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# CANADA LANCET.

WILLIAM EDWARD BOWMAN, M.D., EDITOR.

WHOLE No. 19.

MONTREAL, SEPTEMBER 15, 1864.

SECOND YEAR.

## OLEUM ERIGERONI IN UTERINE HÆMORRHAGE.

By J. G. RICH, M.D., OF BRANFORD, C. W.

The essential oil of the Canada fleabane is obtained by distillation from the leaves and flowers of the *Erigeron Canadense*, an indigenous annual growing wild throughout this province and the northern and middle sections of the United States. The plant, which is very branching, rises from two to six feet in height, and is covered with stiff hair; its narrow slender leaves being also bearded with them. Its flowers are small and white, and bloom luxuriantly in terminal panicles. The oil, which is sometimes as clear and colourless as water, is generally of a pale straw colour, and of an agreeable aromatic odour, and a warm bitterish pungent taste. It is distilled both in Pennsylvania and in Ohio: that which I have obtained from Philadelphia have found the more efficacious as a remedy. I have not heard of its manufacture in Canada.

The first notice of the employment of oleum erigeroni for the arrest of uterine hæmorrhage, with which I am acquainted, was in 1854, when it was brought prominently forward by Dr. Bourneville of Philadelphia, in whose hands it proved extremely successful in such cases. He gave it in doses of from five to ten minims every two hours. Dr. Alison also, in a communication to the college of physicians of Philadelphia, speaks very highly of it for the same purpose. And after years of frequent experience of its benefit, I desire to add my recommendation to theirs, for like them I feel justified in saying that it is one of our most certain remedies in cases of flooding.

I usually prescribe ten drops of the oil previously dissolved in a drachm of alcohol, to be taken in half a wineglassful of water, repeating it every hour, or half hour, or even more frequently if required. But I have seldom found it necessary to administer more than two or three doses. Should the case be emetic I substitute cinnamon water in lieu of aqua fontana; or add a few drops of essence of cinnamon. I have occasionally given the oil upon sugar, but have noticed that it does not act so readily and certainly as when previously cut with water.

Another effect of this remedy which I have often observed is that of causing the uterine contractions to become more regular, and the expulsion of the placenta to become accelerated.

I have occasionally also prescribed this oil in cases of hæmorrhages, and in chronic bronchial affections with seeming benefit, but my experience has not been too limited to express a decided opinion concerning its merits in these. But in uterine hæmorrhages I commend it to my brethren; and if it be as successful with them as with myself, it will certainly be worthy of a more extended employment.

J. G. R.

## DISEASE IN THE WIND.

*Read before the Canadian Institute, Toronto, March 22nd, 1862, by C. Ziel Gyles, M.D., Lecturer on Materia Medica and Therapeutics in the Toronto School of Medicine.*

No subject connected with the science of medicine has ever occupied a larger share of attention, than the causes of disease, nor has there been on any bestowed a more intelligent scrutiny.

No inquiry is likely to yield higher or more advantageous results, both to the profession and the public.

In proportion as we comprehend the nature, habits, and tendencies, of the causes of disease, will we be enabled to direct our prophylaxis, treatment, and prognosis with success and certainty.

I wish to draw attention to some points connected with certain elements, believed to exist at times in the air, carried from place to place by the wind, and which often strike down whole communities at once with some serious ailment.

I hope to bring before you a number of facts and opinions, at present widely scattered through our periodical literature, in order that you may, by an intelligent scrutiny, select those points worthy of consideration, and assist us in establishing some general principles, which shall give a positive direction to further investigation, and I hope lead to useful and practical results.

I do not pretend to solve the problem of the identity or non identity of zymotic poisons, although we are told that you will often see intermittent, remittent, typhoid and typhus fevers, cholera, and scarlatina, giving place to each other in the same localities, and (apparently) convertible into each other in some instances by injudicious treatment.

Although some writers, as Marechal, Addison, Jenner, Wardell, and Gairdner, have endeavoured to draw a distinction between the forms of atmospheric poisons that give rise to the different forms of fever, it has been pretty clearly proven that zymotic diseases are, in several instances at least, convertible into each other; and I think the observations of Drs. Bell, of Glasgow, Stokes and Kennedy of Dublin, Huss, Skoda, and Carpenter, bear me out in the assertion.

It has been established to the satisfaction of most observers, that many zymotic poisons, if carried by physician, nurse, or wind, to the puerperal female, will produce in her, not the disease from which the poison was derived, but puerperal fever, because you have the system at such times, strongly pre-disposed to take on that peculiar malignant form of action.

The cause and results of this pre-disposition may throw some light upon the varied operation of atmospheric poisons, in other instances.

From the violent muscular effort during labor, rapid disintegration of the uterine and other muscular tissues takes place, filling the blood with a

large amount of decomposing nitrogenous material, which before its conversion into urea and creatine, to be eliminated by the kidney, is peculiarly liable to fermentation, on the introduction of any of the zymotic poisons: and we have also a non-azotized series including sugar, fat, and lactic acid, produced by the same effort, to be eliminated by the respiratory process. (To be continued.)

### CHLOROFORM.

The recent able report of the Committee of the Royal Medical and Chirurgical Society, on the inhalation of Chloroform, embodying as it does, the present opinion of the medical profession of Great Britain, cannot but be considered extremely valuable. We regret that our paper is too small to give other than an abstract of those points in it which we consider the most interesting and useful.

Concentrated chloroform vapour destroys life by arresting the action of the heart.

When chloroform proves fatal whilst moderately inhaled, the heart's action is much weakened for some time before death.

Respiration generally, but not invariably, ceases before the action of the heart, and death is due to both these causes.

The danger from chloroform increases with the degree of stupor it induces.

A mixture of equal parts by measure of chloroform, ether, and alcohol, is as effective as pure chloroform, and a safer agent when deep and prolonged anaesthesia is required.

Dr. Kidd, the great authority on chloroform, here objected to this deduction, and said that these mixtures had been extensively tried in Austria and France by order of Government, but that they had caused disappointment, whilst they tended to mystery and were cumbersome; and gave as a reason that the ether is first inhaled, and then the chloroform, and that the spirits of wine remains on the cloth or sponge, and has to be squeezed out. (If this be the case, then the quantity poured upon the cloth must determine the amount of the ether inhaled before the chloroform completes the anaesthesia. Ed.)

The most certain means of restoring life, after poisoning by anaesthetics, is by artificial respiration. And resuscitation may generally be accomplished so long as the heart continues to beat. In exceptional cases, however, it may succeed after the cessation of the heart's action.

Galvanism is less reliable than artificial respiration in equal cases.

Dr. Kidd here remarked that he considered electro-magnetism better than any other means whatever.

Sudden pallor, or sudden lividity of the face, or sudden failure or flickering of the pulse, or feeble or shallow respiration, indicates danger, and the chloroform must at once be withdrawn. Should these symptoms become urgent, its directions are to allow free access of air; to pull forward the tongue and clear the mouth and fauces; to keep the patient recumbent; dash cold water on the face and chest; and commence Marshall Hall's or Sylvester's method of artificial respiration, which, it says, should not be delayed or suspended for the employment of galvanism.

Resuscitation is more difficult in cases of gradual narcotism than in those which become quickly insensible from a strong dose of chloroform vapour. It is not advisable to give an anaesthetic either

after a long fast, or on a full stomach, the best time being three or four hours after eating.

In cases of depression, brandy or other stimulant may be given before commencing the inhalation.

When chloroform is administered in the erect or sitting posture there is danger from syncope, and even sudden elevation or turning of the body when recumbent should be avoided.

If lint or a napkin be used, it should be folded as an open cone, or held an inch or an inch and a half from the face.

Chloroform should invariably be given slowly. Sudden increase of the strength of the anaesthetic is most dangerous.

The patient who appears likely to vomit whilst beginning to inhale the anaesthetic, should at once be brought fully under its influence, when the tendency to sickness will be found to cease. Provision for the free admission of air during the patient's narcotism is absolutely necessary.

With heart-disease the anaesthetic may be given in any case which requires an operation, although, when there is evidence of a fatty, weak, or dilated heart, great caution is demanded. Valvular disease is of less importance.

In phthisis, when an operation is unavoidable, the anaesthetic may be given with impunity.

For all operations upon the jaws or teeth, the lips, cheeks, or tongue, the anaesthetic may be inhaled with ordinary safety. By care and good management the patient may be kept under its influence to the completion of the operation. In these cases, blood, as it escapes, if not voided by the mouth, passes into the pharynx. If any small quantity finds its way through the larynx, it is readily expelled by coughing. In operations upon the soft palate, fauces, pharynx, and posterior nares, if sudden or severe hæmorrhage is likely to occur, it is not advisable to induce deep insensibility.

In cases requiring laryngotomy and tracheotomy the anaesthetic may be employed with safety and advantage.

For operations upon the eye, involving the contents of the globe, the use of anaesthetics is open to objection on account of the damage which the eye may sustain from muscular straining or vomiting. If employed, profound insensibility should be induced.

In operations for hernia, and in the application of the taxis, the anaesthetic acts most beneficially.

For most operations about the anus, profound anaesthesia is positively demanded.

In the condition of shock, or of great depression, as after hæmorrhage, careful administration of the anaesthetic diminishes the risk of an operation.

The continuous vomiting occasionally induced by, and following upon the inhalation of anaesthetics may be injurious by consequent exhaustion, as well as by mechanically disturbing the repair of a wound. With this reservation, they do not appear to interfere with the recovery of patients from surgical operations.

*Statistics.*—The results of 2,586 capital operations performed before, and of 1,860 performed since the introduction of anaesthetics, collected from all authentic available sources, prove that anaesthetics have in no degree increased the rate of mortality.

In our issue of last month we inadvertently omitted to acknowledge our indebtedness to the American Medical Times for the excellent article on Gastralgia, by Dr. Lee of New York.

## Review.

**LECTURES.—CHIEFLY CLINICAL.** By Thomas King Chambers, M.D., Honorary Physician to H. R. H. the Prince of Wales; Physician to St. Mary's and the Lock Hospitals, London. 8vo. pp. 624. J. Churchill & Sons. 1861.

Of all the medical works published there are probably none that prove more acceptable to the profession than clinical lectures and reports of cases; we therefore hail with pleasure the appearance of this enlarged and improved edition of those of Dr. Chambers. He could not have selected for it a more appropriate and attractive title than the one he has adopted. Filled, as it is, with new and practical suggestions, it may be read with profit by medical men as well as students. Indeed, we all require works of this kind to win us from our old adopted methods, and give us new ideas. As usual, we will make a few selections from our author, to introduce him, as it were, to our readers, with the desire that all may know him better, and consult him for themselves.

Health consists in the constant and active metamorphosis of the tissues of the body, by their renewal from the food. Disease, our author holds to be a partial arrest of these changes, that the renewal flags, and that the constantly decomposing tissues, not being eliminated, constitute a sort of death in life. He considers successful medical treatment to be in the keeping up of vital action by fresh supplies of food, which of itself, he says, acts as a remedy, though all other treatment be neglected. And that medicines should never interfere with, or take the place of these materials of life.

He makes the startling assertion that three quarters of all the patients who die either of pneumonia or low fever, die of starvation.<sup>40</sup> That a person prostrated by fever or by inflammation of any important vital organ, ought not to be longer than two hours without food whilst awake. And that it may often be administered in doses of a few spoonfuls every hour night and day with decided advantage.<sup>41</sup>

He mentions, among others, the frequent deaths of hand-fed infants, who are ever timely warning us of their danger by their fetid evacuations, and yet are dosed with mercury, and allowed to die of insalubration.<sup>42</sup>

Do all that you can, he says, to increase the appetite, and strengthen the digestive powers; and reckon the value of any remedy solely by the effect it has upon the desire for food. Should it lessen this, discontinue it, no matter by what authorities it has been recommended.<sup>43</sup>

A physiological Fellow of our College used to call his patients his "mucous membranes;" nor was his term an exaggeration,<sup>44</sup> for in very few cases of the cases misadvised to by us has not the cause of death acted on the body through them, or shown itself by a perversion of their functions. Our drugs are chiefly intended to act on mucous membrane, and all are introduced into the body through

The office of a mucous membrane in health is to offer a passage for oxygen, water, fat, albumen, and other nutritive substances, and to serve as a defence for the tissues beneath. These functions it best fulfils when it is bedewed with a watery exhalation,<sup>45</sup> a constant dampness without visible fold, the only normal state indeed of this membrane.

**MUCUS AND PUS.**—When a mucous membrane becomes inflamed and red, its blood-vessels will be found relaxed and dilated from loss of vital elasticity,<sup>46</sup> and there is poured through it a quantity of slimy material, known by the name of mucus; this, on microscopic examination, will be seen to be composed of minute balls of transparent jelly with a granular aspect;<sup>47</sup> they are called "exudation globules," "mucous globules," and pus globules." Had they not been thus exuded they would have remained adherent to the basement membrane, and have eventually formed epithelium.

These globules, as long as they are of the heat of the body, possess the power of reproduction within themselves.<sup>48</sup> Beneath the microscope, if kept from cooling, the granules may be observed to coalesce in active haste to form the globules, which again increase by rapid subdivision.<sup>49</sup> Pus indicates greater deficiency of vitality than mucus.<sup>50</sup> Fresh pus globules also increase by subdivision, but complete their growth by becoming uniform and globular.<sup>51</sup>

**FEVER.**—Our author considers it far from being proved that typhus and typhoid fevers are not one common poison, modified by varying circumstances,<sup>52</sup> and states that he has seen the two eruptions on a patient at the same time.<sup>53</sup>

His mode of treatment forms a striking contrast to that of Dr. Tweedie, published on the 54th and 59th pages of this Journal. Dr. Chambers makes no distinction in it between the two forms, and therefore gives them both a name suitable alike for either—typh-fever.

Inclining, as he does, to the idea that the exciting cause of fever is a power or force, as light, heat, electricity or sound are held to be,<sup>54</sup> still he says it is difficult to avoid the conclusion that it is some ponderable agent, carried by the saliva into the stomach, from the great loathing of food always present at its commencement,<sup>55</sup> and the wonderful effect produced by an emetic of ipecac, when administered at an early stage.<sup>56</sup>

**Emetics.**—He says he has always found an emetic, when given within the first four days, materially to lessen the severity of fever, and in some instances seemingly to cut it short. That he never knew them to do any harm, unless combined with antimony, which sometimes causes diarrhoea, and fails of doing good.<sup>57</sup>

**Nutrition and Hydrochloric Acid.**—Our author says that during the past thirteen years, there have been registered under his care, in St. Mary's Hospital, 230 cases of continued fever.<sup>58</sup> That for the first half of this period all the patients, 109 in number, were treated on what may be termed general principles, that is to say, neutral salines three or four times a day, and mercury with chalk once or twice a day at first; and later in the disease, hark, ammonia, ether, and wine, when these remedies seemed required by the symptoms. Leeching and cupping were employed to the exterior of inflamed viscera, as occasion called, and food was administered at the ordinary four daily meal times.

During the past six years all that have been admitted, 121 in number, have been treated on an uniform plan of continuous nourishment. A teacup full of animal food, in a liquid form, has been given every two hours, day and night, when the patients have been awake, and between every dose of nutriment a dose of hydrochloric acid.<sup>59</sup> They have been sponged two or three times daily with

tepid water, when the skin was hot and dry; and in a few instances leeches or cupping have been used to the exterior of inflamed localities in the abdomen or chest.<sup>10</sup>

It must also be remembered that they were all treated by the same physician, in the same wards of a general hospital, and they nearly all came from the same group of districts.<sup>11</sup> And the mean age of those of the first and last six years did not materially differ, being 22 and 23 years.

The mean time of stay in hospital of those who recovered, was in the first series 29½ days, and in the last 26½ days, being 1½ days difference.

It is in the average of deaths however that the advantage of continuous nourishment is most manifest; for by the first mode, with all his care, there was one death in every five, whilst by the last he lost but one out of every forty.<sup>12</sup>

The liquid nourishment consisted of strong beef tea and milk, of which together about six imperial pints were administered in the twenty-four hours, (nearly seven pints and a-half of our measure).

The hydrochloric acid employed was the diluted acid of the London pharmacopœia, and was given in doses of twenty minims in a little sweetened water. The most immediate result of the acid is in the improvement of the digestive mucous membrane, as shown at its two extremities, by the cleaning of the tongue at one end, and the cessation of diarrhœa at the other.<sup>13</sup> Hydrochloric acid indeed always prevents the diarrhœa of fever from attaining any prominence as a symptom,<sup>14</sup> should it ever prove insufficient, however, a dose of Dover's,<sup>15</sup> or compound kino powder might be administered.<sup>16</sup>

**Wine.**—Wine, he says, must never be employed as a substitute for food,<sup>17</sup> but should be given in all cases where the nervous system is exhausting itself and the body, by an activity in excess of the other bodily functions,<sup>18</sup> and be continued as long as the tongue is dry, and the mind raves instead of sleeping, and the hands tremble.<sup>19</sup> It should be given, increased, or left off, under the guidance of the appetite for food. As long as a sick person takes and digests food better with wine than without, so long is it doing good.<sup>20</sup> He orders the wine to be administered but twice or three times a day, giving enough at each draught to produce a decided effect.<sup>21</sup>

**Sponging and Anointing.**—The sponging of the body three or four times a day with tepid water gives great relief in fever.<sup>22</sup> Nurses sometimes add a little distilled vinegar to the water. Anointing the body with some softly scented olive oil wonderfully increases the comfort derived from the sponging, but unfortunately it consumes a good deal of time.<sup>23</sup>

**The Eruption.**—The flanks and buttocks are often the seat of the characteristic eruptions of typhoid fever, and the spots may frequently be discovered in these situations when their presence elsewhere seems doubtful.<sup>24</sup> He cautions us from mistaking flea-bites for the rose-coloured eruption; fleas cannot leave their marks without punctures, and these may readily be detected, by means of a magnifying glass, as a minute dark crimson point in the centre of each spot.<sup>25</sup>

**Pneumonia in Fever.**—Pneumonia frequently comes on in typhoid fever very insiduously, and is only made evident by auscultation; we should therefore be ever on the alert for it.<sup>26</sup> Any purging of the alimentary canal with this complication is

most injurious.<sup>27</sup> In the pneumonia of low fever position is of great importance, owing to the want of power in the blood vessels to overcome the gravitation of the blood towards the lowest part of the lungs. Our author recommends laying the patient on the side opposite to the one affected, and even on his face for a time, when both lungs are inflamed, and thus the very force of gravitation feared as an enemy, would thus become a friend by withdrawing the congestion from the weaker point.<sup>28</sup> Again, he observes, do not fear taking a little blood from the side even in low fever when the lungs are thus affected.<sup>29</sup>

On the setting in of pneumonic symptoms,<sup>30</sup> or even of congestive dyspœnia,<sup>31</sup> the sponging must be suspended lest it chill the chest and cause an attack of pleurisy.<sup>32</sup> And a large poultice should be at once applied to the side affected.<sup>33</sup>

**RHEUMATIC FEVER.**—The most desirable object in rheumatic fever is certainly to prevent metastasis to the heart. This, our author contends, will never take place if the patient be kept in a horizontal position, the skin warm, and no exposure of the body be allowed.<sup>34</sup> He says that nothing that is made of linen should ever be permitted to touch the skin, even a linen front to a shirt he has known to bring on pericarditis. The sheets are to be removed from the bed, and the body carefully wrapped in blankets, which should be so arranged as to protect even the head from any occasional draughts; the new and softest blankets are the best.<sup>35</sup> And even in our daily examinations of the heart be particularly warns us against all exposure of the chest or even the applying of a cold stethoscope to the cardiac region.<sup>36</sup> After an experience of eight years of this mode of bedding in blankets, he says that it reduces by a good three quarters the risk of inflammation of the heart, and diminishes its intensity when it does occur, and lessens still further the danger of death by this or any other lesion.<sup>37</sup>

Since June, 1851, he has treated, at St. Mary's Hospital, 257 cases of rheumatic fever, twenty-six of which were put upon drachm doses of nitre, three times a day, and their mean stay in hospital was 40 days.

One hundred and forty-one received scruple doses or more, of bicarbonate of potash every two hours and the mean stay of these was 34½ days.

Twenty-five, all that have been treated since he last, have had nothing but a little opium when the pain was severe, and an occasional purgative if the bowels became costive; and their mean stay in hospital has been but 27½ days.<sup>38</sup>

Painful joints or limbs may be fomented with flannels dipped in hot water, or a decoction of poppy heads, with an ounce of sal soda dissolved in each quart.<sup>39</sup>

**Bicarbonate of Potash.**—Although speaking so favourably of the treatment by opium, yet our author still continues to recommend the alkaline treatment which he has hitherto found so useful in relieving the swelling and pain in the joints.<sup>40</sup> But he says that he has never found any thing better than twenty grain doses every two hours to be of any real benefit.<sup>41</sup>

**Iodide of Potassium.**—The salt he recommends in cases when the pain is in the bones, is more painful on pressure than on moving, and is fixed in one spot. He directs two grains to be added to each dose of the bicarbonate, and after a charge for the better, orders the iodide to be taken alone.<sup>42</sup>

**Opium.**—This is prescribed in proportion to the pain, if one grain is not enough to entice sleep, then a grain and a half, or two grains are given; and as soon as the pain is relieved the quantity of the drug is diminished. If the pain remains fixed in one joint, leeching and poultices must likewise be employed.<sup>127</sup>

The diet in rheumatic fever should consist of rice, porridge, gruel, bread, mashed potatoes and the like. Animal food does not agree with the stomach, and is apt to bring on a relapse, even when the pains are gone and when it is seemingly most required.<sup>128</sup>

**Pericarditis.**—Pericarditis brooks no delay, any exposure therefore of the patient to cold should put as particularly on the alert for it, for lost minutes are more hurtful in this than in any disease I know of. Send for leeches immediately, and apply from half a dozen to a dozen of them to the heart the moment that your suspicions are aroused by any abnormal murmur<sup>129</sup> or friction, or even pain on pressure of this vital part,<sup>130</sup> and if the leeches are not to be obtained without delay, cup the cardiac region. It is better to anticipate evil than to be too late.<sup>131</sup> Put the leeches close together on the spot that is most painful on pressure,<sup>132</sup> this will relieve it somewhat. If it returns next day, let them be repeated, and this may be done again and again as long as the pain lasts.<sup>134</sup>

Next, apply a linseed poultice and keep one constantly over the cardiac region during the whole time that pericarditis lasts. Nothing is of more importance than this: never let leeches or blisters stand in the way of its application: it is at least of equal importance to either of them in restorative action, and is required at all stages of the disease.<sup>135</sup>

The patient must also be put at once upon large doses of opium, beginning with a grain and a half every four hours, to be afterwards increased. Opium, he says, is particularly called for in cardiac inflammation, from the power it possesses of controlling the action of the heart.<sup>133</sup> In a case cited, as an example, the pulse was reduced by it from 130 down to 56, and became firmer and stronger.<sup>137</sup> And although continued regularly for a fortnight, by which time it had been increased to three grains every three hours,<sup>138</sup> it produced no abnormal sleepiness or constipation,<sup>139</sup> nor did it prevent the return of the appetite. In another case, although the opium was kept on for a week, and was gradually increased to three grains every three hours, without having any seeming effect upon the pulse, yet the patient soon afterwards became convalescent, when the opium was discontinued.<sup>140</sup>

In speaking of blisters, he says, at the beginning of acute serous inflammation, they unquestionably do much harm by increasing its heat and violence. They cause likewise the exudation of fibrous instead of plain serum, which is a result decidedly to be deprecated in pericarditis.<sup>161</sup> But at a later stage, when pus is our chief dread, a blister proves useful, it should be applied as close as possible to the affected part. It is not when the serum is being exuded that it does the good, but when the skin is in the process of healing.<sup>163</sup>

So never gives mercury in acute pericarditis, from the bad effect he has occasionally seen it produce.<sup>164</sup>

**Pleurisy.**—Dr. Chambers' treatment of pleurisy consists in leeching, and the application of hot poultices.<sup>164</sup>

The leeches he directs to be put as near the pain as may be, taking care to keep them above the level of the diaphragm, even though the stitch, from misplaced sensibility, be felt far below it.<sup>167</sup> The poultices are to be put on hot, and be changed until all pain is removed, and the breathing becomes free and easy. Great care must be taken not to allow the skin to be exposed to the cold air whilst renewing the poultices.<sup>170</sup> By these means alone, he informs us, he rarely fails of cutting short all attacks of pure pleurisy.<sup>170</sup>

**ACUTE LARYNGITIS.**—His remarks on acute laryngitis are good, and his directions short and to the point. Warm the surface of the body; saturate with hot steam the air inspired; put on leeches; apply hot fomentations to the throat; and in special favourable cases, bleed.<sup>204</sup> If relief do not quickly follow, or if a relapse occur after temporary benefit, perform tracheotomy, every minute this operation is delayed after this, is an opportunity lost.<sup>205</sup> Food must be sedulously administered, if not by mouth, by the rectum. A few drops of tincture of opium added to each nourishing injection will obviate any tendency to its escaping from the bowels before absorption.<sup>207</sup> After tracheotomy let the air for respiration still be kept moist and warm, and be plentifully supplied to the lungs through a large sized double canula, the orifice of which should be carefully watched day and night.<sup>208</sup>

**PNEUMONIA.**—There is probably no portion of Dr. Chambers' whole work that will be read with more interest by the profession than the thirty-four pages devoted to pneumonia.

**Bleeding.**—He believes bloodletting to be the most active agent at our disposal, and directs bleeding from the arm in all cases where the heart is beating strongly against the ribs, whilst the pulse is striking the finger with a weakened force at the wrist; at which time it may be drawn freely and confidently.<sup>211</sup> If a glass of hot negus be administered before bleeding, the operation will be rendered safer.<sup>212</sup> When the pneumonia has come on in a person of feeble health, he recommends the blood to be taken from the region of the heart by cupping or leeching; he prefers the cupping, from its being less liable to be followed by oozing.<sup>213</sup> He cautions against bleeding in that low form of pneumonia, occurring in hard drinking subjects, from exposure to cold, whilst suffering from *deletrium tremens*, and remarks that anything depressing will prove fatal in such cases.<sup>214</sup>

**Food.**—He says that in pneumonia as in typhoid fever, the patient should be fed with beef tea or milk regularly every two hours night and day. And that, although he mentions it as particularly necessary after bleeding, it contributes as much to success whether we elect to bleed or whether we do not.<sup>223</sup>

**Poultices.**—He speaks very strongly of the value of enveloping the chest in a large bath like poultice of linseed from the very commencement of pneumonia; all other treatment is of minor importance in his estimation to this.<sup>224</sup> He says it is surprising how speedily it diminishes the dyspnoea, and renders the hot feverish skin moist and active. To it he attributes more power of saving the lives of patients suffering from pneumonia than to all other means.<sup>225</sup> He directs the poultice to be made of linseed meal, from the property it possesses of retaining moisture longer than any other. If

should be spread half an inch thick, on cotton or flannel as broad as the circumference of the thorax, for even when the lower lobes only are inflamed it is prudent to cover the whole chest with it.<sup>223</sup> And the directions should be very particularly given never to remove it until a hot one is quite ready to go on in its place.

**Opium.**—He prescribes opium in all cases where there is evidence of deficient power in the nervous system, and where there is great prostration or tremor of the hands and tongue. When also the tongue has a smooth whitey-brown-paper coloured coat.<sup>224</sup> He says that the time for discontinuing it may generally be known by its producing drowsiness.<sup>225</sup> It gives it also when there is diarrhoea or even a tendency to diarrhoea, as two fluid motions daily: for of all unfortunate complications there is none so bad as looseness of the bowels in pneumonia; those patients always do best who are constipated, either naturally or artificially.<sup>226</sup> He therefore shrinks from giving purgatives of any kind in this disease, preferring rather to wash out the rectum with an injection of gruel when impacted with feces.<sup>227</sup>

**Rest.**—One of the most important things to be attended to in pneumonia is to keep the mind at ease and the body quiet. Nearly all the dangerous and fatal cases are made so by want of attention to this.<sup>228</sup>

**Wine.**—Whenever you observe the nervous system prostrated by the extent of the disease, so as to produce tremor of the hands, quivering of the tongue, delirium, dry, brown tongue, or a tendency thereto, throw in a little wine once or twice a day. The frequent repetition of small doses has appeared to me less beneficial than the same quantity in a few larger doses.<sup>229</sup> Old persons and all who have indulged too freely in alcoholic liquids, may begin the use of wine immediately. In children, on the other hand, it is rarely required, and they get well quicker without it.<sup>230</sup>

**Efferescing Draughts of Citrate of Magnesia.**—These are made by dissolving half a dram each of carbonate of ammonia and citric acid separately in water, pouring them together, and drinking on the subsidence of the greater efferescence. They are a favorite prescription of our author, who orders them three times a day, as a refreshing drink.<sup>231</sup>

Antimony and mercury he considers as poisons in pneumonia; and when in consultation he is obliged to defer to the opinion of others, he always makes a proviso that a good dose of opium shall be joined: it prevents a great deal of the harm which usually results from the use of these drugs, especially of the antimony.<sup>232</sup>

**CAPILLARY OR SUFFOCATIVE CATARRH.** Dr Chambers objects to the term bronchitis, as having, from long misuse, ceased to become scientifically distinctive.<sup>233</sup> There is nothing like an inhaler and the vapour of hot water, for a cold in the chest. When accompanied by thirst he prescribes the efferescing citrate of ammonia; and if very severe, insists on the application of a large linseed poultice to the chest.<sup>234</sup> Bronchial catarrh when brought on by exposure during a cold in the chest, is apt to prove suddenly fatal by penetration of the inflammation to the tissue of the lung, and the obliteration of its functions.<sup>235</sup>

**PULMONARY CONSUMPTION.**—He gives us a caution worthy of remembrance, that we should be careful

never to alarm the fears of the timid, and create a predisposition to disease, by officious enquiries into hereditary tendencies to lunacy or consumption. And says that the cases are exceptional where these enquiries are absolutely necessary.<sup>236</sup>

**Cod Liver Oil.**—During the internal use of oil of all pus secreting membranes and tissues may be observed to dry up and become healthy, and the heat and congestion to become diminished.<sup>237</sup>

He tells of some wonderful cases of phthisis with vomica, in the lungs, that have stopped secreting pus, and the patients have regained their strength and lived for years afterwards.<sup>238</sup>

The appetite should be the great object of care. He recommends the use of strychnine, quinine, and iron. The iron, apart from augmenting the hæmation of the blood, prevents nausea: and the strychnia co-operates in strengthening and regulating the action of the heart.<sup>239</sup> When repugnance to food is extreme, insist that milk be taken: small and frequent repeated doses. If the milk disagrees, add a portion of lime water to it, or better still, a little soda water.<sup>240</sup> A little pepsin taken after a small quantity of meat, will help digestion, remove the nausea, and overcome the repugnance to meat.<sup>241</sup>

Change of climate is useful only when accompanied by an increase of happiness.<sup>242</sup>

Do not allow diarrhoea to go on one hour longer than you can help. The best remedies are sulphate of copper, logwood, and opium. The sulphate of copper may be begun in doses of a fourth of a grain and be gradually increased to one or two grains, necessary.<sup>243</sup> The extract of logwood may be commenced in four grain doses, and increased by any amount required. When tonics fail of doing good, chlorate of potash occasionally promotes their action in a wonderful manner.<sup>244</sup> It is usually prescribed in doses of ten grains three times a day.

**PURPURA.**—He speaks highly of digitalis as a remedy in purpura. And says that it never does any harm until it ceases to do good, and the necessity for it has passed away. Under its influence the arteries become smaller the pulse-wave is narrowed and hæmorrhage ceases. He prescribes it in doses of fifteen minims of the tincture, with thirty of dilute sulphuric acid, in a little camphor water every four hours; and lessens the dose the moment a beneficial effect is perceived from its use.<sup>245</sup>

In elucidation of its effects, he gives a case of a girl of nineteen, in whom the purpura was complicated with profuse menorrhagia. She was put upon the above prescription, with generous non-irritating diet, and in twenty-four hours the spots had begun to disappear, first fading away in their centres and thus leaving little red rings which also rapidly disappeared and were gone in less than a week, and with them the menorrhagia.<sup>246</sup> Indeed, simple menorrhagia, he says, usually ceases under the action of digitalis.<sup>247</sup>

**DISEASE OF THE HEART.**—The whole chapter on disease of the heart is extremely interesting. Our author considers that the importance of valvular lesions consists in their liability to cause enlargement of the heart. That in auscultation we should endeavor rather to ascertain the state of the heart walls than of the valves. That the danger of enlargement is greatest in anæmia, in which the muscular fibre is weakest: and that, therefore, the principal object is to prevent or remove anæmia.<sup>248</sup>

**ATROPHY OF MUSCLES.**—His remarks on atrophy of the muscles are very good. Nerve force, he says, is capable as far as we know, of indefinite improvement, but the muscle it plays upon cannot be made stronger than it was originally intended to be, and when over strained it degenerates. The treatment consists in enforcing complete rest of the parts affected. The dropped hand is to be fastened in a splint, the paralyzed humerus put in a sling, keeping the elbow well supported. If the appetite be lost, beef-tea and milk is to be given medicinally every two hours, adding pep-sine, if necessary; and cod-liver oil and quinine be prescribed. Electricity may also be employed. When the pain is severe, cold douche baths, or cold water compresses, he has found to give greater relief than any thing else.

After three excellent lectures on chorea, epilepsy, and hysteria, he speaks of

**SPINAL PARALYSIS.**—Disease of the spinal cord is accompanied by pain. Local pain is also absent in cases where hæmorrhagic clots, tumours, or inflammatory softening, occupy the central parts of the cerebral mass, whilst, on the other hand, it is almost always present when the dura or pia mater is affected.

**SCIATICA.**—When sciatica is accompanied by deep seated pain in the pelvis, we may consider it as a proof that the sacral plexus is likewise involved. The most efficacious treatment for which is by the internal use of spirits of turpentine. He recommends it to be given in half ounce doses, combined with an equal quantity of castor oil, and taken in simple water three times a week. Should hæmaturia occur, the medicine must be suspended, and the irritation of the bladder be soothed by opium suppositories or enemata. We may afterwards resort to cupping on the hip with advantage. In sciatica pain is frequently felt in the lower part of the leg, and not in the hip except when pressed upon. This fact, retained in the memory, will often prevent the useless waste of our remedies on the branches of the nerve, which is so greatly required for its relief. When loss of power is felt in the bladder in sciatica, it confirms the diagnosis by proving that the morbid condition is within the pelvis, and that the vesical branch of the sacral plexus is likewise involved. And should there be no old fracture in conjunction with it, you need not fear the employment of turpentine. When sciatica is occasioned by a gouty crisis, the treatment must be concluded by a resort to colchicum and iodide of potassium, otherwise the pain will be liable to return. Plasters are of no use in the acute stages of sciatica, i.e. when the patient is getting about, they serve as a protection against cold.

**ALBUMENURIA.**—The prognosis in this disease is not when the specific gravity and quantity of urine voided does not differ from health. It is next best when the quantity only is lessened, next when the specific gravity alone is affected; and worst when both specific gravity and quantity are diminished.

Special remedies are not needed for such variety of degenerated kidneys; and it is fortunate that it is, for at present our means of diagnosis do not enable us to find out which form lies hid in the body of a sick man. The amount of albumen voided is rarely of practical importance, for it is the loss of this, but the state of the constitution

that is the real object to be attended to. Other things being equal, the shedding of tube casts is decidedly to be preferred to their retention and subsequent degeneration. Iron is the mainstay; our author gives the tincture.

In chronic affections of the kidneys, we often find degenerate heart-muscle. It is in such cases, especially when accompanied by irregular pulse, that digitalis is so useful. From 25 to 50 minims of the tincture may be given in the 24 hours. Strychnine is likewise a valuable tonic. The best is the muriate, which should always be prescribed in a liquid form, and, like the strychnine itself, be given in doses of a twentieth of a grain to commence with. But it especially serviceable, it may be gradually increased to double this dose.

It is well known that there is no remedy capable of doing so much harm in albumenuria as mercury. Yet where the specific gravity and quantity of the urine are any way approaching to normal, it may be used with most powerful effect to remove the dropsy; and when all other means have failed, you may often save a patient's life by an agent whose full effect would be poison to him. But remember you are wielding a sledge hammer. Visit your patient between each blow; watch its action with suspicion; and give the mercury in conjunction with digitalis. He speaks decidedly against alcohol, and forbids its employment, except in cases of drunkards, and then only when after fairly trying to leave it off, the patient is found to be sinking from the want of it. An important item in the treatment of albumenuria is warm clothing, especially woollen next the body. When the quantity of urine excreted is defective, he directs the patient to be kept in bed, and to be put upon frequent large draughts of weak broth, with nitre. He particularly objects to any purgative in dropsy more powerful than jalap and cream of tartar.

**ASCITES.**—Dr. Chambers' favourite remedy is iron. And when there is deficient muscular action of the intestinal walls, as shown by flatus of the ilia, he conjoins a twentieth of a grain of strychnia to each dose. In dropsy, when the portal system is congested, even elaterium may fail of producing vigorous hydragogue action; but if this be reduced by discharging the abdominal veins, by means of leeches applied to the anus, the bowels will readily respond to purgatives.

**BLOODLETTING.**—Bloodletting often proves useful in chronic affections of the skin by increasing the action of specific remedies. Thus in lepra and psoriasis, when arsenic and sulphur have failed to do good, although given in doses much larger than usually considered safe, the abstraction of blood, by increasing the activity of the absorbents, restores the power of these agents, the doses of which must be greatly diminished. A like acceleration may be observed from bleeding when alkalis are losing their effect in eczema. He relates a case of well marked œdema in which he ordered the abstraction of six ounces of blood, a bran bath, and liquid potash, three times a day; and the following day he had to apologize to his class for the absence of most of the characteristics of the disease. And another of extensive lichen, in which no benefit was received from the emollient baths of bran and linseed oil, until the patient was bled, when these simple agents became quite sufficient to effect a cure.



**PURGATIVES.**—In the treatment both of acute and chronic diseases it is all important to attend to the condition of the alimentary canal. We will be disappointed in the effect of our remedies if this be not first brought into a proper state for their reception. Cinchona and wine are the proper remedies, for instance, for the weak rapid pulse, the yellow pasty tongue, and the low inflammation of the skin in erysipelas; but if we give these remedies without clearing away the accumulated epithelium from the stomach and bowels, they are quite thrown away: the circulation continues as weak as ever, and the patient goes on advancing towards death. But if we get a purgative to act, and are then in time with the alcohol and bark, the corner is turned, and every change that takes place is a change towards health. And an efficient dose of salts and senna by mouth or rectum will frequently have a most wonderful effect in inducing sleep in delirium tremens when opiates prove utterly powerless.<sup>102</sup>

But this rule for purging does not apply to every form of disease, for it would prove extremely injurious in cases of pneumonia and low fever.

In bringing our selections to a close, we cannot but feel how imperfect has been the attempt to give anything like a synopsis of the contents of this excellent work. And we look with regret at the numerous practical chapters and original remarks left entirely unnoticed, remarks so necessary to us as medical men. But we trust that these that have been made will induce our readers to do as we have done—to read it thoroughly for themselves.

**MICROSCOPIC USE OF MAGENTA DYE.**—Magenta dye can be employed in microscopic research to great advantage, to tinge the blood globules or animal cells. It causes unclear structures to be distinctly displayed.—*Annual of Scientific Discovery.*

**THE AMERICAN MEDICAL TIMES.**—We regret to announce the suspension of this valuable journal for a season. Its loss in the meanwhile is creating a sad vacancy in the periodical medical literature of the day. We shall hail its reappearance with pleasure.

#### To Correspondents.

**To Bleach Sponges.** Wash them well in hot, weak, soda-lye; and then steep them in a bath of weak muriatic acid and water, adding a drachm of hyposulphite of soda for every four ounces of the acid employed.

**Dr. R.**—According to our present law (10th and 11th Vict., cap. 26, sec. 9), a license to practice medicine, surgery, and midwifery in Upper Canada, enables its holder to practice legally in Lower Canada, and to recover debts in a court of law, and vice versa.

**X.**—In Montreal as in other large places, either in America or Europe, there is plenty of room for physicians of superior ability. But those that settle here must expect but little encouragement from their brethren, so many of whom are constantly ignoring the ordinary rules of professional etiquette among themselves, and are particularly forgetful of them when holding consultations with strangers.

**Superior Cold Cream.**—Oil of sweet almonds, 8 oz.; spermaceti, 1 oz.; white wax, 1 oz.; rose water, 2 oz.; orange flower water, 1 oz.; glycerine, 1 fl. oz.; borax, 1 drachm; otto of roses, 20 drops. Melt the spermaceti and wax together in a water bath, add the oil, and continue the heat till liquid, then strain, add the other ingredients, first dissolving the borax in the rose water, and whip the whole into a cream. This is a much better receipt than the one published in our last.

**Christison's Cough Remedy.**—Syrup of squilla 2 oz.; peppermint water 2 oz.; ammoniated tincture of opium 4 oz.; compound spts. lavender 4 oz.; syrup 1 oz. Mix. Dose a tablespoonful three or four times a day. Dr. Christison says that he knows of no combination equal to this as a calmative expectorant in catarrh and phthisis.

**Chemical Food.**—This is the compound syrup of the phosphates, and we give you Parish's receipt from his late work

on pharmacy, which we consider to be the best. Take of sulphate of iron 10 drachms; phosphate of soda 12 drachms; phosphate of lime 12 drachms; glacial phosphoric acid 20 drachms; carbonate of soda 2 scruples; carbonate of potash 1 drachm; bruised coccoluth 2 drachms; sugar 2 lbs. Av.; orange flower water 1 oz.; muriatic acid, water of ammonia, and water, of each a sufficient quantity.

Dissolve the sulphate of iron in 2 oz., and the phosphate of soda in 4 oz. of boiling water. Mix the hot solutions, and wash the precipitated phosphate of iron until the washings are tasteless.

Dissolve the phosphate of lime in 4 oz. of boiling water, and add sufficient muriatic acid to make a clear solution; when cool, precipitate the phosphate, with water of ammonia, and wash the precipitate.

To the freshly precipitated phosphate, add the phosphoric acid previously dissolved in a pint of water; when clear add the carbonates of soda and potash, previously dissolved in a wine-glassful of water; and afterwards redissolve any precipitate formed by means of muriatic acid.

Next add sufficient water to the mixture to make twenty-two fluid ounces, then add the sugar, and, towards the last, the coccoluth; dissolve, in an enamelled vessel, by the aid of heat, strain, and when cool, add the orange flower water.

As thus made, each teaspoonful contains about 2½ grs. phosphate of lime, 1 gr. phosphate of iron, and fractions of a grain of phosphates of soda and potassa, besides free phosphoric and hydrochloric acids. The solution is perfect, the taste agreeably acid, and the flavour pleasant. The disposition to precipitate a bulky sediment of the insoluble phosphates is one of the greatest annoyances in this preparation, when made on a large scale, and can be obviated less by substituting muriatic acid, for a suitable portion of the phosphoric acid used, taking care to separate the liquid into two portions, and to add the carbonates of soda and potash to that consisting exclusively of the phosphoric acid solution, lest portions of muriates of soda and potash be formed and contaminate the solution.

This syrup is much used as a nutritive tonic to supply the waste occurring in the system during the progress of chronic diseases, and to build up the strength lost by long continued ill health.

The dose is a teaspoonful to be taken in water three times a day immediately before or after eating.

**Medical Works, published in Great Britain from the 1st August, to the 1st Sept., 1864, with their usual numbers of pages, London publishers' names, and prices in sterling.**

Hooper's Physicians' Vade Mecum: a Manual of the Principles and Practice of Physic, 7th edition, greatly enlarged and improved by W. G. Guy, and John Harle, 12mo. pp. 610 (Henshaw) 12s. 6d.

#### Periodicals received since 15th August.

British Medical Journal to 27th Aug.; London Medical Circular to 24th Aug.; London Medical Times to 27th Aug.; American Medical Times to 27th Aug.; Boston Med. and Surg. Journal to 8th Sept.; Cincinnati Lancet and Observer, Aug.; Philadelphia Med. and Surg. Reporter to 8th Sept.; Philadelphia Dental Cosmos, Sept.; Chicago Medical Examiner, July; Chicago Medical Journal, August; Canada Medical Journal, Sept.; Buffalo Med. and Surg. Journal, Aug.; London Pharmaceutical Journal, August; American Druggists' Circular, Sept.; London Chemist and Druggist, Aug.; London Publishers' Circular to 1st Sept.; University Med. and Surg. Journal, Phil. Sept.; American Quarterly Journal of Ophthalmology, New York, April.

#### Books and Pamphlets received.

The Physicians Dose and Symptom Book. By Joseph Wythes, M.D. Fourth edition improved. (Lindsay Blackiston), 1864. From the Publishers.  
Report of the Provincial Lunatic Asylum, Toronto, for the year 1863. From Dr. Workman.

#### Subscriptions paid since last issue.

Dr. R. I. MacDonnell, 5s.; Dr. W. P. Smith, 5s.; Dr. John Waulsley, 5s.; Dr. P. O'Leary, 10s.; Dr. Angus MacDonnell, 5s.; Dr. Archambault, 5s.; Dr. L. J. P. Rossier, 5s.; J. Hallimore, Esq., Toronto, 10s.; Dr. Caniff, Belleville, 5s.; Dr. W. S. Morrison, Waddington, N. Y., 10s.; Dr. James Langstaff, Richmond Hill, C. 5s.; John Jennings, Esq., Ottawa, 5s.

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