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CANADA LANCET.

WILLIAM EDWARD BOWMAN, M.D., EDITOR.

WHOLE No., 20.

MONTREAL, OCTOBER 15, 1864.

SECOND YEAR.

NUX VOMICA.

CLEANINGS FROM VARIOUS AUTHORS.

The Powder.—The dose of powdered nux vomica usually prescribed is from three to five grains.

The Extract.—Of the alcoholic extract, the dose is half a grain.

The Tincture.—Until recently there has been but one tincture of nux vomica, and its dose is from five to ten minims. It is the old Dublin formula of 1826, two ounces of nux vomica to eight ounces of rectified spirit, which was adopted in the United States Pharmacopoeia, and is the one given in Pereira and other works on materia medica.

The dose of the tincture of the new British Pharmacopoeia, which is a much weaker preparation, is from half a drachm to a drachm.

It is usual to order nux vomica, in these doses, to be taken steadily three times a day for several weeks. But when a more powerful and speedy action is required, it is given in increasing doses continuously, until some obvious effect is produced upon the system. Either mode might justly be considered as extremely safe, yet we have a case on record where it was otherwise.

Taylor, in his work on poisons, states that a lady taking three grains of powdered nux vomica three times a day, as directed, was compelled to discontinue its use on the sixteenth day, on account of the colic and purging it occasioned; five days afterwards, although not taking the remedy, she experienced ringing in the ears, drowsiness, increased sensibility to light and sound, and numbness and impairment of speech. And on the ninth day she lost her speech, and tetanic symptoms with twitching of the muscles of the face and arms set in, as well as trismus. She swallowed with difficulty, her pupils became dilated, and her skin hot. On the fifth day after discontinuing the nux vomica, she was exhausted from tetanic convulsions.

This exceptional case, occurring eight years since, did not seem to affect the confidence of the profession in the remedy, for it is constantly prescribed in various diseases in a similar manner, and with impunity. And as the knowledge of its remedial powers is ever increasing, so is its employment becoming continually the more extended.

Fatal Doses.—Taylor speaks of two cases, in which five grains of powdered nux vomica proved fatal. In that of another, where thirty grains of the powder in two doses of fifteen grains each, caused the death of a girl ten years of age. And, according to Guy, ten grains of the alcoholic extract have likewise proved fatal.

It is unnecessary to dwell upon the excellent results obtained from nux vomica in pyrosis, gastroenteritis, dysentery, colica pictonum, prolapsus of the rectum, tremor of drunkards, hysterical convulsions, impotence, &c., &c., which are given in Pereira. We shall, therefore, take up the subject

where it is there left off, and quoting from Stillé's admirable work on materia medica, and from other sources, endeavour to give our readers an additional and more recent synopsis of the opinions of the profession concerning this agent.

Paraplegia.—Dr. Brown Séquard says that nux vomica should be avoided as a most dangerous poison, in all cases of paraplegia in which there are signs of congestion or inflammation of the spinal cord or its meninges, for in these it but increases the cause of the paralysis, and produces an aggravation of the symptoms. He says there are two distinct groups of cases of paraplegia, one distinguished by symptoms of irritation, the other characterized by the absence of them. The symptoms of irritation observed in the former class are convulsions, cramps, twitchings, erection of the penis, formation, and itching; diminution of temperature, wasting of the muscles, œdema, bed sores, and alkaline urine. In the second class all these symptoms are wanting, and the paraplegia is caused by the white or non-inflammatory softening, or is of the reflex kind; for this class nux vomica is particularly applicable, from the power it possesses of augmenting the amount of blood sent to the spinal cord and membranes, and, from the extra nutrition thereby derived, of increasing the vital properties of this nervous centre. *Braithwaite* $\frac{3}{4}$.

Recurring Hordeolum.—Dr. S. C. Sewell of Ottawa, states that he has lately been very successful in the treatment of obstinate stye by means of small continuous doses of tincture of nux vomica, and gives two cases in illustration. The first, that of a young lady whose eyes for upwards of four years had never been entirely free from styes, and who had lost her eyelashes from them. He prescribed four minim doses of the Dublin tincture twice a day, and found the effect immediate; for the stye then forming, receded, and she has not been troubled with more than two or three of them since, (now two years and a half). She took the medicine regularly for six weeks, and has twice resorted to it for a similar period since. The other was that of a girl of fifteen, who for two years had constantly been troubled with styes, and this too was cured by four minim doses of tincture of nux vomica. The stye she had on her eye at the time, suppurated, but she never had another one afterwards (now two years). He says that cases of recent hordeolum yield quite as readily to this treatment as those of long standing.

Abscess of the Labia Pudendi.—Dr. Sewell also relates a case of obstinate recurring abscess of the labia, which regularly made its appearance a day or two before or after the menstrual period. The lady had thus been afflicted nearly every month for four or five years, and had consulted a great number of physicians in vain for relief. On inquiry he found that they had first made their appearance on the cessation of obstinate styes, with which she had

previously been troubled for a couple of years. Considering the case vicariously to the eyes, he put her at once upon six minim doses of tincture of nuxvomica, giving it twice a day as before. The treatment proved immediately successful, and up to the present (now a year and a-half), she has not been troubled with them but once or twice.

In Skin Diseases.—Dr. Sewell remarks that he has found nuxvomica to produce an excellent effect on skin diseases occurring in cachectic or scrofulous subjects, by rendering them more readily amenable to local treatment, and instances impetigo of the scalp in particular. For a similar reason he also suggests its employment in strumous ophthalmia.

In Tetanus.—In 1847 Dr. Fell, of New York, published seven cases of tetanus, six of which were certainly of the traumatic variety, and which all recovered under its use. His plan of administering it was to give an eighth or a tenth of a grain of strychnia, and in two hours a sixteenth of a grain, thus reducing the dose still further, and only to the extent of producing specific signs of its influence after each one. Dr. Kolloch, also relates a case of traumatic tetanus, occurring in a negro girl, which was cured by strychnia, given in doses of a twelfth of a grain every two hours. *Stillé* 217.

In Hysterical Spasm of the Oesophagus.—We have the report of a case which yielded to increasing doses of nuxvomica, continued until the system became affected.

In Prolapsus of the Rectum.—Koch of Stuttgart, speaks of a cure he effected in a case of fifteen years standing, by the employment of cold water injections, medicated by the addition of twelve drops of tincture of nuxvomica. And Dr. A. Johnson has been equally successful by the application of strychnia (a sixteenth of a grain) to a blistered surface over the coccyx. *Oper. cit.*

In either Incontinence or Retention of Urine.—When depending on impaired power in the muscular coat of the bladder from habitual distension, or from pressure by the uterus, the operation of nuxvomica is generally very efficient. It has been employed in cases occurring after parturition. And Solly has given it successfully in incontinence after lithotomy. Lecluyse, in retention from paralysis, injected a solution of strychnia into the bladder. In incontinence of urine in children, Mondiere, Ribes, Guersent, Maurice, and others found the alcoholic extract of nuxvomica better than all other remedies. Trousseau, however, thinks belladonna superior. *Oper. cit.*, 215.

In the Vomiting of Pregnancy.—Dr. Kroyher, of Paderburg, considers the tincture of nuxvomica a specific. He directs a few drops to be taken in a little aromatic or cherry-laurel water, increasing it to ten, twelve, or eighteen drops, if necessary, every morning early, and in the evening. *Br.* 218.

In Hay Fever.—Mr. Gream has found it very useful in removing the coryza. He orders from ten to twenty drops of the old tincture three times a day, and the application of Goulard's cerate to the nose. *Braithwaite* 72.

In Facial Neuralgia.—Dr. Roelants, of Rotterdam, has furnished a favorable account of the treatment of both old and recent cases of facial neuralgia by nuxvomica. Twenty-five out of twenty-nine, he states, were cured and three were still under treatment. All he says, yielded to the remedy with singular rapidity. *Stillé*, 217.

In Lead Colic.—Nuxvomica is highly recom-

mended by Dr. Serres, Dr. Huss of Stockholm, Dr. Neligan of Dublin, and Drs. Sweet and Bulkley of New York. The dose of the Dublin tincture is from ten to thirty drops according to the course of the disease; it is to be administered also in clysters, and applied to the abdomen on cataplasms. It generally gives relief in forty-eight hours, the bowels acting and the pain subsiding.

In Chronic Rheumatism.—The external use of equal parts of tincture of nuxvomica and soap liniment is strongly recommended by Kessel. *Stillé* 217.

In Dysmenorrhœa.—Rademacher combines tincture of nuxvomica with tincture of castor in equal proportions, and directs thirty drops to be taken five or six times a day.

In prolonged after-pains.—He finds it to give relief when administered in a similar manner.

Gastric Irritability.—There are various forms in which this remedy may prove extremely beneficial. In true gastralgia, a disease in which paroxysmal pains of various characters, but always intensely severe, are felt in the stomach and radiates from thence to the chest, hypochondria, and back, followed by the eructation of gas and insipid or acid liquid. Rowland gives a quarter of a grain of the extract of n. v. in such cases, 3 or 4 times a day.

In irritability accompanied by gnawing pain: the pit of the stomach and vomiting of food, Dr. Huss prescribes one grain of powdered nuxvomica with ten grs. of magnesia, three times a day, increasing every third dose by half a grain. He says that it often gives instant relief, and does not require continuance longer than from ten days to a fortnight.

In cases of gastric irritability in which the patient is anemic, and iron cannot be borne, small doses of nuxvomica enables the system to tolerate and derive benefit from ferruginous remedies.

In Dyspepsia.—Werber has found it of signal benefit when the biliary secretion is defective, the digestion slow, the appetite impaired, the bowels torpid, and the spirits depressed. A condition which is apt to follow excesses in study or business, in eating, in drinking alcoholic liquors, tea or coffee, and in venereal indulgence. *Stillé* 217.

In Constipation.—Drs. Copeland, Neligan, Clark, and others, recommend nuxvomica in all cases depending merely on deficient tone of the muscular coat of the bowels, and an imperfect propelling power in the upper part of the rectum. *Braithwaite* 72.

All alike agree that it should be combined with some gentle purgative to promote its action. Mr. Boulton of Bath, finds a pill of half a grain of the alcoholic extract of nuxvomica, $\frac{1}{4}$ of a grain of aloes, and as much rhubarb to act nicely in such cases, and never to lose its laxative power although taken daily for months. He says that he has never derived much benefit from nuxvomica alone in costiveness. *Br.* 217.

An excellent resumé of the opinions of the profession on the effects of this remedy in costiveness may be found in Braithwaite 72. Dr. Hyford in his new work, reviewed in this issue, also adds his testimony to the usefulness of nuxvomica for the removal of constipation. And although advising watchfulness during its employment, states that he has never noticed any evil effect from its use, beyond a slight inconvenience in the way of nervous startings, although constantly administered for weeks 154. A favourite prescription of his is five grains of powdered nuxvomica with a grain of quinine three times a day after meals; but he often orders it likewise with iron by-hydrogen in a similar manner 132.

In Spasmodic Obstruction of the Bowels.—Vidal procured relief by using a sixteenth of a grain of strychnia every four hours. Dr. Parker of Charleston, has likewise reported a case of obstruction of the bowels, which, after resisting various purgatives and enemata, yielded to strychnia, given in doses of a twelfth of a grain three times a day. Homolle is stated not only to have removed impacted feces by its means, but actually to have relieved strangulated hernia, when the necessity of an operation seemed to be inevitable. Stillé, &c.

Dysentery.—The tonic influence of this remedy upon the bowels is farther shown by its efficacy in some forms of dysentery. In the last century, Egstrom employed powdered nux vomica in scruple doses with wonderful success. Hufeland also resorted to it, with the happiest results, in an epidemic of dysentery at Jena, in 1795. He prescribed rather less than a grain of the extract every two hours. In his *Enchiridion* (p. 366), he directs but ten grains of the powder daily, and this only after other means have failed. Rademacher has found it occasionally necessary to combine it with opium. Mr. Vaux, of Ipswich, gave as much as seven grains of the powder three times a day, and reported his success as remarkably uniform. Frisch prescribed it with advantage in sub-acute dysentery, and Ricamier in chronic diarrhœa.

Diarrhœa from Exhaustion.—Dr. Nevins, of Liverpool, highly recommends the employment of nux vomica in diarrhœa from exhaustion, and especially when occurring among the poor and in children. He was led to its adoption from the frequent disappointment he experienced in the employment of astringents and ordinary tonics in such cases. His favorite prescription is as follows:—

Alcoholic extract nux vomica, pulv. rhubarb. and blue pill, of each half-a-grain; saccharine carbonate of iron, one grain; opium, an eighth of a grain. M. To be made into a pill if for an adult, or more if for children.
3. One such pill to be taken three times a day.

In many cases he omits the opium entirely. He says that nux vomica exalts the nervous energy of the bowels, and enables the lacteals to absorb the nutriment from the food, whilst the iron is allowed to act as a tonic, and the rhubarb and blue pill to improve the secretions. A change for the better is generally perceptible in a few days, and he has seldom occasion to continue the prescription longer than a fortnight. Braith, &c.

Dr. Bardsley has published six cases of chronic diarrhœa in persons advanced in life, and of feeble constitution, which were cured by the extract of nux vomica, administered in doses of a sixth of a grain three times a day. Stillé, &c. W.E.B.

PLASTICITY OF BLOOD-CORPUSCLES.—In the proceedings of the Royal Society, Dr. Sharpey remarks: "the plasticity of the blood-corpuscle is unrivalled by any other physical body. It will assume all sorts of protean shapes under the slightest influences, elongating to a mere thread; it will pass through a narrow chink; it will unwrap itself around an acute projecting angle, or protrude feelers and tails under the influence of currents. In its natural state, it possesses sufficient elasticity to assume its original shape on the cessation of the modifying influences; but when gum or gelatine has been added, or when the plasma has been permitted to thicken spontaneously, the corpuscle retains any form it may have assumed, till again altered by fresh influences."—*British Med. Journal.*

Review.

A TREATISE ON THE CHRONIC INFLAMMATION AND DISPLACEMENTS OF THE UNIMPREGNATED UTERUS. By WM. H. BYFORD, A.M., M.D., Professor of Obstetrics, &c., Chicago Medical College, Lind University. 8vo. pp. 215; Lindsay & Blackston, 1864.

This treatise, coming as it does from the hands of a physician of acknowledged ability and experience, demands our careful consideration. And although we cannot agree with him in what we hold to be the extreme views of Dr. Bennet, and impute to chronic inflammation of the womb every ailment in the opposite sex; or in hysterical affections to refuse all attention, to the state of such important appendages as the ovaries, organs which have been entirely ignored in Professor Byford's new work; still we are willing to give him a fair hearing and to allow our readers to form an opinion for themselves, for, apart from these defects, the book is decidedly practical and useful. We shall, as usual, allow our author to speak for himself.

Well-marked cases of inflammation and ulceration of the uterus, he observes, are usually accompanied by a long list of diseases, which although generally nervous, sometimes consist in functional aberrations of important vital organs¹.

The Stomach.—Of these, none are more frequently affected than the stomach, as shown either in a lost, an increased, or a depraved state of the appetite. Whilst nausea, vomitings, gastralgia, in short, almost every form of disordered stomach, may be looked for, as the result of the sympathetic influence of diseases of the uterus upon this organ². Extreme cases of indigestion, however, are rare.

The Bowels.—Constipation is a very usual accompaniment of diseases of the womb, and sometimes alternates with diarrhœa or dysentery³.

The Liver.—When the functions of the liver are seriously disturbed there is apt to be at one time deficiency of bile and at another redundancy. Occasionally paroxysms come on in which this fluid is poured out so copiously as to induce full and free discharges of it from the stomach, or by its descent to occasion bilious colic and diarrhœa. In other cases, the bile becomes absorbed and the skin jaundiced⁴.

The Nervous System.—There is scarcely a disagreeable or excruciating sensation that is not experienced by patients with diseased wombs; and these pains, he observes, are strictly neuralgic in their character.

Cephalalgia.—The whole head will sometimes pulsate and throb with terrible pain, but usually the cephalalgia is partial, as on the side of the head, the temple, brow, or eye. But if the pain persist or recur frequently in the occiput, as a dull aching, or on the summit of the head, as a burning sensation, it may be considered as a pretty certain evidence of uterine disease, even when no complaint is made of this organ. When the inflammation and ulceration are removed, the headaches will be found to cease.⁵

The Spinal Cord.—Pain in some portion of the spinal cord is almost universally present in affections of the womb; most commonly it is complained of in the sacral and lumbar regions, and is fixed and almost constant.⁶ It is increased by pressure, and sometimes darts along the nerves around the body.⁷

The Pelvis.—Sympathetic pains about the pelvis are also usual, and become aggravated by all the circumstances that increase those in the back, and

like them are accompanied by tenderness or soreness on pressure.¹⁷ Occasionally there is a sense of weight in the loins or pelvis, and when erect, the patient often cannot resist the constant desire to bear down, as in the tenesmus of dysentery.¹⁸

The Bladder, Urethra, and Rectum.—These are apt to be really affected by extension of the inflammation. Pain in the bladder in such cases becomes increased, or comes on after micturition;¹⁹ and when not properly attended to, may induce nephritis.²⁰

Hyperaesthesia.—The whole or any portion of the body may become so tender as not to endure the least pressure without pain.²¹

Anaesthesia.—Occasionally a loss of sensitiveness, or a numbness of particular parts, is complained of.

Spasms.—Hysterical convulsions, and spasms of the muscles of the extremities or abdomen, are frequently to be observed, and are confined in particular cases to certain limbs.²² Hysterical convulsions may be brought on by fatigue, or occur at the time of menstruation, and may be syncopal in character, and be accompanied by frothing at the mouth.²³

The Circulation.—We are frequently consulted by patients for heart disease, when the womb alone is the organ affected. The palpitations complained of are often attended with pain in the region of the heart, which occasionally shoots upwards to the left shoulder, and down the left arm, and the suffering experienced is sometimes so great as to fall but little short of angina.²⁴ Cold extremities, with the head warmer than usual, with flashes of heat in the face and head, and down the back, are also very common in affections of the womb.²⁵ Faintness from slight causes, and globus hystericus are likewise enumerated as symptoms of inflammation of this organ.

Respiration. A nervous cough is also a frequent accompaniment, and is likely to be mistaken for a sign of incipient phthisis. To uterine inflammation, he tells us, is also due that peculiar nervous barking cough, so accurately described, but unaccounted for, by Dr. Elliottson.²⁶

The Mammae.—Congestion is the general sympathetic condition produced in the breasts, but sometimes these organs become really inflamed.²⁷

After entering fully into the mental derangements accompanying disease of the womb, he says that all the sympathetic evils he has mentioned, fall far short of the number which should justly be attributed to them. And, although he admits that they may exist in cases in which the uterus is healthy, still he says they are frequently present as the proximate and remote effects of uterine inflammation.²⁸

He notices the fact so often observed by all those who pay attention to affections of the womb, that the amount of suffering bears no relation to the extent of the disease,—that this may be but slight, and yet the patient suffer severely from sympathetic symptoms; or the ulceration be extensive, and the inflammation very considerable, without producing any inconveniences whatever.²⁹

Notwithstanding the fact, that in uterine disease leucorrhoea is a common and significant symptom; it will not do to base an absolute opinion on its absence in any given case.³⁰

He objects to the term "irritable uterus," and says that this organ is never irritable, unless it is congested or inflamed.³¹

The pain complained of in uterine inflammation is a continuous soreness, varying in intensity in different individuals.³² And when the uterus is touched and this species of pain is complained of, it is an evidence, not of mucous, but of sub-mucous or fibrous inflammation of the womb.³³

The menstrual flow may either be increased or diminished by chronic inflammation, but its periodicity is not generally affected.³⁴

Although some women, with extensive and long-standing ulceration of the womb, bear children as frequently as those in health, still there is no doubt that many are rendered sterile by it; or that abortion is also a frequent accompaniment of such a state.³⁵

Instances are not uncommon of patients being entirely cured of ulceration by the effects of gestation and labor.³⁶

In his chapter on etiology, our author remarks that a fruitful source of this disease is sexual indulgence, and the reading of lascivious books, aided by living in heated rooms, and partaking constantly of stimulating diet, which is particularly injurious at the menstrual period. Improper clothing, and the application of cold to a large portion of the surface he gives also as a great exciting cause of uterine inflammation.³⁷

Continued constipation predisposes to uterine congestion, and is a condition the most deleterious to female health.

Severe exertion, a jolt, or a lift, may render obvious pre-existing inflammation of the womb; which is generally aggravated, and may be originated by this circumstance.³⁸

The too speedy assumption of the erect posture after labor frequently causes disease of the womb.³⁹

Congestion about the rectum, vagina, or bladder may extend to the womb, and become chronic Vaginitis, and especially gonorrhoeal vaginitis, may thus affect the cervix, and extend to the body of the womb itself. But vaginitis is also liable to be produced by disease of the womb, either by extension or by the acrid secretions passing through it for weeks or months together. It is sometimes attended by a vesicular eruption of the labia, with intolerable itching or burning of the parts.⁴⁰

In his remarks on prognosis he says, the tendency of the womb, without treatment, is to go on from bad to worse in all menstruating and child-bearing women; but in the former it may not increase if the cause which aggravates it be avoided.⁴¹

When the inflammation is confined to the mucous membrane outside the os uteri, the prognosis is most favorable, if it exist in that of the cervix it will be more obstinate, and especially difficult to eradicate when the deeper tissues are involved. The most unfavorable, however, is when infiltration has altered the shape, size, and consistence of the neck; this, when indurated, enlarged, and nodulated, will require much time and patience to even partially restore to its original softness and evenness.⁴²

Time required to effect a cure.—From three to twelve months should be the latitude taken in most instances for the removal of uterine inflammation; recovery in a shorter period than three months is uncommon.⁴³

The young get well sooner than the old, and the robust and stirring quicker than the delicate and inactive.

In very many cases the patient experiences benefit from the beginning, and continues to improve

until cured. But in others the local treatment seems to aggravate all the symptoms, and relief from them is only obtained on stopping caustic applications.⁷²

When dysmenorrhœa depends upon inflammation of the cervix, it generally disappears on its removal. Very commonly, indeed, one of the first good effects of local treatment is to ameliorate the suffering during the menstrual discharges.⁷³

And existing menorrhagia is usually moderated and often cured by recovery from diseased cervix.

Chronic skin diseases render uterine affections extremely obstinate and protracted.⁷⁴

Cellulitis.—This is a formidable, troublesome, and perplexing complication, and when present embarrasses the diagnosis, and materially modifies the prognosis. It consists of inflammation and suppuration of the cellular tissue in the duplication of the peritoneum at the side of the uterus,⁷⁵ and by the swelling, displacing this organ to the right or left, or directly downwards, according to its position and extent. And much pain is experienced on pressure through the walls of the vagina. The amount of the infiltration may vary from the size of the thumb to the almost complete occupation of the pelvis. It may last a few days only, and disappear after the discharge of a small quantity of matter, or, becoming chronic, may suppurate for years; and if the exacerbations be monthly, may be mistaken for dysmenorrhœa.⁷⁶ Intra-pelvic inflammations of this kind, although occasionally independent of uterine disease, he considers, are oftenest associated with it and caused by its extension.

Displacements of the Uterus.—Our author affirms that these are more frequently produced by the increased weight of this organ from the effects of inflammation, than from any other cause; and that the most common form of displacement to be met with is its simple subsidence upon the rectum; this variety, he says, gives more distress than almost any other. It obstructs the passage of the feces, and makes the patient feel as if the bowel were constricted. After long continuance, it induces, in many instances, organic disease of the rectum, inflammation with tenesmus, mucous and even bloody discharges, hemorrhoids, &c.⁷⁷ Great inconvenience is also felt on account of its pressure upon the bladder, known by frequent micturition, a sense of weight behind the pubes, &c.

In speaking of digital examinations through the vagina, he remarks, that when the rectum is found full, it may, as a general rule, be considered healthy, as the feces cannot remain long in a rectum rendered irritable by disease. Internal hemorrhoids may be felt as small tumours, and stricture be known by the induration and contraction it has occasioned.⁷⁸

In turning the finger forward, if it be pressed upwards behind the symphysis pubis, and be aided by the other hand, applied externally above it, any inflammation of the bladder, or the presence of a foreign body within it, may readily be detected.⁷⁹

A probe introduced into a healthy female urethra almost always produces smarting, but if the passage be inflamed it is rather a soreness that is complained of.⁸⁰

The os uteri in the old is higher in the pelvis than in the virgin or multipara, and feels more like a pit at the termination of the vagina.⁸¹

After an excellent table, exhibiting the characteristic differences between inflammation, with or without ulceration of the uterus, and cancer, our author enters fully upon the treatment.

He considers the reported cures of ulceration and inflammation of the womb, produced by changes of scene and modes of living, not to be real ones; and says that no doubt the establishment of the general health, by fortifying the system, diminishes the nervous sensibility of such patients, but that on their return to former habits and circumstances the same train of symptoms become reproduced more or less rapidly as before.⁸² That, from the dependent position of the womb, menstrual congestions, and the excitement inseparable from the functions of the genital organs, this disease is rendered a habitual and established affection which requires to be thoroughly subverted in order to be cured.⁸³

The principles of the local treatment of long standing affections of the womb consists in awakening acute inflammation in the tissues, previously occupied by the chronic, when as the former subsides the latter is favorably modified, if not entirely removed. For a radical cure our author is of the opinion that a local impression sufficiently strong must be made by a natural or an artificial process.⁸⁴ The natural means from which a hope may be derived is the inflammation necessarily attending the process of parturition.⁸⁵

He says that confinement and recumbency is injurious to patients in the great majority of cases. A more than ordinary acuteness of symptoms or hemorrhage at the time of menstruation or between the menstrual periods may indeed make rest indispensable, but apart from these conditions he holds that judiciously directed exercise is a valuable adjuvant to other modes of treatment.⁸⁶

The diet should be good, substantial, and nutritious; and entire abstinence from sexual intercourse must be insisted upon.⁸⁷

The stomach, liver, bowels, skin, kidneys, and uterus, should furnish their discharges in the most natural manner, and gentle means should be resorted to to restore them when arrested or deficient.⁸⁸

The mental depression so incident to affections of the womb may often be greatly alleviated by the cheerful and hopeful bearing of the physician, who should encourage his patient by every means in his power.

Paroxysms of excessive nervous prostration, despondency, &c., generally occur in close and heated rooms. And it is astonishing, he says, to observe the wonderful effect of a temperature nearly at zero on these swooning hypochondriacs. If in winter let the patient be well covered, and allow the frosty air, the colder the better, to enter the room, by opening all the windows and doors; and prohibit the presence of visitors.⁸⁹ When the air is not cold we can at least give it in abundance by directing the patient to sleep in a cold open room, and to be on her feet as much as possible, out of doors. These rules apply as well to the anemic as to the plethoric; and the mind, especially of the latter, should be taxed to continuous effort by some useful occupation.⁹⁰ When tonics can be borne they often do much towards relieving the nervous excitability.

As a general rule we should be careful to abstain from prescribing alcoholic stimulants or opium, in nervous affections, as they are so apt to engender an appetite that cannot afterwards be controlled.⁹¹

Five grain doses of *pulv. nux vomica*, with a grain of quinine, after each meal, our author affirms will often succeed in overcoming constipation. Or the same amount of *nux vomica*, with two grains of

iron-by-hydrogen, repeated in a similar manner. Or the nux vomica, with extract of rhubarb. Or strychnine in doses of from a-sixteenth to a-twentieth of a grain¹⁴³.

Local Treatment.—One of the most common modes of affecting the womb is the introduction of a sponge impregnated with some medicine in solution, by means of a speculum up to the os uteri. Another good way is by pouring the fluid into a speculum previously inserted, and whilst the patient is lying upon her back¹⁴⁰. Ice water, ice, astringent powders, or almost any form of substance, may be applied and retained in contact with the os and cervix uteri with great advantage in this manner.

Bathing the whole body at bedtime, by means of a sponge, with either cold or tepid water, not unfrequently quiets nervous irritation, and enables a restless patient to sleep soundly. A shower bath is more powerful, but this cannot always be borne¹⁴². Hip baths are also very useful, and may be made of the temperature most agreeable to the patient, but the cooler the better if not uncomfortable. A speculum may be introduced, whilst the patient is in the bath, to allow the fluid to ascend to the uterus.

Our author's remarks on injections are excellent. He says that vaginal injections of water ought regularly to be employed by every woman having inflammation of the womb. The ordinary india-rubber bulb syringe is the best for this purpose, as it receives the fluid at one end and discharges it at the other perpetually. The patient may sit over one vessel, and have the water in another in front of her, by which a stream of fresh water may be constantly thrown into the vagina without the inconvenience of undressing. From one to eight quarts of tepid water may be thus injected four or six times a day. But when cold water is preferred, a quart will generally be found as much as can be borne with comfort¹⁴³.

With regard to the temperature of injections he says that he knows of no better rule than to allow it to be governed by the desire of the patient. After a trial of tepid, warm, cool, and cold water, she should be permitted to select the one she finds most agreeable¹⁴³.

Astringent vaginal injections as a general rule should not be employed unless there is excess of secretion from the vagina or cervix, or some ulcerated or inflamed surface with which they can come in contact. And an injection should never be repeated whilst the vagina is dry from the effects of a preceding one. It will often be found that from twenty-four to thirty-six hours will be required for the mucous membrane again to become moistened with mucus. Should this rule be disregarded, the inflammation will be increased rather than diminished, and the patient will suffer great inconvenience¹⁴⁴. Permanent dryness demands a change of the injection, or perhaps the abandonment of astringents entirely for one of simple water¹⁴⁵.

Our author thinks highly of alum and orders it in the proportion of a drachm to the quart of water. But it must not be repeated for several hours after the sensation of dryness is gone. If the dryness lasts for two hours then twice a day will be sufficient for the injection; if for six hours it should be used but once a day¹⁴⁵.

Sugar of lead he directs in the proportion of two drachms to the quart.

Tannic acid is likewise an admirable astringent,

and the solution may be made of the strength of one or two drachms to the quart¹⁴⁶.

An excellent anodyne injection is that of five grains of extract of opium to a pint of water which when thrown up to the womb for half an hour will often allay the pain arising from inflammation. Any other narcotic extract however may be used, bearing in mind that at least three doses of the medicine should be added to the solution employed.

All injections and baths should be suspended during menstruation.

Our author has never made use of intra-uterine injections, and attributes the occasional cramps and rigors, produced by vaginal injections, to fluid having been forcibly thrown into the womb by the accidental apposition of one of the holes of the tube of the syringe with the os uteri. These symptoms, although occasionally very severe, he has never observed to proceed to dangerous extremities. An opiate injection per rectum, fomentations over the pubis, and quiet, are all the remedies he ever finds necessary, and even these are often unavailable from the speedy subsidence of the pain¹⁴⁷.

When vaginal injections debilitate the patient, or produce uncomfortable symptoms, their use must necessarily be discontinued¹⁴⁷.

In pregnancy either very hot or very cold baths about the hips might prove hurtful, but plenty of tepid water, and even cool water temperately used give the pregnant woman much comfort. Vaginal injections may be employed with less caution, but like the baths should neither be very cold nor very hot and should not exceed a quart at each time¹⁴⁸. Anodyne injections are a great source of comfort in the neuralgic pains of pregnancy. Either very cold or very warm injections into the vagina our author has known to cause abortion¹⁴⁸.

The most numerous class of cases of chronic affections of the womb are those in which the mucous membrane of the cervix, or of its whole cavity, is inflamed, for which the judicious employment of astringents and caustics will do more good than any other treatment with which I am acquainted¹⁴⁹. When touched with an instrument this membrane gives a sensation of rawness; but if the deeper tissues be involved, tenderness or soreness is complained of, on pressure with the finger or sound, and depletory measures, alteratives, and counter irritants should first be employed before the free use of vaginal injections or caustics.

He remarks that in simple mucous inflammation, or ulceration, the local application of nitrate of silver so generally answers the purpose that he does not resort to any other agent unless this fails of curing, or disagrees with the patient. He employs a flexible holder, and thoroughly applies it to all inflamed surface, either outside or inside the cervix, and if need be continues it up to the fundus¹⁵⁰. He says that the contact should be prolonged a few seconds in order to act through the coagulated mucus first formed. In most patients he applies it but three or four times a month, but if the affection is external to the os, it may be safely repeated more frequently¹⁵¹. During the menstrual period a margin of two days should be allowed both before and after the flow.

Out of the large numbers he has treated for inflammation and ulceration of the cervix, he says that he has never known one to be cured with less than nine or ten thorough applications of this caustic¹⁵² and that the number usually required is greater. They must be employed to the cervix,

and if need be to the body of the uterus, so long as free mucus or pus can be observed to be issuing from the os uteri; which can be readily ascertained by means of a speculum¹⁵⁶.

In speaking of the danger from losing a piece of caustic in the womb, he says that it is an accident that has frequently occurred to him, and that he has never noticed any bad effect from it other than that of temporarily increasing the pain. It becomes dissolved and is expelled into the vagina to be neutralized by the mucus of this passage¹⁵⁷. In some cases he has intentionally inserted small pieces of the nitrate of silver into the cervix to remain¹⁵⁸.

Caustic postash and all the stronger caustics produce less pain, less hemorrhage, and less nervous excitement than nitrate of silver.

After an excellent chapter on displacements of the uterus and the different forms of pessaries with the modes of their application, he concludes his excellent work with six interesting cases in elucidation of his mode of treatment of uterine inflammation, which may be read with much benefit by all.

All our lunatic asylums are over-crowded, we are therefore glad to notice the establishment of a new one at Belmont, on the St. Foy Road, near Quebec. And, although we regret that Mr. Wake-man had not selected some place in the vicinity of Montreal, for this private institution, we wish him all the success, to which his long experience in the asylum at Beauport entitles him, and feel confident that it will not long remain unoccupied.

CATHETERISM OF THE DUODENUM AND JEJUNUM.—Mr. Blanchet, in a paper presented to the *Académie des Sciences*, mentions four cases in which this operation was successfully effected, for the purpose of expelling foreign bodies engaged in the digestive tube, or of overcoming intestinal occlusion. The feelings of the patient seemed to afford sufficient proof that the sound penetrated beyond the pylorus, and experiments on the dead subject prove that the instrument can be introduced without serious difficulty through the duodenum into the first part of the jejunum. The author suggests that this will prove a useful method for distinguishing strictures, tumors, occlusion, and foreign bodies of the intestinal canal, and for introducing remedies or food beyond the pyloric orifice of the stomach, when that organ, from a state of disease, cannot tolerate them. The flatus, which sometimes accumulates in the intestine, giving rise to dangerous symptoms, may likewise be evacuated by the same means.—*Australasian Med. and Surg. Review*.

GLEET.—Gleet is readily transformed into clap. A hearty meal, alcoholic stimulants, free sexual indulgence, violent exercise, a long ride, or exposure to sudden changes of temperature, may bring on a copious purulent discharge, attended by tumefaction of the parts, scalding in micturition, and all the symptoms of acute gonorrhoea. And only a few hours are required for this change.

There is, probably, no doctrine more dangerous to the peace of families, than that "gleet is not infectious." It is indeed true, that men are occasionally met with, who have for years suffered from gleet, and who have yet had frequent connection with their wives with impunity, but when contagion ceases and immunity begins, no one can tell. It may at the present moment be wholly mucous, and

entirely innocent of contagious properties, and yet a short time hence be purulent, and in the highest degree dangerous.—*Hunstead*, 85.

ELECTRO-MAGNETISM IN LOCAL PARALYSIS.—By Ed. C. Fox, M.D., F.B.S.C.—The influence of electro-magnetism as a curative agent is becoming daily more manifest, and it is with a view of adding my quota to the stock of facts already published, that I bring the following case under the notice of my professional brethren.

A few weeks ago, C. W., a German, (æt 30), and, to all appearance, perfectly healthy, suddenly discovered that he could not whistle; then, being a great smoker, he found that he could not "spit straight." He was obliged to close the left side of his mouth with his fingers, when he wished to spit. In a short time he could not close his left eye, which became very much inflamed, from its inability to protect itself from dust. Finally, the whole of the left side of the face was deprived of the power of motion, excepting the muscles of mastication. Sensation remained perfect—a clear case of paralysis of the *partio dura* of that side. In this state he consulted me. I first tried mild counter-irritation. Then I applied a blister over the stylo-mastoid foramen, and sprinkled strychnia on the denuded surface. No improvement took place. I then commenced with an electro-magnetic machine, and, having fitted wet sponges to the ends of the conductors, applied one over the stylo-mastoid foramen, and the other to the orbicularis palpebrarum. The eye closed instantly, and he could not open it while the current was continued. I changed the position of the sponge to the other affected muscles in succession, keeping the other on the stylo-mastoid foramen, and the effect was the same,—contraction of the muscle. I gave him two sittings a day, of five minutes each, for a fortnight, and then discharged him cured. It is worthy of remark, that after the first few sittings, he felt a sensation of heat in the part for some time after the application of the conductors; and the duration of this feeling of heat was longer as the cure progressed. (Maple, C. W., Oct. 1st, 1864.)

ANEURISM OF THE SCIATIC ARTERY: INJECTION WITH PERCHLORIDE OF IRON. On March 18th, M. Nélaton treated, by means of injection of perchloride of iron, an aneurism of the terminal part of the sciatic artery, which was of the size of a thumb, and projected in the natis. The case was an interesting one, inasmuch as the patient had already had sciatic aneurism in the same region, for which M. Sappey had in 1850 tied the sciatic artery above the tumor—the operation being for a time successful. This is said to be the first case in which the operation was performed. After one injection of the perchloride of iron, the pulsation completely ceased; the tumor subsequently gradually diminished; there was no inflammation; and, at the end of a month, the patient was making favourable progress towards recovery.—*Gaz. des Hôpitaux*.

To Correspondents.

Farley's Coating for Pills.—Beat up the white of an egg and smear the inside of a saucer sufficiently to moisten the pill which are to be revolved in it previous to shaking them in a mixture of equal parts of powdered sugar and tragacanth. The quantity of albumen to place in the saucer is soon learned by trial; it should be just sufficient to give the pills a firm and tough coating that will not be too long in drying.—*Pharm. Jour*.

MONTREAL MEDICAL TARIFF.

Approved, agreed to, and published by the principal physicians of this city (thirty-three in number) on the 15th February 1856.

	1 Class.	2 Class.
Advice at the physician's residence,.....	\$1 00	\$0 50
Day visits, regardless of their number,.....	1 00	0 50
Evening visits, between 8 and 10 o'clock,.....	2 00	1 00
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Subsequent ditto, up to 5th, if not daily,.....	4 00	2 00
Daily consultations with another physician,.....	3 00	2 00
Consultations by letter between physicians,.....	5 00	5 00
Written advice and certificate,.....	4 00	2 00
Daily prescriptions,.....	1 00	0 50
Extra prescriptions,.....	1 00	0 50
Visit to Côte des Neiges (2½ miles, up hill),.....	3 00	3 00
" Longueuil (3 miles by steamer),.....	6 00	6 00
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" " " in summer (9m. by steamer),.....	5 00	5 00
" Lachine (9 miles, a good road),.....	8 00	8 00
" Pointe-aux-Trembles (10m. good rd),.....	8 00	8 00
" Terrebonne (18 miles, a good road),.....	20 00	20 00
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" " " in summer (21m., str & R.R.),.....	20 00	20 00
" Beauharnois (30m. by rail & steamer),.....	40 00	40 00
Midwifery cases,.....	20 00	12 00
Attendance with midwife,.....	20 00	12 00
Forceps cases,.....	30 00	17 00
Extracting placentas,.....	10 00	5 00
Bleeding,.....	1 00	0 50
Vaccination,.....	2 00	1 00
Introduction of a catheter,.....	4 00	2 00
" " of a probang,.....	10 00	5 00
Capital operations,.....	50 00	40 00
Lithotomy,.....	120 00	
Cataract or artificial pupil,.....	80 00	40 00
Minor operations,.....	30 00	10 00
Removing tonsil,.....	10 00	4 00
Setting fractures of thigh,.....	20 00	12 00
" " of leg or arm,.....	12 00	8 00

DR. J. COLLIS BROWNE'S CHLOROXYNE.

The course adopted by Dr. J. Collis Browne with regard to his chloroxyne, is sufficiently well known and condemned to require comment. And, although so many are prescribing and using this valuable remedy, all, we think, will agree that we are acting derogatory to our characters as medical men, in thus employing a nostrum. And, that it is our duty, by every means in our power, to discover the mode of its preparation, and to give the preference to any other chloroxyne, made from a published formula, if it be equally efficient.

On the 81st page of this periodical we gave the receipt for making chloroxyne, according to the analysis furnished us by Dr. Ogden, together with the results of our experience in the preparation of the perchloric acid which enters into its composition. Unfortunately this chloroxyne cannot be added to water, on account of the awkward precipitation of the chloroform as a bead at the bottom of the vessel. Notwithstanding which, we have constantly prescribed it for several years, and consider it an excellent remedy.

We now re-assume the subject on account of an article from the pen of Mr. T. B. Grove, in the Pharmaceutical Journal of June last. He says, that if chloroform be reduced to the same specific gravity as syrup or treacle, by the addition of ether, it will make a permanent mixture. (It requires about three drachms of ether to the ounce of chloroform), and be readily miscible with water in any reasonable proportion.

This, of course, removes the difficulty, and gives us the mode of preparing a mixture precisely similar to Dr. Browne's chloroxyne, as made by J. T. Davenport. But we cannot accept Mr. Grove's suggestion of increasing the quantity of the resin of Indian hemp, which we consider sufficiently large in Dr. Ogden's receipt, if the extract be good.

Taking then, Dr. Ogden's formula for a basis, we will give it with Mr. Grove's improvement, which will not materially alter its strength; and solicit for it a trial by the profession, not only on the score of propriety but likewise of economy.

- Take of (Chloroform,.....half a fluid ounce.
- Sulphuric Ether,.....ninety minims.
- Oil of Peppermint,.....eight drops.
- Resin of Indian Hemp,.....six grains.
- Capaicum, bruised,.....two grains.

Mix and let them stand a few days, shaking occasionally.

- Take of Muriate of Morphine,.....sixteen grains.
 - Water,.....two drachms.
- Solve in a test tube with heat and, when cold, add
- Scheele's Hydrocyanic Acid,.....sixty-four minims.
 - Perchloric Acid,.....one fluid drachm.
 - Thick Treacle,.....two fluid ounces.

Mix all together, and add little by little.

Treacle or Water, or both, until enough has been put in to make up the quantity of chloroxyne to four fluid ounces.

The treacle requires to be of the same specific gravity as the mixture of chloroform and ether. If too thick it will sink to the bottom of the bottle, and require the addition of a little water. But, if too thin, the treacle will float on the surface, and necessitate the addition of more ether to farther reduce the density of the chloroxyne.

Like Dr. Browne's, this chloroxyne dropped from the lip of an ordinary vial, gives 120 drops to the fluid drachm, and is as readily miscible in prescriptions.

Each dose of half a drachm contains 4 m. of chloroform, 1½ m. of ether, ½ gr. extract of betula, ½ gr. muriate of morphia, and 1 m. of Scheele's acid.

Medical Works published in Great Britain from the 1st Sept. to the 1st Oct., 1864, with their sizes, numbers of pages, London Publishers' names, and prices in sterling.

- Beale (Lionel S.) How to Work with the Microscope. 2nd edition, illustrated with 56 Plates, containing upwards of 250 Figures, and a Photographic Plate. Post 8vo. pp. 24. (Harrison) 12s. 6d.
- Carpenter (William B.) Principles of Human Physiology. 8th edition, edited by Henry Power. 8vo. pp. 92. (Churchill) 2s.
- Cooley's Cyclopaedia of Practical Receipts. 4th edition, revised and enlarged by A. J. Cooley and J. C. Brough. 8vo. pp. 1280. (Churchill) 2s.
- Heath (Christopher.) Practical Anatomy; a Manual of Dissections. 12 mo pp. 550. (Churchill) 10s. 6d.
- Macleod (G. H. B.) Outline of Surgical Diagnosis. 8vo. pp. 64s. (Churchill) 12s. 6d.
- Colbold (T. S.) Entozoa; an Introduction to the Study of Helminthology; with reference more particularly to the Internal Parasites of Man. Royal 8vo., pp. 516. (Groombridge) 31s. 6d.
- Donders on the Pathogeny of Squint. Translated, with a Preface, by Dr. E. F. Wright. 8vo. (Williams,) 2s. 6d.

Periodicals received since 15th September.

London Medical Circular to 28th September; British Medical Journal to 1st October; London Medical Times to 1st October; Boston Med. and Surg. Journal to 5th October; Australasian Med. and Surg. Review 7th Mo.; Cincinnati Lancet and Observer, September; Philadelphia Med. and Surg. Reporter to 24th September; Philadelphia Medical Cosmos, October; Chicago Medical Examiner, August and September; Chicago Medical Journal, September; Ohio Med. and Surg. Journal, Cleveland, September; Canada Medical Journal, October; Buffalo Med. and Surg. Journal, September; London Pharmaceutical Journal, September; American Druggists' Circular, October; University Med. and Surg. Journal, Phil., October; London Chemist and Druggist, September; Loudon Publishers' Circular, 1st October.

Books and Pamphlets received.

- Glycogenic Function of the Liver. By Howard Townsend, M.D., Professor of Physiology and Materia Medica. Albany Medical College. A pamphlet.
- Address before the Medical Society of the County of Albany, Nov. 10th, 1863. By Howard Townsend, M.D., President.
- Affaire Barbinais. Examen Medico-legal du Procès de Pierre Duval dit Barbinais, pour l'empoisonnement de Julie Deslie, son épouse. Par J. Emery-Godere, M.D., Professeur de Matière Médicale et de Thérapeutique de l'École de Médecine et de Chirurgie de Montréal. 8vo. pp. 67. Montréal, 1864.
- Military, Medical and Surgical Essays. Prepared for the United States Sanitary Commission. Edited by W. A. Hammond, M.D., Surgeon-General, U. S. Army, &c. 6rs. pp. 552. J. B. Lippincott, & Co. Philadelphia, 1864. From the Publishers.
- The Medical Management of Insane Women. By Horatio R. Storer, M.D., of Boston, Surgeon to the New England Hospital for Women, and chairman of the committee of Insanity of the American Medical Association. A pamphlet.

The Canada Lancet is published monthly at the rate of one dollar, (or four shillings sterling) per annum. Remittances must be made to W. F. Bowman, M.D., Montreal.