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CANADA LANCET.

WILLIAM EDWARD BOWMAN, M.D., EDITOR.

No. 1.

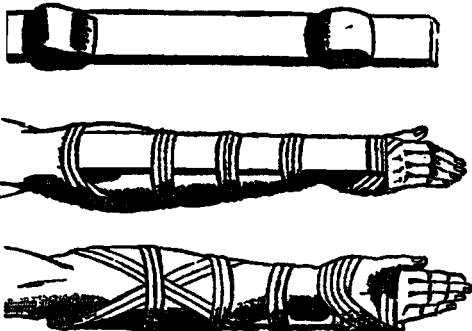
MONTREAL, MARCH 14, 1863.

VOL. 1.

FRACTURE OF THE LOWER PORTION OF THE RADIUS.

BY THE EDITOR.

Sometime since, having a case of Colles' Fracture in a girl of 16, she begged me to put it up with one splint, so that she could see her arm. To oblige her, I put on one in the manner recommended by Dr. J. Swinburne of Albany, N. Y., which I slightly modified. Being much pleased with this mode, I have since adopted it in similar cases, and would recommend it for trial to all those who have not previously employed it.



It consists as shewn in the annexed woodcut, in confining the forearm on a slight splint, stretched along its posterior aspect, and held in position by means of adhesive plaster. I have found it most convenient to fasten the padded splint first to the hand, as neatly as possible, by long narrow straps, which should cover the end of the splint. I then make extension by pulling on the end at the elbow, the patient making counter-extension from his shoulder; and fasten the splint in this position by means of two strips of plaster brought around and crossed on the forearm.

The circular straps may be put on afterwards.

The pad at the wrist should be somewhat thinner than represented above.

The immediate relief from pain, and the free use allowed to the fingers by this mode, is surprising. But besides this, it does not interfere with the application of cooling lotions to the wrist. And the least deviation from perfect symmetry may be detected without deranging anything, and obviated by the application of a fresh strap. The length of the arm too, from the elbow, to the end of the little finger can always be readily compared with the sound limb. I find also, that a patient is better satisfied, when the arm is thus left exposed to view.

I generally apply a bandage loosely over the whole, allowing it to be removed at pleasure.

And take off the splint at the end of the fourth week, in the young, and the fifth in older persons;

substituting a woollen bandage around the wrist, and informing my patient that the "lump" will disappear in a month or two.

THE HYPOPHOSPHITES.

HYPOPHOSPHITE OF LIME.—To one Troy pound of freshly burned lime, add 1½ gallons (wine measure) of hot water and 1lb. phosphorus. Boil them together in a water bath, adding the phosphorus piece by piece, until it is all decomposed; which will require upwards of 24 hours. It should be made in a new three gallon tin oil can, with a mouth not exceeding 2 inches in diameter, which must not be obstructed; and the operation be performed in the open air. After filtering, pass carbonic acid through the solution, until a portion of the precipitate thrown down is redissolved. It is now to be refiltered, and evaporated with a heat, not exceeding 140 degrees Fahrenheit. Any heat above 220°, in the first boiling, decomposes the Hypophosphites. Carbonic acid is most cheaply generated from chalk and sulphuric acid.

If the remedy is to be prescribed in solution, all that will be necessary, will be to drive off the carbonic acid and filter; when the dose would be a teaspoonful in milk, three times a day.

HYPOPHOSPHITE OF SODA.—Is made by adding carbonate of soda (sal. soda) to the solution of hypophosphite of lime, so long as it yields a white precipitate: using great care not to add it in excess; then filter and evaporate, or give as before. This salt is much pleasanter to the taste than the former. A good way would be not to add quite enough of the carbonate of soda, then the two salts would be in combination; a favourite manner of prescribing them.

When faithfully prepared according to the above directions, the hypophosphites will be found well worthy of a trial in Phthisis in all its stages; and to be far superior to any purchased article, in point of expense and purity.

Dr. Charchill says it must be discontinued, should it cause any feeling of fulness in the head, giddiness, singing in the ears, or bleeding at the nose, however slight.

It may be given with the food. I often direct it to be taken in the tea or coffee, where it cannot be detected.—*Editor.*

SUDDEN DEATH AFTER BURNS.—Dr. Baraduc, during his residence at Hospital St. Antoine, Paris, was struck with the rapidity of the collapse, after extensive burns from boiling liquids, in spite of all treatment. He found that after death, the serous cavities and bladder contained no fluid whatever, that all the veins but the pulmonary, were empty, and in the arteries the blood had become gelatinous looking. These post mortem examinations were made in the presence of Professor Bérard, who watched them with much interest. Both coming to the conclusion that death had resulted from the

excessive draining away of the serum from the blood, it was resolved to adopt a new form of treatment for these cases in a future.

Dr. Karabue now directs his patients in a warm bath (90° F.) for 10, 12, or 14 hours, giving them anodyne enemata to relieve the pain. He also directs them to drink plentifully of weak demulcent, injects mild fluids into the bladder, and causes inhalations of the vapour of hot water. After the bath, he opens the blisters, and dresses the burns with Goulard's cerate, which he spreads on lint, covers this with cotton, applies pressure, and keeps all cool with cold water. On the third day he gives beef tea, following it soon with more nutritious diet.

By this mode he has already succeeded in saving two cases, and recommends it to the profession for trial.

ACONITE AND NUX VOMICA.—Dr. Hanson in the Boston Medical and Surgical Journal, states that he saved a little boy that had swallowed a large dose of tinct. aconite, by giving him three drops of the tinct. nux vomica, which at once increased his pulse and respirations. He repeated the dose every three hours, for 12 hours; then gave two drops three times a day with the food, for three days to insure proper tone of the muscles.

He considers that aconite, is likewise, an antidote for nux vomica; and reasons from analogy, that all poisons producing paralysis of the nerves and muscles through the brain, would in a similar manner be relieved by nux vomica.

THE TURKISH BATH.—Clothed in a loose dress, the bather is conducted into a heated room, where he sits until accustomed to it, his body soon becoming covered with perspiration. He is next led into a vapour bath of much lighter temperature (115° F.); where reclining on a marble slab, he undergoes a slow process of shampooing, which consists in pressing and kneading the flesh, and stretching and relaxing the joints. The quantity of cuticle that peels off during this operation, surprises one who has not witnessed the process. It necessarily leaves the skin extremely clean; the bather is finally conducted to a recess, which is supplied with fountains of hot and cold water, where he washes himself with soap, or has it performed for him as his taste directs. The feeling of languor, supervening after a Turkish bath, renders the short period of repose allowed him on a couch, extremely agreeable.

THE TURKISH BATH IN LUNACY.—Dr. Power, of the Cork Lunatic Asylum, says, that owing to the introduction of this form of bathing in that institution, more than double the number of cures have been produced, than in any other asylum in the British Isles.

PREPARATIONS OF IRON.—Dr. Pakrowsky of St. Petersburg has directed particular attention to the effects of iron on the system. He weighed the quantity of food daily consumed, and the quantity of excrements, he also measured the temperature of the body, and made thorough examination in many other ways; and after giving a history of the cases, sums up his experience as follows:—

The temperature of the body is always heightened, and sometimes in a few hours after commencing the use of iron, but at others, not until after greater intervals. And this increase remains for a long period after suspending it; except in very weak persons, in whom the heat falls as quickly as it was raised, when the remedy is withheld.

After several days, the pulse will be noticed to rise although it does not occur in all cases.

The weight of the body is always increased by it. It never constipates the bowels, as usually supposed; not even when employed in very large doses.

The respiration is never altered. Dropsical effusions into the cellular tissue become absorbed, even in cases of mitral valve disease; but in the latter, it reappears after the suspension of the remedy.

The increase of the heart's impulse, and the dyspnoea, in patients with organic cardiac disease, disappear; and this often when digitalis is quite ineffective.

All preparations of Iron produce like effects, and changing the form of the remedy in the same patient, does not alter the results.—*Virchow's Archiv*, xxii.

DIPHTHERIA.—Dr. M. W. Fisher, after a long experience, has adopted the following, as the most efficacious mode of treatment of this disease.

He first gives an emetic of sulphate of zinc and ipecacuanha, which he finds to remove the nervousness and depression, and to expand and increase the force of the pulse. And should the bowels not have been freely opened, he gives a purge, avoiding all mercurials.

He next prescribes Tinct. Ferri Mur. m xv, every three hours, or more frequently, when the symptoms are alarming.

At bed time, he orders the following:

Sulphate of Quinine, grs. xv.

Dil. Sulphuric Acid, ʒ ss.

Tinct. Opium, M vii.

Water to ʒ iss. Mix for a draught.

To be taken on the 1st, 3rd, 5th, and 8th night, continuing it to the 12th if necessary.

He has found that the throat nearly always assumes a healthy appearance after the second day.

He enjoins a liberal diet, with milk, giving also wine in moderate quantities, when attainable; otherwise ordering ale or porter.

The first dose of the Quinine generally produces uncomfortable symptoms, after which the medicine is well tolerated when not given oftener than directed.

He did not find the Quinine act so well when given in divided doses with the Iron.

When the bowels have not been freely opened, the Quinine is apt to produce vomiting.

Since adopting the above plan, he has not lost a patient with Diphtheria; nor has he ever noticed it to have been followed by any of the sequelæ so often met with after other modes of treatment. *Lancet*, Dec. 1863.

Should there be any difficulty found in procuring the sulphate of quinine, it may be readily obtained from this city by mail or otherwise. Its present price is three dollars per ounce.—*Editor*.

FEARFUL MORTALITY.—The scarlet fever has been very prevalent in this section of country (Bowmanville) for some time; in some instances sweeping off all the children in a family, in a few days, or even a single night. In the village of Newcastle as many as eight persons have been laid out corpses in one night. Small pox is also raging in some districts.—*Canadian Statesman*.

Messrs. Blanchard & Lea, of Philadelphia, are about issuing reprints of the latest English editions of Wilson's Diseases of the Skin, and Brande & Taylor's Chemistry of Practical Toxicology.

VESICAL INJECTIONS FOR INCONTINENCE OF URINE.

By the Editor.

Mrs. R —, Jan. 26, 1863, has been suffering for years from incontinence of urine, due to a morbid sensibility of the bladder augmented if not caused by irritable uterus. When the urine accumulates to a few ounces, she is compelled to evacuate it, and all control is lost on coughing. Linseed tea, Buchu, Uva Ursi, Ext. Henbane, Ext. Belladonna, Morphine, &c., &c., had been prescribed at various times without effect; her clothes are now constantly wet with urine.

I injected an ounce of sweet oil into the bladder which remained only a few moments, but it gave great relief. I directed her to repeat the oil, (instructing her how to introduce a syringe into the urethra), and to inject as much lukewarm water as she could endure, giving her a solution of the nitrate of silver 20 grains to the ounce of water, with directions to add a few drops to each tepid injection and to increase its strength as she could bear it, repeating it twice a day; and to inject a little oil afterwards, if the pain should be severe.

Feb. 3, she returned to say that she was quite well, that the first injection of tepid water caused her much pain; but after the second, with the addition of the nitrate of silver she experienced great relief. She now bears them much stronger without trouble. That she has quite recovered is doubtful, arising as it does in a great measure from sympathy with the womb, but I feel confident she will always be enabled to control it for the time. The womb is neither enlarged nor displaced.

The treatment by Dr. Reeves of Carlisle, is much more heroic than the one I adopted, as he injects a solution of the nitrate of silver of the strength of 20 grains to the ounce, even in the most irritable states of the bladder; giving morphine if necessary, and directing barley water as drink. And he says that he has always found the pain caused by this strong solution, to be more a soreness than an acute pain, lasting for a few hours only. The second time the suffering is much less. The cure he considers permanent.

Dr. Behrend, in treating this affection with Ext. Belladonna, begins with $\frac{1}{2}$ gr. three times a day, increasing gradually up to $\frac{1}{4}$ grain in the forenoon, and a grain at night, until the system becomes affected and pupils dilated when it must be discontinued. He thinks the Ext. useless unless this is done, but I have seen it often successful in $\frac{1}{4}$ grain doses without any such effect.

Dr. H. Bence Jones states, that the cause of this affection, may be the accumulation of feces in the rectum, too long retention of urine, pressure on the bladder by the womb or an abdominal tumour, &c., &c. If the urine be acrid, he gives alkalis and barley water, with camphor and henbane at night; and if obstinate 3 grains camphor, with $\frac{1}{4}$ grain opium, three times a day, injecting cold water into the rectum.

Dr. S. D. Gross, in gouty or rheumatic habits, gives 3i vinum, colchici, every night, with morphine. If in neuralgic, he gives strychnine and arsenic.

Professor Miller also gives anodynes both by mouth and anus, in cases of irritable bladder with incontinence of urine; and finds small doses of the alkalis largely diluted, frequently very serviceable. When very severe he insists on the recumbent position, and has recourse to smart counter irritation, by blistering over the pubes or sacrum.

Hospital Reports.

FRacture with DISLOCATION OF THE SPINE. *Reported by R. T. Langrell, Esq.*—John Lynch, *et. 32*, a healthy labouring man, received, on the morning of the 31st December last, a severe injury from a large beam, weighing, he says, upwards of a thousand pounds. It struck him on the shoulder and back, prostrating him insensible, in which condition, he was admitted into the Montreal General Hospital, under Dr. McCallum, who, on examination, found fracture with dislocation of the 11th and 12th dorsal vertebra, the former being depressed nearly an inch, and the corresponding prominence of the 12th being very marked. On returning consciousness, he suffered from the most excruciating pain in the thighs, and had lost all power over the lower half of his body. Preparations were at once made to reduce the dislocation; to effect this, the upper part of the body was fixed by passing a sheet around the back, and beneath the axilla, and another being arranged around the pelvis; gradual and powerful extension was made, steady pressure being at the same time exerted over the lower and projecting portion of the spinal column. The dislocation was thus reduced without deformity, and gave immediate relief to the pain, but did not affect the paraplegia. Splints were applied to the vertebrae for a time. The paralysis of the bladder and sphincter, so troublesome after the accident, has gradually disappeared, but up to the present, Feb. 10th, the paraplegia remains unchanged.

PHANTOM TUMOUR. *Reported by Kenneth Reid, Esq.* Margaret D —, a healthy looking girl, *et. 16*, native of Canada, was admitted, by Dr. Kingston, into the St. Bridget ward of the Hotel Dieu, on the 7th Dec., 1862. About a year previously, she first noticed a slight swelling in the epigastrium, which appeared after a fright, and continued to increase for some weeks. She consulted a country practitioner of ability, under whose care, the swelling would at times decrease, but the amendment was never permanent. For the past six months she had not been under medical treatment.

On admittance, the swelling, now projecting over 4 inches from the normal abdominal parietes, occupied the position from the ensiform cartilage to the umbilicus. It was perfectly globular in form, about 5 inches in diameter; and so tense that no indentation could be made with the finger.

The Doctor, in remarking on the case, said that the swelling was peculiar, from its perfect resemblance to a tumour, but that its tympanitic clearness on percussion at once dispelled the illusion, and rendered its diagnosis easy; and that by the inhalation of an anæsthetic, the false tumour would be dissipated. He then proceeded to place the patient under chloroform, when the swelling completely disappeared, but returned with returning consciousness. The spine being next examined, a tenderness opposite the sixth and seventh dorsal vertebrae was discovered on percussion; over which region he directed the application of Biniodide of Mercury ointment, giving two drops of Croton oil internally. Next day the swelling was much reduced. The oil was repeated, and continued from time to time up to the 2nd Jan., when she was discharged, seemingly quite recovered.

Mr. Reid has our thanks for this interesting report; it is to be regretted, however, that the menstrual functions had not been inquired into.—EDITOR.

OUR HOSPITALS.

HOTEL DIEU.—We purpose describing in this, and following numbers of the "Lancet," the principal Hospitals in the Province; and we begin with that which heads this article,—the largest and most important in Canada—nay, perhaps, on this continent. Its eventful history is that of embryo Montreal. The Hotel Dieu Hospital of this city, owes its existence to a few gentlemen, who, in 1640, incorporated under the name of "Société de Notre Dame de Montréal," obtained the cession of the island of Montreal from M. de Lauzon, intendant of Dauphiné in France, who had himself received it on condition of establishing a colony; but who could not induce persons to emigrate thither. On the 18th of May, 1642, these gentlemen, a Mlle. Mance, with a few hardy men prepared to act as soldiers, or in any capacity which circumstances might require, cast anchor at Pointe à Callières, opposite to where the Royal Insurance buildings now stand. The Iroquois—the most audacious among Indian tribes—soon manifested impatience at their presence, and kept up incessant warfare. The colonists were unable to gather fuel, fruits, berries or roots, without running the risk of being killed or wounded by the wily savages, who were ever lying in wait for them. In 1644, the first Hotel Dieu was constructed, on the site it afterwards occupied for upwards of 217 years, near what was afterwards called Little St. Joseph street, on the north-east side of the Catholic Cathedral. The original building was of wood, 24 x 60 feet, and consisted of a kitchen, a room for Mlle. Mance, another for the servants, and two for the sick. No sooner was it completed, than it was filled with wounded, for the Iroquois still kept up their incessant raids. A short time after its construction, the funds were exhausted; but Mde. Bullion, who had already contributed 20,000 francs from her purse, added 60,000 livres more, on condition the poor should ever be received and cared for, without charge. But even these funds were insufficient, and the exhausted state of the exchequer, and still more the small number to which the ceaseless activity of the Iroquois had now reduced the colonists, determined the latter to return to France. The energy of Mlle. Mance, however, deterred them. She visited her native country, and returned to the colony with men and means. In 1650, the Hurons, most of whom had been Christianized, were completely exterminated by the more warlike Iroquois. The latter, from recent successes, now become still more insolent, destroyed the houses erected around the hospital, and murdered the inmates. The history of the Hotel Dieu for many years subsequently is one of continued trials, dangers, and alarms. But now and again an Iroquois, wounded and captured in his attempt to murder, would be carried into the hospital, his wounds dressed, and when restored to health, dismissed with kindness, to tell his wondering comrades what the pale-faced women had done for him,—how they had watched by and prayed to the Great Spirit for him,—how they had carried food to his lips when he was hungry, and moistened them when parched with fever. And in this way, Christianity, baptized in blood, was insensibly introduced among them.

In not more than 21 years the seigniorship of the island was taken from the société. In 1695 the annual expenses were 7 to 8000 francs, and the income 10 to 12 hundred. At that time two surgeons attended and they received fifteen dollars a year between them. In 1721, the hospital was destroyed by fire;

and, notwithstanding the extreme poverty of the *communauté*, the necessity for accommodation was so urgent that another building (31 by 130 feet and 3 stories) was undertaken. Within three months of its completion it was also burnt, with all it contained except the archives. In 1723 an attempt was made to reconstruct the building, but without success; but in the following year the building was begun and completed. In 1734 a negro servant set fire to the house of a Madame Francheville, on the bank of the St. Lawrence, which, spreading from house to house, reached the hospital and entirely consumed it. In 1735 the hospital was again recommenced, assistance having been afforded by the French Government. The inmates of the Hotel Dieu had, during a few years, been visited with two epidemics, and the sisters had suffered severely. Nine of their number, on the first occasion, and twenty-one on the second, were victims of the disease. In 1760, Montreal passed into the possession of the British, and the General commanding thus marked his appreciation of the attention of the hospital nurses to his soldiers: "Amherst, grateful to the sisters for their care of the wounded English soldiers, sends them a couple of hundred half-dollars and two dozen Madeira. These are but pledges of the welfare he wishes to a society so respectable as that of the Hotel Dieu, which may rely for the same protection on the part of the British nation, which it enjoyed under French domination." In 1859, Montreal, the forest of 1640, had become the largest and most flourishing, and one of the most beautiful cities in the province, and the Hotel-Dieu was so closely surrounded by stores and warehouses, that, for sanitary as well as for economic reasons, it was deemed advisable to erect a new edifice at a little distance from the city. A large field at the head of upper St. Urbain Street was chosen for that purpose, and now, far above the city, on a shelving rock of limestone, the Hotel Dieu stands in majestic grandeur,—beautiful in external appearance, and elegant and chaste in its interior. It is built in the form of the letter H, and is surrounded at a distance of several hundred feet by a substantial stone wall. One side, and the connecting bar of the building are occupied by patients; the other side by old and infirm men, women, and children. Patients of every religion, and of every nation, are admitted on equal terms, and without question. The physicians too, have been protestant as well as catholic. Now, the professors in the school of medicine are the attendants; but three years ago, the St. Patrick's Hospital, (which had already gained a high reputation under the able guidance of Drs. MacDonnell and David,) ceasing to exist, the Hotel Dieu authorities set apart wards for English speaking patients. These were placed under the care of Dr. Hingston. There are at present five medical attendants, who visit the hospital daily at noon. Every kind of disease is there treated, and it has already become one of the most important (as it is the largest) field of medical and surgical observation and experience in the Province. There are operating and consultation rooms, a beautiful apothecary, private wards for patients of both sexes, &c., &c. The walls and ceiling are white, and the wood work is of oak. Every thing is light and cheerful, and the whole building is heated with steam. Ventilation, however, is not perfect; but we learn that means are soon to be taken to remedy this defect. The cleanliness which is observable throughout is remarkable. There are at present upwards of 200 patients,

male and female, in the public, independent of those in the private wards; and 30 old men, 30 old women, 43 boys, and 35 girls, not under medical treatment. The paid work of this establishment is executed by 7 men and 12 women; but all the work relating to the sick is performed by the sisters of mercy. We have only to add, and we do so with satisfaction, that the erection of this splendid edifice is the unaided offspring of many years of the most rigid economy; and that the support of the many hundred inmates, is with the exception of those in the English speaking wards, totally independent of government aid, or of public charity.—*Cont.*

Canada Lancet.

MONTREAL, MARCH 14, 1863.

In issuing this, probably one of the smallest medical periodicals in existence, it cannot be expected that we should occupy much space with an editorial.

Our object is to make it a paper of practical value to every general practitioner. In doing this, we shall endeavour to give, in as brief a manner as possible, a monthly record of most that is new and valuable in medical science, from every part of the world.

We desire to have it understood that its columns are free to all. And we indulge in the hope that they may be enriched by contributions from a large number of the medical men of this Province, and thereby become one of the means of extending and perpetuating the already wide-spread reputation of the Physicians and Surgeons of Canada.

It becomes our painful duty to record another death from the inhalation of chloroform, which has occurred in the Montreal General Hospital. On the 31th ultimo, one Ellen McLaughlin, was put under the influence of this anaesthetic, preparatory to an operation for hemorrhoids; when the pulse at the wrist ceasing suddenly, every means at hand was employed to restore her to life, without avail.

This is the second accident of the kind in this institution, within two years. We were present at the first in August, 1861. It was a case of dislocation of the hip; the woman who took chloroform safely at the examination on entering, succumbed to it the following day, when given to facilitate reduction. At the moment of cessation of breathing, fresh air and ammonia were primarily had recourse to, when magneto-electricity was proposed, and the instrument was found to be out of order, and could not be used; another was sent for, which arrived in about twenty minutes after it was required. Thus was one of our most powerful means of exciting the heart and diaphragm into action, unavailable. Charity threw its mantle over this untoward omission, owing to the fact, that this was the first accident from chloroform in Montreal, after thousands of cases of its safe administration; and it was not, therefore, to be expected that every precaution would have been taken, where, hitherto, no necessity had ever seemingly existed for any.

But now will the profession judge the surgeon in the present instance, who, unwarned by past negligence, still keeps no electrical machine in order, against the time of need; and another patient sinks into the sleep of death? We by no means affirm that even had the instrument been immediately employed, it would have succeeded; but we do say, that electricity is one of our most valuable means of resuscitation.

We regret that this accident has occurred in the Montreal General Hospital, under such circumstances: for it is a noble institution, and admirably conducted by its present managers, who have ever been ready to grant money for the purchase of all things necessary to alleviate the sufferings of the sick; and who, notwithstanding the grant by government, and usual liberal support of private contributions, have volunteered to make extra exertions within the past few years, to raise funds, in order to furnish the hospital with a fresh supply of surgical instruments, of every kind; and whose perseverance and energy for this purpose, are beyond all praise.

THE BRITISH AMERICAN JOURNAL.—With regret we notice the cessation of this Medical periodical, so long and ably conducted by Professor Hall. It is a credit to our country; and we do sincerely hope for the honour of the profession in Canada, that the physicians and surgeons of this city, will not allow it thus to become extinct, but that they will, without delay, unite their means and influence to sustain it; and by the promise of a heartier support in future, induce its able editor, even yet, to continue his arduous labours.

HARVARD UNIVERSITY.—We are in receipt of the Medical circular of this celebrated institution. Holding its lectures in Boston, and possessing among its professors some of the most distinguished men in the profession, it stands deservedly high in the estimation of the world.

One great superiority of the United States colleges over our own, is in the giving of summer instruction. There the students are kept in constant training the whole year round; here, after the winter lectures are over, and the necessary relaxation so requisite to recruit his energies, the student is compelled either to proceed southward to these universities and hospitals, or to pass his summer months at home, where in a large majority of cases they are spent in irregular attempts at study, and he finds by fall that he has rather lost than gained by his long respite from well-directed mental labour and observation.

Were a thorough course of clinical instruction, and the reporting of cases so admirably conducted at present in McGill college, extended through the summer months, with regular examinations on some of the more important branches lectured on throughout the preceding winter, it would be a decided improvement, and tend much to the advancement of our students.

In the French School of Medicine, the reporting of cases and taking of notes by students are not sufficiently encouraged. Last winter, on the invitation of one of its professors, we visited this institution; and we must say, we felt grieved to see so few trusting to other than their own memories, for the recollection of the principles so ably enunciated in an admirable lecture on the practice of medicine.

Résumé.

THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES. By FREEMAN J. BURNET, M. D.; Lecturer on Venereal Diseases at the College of Physicians and Surgeons, New York; Surgeon to St. Luke's Hospital, &c., &c. Philadelphia, Blanchard, and Lee, 686 pages, 8vo, \$3.75.

It is with feelings of no ordinary gratification that we rise from the perusal of this excellent work. Handled in such a masterly style, and containing as it professes, the results of all recent investigations upon this important subject, we became so interested and lost in the reading of it, that we completely forgot our duty as critic. It is well illustrated with wood engravings, and embraces complete treatises on gonorrhoea, soft chancre, and syphilis. The article on stricture alone occupies upwards of a hundred pages. We feel that we cannot do our author greater justice or recommend him more highly to our readers than by giving selections from one of his articles; we have taken them from the History of Venereal Diseases.

"The three diseases which from their origin in sexual intercourse have been denominated venereal, are gonorrhoea, soft chancre or chancroid, and syphilis. These affections for a long time confounded have been, since the commencement of the present century, gradually resuming the relations which they held to each other, nearly four hundred years ago. The medical mind has been travelling in a circle, and having completed the round is now where it stood in the last part of the fifteenth, and the first of the sixteenth century. A careful study of the older writers on medicine, will show that simple venereal ulcers have been known from the earliest times of which we have any record; that the hard chancre and its consequent constitutional symptoms, was first observed after the return of Columbus and his followers, from the discovery of America in 1493; and that for twenty or thirty years afterwards, the old and new ulcers on the genitals were never confounded; the duality of the chancrous virus is not, therefore, a modern discovery, but was familiar to those who witnessed the first irruption of syphilis into Europe. Previous to this time, gonorrhoea, chancre, buboes, and vegetations, were described as diseases requiring only local treatment; and up to this period, not the slightest allusion was ever made to symptoms consecutive to any diseases of the genital organs. And the physicians of this period, who were perfectly familiar with these simple affections, were struck with horror and amazement at the appearance of syphilis, confessing that they had never seen its like before, and that they were ignorant of its nature and treatment; and described it as the *new disease*, which commenced by indurated ulcers upon the genitals, that were speedily followed by eruptions over the whole body, and by frightful pains in the head and limbs. The two species of venereal ulcers occupied in their writings separate chapters, and even separate books. But the next generation of physicians not knowing, as those did who witnessed its first ravages, how to distinguish the symptoms by which the new disease commenced, from those which had no relation whatever to it, created all three diseases as syphilitic; giving mercury alike for the simplest balanitis, and the severest Hunterian chancre. The most admirable history of this age of confusion in venereal, is given by Bassereau, of Paris,

"1852; who has done more to unravel it than any other author."

In conclusion, we would say, that it is not sufficient to recommend the perusal of Humstead's work to every practitioner, but that it must be thoroughly studied, if we would keep pace with the times, on this important disease.

DIPHTHERIA IN VERMONT.—The ravages of diphtheria in the northern countries of the state, during the past year, were terrible. In Lyndon with a population of 1800, 150 died—nearly every case of diphtheria. Whole families were swept away.

FACIAL PALSY FROM OTRORRHOEA.—M. Triquet, who has written lately on diseases of the ear, says that Otrorrhoea frequently produces paralysis of the Portio Dura, by the penetration of the pus into the Aqueductus Fallopi, which causes inflammation of this nerve, and consequent facial palsy.

His treatment consists in giving Cod Liver Oil alternately with Iodine, and putting a few drops of the undiluted Tinct. of Iodine into the ear every other day. He also keeps up a constant issue in the mastoid region, and directs salt water baths three times a week, until relieved.

CULTIVATION OF SPONGE.—M. Lamiral, who for the past year has been residing on the coast of Syria, and paying special attention to the propagation of sponges, states that when the sponge is first gathered at the bottom of the sea, it is covered with a black but transparent gelatinous substance, resembling vegetable granulations, among which, by means of a microscope, may be detected white oviform larvae, which during the month of June and July, are washed off and attach themselves by means of cilia, to neighbouring rocks to become sponges. He has succeeded in conveying some of these mother sponges to France, and hopes to propagate them.

FRENCH DECIMAL WEIGHTS.

With their nearest value in our ordinary Troy or Doctors' weights and their true decimal value in Troy grains.

Milligramme	$\frac{1}{4}$ gr	grain	.0154
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ON THE APPLICATION OF LEECHES.

Addressed to young Students, by the Editor.

At the commencement of my career as a medical student, having observed a senior, whilst dressing in hospital, endeavouring to attach the tail of a leech to a patient's eye, I thought that at some future day, I would make it an apology for addressing a few practical remarks to beginners, on the application of leeches.

To know the head of a leech from its tail, put it down, when its head or biting end will be pushed forward first.

Leeches will not attach themselves where there is any close or disagreeable odour; and that of harshhorn or tobacco frequently kills them.

Before applying them, the skin must be very clean, and be cooled with a wet towel when red and inflamed.

To make them take, prick the skin with a lancet

until the blood comes, through which they will fasten eagerly.

When possible apply leeches to the temple rather than on the face, especially in women, as the scars, although slight, remain permanently.

Never put them on the front of the neck, or on the bowels of children, unless particularly directed. Nor upon the palms of the hands, nor soles of the feet; and choose rather the outer than the inner side of the arm, or on the thigh than in the groin, as they are less painful in these situations.

Always place them over a bone when possible, that pressure may be employed if necessary, to stop the bleeding.

Leeches only suck good blood from a black eye, and increase its blackness instead of removing it.

Do not apply leeches to a person whose blood is not easily stanchcd, unless you know that the physician is cognizant of the peculiarity.

When a few only are to be put on, wipe them gently with a clean dry towel, and holding them with it, and not with the warm hand, allow their heads only to touch the skin until they have bitten, when they should be placed in as easy a posture as possible with the napkin under them, and be left undisturbed that they may completely fill themselves. Should any become weary by resisting your efforts, and refuse to bite, dip them for an instant into fresh beer or porter, or weak wine and water. When many are to be applied at once, cover a tumbler or bowl with the centre of a clean towel, and having pushed it into the bowl, put the leeches in and invert the whole over the place to be leechcd, and whilst pressing the rim of the bowl down well, to prevent their escape, draw out the towel gradually on all sides, until the leeches are pulled down into contact with the skin. The napkin and bowl may be removed after they have fixed.

Some leeches fill much more slowly than others, these can be made to suck faster by rubbing their backs with the finger wet with wine.

Leeches generally become gorged in fifteen or twenty minutes, and drop off of themselves; they will however let go at any time, if their heads be touched with vinegar or salt.

When a few remain sucking, after all the rest are off, they should be thus removed, rather than keep the patient's body exposed waiting for them.

Never pull away a leech by force, as the separated teeth often cause great inflammation and even ulceration.

After the leeches are off, the bites stop bleeding generally in a few minutes when left exposed to the air or bathed with cold water, but the flow is usually prolonged for an hour or two (unless the attending physician has directed otherwise) by covering the part with a warm dry towel, and renewing it as it becomes saturated with blood, or by bathing or fomenting it with warm water, or applying a warm linseed poultice, under which latter the blood runs very fast. If from an arm or leg, it might be immersed in hot water when a longer continued bleeding is desired.

When the flow of blood does not stop readily with cold applications, wipe the bites, and cover them quickly with small pieces of cotton wool, then press firmly on each for a minute or two, when the pressure should be removed carefully, leaving the wool on for a few hours afterwards, and confining it with a strip of plaster if necessary. If previously dipped in collodion, the wool would be doubly certain to arrest the bleeding. Dried alum, wheat flour, clean cobweb, or powdered matco leaves, are all good

applications to leech bites; the last I find very effectual without pressure. When on soft parts, another way is to wipe the blood off quickly, and pinch up a small portion of skin around the bite, but not to cause pain, and hold it together for several minutes, letting it go very carefully. This when persevered in for many times, seldom fails. In extreme cases a pair of bull dog forceps or serrefine, may be put on for a short time, or a cambric vesicle be passed under each wound leaving it in the skin, with a thread wound around the bite under the two ends of the needle, just tightly enough to stop the blood; this never fails and is much less severe than caustic or canthary. The needles should be withdrawn carefully in twenty-four hours afterwards.

Leeches should never be applied at night to children or weak persons, without watching attentively that they do not start to bleeding again when the patient falls asleep, or becomes warm and comfortable.

Should a leech be accidentally swallowed, give a cupful of salt water at once, repeating it every fifteen minutes until vomiting is produced, when it will be ejected dead, or if not thrown up, will be killed by it; salt water injections will likewise speedily kill, and dislodge leeches from all other cavities of the body.

To preserve leeches and render them soonest serviceable after using, they should be disgorged; which operation is best performed by sprinkling a little fine salt on them, then pressing them gently and washing them the moment they get emptied, otherwise the salt is liable to kill them. When carefully done, a leech will bite at once if reapplied and often will take hold a third time.

Hungry leeches kill those that have sucked, they should therefore be kept separate.

Leeches escaping from the vessel containing them soon die from want of water, and by having the breathing orifices in their bellies choked with dust.

Dr. Morton the American discoverer of the anæsthetic effects of ether inhalations has recently petitioned Congress at Washington, for compensation for the use of this agent in the army! His patent expiring, he not long since endeavoured to procure its renewal by the same body, which very properly refused his request. It is indeed pitiable to see a medical man of ability so lost to all sense of his duty to his country and his profession, as to thus prostitute himself for the love of money. And if his taking out a patent at all, has not already done so, his present conduct cannot fail to win for him the utter contempt it so richly merits, from his brethren and the world at large.

To the Editor of the *Canada Lancet*.

Montreal, March 2nd, 1867.

SIR,—I am a young practitioner; and being at a loss, a few weeks since, as to the propriety of making an opening near the knee, into a large cold abscess in incipient hip joint disease, I took with me a physician of experience, who not only overruled what I said, but plunged a knife into the hip, a few inches from the joint; told the mother to keep poultices to it, and then left the house. Was this medical etiquette? If it was, I can assure you, I found it very hard to bear. I did what I could to obviate the mischief by applying the lut dipped in collodion, that I had intended for the puncture of a trocar; but could not prevent great constitutional disturbance, which came very near carrying off my patient.

Is there no redress for such conduct? Yours truly,
ERRICA.

Our Correspondent has given us the name of the party; and should there be no extenuating circumstances, it would indeed be a matter of surprise to us, as we have hitherto found him extremely polite and gentlemanly in consultation; and we feel sure if asked to in a proper spirit, will apologise for his remaining want of etiquette.—*ERRICA.*

To Correspondents.

X.—A Troy pound has 12 oz., which are equal to 12 oz. 72j grains Avoirdupois.

An Avoirdupois pound has 16 oz., and is 14j oz. 2 scruples Troy weight. It is the one used in buying and selling.

A Troy ounce is 42j grains more than an Avoirdupois oz. The London, Edinburgh, and United States Pharmacopœias direct Troy, and the Dublin, Avoirdupois weights to be used in mixing their remedies.

Dublin weights.—12j grains = $\mathcal{D}i$; 8 scruple $\mathcal{Z}i$; 8 drachms 1 oz.; 16 oz. 1 lb.

When the word grain is used, it means the Troy grain, as there is no other.

Medicines are compounded in all medical works by the Troy pound and its divisions; except in those printed in Ireland, where the Avoirdupois pound would be meant.

In all other books or newspapers printed in the English language, unless directly copied from a medical work, we are to understand that it is the Avoirdupois pound and its divisions that is intended; excepting when it relates to precious metals or gems.

SPIRITS OF AMMONIA.—We do not distil, but prepare it by adding 1 fluid oz. of the strongest liquor ammonia to 10 oz. alcohol.

And for the AROMATIC SPIRITS, we take of—
Oils Lemon and Lavender, each a drachta and a half.
Oils, Cloves, Cinnamon, and Rosemary, each half a half.

Alcohol 1 pint (16 oz.); mix well and add—
Strongest liquor Ammonia, 1 fluid ounces.
Doses of both 10 to 20 drops in sweet-nod water.

H. T.—Percoric acid for the preparation of chlorodyne can be obtained at the Druggists in this city; its price is 2s. per fluid oz.

Chloroform—The surgeons in the Montreal General Hospital always measure the chloroform, giving one fluid drachm, at first, and repeating it in obstinate cases; otherwise, they continue with half-drachm inhalations, until the patient is fully under its influence. In the Hotel Dieu Hospital the chloroform is not measured, but from one to two drachms is guessed at, at first, and a less quantity employed afterwards. Both hospitals use a folded towel pinned together in the form of a cone.

Student—Port wine enemata in post partum hemorrhage is not new. It was recommended as long ago as 1853, by Dr. Williams, who had employed it with decided benefit, even in cases of the most alarming state of prostration. He injects four ounces of Port wine, with 20 drops Tr. Opium, and repeats it in half an hour if necessary.

F.—The acute Pectoral Mixture so largely employed in the Montreal General Hospital, is prepared as follows:—
j oz. Nitrate of Potash, 4 oz. Vinegar of Squills, 4 oz. Paregoric, 12 grs. Tartarized Antimony, and 8j parts water. Dose a tablespoonful when the cough is troublesome. It is an excellent and cheap remedy.

The Chronic Pectoral Mixture is made in the same manner, leaving out the Tartarized Antimony.

Shining Powder for coating copper. Nitrate of silver, 30 grains, common salt 30 grains, Cream of Tartar 8j drachms; mix. Moisten with water and apply.

A list of the most important Medical Works published in Great Britain, from June to December, 1863, with their sizes, numbers of pages, publishers' names, and their prices in sterling.

Bigg, H. H. On Deformities. Part 2nd. The Spine and upper extremities. Post 8vo. pp. 212, Churchill, 4s 6d.
Chance, E. J. On Deformities, their nature, causes and treatment. Part 1st. Post 8vo. pp. 230, Lemare, 12s. 6d.
Haverson, S. O. Diseases of the Abdomen, 2nd edition. 8vo. pp. 610, Churchill, 14s.

Pavy, F. W. Diabetes, its nature, and treatment. 8vo., pp. 210, Churchill, 8s. 6d.

Smith, H. Hemorrhoids, and Prolapsus of the Rectum, 3rd edition, 12 mo. pp. 142, Churchill, 3s.

Tilt, E. J. On Uterine and Ovarian Inflammation, and Menstruation, 3rd edition. 8vo. pp. 490, Churchill, 12s.

Ashton, T. J. Prolapsus, Fistula in Ano, and Hemorrhoidal Affections. Post 8vo. pp. 182, Churchill, 2s. 6d.

Brown, J. B. On Ovarian Dropsy. Post 8vo. pp. 300, Davies, 7s.

Ryan, W. B. On Intoxicatio, its law, prevalence, prevention, and history. 12mo. pp. 263, Churchill, 6s.

Althaus, J. The Spa Waters of Europe, their analyses and uses. 8vo. pp. 464, Fisher, 12s.

Davy, John. On some of the most important diseases of the Army. 8vo, Williams & N., 15s.

Gardner, W. T. Clinical Medicine. Post 8vo. pp. 750, Hamilton, 12s. 6d.

Holmes, T. Surgery by various authors, vol. 3. 8vo. pp. 916, Parker & Son, 24s.

Murphy, E. W. Principles and Practice of Midwifery, 2nd edition. Post 8vo. pp. 740, Walton, 12s. 6d.

Tanner, T. H. Memoranda on Puerperia, 2nd edition. 8vo. pp. 112, Henshaw, 2s.

Hughes, James. Contributions to Practical Medicine. 8vo. pp. 329, Longman, 10s. 6d.

Marspher, F. D. Physiology, and its aids to the study and treatment of Disease. 12mo. pp. 400, Longman, 9s.

Bowman, J. K. Handbook of Medical Chemistry, 4th edition, edited by C. L. Hoxam. 12mo. Churchill, 6s. 6d.

Brande, W. T. & Taylor. Alfred Swayne. Chemistry of Practical Toxicology. 12mo. pp. 824, J. W. Davies, 12s. 6d.

Chambers, T. K. Clinical Lectures on the restorative system in Medicine. Post 8vo. pp. 430, Churchill, 4s. 6d.

Fuller, H. W. On Diseases of the Lungs, Heart, and Great Vessels. 8vo. pp. 700, 12s. 6d.

Meyne, R. G. Medical Vocabulary, 2nd edition. 12mo. pp. 430, 5s. 6d.

Turck, L. On Diseases of the Larynx and Laryngoscopia. 8vo, Williams, & N., 3s.

Twoide, A. On the pathology and treatment of continued Fevers. 8vo. pp. 312, Churchill, 12s.

West, R. N. Illustrations of Puerperal Diseases, 2nd edition. Post 8vo. pp. 210, Churchill, 5s.

Wilson, Erasmus. Diseases of the skin, 5th edition. 8vo. Churchill, 10s. (with plates, 34s.)

Gordon, C. A. China from a Medical point of view. 8vo. pp. 470, Churchill, 10s. 6d.

Lawrence, W. Lectures on Surgery, St. Bartholomew's Hospital. 8vo. pp. 642, 16s.

Vol. 45, Medico-Chirurgical Transactions. 8vo. pp. 560, Longman, 10s.

Murchison, C. The Continued Fevers of Great Britain. 8vo. 6s. Parker & Son, 14s.

Water, A. T. On Emphysema of the Lungs. 8vo. pp. 120, Churchill, 5s.

Braithwaite, W. Retrospect of Medicine, vols. 45 & 46. 12mo. Simpkin, 6s.

Rankin & Radcliffe. Half yearly Abstract, vols. 85 & 86. Post 8vo. pp. 379, Churchill, 4s. 6d.

A complete list of Books issued during the month of January, and first half of February, 1863.

Braithwaite, W. & J. Retrospect of Midwifery. 12mo. Simpkin, 2s. 6d.

Chambers, T. K. Renewal of Life, Clinical Lectures, 2nd edition. Post 8vo. pp. 424, Churchill, 6s. 6d.

Curling, T. R. On Diseases of the Rectum, 3rd edition. 8vo. pp. 240, Churchill, 7s. 6d.

Garrod, A. B. On Gout and Rheumatic Gout, 2nd edition. Post 8vo. pp. 636, Walton, 15s.

Lee, Henry. On Syphilis inoculations, 2nd edition, coloured plates. 8vo. pp. 333, Churchill, 10s.

Callender, G. W. Anatomy of Femoral Rupture. 8vo. pp. 58, Churchill, 4s.

Chavasse, F. H. Advice to a wife on her own health. 8vo. pp. 192, Churchill, 2s. 6d.

Yearley, James. Deafness, its nature, cause, and treatment, 6th edit., 8vo. pp. 320, Churchill, 6s.

BIRTHS.

At 37 Temperance Street, Toronto, on the 13th ult., the wife of Dr. Watson, of a daughter.

MARRIAGES.

On the 28th ult. by the Rev. E. Flood, M. A., Rector of Christ Church, Delaware, at the residence of the bride's father, Chas. D. Tufford, Esq., M. D., of Mount Vernon, C. W., to Eliza Evelyn, third daughter of Colonel B. Springs, Delaware.

On the 29th ultimo, at the residence of the bride's father, Maple Hill, John Hurch, M. D., of Brucefield, to Vesta, youngest daughter of L. Fowler, Esq., of Mingal, County of Elgin, C. W.

In this city, on the 19th inst. by the Rev. Dr. Taylor, Mr. T. T. Wells, to Elizabeth Jane, oldest daughter of R. & McAdam, Esq., M. D., of Rawdon, C. E.

DEATH.

At St. Martin, Isle Jesus, on the 27th inst., of our country, Marie Rachel Rose do Lima, aged 22 months; only daughter of Joseph, Charles Pottvin, Esq., M. D.

THE CANADA LANCET.—The terms of this Monthly Periodical are one dollar a year, in advance.

All communications should be addressed to the Editor and Proprietor, W. E. Bowman, M. D., McGill Street, Montreal. Remittances may be made directed either to him or to Mr. John Lovell.