.

Thomas McMaster, æt. 46 of large frame, thin, sallow complexion, a farmer, married and the father of a large family; his parents lived to enjoy a good old age, and never suffered from cancerous disease of any description. Admitted into the General Protestant Hospital, Oct. 12th 1859. McM. had been an habituated smoker from youth, and in fact seldom performed any manual labor without the frequent association of his *cutty*.

As years gradually passed on the attachment to his pipe became more marked and at length the structure of the posterior lateral incisors and canine teeth, in both jaws and the right side became worn away, so as to fit exactly the pipe stem which from this very circumstance came constantly in contact with one portion of his lip. About three years ago he observed the lip indurated and occasionally experienced pain of a stinging character, but of short duration. Not being aware of any abnormal change about to take place, no attempt was made to arrest the progress of disease. The mucous membrane of the lip became chapped, having as a base that portion which was gradually transformed from its previously soft and pliable condition, into a hardened texture of unmistakeable quality. He who experiences the calamitous circumstance, viz. the existence of *carcinoma* in any one portion of the organism, soon becomes conversant with the fact that with this disease, change is the law, and rest the exception. Thus it gradually increased until the whole angle of the mouth on the right side, and a considerable

portion of the cheek, became implicated, exposing to view a ragged ulcer of no moderate dimensions. Oct. 15th. The necessary operation was performed which consisted in transfixing in the usual way, and removing from the lip and cheek two V shaped pieces opposing each other. This being satisfactorily accomplished, their margins were approximated and retained *in situ* by four twisted sutures. Cold water dressing was applied and the patient ordered milk diet. The needles were removed on the fourth day, and the entire lower incision with the greater part of the upper united by the first intention. The existing deficiency was rectified by a second operation which proved entirely successful. The transverse facial having been divided was ligatured, and the threads separated on the tenth day.

The sub-maxillary glands were healthy and there was no tendency towards the development of the cancerous cachexy. Three weeks afterwards McM. was discharged. Within the last few days I have been informed that he now enjoys good health and exhibits very slight disfiguration, considering the extent of texture removed. The margins of the lips appear quite healthy, no pain is experienced, the parts possessing their requisite pliability and lubricated by healthy secretion.

Millar in his Principles, p. 31, says "It is universally received by Surgeons that these varieties of morbid growth are connected in some inscrutable way, with a constitutional affection, which is to be regarded as either the cause of the primary local lesion or its immediate and inevitable result." Our organs and organisms are formed on one general plan, still each system in itself possesses certain predispositions difficult to define. One when exposed to any undue influence, rapidly developes disease, whereas another exposed to the same escapes; thus we trace peculiarities *ad infinitum*. Tobacco in excess produces a powerfully sedative effect upon the system, which through time becomes inured to its influence, or in other words the sensibility of the system becoming obtuse is not so readily brought under its specific influence. Cancer being, according to the most recently received ideas, intimately connected with derangement of the blood, who can deny that in many instances perverted action, whether the result of alcohol or tobacco, may bring about in the extreme capillaries of a part, or even within the structure of an organ, that *peculiar state* which, when subjected to constant irritation, as in the latter case, or violence as in the former, only forwards the germs which through time were acquiring the *necessary alterations* previous to *thorough development*.

Case 3.—*Remarkable case of Foreign Body in the left Meatus Auditorius Externus for* 13 *years.*

Mr. G. æt 38 years, muscular, tall, well formed, of active business habits, and in the enjoyment of tolerably good health. At a late hour on the evening of April 18th, 1858, I was called upon to visit Mr. G., who complained of severe, dull, heavy pain in the back part of the head, and inclined to the left side, pulse full and hard, skin warm, tongue moderately furred, look of oppression marked in his countenance, slight intolerance of light, and at short intervals the expression of erratic ideas, conjunctival muc. memb. not extra vascular, bowels costive,

urine voided in natural quantity and not characterised by any abnormality. Owing to the apparent severity of the case, and the rapidity of its onset, the bowels were acted upon by an immediate enema, twelve ounces of blood abstracted from the arm, mustard synapisms applied to the calves of the legs, ice to the head and to these measures was added a brisk purgative. After the lapse of a few hours Mr. G. was considerably relieved, and slept several hours during the after part of the night. April 19th, 6 a.m.—Still complains of pain in his head, but greatly reduced as to its severity, vomited twice during the night, skin warm and moist, pulse 80 soft and compressible, tongue not altered in appearance, had three copious evacuations during the night and voided the usual quantity of urine. Ordered a blister (Emplast. Canth.) to nape of neck for eight hours, also ℞. Hydrarg, Chloridi g, xij. Pulv. Antimonialis g vi. Pulv. Cretœ, comp. g xv. Misce et divide in pulv. vi. One to be taken every two hours. 9. p. m.—The blister rose well, and he has enjoyed several hours sleep, no vomiting, and pain in head greatly improved. Ordered a saline draught, continuation of cold to head and Ungt. Hydrarg Fort. as a dressing for the blistered surface. From this date Mr. G. gradually improved, only suffering from loss of appetite, occasional giddiness and unusual depression of spirits. 30th April.—Mr. G. called at my Surgery and again complained of the usual pain and a general increased depression of the system. I had on several occasions enquired if he had suffered from any pain in his ears, but was always answered in the negative. As the case now appeared very obscure, and again tending to assume its former severe and trying character, I resolved not to rest satisfied with an ordinary examination, and after considerable persuasion was permitted to syringe both ears. Having removed a quantity of cerumenous secretion from the meatus of the left ear, I introduced a probe and to the astonishment of the patient, came in contact with a foreign substance of hard texture, pressed closely upon the membrana Tympani, which was with difficulty removed *en masse*, being nothing other than a common black Beetle, (*Elater*) of no ordinary dimensions. A difficulty now arose as to the manner in which this little animal effected its passage, and the information obtained was, that about 13 years ago when travelling in the country he had slept in a buffalo skin, and was aroused during the night by a tickling sensation in his ear, but could observe nothing of consequence. As is usual when such cases occur in the country, "*a plug of black wool and olive oil*" was at once placed in the ear. From time to time the peculiar sensation passed on until at length the parts became accustomed to this source of irritation, the animal being entombed in cerumenous secretion which proved a preventative to its decomposition. No medical advice was sought until January, 1857, when Mr. G. was attacked much as above and subjected to a course of treatment somewhat similar to that adopted by myself; no pain in the ears or deafness being complained of, an examination was consequently not made. By applying a watch to his ears I discovered that hearing was much more acute in the right, than left ear, and from that circumstance, was led to enquire into the deficiency, and not until the animal was removed, did Mr. G. recollect the peculiar circumstances detailed. Immediately after its removal an entire change was experienced, the sense of hearing was almost morbidly acute. Since that date

not the least pain has occurred in his head, and now he enjoys the comforts of health, uninterrupted by "*those ills that flesh is heir to.*"

Remarks.—The above case tends to substantiate the expressive sentiments of the learned Dr. Copland who says, in reference to pain in the head: "There is no disorder which tries the science, experience, powers of observation, and acumen of the physician more than this does, and there is none that requires a more precise estimate of the pathological conditions on which it depends, as a basis for safe and successful indications of cure."

Here is an instance of pain within the cranium, deep seated and unassociated by that feeling at the point where the morbid sensation originated. That the fibres of the portio-dura might become excited or irritated and transmit the feeling of irritation to the base of the nerve is perfectly clear, but, that the sensation of pain should originate in the ear or auditory passage without being there experienced also, appears difficult of solution. The subsidence of headache was almost instantaneous after the removal of the foreign body, and not having again returned after a lapse of more than two years, the association of these circumstances would place the source of irritation beyond doubt. During the extraction of the *Beetle*, such intense pain was experienced in the ear and head, even with the most careful manipulation, as almost to induce syncope. Pain during the operation was not felt until such time as the cerumenous secretion external to the insect, and which appeared to act the part of a false membrana tympani, was removed, and the air admitted to the proper membrane of the ear. We have the well known sympathetic pains, such as pain in the shoulder in hepatic disease; pain in the knee in disease of the hip joint; pain in the course of the genito-crural nerve from calculus in the kidney or ureter, and pain in the supraorbital nerve from ice applied to the interior of the stomach, also itching of the nose from ascarides in the rectum; the impression in each instance being conveyed along certain nerves reaches their centres, and without arousing any central irritation passes on to the vesicular termination of some other nerve whether closely or distantly distributed. With these instances of reflected pain there is most frequently associated some recognisable nidus, either tending to functional derangement or permanent organic change, but in the case in question, pain is apparently developed by peripheral derangement and only diagnosed by the detailed circumstances. Considering the vast interlacement of nerves at the base of the brain, derived from the plexuses of the vertebral, the basilar and *carotid*, mingled with threads communicating with the 3rd, 4th, 5th, and 6th pairs of cranial nerves, and others in connection with the cavernous sinus, and pituitary body there is ample room for fallacy in tracing out a supposed source of pain within this complicated bony case, to a still more complex organ the peculiar operations of which are even yet difficult to define, and when such cases as the above present for observation, no measures should be lost sight of which would tend to elucidate any existing obscurity.

OTTAWA CITY, March 20, 1860.

ART. XX.—*Hernie étranglée.—Opération suivie de phlebite.—Retour à la santé.* Par L. E. BARDY, Québec.

Elzéar Nor....., peintre de profession, agé de vingt ans, de faible constitution, me fit appeler le 20 Août dernier; je le trouvai suffrant de hernie étranglée. Ce jeune homme récemment marié portait cette hernie depuis deux ans, et à la suite de quelques efforts noctures sa hernie descendit et il ne put la réduire comme de coutume. Ce fut ce jour que je fus appelé vers dix heures du matin, je pratiquai le taxis pendant une vingtaine de minutes, sans succès et je partis. Deux heures après je revins, les symptômes n'étaient pas aggravés, j'essayai de nouveau le taxis sans plus de succès, et je repartis encore. A ma visite suivante je trouvai un changement considérable; le malade avait les traits pincés et crispés, une sueur froide baignait son corps, un malaise général s'était emparé de lui, le vomissement de matière stercorale commençait à se montrer et son pouls faible et petit battait cent à la minute. Alors j'essayai de nouveau la réduction par tous les moyens que nous fournit l'art, mais vains efforts, pas de succès. Je crus qu'il n'y avait pas de temps à perdre, je priai le Dr. Tesssier de venir voir mon malade et après les précautions nécessaires, je proposai l'opération. Un membre de la famille demanda l'avis d'un autre chirurgien et alors le Dr. Blanchet fut appelé, confirma notre jugement et le patient se soumit de suite. Il était alors dix heures du soir, le patient en position sur une table convenable fut opéré pour la hernie inguinale oblique.

L'opération fut ordinaire à l'exception de l'étranglement à l'anneau interne, dont le débridement offrit quelques difficultés. Un bistouri de Pott ne put être introduit à la partie supérieure de l'anneau, mais celui de Cooper fut poussé dans l'anneau en dehors et en bas et ce ne fut qu'après plusieurs tentatives que le débridement fut opéré, tant à cause de la grande constriction que des adhérences, alors l'intestin légèrement attiré en dehors, puis porté en dedans où il entra avec bruit. Je fis un pansement, à la hâte, un peu trop régulier et un peu trop serré et je mis mon malade au lit dans un état voisin du *diliquium animi*; je le vis deux fois pendant la nuit et chaque fois dans le même état alarmant. Vers huit heures du matin je le vis avec mes confrères; la réaction s'était faite, son pouls battait soixante et quinze et tout allait pour le mieux; dans la matinée il eut une selle copieuse à la suite d'une dose de chlorure de mercure et d'un clystère.

L'amélioration se fit ainsi pendant trois jours au point que la plaie se trouva guérie par première intention; mais le quatrième la plaie offrit de l'œdème et beaucoup de sensibilité, le pouls battait quatre-vingt-dix, il y avait de l'inappétence, la langue était visqueuse et il y avait dans les traits du malade quelque chose de particulier outre une couleur jaunâtre de la peau. On prescrivit des doses sédatives à l'intérieur et puis des cataplasmes emollients sur la plaie. Du cinquième au sixième jour il y eut exacerbation marquée; malaise général, insomnie, céphalalgie, sueur froide avec intermissions de frisson pendant la nuit, le pouls battait plus de cent, la langue et les lèvres étaient couvertes d'un enduit visqueux et fuligineux, les selles grisâtres et mal élaborées, les urines rares et la plaie toujours œdemateuse sembla présenter un peu de fluctuation.

Enfin, le septième jour, parut sur tout le corps une éruption pustuleuse; la plaie un peu moins sensible offrit de la fluctuation bien distincte, s'ouvrit à la palpation et déchargea un pus sanieux et abondant et d'autres abcès se firent sur différentes parties du corps. Avec un tel ensemble de symptômes le doute n'était pas permis, nous avions affaire à une phlébite, nous prescrivîmes du chlorure de mercure et de l'opium des potions dinrétiques et puis des cataplasmes emollients sur la plaie et sur les abcès. Je vous ferai grâce de la marche de la maladie et du traitement, je vous dirai seulement que les exacerbations eurent lieu jusqu'au vingt-cinquième jour que la rémission s'est montrée et que le patient est entré en convalescence que trente-trois jours après l'opération, que ses amis ont à présent peine à le reconnaître tant il est frais et bien portant.

J'avais déjà vu des cas de phlébite, mais à l'exception des cas de phlegmasia alba dolens, je puis dire avec assurance que je n'ai jamais rencontré un cas si bien marqué.

Québec, 25 Janvier 1860.

LONDON CORRESPONDENCE OF THE BRITISH AMERICAN JOURNAL.

No. 1.

When I read the announcement in the number of the *Medical Chronicle* for May 1859, that it was to be the last, I was seized with an amount of gloom and despondency in relation to the question of Medical Journalism in Canada, that continued most persistently, until the first number of the *British American Journal* was placed upon my breakfast table. The lethargy of disappointment, consequent upon the thought, that the profession could not support a single journal, vanished, when the well known face of one was recognised which originally commenced its career when I was a pupil. Old associations, old friends, and familiar faces, were brought back, in pleasing array before my mind; Canadian reputation was retrieved, and I felt I could again speak of an organ which was the representative of the Canadian Profession. My humble efforts as an old Canadian Student seem to have been appreciated on the other side, and were kindly spoken of in Dr. Campbell's able address delivered before the Graduates of McGill College in May 1859. If agreeable therefore to your (I hope) numerous readers, I purpose from time to time as my few moments of leisure may permit, to resume my letters, trusting that every indulgence will be accorded to any of my errors of omission or commission.

In fulfilment of a promise previously made, I must refer to the subject of Harvey's bones. Owing to the difficulty of readily reaching Memel-Hempstead in Essex, I have been unable as yet to carry out my plan of a visit to that place, but still have it in contemplation. This point is however settled, Harvey is to remain where he is, for the college of Physicians have declined in any way to interfere with his remains. Apropos of the College, it is just now making an effort to obtain the privilege of returning one of its own body as a Member of Parliament, and its wishes in this respect will be gratified in the forthcoming Reform Bill.

Since the passage of the *Medical Act* things are looking up, there is a healthful tone creeping into the profession, and after a while harmony and good feeling will generally prevail. A large number of quacks and other impostors have already disappeared, and as soon as the necessary funds are forthcoming a host of prosecutions will be instituted against the members of that fraternity. Persons practising homoeopathy come within this Category, but in the majority of instances, the practitioners of this erroneously called Art, are duly qualified. A fact has however come to light that many individuals do become homoeopathists, and yet prescribe good rattling doses of allopathic physic. And what think you is the explanation given of this? why, that owing to some change in the human constitution, the small globules are not so successful as they used to be!!! I had long prophecied that homoeopathy would come to an end after it had had its day, and it seems likely to be verified ere long.

I am not aware whether you keep any College Journal for the doings of your Canadian Graduates, if not you ought to do so, as it is likely to prove useful to those who may come after us. Here are two or three items which might serve for notice. I believe that I am the first Canadian who became a member of the London College of Physicians, and certainly the first McGill graduate. This was in August last. Being anxious however that others should follow my example, I induced Dr. Badgley to join the College and he did so, and I further succeeded with my friend Dr. Logan, who was elected a Member on the 28th of February. The college therefore numbers three Canadian Physicians, and perhaps I should include Dr. Maclouglin who is a Canadian, but he joined the college subsequently to myself. Luck appears to be following in the footsteps of the College, for they have discovered their long lost original charter, granted by Henry the Eighth, with a great big seal in green wax, nearly eight inches in diameter. A drawing of the latter appears in the Medical Times and Gazette of the 3rd of March. Such a document as this will be of value to the college as an historical relic of great interest. All old documents are much prized in this country, and are preserved with care. I have succeeded in obtaining a most perfect parchment Lease granted in the early part of the reign of George II, with the portrait of that King and other matters beautifully engraved at its upper part. I purpose presenting it with other things some day to the Museum of the Natural History Society of Montreal.

The mention of the Society leads me to say a word or two about the *Canadian Naturalist and Geologist* published under their auspices. If the Editors ever expect their Journal to succeed in obtaining a large circulation, they must make it a little more popular. Whilst I fully acknowledge the value of the scientific communications which appear in its pages, there should be a mixture of the popular, some thing to take with a general reader, who may not be *up* in either general or natural science. It appears to me that an effort should be made to encourage and not to discourage contributors. As mixing with various literary and scientific personages here, I have had the remark made to me, that "surely the Canadian Naturalist cannot be a popular Journal in a new country, with so much dry scientific detail, only interesting to the masters of the science." However I merely state the fact, and would observe that if it is not possible to make

the Journal more popular, then an effort should be made by the Society to publish it, and send it to their members for their subscription, as does the Canadian Institute, which stands very high in the estimation of many scientific men in this Metropolis. The first volume of the Canadian Naturalist, edited by Mr. Billings contained an immense deal of popular and valuable matter of interest to every one. If we take "*The Geologist*" a popular Monthly Magazine published here at a shilling, as an example, we find it has an enormous circulation, upwards of 2000, and although it is tolerably popular, its readers want it to be more so, in rendering the science of Geology easy to the most simple minds. If that is necessary here it is doubly so in Canada, because collections are as yet few out there. There should be a fair sprinkling of Natural History with Geology, in the Montreal Journal.

Everybody is getting his wine cellar put in order, in anticipation of the great influx of French Wines shortly expected. Already the price of those in hand is beginning to fall. And it must be confessed that however pleasant a good glass of beer may be, a glass of nice light wine is not only better, but lays more comfortably in the stomach, at the same time not taking up so much room. I do not know of any class of persons who will benefit more from this change than the sick. In some of the hospitals wine is freely given, in others sparingly on account of its cost, but now price need not be an objection, and it will no doub be freely ordered in cases requiring it, which are very numerous in such a city as London.

A present of some specimens of *Chimney Sweeper's Cancer* was made to two American Physicians who were at St. Bartholomew's Hospital some months back. This form of cancer is extremely rare in America because the profession of a chimney sweep, although it must exist in that favoured part of the world, yet is practised differently to what it is in this country. It may depend upon the fact, which, by the bye was stated by one of the American gentlemen, that in the States, Anthracite Coal is burnt, which does not form so much soot. Mr. Stanley excised a portion of the scrotum of a stout chimney sweep about 35 years of age, which consisted principally of two ulcerated nodules. These he afterwards separated and gave one each to the Physicians named, who told the operator they would preserve them as presented to their Museums by him. There was a good deal of fun and laughing about all this, for Mr. Stanley was uncommonly facetious, more so than is usually his custom. This probably will be the first intimation that the favoured colleges may receive of the valuable donation to their respective museums.

The profession have not as yet got over the sudden death of poor Dr. Todd. The circumstances of his death are no doubt already known to your readers, namely fatal hæmatemesis, from disease of the liver and kidneys. But I may mention one fact regarding him that has not appeared in print. It seems that about six years ago, owing to the state of his urine, which he found to be occasionally saccharine, he mentioned to a friend of his, that he thought he might live six years longer, and curiously enough, his words have become verified. During that time, however, he set to work and completed his Physiological Anatomy, his Cyclopoedia of Anatomy and Physiology, and his three volumes of Lectures, the

last of which, namely the third volume, although he had corrected the proofs, was not out at the time of his death. My work on diseases of the Throat and Windpipe was dedicated to him, and was only out two days after his death. I attended his funeral in common with a large number of friends, and as no opportunity was permitted me of presenting him with a copy of my book when living, I followed his remains to the grave in Kensall Green Cemetery with one in my hand. His loss will be long and deeply felt, and his like we may not see again in our generation. I have had many conversations with him on various subjects, and I remember well some years back, his asking me the question where I believed the mischief to lie in Diabetes, and I told him unquestionably in the stomach, an opinion in which he was disposed to coincide, and one which is not shaken by any of the recent glucogenic discoveries.

I have recently brought the *Sanguinaria Canadensis* before the profession in this country, in a lengthened paper read at the Medical Society of London. Abstracts of it have appeared in the Journals, but it will appear *in extenso* in three parts, in three Journals; that on the Description, Composition and preparations has already appeared in the Pharmaceutical Journal for March, and as there is a good deal of new matter, together with the first regular qualitative analysis of the plant, as arranged by myself, it is worthy of the attention of your readers. I shall refer to the subject in my next letter, which will be very shortly.

London, March, 5th 1860.

REVIEWS, &c.

ART. XXI.—*A Practical Treatise on Fractures and Dislocations.* By FRANK HASTINGS HAMILTON, M.D., Professor of Surgery in the University of Buffalo, Surgeon to the Buffalo Hospital of the Sisters of Charity, &c.

Sydney Smith's remark published some years ago, to the effect that the United States had not up to the period of his writing, produced an individual distinguished in the Arts or Sciences, including Medicine and Surgery, would not bear repetition in the present day; for leaving the other branches to take care of themselves, we can safely say that our brethren have made rapid and marked strides in the different branches of Medical Science, and at this moment the United States can produce surgeons and physicians equal to any in the world. Amongst those who have recently laboured with the greatest zeal, and with a corresponding degree of success, to advance our noble profession, and to contribute to its usefulness, few have surpassed, perhaps not equalled, the eminent surgeon whose work is now before us,—and we may, at once, inform our readers that we have never perused a treatise on any branch of medicine, that shows signs of greater industry in the collection, arrangement, and appreciation of facts, combined with practical knowledge and personal experience.

There is hardly a subject touched on, to which he has not brought something worth relating, derived from his own observation, and it is this combination of literary research with clinical observation that renders his treatise useful not only to the learned surgeon, but invaluable also to him whose avocations and opportunities oblige him to follow his profession in a less scientific, but not less useful manner, as a practical art. A practitioner of the first class will be pleased, and surprised, at the extent of Dr. Hamilton's researches not merely in the literature of his own country and of Europe, but, as we shall presently see, his prying curiosity has carried him into regions not often traversed, even into our very midst, and some of us are called upon to explain statements uttered at random, and evidently without sufficient foundation.

In the limits to which we are necessarily confined, it would be impossible to give more than a short notice of this work, and we shall restrict ourselves chiefly to those portions of more immediate interest to our readers, particularly those practising in country parts, where access to books is difficult, and assistance from an experienced brother practitioner, sometimes not to be procured. We do not intend entering those regions of controversy so pleasant to wander over in the seclusion of the study, but we will, in preference, allude to some passages which we hope will be found useful to the busy surgeon in country practice who is naturally more thankful for a few practical hints, than for any of those refinements of diagnosis which he does not expect to be ever called upon to put to the test, and to whom a simple plan of putting up a broken bone is more valuable than all the writings of Astley Cooper, or R. W. Smith upon the amount of shortening of intra-capsular fractures of the thigh bone,—a point not yet agreed upon—or whether such intra-capsular fractures ever unite by bone, or always by ligament. We say such questions are of little use to the general practitioner; they have occupied the attention, and no doubt will continue to occupy the attention of those connected with large hospitals, and who have large museums and cabinets to furnish material for the discussion of their peculiar doctrines. With such subjects we do not at present intend meddling.

Let us commence with fractures of the clavicle, an accident of frequent occurrence and generally deemed of a trivial character, yet it is sometimes the cause of much suffering, as in the remarkable instance of the late Sir Robert Peel, whose peculiar susceptibility to pain and extreme irritability of nervous system prevented his medical attendants including Sir Benjamin Brodie making a satisfactory examination of his case, and it was not till after death that they discovered that a fracture of the collar bone, and a few other trifling injuries had been sustained. The public and the profession were alike surprised to learn that a few injuries of an unimportant nature had caused the death of a strongly built man, in the prime of life, and who was supposed to be endowed with more than average vigour and physical endurance. How thankful we should be that we practise at a period when such an idiosyncracy could not interfere with the safety of the patient, for chloroform would disarm him of his fears, and his morbid sensibility would be calmed by the influence of that anæsthetic, to a degree sufficient to admit of his injuries being carefully investigated, and the proper treatment for their cure employed.

On the other hand, we have known individuals undergo but little inconvenience from this fracture. We recollect the case of a distinguished Dublin surgeon who went about visiting his patients with the arm in a sling, and when interrogated about the nature of his injury, used to give an evasive or jocular answer; to his friends he admitted that having always failed in producing co-aptation and union of the fragments without deformity, he had no idea of submitting himself to the torture of straps, pads and bandages in an attempt to effect in his own person what he had always failed to accomplish in his patients; that he believed we should succeed quite as well by keeping the forearm supported in a sling and by avoiding unnecessary motion of the fragments, as by the application of the most complicated apparatus and the enforcement of the most rigid rules for rest, position, &c. A friend of ours told us of a case in point. He had admirably adjusted the fracture of the right collar bone of one of his patients. Calling at his house a few days after, he was told that his patient was out on the farm. Our friend went to see him, and to his surprise found him *mowing*. Yet at the end of a month the bone was quite consolidated with, of course, the usual amount of deformity, although the patient had not followed the directions of his surgeon,—except for the first twenty-four hours.

Our author cites numerous authorities to show that a certain amount of deformity usually follows the best devised plans for the treatment of this accident. As an illustration of the pains he has taken to elucidate his subject we may mention that he has given no fewer that eleven woodcuts representing the apparatuses that have been, from time to time, recommended for keeping the broken ends in apposition.

The various fractures of the humerus are well described, and our author's views are well worthy the attention of the practical surgeon; we regret we cannot do more than allude to them. In an able article on fractures of the neck of the thigh bone, Professor Hamilton enters into a warm controversy with the assailants of Sir Astley Cooper, and defends that distinguished surgeon from some charges of inaccuracy brought against him by subsequent writers. Fractures of the shaft of the femur are well described, and the anatomical nature of the injuries and the apparatuses employed by various practitioners are illustrated by forty-nine well executed wood cuts. We have every variety of apparatus from the plain and according to our judgment, best) splint of Dessault, to the elaborate and expensive one of Tiemann. In this collection we find the instruments of surgeons of repute only: Professor Hamilton has done well not to crowd his book with every bit of carpenter work that has been put before the public, and lauded as Mr. So and So's Splint—or the Splint called so and so after its inventor," or as we recently saw the "Splint that goes by my name"—a very modest way of introducing a useless machine to notice. Mr. Syme lately put some eminently practical views on record, in relation to this subject. He showed that the old Dessault's splint, made long enough to reach to the thorax, was a more useful apparatus than a very expensive one sent to him from the United States, which could not be purchased for less than £7. Any carpenter can make an excellent Dessault splint in half an hour, out of a deal board, and this is the sort of splint we have used for years, and we may say, with some degree of confidence, more

extensively than most surgeons. But there may be those who prefer a more complicated instrument; to such we say, consult the work before us, and there you will find variety enough.

Professor Hamilton discusses the subject of shortening of the limb after fracture of the shaft of the femur and admits, what every one conversant with the subject will allow,—the great difficulty of preventing it. Dr. Gurdon Buck o New York has published an able article on this subject and shows by the treatment he adopts, that shortening to the extent of half, or at most three quarters of an inch, was the fortunate result. Some surgeons, however, not content with such good luck have stated that they have invariably been more successful, and as a consequence claim for their particular plan of treatment a proportionate degree of credit. Thus Dessault, according to Malgaigne "pretended to cure all fractures without shortening," but Bichat says positively, that Dessault himself did not always prevent the shortening of the limb; but admits that he has cured, at the Hôtel Dieu, a vast number of fractures of the os femoris, without the least remaining deformity." Whether oblique or transverse, is not however mentioned, an omission too important to be passed over without notice.

We were surprised to find that our author has not collected the particulars of more than ten cases of fracture of the os hyoides, though he has "examined the writings of American and European authors;" of these, three were produced by hanging; three by grasping the throat between the thumb and fingers; three by direct blow, or by falls upon the front of the neck, and one by muscular action. "The observation of Mr. South that fracture of the bone is almost invariably found in persons executed by hanging, is probably incorrect since although a large proportion of these subjects are submitted to dissection both in this and other countries, yet I know of but these three examples which have been published." Dr. Gibb of London, and formerly of this city, states, in his recent work on the Larynx, that he has met with four cases of fracture of the os hyoides, and that this bone escaped injury in one of the recent cases of hanging that occurred in London.

Our space does not allow us to do more than allude to the second part of this excellent work, viz., that which treats of Dislocations. The same pains-taking research is noticed here that so strongly characterizes the chapter on fractures, and similar expense has been incurred in furnishing the reader with numerous and admirably executed illustrations. We meet amongst them a few familiar faces; for example, that very plain woman whose jaw-bone has been dislocated—and whose features are known to all who have perused the recent manuals of surgery. This part of the work ends with short descriptions of congenital dislocations. We were rather disappointed at not finding any notices of the labours of the Professor's, country-man, Carnochan of New York—in the chapter upon congenital dislocations of the hip, but perhaps it is *partout comme chez nous*. We confess we were disappointed, at this omission, for if Dr. Hamilton had not displayed so great an acquaintance with all that has recently been written in these matters we might have regarded it as accidental. In conclusion, we have great pleasure in recommending to our readers this excellent treatise, which will well repay a careful perusal, and will serve as a safe and valuable guide in those embarrassing cases which occur to the best of practitioners.

ART. XXII.—*Contributions to Operative Surgery and Surgical Pathology*, by J. M. CARNOCHAN, Professor of Surgery in the New York Medical College.

In the present number of this Journal we have borne testimony to the high attainments of an American Surgeon, we have cheerfully recognized the position he has attained by his learning, industry and skill, and it is now our duty to bring before our readers the labours of another American Surgeon whose rising reputation reflects credit on his country, and promises great benefits to our profession, in the advancement of which he has taken much interest, and has been rewarded by a well earned reputation. In a Volume of a former series we drew the attention of our readers to the work on Congenital Dislocations of the Head of the Femur, then published by Mr. Carnochan. We expressed our opinion candidly of the merits of the treatise, whilst we pointed out what we considered its blemishes. We particularly alluded to the fact that the labours of Mr. Adams, of Dublin, were completly ignored, and that the assertion that the subject had not attracted the attention of British Surgeons could not be maintained, unless a "medical repeal of the union" prevented the Irish practitioner from participation in the medical reputation of the Sister Isle. We have to notice again the want of any allusion to Mr. Adam's paper in the brochure under consideration. The writings of Dupuytren, Bravaz, Breschet and others are freely quoted and the inference left to be drawn is, that the English language is barren of any treatise or memoir on the subject, a desideratum supplied by Professor Carnochan. Now, we have no hesitation in stating that we knew as much on this matter before Mr. Carnochan published his first case in the Lancet in 1844, as we have learned from his treatise published in New York, and from the beautifully illustrated work lying before us. We do not write in a carping or fault-finding spirit, but inasmuch as we censure one author for putting his treatise before the profession without any allusion to the labours of Professor Carnochan, we blame the latter for similar neglect of the investigation of writers with whose contributions to science it is almost impossible to suppose him ignorant. If there is not much originality in this essay, the views it contains are amply illustrated by well executed lithographs, and the descriptions are clear and interesting. We will reserve our remarks upon our author's pamphlet on the Restoration of the Upper Lip till our next number.

ART XXIII.—*On diseases of the Throat, Epiglottis, and Windpipe, including diptheria, nervous sore throat, displacements of the cartilages, weakness of the voice and chest, their symptoms, progress and treatment.* By GEORGE D. GIBB, M. D., M. A., M. R. C. P. L., &c., Physician to the St. Pancras Royal Dispensary. London: John Churchill, 1860, Royal 12mo. p.p. 182.

This is the third work within a few years from the pen of the same author, the first having been "a treatise on Hooping Cough," and the second, "a

treatise on morbid states of the Urine." The present is a manual which is obviously intended to supply a desideratum in medical literature, upon a most interesting class of diseases, which are too common, productive frequently of very serious consequences, and which have in their totality, scarcely yet received that attention which their importance unquestionably demands. The author in his Preface remarks, "I have frequently experienced the want of a work "specially devoted to such a subject, without the necessity of being obliged to "refer to the larger and more elementary works on disease; for with the exception "of Ryland 'on the Larynx and Trachea,' (long out of print) there was no "smaller manual that would furnish much information in 'a small compass.' "The present work is intended to supply this deficiency."

The diseases of Phonation are described under the three following heads:—

1. Suppression and loss of voice, aphonia.
2. The sore-throat from oratory, and singing.
3. Weakness of the voice and chest.

In chap. vii., p. 53, in speaking of the loss or derangement of the vocal apparatus, from long continued tension of the vocal chords, it is stated, "Orators, public speakers, lecturers, clergymen, singers, and others, whose use of "their voices may be carried beyond what is their average employment "among mankind. Habit and custom do much in such persons to render "the majority of them free from any disease or inconvenience. In others, "again, although such an immunity may be acquired, yet from various causes, "there is a tendency towards congestion and irritation of the vocal organs, "which when fairly initiated and allowed to proceed, give rise to great inconvenience and mischief," and in concluding he remarks, "the importance of the "subject discussed in the present chapter is such, that its consideration might "well have been extended, but enough is stated to render it clear, and at the "same time prove a useful guide to this form of throat disease when encountered." p. 56.

The author has devoted the thirty-two chapters comprising his work, to diseases generally affecting the throat and windpipe, leaving out certain injuries liable to occur from hot and corrosive fluids, the influence of various medicinal agents, &c., &c. He remarks in his preface, "these together with any existing imperfections, it is my intention to supply on another occasion should "my present efforts meet with approval." We certainly wish him success, and judging from the tone of the work, we have no doubt of his being well supported, indeed a careful perusal of this little book will be found of advantage in practice. The author proposes some new methods of treatment, "more "particularly in croup, in this last, as a substitute for the almost invariably "fatal operation of tracheotomy," Reference is here made to the recommendation of a strong decoction of senega, in the secondary stages of this serious disease. On this subject it is remarked, p. 110, "with respect to the operation "of tracheotomy for croup, I have now seen it done in some few dozens of "cases, and with a few exceptions all died," and at page 112, "I am free to "admit that the operation has saved life in a few instances," and again, "emetics of a strong decoction of senega, are what I have used in des-

" perate cases. In three instances that were looked upon as utterly hopeless, " and too bad almost for tracheotomy, the strong decoction of senega saved life, " expelled the false membrane, prevented its re-formation, and a cure resulted."

Tracheotomy has seldom been resorted to, but under the most unfavourable circumstances, after all other treatment had been tried in vain, and where death was impending from asphyxia. French surgeons of whom we may name M. Valliex and M. Bricheteau, have succeeded in saving 17 out of 54 cases operated upon, the opening of the trachea having been made at the last moment. Successful cases of tracheotomy in pseudo-membraneous croup are not rare. The operation is, however, the last resource, and we certainly question the true value of the senega as its substitute. The author describes two rare forms of surgical accident in chap. xxxi. p. 169, "fractures and dislocations of the tongue bone, or os hyoides," instances of the latter of which have come under his observation.

In the sketch which we have given of some of the most prominent features of the work, we find it one to which it is impossible to do full justice. It is eminently practical in its aim, and this point has been well carried out. It is a good manual on the subjects of which it treats, and will amply repay perusal. The typographical execution of the volume is in Churchill's usual style of excellence.

ART. XXIV.—*The Physician's Pocket Memorandum for* 1860, by C. H. CLEAVELAND, M. D., Cincinnati. R. Franklin, Printer, 1860.

We acknowledge receipt of a copy of the above mentioned Manual. In its object it is similar to those published by the Philadelphia house, and which we have used for several years with advantage and relief from extra labour. The present, however, differs from those which we have seen, in containing a classification of medicines, abbreviation of terms, &c., &c., with several other articles, the most of which are not of moment to the educated practitioner however well they may answer the purpose of filling up. The Journal is arranged for 60 daily patients, and although we think that it contains many things superfluous there are none which may not be of advantage to the junior practitioner.

ART. XXV.—*The Chemist and Druggist, a monthly trade Circular.* London, vol. 1, No. 6. By James Firth, London.

This is a monthly serial, the sixth number of which lies before us. A part is devoted to scientific matters connected with Chemistry and Pharmacy; to abstract specifications of patents, with a list of patents, and the remainder to druggists current trade lists, with business advertisements. It is a work which promises to be of great value to the druggist, and should be in the possession of every one following that branch of business.

PERISCOPIC DEPARTMENT.

MEDICINE.

ON INFLAMMATION OF THE THORACIC DUCT.

By Dr. J. Worms.

The occurrence of this disease has been anatomically proved by Andral, Gendrin, and Velpeau. Dr. Worms has had the opportunity of observing it in a man, forty years of age, in the military hospital of Gros-Caillou. The patient was aroused, in the night of the 15th December, 1858, by a violent pain seated deeply in the abdomen, and radiating toward both sides; during the following days, this pain subsided somewhat, but violent fever set in. On the fourth day acute pain in the muscles of the fore arm supervened the member becoming red and swollen; then the thighs and the calf of the legs became equally painful, and the evil increased from day to day.

The patient entered the hospital on the 25th of December; the sclerotica was slightly icteric; the lips, tongue, teeth, and skin were dry: the pulse full; hard, and 80 in the minute; the abdomen tympanitic, but not painful. The left arm could not be moved; the anterior and posterior side of the fore arm was the seat of considerable tumefaction, and of intense pain. The superficial veins of the whole limb were much distended and painful on pressure; they presented the peculiarity that it was impossible to make the blood which they contained progress toward the shoulder; while, on the contrary, less resistance was encountered in making it go toward the back of the hand. This circumstance led to the supposition that an obstacle existed to the venous circulation; in examining the whole venous system carefully, no hardness was found except in the left subclavian, which was hard, and rolled underneath the finger. All the other large veins were much distended, and the patient complained of an almost intolerable pain which exactly followed their track. The patient was treated with sulphate of quinia in combination with camphor, in order to combat the general septic condition, and applications of camphorated alcohol were applied to the tumefied arm.

On the twenty sixth, an aggravation of all the symptoms had taken place; the emaciation had made rapid progress; the patient's look was unsteady; the sclerotica was much more icteric, and the patient was in a state of drowsiness, when not aroused by words. The swelling of the arm was much increased.

During the following days the patient became gradually worse; the icterus became general, and assumed a shade aproaching to green; the intellect was troubled; the evacuations became involuntary, and convulsive movements of the muscles of the lower jaw supervened. The patient died on the thirtieth of December.

Autopsy.—All the tissues of the left arm were coloured yellow the aponeurosis was sheathed with an organized fibrinous exudation; all the veins were distended by viscous blood, which was completely discoloured, and resembled clear bile. From its passage on the first rib to its junction with the internal jugular, the left subclavian vein was very adherent to the surrounding cellular tissue, and was obliterated by a yellow and hard fibrinous clot.

The whole venous system was distended with uncoagulated blood, and the intestines were much distended by gas. About the cæcum, and in a portion of the ascending colon, deep ulcerations of the isolated follicles existed, without the glands of Peyer being enlarged. The spleen was triple its normal size, and its tissue reduced to a pulpy mass.

The entrance of the thoracic duct into the left subclavian vein was surrounded by an

indurated cellular mass; the duct was filled with a large quantity of phlegmonous pus; the receptaculum chyli measured five centimetres in diameter; its walls were coloured light yellow, and adhered to the surrounding cellular tissue; the tunics of the whole duct were thickened, and quite opake, the internal coat was softened, deprived of epithelium, and presented small and red ecchymotid spots.

The vertebral column was healthy. Numerous swelled glands surrounded the receptaculum chyli; some of the lymphatics joining it also contained pus. The glands from which these vessels proceeded were white and softened in the part in which the lymphatics originated; the opposite part was hyperæmic and harder. The other viscera, and especially the liver and biliary ducts, presented nothing remarkable.

As there is no reason to assume that the pus was carried into the thoracic duct by one of the branches which unite to form it, the disease consisted evidently in a true lymphangitis of the thoracic duct, and of the receptaculum chyli. The inflammation was propagated to the subclavian vein, and caused there the formation of a clot, this explains the symptoms of stasis of the venous blood in the upper extremity of the left side. In regard to the intense icterus which supervened during the last days, M. Worms looks upon it as a general ecchymosis, produced by the alteration of the blood which was not renewed any more by lymph, and by the stagnation of the circulation caused by a physical obstacle; the icterus had been thus produced without any participation of the liver. —*Gazette Hebdomadaire.*

BRONZE-SKIN DISEASE, WITH PHTHISIS—DEATH—AUTOPSY—DISORGANISATION OF BOTH SUPRARENAL CAPSULES.

(By Edward B. Gray, M.B. Oxon.)

The recognition of this disease is an event of such recent date, our knowledge of its pathology so imperfect, and instances of its occurrence are of such comparative rarity, that any addition to the number of recorded cases willl doubtless be acceptable to the Profession.

It is with this belief that I offer for publication the case of A. P., a labouring man, 47 years of age, admitted into the Radcliffe Infirmary on October 19, 1859, under the care of Dr. Rolleston.

Symptoms.—He was then complaining of loss of appetite; frequent vomiting; obscure, though sometimes very severe pain across the belly, and extreme prostration of strength. His pulse was regular, but extremely feeble; urine and fæces normal; emaciation considerable; face pinched; lips and conjunctivæ bloodless. The skin of the whole body was of a tolerably uniform dusky-brown colour, sufficiently striking to elicit the prediction that after death disease would be found in the supra-renal capsules. Odour of his breath and skin most offensive. Careful examination could detect nothing amiss in the chest or abdomen.

History.—From the time of admission the prostration of his mind was so great that he was unable to tell us much of his history. The following facts, however, seemed clear, —that for the last few months, while gradually losing strength, flesh, and appetite, he had suffered more or less from vomiting and pains, sometime in the belly, sometimes in the loins; that he had had no cough or diarrhœa. He had not noticed whether, since his illness, his skin had become of a deeper colour.

Treatment.—This consisted of sedatives and stimulants in such quantities as his irritable stomach could bear. No improvement took place; and he died quietly on October 24, five days after admission.

Autopsy.—At apex of each lung were a few very small cavities and some calcified tubercles. The remaining portions of both lungs, through their entire extent, were thickly studded with small, recent, miliary tubercles, the intervening lung tissue being healthy.

Both supra-renal capsules were enlarged, and their proper tissue replaced entirely by yellow cheesy tubercle. Brain, heart, liver, kidneys, spleen, pancreas, and intestinal canal were healthy and free from pigmentary deposit.

Remarks.—1. This case tends to confirm what has been stated to be generally true of this disease—viz. that the extent of skin discoloration generally bears proportion to the extent and probable duration of the capsular disease. In the above case, total discoloration of skin coincided with abolition of function of both capsules. 2. A remarkable feature in this case was the latency of the lung mischief, rendering it inappreciable during life. The records of this disease seem to show that this is not an unusual occurrence. On examining accounts of twenty-two cases, collated by Virchow, in which bronze skin was associated with capsular disease, I find that in ten cases the disease affecting the capsules was tubercular; that in eight of these ten there was coincident tuberculosis of the lungs; but that among these eight cases only two are mentioned as having evinced the usual symptoms of tuberculous lungs during their lifetime.—*Medical Times*, March 10, 1860.

FARADISATION OF THE DIAPHRAGM IN ASPHYXIA FROM CHLOROFORM.

By Dr. Friedberg.

A boy, aged four years, inhaled chloroform from a sponge prior to undergoing an operation for the removal of a small tumor of the lower eyelid. At most ʒj. was employed, and in less than two minutes alarming appearances were produced. The pulse had become very small, the respiration consisted only in a short, rattling inspiration, the face was livid, and the limbs were relaxed. Windows were opened, cold water was sprinkled on the face, ammonia was applied to the nostrils, and a small sponge was carried down to the epiglottis, in order to remove any mucus and to endeavour to excite coughing—the thorax being at the same time rubbed, and sometimes dashed with cold water. These might have been employed for two or three minutes, when a further change in the child's condition was observable. The pulse had now quite ceased, the countenance was that of a corpse, and the lower jaw had dropped. When the eyelids were separated to examine the pupils (which were dilated), they remained gaping. As no time was, evidently, to be lost, the author had recourse to artificial respiration. He did not endeavour to induce this, however, by the insufflation of air, regarding that as a very uncertain procedure. The methodical compression of the abdomen is a much better one, and was executed. While an assistant compressed the abdomen with both his hands beneath the navel, in order to prevent the viscera receding below, the author pressed the upper portion of the abdominal walls towards the diaphragm, removing the hands then immediately, in order to allow of the expansion of the lungs. This rhythmical procedure was kept up for about three minutes without any appreciable advantage. A complete relaxation of the diaphragm, in fact, existed, as there was neither resistance offered by it to the passage of the hand or any subsequent vaulting of the epigastrium. It was now resolved to Faradise the diaphragm, in order to induce its contraction. One of the conductors of Bois Reymond's induction apparatus was applied over the phrenic nerve (where the omohyoideus lies at the outer edge of the sternocleido-mastoïdeus), and the other to the seventh intercostal space, pressing this latter deeply towards the diaphragm. The Faradisation was performed sometimes on one side and sometimes on the other, the stream being interrupted ten times on the contraction of the diaphragm giving rise to vaulting of the epigastrium, a short sob occurring at the same time. The Faradisation being now suspended, a slight spontaneous inspiration occurred, which was followed by a second and third, and a temporary reddening of the face, the pulse also becoming perceptible. Compression of the abdomen was again resorted to, the tension of the diaphragm now offering its proper resistance. The attempt to suspend the com-

pression at the end of ten minutes of its employment was attended with an immediate enfeeblement of the respiration and pulse. It was therefore resumed for another ten minutes, the extremities being also rubbed, the face sprinkled with water, and ammonia applied to the nose. The recovery at last became so complete, that the operation was proceeded with, and the child did very well.—*Virchow's Archiv.*

SURGERY.

At a late meeting of the Royal Medical and Chirurgical Society of London, an important paper was read by Mr. JOHN WOOD on the following subject:

A NEW METHOD OF EFFECTING THE RADICAL CURE OF HERNIA.

The author commenced by a brief sketch of the anatomy of the inguinal region. The peculiarities of structure of the parts concerned in inguinal hernia, of which especial advantage is taken in the operation proposed and practised by the author, are—1st, the mobility and sliding power of the skin in the groin, owing to the synovial character and loose areolar meshes of the deep layer of superficial fascia; 2nd, the total absence of fat from the areolar tissue of the scrotum, its density, elasticity, toughness, and great vascularity enabling the Surgeon to invaginate it into the inguinal canal, to retain it there by stitches, and cause it permanently to adhere to its sides and to the cord; 3rd, the protection afforded to the peritoneum and vessels (epigastric and circumflex iliac) by the intervention of the fascia transversalis, and its connection with the deep surface of Poupart's ligament; 4th, the formation by the conjoined tendon of the internal oblique and transversalis muscles and triangular ligament of the greater portion of the posterior wall of the canal, and the feasibility of raising the former by the finger passed into the canal behind the lower edge of the internal oblique muscle, so as to pass a needle through it and the internal pillar of the external abdominal ring together. The author then stated that the methods respectively practised by Ragg, Bonnet, Gerdy, and more lately by Wutzer, of Bonn, and Rothemunde, of Munich, most frequently fail in producing a permanent cure chiefly by their not obtaining a hold upon the posterior wall of the canal, and their securing only the anterior portion of the fold produced by invagination, leaving the posterior half of the fold ready for the reception of a fresh portion of intestine. The objections to the introduction of a hard dilating plug into the invaginated fold of skin and its retention, by Wutzer's method, are as follows: that the skin and fasciæ intervening in two layers between the compressing hard surfaces and the serous laminæ of the invaginated sac, ward off from them in great measure the effect intended,—namely, that of adhesive inflammation; while the absence of counter-pressure behind the posterior fold renders the dilating force of the plug almost nugatory, unless sufficient expanding power to cause sloughing be employed—to the great distress, not to say danger, of the patient. The dilating action of the plug upon the canal and external ring leaves the latter in a worse condition than before in case of the failure of the operation. The principle of plugging up a dilatable aperture like the inguinal opening is surely a false one. The invaginated skin invariably descends when the consolidation is absorbed, the latter being temporary only in its duration. The principle of the author's operation is directly opposite to that of dilatation,—namely, that of drawing together and compressing the anterior and posterior walls of the canal in its whole length, and their union by the adhesive process with the invaginated fascia of the scrotum, which is detached from the skin and transplanted into the canal, the skin being left to adhere below to the approximated margins of the external abdominal ring. By this means the posterior wall of the inguinal canal is made to act as a valve to prevent any future descent of the bowel, shutting up the superior opening by becoming united to the ante-

rior wall through the medium of the scrotal fascia, which thus affords a very highly organised and vascular connective tissue between the tendinous surfaces, which it would be very difficult to cause to adhere together otherwise. The fascial invagination becomes likewise firmly adherent to the spermatic cord. This continues to be effective even when the temporary effusion of lymph is reabsorbed.

The Operation.—This consists, 1st. In detaching the scrotal fascia from the skin over the lowest part of the hernial protrusion with a tenotomy knife, and then invaginating the fascia into the canal with the forefinger. 2ndly. In passing a strong, well-curved needle, fixed in a handle, armed with a stout, thick thread, and guided by the finger, through three points in the canal—viz, the conjoined tendon and the triangular fascia (forming the posterior wall), and the external pillar of the ring close to Poupart's ligament (forming the anterior wall of the canal). The ends of the ligature are left in the two former punctures, and a central loop in the latter, passing through the pillars of the external ring, and through the same aperture in the skin of the groin. This may readily be done by sliding upon the adjacent aponeurosis. 3rdly. A cylindrical or flattened compress of glass or boxwood, two inches and a half long by one inch wide, is tied firmly upon the axis of the canal by passing the ends of the ligature through the loop, and tying over the compress. Before tightening the ligature, the Surgeon should satisfy himself, by passing the forefinger through the external ring, that the ligatures draw upon the posterior wall. The opening in the scrotum should be tucked well up to, but not within, the external ring. In recent cases of hernia, in which the sac is small and possesses an intimate vascular connection with the peritoneum, and a very slight one with the cord, it may be pushed back into the superior opening, and the ligature applied altogether external to and without puncturing the sac, thus diminishing very much the chances of peritoneal inflammation. But in old and large herniæ, the sac has a more intimate vascular connection with the scrotum and cord, and constitutes, as it were, a separate structure, distinct from the peritoneum. In these cases the sac is necessarily invaginated with the fascia, and the ligatures pass through it. In these the inflammation set up in the sac is much less liable to spread into the abdominal cavity, especially when the upper orifice is closed by the ligature. In a large sac the adhesive process is necessary to complete obliteration of the canal, and to prevent future complications. The compress is removed from the fourth to the seventh day, according to the degree of action set up. The ligatures may be left in a week or two longer to act as conductors for the discharges, and to keep up consolidating action as long as may be desirable. When the sac is punctured, serous fluid flows from the wound in greater or less quantity during the first three or four days. The author called attention to the action of the rectus muscle upon the inguinal canal through the conjoined tendon, in drawing backward the posterior wall of the hernial canal, thus aiding the dilating action of the protruding bowel in the production and growth of the hernia. The effect of the ligatures and consequent adhesions in his operation directly counteracts this action of the rectus. He considers that the first tendency to oblique inguinal hernia, so often hereditary, is owing to deficient development of the lower fibres of the internal oblique, producing an imperfect covering to the internal ring. In some of the cases operated on, he has succeeded in supplementing this deficiency by passing the scrotal fascia well up in front of the internal abdominal ring, and securing it to Poupart's ligament in that position. He considers that the chief source of failure in the performance of this operation, especially in large and old cases, is in not securing a hold upon the posterior wall. By simply attaching the fascia to the pillars of the external ring, and drawing the latter together, the hernia, though prevented for a time from descending into the scrotum, still occupies the canal, and will, sooner or later, again dilate the external ring, unless constantly bolstered up by a truss. The closing of the external ring by the lower ligatures, in this operation, contributes much, however, to secure in its new position in the canal the transplanted fascia. In small cases of direct hernia, the

closure or obliteration of the external ring only may be effective in producing a cure, if care be taken to obtain a hold with the inner end of the ligature upon the triangular fascia covering the border of the rectus, immediately behind the opening of the external ring. In noticing the objections to the plan, the author showed that, by properly protecting the point of the needle with the finger, and keeping in front of the fascia transversalis, all danger of wounding the epigastric and circumflex iliac vessels or the bowel was guarded against. The fear of peritonitis is avoided in recent cases (in which it is most to be dreaded), by not puncturing the sac at all, but closing up the tendinous opening external to it. In old cases, adhesive action may be set up in the sac without fear of its spreading to the peritoneum, as the results of the numerous cases have shown. The objections made to the limited incision into the skin of the scrotum (which is little more than a puncture) he considers to be puerile. Its advantages in permitting the escape of discharges are evident. Full reports of fifteen cases of hernia (all inguinal) were appended to the paper. One of the cases was a boy of eight years of age; the ages of the others ranged from fifteen to fifty-four and fifty-eight years. One was a female with bubonocele; the rest were males. Three were cases of direct, the rest of oblique hernia. Thirteen were scrotal; four of large size, and three with very large and lax internal openings. Two were congenital, and two complicated with varicocele (cured also by the operation). In only one case were the symptoms at all severe, or gave suspicion of peritonitis. In this case, the patient was in Kings' College Hospital eight weeks, the symptoms were produced by burrowing of matter between the oblique muscles, following a diarrhœa then prevalent in the Hospital (in July last). This patient made an excellent cure, was treated entirely without truss, and was one of the cases shown to the Society. The hernia had a very large internal opening, and the subject was cachectic and ill-nourished before the operation. In one other case, the patient was in bed a month; in another, there was partial sloughing of the sac, which was a large and long one, with a very pendulous scrotum, and a large varicocele. This case was treated also entirely without truss, and both hernia and varicocele were cured in eighteen days. The duration of treatment in the rest of the cases varied from nine to twenty-one days. Eight were treated entirely without truss. Thirteen are good and persistent cures, and have remained firm ever since, extending over the following periods of time: (the first), very nearly two years,—this case was published in the *Lancet* of May 29, 1858; another, one year; two, ten months; four, nine months; three, eight months; one, two months. Three of the cases had been before operated upon by Wutzer's and Ragg's methods; one case was operated on twice; one is doubtful; one was re-ruptured by indiscreet and early hard lifting without truss. Six cases of cure were exhibited by the author to the Fellows of the Society. Of these, four had been treated entirely without truss, and all had been well, and some severely, tested by lifting and heavy labour. The first case (operated on nearly two year sago) was among those exhibited. No differ- whatever was apparent between the groins of the two sides. One had been cured in a year, three in nine months, and one in eight months. One of those treated without truss was congenital, in a young man aged twenty years; another was of five years' standing, in a man aged fifty-eight. The rest were of eighteen, sixteen, and three months' standing respectively. All were scrotal herniæ, and two direct. Two had chronic bronchitis (at times severe) after the operation, and one during the progress of the cure. The paper was illustrated by diagrams, to which the author directed the attention of the Fellows.—*Medical Times*, March 10, 1860.

A NEW MODE OF REDUCING STRANGULATED HERNIA.

Dr. B. F. Richardson thus describes and explains this:—"The patient was put upon his elbows and knees. Grasping the hernial tumour between my fingers and thumb, I

pushed it steadily and firmly towards the inguinal ring—the patient being at the same time directed to take a full inspiration, and then make a strong and continuous expulsive effort, so as to distend the abdominal muscles as much as possible. Between, as well as during the expulsive efforts, the tumour was steadily pressed towards the ring. The reduction took place at the second effort, the time occupied not being more than two minutes. . . . . The most usual cause of hernia is diaphragmatic pressure, induced through lifting, coughing, etc. Through the medium of the abdominal viscera the muscular parietes are distended, and the apertures thereby enlarged. The diaphragmatic force, being diffused over the intra-abdominal surface, is easily antagonised by pressure at any particular point; and, when attempting reduction in the manner proposed, the diaphragmatic force should be more than counterbalanced, and the patient enjoined to permit the abdominal muscles to distend without restraint.—*American Journal of Medical Science.*

ANTIPHLOGISTIC POWERS OF MORPHIA.

Illustrated by its Use in the Treatment of Acute Inflammations of the Sclerotic and Iris.

By J. Zachariah Laurence, F.R.C.S., M.B., London, Surgeon to the South London Ophthalmic Hospital.

Perhaps the most (therapeutically) important distinction in the ophthalmiæ is, whether the conjunctiva or the sclerotic is the part principally affected. It would be foreign to my purpose to enter into the diagnosis of these two classes of inflammations. The most practical difference is in the nature of the pain. While in the conjunctival inflammation the pain is generally less severe, ("pricking or scalding,") more superficial, and referred by the patient to the eyelids; on the other hand, the sclerotic inflammation is characterized by a generally very severe, (occasionally agonizing,) often nocturnal pain, rendering the patient quite sleepless,) of a deep-seated throbbing or dead character, and referred to the eyeball, eyebrow, temple, and head generally. Now the acknowledged and accepted treatment of the day of these cases of sclerotitis and iritis consists in a selection or combination of bleeding, leeching, cupping, blistering, and mercurialization.

I was first induced to try the effect of the morphia, (in Case 1,) rather with a view of relieving the excessive pain, than from the hope of any further result; but finding, to my great surprise, that not only was the pain relieved, but the disease itself on the decline, I continued the morphia then with a view of really testing its antiphlogistic powers; and, meeting with success, have administered the same remedy in other cases with good results. Some of these cases I now submit as the evidence of the antiphlogistic powers of morphia; and, the plan of treatment being different from that generally employed, have given them with a detail I should, under other circumstances, not have entered into.

Case 1.—*Acute Sclerotitis; Morphia Treatment; Decline of the Disease in about four-and-twenty-hours.*—S. S., a middle-aged woman, was admitted to the South London Ophthalmic Hospital, on November 3, 1858. The sclerotic was intensely injected, the conjunctiva slightly; the "sclerotic zone" well marked. She suffered such severe shooting pain in the eyeball, eyebrow, and infra-orbital region, as to render her quite sleepless.

Nov. 3.—℞ Morph. hydrochlor. gr. ¼, every third hour. Warm water fomentations to the eye.

6th.—Took the morphia regularly up to four p.m. yesterday, when she took the last powder. Toward the evening of the fourth the pain in the eye began to abate; now she feels but a slight aching in the eye on exposure to light. The sclerotic vascularity has

considerably diminished. She now recovered rapidly under the treatment of a slight conjunctivitis.

Case 2.—Acute Sclerotitis; Morphia Treatment; Decline of the Disease in less than twelve hours.—H. B., an elderly, but strong man, admitted to the St. Marylebone Dispensary, July 27, 1859. Sclerotitis of a week's duration characterized by intense vascularity of the sclerotic, and a "sharp, burning" pain in the eyeball and forehead, with nocturnal exacerbation, rendering the patient sleepless. Suffering simultaneously from gout in the great toe. Has done nothing but foment the eye.

℞ Morph. hydrochlor. gr. ½, 3tia. quâque horâ. Warm water fomentations to the eye.

July 29.—Has taken the medicine as prescribed. Slept well, but not heavily, on the night of the twenty-seventh after midnight, when the hitherto severe pain in the eye left him. To-day, the vascularity of the tunics greatly diminished; the pain in the eyeball, brow, and forehead gone, leaving but a trifling pain at the side of the nose. Bowels have not acted since the twenty-seventh. To leave off the morphia and take an ounce of castor-oil.

August 1.—Perfectly recovered.

Case 3.—Double Acute Iritis; Failure of Leeching and Mercurialization; Morphia Treatment; Decline of Disease within four-and-twenty hours.—E. P. was admitted to the South London Ophthalmic Hospital, on August 27th, 1859; during my absence from town, and up to September 10, when I first saw her, had been treated by leeching, blistering, mercurialization and belladonna lotion for the previous three weeks.

September 10.—Iris discolored; sclerotic deeply injected; pupils dilated (from the belladonna lotion;) humors muddy; complains of pains in the eyeballs and eyebrows, "like a rheumatic pain, of an overwhelming weight, of the light causing her great agony;" eyesight very dim.

℞ Morph. hydrochlor. gr. ½, 4ta. quâque horâ. Warm water fomentations to the eyes.

14th.—Took the first dose of medicine on the night of the tenth. The pain abated, and, as she expressly stated, "very suddenly." She slept that night. On the following morning she could face the light much better. The medicine has made her feel very sick and drowsy. To-day she complains only of a little "pricking and shooting pain." Her eyes are still dim and weak, but the sclerotic injection is nearly gone.

28th.—Since the last report, has been taking the morphia in diminished doses, and subsequently a grain of quinine three times a day. Her eyes are to all appearances perfectly sound; nothing remains of her disease but a slight haziness of vision.

Case 4.—Acute Sclerotitis; Morphia Treatment; Decline of the Disease in about seven hours.—B. L., aged forty, a working engineer, was admitted to the South London Ophthalmic Hospital, on September 24, 1859. Five or six years ago he was struck on the now inflamed eye by something from a forge-fire. He recovered from the accident in about a month. The eye has been inflamed, as it is now, for the last three weeks. It presents all the usual signs of acute sclerotitis; great sclerotic vascularity, (the "sclerotic zone" well marked,) excessive lachrymation, great pain (especially at night, rendering him sleepless) referred to the eyeball, eyebrow, and temple, and compared by the patient to the sensation of a "weight hanging from his forehead, and pulling him down;" eyesight "foggy;" over inner part of the cornea a rust-colored opaque speck, with a minute depression in its centre, evidenced the accident of five years back, but the most careful examination failed to detect any foreign body in the anterior chamber.

September 24.—℞ Morph. hydrochlor. gr. ½, every third hour, watching its effects; warm water fomentations to the eye. Took the first dose about four p.m., felt sleepy about six p.m.; second dose about seven p.m.; the pain began then gradually to "die away;" the third dose about eleven p.m.; slept for three or four hours. The following day (Sunday) at noon but trifling pain was felt, and he slept soundly that night.

28th.—The case was reduced to one of slight conjunctivitis; all pain has left him; found

his bowels confined from the medicine. To leave off the morphia, and take a purgative dose of calomel and colocynth, which completed the cure.

Case 5.—*Traumatic Acute Sclerotitis; Morphia Treatment; Decline of the Disease in less than four-and-twenty hours.*—C. H., aged forty-six, was on a Thursday evening engaged in Messrs. M.'s factory, pouring some molten iron into a sand mould, when a quantity of hot sand flew into his eye. He came to the South London Ophthalmic Hospital, on Saturday, October 1, 1859. With the exception of two minute particles of sand, which I removed with a spill of blotting-paper, all the sand had been removed by one of his fellow-workmen. I found him suffering from intense sclerotitis, marked by universal and high vascularity of the sclerotic and conjunctiva, great lachrymation and excessive pain in the eyeball, compared by the patient to the "prodding of a knife," and rendering him quite sleepless.

October 1.—℞ Morph. hydrochlor. gr. ¼, every third hour. Warm water fomentations.

Took the first dose of morphia about three p.m., and then regularly every three hours. It made him feel very drowsy, and that (Saturday) night he slept soundly. The violent pain was entirely gone on the following morning.

3d.—The case reduced to one of a simple conjunctivitis, and treated by a purgative dose of calomel, which completed the cure.

Case 6.—*Acute Sclerotitis; Failure of the Morphia Treatment; Recovery under Depletion and Mercurialization.*—E. S., aged forty-eight, applied at the South London Ophthalmic Hospital, on January 12, 1859. About twelve months before she lost the sight of the now inflamed eye by a cork from a soda-water bottle. The consequent inflammation of the eye lasted for only a few days; but three or four months afterwards her eyesight began gradually to fade, and she can now only distinguish the outlines (but not the colors) of objects with the injured eye. About three weeks before applying to the hospital she caught cold in the eye, which now presents the following signs: Intense sclerotic and conjunctival vascularity ("sclerotic zone" well marked); pupil central of medium size, angular, destitute of contractility. Pain intense, referred to the right eyeball and right side of the head, proceeding from the vertex downward to the level of the ala nasi.

January 12.—℞ Morph. hydrochl. gr. ⅓, every fourth hour. Warm water fomentations to the eye.

15th.—Pain and other symptoms unabated. She recovered slowly under leeching, blistering, and mercurialization.

Whether in this case the deeply-diseased state of the eye, or the (too) small doses of the morphia, influenced the failure of the drug, must remain a matter of conjecture.

These cases I consider to establish an important practical fact, viz., that morphia is *per se* a powerful antiphlogistic,* capable of curing these acute inflammations of the eye, in which, up to the present time, blood-letting, blistering, and mercurialization have been considered necessary. As regards loss of blood, all will be agreed on the propriety of dispensing with it, where it can be done so with safety. Again, how constant an occurrence is it to see paroxysms of acute inflammations for a time apparently relieved by blood-letting, till the subsequent vascular reaction sets in, but to recur again and again, and require as many repetitions of this same objectionable remedy! I would further ask surgeons and physicians, what evidence have they that in the combination of mercury and opium, given with a view of "putting the patient under the influence of mercury," as it is termed, it is not really the *opium* which does the good, and that the mercury and its action on the mouth may not be, to say the least, useless?† And I would finally ask the physicians of this

* In all the cases mentioned, the patients had been using warm fomentations to the eyes before applying at the hospital.

† Again, mercury is presumed to have an "absorbing power" over plastic effusions, such as occur in acute iritis: here, too, it is a fair question whether the absorption of the inflammatory exudations is not rather a natural process, supervening on the cessation of the inflammation, (such as we daily see

country to test the powers of morphia in the treatment of the acute inflammations of the internal organs of the body.

If we seek for an explanation of the above very remarkable action of morphia in reducing abnormal fullness of the vessels of the sclerotic, we may find it in the relations of pain to vascular congestion. Pain has generally been regarded rather as the effect than as the cause of the repletion of blood-vessels; but it is quite an open question whether or not in certain classes of cases the order of things may not be inverted. Such may be the case in the inflammations of the sclerotic we have just been discussing. That, on the other hand, vascular congestion may react as a cause of pain, is not improbable. The theory I would submit is that the action of morphia in these cases depends on its known power of reducing nervous irritability, which may be viewed as the primary cause of the inflammation. In these deep-seated inflammations of the eye this view is very much borne out by the seat of the pain; this will be found to follow strictly the branches of the fifth nerve; indeed, the precision with which the patients themselves localize the pain is very remarkable; while we have further evidence of the nervous nature of these cases in the intense watering of the eye, (dependent on irritation of the lachrymal branch of the fifth nerve.) In this way I conceive the irritation is propagated to the vessels through the intervention of the connections existing between the fifth and sympathetic nerves.—*Medical Times and Gazette.*

IN GROWING NAIL.

By N. Gilman, M.D., Hatfield.

I propose to communicate a mode of treatment which I have pursued in these cases for over twenty years. It is simply to cauterise the part with hot tallow.

The patient on whom I first tried this plan, was a young lady who had been unable to put on a shoe for several months, and decidedly the worst case that I have ever seen. The disease had been of long standing. The edge of the nail was deeply undermined, the granulations formed a high ridge, partly covered with skin, and pus constantly oozed from the root of the nail. The whole toe was swollen and extremely tender and painful. My mode of proceeding was this :—I put a very small piece of tallow in a spoon, and heated it over a lamp till it became very hot, and dropped two or three drops between the nail and the granulations. The effect was almost magical. Pain and tenderness were at once relieved, and in a few days the granulations were all gone, the diseased parts dry and destitute of feeling, and the edge of the nail exposed so as to admit of being pared away without any inconvenience. The cure was complete, and the trouble never returned.

I have tried this plan repeatedly since, with the same satisfactory results. The operation causes but little if any pain, if the tallow is properly heated. A repetition might in some cases be necessary, although I have never met with a case that did not yield to one application. Admitting the theory of Dr. Lorinser to be correct, the modus operandi is very plainly to be seen. The liquid cautery insinuates itself into every interstice, under the nail, along the fistula into the ulcer at the matrix of the nail, accomplishing in one minute, without pain, all that can be effected by the painful application of nitrate of silver for several weeks. Let this simple plan be tried before resorting to the barbarous plan of pulling out the nail, or any other mode of torture that has been invented.—*Boston Medical Journal.*

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in the absorption of divided cataracts after the operation by solution, as soon as the inflammatory consequences of the operation have passed off), than any, if I may be allowed the expression "mercurial" process.

THE

British American Journal.

MONTREAL, APRIL, 1860.

THE VALUE OF UPPER OR LOWER CANADA LICENSES FOR PRACTICE IN EITHER SECTION OF THE PROVINCE.

During the early part of the summer of last year, Dr. Cruikshank, a Licentiate of the College of Physicians and Surgeons of Lower Canada, of Barrie, Lake Simcoe, had occasion to issue a certificate in favour we believe of a lunatic, for the purpose of facilitating her admission into the asylum. On presentation, the certificate was refused, on the ground that Dr. C. was incompetent to give one, in consequence of not being licensed to practice in Upper Canada. The serious nature of his position naturally alarmed this gentleman, and he instantly opened a correspondence with the office of the Provincial Secretary. On the 7th July, he received a letter from the Assistant Secretary, West, informing him that "a license from the licensing Board of Lower Canada entitled "the holder to practice in Upper Canada as well as in Lower Canada." Strange to say, however, in the course of six weeks afterwards, he received a second letter from the same Assistant Secretary, West, informing him that "the attention of the *Attorney General, West*, had been called to the question," who stated that "that there was some room for doubt," and that "the question is one to be decided by the Courts of Law, and that preceding such decision, any person practising in Upper Canada, on a license from the Licensing Board of Lower Canada alone, must do so on his own responsibility." Dr. Cruikshank placed himself after the reception of such an opinion, in communication with the Montreal Secretary of the College of Physicians and Surgeons, who at the October meeting of the Board at Quebec, submitted the whole correspondence to the Governors, the result having been, "that the President put himself in communication with the Attorney General, East, on the question submitted by Dr. Cruikshank, and to obtain from that officer a precise interpretation of the law upon this point, and hence to establish if the Licentiates of the College of Physicians and Surgeons of Lower Canada, have not in virtue of their license, the right to exercise their profession in Upper Canada, without being compelled for that purpose to take out a license for that section of the Province." This act was accordingly performed by the President in a letter to that officer, dated 20th October last, and although the attention of this gentleman was recalled to

the matter on the 8th February, no reply has been received beyond the formal recognition of the first communication, which was sent through the Provincial Secretary. We shall not stop to comment upon the marked urbanity of this proceeding in that office. It speaks for itself.

On this subject however, we are authorised to state, that these officers do not feel themselves in duty bound either to prosecute for, or give opinions on the construction of the Law to corporate bodies, but that they think it the better course to leave corporations or individuals, to prosecute their own cases, and that if this be done in reference to the disputed points, the Courts of Law must decide in favour of the value of the College licenses *with costs*. It is strange that such an opinion as that contained in the second communication of the Assistant Secretary West, should or could have emanated in the manner alleged. That opinion must have been based upon a question improperly submitted; it is impossible to account for it otherwise. We hope that Dr. Cruikshank will know now how to proceed in the event of the refusal of another certificate of his, by the same or other parties, or in fact if the validity of his rights are impugned in any manner. The wonder to us is, how two constructions can possibly be put upon the obvious intent of this Act, which entitles the holder of a license obtained in one section of the Province to practise in the other. It is so plain that he who runs may read it; the only thing requiring to be done by the Licentiate, is a compliance with those laws which govern all Licentiates in that section of the Province in which he establishes his local habitation. In the Upper Province nothing is as yet demanded, but if the Upper Canada Registration Act, now before Parliament, becomes Law, which we do most sincerely hope it will, the Licentiate of the Lower Province will be required immediately to enregister his license as well as his other professional qualifications.

As the Act, which entitles the holder of a license obtained in one section of Province to practice in the other, is very imperfectly known, and not generally accessible to members of the Profession, we here re-produce it. It is a short Act, and the better for its brevity.

4 and 5 Victoria, chap. 41.

An Act to enable persons authorised to practice Physic or Surgery in Upper or Lower Canada to Practice in the Province of Canada.

[18th September, 1841.

Whereas it is expedient that persons authorized to practice Physic and Surgery in one portion of this Province should be authorized to practice in the other portion thereof; Be it therefore enacted by the Queen's Most Excellent Majesty, by and with the consent of the Legislative Council and of the Legislative Assembly of the Province of Canada, constituted and assembled by virtue of and under the authority of an Act passed in the Parliament of the United Kingdom of Great Britain and Ireland, and intituled, "An Act to re-unite the Provinces of Upper and Lower Canada, and for the Government of Canada," and it is hereby enacted by the authority of the same, that any person who is or shall be duly licensed or authorized to practice as a Physician or Surgeon, or as both, either in that part of the Province called Upper Canada, or in that part of the Province called Lower Canada, under the laws in force in the said portions of this Province respectively, shall be, and is hereby authorized to practice in any part of this Province; but subject to the laws to which other practitioners are or shall be subject in the portion of this Province in which he shall practice.

REGISTRATION ACT OF UPPER CANADA.

An Act to regulate the qualifications of Practitioners in Medicine and Surgery in Upper Canada.

We are much pleased to perceive that the Bill to which we adverted in our first number, has been introduced into the Legislative Assembly by the Hon. Mr. Cayley, and read for the first time on the 21st March. We have not yet learned that it has passed its second reading and been referred to a Committee. The more that we have studied the Bill, the more are we satisfied with it as a measure, and the best one which could have been devised, for placing the profession in that position in the sister Province which its merits so urgently demand for it. It is a Registration Act to all intents and purposes, and has evidently for its basis the Medical Registration Act of Great Britain. For years and years, has our sister Profession in the Upper Province appeared before the Legislature seeking at its hands the enactment of measures calculated to improve its condition and promote its interests. Humiliating as the confession is, it has to be stated however, that the deaf ear has hitherto always been turned to the petitions of the Profession, while the veriest quackery had but to speak the word, and every wish has been granted. It is a strange fact, no less true than strange. Here, however, is a measure upon which the voices of the Profession to a man are united, and we will see in a short time to what extent the Legislature will bestow its consent. We are certainly at a loss to perceive on what grounds it can reasonably withhold it. A like measure is much needed in this division of the Province. We are satisfied that it would meet with general approval here also. And, as we cannot doubt that it will pass the Legislature, it will remain for the Profession here to follow the example, and obtain a measure similar in principle, but modified in certain of the details to adapt it to this country.

VACCINATION ACT.

An Act to provide for the more general adoption of the practice of Vaccination.

Among the various enactments laid before Parliament affecting the Profession and the public, few are more important than the present one. The alarming prevalence of Small Pox both in the city and country districts, calls for some active legislation, and if this Bill is defective in one point, it is that its measures are to be confined only to the chief towns of the Province, Quebec, Three Rivers St. Hyacinthe, Montreal, Ottawa, Kingston, Toronto, Hamilton and London. Perhaps it is the difficulty which would be experienced in carrying the details into practice, which has prevented the application of the measure to the Country Districts. While we write, Small Pox is spreading throughout the village and country surrounding Henryville, and we have heard it is equally rife in other places. The Bill contains ten clauses of which the following may be deemed an epitome. No public money to be paid to any Hospital which has not a separate ward as a Small Pox ward. The Council of the several cities named to enter into contracts with qualified Medical Practitioners for the vaccination of children in the

said cities. The council to appoint a proper place in each ward for the purpose of vaccination. All children born in the said cities to be brought to be vaccinated within four calendar months of their birth unless previously vaccinated by some physician and the vaccination certified. All vaccinated children to be presented for inspection on the fifth day after the operation. On successful vaccination the physician operating shall issue duplicate certificates, the one to be kept by the parent or guardian of the child, the other to be sent to the clerk of the city in which the operation was performed. Vaccination of a child not in a fit state for performance of the operation, the operation to be postponed for two months, giving the parent or guardian a certificate to that effect, which shall be renewed every two months until such time as the child is fit for the performance of the operation. If the child be found insusceptible of the influence of the vaccine virus, a certificate to that effect to be given to the parent or guardian. The act establishes as penalties for infringement of the act a pecuniary fine not exceeding $—— on summary conviction before the Inspector and Superintendent of Police, Police Magistrate or Stipendiary Magistrate, appointed for the city in which the offence was committed, or before the Justices of the Peace, and the provisions of the 103rd chapter of the Consolidated Statutes of Canada to be applicable to the recovery of such penalties. The last clause limits a plea arising from a previous conviction, and three forms of certificates suitable to the emergencies in the act are given. We should observe that the Act prescribes the fee of twenty-five cents for every child successfully vaccinated.

We consider the act an essentially beneficial one, and capable of effecting a vast amount of good in arresting the progress of a most loathsome and virulent disease. We much wish that its provisions may be extended to the country districts where the disease is usually far more prevalent and destructive than in towns. We thank the Honourable introducer of the Bill, Mr. DeBlaquière, for this important step in the right direction, and wish him the entire accomplishment of his benevolent object.

We should wish to know, however, on what good grounds Mr. DeBlaquière purposes to exempt, from the operation of the Act, Sherbrooke, Cobourg, &c., in fact all places, which from their augmented size and importance have been elevated to the position of cities or towns, with councils to manage their municipal affairs. We certainly can imagine none sufficiently satisfactory to ourselves.

AN APOTHECARIES' BILL.

An Act to regulate the time during which Apothecaries' and Druggists' shops shall be kept open in the different cities of Lower Canada.

One would naturally have supposed, in accordance with the laws of supply and demand, that the Apothecaries would, of their own accord, keep their shops open as long as they were enabled to gain or secure advantage from it. Dunbar Ross Esq., M.P.P., thinks otherwise, and has laid before the Legislative Assembly a bill which compels them to keep open from 6 A.M. to 9 P.M., from April to November, and 7 A.M. to 9 P.M., during the remaining months of the year.

But this is not all; he desires also to compel "two of the said Apothecaries shops," specially selected as provided elsewhere in the Bill, "to be kept open from 7 A.M. until midnight, and on every Sunday from 6 or 7 A.M. until midnight for the vending and dispensing of medicines."

Now in the various towns in the Lower Province in which the medical practitioners dispense their own medicines, that the apothecary shops should be accessible at all reasonable hours, is no more than right and is the rule which now everywhere obtains. In Montreal in which the Apothecaries now largely dispense the physicians' prescriptions, we have never heard any complaints urged against the hours during which the shops are open, and even during the night, and on Sundays, there has never existed any great difficulty in securing access to the Apothecary, and getting the prescriptions compounded. In our own experience, with their present hours we have never met with difficulties either by night or on Sundays. In towns or places where the practitioner dispenses his own Medicines the Bill is useless, and in other places utterly uncalled for. We only wonder that the author of the Bill has not gone a step further, and prescribed the particular dress with which the Apothecaries should decorate their persons, and the hours during which they should take their meals.

The Apothecaries in Montreal have deliberated upon the subject, and at a meeting held on the 24th ult., John Carter, Esq., in the chair, the following resolution was unanimously adopted.

That having carefully considered the Act now before Parliament, intituled, "An Act to regulate the time during which Apothecaries' and Druggists' shops shall be kept open in the different cities of the Province, this meeting regards the provisions of said Act as unjust, vexatious, and highly injurious to the interests of those connected with the said profession and unnecessary for the public at large; that a petition be presented to the Parliament, praying that the Act now before the House, intituled, "Apothecaries Bill," do not pass; and that a copy of this resolution be forwarded to the Members for the city of Montreal.

LAW INTELLIGENCE.

We have received from an esteemed friend, the following report of certain law proceedings, involving a point of considerable importance to the Profession of the Lower Province. The perusal of the report will explain the nature of the action and the defence set up. The plea put in by the defendant is the strongest possible proof of his illicit practice, and should furnish irrefragable grounds for proceedings against him for practising without a license. Such a measure will we hope be forthwith adopted, and were an example made of even one of that host of vampyres, who are doing so much mischief throughout the country, it would do an incalculable amount of good. The law is very precise on this point. The ninth clause of the Act incorporating the College of Physicians and Surgeons in Lower Canada, is thus worded, "And be it enacted, that from and after the passing of this Act, no person shall practise Physic, or Surgery, or Midwifery, in Lower Canada, unless he be a person duly licensed so to practice, either before or during the passing of this Act, under a penalty of £5, currency, for each day on which any person shall so practise,

&c., &c." Now the quasi professional account of the defendant, is the strongest possible proof of his infraction of the law, and of his having incurred its penalties. The account is unsustainable, because the acts upon which it is based are illegal and indictable; and ought, therefore, not to be permitted to stand in the way of the prosecutor's more just claim for compensation. The matter has been taken, however, *en delibere* by the Court, and the profession will anxiously await the judgment.

BROME COUNTY CIRCUIT COURT.

March Term 1860.

GEO. C. PETERS, Plaintiff, vs. ORLANDO P. SWEET, Defendant.

Mr. S. W. Foster appeared for the Plaintiff, and Mr. James O'Halloran for the Defendand.

This was an action brought on a cabinetmaker's account in favour of the plaintiff. The defendant alleged in his plea that plaintiff's demand hath been compensated, previous to the institution of plaintiff's action, by a large sum of money due to the said defendant for the price and value of divers medicines, and for the services and advice of defendant, furnished and bestowed by him upon plaintiff and his family, as per account hereunto annexed, and without waver denied all plaintiff alleged.

The plaintiff, in answering to this plea, alleged that defendant's plea was untrue and insufficient to prevent the said plaintiff from obtaining the conclusions of his action; and for special answer to the defendant's plea said, that defendant cannot or could not recover from the said plaintiff a set off in compensation against his said demand the amount of money claimed in and by his (defendant's) plea, said claim of defendant, and for a pretended account filed with said plea in this cause, purporting to be for medical services done and performed, and for the value and price of divers medicines furnished by defendant to plaintiff. That said defendant was not, at the dates set forth in defendant's said account, nor at ay time previous to or since the institution of plaintiff's action, a duly licensed doctor or physician, nor licensed to practice physic, surgery, or midwifery in Lower Canada, nor can he have or maintain a claim for such pretended professional services, attendance, or medicine. That said defendant never performed nor could he legally perform any such services without the said license; and even if said services were performed by said defendant they were so performed contrary to law and the statute in that case made and provided, and said defendant cannot and could not claim or recover any price, salary, or sum of money whatever for such illegal and unprofessional pretended services, attendance, or medicines.

Plaintiff, by evidence, proved his demand, whereupon defendent commenced to introduce evidence to prove his account, but was met by counsel for plaintiff with an objection, Mr. Foster invoking plaintiff's answer to defendant's plea as a bar to the introduction of any evidence for preteuded professional services until he should first establish his right to practice medicine in Lower Canada, and cited several authorities affirming his position, tending to show and showing that a physician could not collect fees for services rendered. That plaintiff sought a decision in this cause for the purpose of establishing the fact whether defendent and men of his stamp are at liberty to contravene the statute medical law of Canada with impunity.

Mr. O'Halloran, for defendant, answered that this cause disclosed a strong desire on the part of plaintiff to avoid paying his doctor's bill, the gentleman he had employed, and from whom (he was able to prove) plaintiff acknowledged to have received efficient relief. That he (Mr. O.) was taken by surprise with the objection, and to see so great an effort made by his learned friend, Mr. F.; and more so, because he saw no occasion for it. The plaintiff has proved his demand and made out his case, and the simple question was, is not defendant entitled to prove his professional account, rendered honestly and

in good faith, and the amount of which plaintiff had frequently acknowledged to be his due. It is questionable whether plaintiff has a right now to invoke such an issue as is raised in the objection, having in the original writ of summons set defendant up as a physician, and which being the case, it is for the Court to consider whether plaintiff's objection to the defendant's introducing evidence in support of his plea for professional medical services is well founded, and cited a case wherein his honour, at the District Court, had ruled in support of his position.

Mr. Foster, in reply, contended that the ruling of his honour at the District was not analogous to the case under consideration. There the opinion of the physician was in question—here an attempt to collect fees. The defendant was correctly set up in the original writ of summons, namely, physician. The law lexicon, and other standard works quoted, were his authority. The legal definition of "physician" is "one who *professes* (not possesses) the art of healing, and boldly takes upon himself great cures in which he partly uses sorcery, artifice, and witchcraft." Had defendant been set up as a licentiate or a member of the College of Physicians and Surgeons of Lower Canada, or a physician by special statute duly licensed to practice medicine in Lower Canada, or a physician duly admitted and licensed to practice medicine in Lower Canada, there would be some legal force to his learned friend's nervous and questionable position about plaintiff's right to have his position maintained. For instance, none but a trader had a right to avail himself of the privileges of the trader's act to sue, &c.; so with the mechanic, and the legal profession, and was the medical profession to be made the exception? His learned friend, Mr. O'Halloran, with his usual skill and ingenuity, contended for a decision which no gentleman in the Province would regret more than himself, namely, that a physician (in the witchcraft sense) should be permitted to avail himself of all the honours and emoluments of the Medical Profession without possessing the necessary and requisite attainments of a Provincial Medical Student. This doctrine once established, and the only inducement and incentive now existing for competent and worthy gentlemen to qualify and prepare themselves to practice medicine in Canada, with credit to themselves, safety and satisfaction to the people, will quickly pass away. It was not so much with the defendant plaintiff contended, as for the principle involved. In relation to the reflection upon plaintiff about his avoiding the payment of the medical bill, it is unfounded. Defendant's pretended medical bill was made up for the occasion, for the sole purpose of testing defendant's rights to collect fees in direct violation of the Medical Law of Canada. Mr. F. submitted the objection with all confidence that the Court would sustain plaintiff in his objection taken, and taken only for the purpose of vindicating the Medical Law of the country.

His honour, without allowing defendant to go to proof, took the objection *en délibéré*.

MONTREAL GENERAL HOSPITAL.

The offices of House-Surgeon and Apothecary to this valuable charity, having become vacant by the resignations of Drs. Craik and Hamilton, the former of whom, had ably filled the first named situation during the last six years, the Governors met for the nomination of their successors. There were several applications for each of the offices, but the greatest number of votes were recorded in favour of Dr. W. H. Taylor for the former situation, and of Mr. J. M. Drake for the latter. Dr. Taylor, the present House-Surgeon is a gentleman of great promise. He is the son of the Revd. Dr. Taylor, the much esteemed Pastor of the United Secession Church, Lagauchetiere Street in this city. He graduated in the University of McGill College in May, 1858, and in the autumn of the same year took his diploma as Surgeon from the Royal College of Surgeons of

Edinburgh. Mr. Drake who now fills the office of Apothecary, is at present a student of Medicine, with the view of ultimately graduating in the University. He had been for many years, an active and able assistant in the important drug establishment of S. Jones Lyman & Co., of this city, where his opportunities of studying pharmacy were of the best description; and we have no doubt that the extensive pharmaceutic experience thence derived mainly swayed the Medical Board of the Hospital in especially recommending as it did the Governors in the selection of this gentleman for that important office. Both these appointments are unexceptionable in every respect.

UNIVERSITY OF McGILL COLLEGE.

On the eve of going to press, we expected to have been able to announce the day on which the "Convocation" would take place. On enquiry we find that this has not yet been definitely settled, but we think it not improbable that it will be on Friday May 4th. The number of Candidates for the degree of the University will this year be unusually large, no less than twenty-nine or thirty having given in their names for the final examination. Two have already passed this examination, on Saturday last, Messrs. Adolph Mignault, and H. H. Read, both with great credit. The latter is unable to take his degree at the ensuing convocation, in consequence of his nonage. He left on Monday for England, to visit until the following year, the principal places of medical repute in the old Country.

OBITUARY NOTICE.

WILLIAM HOLLINGSWORTH FOWLER, M. D.

It is with sincere regret that, whether as colleague or friend, we announce the decease, at the early age of 50 years, of the gentleman whose name heads this article. His disease was Spinal Myelites, contracted by exposure, while performing his duties, during tempestuous weather, about three months anteceden to the fatal issue, which prostrated him on a bed from which he never recovered He was the son of Captain William Fowler of H. M. 4th Dragoons. He completed his medical studies at the Universities of Glasgow and Edinburgh graduating at the former in the year 1830, and shortly afterwards joined the Royal Navy as assistant Surgeon. In that capacity he visited almost every part of the world; the Cape of Good Hope, St. Helena, India, China, Australia New Zealand, and Canada, and various islands in the Indian and the Pacific Oceans. He was an early Licentiate of this Province, having at the time of his early visit as a naval officer here, taken advantage of his opportunity and was licensed to practice by the Quebec Board in April, 1829, his license bearing the signatures of E. N. Perrault, M.D., F. Blanchet, M.D., and Joseph Morrin, M.D. At this time this fact proves that he must have entertained the idea of permanently residing in the Province. He returned to England about the year

1833, but soon again left it for Van Dieman's Land, (now known as Tasmania) in the yact of his cousin—Fenton, Esq., who was going to that Colony to settle, where Dr. F., was afterwards appointed Surgeon to the Convict Establishment. After residing there three or four years, he again revisited his native country, and having married a most estimable lady, he decided on emigrating to Canada. On his arrival in 1842, he located himself at Melbourne in the present District of St. Francis, where he since practised his Profession, and finally died.

Dr. Fowler leaves a widow and seven children to mourn his loss, besides a large circle of warm and attached friends, by whom he was surrounded, for his open generous disposition made friends even of enemies. His patients were warmly and deservedly attached to him, for with the kindness of the physician, he associated the sympathising heart. He was an active member of the Board of Governor of the College of Physicians and Surgeons of Lower Canada, who fully appreciated his abilities as an examiner. His decease leaves a vacancy to be supplied in the District which he represented. And we feel assured, that not only the Governors of the College, but a large number of the Profession sincerely sympathize with his family in their present deep affliction.

COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

We are requested by Doctors Peltier and Landry, the Secretaries of the College, respectively for the District of Montreal and Quebec, to give notice that the Semi-Annual Meeting of the Board of Governors of the College of Physicians and Surgeons, for the purpose of examination and other business, will be held in the City of Montreal, on Tuesday, the eighth day of May next, at ten o'clock, A. M., at the Mechanics' Institute.

Candidates are requested to deposit their credentials with either of the Secretaries, at least ten days before the Meeting, and to fill up a Schedule of their education, forms of which can be obtained on application to the Secretaries; at the same time, the amount of fees which would become due in the event of succesful examination.

AN ELIGIBLE COUNTRY PRACTICE.

We are informed that a first rate rural practice, worth £750 per annum, is now attainable. The present incumbent is desirous of finding an immediate purchaser for his house, buildings and land, which have cost him about £1000 and which he wishes to dispose of together with the good will of the practice to a well qualified practitioner for that sum. We are further desired to state, that if more convenient, one-half may be paid at once and time will be allowed for the balance. Any applications for the above may be made to the Editor of this Journal, who will immediately communicate with the party. concerned. He can only in addition remark that the locality of the above practice is one of the most beautiful in the Eastern Townships.

BOOKS, &c., RECEIVED.

Contributions to the Surgery of diseased Joints, with especial reference to the operating Excision. No. 1. The Knee, illustrated with engravings on wood, by P. C. Price, Surgeon to the Great Northern Hospital. London, 1859. 8vo. pht. pp. 49.

The diseases of the throat, Epyglottis and windpipe including Diptheria, nervous sore throat, and their symptoms, progress, and treatment by George D. Gibb M. D. M. A. Physician to the St. Pancras Royal Dispensary. London, John Churchill, 1860. 8vo. pp 182.

The Physicians Pocket Memorandum for 1860, by C. H. Cleavland M. D., Cincinnati. R. Franklin, Printer, 1860,

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT *MONTREAL* IN MARCH, 1860.

By Archibald Hall, M.D.

Day.	Barometer corrected and reduced to F. 32°	Temperature of the Air.	Dew Point.	Relative Humidity.	Ozone.	Clouds. Amnt.	Clouds. General Description.	Thermometer. Maximum read at 9, P. M.	Thermometer. Minimum read at 7, A. M.	Wind. Its general Direction and Mean Force from 0 Calm to 10 Violent Hurricane.		Rain and Snow. Rain in 24 hours read at 10, A.M.	Rain and Snow. Snow in 24hours read at 10 A.M.	Rain and Snow. Total rain and melted snow.	General Observations.
	Inc's.	°	°	0. 100	0. 10	0. 10		°	°		0. 10	Inch.	Inch.	Inch.	
1	29. 812	36. 0	35. 2	.98	10. 0	10. 0	Nim.	39. 0	33. 7	N.	1. 0	0. 42	.....	0. 42	Fog early a.m.
2	29. 893	38. 1	33. 5	.82	10. 0	5. 6	Nim.	44. 5	32. 8	S.W.	4. 6	0. 25	.....	0. 25	Faint Auroral light.
3	29. 809	34. 6	28. 7	.85	9. 5	10. 0	Cu. St.	41. 2	24. 2	S.E.	3. 3	0. 02	.....	0. 02	
4	29. 647	32. 6	28. 8	.89	7. 0	4. 6	Cu. St.	42. 5	25. 0	W. S.W.	4. 0	0. 03	.....	0. 03	
5	29. 789	22. 9	12. 5	.86	5. 5	10. 0	Nim.	31. 4	16. 8	S.S.W.	1. 6	.....	Inap.	Inap.	
6	30. 017	22. 2	13. 0	.81	4. 5	1. 6	Cir. St.	27. 4	13. 4	N.E	1. 3	.....	0. 50	0. 04	
7	29. 683	30. 4	26. 0	.88	7. 0	10. 0	Nim.	37. 0	20. 0	S.	4. 0	.....	Inap.	Inap.	First Thunder & lightning of year, snow, rain & hail.
8	29. 600	37. 5	32. 6	.81	7. 5	10. 0	Cu. St.	45. 0	30. 2	W. S.W.	2. 6	0. 38	.....	0. 38	
9	29. 549	29. 5	24. 2	.81	7. 5	10. 0	Cu. St.	36. 5	23. 0	W. N.W.	2. 0	.....	.....	.....	
10	29 507	21. 7	14. 5	.85	7. 7	10. 0	Cu. St. Nim.	36. 8	15. 7	W.	4. 6	.....	0. 30	0. 03	High wind.
11	29. 681	27. 7	22. 0	.87	6. 5	7. 0	Cu. St.	33. 4	18. 9	W.	4. 0	.....	0. 40	0. 04	Fringilla Melodia heard.
12	29. 857	25. 9	18. 1	.83	6. 0	10. 0	Cu. St.	31. 0	23. 0	N.N.E.	2. 0	.....	Inap.	Inap.	
13	30. 000	26. 6	15. 8	.76	2. 2	0. 3	Cu. St.	31. 0	24. 0	W.	1. 3	.....	Inap.	Inap.	Aurora with streamers.
14	29. 961	31. 8	22. 1	.71	1. 0	0. 3	Strat.	37. 0	16. 5	S.W.	2. 0	.....	.....	.....	Fine Aur. arch with stream.
15	30. 189	35. 2	26. 0	.68	1. 0	0. 0	0	44. 3	25. 0	Calm.	0. 0	.....	.....	.....	Faint Auroral light.
16	30. 261	38. 7	29. 1	.70	0. 0	0. 0	0	52. 3	26. 7	S.	0. 6	.....	.....	.....	Faint Auroral light.
17	30. 251	41. 7	34. 7	.75	1. 0	4. 3	Cir. St.	52. 0	32. 0	S.S.E.	0. 6	.....	.....	.....	Aurora with streamers.
18	30. 271	40. 1	34. 4	.80	1. 0	0. 0	0	51. 9	30. 0	S.W.	1. 0	.....	.....	.....	Faint Auroral light.
19	29. 970	44. 1	36. 4	.72	2. 5	0. 0	0	55. 6	33. 0	S.S.W.	2. 0	.....	.....	.....	Aurora with faint streamers.
20	29. 546	41. 4	37. 2	.85	8. 2	9. 6	Nim.	51. 7	37. 8	S.S.E.	2. 6	0. 18	.....	0. 18	
21	29. 706	23. 5	16. 3	.86	6. 5	10. 0	Cu. St.	39. 0	19. 2	W.	3. 3	0. 16	.....	0. 16	
22	29. 619	20. 3	11. 8	.84	3. 5	9. 3	Nim.	36. 0	14. 9	W.	3. 3	.....	3. 80	0. 21	
23	29. 550	24. 7	16. 7	.83	3. 5	5. 3	Cir. Cu.	30. 4	14. 0	W. S.W.	3. 0	.....	1. 75	0. 09	Auroral light.
24	29. 344	28. 3	23. 3	.83	4. 0	7. 3	Cu. St.	35. 0	22. 5	W.	2. 0	.....	Inap.	Inap.	
25	29. 460	27. 1	21. 5	.87	8. 5	8. 3	Nim.	31. 0	19. 8	W. S.W.	3. 6	.....	Inap.	Inap.	
26	29. 833	27. 1	21. 4	.87	7. 0	8. 3	Nim.	32. 0	15. 5	S.W.	2. 3	.....	5. 30	0. 24	
27	29. 628	32. 5	27. 1	.82	6. 0	0. 3	Strat.	40. 0	20. 0	S.W.	2. 0	.....	Inap.	Inap.	Faint Auroral light.
28	29. 699	33. 4	28. 3	.82	7. 0	5. 6	Cu. St.	43. 7	22. 0	W.	3. 3	.....	.....	.....	
29	29. 641	27. 6	20. 7	.83	4. 5	6. 6	Nim.	35. 6	18. 5	S.W.	1. 3	.....	Inap.	Inap.	
30	29. 575	37. 6	30. 0	.80	3. 0	3. 0	Cir. St.	51. 2	21. 3	S.W.	0. 6	.....	Inap.	Inap.	Solar Halo, P.M.
31	29. 328	50. 5	41. 2	.62	2. 5	6. 6	Cu. St.	60. 0	35. 2	S.W.	3. 3	.....	.....	.....	Ice shov'd opp'site town p.m.
S's	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1. 44	12. 05	2. 09	
M's	29. 778	32. 00	25. 29	.818	.....	.....	.....	40. 49	23. 3	.....	.....	.....	.....	.....	

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT *TORONTO* IN MARCH, 1860.

Compiled from the Records of the Magnetic Observatory.

Day.	Barometer reduced to 32° Fah.	Temperature of the Air.	Relative Humidity.	Amount of Cloudiness.	Thermometer. Max'm read at 6, A.M. of next day.	Thermometer. Min'm read at 2, P.M. of same day.	Dew Point at 3, P.M.	Wind. General Direction.	Wind. Mean Velocity in Miles per hour.	Rain and Snow in 24 hours, ending at 6 A.M. next day. Rain.	Snow.	Total rain and melted Snow.	Ozone in 24 hours ending 6 A.M. of next day.	General Remarks.
	Inches.	°	0—100	0—10	°	°	°			Inch.	Inch.	Inch.		
1	29. 499	42. 85	95	10	46. 5	38. 0	45. 0	S. 83 W.	6. 93	.017	.....	.017		
2	.785	40. 15	74	4	48. 4	35. 0	30. 0	N. 69 W.	13. 18	.....	.....	.....		Lunar Halo.
3	.344	41. 07	68	8	50. 2	34. 2	36. 0	S. 67 W.	20. 35	.015	.....	.015		
4	.....	Sunday			37. 0	29. 5	.....	N. 83 W.	16. 57	.....	0. 2	.020		
5	.351	31. 63	76	3	37. 2	23. 5	28. 0	N. 63 E.	7. 41	.....	.....	.....		
6	.543	33. 08	81	7	37. 2	28. 2	29. 5	N. 73 E.	12. 96	.265	0. 1	.275		
7	.193	45. 42	73	3	62. 5	32. 4	48. 0	W.	9. 68	.....	.....	.....		
8	.459	40. 35	52	7	47. 5	38. 8	14. 0	N. 63 W.	14. 07	.....	.....	.....		Wild pigeons about: L. Halo.
9	.411	26. 57	67	8	34. 2	26. 0	24. 0	N. 49 W.	20. 01	.....	0. 2	.020		
10	.541	23. 77	65	9	28. 5	15. 0	20. 0	N. 52 W.	18. 36	.....	Inap.	Inap.		
11	.....	Sunday			39. 0	24. 0	.....	N. 75 W.	8. 64	.....	0. 5	.050		
12	.582	18. 28	74	4	22. 0	19. 2	11. 5	N. 31 W.	20. 46	.....	1. 0	.100		Auroral light and streamers.
13	.800	25. 65	78	6	30. 4	12. 8	21. 0	S. 55 W.	5. 22	.....	Inap.	Inap.		
14	.753	34. 09	72	1	43. 5	23. 4	26. 0	S. 82 W.	3. 91	.....	.....	.....		Zod. light very bright, ft. aur.
15	.885	36. 17	70	0	46. 0	26. 6	30. 0	S. 25 W.	3. 82	.....	.....	.....		Faint Aurora.
16	.864	36. 83	73	0	46. 5	28. 0	33. 0	S. 74 E.	3. 50	.....	.....	.....		Faint Aurora.
17	.854	40. 18	71	2	47. 2	28. 0	32. 0	N. 75 E.	4. 32	.....	.....	.....		Aur. lt. str. and pulsations.
18	.....	Sunday			51. 0	33. 0	.....	N. 73 E.	6. 40	.....	.....	.....		
19	.531	40. 78	89	6	45. 0	37. 5	41. 0	S. 62 E.	4. 82	.585	.....	.585		Dense fog, in ev. Au. lt. & str.
20	.400	34. 69	71	9	43. 3	35. 0	30. 0	N. 58 W.	22. 77	Inap.	0. 2	.020		Faint Aurora.
21	.691	24. 78	60	2	29. 4	17. 8	9. 0	N. 44 W.	28. 83	.....	.....	.....		
22	.348	31. 07	55	2	38. 8	22. 7	17. 5	N. 51 W.	21. 48	.....	.....	.....		
23	.324	30. 33	80	6	35. 0	26. 0	24. 0	N. 82 W.	10. 08	.....	0. 1	.010		Faint Aurora.
24	.268	25. 68	76	10	28. 4	23. 4	23. 0	N. 64 W.	17. 50	.....	0. 1	.010		Fine displ'y of col. aur, & str.
25	.....	Sunday			31. 2	21. 4	.....	N. 53 W.	16. 44	.....	Inap.	Inap.		Do do do do
26	.680	25. 35	59	4	32. 8	20. 2	10. 0	N. 39 W.	10. 66	.....	.....	.....		Lunar Halo.
27	.511	33. 78	70	1	43. 0	21. 0	25. 0	S. 47 W.	13. 63	.....	.....	.....		Lun. Halo. Aur. light & str.
28	.398	31. 30	74	6	37. 4	28. 0	23. 0	N. 82 W.	12. 81	.....	.....	.....		
29	.309	39. 07	58	2	55. 0	28. 8	33. 0	N. 86 W.	6. 12	.....	.....	.....		
30	.233	45. 03	67	3	57. 5	29. 0	35. 0	S. 45 W.	11. 52	.....	.....	.....		Lunar Halo.
31	.108	53. 20	64	10	67. 0	41. 5	47. 5	N. 84 W.	10. 66	.....	.....	.....		Imperfect halo round moon.
S's	.....	.....	.....	.....	.....	.....	.....	.....	.....	0. 882	2. 4	1. 122		
M's	29. 5111	34. 48	71	5	41. 57	27. 35	27. 63	N. 63 W.	12. 36	.....	.....	.....		