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# CANADA LANCET.

WILLIAM EDWARD BOWMAN, M.D., EDITOR.

No. 8.

MONTREAL, OCTOBER 15, 1863.

Vol. I.

## OBSERVATIONS ON IRITIS.

BY HAYNES WALTON,

Surgeon to the Central Ophthalmic Hospital.

Inflammation of the eyeball is the term often used to express a state of inflammatory action ending in suppuration of the globe of the eye. But this is too restricted a sense of it, only a part of its meaning—*namely*, in which the symptoms are in greatest severity—it needs a far wider application, and embraces many other pathological states, some of them in the onset but slight.

I know that it is a common idea to suppose that so long as there is no "iritis" there is not much danger at hand. The incorrect term "iritis" has been a great bar to the proper understanding of this subject. There is no such disease as pure iritis. It never exists. The iris is *never* affected in any inflammatory manner except as a part of general inflammation of the eyeball, and certainly never primarily affected, not even in the specific diseases of syphilis, and rheumatism, and goat. Vision is first impaired, which shows that the tissues at the back of the eye are always first influenced, or at least so far as we can appreciate the invasion of disease, and there is invariably unnatural redness of the surface of the eyeball, and enlargement of the veins returning the blood from the front of the eye, showing disturbance of the balance of the circulation within, before the iris can be said to manifest disease. In the most acute examples of so-called "iritis," the retina and the choroid suffer more from structural change than the iris. The existence of such symptoms, whether specific, idiopathic, or traumatic in origin, are undeniably instances of inflammation of the eyeball.

Inflammation of the eyeball too, like inflammation of other organs, exists in degrees, and has small beginnings; the iris does not change its colour and undergo other phases due to its peculiar organization, till the inflammation is somewhat advanced: and it is of paramount practical importance to recognize the commencement of the disease. I shall try to give some rules for guidance. Redness of the conjunctiva is the common external evidence of it, and that which is for the most part the first noticed, but it must not be taken alone, however intense or threatening it may seem. It must be noted, and corrected by the *late of vision*, the most sure and certain guide, whether in connection with any other symptom or alone. So long as the sight is clear and unaffected in any way, there can be no inflammation of the eyeball: any redness of the eye is merely on the surface, and is due, perhaps entirely, to the conjunctiva. Always let its integrity or impairment be taken as the condition of health or disease. For years I have satisfied myself that there is no particular arrangement of the blood vessels that can be depended on, as a proof of this or that part of the eye being affected. It frequently happens to me, to see a student separating the eyelids of a patient whose eyeball is red, suspecting "iritis,"

and trying to tell, according to certain theories yet taught, whether the arrangement of the blood vessels indicates scleroticitis, and therefore the presence of the supposed disease. When I am appealed to, I say, take the state of the sight as your test, and never think of the direction of vessels. The less you know of the appearance of diseased eyes, the more will it serve you. I was called to see a nobleman whose eyes were supposed to be in great danger. When I entered the house, the surgeon in attendance said to me: "This is a case of very severe double 'iritis.' Each sclerotic is covered with pink vessels, radiating towards the corner, and the irides are rather dull. I saw Lord—only this morning; I have sent him to bed, bled him, put him on slops, and just commenced with mercury." I admitted some light into the room for my examination. The eyes were very red. I tried the state of the sight, and I found that with each eye the smallest type that is made could easily be read. In a word, vision was perfect. The case was merely one of incipient catarrhal ophthalmia.

Then there may be inflammation of the eyeball setting on very insidiously, accompanied at first with but slight external redness, in consequence of which I have known many blunders committed; the sight test is here, too, very valuable. Pain is the next most reliable symptom to arrest our attention, but it is secondary in diagnostic value. It never helps as far as the sight, which serves us as much in the treatment of the disease as in its recognition, for the improvement in it tells whether our remedies are potent, and when it is time to leave them off, or to lessen them. When therefore at the time of an accident, there has not been direct or immediate impairment of sight, though some mechanical lesion of the eyeball, the first disturbance of seeing should arouse the stranger's suspicion.—*London Medical Times.*

COLD AFFECTION IS NARCOTIC POISONING.—The London Medical Times recently mentions a case in which Dr. Harley succeeded in restoring a young woman who had accidentally swallowed six drachms of a mixture of laudanum, chloroform, and hydrocyanic acid, by pouring cold water on her forehead. After drinking the mixture, she immediately vomited a portion of it, and then fell down comatose. Dr. Harley administered hot coffee and nitric ether, and tried artificial respiration. No great improvement was perceptible; but on the application of cold water to the forehead, the effect was magical. The patient began to breathe more freely, and she lost some blood from the nose. As soon as the affusion of cold water ceased, the coma returned, and was again removed by renewing the affusion; the patient soon moved her arms and legs, and seemed anxious to avoid the stream of water, as if it caused her pain. This treatment was renewed at intervals until the following day; and in sixty hours all the bad symptoms had disappeared.

## BLACK COBOSH—CIMICIFUGA.

## IS RHEUMATISM AND CHOREA.

The *Cimicifuga Racemosa* is a tall, stately plant with large leaves, growing from four to eight feet in height, and bearing long spikes of small white flowers. It is a native of Canada and the United States, and may be found throughout our woods delighting in the shady places of the high as well as of the low lands. Both the flowers and the seed have been employed for medicinal purposes, but the root is considered the most efficacious. It should be given in the form of powder or tincture, as the decoction does not contain all its virtues. The tincture is made by steeping four Troy ounces of the bruised root in sixteen ounces of diluted alcohol for a week or ten days; the dose when thus prepared, is from one to two drachms. When given internally, black cohosh produces vertigo, dimness of vision, and depression of the pulse, the latter remaining for some time after its discontinuance.

**Chorea.**—Since the period of its introduction as a remedy for chorea, by Dr. Young, of Pennsylvania, many eminent practitioners have attested to its merits; Dr. Stillé says, that, without doubt, it is one of the most valuable agents we possess for the cure of this nervous affection, especially when it appears to be independent of any definite disease.

He directs the powdered root to be taken in doses of twenty grains every two hours; the late Dr. Physick, however, gave but ten grains; whilst Dr. Jesso Young, preferring larger doses, less frequently prescribes a teaspoonful three times a day. All however, agree, that to prove successful, it must be pushed to the development of its specific effects, particularly vertigo and dimness of sight.

Prof. Simpson, of Edinburgh, in speaking of this remedy, tells of a case of severe anomalous chorea, which had resisted all the usual modes of treatment, zinc, iron and arsenic not being omitted, but which yielded at once to the *Cimicifuga*.

**Rheumatism.**—Dr. N. S. Davis, of Chicago, who has had a large experience with black cohosh, considers it remarkably efficacious in the earlier stages of acute inflammatory rheumatism, giving the powdered root in doses of from one to two drachms every two hours, until it acts powerfully upon the system: he finds it invariably to soothe the pain, allay the irritability, and cut short the disease, and has never noticed any injurious effects from its employment in these large doses. The late Dr. Hildreth, of Ohio, likewise lends his valuable testimony to the harmlessness of such doses in rheumatism. Dr. F. N. Johnson, whilst corroborating all this, remarks in addition, that he has found metastasis to the heart or other organs much less frequent with this, than with any other mode of treatment.

Both Davis and Simpson agree in considering it an antidote to the rheumatic poison, and this too, without stimulating the system or producing diuresis, diaphoresis, or any other discharge.

In chronic rheumatism it is not so favourably spoken of, but Prof. Simpson has found it, in his own case, repeatedly to cure an attack of lumbago with wonderful rapidity.

Considering, as I do, that the rheumatic diathesis, by producing some change in the spinal cord or its membranes, is the most frequent cause of chorea, I cannot but look upon the beneficial effects of the *Cimicifuga* on both affections, but as another proof of the correctness of the opinion; and I think that, in many cases, instead of giving

spinal disease as another cause of chorea, it would come much nearer the truth to ascribe the affection to the effect of the rheumatism, and to regard the chorea a symptom of the latter; and should most decidedly style all forms of chorea rheumatic, that prove themselves so, synthetically, by being amenable to rheumatic treatment. Those arise from sympathy with other irritated or diseased organs cannot be so affected, and must necessarily constitute a distinct class, and require other modes of treatment. Edw.

## HEMORRHAGE FROM THE RECTUM.

By JAMES SYME, PROFESSOR OF CLINIC SURGERY, THE UNIVERSITY OF EDINBURGH.

Internal hemorrhoids are so generally the cause of bleeding from the rectum, that hardly any other cause appear to have been noticed by writers on the subject. But having frequently met with the most profuse and obstinate hemorrhage, when there was not the slightest trace of internal piles, I think very important that attention should be directed to the morbid states of a different kind, which give rise to this occurrence. Of these, the one most frequently concerned, is that of external hemorrhoids.

That pendulous flaps of skin hanging round the anus, should give rise to a serious flow of blood, seems in the highest degree improbable, and is indeed to be deemed altogether incredible, were it proved beyond the possibility of question, by ascertained facts. It is now more than thirty years since I became aware that external piles, independently of any other morbid condition, might be the cause of bleeding, through the observation of a case in which, although the patient had been repeatedly almost exsanguine, the most careful examination failed to detect any other derangement, and complete relief was afforded by its removal. I then, both in public and private practice, had very many opportunities of observing similar facts, and of these, may select the two following sufficiently illustrative for the purpose:—

*Mr. Cochrane's Case, to Mr. Syme.*

SIR,—The operation performed on Mr. D., in 1845, was most successful: he was then 47 years of age, and looked quite anemic, having for several weeks lost a large quantity of blood at stool. The amount had daily increased, but the most careful examination of the anus and rectum revealed nothing more than a quantity of loose skin extending to the orifice. When he sat upon the stool in my presence, pure blood to the amount of several ounces was speedily discharged, and formed a mass of coagulum in the utensil. Yet merely removing the whole of the loose skin by scissors, saying you had reason to believe this would prove sufficient, and the result was a complete and permanent cure, as the patient never passed any more blood, and is still in good health. Yours, &c.,

JAMES SYME.

*Edw., 1861.*

*Dr. Paterson to Mr. Syme.*

DEAR SIR,—The Rev. Mr. — laboured with large and exhausting discharges of blood from the rectum, which had been going on for years. There were some external hemorrhoids, you considered that these were most likely the cause of the hemorrhage. They were accordingly removed; and when there has been no bleeding whatever,

nearly six months have now elapsed since the operation.—*Your*, &c.,

ROBERT PATERSON.

*J. G. M. M. D. 1841*

How the presence of external piles causes blood-letting from the bowels, or how their removal prevents it, I am quite unable to explain; but do not, on this account, regard these facts as of less importance in practice. If their occurrence were extremely rare, they would be of less consequence, but happening frequently, as I have had occasion to see, their recognition is obviously a matter of no small practical importance.

Another source of hemorrhage from the rectum, which could not have been readily suspected or anticipated, is spasmodic stricture of the muscular fibres and vessels, which are so frequently connected with this condition, usually discharge a little blood, although hardly in such quantity as to constitute a prominent feature of the case; but, independently of any such complication, a more contracted state of the sphincter may occasion the most profuse and serious bleeding. As an instance of this effect, I may mention a very remarkable case that was presented to me not long ago, by a medical student of great talent and diligence. He complained of bleeding at stool, but, on examination, was found so perfectly free from hemorrhoidal disease, that I supposed he must labour under a lesion. Some time afterwards, remarking that he had become extremely pale and emaciated, I was led to make further inquiry, and then learned from a companion who resided in the same house with him, that there really was a copious discharge of blood which issued in a fluid state, and then coagulated. On making another examination, I found that the external part of the sphincter was tightly contracted, and knowing that this might be the cause of bleeding, made a division of the tight muscular fibres. No blood was subsequently discharged, and the patient soon regained his healthy aspect.

There is still another source of hemorrhage from the rectum of which I have met with only one example. The patient was a young lady whom I saw along with the late Dr. Graham, the professed votary of botany. She had lost so much blood as to excite attention by her altered appearance, and was brought from the country in quest of relief. I could not detect any hemorrhoidal disease, or any other recognized derangement; but observed, that when expulsive efforts were made, the blood issued from a small round orifice, apparently seated in a varicose vein. To this point I applied a ligature with the effect of affording complete relief.—*Observations in Clinical Surgery.*

## TYPHOID OR ENTERIC FEVER.

THE TREATMENT.—CONTINUED.

ALEXANDER TWEEDIE, M. D., F. R. S., Physician to the London Fever Hospital, &c., &c. An abstract from his recent work on Fevers.

*Hemorrhage from the Bowels.*—Continued.

The oil of turpentine, in doses of from 20 to 30 drops, in emulsion, is also a good remedy, taking care to suspend its use if it produce irritation of the urinary organs. The falling powers should be sustained by wine and brandy, and the nervous symptoms be calmed by opium or its alkaloids.

*Bronchitis.*—The regular catarrh attending well-marked cases of this fever, generally subsides in a

few days, without special treatment. The chest ought to be examined regularly to ascertain that the bronchitis is not attacking the smaller tubes, and becoming latent, for it is not until the more advanced periods of the disease that it is noticed. When confined to the upper large tubes, counter-irritants should be applied beneath the clavicles, and a mixture of wine of ipecac and tincture of hyosine be administered. Should it, however, involve other portions of the lungs, and the patient be able to bear it, a few ounces of blood should be taken from the chest; otherwise dry cupping and blistering must be substituted, with an expectorant mixture internally.

Even in the severer cases of bronchitis, when the patients are fast sinking, with a respiration of 40 in the minute, and the extremities getting cold, we have found them to rally and recover on wine and brandy, liberally administered, with the strongest beef-juce extracted by heating over steam without water, given every half hour, and the decoction of seneka with nitrate of potash, every four hours; which we have kept up for several days notwithstanding their stimulating effects, want of sleep, delirium, and hot and dry skin. We have frequently found this treatment to be followed by profuse sweating, free expectoration, and refreshing sleep, after which we have still kept up the treatment, but less energetically.—*ET.*

*Pneumonia.*—This may occur secondarily upon the bronchitis, and must be treated, unless there be special circumstances to forbid it, on the same principles as primary pneumonia, bearing in mind that we have to deal with it under very different circumstances. These measures embrace local abstraction of blood, or dry cupping, turpentine fomentations, or blistering, and the exhibition of small doses of tartar emetic with purgative.

*Peritonitis.*—From perforation of the intestines, requires opium in large doses (2 grs.) every hour until a decided impression is made upon the system. But if merely threatened, recourse must be had to leeching, warm fomentations, mercury with chalk and Dover's powder, and supporting the strength by suitable nourishment. When perforation takes place, recovery is rare.

*Laryngeal Angina.*—This formidable throat affection, Bokitansky ascribes to typhoid deposit in the delicate structure of the glottis; fortunately it is a rare complication, for it is seldom attended even by the promptest treatment. The first approach of hoarseness, with painful deglutition, and tenderness on pressing the region of the larynx externally, should excite suspicion. The nape of the neck should be cupped, and the angles of the jaw blistered, avoiding the integuments covering the larynx, the vapour of hot water with the extract colum should be breathed, and from an eighth to a quarter of a grain of tartar emetic be given every three or four hours according to the urgency of the case. Gargles are worse than useless. Mercury so useful in sympathetic angina is less trustworthy in this secondary, from the bad effect produced by it upon the bowels. Death occurs from suffocation produced by effusion of serum in the rima of the glottis.

*The Bladder.*—This organ is liable to become distended in advanced stages of enteric fever, and the urine to be either completely retained or to dribble away from a full bladder. Its state must be determined upon frequently by percussion; and should there be any doubt, the introduction of the catheter ought not to be delayed.

## POLYPUS OF THE ANTRUM,

REMOVED BY FACIAL SECTION.

By P. DEARBORN, M.D., *Professor of the Theory and Practice of Medicine in the School of Medicine and Surgery, Physician to the Hotel Dieu, Montreal.*

L.—, a healthy young woman from the country, 32 years of age, was admitted into the Hotel Dieu under my care, on the 20th of September last. She is married, and the mother of four children, of which the youngest is but three weeks old.

Her left cheek is greatly swollen, and she suffers much pain from the presence of a fibrous polypus, situated in the superior maxillary bone. The left lower eyelid is carried upward by it, so as to partially obstruct the view of the eye. The nose is inclined towards the right, and there is quite an enlargement of the lacrymal sac on that side, showing obstruction of the duct from pressure.

She dates the commencement of the swelling two or three months back, and says that six weeks ago it was quite small, and was removed by a doctor in the country, who found it necessary to abstract two large teeth in the upper jaw, to facilitate the operation. Another growth, however, soon replaced the first, and has been increasing very rapidly ever since; it has now become so enlarged as to make its appearance in two different directions, the more voluminous portion, presenting a convex surface, occupies the whole roof of the mouth. The other, protruding through the anterior part of the superior maxillary bone, is globular, and nearly as large as an egg, and communicates with the portion in the roof of the mouth by a prolongation which occupies the space of the two extracted teeth.

The necessary operation for its removal was performed on the 25th of September, in the following manner: After placing the patient partially under the influence of chloroform, a horizontal incision was made from the commissure of the lips to the anterior edge of the masseter muscle, and then continued upwards, and the external portion of the polypus exposed to view, when the pedicle was found passing out of the maxillary sinus through a large opening, and was detached therefrom by means of a pair of curved forceps. That portion of the tumour in the roof of the mouth, which was held down by adhesions to the internal part of the left gum, as also the prolongation connecting the two portions of the polypus, were now divided, when the whole mass was readily removed entire.

During the operation, but a small quantity of blood was lost, no important vessels being involved. The incision was now brought together by five points of suture, with interrening straps of plaster, and the head was afterwards bandaged in the mode usually employed for fracture of the lower jaw. The woman was then put upon strict diet, liquid nourishment only being allowed. The wound united without difficulty, and the points of suture were removed on the fourth or fifth day as cicatrization had become perfect, except at each extremity of the incision, where there still remained a slight suppuration; this, however, soon afterwards ceased. It is now a fortnight since the operation, and the swelling of the cheek has disappeared, the eyelid has returned to its proper position, the lacrymal tumour is lessening in size, and the woman, convalescent, leaves the Hospital to-day.

P. B.

Montreal, 10th October, 1863.

## Canada Lancet.

MONTREAL, NOVEMBER 15, 1863.

The true friends of an institution are the ones who point out its faults—those of McGill College are many, and they greatly need the telling. With regard to the Latin examinations, the Pharmacopœia is the only book ever employed, unless another more familiar work is requested. And we reiterate, that we have never known, or heard of competent authority, of a student *ever* having been prevented from graduating for want of such knowledge, although, when extremely ignorant, we have seen them put back from time to time until their final examinations for degrees, when they have been allowed to pass.

But it is not Latin alone—many are permitted to study and graduate in this College who do not possess a correct knowledge of *any* language. This fact is patent to every well-educated student attending its lectures—their conversation—their note-books—their very theses now on record, render it too evident to be denied.

Law and divinity students require to be thoroughly grounded before commencing study—why should those in medicine be the only exception? Why should persons so unprepared, be allowed to occupy seats, hold companionship, and obtain degrees, on an equality with young men who have spent the dawn of their lives in complete and thorough courses of preparatory study—pursued frequently in this same University—young men, to whom the profession looks, with pride, to sustain its honour and dignity, both at home and abroad?

The question is easily answered—simply because the heads of this department—totally lost to the duty they owe to this very profession, and to the public—are abusing the privilege allowed to them, of holding examinations in private in their own time and way—to increase the number of their students.

Let the leaders then see to it, that the best interests of this, one of our finest institutions, and that of our noble calling, be not thus prostituted for the love of gain. We want no interference of ignorant outsiders in this matter—we want reform in this College, and reform too, not only in this, but in many other particulars of its management equally to be condemned, of which we will speak hereafter.

The Medical Times, in remarking on the late appointment of Mr. Spencer Wells as Surgeon to Her Majesty's Household, states that he was editor of that journal from 1854 to 1861, and says: "we believe that the profession will regard this appointment as we do, as a proof that a man who works hard—in hospital, sick-room, or library—even although he may not be connected with one of the

great London Hospitals, or be a relation or pupil of any of our *Dis Majores*—will, sooner or later, reap his reward."

This remark of our contemporary, although undoubtedly true, requires an important additional one to make it applicable to Canada—it is, that whilst the medical man so arduously pursues his labours, he should bear in his remembrance that to gain himself earthly honours, like those of Surgeon Wells, his harvest will yield the fruits. Few indeed have as ripened in this province during the present season—but the autumn still lingers—let us hope that the later species may prove the more excellent. There are still many old gray-headed men who have spent their lives in hospitals, many professors in surgery, midwifery, chemistry, and what not, who have practised years upon years among us, who are doing nothing for the advancement of medical science—the country looks to them for their fruits—rouse up then, sluggards, and prove that you can do more than write for beginners, do more than lecture to *students* in medicine—that your experience is, even yet, able to win you names among those that, like Wells, are destined to live for ever.

**PERITONEAL SECTION.**—In perusing the account of another formidable operation, the removal of a large abdominal tumour with attachments to the lumbar vertebrae, uterus, &c., performed by Dr. O'Reilly of New York, one cannot but remark that, taking advantage of the asthenic character of all diseases of the present age, step by step, are surgeons every where drifting as it were into the knowledge of the impunity with which the serious crises of the human body may be assailed. And it cannot be long before some one of them, yet a little more venturesome, will prove that peritoneal section for obstructions of the bowels, gall duct, oesophagus, &c., may be performed with success; and that lives now so often sacrificed from them, may frequently by its means be preserved.

It is not long since it was our painful duty to make a couple of post mortem examinations for insect-susception, when we were led seriously to reflect that should other occasions arise, even a fiercer hope would tempt our prudent hands to cut into the abdominal cavity before death.

Nor can we pass over this case or 'hoax' of Prof. Byford of Chicago, without noticing the constantly increasing evidences of the power of large doses of opium in controlling the after inflammation otherwise attendant on such operations. Two grains of solid opium at once—two grains more in half an hour, and two grains every three hours, or a grain every hour and a quarter all night long, with a quick pulse, continuing it for a week every three hours, is indeed heroic; but experience tells us that the life of the patient can thus be saved, and so we grow wiser by each success in this, another of the important legacies of Graves.

TO THE EDITOR OF THE LANCET.

DEAR SIR,—Although entering my eighteenth year of professorship, it has never been my good fortune to see any public avowal of the truth with regard to the two rival Medical Institutions in this city. The liberal and independent course adopted by you, in your editorial of last month gives me therefore much gratification. It is a correct statement of the unfair position now occupied by the

School of Medicine with which I have the honour of being connected.

I regret, however, that you have not mentioned the constant, unwearied, and unwarranted opposition of the McGill College interests, in parliament, to our acquiring the same rights from it as themselves. Both schools would have profited by a more generous and different course of action, and the stimulus of a perfect equality would have tended rather to raise the standard of excellence of each. And the rivalry between us would not have consisted on their part, as at present, in the number of French students to be induced to attend their lectures from the greater leniency exercised towards them.

I should also have been spared the pain of witnessing the many years of national irritation (enmity) produced by these differences; and my career as a professor would have been rendered much more pleasant by such a just and healthy competition.

In conclusion I would remark that I have always been and shall ever be opposed to any course tending to produce national distinctions in scientific progress in this young and fair country.

Yours truly,

J. G. BIBAUD, M.D.,

President of the School of Medicine and Surgery, Professor of Anatomy, Physician to the Hotel Dieu Hospital, &c., &c.

Montreal, 12th October, 1863.

### Interesting Cases.

**A CASE OF RE-FRACTURE OF THE LEG, AFTER FOUR MONTHS AND A HALF.** By P. Munro, M.D., Professor of Clinical Surgery, and Physician to the Hotel Dieu Hospital, and Professor of Surgery in the School of Medicine, of Montreal, &c., &c.

On Oct. 20, a labouring man of good constitution, received a kick from a horse on the 26th of August, 1862, which caused simple oblique fracture of both tibia and fibula at the junction of the middle with the lower third of the leg. Being in a country place, away from a medical man, the bones were allowed to become ossified with the foot everted, and a shortening of rather over two and a quarter inches. In this condition he was admitted into the Hotel Dieu, where I proceeded on the 13th of January last, assisted by my confrères in this institution, with an attempt to straighten the leg, which I accomplished with some difficulty as follows. Having placed the patient under the influence of chloroform, and attached the pulleys to the limb, I threw the whole weight of my body, by means of the knee, upon the former seat of injury, which, after several efforts I felt to crack and give a little, when, by the alternate use of the hands and knee, separation was readily effected, and the leg became elongated to nearly its proper length. It was now placed upon a double inclined plane, and extension kept up in the usual manner. No farther inflammation was caused by this refracture than proved subsequently necessary for the production of fresh callus. The ossification was rather slower than usual, but otherwise he made a good recovery, with but half an inch of shortening, and the foot restored to its proper direction. He has now a firm and useful limb.

I have considered this case interesting, from the length of time occurring between the fracture and the refracture; from its helping to establish the fact that the new bone is not as solid at this period as the old; that refracture therefore is most likely

to occur in the old place: and that it can be performed after four months and a half with less irritation to the parts around it, than accompanies any ordinary primary fracture. Yours, &c.—P.M.

**ENURESIS WITH DIABETES INSIPIDUS KEPT UP BY OATMEAL PORRIDGE.**—Nov. 15, '62, R —, a pale, sickly-looking lad of 13 years of age, has been constantly passing a large quantity of limpid urine, and wetting his bed at night for the past ten years, the discharge being most excessive and frequent during the winter months. His appetite is very great, but his thirst does not seem proportionate to the quantity of liquid excreted. His urine during the 12 day hours now measures 35 ounces, but his mother thinks that the quantity passed during the night greatly exceeds this. He has been accustomed for many years to making his breakfast and supper on oatmeal porridge, but although the rest of the family, 5 or 6 in number, have lived in a similar manner they have never suffered from either enuresis or diabetes. Many efforts have been made from time to time to prevent his wetting his bed, but without success. After having fairly tried extract belladonna in quarter grain doses, tincture of iron and various other remedies, I prescribed three grain doses citrate of iron and quinine, three times a day.

Feb. 10th, '63, somewhat improved in all his symptoms; he likes the bitters, continue them.

April 4th. Improvement slowly continues. A change of diet was now for the first time suggested, the oatmeal might be preventing the proper effects of the remedies; on this he began at once to improve in every way and to gain flesh.

Sept. 30th, '63, has enjoyed excellent health all summer, looks fat and hearty, and has entirely lost his cachectic appearance. He has not taken any porridge since last April. But there is now and then a little breaking out as it were of his old complaint, and his mother will not allow that he is quite well until the "cold weather sets in."

I should not have considered this case worthy of reporting, had not another just occurred in my practice, where the suspension of the use of oatmeal alone succeeded completely in removing a troublesome enuresis.—*Editor.*

**THE SPIKE CASE.**—The case of fracture with dislocation of the spine, reported in the March number of the Canada Lancet, as having been so admirably reduced without deformity, did not long remain without displacement. The patient is still lying in the Montreal General Hospital in a precarious state, after a period of nine months and a half, with quite a prominence at the seat of injury, and paraplegia. Had as great care been exercised in keeping the parts of the bone in apposition afterwards, as that employed for a week or two subsequent to the fracture, it is our opinion, it would have become ossified without deformity, and the man have thereby obtained a better chance of recovery.—*Ed.*

#### ICE IN THE TREATMENT OF DIPHTHERIA.

The *Revue Thérapeutique* contains a paper by Dr. A. De Grand of Boulogne, late French Vice Consul at Havana, in which he mentions ice as an infallible remedy for diphtheria. As this, from its extreme simplicity, would, if so effective, be far superior to any yet tried, I cannot refrain from quoting the cases mentioned by the author, who first brought it into notice in February, 1860; and con-

sequently complains, not without reason, of the inexcusable negligence of many practitioners in not adopting it, and thereby saving the valuable lives now annually lost by this disease. The following cases came under his observation after that date.

In March and April, 1861, diphtheria broke out in an epidemic form, chiefly attacking adults, and was of such virulence that in one week three young women died in a single house. One of Dr. De Grand's patients was seized with it, and as he could not immediately attend, and the case being a severe one, another physician was called in, who ordered emetics and aluminous gargles, which were of no effect. On the doctor's visit, he found the tonsils greatly swollen and a false membrane covering them. He immediately administered small pieces of ice, and by the following morning the tumefaction of the tonsils had diminished by half, and the false membrane had nearly disappeared. That very evening she was enabled to take food. A few days afterwards, her brother was seized with a similar sore throat, when, profiting by the example, he took ice and was rid of it in a few hours.

Dr. De Grand was summoned, in another case, to a young lady who had been labouring under the disease for two days, and was evidently sinking in spite of all previous treatment. The parents, relations, and friends of the family were immersed in the deepest sorrow. The doctor ordered ice, a general cry of astonishment was uttered by all present. Ice for a sore throat! Impossible! It would be sheer murder! He, however, maintained his ground: and after much expostulation, during which precious time was lost, he obtained his end. Before twenty-four hours the patient was full of convalescence.

Being at Vera Cruz on a mission, he was requested to see a young man who was attacked with malignant sore throat, and had been treated without effect by cauterizations with hydrochloric acid and astringent gargles. Here again he had to battle with the prejudice of the family, but was at length allowed to administer ice. The young man recovered in the course of the following day. Dr. De Grand says, that although he has prescribed this remedy for the last twelve years, he has never yet met with a single failure after its adoption: he is evidently sincere in his opinion of its efficacy, and although it may not be as successful in other hands it certainly deserves a trial. Cold gargles have been recommended by Dr. Blane of Strasburg.—*Why not employ ice?*

*Dr. W. N. Cost.*

*Med. and Surg. Reporter.*

**INDURATION OF THE MAMMARY GLAND.**—Dr. E. J. Tilt remarks that menstruation will sometimes originate a hard and painful swelling of some portion of the mammary gland, which may last for months or even years, being always worse during the menstrual process. He tells, among others, of a case where a portion of the breast became thus indurated and painful, in the wife of an eminent medical man. It was pronounced to be cancerous by several surgeons; but Sir C. Locock, and Sir B. Brodie, thought it benignant; and this mammary tumour was the first indication that the menstrual function was going to be re-established after 13 years' absence. The painful swelling then subsided; the lady became pregnant, and has had three children, although Prof. Simpson, had previously given it as his opinion, that she would never have a child, but would die in childbed should pregnancy occur.—*T. on Ovarian Inflammation.*

## Fe riga Correspondence.

LONDON, June 30th, 1863.

PROF. E. ISAACS, M. D.—My dear Doctor, I embrace this my earliest leisure moment, to fulfil my promise to write you from London. By a hasty look at medical matters here, one can but be fully impressed with the fact, that the material for clinical study is abundant: for, in a city which contains three millions of people, and has so many well organized hospitals, in one or other of which every variety of disease is treated, every facility is offered to the medical student.

In some respects, the London Hospital is favorably situated, especially for the student of Surgery. It is in a part of the city where accidents are of frequent occurrence, such as fractures, dislocations, contusions, &c.; and I am told that it is not an unfrequent circumstance, for students to leave other hospitals for a time, and go to the London to familiarize themselves with the mode of treating these injuries, which they are in the habit of styling "the study of coarse surgery." Mr. Luke, who was for so many years connected with this hospital, and was among its most active officers, has retired, and devotes himself to a lucrative private surgical practice. Mr. Critchet has also just resigned the office of surgeon here, and has been succeeded by the appointment of Mr. Hutchinson, whose advancement is spoken of as remarkable, he having been first elected assistant surgeon only about four years since.

One of the oldest and largest hospitals in the city is St. Bartholomew's; here Mr. Paget is one of the leading surgeons. He is a neat and dexterous operator. I noticed, on his operating day, that he prefers the circular to the flap operation in amputations of the thigh. As a lecturer he is agreeable, clear, concise, and graphic. A considerable portion of this hospital is appropriated to the diseases peculiar to females, and is under the direction of Dr. Greenhalgh, who was elected Professor of Obstetrics, &c., about a year and a half ago. Having so recently entered upon the discharge of his duties in so large an institution, the doctor is, as we might expect, industrious, vigilant and enthusiastic in the profession, and I may justly add he is a successful physician. The opportunity afforded him for testing the various methods of treating the numerous diseases to which females are subject, is quite unlimited, and is embraced to the fullest extent. The incision of the neck of the uterus, for the cure of dysmenorrhœa, is just at present the practice that seems to attract considerable attention at St. Bartholomew's; the results of the practice are represented as being highly satisfactory. While there is nothing new in the principles of this practice, its general adoption would hardly meet the approbation of the judicious physician in private practice. The actual cauterization is frequently resorted to here, in cases of ulcerated os uteri, and with benefit in some cases; but I was led to infer that much annoyance was sometimes experienced by the extension of inflammation to the peritonæum, or causing pelvic cellulitis. The line between medical and surgical practice is distinctly marked here: as, for instance, a patient with proclivencia uteri had obtained no relief from any of the numerous applications resorted to; it was then decided to extend the peritonæum by causing a portion of the vulva to unite, which the obstetrician was willing to undertake, but etiquette required that the patient be removed to the surgical ward.

At the University College Hospital, I witnessed the operation of lithotomy by Mr. Erichsen, which was performed rapidly, but it is not usual that such troublesome hemorrhage is met with, as in this case. In the obstetric department, Dr. Murphy still gives the lectures as he has done for twenty years. His style is plain and his teaching practical. He has just issued the second edition of his book, which is considerably more comprehensive than the first, embracing now the main topics of a general course. Here the practice differs from that followed in some other places in London; the hysterotomy, and the actual cautery are less frequently brought into requisition; much attention is given to correcting the *general health*, with the effect of removing local symptoms, and the same is true of the practice in this department in St. George's Hospital, where Dr. Lee denounces, in no measured terms, the "cutting and burning" as French innovations which ought not to be countenanced.

The Samaritan Hospital is devoted to the treatment of diseases of females. Here a number of interesting cases may always be seen. The surgeon of this institution, T. Spencer Wells, Esq., is just now doing considerable in the way of ovariectomy. I witnessed the extirpation of a large ovarian tumour by him yesterday, and was struck with the embarrassments which are liable to arise in this operation, even with a dexterous operator. I was unable to learn the percentage of success of the operation here, but I find that at the "Surgeons" have not adopted it as one of the ordinary operations. I met with eminent men here who represent the mortality from ovariectomy as "fearful."

In the "London Surgical Home," which receives none but female patients, I saw several interesting cases. This is the institution where J. Baker Brown performs most of his operations. He attempted the restoration of the recto-vaginal septum on the day of my visit, which was the second attempt on the same patient. He promised that one more operation would make the case complete. His operations are spoken of by the profession as being generally successful, without any novelty in the mode of their performance.

I was greatly pleased with my visit to the "National Hospital for Paralysis and Epilepsy," which is attended by Dr. Brown Sequard, who is, without question, the "right man in the right place." At this institution may be seen a large number of patients affected with various chronic diseases of the nervous centres. I was forcibly impressed with the careful manner of conducting the examinations of patients, the critical analysis of symptoms, and the candor and frankness in announcing opinions when difficulty arose. Every physician of any considerable experience is fully aware of the obscurity of many cases of this class of diseases. I have seldom met a man in the profession, whose acquaintance produced a more favorable impression upon my mind, than Dr. Brown Sequard. I found him an agreeable gentleman, as he is a profound medical scholar and successful physician.

At my visits to the "Museum of the Royal College of Surgeons," I could but notice the remarkable beauty, as well as the great number of preparations, many of them the work of the celebrated John Hunter, illustrating Anatomy, Physiology, Pathology, &c., &c., to study which would require many weeks of industrious applica-



tion. As I could not study all, you will not be surprised that I devoted most of my time to the Obstetric department, which is so extensive and complete that little is left to be desired.

The medical lectures from certain chairs are given here during the summer season, a number of which I had the pleasure of hearing. While I was prepared to find less interest on the part of the classes of students, than I had been accustomed to see in the United States, I was surprised to hear a very good lecture, well written, read to a class of but eight students in the great city of London. When the number present was somewhat larger, I found that the roll was called, and each student was obliged to answer to his name under penalty.

I cannot avoid the reflection that it is unfortunate for the student, when the Professor is led by party prejudice or personal inclination to give but a partial view of a subject, that the discussion of a subject under such circumstances, however spirited, or however much talent and learning may be displayed, is unprofitable to the tyro, is not problematical.

My visit to London has been one of uninterrupted pleasure as well as of profit, and the remembrance of it will ever excite in my mind the liveliest emotions of obligation for the uniform kindness and courtesy extended to me by the medical gentlemen with whom I met. I leave to-morrow for Paris.

Truly yours,

M.

Chicago Medical Journal.

**ON IMPREGNATION.**—Dr. F. J. W. Packman, in a letter to the London Lancet says, that conception occurring in women during the first half of the time between the menstrual periods, produces female offspring, and male in the latter half: and that he has long been in the habit of informing those who are out in their reckoning of the time of their parturition, that the error has probably arisen "from an idle boy," and that he rarely fails in being right. He concludes by saying that all animals are governed by the same law—and that control through this knowledge could, if desired, be exercised over the gender of their offspring.

**TANNIN IN CONJUNCTIVITIS AND STAUOMOR OPHTHALMIA.**—Dr. G. R. Sheraton finds a solution of tannin more successful than any other application in these troublesome eye affections. He adds from one to two drachms to each ounce of water, and directs it to be dropped into the eyes several times a day. It causes much smarting and lachrymation, but this is soon succeeded by a feeling of comfort, and freedom from irritation. In cases of phlyctenular ophthalmia, or ulcers of the cornea, he conjoins atropine or ext. belladonna with it, and likewise preparations of opium when required.

### To Correspondents.

**Pumpkin Seeds.**—They were employed for the cure of tape-worm upwards of a hundred years ago, and have been more or less resorted to for this purpose ever since. Although often succeeding in producing the expulsion of the whole worm with its head, even after every other remedy has proved ineffectual, its frequent failures render it far from being a certain remedy in such cases; but it is well worthy of a trial.

Any pumpkin seeds will answer; the dose is two ounces, weighed after they have been deprived of their husks, and made into an emulsion by beating them in a mortar with half a pint of water. The usual directions are to fast from 18 to 24 hours, then to swallow the above draught, and to follow it in an hour and a half with a dose of castor oil. If successful, the treatment is to be repeated the following day.

**Colouring for Jellies.**—Take of bruised cochineal, and cream of tartar, and carbonate of potash, of each one ounce, boiling water to ounces. Make a decoction; filter; and mix it into a syrup with 12 oz. loaf sugar.

**Cherry Cream.**—Roast 1 lb.; yellow wax 3 oz.; sugar 2 oz. Melt the wax and rosin, and when somewhat cooled, add the wax and colouring; then pull with as little wetting as possible keeping the vessel warm by placing it in hot water.

**X.**—Two of the best works on diseases of children are Churchill's and West's. But for infants we know of none that can compare with *Roach on Infant Feeding*, a second and new edition of which has not long been published.

**Temperated Tooth Paste.**—Beat one ounce of camphor into a paste with a sufficient quantity of alcohol, add 12 drops of oil of rose, and rub in thoroughly. Little by little two pounds of precipitated chalk.

**A Black Draught.**—Kissom salts 4 drachms; summa lenu and ext. licorice of each 12 drachms; ginger 10 grains; boil in water; put in let them stand, stirring occasionally, and the licorice is dissolved; then strain.

**F.**—In order to be enabled to practice here, a surgeon must likewise be a physician; and being a graduate of British College of surgeons will not exempt you from examination before the College of Physicians and Surgeons Lower Canada on all branches except those mentioned in your diploma.

**Medical Works published in Great Britain from the 1st to the 15th September, 1863, with their sizes, number of pages, publishers' names, and prices in sterling.**

Miller, W. A., Elements of Chemistry, Theoretical and Practical, Part 1, 3rd edit., with additions, 4 vo. pp. 600; Parke & S. 12s.

Originally published in 1855. The additions to the present edition comprise an account of the recent discovery of the spectrum, a sketch of Graham's researches on diffusion and liquid transpiration, Bunsen and Tyndall's researches on the specific heat of gases, &c.

### Periodicals received since 15th September.

London Medical Times up to 28th Sept.; Pharmaceutical Journal, 1st Sept.; Boston Medical and Surgical Journal, up to 8th Oct.; Philadelphia Medical and Surgical Reporter, 1st Oct.; Philadelphia Dental Cosmos, Oct.; Pacific Medical and Surgical Journal, San Francisco, Aug.; British Medical and Surgical Journal, Sept.; Chicago Medical Examiner, Sept.; American Medical Times, up to 15th Oct.; Chicago Medical Journal, Oct.; Cincinnati Lancet and Observer, Oct.; American Journal of Ophthalmology, May; Ohio Medical and Surgical Journal, Sept.; Philadelphia Medical News and Library, Oct.; Chicago Medical Investigator, 1st Oct.; London Chemist and Druggist, Sep.; American Druggist's Circular, Oct.; London Publisher's Circular, 15th Sept.; Amer. Jour. of Med. Sciences, Oct.

### Books and Pamphlets received during the Month.

Horatio R. Storer, M.D., of Boston, On Criminal Abortion in America, 8vo. pp. 107. Published by J. B. Lippincott & Co., 1863. From the author.

Constitutions et Réglements de L'Université Laval, Québec, 8vo. pp. 90.

Jurisprudence Médicale. Examen Médico-légal des Procès d'Anais Toussaint, de J. Berubé, et de C. Theriault. Et Procès de Procédure à suivre dans les cas d'Empoisonnements par l'Arsenic et le Phosphore. Par J. Emery Couillard, M.D., Professeur de Matière Médicale de l'École de Médecine et de Chirurgie de Montréal, 8vo. pp. 50. From the author.

### Subscriptions paid since September 15th.

R. S. Friddy, Esq., Simcoe; Hon. Dr. Harmanus Smith, M.P.P., Auster; Dr. B. C. Fox, Wolfe Island; Dr. J. E. Corbett, Orillia; Dr. Cartier, Vaudois; D. Gillespie, Orillia; Dr. Powell, Port Dover; Dr. L. M. Roussin, Halifax; Dr. J. P. Bostou, Dr. E. Codrre, and Dr. L. Larocque, all of Montreal; Dr. P. Baudouin, St. Athanas; Dr. J. O. Orr, Bond Head, C. W.

### DEATH.

On the 25th Sept., at St. Antoine, on the Richelieu River, Dr. Napoléon Codrre, aged 24 years, nephew of Dr. J. E. Codrre of this city.

The Canada Lancet is published monthly at the rate of one dollar, (or four shillings sterling) per annum. Remittances may be made to W. E. Bowman, M.D., Editor and Proprietor, or to Dr. John Lovell.

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