

THE
MONTREAL MEDICAL GAZETTE,
BEING A
MONTHLY JOURNAL OF MEDICINE,
AND
THE COLLATERAL SCIENCES.

Edited by Francis Badgley, M. D., and William Sutherland, M. D.

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DR. F. C. T. ARNOLDI ON
CHRONIC RHEUMATISM.

It has often occurred to me in early practice, to observe that the term Rheumatism was frequently applied to a chronic painful affection of the extremities, and in several instances, to parts of the body, which really did not merit that mild term. I say mild term, because the inveteracy as well as severity of such cases appeared to me to exhibit characters which totally differed from what I

conceived to be strictly speaking Rheumatism. Rheumatism in its active form is easily known, especially when of the articular character, so also is it easy to distinguish it when seated among the muscles; but when these parts, especially the latter, become affected with chronic severe pains, accompanied with great nervous irritability of mind, insomnia, and general derangement of the digestive functions, I then suspect that much as the case may resemble Chronic Rheumatism, it is more correctly to be referred to Neuralgia, or a spinal affection. In cases of Chronic Rheumatism it is not so easy to trace cause and effect; I mean to say, you cannot so easily perceive the pains to depend on a disordered condition of the digestive apparatus, whereas the cases I now particularly refer to, can on almost all occasions be referred to that cause. In Rheumatism, the barometric state of the atmosphere has almost invariably great influence in increasing or mitigating the pains, whereas in the cases I now refer to, such changes produce little or no influence; consequently, from these remarks it is easy to

perceive that some, if not a great modification, becomes essential in the treatment; and for the better elucidation of that, I shall give a general sketch of four well marked cases which came under my care.

1. Mr. C. R. about thirty-five years of age, had been for several years a martyr to what was styled chronic rheumatism. He had been previously attended by every physician of note in this city, and by some of the first standing in London. His case had assumed such a malignant character as to be deemed hopeless: His friends despaired of his commercial prospects;—what rendered his case still more distressing, his legs were affected with phagedœnic ulcerations, and these also took on the painful as well as angry character. At first my plan of treatment consisted in the usual remedies, which I thought, would tend to allay irritation and assist the digestive organs. This continued for months without effect, and I could not at last forbear concluding, that the symptoms depended more on a neuralgic condition, reflected from the spinal chord, than on ordinary chronic rheumatism. There was no

swelling, nor local heat,—but great pain, somewhat intermittent, but never followed by diaphoresis. I then thought of a different plan of treatment, based upon a suggestion thrown out by the late Dr. Robertson, viz. the use of the hydriodate of potass:—I say, based upon his suggestion, because he merely made mention of that medicine having of late been recommended in cases of chronic rheumatism, in quarter grain doses, repeated three or four times a day. On reflection, I considered this as a medicine likely to take the place of calomel in many instances, and this seemed to me to be one of a very well marked character; but, like calomel in one respect, I inferred it could only be advantageous in this instance, by being administered in sedative quantities. It is very well known that calomel in very small doses, frequently repeated, especially if combined with minute doses of opium, will generally counteract the rheumatic condition; but my experience has taught me, it will not so act in neuralgic affections. Again, we know, that calomel in very large doses, acts almost immediately as a sedative, and thereby may

frequently allay the most excruciating rheumatism or even neuralgic pains; but calomel is a medicine which cannot be safely repeated in such doses,—not so with the hydriodate of potass; I therefore concluded, that, if the hydriodate of potass was to be of any use at all, it must be in sedative doses. I therefore determined on trying the experiment with Mr. C. R.; but fearing it might act too powerfully on the nervous system, I cautiously added full doses of hyoscyamus. The result was truly miraculous. Mr. C. R. had by this time, been for years, almost uninterruptedly afflicted, and by the third day his pains ceased. His spirits returned, and daily he regained his strength in a most conspicuous manner;—in short, he has since become corpulent, and never from that moment, (June 1841) has he ever complained of the least menace of his old disorder.

The form in which I prescribed the hydriodate was as follows:—

Rp. hydriod. potass, dr. i.
 aquae pur. oz. viii.
 tinct. hyoscy. oz. $\frac{1}{2}$ mix.

Of this, one-third was taken every six hours, and for three days in succession.

The next case which came under my observation, was that of a poor Canadian man, named Labelle, to whom I was called by his neighbours, in consequence of his long continued suffering, and inability to move hand or foot. He had been for three months unable to convey either hand to his mouth. At first, I tried the usual remedies, viz. purgatives, alteratives, sudorifics, opiates, &c., but to no purpose. Then I prescribed the hydriodate, as in the case of Mr. C. R., and by the third day his pains left him, his sleep returned, and very shortly after, he was enabled to dress himself, and go about.

This case is valuable in one respect, as proving the efficacy of the hydriodate, in as much as it was administered, if possible, under the most disadvantageous circumstances,—at any rate, under circumstances in every respect opposite to those in which Mr. C. R. was placed, save the severity of symptoms. This man lived in a wretched hovel, through the timbers of which the wind entered with sufficient force to

extinguish the candle. He was miserably poor, and often had not a morsel to eat; and by way of a climax, this occurred in the depth of winter. From the time the hydriodate relieved him in February, 1842, to this day, he too has continued in the enjoyment of good health, and has become somewhat corpulent. His occupation as a fruit and oyster huckster has exposed him to all vicissitudes of weather, but with impunity.

The third case, was that of a Scotchman, whose circumstances were intermediate between those of the two former; but whose case was not sufficiently severe, though very chronic, to prevent him attending, more or less regularly to his avocation, which was of itself sufficiently well calculated to counteract any remedial means, he being overseer and engineer at a tobacco mill, where, in one apartment he was enveloped in steam, and in the other, in minute snuff dust. After a dose or two of purgative medicine, which produced no alleviation of pain, although it improved the tongue, he took the hydriodate, and experienced the most happy effects. But he soon again suffered another

attack, and of his own accord applied, as he styled it, "for the medicine which cured the pains." Again, he derived the same benefit as before; but being convinced that he would continue to relapse so long as he remained in the same situation, he profited by his improved health and returned to Scotland.

The fourth case was Mr. J. G., whose sufferings were almost of as protracted a nature as those of Mr. C. R., and affected his head, arms, and legs, especially towards evening, in a most excruciating manner. Medicines of every description had been tried, and all literally in vain. Not only his mind, but all the organs of digestion became exceedingly irritable. Sometimes his evacuations would appear highly charged with bile, at others, they would be just like mortar. His renal secretions alternated from scantiness to abundance, and from high to very pale colour. His appetite was at all times capricious; in short, in addition to his great sufferings of mind and body, he had superadded dyspepsia, in a very complete form. I resolved, in the summer of 1843, to try the hydriodate with him, but feared the

irritability of his stomach; however, after explaining to him how it had acted in other cases, he consented to give it a fair trial, notwithstanding its horrible taste. The consequences were truly astonishing; as much so as they had been upon Mr. C. R. All symptoms of pain and dyspepsia disappeared. His spirits immediately returned, and very rapidly followed the restoration of strength and flesh. This favorable change lasted for nearly a year, since which he has been occasionally menaced with a return of all his sufferings; but the occasional use of the hydriodate always keeps them in check. However, Mr. J. G. resides some distance in the country,—he may consequently suffer more from not knowing under what circumstances he should have recourse to the medicine, as I do not think it would meet with justice if given indiscriminately in all cases of severe pains, from whatever cause arising.

F. C. T. ARNOLDI, M. D.

April 17, 1845.

DR. SPIERS' SPECIAL REPORT.

MARCH 17TH, 1843.

SIR,—You will pardon the liberty I take in addressing you somewhat at large on the subject of the Medical treatment of the patients in the Lunatic Asylum at Toronto.

It seems to me, with all deference, that the method of enquiry into the Medical treatment must chiefly turn on a comparison of the number of cures per cent. and of deaths in the Toronto and other Lunatic Asylums. A mere question of numbers to be made and appreciated by any one, could not, in my humble opinion, be made a report worth having, when founded on a few visits to the patients in an Asylum; in all probability most of whom would be, as at present in the Toronto Asylum, convalescent, and it is impossible in the convalescent form of Mania to determine what the symptoms were when it was acute. A Physician might find the remains of bleeding and blistering in patients perfectly tranquil, and be altogether at fault were he asked to point out from their present state, the former requirements of treatment.

I have been round the wards of the Toronto Lunatic Asylum several times, and I

then understood from Dr. Rees, that the antiphlogistic treatment as it is termed, is carried to its full extent, (exceptions excepted,) the recent case I saw when admitted and the relief occasioned by copious bleeding was manifest, immediate and durable; in another case I assisted with my friend Mr. Beaumont at a post mortem; we found the vessels of the inner membranes of the brain, and also of its substance highly injected, and much serum effused; appearances generally considered to be the result of active inflammation. We found also in the same brain another and further result of inflammation, viz.: a complete disorganization of its substance to the extent of about an inch and a half superficial diameter, and about half an inch in depth.— These appearances which of course can only be appreciated after death strongly corroborate the opinion of those physicians, who extol reiterated blood letting, local or general, above all other remedies in cases of recent mania.

I have read the particulars handed to me by Dr. Rees of eleven other post mortems

made on those who had been patients in the Asylum, and all of them, (minute differences excepted,) tallied with the case above detailed. If we refer to Physicians of great experience and repute we find that their testimony coincides with the foregoing. Broussais, in his work 'Sur la Folie,' writes "on a trouvé apres les morts survenues au milieu des transports de la fureur la substance cerebrale fort injectée de sang, &c." We deduce, says Dr. Hawkins (see Medical statistics) from the Statistical report of the deaths in the Lunatic Hospitals of Paris, during three years the following.

30 in	died	from	disease	of the brain or
100				membrane.
17 in	"	"	"	of the Thoracic
100				organs.
20 in	"	"	"	of the
100				abdominal "
10 in	"	"	"	of Cachexia
100				"
4 in	"	"	"	from Surgical
100				diseases.

i. e. 83 per cent. in all probability indicating in some period of the disorder the antiphlogistic treatment.

Concerning the advantage of bleeding in Mania most Physicians are agreed. Dr. Sydenham, I believe, was the first who noticed a sort of mania very uncommon, which proceeded from weakness, and which for the most part attacked patients who had for a long time suffered under autumnal intermittents, which if treated, says he, in the *ordinary way* by bleeding, brought on incurable idiotcy or death; but which was easily cured by wine and tonics. But in general mania is an inflammatory disorder, just as much so as pleurisy; you see it often under the form of Phrenitis or of delirium combined with fever, again it is seen as Broussais well observes, with an inflammation of the stomach, for which he was accustomed to bleed till the symptoms changed and to use his own language with the happiest effects. Again you find a very frequent metastasis of pneumonia to the brain occasioning madness and also very many examples of mania proceeding from the

closure of varicose and for a long period bleeding hemorrhoidal vessels all requiring blood letting just as much so as any disorder whatsoever.

Dr. Rush, Professor of Medicine and Clinique in the University of Pennsylvania, and Physician to the Lunatic Asylum there, whose work on Insanity is held in great estimation in Europe, says "Blood letting is indicated in mania by the occasional cures that have followed the loss of large quantities of blood. Many mad men, who have attempted to destroy themselves by cutting their throats have been cured by the profuse hæmorrhages which have succeeded; of this several instances have occurred within my knowledge.

The bleeding on the first attack of the madness should be copious, twenty to forty ounces. The effect, continues Dr. Rush, are wonderful, it sometimes cures in a few hours. This treatment to be continued if the symptoms require. The quantity of blood drawn should be greater than in any other organic disease. From among many cases of the successful issue of profuse bleeding in

madness, I shall select but two; one Mr. —— 68 years of age, from whom I drew nearly two hundred ounces of blood in less than two months, the other Mr. —— of New York, who lost by order four hundred and seventy ounces of blood by forty seven bleedings in less than one year; were it necessary, I could add several other cases communicated to me by my students." Mr. Haslam has recorded two hundred cases in the Bethlehem Hospital in all of which he bled. Esquirol strongly recommends bleeding in mania where severe headache exists. Broussais, not only recommends bleeding, but affirms that bleeding, especially by leeches applied during several days have cut short incipient mania, and restored the patient to reason as quickly as we are accustomed to see pneumonia or gastro enteritis removed by blood letting. Dr. Burrows, whose testimony on this subject, before all other Physicians ought to have weight, seeing that his cures of recent cases of Insanity amounted to 90.32 per cent. nearly 3 per cent. more of cures than any other known Asylum can boast of, declares, that he cannot recollect a single case of

mania, of what sort soever, in which the abstraction of blood either from the head or neighbouring parts has not been distinctly indicated; and he repeats it without hesitation so long as excitement continues, even though it be requisite to give tonics at the same time.

In fine if the cure of disease (where it can be obtained) be the great end of all treatment, then in any given number of cases, that Physician who cures the greatest number, must be allowed, *ceteris paribus*, to adopt the best method of treatment.

Dr. Burrows, who always bleeds in cases of mania cures 91.32 per cent. of recent cases and 35.18 per cent. of old cases. Dr. Rees 49 per cent. of all cases, but 31 of the 161 patients were when admitted into the Toronto Asylum incurable, deducting these we have 60 per cent. of cures. Further, many of these cases were not recent, and the chronic form of mania is by no means so easily removed as the recent. Now if from the statement of Dr. Burrows we take the mean between the cures recent 91.32 and the old cases 35.18, we have a little over 63 per cent. of cures of all cases, which number is about 14 per cent. above the

cures performed at the Toronto Asylum.

The Connecticut Asylum when under the able Dr. Todd sent out cured of recent cases 88.66 per cent., of old cases, 14.14 per cent., which gives a mean of all cases cured of 51.40 per cent. or 2.40 per cent. only above the cures of the Toronto Asylum. The returns from the Principal Asylums in England and France give the mean of cures in France 42. In England 32 per cent.

The mortality in the Toronto Asylum is 7.5 per cent. of all cases. The mortality in the Connecticut is 2.1 nearly per cent. of recent cases, and 7.2 per cent. of chronic cases. The mean 4.4 per cent. less than the mortality in the Toronto Lunatic Asylum. The mortality in the Paris Lunatic Asylum is 1 in 13 or 7.7 per cent. of all cases or 0.2 more than in the Toronto Asylum.

Again, I have stated that recent cases of Insanity are more easily cured than those which are chronic. Esquirol has published a table of 269 cases cured at the Salpetriere from which it appears that 151 cases were cured within the first six months; in the next four months sixty-five cases were cured or a

fewer number in proportion of time by fifty-two at least; after and between one year and two years, twenty-three cures; shewing, when reduced as near as can be to equal times, a decreasing progression in cures, in equal increments of time from the first attack of 50.32.4, nearly answering to the first, second, and third six months. According to this table, the chances of recovery decrease between the first and second six months 36 per cent., and between the second and third six months 88 per cent. (this being premised) according to Desportes the medium time of cure under the antiphlogistic treatment is 55 days, while according to Broussais under the non-antiphlogistic treatment, the time of cure extends to 137 days. The antiphlogistic treatment, being successful under two months; the non-antiphlogistic treatment being successful in between four and five months. The difference between these two methods as regards the number of cures, cannot on account of the very insufficient data be calculated, but the difference in the duration of the disorder is evident, or as five to two in four of the antiphlogistic treatment.

Dr. Rees has been accused by some disingenuous person of salivating his patients in cases of mania. Dr. Rees has assured me that he never salivated a patient in the Asylum. But what if he had? "Too much," writes Dr. Rush, "cannot be said in favor of salivation in general madness. I once advised Mercury," says Dr. Rush, "in a case of madness in a female, after parturition, who had conceived an aversion for her infant, on the day that she felt the Mercury in her mouth, she asked for her infant and pressed it to her bosom. I have seen," continues Dr. Rush, "two instances in our Asylum, in which a taciturnity of a years continuance was removed by it; speech was excited in one of them on the very day in which the Mercury affected the mouth, and the use of reason followed a few days after." This is just what might be expected, for Mercury diminishes arterial action, and equalizes the circulation in the body; for this reason it is given in pericarditis, in Hydrocephalus, acute inflammation of the larynx, trachœa, liver, &c.

In conclusion, I cannot help expressing a

hope that this persecution may redound to the great benefit of Dr. Rees, who has by his exertions, and his medical and moral treatment, raised the Toronto Lunatic Asylum, with all its disadvantages, to nearly a level, with all the most favored of similar institutions.

I have the honor to be,

Sir,

Your very obedient servant,

(Signed) ROBERT SPIERS, B. M. L. M.

Cantab, member of the Royal College of Physicians,

London.

To the Honorable Vice Chancellor, Chief Commissioner of the Toronto Lunatic Asylum.

APPENDIX.

To the Report of the Provincial Temporary Lunatic Asylum, at Toronto, 1st September, 1844, by Dr. Rees.

As connected with the considerations

which appear at the latter part of this Report, I subjoin the substance contained in Jacobi's recent and highly approved work "On the construction and management of Hospitals for the Insane," also the views, on the same subject, of other writers of eminence.

After alluding to the preliminary arrangements necessary in such institutions, Dr. Jacobi observes "That as the second grand feature in the character of the establishment, we must specify that energy in the application of medical means for the restoration of the patients, which seizes and applies all those auxiliaries which have an influence on the various kinds of mental derangement, according as they are indicated by the results of scientific experience to be applicable to each individual case; no proof need be adduced to shew how indispensable it is that these medical operations should be characterized by the utmost indulgence of purpose, and that they should bear testimony to the same spirit pervading and embracing the whole. For as we have already remarked at the commencement of this work, the entire arrangements of the establishment in all its

separate parts should bear the stamp of the idea from which it sprang, so that the medical spirit which suggested its grand outline should be plainly recognized in it. So, also, there can be no doubt that the same concentrated spirit should likewise be manifested in the vigorous application of the particular means which it has provided to every case that comes under its care."

The activity and energy displayed in the establishment, as we have now depicted it, and which stands in the most immediate relations with the treatment of the patients, is also clearly connected with that department which relates to the domestic care, and that of the remaining members of the family. To the repairs and replacing the furniture of the establishment, the procuring and distributing of all articles of consumption, the management of the receipts and expenditure, the keeping of the books and other offices, as every operation in this department, also must concur with the rest in promoting the ultimate object of the establishment; and as the most perfect unity of purpose and unimpeded activity must characterize all the exertions

made to this end, so, it is here again evident, that the supreme direction and control of all the officers and servants, without exception, employed in this department, must likewise be concentrated in the directing physician. That this position is the only just one, and the most likely to advance the interests of the establishment, will, I think, be fully acknowledged from what I have said above in reference to the character of such an institution. It is also very easy to perceive, and experience has invariably attested the fact, that in all those establishments where the opposite relations subsist, and the medical influence is placed on an equality with the domestic stewardship or subordinate to it, there is always an invariable want of harmony and singleness of purpose, so that the highest interests of the institution have not been realized to the extent that would be possible; for so soon as the farming and household economy cease to be a simple instrument towards the cure of the patients, so soon will the character of the institution sink into that of a mere nursery establishment in which the economical principle

predominates, and the medical influence is subject to it; and though there be many gradations from a tolerable degree of medical independence and efficacy, yet the system itself leads necessarily to a state of subordination and restriction, in which the physicians are utterly deprived of all freedom in their exertions, and the steward will issue from his account-desk, his peremptory mandates as to everything that shall be done or left undone."

"Let us compare the state of such an establishment with that of one conducted under the arrangements which I have just advocated. Let us conceive the situation of a physician and philanthropist, whose whole soul is wrapped up in the cause he has espoused, in such a state of subordination. Let us imagine what would be the feelings of a Reil, a Langerman, of a Willis, a Pinel, or an Esquirol, thus fettered and clogged in their exertions. Let us read Horne's vindication, and then take a glimpse into the interior of almost all the other establishments of Germany as well as foreign, and we shall be immediately struck with the conviction, that,

the realization of that unity in the direction of these institutions which I have recommended, can alone be in harmony with their true interests. Hence, it follows, as a necessary consequence, that one man must be placed at the head of the establishment,—such an one as it has been indebted to for its origin and existing rules. A kindred spirit must animate him in order to insure the constant application of the means which the institution affords, in strict accordance with the purposes of its foundation. His mind must pervade the whole establishment; every auxiliary means which the science of medicine and moral influence affords must be at his command and disposal; but for these objects he will not only require all the assistance which the mere arrangements of the establishment may confer, but also the help of kindred minds, who, deeply impressed like himself, with the spirit of the idea which is here to be realized, may, as his organs, constitute with himself, a firmly compact, harmonious whole, and may strengthen and diversify, and complete his powers and efficacy."

"Thus, is a sphere of exertion, even as

relates to the physical department alone, far too extensive for the energies of a single physician; he stands in need of the aid and support of a man, who associated in the closest union with him, and partaking in all his views, may in common with himself, engage in the treatment of the patients as his "*alter ego*;" and when sickness or absence withdraws him from his office, may be confidentially entrusted with the discharge of his duties."

"There should be at least two resident medical officers, who though not equal in authority, should be united in the consideration of the plan of treatment. I do not, however, see that according to what appears from practice to be the general view of the profession in regard to the use of pharmaceutic means in cases of insanity, the plan generally adopted, of having a resident medical officer, and a non-resident physician who attends twice or thrice a week, is incompatible with the efficient carrying out of the present views of medical treatment in such cases."

"In addition to such an officer, he must

also be supported by another well informed and skilful medical assistant, who may undertake the more subordinate, and especially the surgical duties of his profession, besides rendering all sorts of assistance in the prosecution of his various plans of observation and research, and particularly in the *post mortem* examinations of deceased patients. It is absolutely necessary that a judicious arrangement of authority and subordination be established, and that the physician should be superior to all in respect of every thing that concerns the patients. The greatest importance is attached to the selection of inspectors and attendants."

"Active and incessant inspection of both patients and attendants is imperatively required, whilst the moral treatment requires the greatest judgment and determination in all its relations."

On the external government of Lunatic Asylums, it is observed, that, "the County Asylums of England are entirely under the government of the Magistrates in Quarter Sessions, who appoint visitors from their own body to inspect, from time to time, into the

condition of the establishment, and who meet at stated periods for the direction of these affairs."

The general character of English magistrates, it is remarked, render this system of peculiar value, and it is asked "is there any other local class of persons who can be so depended on for this duty?" This plan of visitation carries force of sound public opinion into these places, and their business should be to collect and communicate information, to advise and report to the government.

OF THE POWERS AND DUTIES OF THE BOARD OF COMMISSIONERS.

1st. The superior or primary direction of every part of the economy of the establishment.

2nd. Inspection of the general management of the funds, and examination of the several amounts of receipts and disbursements.

They are expected to render all accounts of the expenditure quarterly, according to

prescribed forms, or as they see occasion.

The statements of receipts and expenditure must undergo revision by the Director, previous to their being laid before the Board.

3rd. To make an annual examination of the property of the Institution, and to report on its general condition and requirements, its finances, &c.

DUTIES OF THE DIRECTING MEDICAL SUPERINTENDENT.

The Medical Superintendent or Directing Physician "is the organ of the Government in the management of the Institution, and is responsible to it for the right conduct of every department,—in regard to the management of the patients, the general direction of the concerns of the Establishment, and of the functionaries to whom the carrying out of the rules and orders are intrusted. To him, in all affairs of the Institution, the whole jurisdiction is committed; all orders and instructions of the Government are addressed, and the amounts and reports of the various

Officers rendered. All the Officers of the Establishment, Medical, Clerical, and Economical, are under his control, and they are in no respect which concern the Institution, to contravene his instructions."

The Assistants of lower rank in the Establishment, of whatever class, are of course, still more decidedly subject to the authority of the Director; and all of them, from the upper male and female Attendants downwards, are appointed and discharged by him.

He is limited as to the rate of wages, but can promote the most deserving to places which yield the highest rate of remuneration. He is required to report each year respecting those who are unfit for the service. The weightiest duties of the Director are those which regard his own numerous cares in the management of the patients. The administration of all measures which can contribute to their cure marks the limit to his medical duties.

The studies of the Director are principally directed to the treatment of the insane.

He is to take care that the written

document, which is given in with each patient, relative to the symptoms of the disease, and the mode of treatment which has been adopted be entered along with the result of every subsequent consultation in the patient's case. As complete a history as possible must be obtained of each case admitted within the Hospital.

The Director is expected to furnish every patient, who is discharged cured, with full instructions as to his future medical treatment.

The Director has to determine the period of the discharge of patients, whether with reference to the stage of convalescence in which it may be safe for them to leave the Institution, or as regards the probability of benefit to be derived by those who are not recovered by any longer detention; and although two years' continuance of disease may be considered as a general indication of permanency, the Directing Physician believes that the hope of recovery should by no means be confined to that period; there are therefore, no absolute rules laid down in reference to this matter.

The particular medical, moral, and dietetic management of the patients is also the exclusive business of the Director of the Establishment.

INTERESTING CASE OF CONGENITAL IDIOCY.

[DR. CONOLLY, in the last No. of the British and Foreign Medical Review, gives an interesting account of the Lunatic Asylums of Paris. Perhaps no part of it is more valuable than that which relates to the department of the Bicêtre Hospital, appropriated to epileptic and idiotic patients, and to the wonderful improvement in one of these patients. This portion of his account is given below.]

I was accompanied round this Asylum by M. Battelle, and by M. Mallon, the Director, and had afterwards an opportunity of hearing from himself, the exposition of the views of one of its able Physicians, M. Voisin, whose singular zeal in the cause of the idiotic class

of patients has caused difficulties to be overcome, which appeared at first to be insurmountable. The first part of the Bicêtre to which I was conducted, was a school exclusively established for the improvement of these cases and of the epileptic, and nothing more extraordinary can well be imagined. No fewer than forty of these patients were assembled in a moderate sized school room, receiving various lessons and performing various evolutions under the direction of a very able school-master, M. Seguin, himself a pupil of the celebrated Itard, and endowed with that enthusiasm respecting his occupation before which difficulties vanish. His pupils had been all taught to sing to music; and the little band of violins and other instruments, by which they were accompanied, was formed of the old almsmen of the Hospital. But all the *idiotic* part of this remarkable class also sung without any musical accompaniment, and kept excellent time and tune. They sang several compositions, and among others a very pretty song, written for them by M. Battelle, and sung by them on entering the

classroom. Both the epileptic and idiotic were taught to write, and their copybooks would have done credit to any writing school for young persons. Numerous exercises were gone through, of a kind of military character, with perfect correctness and precision. The youngest of the class was a little idiot boy of five years old, and it was interesting to see him following the rest, and imitating their actions, holding out his right arm, left arm, both arms, marching to the right and left, at the word of command, and to the sound of a drum, beaten with all the lively skill of a French drummer, by another idiot, who was gratified by wearing a demi-military uniform. All these exercises were gone through by a collection of beings offering the smallest degree of intellectual promise, and usually left, in all Asylums, in total indolence and apathy. Among them was one youth whose intellectual deficiency was marked in every look, gesture, and feature.

I think a more particular account of this poor boy's progress deserving of record, as an inducement to the philanthropist to enter on a new field of instruction, presenting many

difficulties, but yet not unproductive of results.

In the school for idiots and epileptics, at the Bicêtre, a careful register is kept of the psychological condition of each pupil, according to a printed form, for the examination of their instinctive, moral, intellectual, and perceptive state. I was obligingly furnished with a copy of the register relative to the subject of my immediate observations, *Charles Emile*, and also with a copy of the *résumé*, or summary of his case, made by M. Voisin himself.

The age of Charles Emile is fifteen; he was admitted to the school in June, 1843. He is described as being of a nervous and sanguine temperament, and in an almost complete state of idiocy; the faculties which remain being in a state of extraordinary activity, and rendering him dangerous to himself and to others; but still idiot in his inclinations, sentiments, perceptions, faculties of perception and understanding, and also of his senses, of which some were obtuse, and others too excitable. He was consequently unfit, to use the words of M. Voisin, "to

harmonize with the world without." As regards his *inclinations*, he was signalized by a ferocious, indiscriminate, gluttonous appetite, *un érotisme hideux*, and a blind and terrible instinct of destruction. He was wholly an animal. He was without attachment; overturned everything in his way, but without courage or intent; possessed no tact, intelligence, power of dissimulation, or sense of property; and was awkward to excess. His *moral sentiments* are described *null*, except the love of approbation, and a noisy, instinctive gaiety, independent of the external world. As to his *senses*, his eyes were never fixed, and seemed to act without his will; his taste was depraved; his touch obtuse; his ear recognized sounds, but was not attracted by any sound in particular; and he scarcely seemed to be possessed of the sense of smell. Devouring everything, however disgusting; brutally sensual; passionate—breaking, tearing, and burning whatever he could lay his hands upon, and if prevented from doing so, pinching, biting, scratching, and tearing himself, until he was covered with blood. He had the particularity of being so attracted by

the eyes of his brothers, sisters, and playfellows, as to make the most persevering efforts to push them out with his fingers. He walked very imperfectly, and could neither run, leap, nor exert the act of throwing; sometimes he sprang like a leopard; and his delight was to strike one sonorous body against another. When any attempt was made to associate him with the other patients, he would start away with a sharp cry, and then come back to them hastily. M. Voisin's description concludes with these expressions:—"All the faculties of perception in this youth are in a rudimental state; and if I may venture so to express myself, it is incredibly difficult to draw him out of his individuality, to place him before exterior objects, and to make him take any notice of them. It would not be far from the truth to say, that for him all nature is almost completely veiled."

This description not only exemplifies M. Voisin's careful mode of observation, but shows that an example of idiocy less favorable to culture could scarcely have been presented to the instructor. This same poor idiot boy is now docile in his manners, decent

in his habits, and capable, though not without some visible effort, of directing his vague senses and wandering attention, so as to have developed his memory, to have acquired a limited instruction concerning various objects, and to have become affectionately conscious of the presence of his instructors and friends. His general appearance is still that of an idiot. His countenance, his mode of walking, all that he does, declare his very limited faculties. Nature has placed limits to the exercise of his powers which no art can remove. But he is redeemed from the constant dominion of the lowest animal propensities; several of his intellectual faculties are cultivated, some have even been called into life, and his better feelings have acquired some objects and some exercise. In such a case as this we are not so much to regard what is merely accomplished for the individual. A great principle is established by it in favor of thousands of defective organizations. After witnessing the general effects of this school on the most imbecile human beings, and hearing the particulars of Charles Emile's history, it was really

affecting to see him come forward when called, and to essay to sing a little solo when requested; his attempt at first not being quite successful, but amended by his attention being more roused to it. His copy-book was then shown to me, and his writing was steady, and as good as that of most youths in his station of life. The schoolmaster, who seemed to take great pleasure in the improvement of this poor fellow, then showed us how he had taught Charles to count, by means of marbles and small pieces of wood, or marks made on a board, arranged in lines, the first containing an 0, the second 00, the third 000, and so on. Charles was sometimes out in his first calculations, but then made an effort and rectified himself. He distinguished one figure from another, naming their value. Large pieces of strong card, of various shapes, were placed in succession in his hands; and he named the figure of each, as square, triangle, &c., and afterwards drew their outlines with chalk on a black board, and according to the desire of M. Seguin, drew a perpendicular, or horizontal, or oblique line; so effectually attending to what he was doing, that if any

line was drawn incorrectly he rubbed it out and began anew. He also wrote several words on the board, and the name of the Director of the Bicêtre, without the name being spoken to him.

This case was altogether the most interesting of those which I saw; but there was one poor idiot standing a great part of the time in a corner, to all appearance the very despair of art: even this poor creature, however, upon being noticed and brought to the table, proved capable of distinguishing the letters of the alphabet. Most of the others had received as much instruction as has been described, and could count, draw lines and figures, write, perform various exercises, and point to different parts of the body, as the head, the eyes, the arms, the feet, &c., when named to them. In all these cases, and pre-eminently in that of Charles Emile, the crowning glory of the attempt is, that whilst the senses, the muscular powers, and the intellect, have received some cultivation, the habits have been improved, the propensities regulated, and some play has been given to the affections; so that a wild, ungovernable

animal, calculated to excite fear, aversion, or disgust, has been transformed into the likeness and manners of a man. It is difficult to avoid falling into the language of enthusiasm on beholding such an apparent miracle; but the means of its performance are simple, demanding only that rare perseverance without which nothing good or great is ever effected; and suitable space, and local arrangements adapted to the conservation of the health and safety of the pupils; to the establishment of cleanly habits; to presenting them with objects for the exercise of their faculties of sense, motion, and intellect; and to the promotion of good feelings and a cheerful disposition. The idiot who is capable of playing and amusing himself is already, as M. Seguin observes, somewhat improved. I can but regret that I had not time to watch the progress of this interesting school from day to day, and to trace the growth of knowledge in the different pupils; as of the first ideas of form and color, in writing and drawing; the development of articulation and the power of verbal expression; the extension of memory to

calculation; the subsidence of gross propensities, and the springing forth and flourishing of virtuous emotions in a soil where, if even under the best circumstances the blossoms and fruits are few, but for philanthropic culture all would be noxious or utterly barren.

STATISTICS.

STATISTICS OF CANADA.

According to the Report made by the Select Committee, of the Legislative Council on the Census returns of Lower Canada, there are of

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Deaf and Dumb,	447	278	725
Blind,	273	250	523
Idiots,	478	472	950
Lunatics,	156	152	308
	<hr/>	<hr/>	<hr/>

Total afflicted,	1354	1152	2506
			N. B.

Dr. Bell in his work on Regimen and Longevity, gives the following as showing the absolute mortality within the last twenty years of the inhabitants of different countries.

Russians,	1 in 27
Prussians,	1 in 36 2
French,	1 in 39 27
Dutch,	1 in 38
Belgians,	1 in 43 1
English,	1 in 43 7
Sicilians,	1 in 32
Greeks,	1 in 30
Philadelphians,	1 in 42 3
New-Yorkers,	1 in 37 83
Bostonians,	1 in 45.

According to the census of 1841, there are of Physicians in the United Kingdom, 1,476; of Surgeons, Apothecaries, Medical Students, Cuppers and Dentists 18,658. Midwives are

included under the head of the Medical Profession, and amount to 676 in England and 641 in Scotland.

L'Almanach de Médecine pour 1845 publie la statistique suivante sur le personnel médical de Paris:

Le chiffre des docteurs qui y sont établis au 1er janvier 1845 s'élève à 1,430; il était en 1843 de 1,423; en 1841 de 1,360; en 1839 de 1,310; en 1836 de 1,220; en 1833 de 1,090.

Sur ce nombre de 1,430, 1,323 ont été reçus à la Faculté de Paris, 50 à celle de Montpellier, 31 à celle de Strasbourg, 26 dans les Universités étrangères et exercent en France en vertu d'ordonnances royales. Dix de ces docteurs se livrent exclusivement à l'art du dentiste, 14 au traitement spécial des maladies des yeux, 16 à la médecine homœopathique, et 4 au magnétisme.

Sur les 1,430 docteurs résidant à Paris, il y a 320 membres de la Légion d'Honneur, dont 4 commandeurs, 50 officiers et 266 légionnaires.

Paris renferme en outre 168 officiers de santé, 326 pharmaciens et 450 sages-femmes.

The average cost of the inmates in the Temporary Asylum at Toronto, during the year 1843 was 17s. 2½d. per week; this has been reduced during the last year, to 14s. per week; we have not seen the statement of expenses incurred during the last year in our Lunatic *Cage*, but in that terminating on the 31st Dec. 1843, stating the average number of inmates at 45, their cost was rather more than 10s. 6d. each per week; but rent does not form an item in the *expenditure, the Asylum being in the City Gaol*. By a statistical table published in the annals of Medicine of Ghent, and remarked upon in the Parisian Journal of Medicine and Surgery of January last, we learn, that within the last 20 years, the number of persons affected with Insanity in Great Britain, has more than trebled. Their total number is 12,549, of whom are lunatics 6,808 and idiots 5,741 giving an average of 1 in 1000. In Scotland there are 3,652 lunatics, or about 1 in 700, and in Ireland their number exceeds 8,000.

Tables exhibiting the causes of the disease, the trade or occupation, the religious denomination, and the place of birth of such of the Patients as could be ascertained in the Toronto Asylum.

No. 1.

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Chagrin and Disappointment,	2	2	4
Cerebral Disease,	17	15	32
Disease of the Digestive Organs,	26	12	38
Irregularities and Exposure,	25	15	40
Cold, while under the influence of Mercury,	1	0	1
Reverses in Life,	9	7	16
Disappointment in love,	1	2	3
Intemperance,	29	15	44

Inordinate Mental Exertion,	1	0	1
Fright,	5	4	9
Domestic Affliction,	4	7	11
Fanaticism,	9	7	16
Gambling, &c.,	3	1	3
External injury of the head,	6	1	7
Jealousy,	2	1	3
Uterine Disease.	0	3	3

No. 2.

Church of England,	9
Roman Catholics,	47
Presbyterians,	25
Methodists,	30
Baptists,	4
Menonists,	2
Jews,	1

No. 3.

Natives of England,	54
" Ireland,	108
" Scotland,	19
Canadians,	18
French Canadians,	4
Germans,	5
Americans,	5

No. 4.

Carpenters,	5
Blacksmiths,	4
Bricklayers and Builders,	5
Tinsmiths,	3
Tailors,	4
Shoemakers,	6
Weavers,	1
Tavern-keepers,	1
Pedlars,	3
Dyers,	1
Sawyers,	1
Butchers,	2
Soldiers, (Military	5

Pensioners,)	
Plumbers,	1
Tanners,	2
Mercantile,	9
Printers,	1
Schoolmasters,	2
Labourers,	51
Seamstresses,	3
Servants,	7

No. 5.

*Return of the Districts from whence the
several Patients have been sent to the
Asylum.*

<i>Districts.</i>	<i>No.</i>
Home,	56
Gore,	17
Newcastle,	19
Niagara,	11
Midland,	13
Wellington,	7

Johnstown,	7
Brock,	3
Huron,	3
Talbot,	2
Simcoe,	11
Western,	4
London,	4
Eastern,	3
Dalhousie,	2
Bathurst,	5
Victoria,	1
Colborne,	2
City of Toronto,	62
Canada East,	1
Strangers,	13

No information obtained respecting the remainder.

*General Abstract of Annual Returns,
from the commencement (21st January,
1841,) to 1st September, 1844.*

Key: M. = Males. F. = Females. T. = Total.

	Number treated in the Asylum.			Discharged Cured.			Discharged Relapsed
	M.	F.	T.	M.	F.	T.	M.
FORM OF DISEASE.							
Monomania	84	51	135	36	15	51	18
Mania	85	86	171	37	23	60	8
Dementia or Fatuity	18	11	29	2	—	2	1
Idiotcy	9	3	12	—	—	—	1
Total	196	151	347	75	38	113	28
	Convalescent.			Died.			Relapsed
Monomania	—	1	1	3	1	4	18
Mania	3	3	6	8	8	16	10
Dementia or Fatuity	—	—	—	1	—	1	7
Idiotcy	—	—	—	—	—	—	3
Total	3	4	7	12	9	21	38

*Annual Report of Patients admitted,
discharged, died, and remaining in the
Temporary Lunatic Asylum, Toronto,
from the 1st of September, 1843, to the
1st of September, 1844.*

Key: M. = Males. F. = Females. T. =
Total.

	Remaining last Year.			Admitted.			Dis- C
FORM OF DISEASE.	M.	F.	T.	M.	F.	T.	M.
Monomania	8	7	15	19	3	22	6
Mania	12	12	24	16	16	32	12
Dementia or Fatuity	6	2	8	1	2	3	—
Idiotcy	3	1	4	—	—	—	—
Total	29	22	51	36	21	57	18
	Convalescent.			Died.			Ren
Monomania	—	1	1	—	1	1	18

Mania	3	3	6	3	1	4	10
Dementia or Fatuity	—	—	—	—	—	—	7
Idiotcy	—	—	—	—	—	—	3
Total	3	4	7	3	2	5	38

One of the most interesting institutions of Berlin, is that for the instruction of the deaf and dumb, at which the new method is pursued of teaching them articulation. The success with which it is attended is certainly very astonishing, and, to an inexperienced observer like myself, quite satisfactory. The pupils converse with the instructors and with each other, so as to be intelligible to an ear as little practised as mine in the German language. The older ones can also read aloud and with a distinct enunciation, from an octavo volume of reading lessons, any passage that may be selected. But notwithstanding that by a patient imitation of the movements of the lips, tongue, larynx, and chest involved in articulation, this system seems to have achieved an impossibility; its expediency, as a general system of education for deaf mutes, is doubted by many practical

observers, who say that the great length of time necessarily devoted by those who possess only ordinary imitative faculties, to the mere acquirement of an articulation, leaves not enough for more direct and important mental culture. A gentleman from New York is now here for the express purpose of investigating the method and merits of the system, and his report will undoubtedly be of great value to those interested in the subject. But whether it be destined to supersede the older plan or not, it must be considered a very noticeable example of the ingenuity and perseverance of German teachers. This is, I believe, the largest institution of the sort in Germany; that at Leipsic, the oldest.

The schools for the instruction of the blind are here, and in the other cities which I have visited, less extensive than the one in Boston, which enjoys here a very high reputation. The education of the two blind mutes is spoken of in the strongest terms of admiration, and regarded as a much greater achievement than the teaching of the dumb to speak. Attached to the Deaf and Dumb

Institute, is a class of idiots, in the instruction of whom great pains are taken, and a good deal accomplished.—*Correspondent of the Boston Medical Journal.*

THE NEW ANATOMY LAW IN MASSACHUSETTS.

The following Act which is officially styled "An Act concerning the Study of Medicine," was passed during the last month by our Legislature, being a modification of the Act passed in 1831 "to legalize the study of Anatomy in certain cases."

"SECT. 1. The overseers of the poor of any town, and the mayor and aldermen of any City in the Commonwealth, shall, upon request, give permission to any regular physician, duly qualified according to law, to take the dead bodies of such persons as are required to be buried at the public expense, within their respective towns, or cities, to be by him used within this Commonwealth for the advancement of anatomical science,

preference being always given to medical schools by law established in this State, for their use in the instruction of students; and it shall be the duty of all persons having charge of any poor-house, work-house, or house of industry, in which any person required to be buried at the public expense, shall die, immediately to give notice thereof to the overseers of the poor of the town, or the mayor and aldermen of the city in which such death shall occur, and the dead body of such person shall not, except in cases of necessity, be buried, nor shall the same be *dissected* or *mutilated* until such notice shall have been given, and permission therefor granted, by said overseers or mayor or aldermen.

"SECT. 2. No such body shall in any case be surrendered, if the deceased person, during his last sickness, of his own accord, requested to be buried, or if within twenty-four hours after his death, any person claiming to be of kindred or a friend to the deceased, and satisfying the proper authority thereof, shall require to have the body buried, or if such deceased person was a stranger or traveller who suddenly died; but the dead body shall,

in all such cases, be buried, and no body shall be surrendered until the physician requesting the same shall give to the board, by whose order the same is to be surrendered, the bond required by the twelfth section of the twenty-second chapter of the Revised Statutes.

"SECT. 3. The tenth and eleventh sections of the twenty-second chapter of the Revised Statutes, are hereby repealed.

"SECT. 4. This Act shall take effect from and after its passage."

The Anatomy Bill passed in the session of our Legislature of 1843 would be much improved by the adoption of some of the provisions contained in the above.—*Eds. M. M. G.*

ALCOHOLIC DRINKS.

The following certificate has been signed by 120 highly respectable medical men in England. It is thought that it will yet be much more numerously signed, though it has been found very difficult, thus far, to draw up a

paper which in *style, language* and *phrase* will suit all minds.

"We are of opinion that there is no principle of strength or nourishment for the human frame in alcohol, or generally in drinks of which it forms a part, such as ardent spirits, fermented wines, cider, ale, beer, porter, and others; that any trifling portion of nourishment contained in the last three is greatly exceeded by that of barley water, porridge, or gruel, made from an equal quantity of grain; that alcoholic beverages generate ultimate weakness instead of strength; that alcohol never entirely assimilates with the corporeal system; that intoxicating fluids are in no wise necessary to persons in ordinary health, nor are they required for any particular constitution: that the daily or habitual use of any portion of them (much more what has been

generally, but erroneously, thought a moderate portion) is prejudicial to health; that the excitement or cordial feeling they create is mere stimulation, which departs in a short time, and is unproductive of any element of strength; and that, contrary to ordinary opinion, the health would be greatly promoted by their entire disuse as beverages."

We have read over the names and are perfectly acquainted with several of the individuals whose signatures appear at the foot of this certificate. But we would strongly suggest to them the propriety of inserting in a second edition of the above, after the words "porter and others," the following: nor should people at any time except under the authority of medical attendants make use of any *medicine*, compounded of *alcohol*, as *æther*, *laudanum*, or *spirits ammoniæ aromat*. We were informed some years ago by a most intelligent druggist living in our immediate neighbourhood, not many miles from St. George's Hospital, Hyde Park Corner, that his

sales of the three above articles had been increased nearly tenfold, since his residence, (not 2 years) in that locality, a neighbourhood be it remarked, in which the disciples of total abstinence were daily augmenting in number in an extraordinary manner.—*Eds. M. M. G.*

VACCINATION AND INOCULATION.

[At a meeting of the Royal Medical and Chirurgical Society, in London, Jan. 28, Dr. George Gregory, Physician to the Smallpox Hospital, gave some account of the variolous epidemic of 1844, and also made some very important suggestions in regard to the methods of preventing the liability to contract the disease. The following is from the *Lancet*.]

After noticing the remarkable freedom from smallpox which the metropolis enjoyed during the years 1842-3, the author adverted to the

rise of the present epidemic, which he dates from the 21st March, 1844, when the weekly deaths by smallpox suddenly rose from twenty to thirty, and have continued progressing (with some irregularities) from that period to the present.

The admissions into the Smallpox Hospital, in 1844, amounted to 647, and exceeded by one the admissions in the great epidemic of 1781, being, with the exception of 1838 (when the epidemic raged throughout the entire year,) the greatest number ever received into the Hospital since its foundation in 1746. The character of the disease was severe. The deaths amounted to 151, being at the rate of twenty-three and a half per cent. In 1781, when the same number of patients was admitted, the deaths were 257, being at the rate of forty per cent.

Of the total admitted, 312 were

reported to have been vaccinated, and have cognizable cicatrices; 22 professed to have been vaccinated, but no scars were detected; two alleged, but on unsatisfactory grounds, that they had been inoculated for smallpox in early life.

Among the 312 vaccinated, 100 had the disease in the very mild form usually called the varioloid; in a certain number no mitigation was observed; of the whole number, 24 died, being at the rate of nearly eight per cent. On this section of the admissions, many of the cases received during the year displayed features of individual interest. A variety of them were stated in detail.

A remarkable feature in the history of the past year was the increasing desire on the part of the public for re-vaccination.

Founding his views on the now indisputable fact that smallpox

spreads as widely *without* as with accompanying inoculation, and on the now equally established fact, that smallpox after vaccination proves fatal at the rate of seven per cent., while inoculated smallpox is fatal only at the rate of one fifth, or one in 500, the author proceeded to argue that it is unwise to prevent variolous inoculation *in toto*. Persons verging on puberty might, he said, with great prospect of advantage, be inoculated *after vaccination in early life*. If, as happened in the case of his own son, the inoculation failed to produce constitutional symptoms, the permanent security of the party was fully established; on the other hand, if febrile symptoms followed, the disease would probably be mild; and at all events, would be undergone under the watchful eye and care of parents. As it is, the disease is often received at a period of life the most distressing—as by

young women on the eve of marriage, by mothers in confinement, or by young men just embarking for India.

The author instanced a variety of other important objects which might be gained by a repeal of that part of the "Vaccination Extension Act" of 1840, which prohibits qualified medical practitioners from inoculating in England and Ireland, and he concluded by recommending to the legislature such a measure; and to the medical profession (where such permission may be granted,) the establishment of a system of infantile vaccination, strengthened and made doubly sure by adult inoculation.

The practice of inoculation might usefully be restricted from the period of life extending from the age of 10 to 20.

Dr. Webster thought the Society and the profession were much obliged to Dr. Gregory for the

excellent paper just read, which contained so many important facts and statistical details upon a subject of great interest. He did not at present intend to enter upon the various points alluded to by the author; indeed, it would be difficult to controvert many of the conclusions come to by Dr. Gregory, who had such ample opportunities, and was so well qualified, to form correct opinions respecting vaccination. However, there was one important inference which he (Dr. W.) drew from the paper, namely, that the public, notwithstanding the doubts of some on the subject, now appeared to have greater confidence than previously in the protective influence of the cowpox, as shown by the larger number of applications for re-vaccination at the Smallpox Hospital, during the past than any previous year. This was very satisfactory, and induced

him to ask the author, whether many cases of smallpox occurring after re-vaccination had come under his own notice, as that would prove the efficacy of re-vaccination, from rendering the individual less susceptible of smallpox than previously. He (Dr. W.) was most unwilling to disbelieve in the protective influence of vaccination, when properly performed; and, in proof of its efficacy, he would mention a strong instance which lately came under his immediate observation in a large establishment he frequently visits. In March last, one of the criminal lunatics confined in Bethlehem Hospital was attacked with symptoms of variola, but having been previously vaccinated, the disease assumed a mild form. One or two other inmates were then affected, and the complaint subsequently extended to the other wards. Of the patients attacked, unfortunately one had

never been vaccinated. In this case the disease assumed a most virulent form, and terminated fatally in a few days. This was the only death met with; and although five or six other instances occurred, despite the strictest surveillance and seclusion of the patients, the malady did not spread further, which would have been a most serious matter in an institution like Bethlehem Hospital, having a population of about 700, including the lunatics and the residents of the house and occupancies. How the smallpox was first introduced into the criminal wing it is difficult to determine; for although every inquiry was made, it was impossible to trace its origin. The person first attacked had held no communication beyond the walls of his own division of the establishment, excepting by a letter he received from a distant part of the country; but this could not have

produced the disease. It is, however, right to mention, that smallpox then prevailed at a little distance from the Hospital, in South Lambeth, and as westerly winds prevailed much at the time, perhaps the infection might have been wafted in this way to the prisoner. He would like to ask Dr. Gregory's opinion on this subject. Respecting the important proposition of the author to resume the old and now illegal practice of inoculation, that was a very grave subject, and required most mature deliberation. He (Dr. W.) acknowledged, although disposed to pay every respect to an act of the legislature, that he did not consider parliament to be the best tribunal to settle disputed points in medical practice; cases might arise, when inoculation might be advisable; of course, only qualified persons should be allowed to perform such an operation, whilst the greatest care and

precautions were always taken to prevent the dissemination of so virulent a disease as smallpox sometimes appears, even when artificially produced.

Dr. Gregory, in reference to one of the questions of Dr. Webster, remarked that the paper contained the case of a girl named Eagle, which in itself was an answer to the query. This girl had been vaccinated in infancy, and subsequently re-vaccinated with great care; she nevertheless became a patient of the Smallpox Hospital. These cases were not uncommon. It might be urged against the validity of these cases, that neither vaccination nor re-vaccination had been properly performed. These objections were easily made and difficult to contradict. With respect to the mode of introduction of the smallpox into Bethlehem Hospital, as mentioned by Dr. Webster, he thought it hardly probable, though

it might be possible.

Mr. Davis (Hampstead) had, in 1798, received orders to inoculate every man in his regiment, in whom there was not some unequivocal mark of the smallpox. Two of the soldiers informed him that they had had the cowpox, having been employed in Yorkshire as cow boys, and that therefore it was useless to inoculate them. Neither of these men took smallpox, although he inoculated them a great number of times. He attributed the failure of vaccination either to the careless mode in which it was performed, or to the carelessness of parents in failing to give the surgeon an opportunity of verifying the success of the operation. He related a case in which he had vaccinated an infant sucking at the breast of its mother, who was suffering from smallpox; the infant did not contract the disease, though it continued at the

breast; the mother died from the attack. He related an instance to show the importance of vaccinating from a *proper vesicle*. He had vaccinated several members of a family, and re-vaccinated them a few days after. He was subsequently requested to vaccinate other children from an arm, the appearance of which he did not approve of, and declined to operate. The children were subsequently vaccinated from this arm by another practitioner, and every one of these suffered afterwards from smallpox, whilst those he (Mr. D.) vaccinated all escaped.

Mr. Streeter inquired the experience of Dr. Gregory in reference to the occurrence of smallpox during pregnancy. He had seen two cases of the kind—one in 1838, and one since; the patients were six months advanced in pregnancy, and recovered.

Dr. Gregory had met with cases

of smallpox occurring during pregnancy on more than one occasion. The violence of the disease, since the prevalence of vaccination, had fallen on the parents and adults generally, rather than on the children. He did not agree with Dr. Williams as to the identity between smallpox and vaccinia, and thought that that gentleman had committed two main errors in his pathology. Natural and inoculated variola were in no degree different in their power, as had been frequently proved in cases of consecutive smallpox after the natural or inoculated disease. He believed that there was only an approach to identity between smallpox and vaccinia, but not more than between measles and scarlet fever. He related a case in which an aged couple were vaccinated to preserve them from smallpox, although in early life they had been inoculated. Perfect

vaccine vesicles were produced on their arms. If vaccination were thus successful at an advanced age, and subsequent to inoculation, he thought it a strong proof of the non-identity of smallpox and vaccinia. Many facts, indeed, might be adduced in support of this non-identity.

Dr. Williams alluded to the experiments of Mr. Ceely, as conclusive evidence in favor of the identity of the two diseases. The cases related by Dr. Gregory did not militate against this identity, any more than did the occurrence of smallpox after vaccination.

Dr. A. P. Stewart made reference to a number of cases which had occurred in his practice, all tending to prove that vaccination was a sufficient preventive to smallpox, when it was properly and efficiently performed. When it failed, it had not been properly applied. In confirmation of this

view, he referred to the lately-published report of the Royal Jennerian Institution. His experience at the Glasgow Infirmary enabled him to confirm a statement of Dr. Cowan, that smallpox in that city was perpetuated chiefly by the unvaccinated Highland population. M. Chomel had well said, that we "could not expect more from vaccination than from smallpox itself," for in many cases smallpox, and that of the worst kind, had attacked the same person twice or thrice, and terminated fatally.

Dr. Gregory remarked, that, even if his plan were fully carried out, still nearly one half of mankind would be under the protection of Jenner's discovery, for one half of the children born in Liverpool died before puberty, and 300 out of every 1000 born in London did not reach adult age. The remaining portion only would be subjected to

inoculation.

We have transcribed the above article entire as well as the remarks made on the discussion of the paper. Our reasons for doing so are, because opinions offered on this subject by Dr. Gregory cannot but be received as authority, not only from his having the charge of so large an Institution as the smallpox Hospital of London affording as it does, such ample scope for observation, but also from his being possessed of such extensive knowledge of the disease of which he treats—for it is far from being always the case, that men the best informed in the pathology and treatment of particular classes of diseases, are those intrusted with their management.

We entirely agree in opinion with the learned writer of the above paper; as to the propriety of inoculation after early vaccination, our confidence in the perfect immunity from smallpox by vaccination only, having received a shock seven years since in England, from which we have not recovered. While remarking on this subject we may be

permitted to observe, that in our opinion, the use of the liquified crust, so universally employed in Canada for vaccination, appears to us to be a very questionable means of securing the individual from an attack of smallpox. We have heard of several cases of smallpox in this town occurring after vaccination performed in this way, and of which more than one assumed the type of confluent variola, and more than one also proved fatal.—EDS. M. M. G.

THE MONTREAL MEDICAL GAZETTE.

Omnes artes, quæ ad humanitatem pertinent,
habent quoddam commune vinculum, et quasi
cognitione quadam inter se continentur.

—*Cicero.*

MONTREAL, MAY 1, 1845.

OUR readers will doubtless be surprised, when we inform them, that the present is the last Number of the Montreal Medical Gazette that will issue under our management.

Many and various surmises will no doubt be entertained by individuals, as to the real causes which have induced us thus suddenly to relinquish an undertaking, upon which we entered only some fifteen months since, and more especially, after having secured for our bantling, a subscription list, not only adequate to meet all the necessary expenses attendant on its publication, but promising moreover, for ourselves, a certain and increasing remuneration for the outlay of capital in the way of time and trouble; this, with some men, would certainly have acted as a strong inducement for the continuance of the work; to ourselves, strange as it may seem, it holds out no such alluring charms.

The circumstances which prompted us to originate a Medical Periodical at our own *private* cost, and subject to *all* the loss which its failure of success must inevitably have entailed upon us, were these:—1st. A feeling

of deep astonishment, that, in a country over whose surface upwards of six hundred Medical men were scattered, there was not to be found any other channel for the interchange of ideas on professional topics, the communication of anomalous or interesting cases occurring in practice, or the exposition of original views in reference to disease, as influenced by peculiarity of climate, than the daily Journals. 2nd. Our being informed that such a Journal was not *needed* here, that as there was nothing new under the sun, so there could arise nothing in this *wilderness* of ours, worthy of being submitted to the professional world's eye, and that a mere unit of these six hundred men would be found willing to contribute to it, seeing that the greater number of them were totally *unable* to do so. 3rd. That it would never pay its expenses, because the country Practitioners would never be tempted to become reading men; they would never therefore subscribe to it; and the consequence would be, that the scheme must involve its projectors in heavy loss. Feeling convinced that the assertions contained in the two last

heads of our reasons were totally unfounded, and that a libel had been pronounced upon many men fully as well educated, and as able to furnish contributions as those who gave utterance to the sentiments, (provided opportunities were afforded to them,) we resolved alone to run the risk and put their conjectures to the test. And what has been the result? That the opinions which we formed on the subject have been fully confirmed; that country Medical men will read, and moreover, that they will *pay* for their reading! *Our* subscription list has very much exceeded our most sanguine expectations. In our first Number, we stated, that in undertaking the duties which we had assumed to ourselves, we looked not for *profit*, nor did we seek *notoriety*; but that we sought "that higher recompense resulting from our having been the humble means of elevating the character of our profession, by the dissemination of more extended observation and knowledge." This we already feel has fallen to our share; the *Montreal Medical Gazette*, "*utterly contemptible*" as it was, has begotten in many men, who, but for it, would have remained in

the same state of hibernation with the majority, a taste for knowing what is going in the Medical world,—it has had the effect of proving, that not only can *one* Medical Journal be supported in Canada, but that even *two* may,—it has roused into action the energies of men with regard to their profession's status in this colony, which would never otherwise have been dreamt of,—and lastly, it has called into existence a determination on the part of many men in different portions of the Province, to place the Medical Profession of Canada on that footing to which it is so justly entitled, by raising the standard of qualification in its members, by increasing the facilities of education, and by insisting on a more liberal, and less exclusive mode of electing to offices. The *Montreal Medical Gazette* has effected all this, and our object in originating it has now been fully attained. May our successor effect as much! We feel perfectly happy in having acted as pioneers in the work. Had a Journal been originated in Toronto, or in Quebec, at any period since ours saw the light, we would willingly have withdrawn it, (and this we

have repeatedly stated,) for it was not ambition that caused us to undertake the Editorial chair,—it was a desire to have a Medical Journal in Canada. To the Editor of the *British American Journal of Medicine*, &c. we offer our best wishes for success; and however opposed his opinions may have been to ours in some matters, he shall not have reason to complain of our attempting to thwart him in firmly establishing a Periodical of Medical Literature in Montreal.

A parting word to our own friends, our subscribers, and supporters. To all those who have forwarded their subscriptions for the past year, we offer our heartfelt thanks, for having enabled us to carry on our *Gazette* without the risk of being half yearly called upon by our Publishers to draw upon our own private resources for work done; to such as have not yet done so, we would take the liberty of suggesting, that, as all the demands against us are not yet liquidated, and as they may have derived some profit or amusement from the labour devoted by us in catering for them, we trust that they will soon give us substantial proof of their appreciation of our

endeavours, by remitting. For the two Numbers of the new Series it is not our intention to make any charge. Those of our subscribers who have forwarded their subscriptions for the current year, will please inform us of their wishes,—we shall be most happy to hand the amount over to the Publisher of the British American Journal, and this, we trust, will be the instruction of most of those to whom we allude; or we will return them by post, deducting only unpaid postage of letters. To the Editors of the valuable Journals which we have been in the habit of receiving in exchange from England, Scotland, and the United States, we tender our most sincere thanks, for we are fully sensible how much the advantage has been on our side.—

To all we say,—Valete.

We beg to direct the particular attention of our readers to the valuable Articles in our present Number by Drs. Rees and Spiers, on the subject of Lunatic Asylums generally, and of that in Toronto in particular. When we remember, that provision is not furnished for

one-eighth part of that afflicted portion of the community in this division of the Province, and the presumption is, that the same ratio obtains in the sister division; when we think, that another session of the Legislature is past, and that no individual Member of either House rose in his place to take action on that part of our noble minded Governor's speech, which recommended the earnest attention of our country's representatives to the subject; when we see further, that in other civilized countries, unwearied efforts are being made for the amelioration of the condition of the most miserable class of that sympathy claiming family, (idiots) as evinced in Dr. Conolly's graphic account of the case of Charles Emile, in the Bicêtre of Paris,—that Bicêtre, be it remembered, where the clanking chain, the thonged whip, and the fettering clasp were first struck off and dispensed with by the immortal Pinel; when we think of all these things, we repeat, what ought to be our feeling of humiliation, as a body, that petitions without number have not been laid upon the table of the House, to shew that we have hearts attuned to others'

woes. As a parting legacy, we commend this subject to the Profession, especially to the General Association about to be formed in this Province.

The first Number of the British American Journal of Medical and Physical Science, edited by Dr. Hall, was circulated in town on Saturday the 19th instant. It contains four original Medical communications; an excellently written Geological article, by the Rev. Mr. Leach, of this city; a Meteorological Table for portions of this and the last two years, by Staff-Surgeon Smith, of Kingston; and the residue is made up of Extracts from other Journals, and Editorial remarks. It is published in the form of the London Lancet. This, we consider a pity, for on binding it, it will neither form an octavo nor quarto volume. We may also be permitted to suggest to the publisher, the use of types of a more uniform character. It looks too much as if it were made up of odds and ends.

"WHAT IS HOMŒOPATHY?"

Since our last issue, a brochure consisting of thirty-two pages, bearing this title, and stitched in a gamboge-coloured cover, has reached us. Thirteen pages are taken up with the absurd attempt at defining what is Homœopathy, *alias* Humbug, with which the *world*, or rather the Cheesemongers of London, were favored, in 1838, by John Epps, M. D. Allopathist, Antipathist, Phrenologist, and Homœopathist. We could not refrain from again looking over, with Reviewers' eyes, this tissue of words strung together like beads, and we did so to refresh our memory on certain events connected with the reading of passages in the Pamphlet at the date of its publication. Five pages are occupied with microscopic observations of Dr. Mayerhoffer on Homœopathic Triturations. These are, *no doubt*, all correct; but the infinitesimal results of trituration at which he arrives, are quite beyond the powers of our finite speculations, as regards their efficiency as remedies. The Homœopathic practitioner of Montreal introduces a Preface

of twelve pages, in which, while with one hand he deals heavy blows against the prescribers of Calomel, &c., and indeed, against all the prescribers of medicines for internal complaints, because, forsooth, they prescribe in the dark; he, as a matter of course, defends with very strong language, the arguments on which Hahnemann based his system of invisible agents and imperceivable results. We regret to be obliged to say, in our capacity of Reviewers, that we consider this Pamphlet got up purely with a view *ad captandum vulgus*,—in the vernacular, as a catchpenny.

"A trial is worth a thousand pages of argument."—ROSENSTEIN.

MEDICAL MISCELLANY.

Two new metals are reported to have been discovered in Bavaria, by Professor Rose, of Berlin, for which he proposes the names of Pelopium and Niobium. Dr. Schreiber states, that he has found Iodine,

internally administered, a preventive against the infection of smallpox; with this view, he orders a teaspoonful of the following mixture to be taken morning and evening,—Rp.

Hydriodate Potass, gr. viij. Tincture Iodine, gtt. xvi. Aq. font. oz. i. M. The best method of emptying Leeches after their removal from a part, according to Dr. Boyce, is, by immersing them in a little *mistura Camphora*,—having remained in this for a few minutes and discharged their contents, they are to be put into clear water. Professor Ghrenberg has just made some new discoveries of infusoria, more wonderful, according to Baron Humboldt, than any hitherto announced by him. Two new systems of medical practice are starting up in Germany—one is called the *Trauben cur*, (grape cure) consisting, as the name indicates, in living chiefly on grapes, of which several pounds are to be eaten daily. The other goes under the name of *Aeropathy*, consisting in alternate perspirations and exposures to currents of cold air. This is, to our mind, only a modification of *Hydrotherapy*; and although the former is said at this moment to be the more popular in Germany,

as it is in a modified form in every country where total abstinence does not obtain, yet the term seems to claim from the profession more consideration, in as much as it is open to more speculation. There are in Havana, eighty-five Medico-Chirurgians, twenty Physicians, ninety Surgeons, and fifty-seven Sub-Surgeons, who in urgent cases, are permitted to render assistance to the wounded or sick, until a Surgeon or Physician can be brought. There are eighty-eight Barbers, who are regularly licensed to bleed, cup, leech, draw teeth, and apply blisters and setons.

CONSULTATION SUR UN CAS DE MORT VIOLENTE.

Il arrive souvent dans les enquêtes judiciaires que les experts confondent avec des altérations purement cadavériques des lésions faites pendant la vie et réciproquement. Nous trouvons dans les *Annales d'Hygiène et de Médecine légale*, une consultation de MM. Foullioy et Ollivier

(d'Angers), qui fournit un nouvel exemple de cette confusion déplorable et prouve combien il importe de connaître avec exactitude tous les phénomènes produits par la putréfaction.

Le nommé Piriou était disparu depuis vingt et un jours, quand son corps fut rejeté sur le rivage de Penhors, canton de Plogastel (Finistère). Il resta ensuite exposé à l'air libre pendant trente heures environ. A cette époque le soleil était vif, et la température notablement élevée. Des experts furent appelés et constatèrent ce qui suit:

Le cadavre encore couvert de ses vêtements était dans un état de décomposition putride très-avancée, surtout à la tête, au cou et au ventre. Les parties molles avaient été rongées, détruites sur divers points de la surface du corps. Les arcades alvéolaires étaient dépourvues de dents et laissaient passer dans leur intervalle la langue qui était brune et d'un volume énorme. Cet organe dépassait les mâchoires au delà de l'insertion du frein, et par suite de son renversement en haut, s'appliquait sur l'orifice antérieur des fosses nasales dont il obstruait le tiers inférieur. Aucune trace de blessures ni de

constriction du cou par un lien n'était apparente. Le cerveau était putréfié sans signe de congestion sanguine dans son tissu au moment de la mort; les os du crâne étaient intacts. La membrane muqueuse de la trachée et des bronches avait une couleur lie de vin. Les poumons étaient emphysémateux, remplissaient exactement la poitrine. Les cavités droites du cœur étaient gorgées de sang noir demi-fluide. L'estomac était vide et la couleur de sa muqueuse lie de vin rouge.

De ces faits, les experts concluaient que Piriou était mort *probablement strangulé*, appuyant leur opinion, 1^o sur la sortie excessive de la langue; 2^o sur la vacuité complète de l'estomac, rien d'ailleurs, suivant eux, n'autorisant à penser qu'ici la mort fût le résultat de l'asphyxie par immersion.

C'est à l'occasion de ces conclusions et des circonstances qui précèdent que MM. Foullioy et Ollivier ont reçu l'invitation de donner leur avis.

Une courte discussion sur la signification des faits précités a suffi à ces médecins pour établir que les conclusions dont il s'agit n'étaient pas fondées.

Ainsi, par exemple, un phénomène *exclusivement* cadavérique est devenu pour les experts un des faits qu'ils invoquent pour admettre la strangulation: c'est *la saillie excessive de la langue hors de la bouche*. Mais, selon MM. Foullioy et Ollivier, il est évident que cette saillie est le résultat constant de la tuméfaction produite par les gaz chez les individus qui, ayant séjourné un certain temps dans l'eau, ont été exposés ensuite à l'air libre, et sont dans un état de décomposition avancé. Or, c'était là le cas dans lequel était le corps de Piriou, et chez lui la putréfaction avait encore été hâtée par les nombreuses solutions de continuité des parties molles. Cette circonstance seule expliquerait donc la saillie de la langue, si l'absence complète des dents ne venait pas faire comprendre que son expulsion a dû être d'autant plus facile qu'il y avait moins d'obstacles opposés à sa sortie.

Qu'on ajoute à cela *l'absence de traces de constriction du cou par un lien, l'absence d'une mobilité insolite de la tête sur le tronc, l'absence de congestion sanguine dans le cerveau*, et il y aura lieu de conclure que la

saillie de la langue n'a pas été le résultat de la strangulation.

En second lieu, les experts, regardant la *vacuité complète de l'estomac* comme un fait qui infirme la submersion pendant la vie, ont émis une opinion qui n'est pas vraie d'une manière absolue. Il n'est pas douteux que la présence d'une quantité plus ou moins considérable d'eau dans l'estomac, ne soit, en général, une preuve qui concourt à établir la réalité d'une asphyxie par submersion, et qu'un expert doive toujours la prendre en grande considération quand il est appelé à rechercher les causes de la mort d'un individu dont le corps a été retiré de l'eau; mais c'est encore ici qu'il faut savoir tenir compte des exceptions assez nombreuses que l'expérience a constatées. On pourrait, en effet, citer beaucoup d'exemples de suicides incontestables, dus à l'asphyxie par submersion, dans lesquels l'ouverture du cadavre n'a fait découvrir aucune trace appréciable de liquide dans l'estomac. Si l'on remarque, en outre, que dans l'espèce le corps avait séjourné vingt et un jours dans l'eau, n'est-il pas possible, ainsi qu'on l'a vu dans

quelques circonstances bien déterminées, que le peu de liquide avalé au moment de la mort ait pu disparaître par le fait d'une imbibition cadavérique? Et d'ailleurs, n'est-il pas constaté dans la science que, dans certains cas, l'individu peut éprouver, au moment de la submersion, une perte de connaissance qui paralyse alors tous les mouvements de déglutition et de respiration, de telle sorte que la mort est due à une asphyxie par suffocation?

Ce qui prouve, du reste, que Piriou a pu succomber à l'asphyxie par submersion, c'est la quantité abondante de sang noir fluide qui remplissait exclusivement les cavités droites du cœur, et la couleur rouge lie de vin de la membrane muqueuse de la trachée et des bronches. Par tous ces motifs, MM. Foullioy et Ollivier se croient autorisés à penser: 1^o que rien, dans l'état du cadavre de Piriou, n'indique qu'il était mort au moment de la submersion; 2^o qu'il n'existe aucune preuve que la mort ait été le résultat de la strangulation; 3^o que les circonstances dans lesquelles le corps a été retrouvé, et les

observations faites sur le cadavre au moment de l'autopsie, concourent plutôt à établir que la mort a été le résultat de l'asphyxie par submersion.—*Journal de Méd. et Chir.*,
Février, 1845.

ACADEMIE DES SCIENCES.

—M. Nathalis Guillot a adressé une note sur le charbon qui se produit dans les poumons de l'homme, pendant l'âge mûr et la vieillesse. En voici les conclusions:

"Il se produit et s'accumule continuellement dans les organes respiratoires de l'espèce humaine pendant la durée de l'âge mûr, et principalement dans la vieillesse, du charbon en nature dans un état excessif de division. Ce fait est général sur tous les hommes quelle qu'ait été leur profession.

"Ce charbon, déposé dans l'épaisseur même des tissus, ne provient pas de l'extérieur.

"Partout où cette matière existe en quantité suffisante pour former des amas de 1

millimètre de côté au moins, les canaux aériens, les conduits sanguins artériels et veineux sont oblitérés en vertu de sa présence, et les tissus pulmonaires sont alors transformés en une substance colorée en noir qui peut occuper jusque plus de la moitié des organes.

"La respiration ne s'opère plus dans ces parties qui servent de gangue au charbon; les phénomènes de la circulation ne s'y produisent plus, et dans l'état pathologique les phénomènes inflammatoires ne s'y développent point.

"L'accumulation successive de ce charbon au delà d'un certain terme cause la mort des vieillards. L'excès de ce charbon produit la mort en tendant le poumon imperméable.

"La présence constante de ce produit chez tous les vieillards, rend souvent fatale la terminaison des inflammations et des congestions sanguines de l'organe respiratoire. L'oblitération par des molécules charbonneuses des canaux aériens et sanguins, explique la fréquence de l'asphyxie rapide dans les maladies de poitrine pendant la dernière époque de la vie.

"Ces molécules de charbon paraissent avoir une grande influence sur les phénomènes qui se succèdent dans l'épaisseur et autour des masses tuberculeuses. Lorsque des tubercules se produisent dans les poumons et que le charbon se dépose abondamment autour d'eux, ils ne subissent point les changements successifs propres à la phthisie, lorsque cette maladie suit régulièrement son cours.

"Ces tubercles deviennent calcaires, sont privés de graisse, et ne s'accroissent point. Aucun vaisseau de formation nouvelle ne se développe autour d'eux, ou bien lorsque ces vaisseaux ont déjà pris de l'accroissement, avant le dépôt des molécules de charbon, ils s'oblitérent par suite de ce dépôt, et les progrès de la phthisie s'arrêtent.

"La production du charbon dans les poumons humains, indépendante de la profession et ne résultant que de l'âge et très probablement de la nourriture des individus, est un fait qui doit être étudié sous le point de vue physiologique, et qui mérite également d'être considéré au point de vue de la pathologie, puisque s'il peut en résulter

l'aggravation des affections les plus communes chez les vieillards dont les poumons ne peuvent plus fonctionner complètement, il paraît aussi que l'apparition de cette matière dans les tissus pulmonaires en enveloppant les tubercules, en les isolant du reste de l'organe, arrête complètement la marche de la phthisie tuberculeuse."

Dans un travail annexé à cette note, l'auteur rend compte des analyses exactes qu'il a faites, et qui prouvent en effet la réalité de la présence du charbon.

—M. Amussat a présenté un second Mémoire sur les blessures des vaisseaux sanguins, qui se termine par les conclusions suivantes:

"1^o Lorsque les deux artères carotides sont coupées en même temps dans une grande plaie transversale du cou, la mort n'est pas instantanée comme on le pense généralement; l'hémorrhagie dure plusieurs minutes, pendant lesquelles l'animal conserve toutes ses facultés.

"2^o Les artères carotides ne restent pas béantes après leur division ainsi qu'on

pourrait le croire; et malgré le volume de ces vaisseaux, il se forme des caillots obturateurs comme après la division d'une seule carotide.

"En examinant les planches qui représentent des artères de chiens, et surtout des artères carotides de bœufs sacrifiés d'après la méthode juive, on voit que l'organisation du caillot est la même que celle indiquée dans mon premier Mémoire.

"3° La section simultanée ou à court intervalle des nerfs de la huitième paire et des deux artères carotides, faite au milieu du cou n'exerce aucune influence immédiate sur la coloration du jet du sang, ni sur la formation des caillots spontanés, ou bouchons obturateurs des artères carotides coupées complètement en travers.

"4° Le caillot spontané formé aux extrémités des artères divisées se compose de deux caillots, l'un extérieur, déjà décrit dans mon premier Mémoire; l'autre intérieur, qui n'est autre chose qu'un coagulum organisé absolument comme celui qui se forme après tous les moyens artificiels d'obturation, compression, cautérisation, ligature ou torsion.

"5° La rétraction des membranes interne et moyenne, qui est le produit des trois propriétés artérielles si bien décrites par M. Flourens, permet d'expliquer la formation du caillot et la difficulté de le retrouver au milieu des tissus dans lesquels il a été entraîné.

"6° Le caillot spontané obturateur est souvent fort difficile à reconnaître. Pour le retrouver, il faut se rappeler la disposition anatomique de l'artère divisée, et observer les pulsations à l'extrémité du vaisseau. En outre, on peut reconnaître, par le toucher, la petite masse sanguine qui constitue le caillot.

"7° Enfin, je crois avoir suffisamment démontré que c'est bien toujours par un caillot, ou bouchon obturateur, que les hémorrhagies s'arrêtent spontanément, soit que l'animal meure ou qu'il résiste à l'hémorrhagie.

"Ainsi, la doctrine du *caillot spontané* extérieur et intérieur, comme obstacle à la sortie du sang des artères complètement divisées, est la seule véritable: et, contrairement à l'opinion de Jones et de Béchard, l'artère seule peut suffire à elle-

même.

"Sans doute le fait établi dans mon Mémoire n'est qu'une bien petite addition à la théorie de T. L. Petit, considérée au point de vue physiologique; mais au point de vue de la chirurgie pratique, il est d'une grande importance, comme le prouvent toutes les hémorrhagies graves, et même funestes, qui ont eu lieu, parce qu'on n'a pas pu trouver l'artère défigurée et masquée par un caillot."

CROTON OIL IN DROPSY.

Dr. Fife has narrated in the *Provincial Medical Journal*, several cases of ascites, originating from or complicated with, organic lesions, in treating which he derived great benefit from the sustained exhibition of croton oil, which, he observes, possesses one very decided advantage over Elaterium, that even when its extreme action is manifested, it is not followed by the depression inseparable from the effective action of the latter; but that where the greater *vis inertiae* has prevailed,

accompanied by absolute incapacity for exertion, a sensible amelioration in these respects has followed its continued exhibition.

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TRANSCRIBER'S NOTES

The following printer errors have been corrected:

- p. 275 occured -> occurred
- p. 277 dissappeared -> disappeared
- p. 278 membranee -> membrane
- p. 278 DR. SPIER'S -> DR. SPIERS'
- p. 278 antiplogistic -> antiphlogistic
- p. 279 Broassais -> Broussais
- p. 279 proceding -> proceeding
- p. 280 answerieg -> answering
- p. 280 monts -> months
- p. 280 antiplogistic -> antiphlogistic
- p. 281 prevading -> pervading
- p. 282 prevade -> pervade
- n 283 nhamaceutic -> nhamaceutic

p. 283 pharmacie -> pharmacy
p. 284 Gouverement -> Government
p. 284 convalescence -> convalescence
p. 285 Bicêtre -> Bicêtre
p. 285 sung -> sang
p. 286 nnderstanding -> understanding
p. 286 wus -> was
p. 287 developement -> development
p. 288 Legisative -> Legislative
p. 288 statistique -> statistique
p. 288 excluslvement -> exclusivement
p. 288 Asylm -> Asylum
p. 289 Fanatacism -> Fanaticism
p. 289 Milatary -> Military
p. 294 Corrrspondent -> Correspondent
p. 294 MASSACHUSETS ->
MASSACHUSETTS
p. 295 stiimulation -> stimulation
p. 295 æther -> æther
p. 296 accooount -> account
p. 298 aud -> and
p. 300 vaccinatiou -> vaccination
p. 301 occuring -> occurring
p. 301 hybernation -> hibernation
p. 302 one-eight -> one-eighth
p. 303 festering -> fettering
p. 303 espeeially -> especially

p. 304 Pelopinm -> Pelopium
p. 303 small-pox -> smallpox
p. 304 assistance -> assistance
p. 306 rempllssait -> remplissait
p. 307 trendant -> tendant
p. 307 succèden -> succèdent

Additionally a small number of
punctuation errors have been corrected.
Otherwise, the text is as in the original.

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