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CANADA LANCET.

WILLIAM EDWARD BOWMAN, M.D., EDITOR.

WHOLE No., 22.

MONTREAL, DECEMBER 15, 1864.

SECOND YEAR.

DISEASES IN THE WIND.

Read before the Canadian Institute, Toronto, March 22nd, 1864, by Cecil Glyn, M.D., Lecturer on Materia Medica and Therapeutics in the Toronto School of Medicine. (Continued.)

It is said that if an average hundred of our people from the country were exposed to the most powerful and concentrated dose of cholera poison with which we were ever visited, probably not more than one in ten would be affected by cholera, the remainder either escaping altogether or suffering only from diarrhoea. The case would be reversed, however, if you selected the hundred from the poor localities, where they are under-fed, over-worked, uncleanly, intemperate, and overcrowded, breathing foul air, drinking bad water, and whisky. In the case of cholera, if we do not know positively what the exciting poison is, we at least know its habits and the laws under which it acts; and by proper precautions, strictly carried out, with regard to the predisposing causes, we may, as a general rule, either guard our communities safely from its ravages, or deprive it of much of its force and danger.

Not so, however, with all diseases of atmospheric origin.

There is one disease, if not more, the cause of which has, up to this time, baffled all our attempts to define its habits. Like the wind, on which it rides, it goes where it lists, and no man knoweth where it goes or whence it comes.

Watson says: "It is unquestionably connected with some particular state or contamination of the atmosphere, what that state is, or what may be the kind of contamination, no one knows."

"There is no uniform connection," says Hancock, "between any one sensible quality of the atmosphere, as to heat or cold, rain or drought, wind or calm, and the prevalence of this epidemic; for in different places it has maintained itself under the dominion of each of these states of the atmosphere."

Maertens tells us that on a certain cold night in St. Petersburg, the thermometer rose 30° F., and the next morning forty thousand people were ill with influenza.

The cause of influenza must be very widely diffused, and rapidly developed during the prevalence of the epidemic; we find it attacking large tracts of country, or whole towns, almost simultaneously, ships crews, hundreds of miles apart on the ocean have been disabled almost at the same moment, towns widely separated have been visited so rapidly, as to preclude the possibility of its propagation by contagion.

It travels faster, and is more general or universal in its attacks than any other known epidemic, and the question very naturally arises as to what is the cause of influenza?

The question is pretty fully discussed by Drs. Hancock, and Watson.

The theory which attributes it to the prevalence of an excess of ozone in the atmosphere, is the one for which I have the strongest attachment.

When we consider the nature and effects of ozone, we can account for many circumstances connected or associated with epidemics of influenza, for which we formerly could not account.

A good deal of discredit or disbelief has been attached to the subject of ozone, from a misapprehension of the relations sustained by ozone to influenza, fever, and cholera. When first discovered, it was looked upon as the cause of nearly every disease of atmospheric origin, but we have been unable to prove that such is the case.

I hope to show that it may be the exciting cause of some diseases, while it may only be a predisposing cause of others.

It was observed, as early as 1803, that epidemics of influenza were often followed by epidemic cholera, and as Dr. Hancock says, the facts collected show that there is a closer connection between certain epidemic diseases, both as to their causes and affinity than we commonly suppose.

I have already shewn that the presence of a large amount of disintegrating nitrogenous matter in the blood appears necessary to enable the cholera poison to work out its destiny to the full extent.

If it can be shewn that influenza is produced by an excess of ozone in the air, and that ozone leads to disintegration of blood, then we can understand the connexion between influenza and cholera, and the exact relation sustained by ozone in the causation of the latter disease.

All the phenomena of influenza identify it with those diseases, or fevers, connected with, or resulting from poisoning of the blood, by the presence of decomposing organic matter, and the experiments of Mr. Hornidge show that ozone mixed with blood, out of the body, has the effect of breaking up the red corpuscles to such a degree that no trace of them remains, save a few granules; even the separated serum of blood, if shaken with ozonized air, becomes turbid, and throws down a sediment.

If you take blood freed from fibrin, and made quite red by shaking it in the air, and mix it with ozone, it undergoes a gradual change of color, it darkens, becoming like venous blood, and at last turns perfectly black; this change taking place in the course of forty-eight hours if the blood is cold, but in three or four hours when kept warm.

Blood is very greedy of ozone, and absorbs it very rapidly, and in large quantities, either from the air, or from other solutions.

It is said that the corpuscles will absorb much more ozonized oxygen than unozonized.

Now as ozone is a peculiar form of oxygen, it is altogether probable, that we have it, when in excess in the air, passing into the blood as oxygen would, and when there, producing those changes in the

constitution of that fluid in the bloodvessels, which we know it capable of exciting out of the body; thus filling the blood with organic matter in a state of retrograde metamorphosis; but, as this decomposition of the blood, when produced by ozone, is never accompanied by signs of putrefaction, if the supply of ozone be kept up, we do not *always* have those malignant effects produced, which generally follow the introduction into the system of putrefying food, or water containing decomposing animal matters, or the inhalation of foul air.

But, if from any cause, the elements of this ozone decomposition be retained in the blood, after the supply of ozone ceases, then the individual is placed in the same condition, as the one who ate the spoiled oysters: and if at this time, we should be visited by that peculiar atmospheric condition, or poison associated with cholera, it is pretty sure to leave plenty of victims behind it; the ozone having acted as a predisposing, rather than exciting cause.

Prof. Hoppe has shewn in frogs and rabbits, that ozone in large doses, produces intense hyperæmia of the parts with which it comes in contact, followed by general symptoms of irritant poisoning, ending in paralysis of the heart and death.

Scouteten, in his work on ozone, asserts that an excess of ozone in the air is a cause of catarrh, bronchitis, pneumonia, and other diseases of mucous membranes; and Heidenrich has observed the same effects from it, thus strengthening the idea lately thrown out that these diseases are only the external, and visible manifestations of certain pre-existing morbid changes in the blood.

We know that congestion of secreting organs, interferes with their eliminating power, and hence we can readily understand how we may sometimes have the elements of decomposed blood and tissues retained in the system long after the cause which produced them has passed away.

We are told that in 1775 the influenza visited Aberdeen, but did not show itself at Frazerburg, where there was a putrid fever very fatal at that time.

Now ozone is destroyed by the miasm, or contagion, of different forms of fever, while it in turn completely destroys this miasm, if the ozone be in sufficient amount; but suppose there was not enough at the time in the air, to destroy completely the fever poison, and leave some free ozone in the air, we can readily understand why the influenza jumped over Frazerburg, and attacked all the country round about.

Again: we are told that in a certain part of Ireland, after the influenza of 1803, a low fever, almost constantly present there, disappeared for a considerable time, and we may infer that the cause of the influenza destroyed the fever poison without being itself altogether destroyed, as at Frazerburg.

We are also told that the influenza of 1803 in London, superseded, or deferred the usual diseases of the spring, as measles and scarlatina, and the same is said to have been the case in France in 1775, but during the summer these complaints appeared with more than their usual violence, as if the influenza had first destroyed their poisons, and then left the constitution more than usually pre-disposed to malignant action, when the exciting cause of these fevers should be again renewed.

The poisons of measles, scarlatina, and small-pox, have not the power thus to postpone the effects of each other, and we know of nothing so likely to do this as ozone, supposing it to have been present,

and the rapidity with which influenza travels would strengthen the idea that its cause is something developed or carried by electrical influence in the wind, as we know is the case, in regard to ozone. (To be continued.)

RESUSCITATION OF THE DROWNED.—Dr. B. W. Richardson, of London, having lately tried a number of important experiments upon animals, with a view of ascertaining the value of artificial respiration in cases of suspended animation, has arrived at the conclusion that all such means of restoring respiration is not only useless, but injurious. That the first object should be to restore the circulation, when the respiration will naturally follow of itself (Of the several lower animals which he subjected to the influence of chloroform, until the respirations were brought down to one and a half in the minute, only those recovered which were allowed to remain unmolested: whilst those on which the various methods of artificial respiration were tried, invariably died.)

A similar illustration was afforded by the fate of Captain Harrison of the "Great Eastern," who, having been capsized in a boat, was brought out of the water to his ship, alive and capable of speaking and drinking, yet, under the influence of Dr. Hall's plan of restoration, he succumbed after twenty minutes; whilst a sailor, in a similar state of suspended animation, being placed in the engine-room and left alone, recovered. A young lady, on whom chloroform had produced a very alarming effect, was, by Dr. Richardson's advice, placed in the fresh air and left alone, and she came round; but Dr. Snow, using in a similar case galvanism, lost his patient.

In Dr. Richardson's opinion, the cause of death is not entirely due to the presence in the lungs of water and carbonic acid, but in part to a mechanical cause. The circulation through the lungs partakes somewhat of the character of a syphon. While ever so small a stream is circulating, there are hopes of its increasing strength; but if it has once been entirely broken off, the power of the heart will be insufficient to re-establish it. The somewhat violent action used in artificial breathing might be the means of checking this small current, and so produce fatal results. He recommends that those whose animation was suspended should be left alone in a warm room, of the temperature of 130° Fahr., if possible. Friction of the limbs might be of service, though he does not place any great confidence in it. The congestion of the lung sometimes noticed depends on the circumstances. If an animal be plunged head foremost into water, and there held till dead, no congestion will be found; but, if it be allowed to come occasionally to the surface and obtain a little air, intense congestion will be produced.—*Brit. Med. Jour.*

CHLORATE OF POTASH IN BRONCHITIS.—Dr. Laborde, in a paper on this subject, arrives at the following conclusions: Chlorate of potash uncontestedly exerts a modifying influence on inflamed bronchial mucous membranes. Simple acute catarrhal bronchitis, and even capillary bronchitis, as well as chronic catarrhal bronchitis, during its exacerbations, are capable of being influenced by the chlorate. The effects produced by its use are the following: The expectoration is rapidly modified, becoming at first more fluid and diluted, then diminishing in quantity, and finally

disappearing altogether. The morbid sounds are almost immediately lessened, and the cough is allayed; while the appetite is peculiarly excited. Dr. Laborde thinks that the action of chlorate of potash tends powerfully to re-establish the patient's strength. In this respect this agent appears likely to be useful in all cases where it is necessary to awaken and stimulate the action of the stomach. The average quantity required for adults during the twenty-four hours, is 150 grains, which should be taken in divided doses with a large quantity of fluid.—*Bull. de Therap.*

A CHISEL IN FRACTURES OF THE SKULL.—Dr. Roger of Giessen, remarks that a little chisel and hammer are all that are required in cases of depressed fracture of the skull. By means of these alone, small fragments at the margin of the fracture can be removed, when those of the inner table may be easily taken away with a pair of forceps, and the wound cleansed of every obstruction. He says that he has denounced trephining for upwards of fourteen years, with a large and successful experience in the treatment of compound fractures of the skull, particularly those occasioned by gunshot wounds.—*Brit. Med. Jour.*

OBESITY.—Dr. Down relates a case of a girl of thirteen, who exhibited a remarkable proneness to obesity. A variety of plans were tried, to reduce her bulk, but none were successful, until she was placed almost exclusively on a meat diet, by which her weight was reduced seventy pounds in one year. The use of drugs appeared to have little effect in diminishing her size; while a vegetable diet was allowed; and iodide of potassium, although continued for six months, in doses of two grains and a half three times a day, produced no change.—*Clinical Reports of the London Hospital.*

WHOOPIING-COUGH IN GAS FACTORIES.—Dr. Commenge states, in a communication before the Academy of Medicine in Paris, that between the months of March and July last, he has closely watched the results of a hundred and forty-two cases of whooping-cough, at the Gas Factory of St. Mandé. Of these but eighty-eight were regular in their attendance, of which fifty-four perfectly recovered, twenty-four were improved whilst ten received no benefit whatever. An amendment was generally noticed after a few visits of ten hours each, whilst twelve such visits generally effected a cure in mild cases, and fourteen in the more severe ones. Dr. Commenge has never found that breathing the air of gas works has ever produced any injurious effects in this disease.

Coal gas is deprived of the sulphuretted hydrogen and carbonic acid gases always present in the crude product, by being passed through iron vessels partly filled with sulphate of lime and hydrated sesquioxide of iron. When these substances have fulfilled their object, they are extracted from the apparatus, and exposed in thick layers on the pavement of one of the yards of the works, and thus rendered fit to be employed again. When placed in contact with the atmosphere, they evolve a large quantity of ammonia, mixed with light volatile oils. These exhalations so much complained of by persons who reside in the neighbourhood of gas-works, are those which have of late been so highly extolled in the daily periodicals of Paris, and have become such a popular remedy with the public for whooping-cough.—*Med. Circular.*

CHLOROFORM.—Chloroform when administered by inhalation during the period of menstruation, Dr. Kidd affirms, may have the effect of inducing the belief that an assault has been attempted in a criminal way, whilst under its influence. Now, although we cannot, from our own experience, connect with certainty the fact of menstruation with this effect in more than a single instance, we are cognizant of three well-marked cases of the kind occurring in this city, and rumour speaks of several others. We were well acquainted with an elderly gentleman whose wife was so firmly convinced that a dentist had endeavoured to take improper liberties with her whilst under the influence of chloroform, that he had much difficulty in convincing her that he, the husband, had not left her side during the whole time. We also knew of a young girl, who, after an important operation, during which this anæsthetic was administered, positively affirmed that an attempt had been made upon her chastity by the chief surgeon; and from which trouble might have arisen had not other surgeons been present, and her friends been in the adjoining room during its performance.

The third, a case well-known to the profession, in which a respectable woman, whilst menstruating, was put under the influence of chloroform for the abstraction of a tooth, when she afterwards suffered so strongly from a similar illusion, that the husband being fully persuaded of its truthfulness, caused the prosecution and imprisonment of the dentist for assault. He was acquitted of the crime, but received a reprimand from the judge for having administered an anæsthetic without the presence of witnesses. This case elicited much comment at the time, and has had the effect ever since of rendering our physicians more than ordinarily cautious in the employment of chloroform in the absence of the patient's own friends.—*Ed.*

CONTAGION OF SYPHILIS.—The question of the contagious nature of syphilis was recently discussed by several master syphilographers at the Lyons Congress. Experiment and clinical observation have distinctly proved the contagious character of certain of the secondary accidents of syphilis, and of the blood of syphilitic patients. M. Rollet stated his experience. He demonstrated the fact of the transmission of syphilis, by reference to thirty-seven cases. In eleven of these, there was inoculation from chancre; in seven, from infected blood; in fourteen, from mucous tubercle; in three, from papular eruption; in one case, from congenital syphilis; and in one, from chancre of the amygdala. The experiments of M. Roberts show, that, by inoculating one puncture a mixture of the two kinds of chancre-matter, there are developed, first a soft chancre, and then an indurated chancre, followed by general infection. M. Lindworm's experiments prove that, when the syphilitic virus is inoculated into a simple chancre, the simple is converted into an indurated chancre, and followed by secondary symptoms; and, lastly, as has been often practised at the Hospital Antiquaille, when the pus of a simple chancre is introduced into a syphilitic (indurated) chancre, there results the kind of ulcer called mixed chancre. M. Rollet considers that, in syphilitic vaccination, the blood alone is the agent of the contagion. M. Diday read a paper establishing the contagiousness of syphilis by means of syphilitic affections, by means of the blood, and of the semen. Syphilis, he affirmed, followed the general laws of pathology in this

respect. He also suggested other possible sources of contagion, as, for example through the medium of parasitic animals. And on this head he related cases; and one of a young physician, a specialist, a pupil of M. Ricord, who caught the itch through impure connexion with a woman, and, three months afterwards, was attacked with syphilis. In this case, which was a carefully observed one, there was no primitive chancre. The other case was similar in details. M. Diday compared these cases with those of congenital syphilis, supposing that the acarus might have here played the part of the semen which affects the ovule. The moral of both M. Diday's and of M. Rollet's remarks were in one sense alike.—*Br. Med. Jour.*

ON THE MOTOR NERVES OF THE UTERUS. By FROKENHAUSER.

The author has experimented on female rabbits, and after a great number of experiments, has arrived at the conclusion, that the motor centre of the uterus lies in the cerebellum and medulla oblongata; that is to say, the centre which when excited brings on constantly contraction of the uterus. From that region we can produce uterine contractions by causing the stimulus to act on any point of the spinal cord, either on its external surface or its internal parts, the excitation is transmitted by the fibres which connect the spinal marrow to the sympathetic or the nerves of the uterus.

The proof of it is that the excitation applied below the third and fourth lumbar vertebra produces no effect, except when the anastomotic fibres of the sympathetic remain intact; after the extirpation of the mesenteric ganglion of the aortic plexus, we can no longer produce contraction of the uterus.

The inferior mesenteric ganglion is the intermediate organ which transmits the motor influence from the spinal cord to the uterus. The excitation applied on the aortic plexus produces contractions of the whole uterine organ; but if the stimulus acts only on half of the aortic plexus, the corresponding half of the uterus is alone brought into action.

Fronkenhauser could never bring on uterine contractions by exciting the nerves emerging from the sacrum, he even perceived that this excitation stops the movements of the organ, so much so that the sacral nerves may be considered as the agents of suspensive innervation of the uterus.

G. S. D. BONALD, M.D.

Montreal, 1st Dec., 1864.

INTERESTING CASE OF TRIPLETS.—By J. W. Davison, M.D. Florence, C.W.—Mrs. — on the morning of 29th September, observed a slight discharge of blood per vaginam, which continued to increase in quantity until about 10 a. m., when labor pains, of sufficient intensity to indicate their nature, set in.— These continued gradually augmenting until 3. p. m., when she was delivered of a living female foetus— apparently about six months old— which was almost immediately followed by a placenta of moderate size. Contractions still continuing, her size not being much diminished, she was soon after delivered, of what appeared to be a second foetus enclosed within the membranes. Upon opening these I discovered, somewhat to my surprise, two fetuses, male and female, which were also living, with but one set of membranes, one amnion, one chorion, and one placenta.

There were two umbilical cords inserted in the placenta near its centre, separated from each other at the point of insertion, about one inch.

There was no cohesion, which some authors suppose is the inevitable consequence of but one amnion. They were not so large, or fully developed, as the former foetus, being, to all appearance, at least one month younger. Hence arises the question, was this an instance of superfetation, or were the three fetuses, so different in size and development, conceived at the same time?

The smaller size of the twins, if I may so term them, might be accounted for, as twins are usually smaller than single children, from a division of the space and nourishment afforded by the uterine; but whether the more tardy development, which was very evident, could be explained on this principle or not I shall leave with the reader to determine. Not having attained an age sufficient to maintain a separate existence, they expired soon after birth.— The mother is doing well.

DR. FULLER'S WORK ON RHEUMATISM.—Our readers will doubtless be glad to learn that a new edition of this well known author has lately been issued by the enterprising publishers, Lindsay and Blackiston, of Philadelphia. We note with pleasure its excellent type and superior paper, which by their striking contrast give so cheerful a view of the inward workings of the master mind, which as it were, stands reflected on its pages by the concentrated light of a life's experience; bright images ever teaching us our power over disease, our duty to our fellow man; and like hosts of others ever putting us in remembrance of the advantages of living in an age when so little is required to put us in possession, in such beautiful form, of the accumulated thoughts and observations of the stars of our profession, both the living and the dead. Like its predecessors, in this edition, nothing seems to have been omitted, bearing on rheumatism in all its phases, and on the value of the different remedies and modes of treatment hitherto employed. Like an old friend then, we find it still invaluable to us, and much improved by the additions that have been made to it. We wish it every success.

NEW MEDICAL DICTIONARY.—A comprehensive Medical Dictionary, containing the pronunciation, etymology and signification of the terms made use of in medicine and the kindred sciences. With an appendix comprising a complete list of all the more important articles of the *Materia Medica*, arranged according to their medicinal properties. Also an explanation of the Latin terms and phrases occurring in anatomy, pharmacy, &c., together with the necessary directions for writing Latin prescriptions, &c., &c. By J. Thomas, M.D.

The above is the rather large title to a rather small dictionary, recently published by J. B. Lippincott & Co., of Philadelphia. Notwithstanding which we consider it decidedly the best medical dictionary we now possess in the English language. It is just the book for a medical student—just the book indeed for us all, and we thank the liberal publishers for their present. We have but one objection to make to it—the list of *Materia Medica* is both useless and out of place in such a work. Had the same care been employed in compiling an appendix a short biographical dictionary of the most celebrated medical men, both of the past and present, the value of the work would, in our opinion, have been greatly enhanced.

THE OPHTHALMIC REVIEW.—We have acknowledged elsewhere the reception of the first few numbers

of this new journal. We cannot speak too highly of the talent displayed in the new candidate for public favour. The name of J. Z. Laurence, alone, in connection with its editorship, being sufficient to commend it to all ophthalmoscopists who love the profession, and desire to keep pace with current literature on this subject. We notice Dr. Laurence's name, in particular, as it is so well known on this side of the Atlantic: with his partner, Dr. Windsor, of Manchester, we are not so familiar; but judging from the valuable articles contributed by him with his excellent and well digested retrospects of European journals, he must necessarily at no distant period, be equally popular with American readers. May neither of them want for encouragement and support in this, their arduous undertaking.

ESSAYS OF THE SANITARY COMMISSION.—In our remarks on this work we omitted the following, for this number:—

Dr. Bumstead, in his article on venereal diseases, remarks that, in gonorrhœa, medication, both external and internal, should be continued for ten days after all discharge has ceased.

The abortive treatment of gonorrhœa is adapted only to the commencement of the disease, before acute symptoms have set in. The best formula for its administration is a weak solution of nitrate of silver (half a grain to the ounce of water), injected every two hours until the discharge becomes thin and watery (which is generally within twenty-four hours), and then omitted. Copaiva may be given simultaneously.

Chordee may be prevented by drachm doses of the tincture of camphor mixed with syrup, and afterwards diluted with water.

He treats orchitis by means of small doses of Epsom salts and tartarized antimony, given frequently, and in sufficient quantity to keep the bowels loose and maintain slight nausea. And applies leeches to the groin, or bleeds from the scrotal veins whilst the patient is standing. Ordering hot fomentations likewise to be kept constantly to the testicle.

Suppuration in a bubo affords a probability, although not an absolute certainty, that the accompanying chancre is of the simple non-infecting species; since it is a general but not an invariable rule that syphilis does not follow an open bubo.

Syphilis contracted from a secondary lesion pursues the same course as when contracted from a primary lesion, commencing in both cases with a chancre.

The value of iron and quinine in the treatment of syphilis cannot be over-rated, for nothing so obstructs the successful treatment or conduces to a relapse, after an apparent cure, as a low condition of the general system. It should be given with the mercury.

Salivation is prejudicial to the success of treatment, and should be carefully avoided. Should it occur the mercurial must be omitted, the bowels freely opened, astringent gargles be employed, and the patient put upon ten grain doses of chlorate of potash every two hours.

Mercury, by inunction, rarely salivates, never disturbs the bowels, nor impairs the appetite; and hence this mode is particularly applicable in cases of debility or extreme sensibility to this mineral. A drachm of the strong ointment may be rubbed into the axilla and inner surface of the thighs every night, applying it alternately to these parts, and

washing it off the following morning with warm water and soap.

VACCINE AND VARIOLA.—Two instances are given in the American Medical Times where persons previously exposed to small-pox infection were vaccinated, and in whom both diseases became fully developed. The lymph from the vaccine vesicles of these patients was employed to vaccinate healthy persons, and from these again was transferred to others without producing anything but the ordinary kind of pox. And the writer, after forty years' attention to this subject, gives it as his opinion that vaccine lymph is never the medium by which constitutional affections are transferred from one person to another.

In the Journal de Médecine, Moynier, in speaking of the time required by vaccine to afford protection to the system against variola, states that a child was vaccinated on the 19th of the month, and re-vaccinated with its own lymph respectively on the 22nd, 23rd, and 24th, all of which succeeded; but after the 24th (the 5th day) the system seemed saturated, and no effect was produced at the points of insertion of fresh lymph. He assumes from these observations that if vaccination be performed during an epidemic of variola the result will vary according as the vaccine matter has had time to modify the system or not; and gives it as his opinion that if the system be under variolous infection already, the vaccine vesicle will not develop; if otherwise, the vaccine will of course afford protection. And when the system receives both infections simultaneously, the eruptions will be developed together.

We had a remarkable instance of this latter in our own practice a short time since. Called to a case of confluent small-pox in its vesicular stage, we immediately vaccinated an infant living in the house, and having failed to produce a vesicle repeated the trial a few days afterwards, when both vaccine and variola appeared simultaneously, the pustules of the latter being, however, but few in number, and never becoming properly matured.—E.

VACCINE AND SYPHILIS.—Dr. Viennois, in the Archives de Médecine for June, 1860, has adduced satisfactory evidence to shew that vaccination with pure vaccine matter is sometimes the exciting cause of the appearance of a syphilitic eruption in infants already under the syphilitic diathesis; in the same manner that it gives rise to non-specific eruptions in strumous subjects.

That syphilis cannot be transmitted to a healthy person by the inoculation of vaccine matter unless the lancet at the same time be charged with blood of the syphilitic patient, in which case an infecting chancre is produced.

ERUPTIONS OF SYPHILIS.—Devergie remarks, on the local distribution of syphilitic eruptions, as follows:—"Their seats of election in the order of frequency are the parts around the ale of the nose and the angles of the mouth; the roots of the hair at the forehead and back of the neck; the inner angle of the eyes; the centre of the breast; the inner side of the limbs; the neighbourhood of the axilla and of the groins. While all parts of the body may be invaded, the eruptions will be found, in eighty cases out of a hundred, limited to those here indicated; and among all these the face is most apt to bear the marks of syphilis.—*Maladies de la Peau.*"

BROMIDE OF POTASSIUM.

By S. W. D. WILLIAMS, M.D., L.R.C.P., L. & C.

Seeing some remarks in a late number of the *Lancet* on the action of bromide of potassium, and having tried the drug extensively for the last five months, it has occurred to me that a few observations on its action may not be unacceptable to your readers.

Through the kindness of Dr. Wing, the superintendent of the Northampton General Lunatic Asylum, I have been enabled freely to try it in as many as thirty-seven cases. These were all epileptics; and I append a table showing in one column the number of fits registered during the last five months of last year, when they were taking no medicine; and in the other the number registered during the first five months of this year, when each case was taking on an average ten grains of the salt twice daily.

I may premise that the greatest care was taken that, for the whole of the ten months during which these thirty-seven patients were under observation, their lives, with the exception of taking the Bromide during the last five, should be spent under as near as possible the same circumstances.

From the following table it will be seen that the number of fits amongst the males decreased by 306, and amongst the females by 157; that all the patients but five males and six females were benefited more or less; that the improvement was, however, more apparent amongst the males than the females; but that no patient of either sex was entirely cured. It is right to remark that all these patients are more or less insane, and many of them extremely violent at times.

Males' Names.	Fits during the five months of 1873.		Females' Names.	Fits during the five months of 1874.	
	1st five months of 1873.	1st five months of 1874.		1st five months of 1873.	1st five months of 1874.
W. M.	14	107	E. H.	23	12
J. R.	25	45	L. J.	23	12
J. B.	22	24	M. K.	29	27
J. J.	24	61	F. H.	29	27
W. L.	55	37	E. W.	50	21
S. L. B.	19	24	C. S.	17	23
T. H.	49	29	S. A.	22	25
G. H.	72	43	M. L.	20	20
C. H.	112	162	A. S.	41	11
G. M.	47	61	E. G.	48	22
W. W.	36	27	H. W.	1	1
J. L. M.	33	25	W. L.	57	19
T. G.	13	4	A. C.	11	13
R. G.	31	9	M. P.	1	1
J. K.	25	16	S. A. P.	57	55
E. E.	8	14	S. A.	1	1
W. G.	16	10	S. S.	13	22
W. M.	29	14	E. G.	13	11
J. J.	8	13			
	1022	706		1127	970

Mr. Henry Behrend, the writer in the *Lancet*, confines his remarks to the powerful effect this drug has on "insomnia and restlessness, accompanied and dependent on nervous excitement and irritability," and his statements my own observations fully corroborate; but I have not the same confidence in recommending, as he does, the untempered use of half-drachm doses, for in several of the cases recorded above it was found necessary to reduce even the average of ten grains twice a day, and, in the majority, the first use of the drug was accompanied by sickness and lassitude.

Those patients on whom the drug seemed to take the most effect in this way were seven in number;

after using it for a few days the action of their hearts became slow and fluttering, the eye lost its lustre, the skin was cold and clammy; they had a worried, anxious look, and complained of headache and sickness, and shivering, and of unusual weakness at the knees, and invariably sat or crouched up by the fireside all day, evidently devoid of all energy and resolution. Curiously enough, in all the cases thus powerfully affected, the fits were increased instead of diminished.

The drug excited hypercatharsis in two patients, which was repeated again and again each time it was renewed; the fits in both these cases were diminished; in the case of the female from 41 to 22.

One patient, S. A., was apparently, five months ago, one of the most healthy persons in the house, fat, strong, and rosy; but soon after taking the bromide, the peculiar symptoms, described above, developed themselves, and the medicine was immediately omitted; but, although she rallied a little, her system never thoroughly recovered itself; tubercles became developed in the lungs, and she died towards the end of April. Truth compels me to confess that I have my doubts whether the bromide of potassium had not something to do with this poor girl's death; at all events, the occurrence has made me very watchful when using it.

On the other hand, considerable benefit has arisen from its use; in some cases it undoubtedly exercises a most powerful influence on the nervous system, and often soothes the irritability of epilepsy, even if it does not diminish the frequency of the fits, when no other medicine will take any effect, and in this way will be found a most valuable adjunct to the repertory of an asylum dispenser. I cannot think that it has much effect, however, on the sexual system, for in some cases where it was used more especially with that view, there was no apparent result; but of its power of inducing sleep in cases dependent on nervous irritability there can be no doubt, and often from ten to twenty grains twice daily will suffice to effect this — *M. D. Times & Gaz.*

FLOODING AFTER DELIVERY.

By ROBERT CURRIE, Esq., of Weymouth.

A patient, resident in the country, in labour with her second child, was found, on my arrival, standing by the bed and holding the bed-post for support. The nurse had just extracted the placenta, which was in a chamber utensil placed between her legs, the child having been born a few minutes previously. I at once placed the patient in bed, and, on examination, found protruding from the vaginal part of the membranes, which extended into the uterus; these I removed. The uterus itself was contracted, and all was apparently going on well. In ten minutes from this time she complained of great pain in the back, and looked very pallid. On external examination, the uterus was found to be flaccid, but it contracted under pressure of the hand, and ejected about a pint of clotted arterial blood from the vagina. A pad and bandage were carefully applied, and all clothing, excepting a chemise, was removed. In half an hour, symptoms of hemorrhage again returned. On passing my hand into the vagina, I found the superior part of it filled with coagulated blood, the os uteri open, with its lips perfectly flaccid, and conveying the impression that I was handling part's as soft as flabby as the external labia vagina. The body of the uterus was fairly contracted, the internal part

ragous; pressing on the lips of the uterus had no effect on them, and the blood continued to trickle from the vagina. Cold water was dashed on the abdomen, the window thrown open, and the patient's person freely exposed to the air; but notwithstanding this, bright arterial blood still continued to flow, the pulse became scarcely perceptible, and there was tossing of the arms, and the woman was turning from side to side. Although the case appeared nearly hopeless, brandy was administered as frequently as she could take it, but only in small quantities, as it was difficult to get down more than a tea-spoonful at a time. I procured a lemon, which I peeled, taking off both outer and inner rind, so that the juicy part was entirely exposed, and then introduced it into the vagina, forcing it well up between the lips of the uterus so as to squeeze out some of the juice; and in order to keep it in close contact with the os, I introduced part of a small napkin well up the vagina. The hemorrhage immediately ceased. In an hour I withdrew the napkin, and with it a small clot of dark treacle-looking blood, its colour having been altered by the lemon-juice. In three hours I withdrew the lemon; but this was a work of some trouble, as it kept continually turning round and thus evaded the grasp of the fingers: however, with a long hook, I ultimately succeeded. On another occasion, I introduced a piece of twine through the lemon before its introduction, by which means it was easily withdrawn. The lemon was covered with blood of the same treacle appearance as on the napkin. I believe the introduction of the lemon saved the woman's life; but other means were also tried, and amongst these, ergot of rye, the best preparation of which is, as I found, ergot kept whole in a bottle with camphor, to keep off the mites, excepting an ounce, which I bruise in a mortar and always take with me, and usually give two drachms of it, boiled in rather less than half a pint of water, then strain and add to the decoction about a tea-spoonful of sugar and a table-spoonful of brandy. As soon as it can be cooled, which it may speedily be by pouring it into a large cold basin, and placing this in water, I administer it to the patient either all at once or in two doses, at an interval of ten minutes, and it rarely fails, which is more than can be said of any of the preparations procured by me from the druggists. In the case now recorded, the infant was also applied to the breast—r means which I think should always be adopted, as it certainly causes contraction of the uterus. In a fortnight's time the woman was attending to her domestic affairs, and quite well.

I have used the lemon with success in another case of flooding from an uncontracted uterus. I have also used an orange where a lemon could not be procured; but in that case the patient was dying when it was applied, and therefore its application was useless.—*Med. Circular.*

ANEURISM.—M. Vanzetti, of Padua, has communicated to the Parisian Surgical Society his experience of digital compression, as a cure of aneurisms, during the years 1863 and 1864. His cases are eight in number, two of them being those of false aneurism resulting from bleeding in the arm. In all his cases except one, digital compression produced solidification of the aneurism. The pressure was kept up from six to one hundred and twenty hours, and was performed by M. Vanzetti himself, by his pupils, and by non-professional assistants. Often it was suspended during the night, in order

to let the patient have a good sleep. In the two cases of false aneurism, the pressure was applied both on the wounded artery and the vein, and in both the solidification of the aneurism was rapidly effected—viz., in six hours. It was to these two cases, and to this new method of applying digital pressure, that M. Vanzetti especially calls the attention of surgeons. If further experience confirm his experience, surgery will have gained a simple, easy, and singularly effective method of treating, and of curing a surgical operation, the cure of which, under all circumstances difficult, has been considered impossible without resorting to the knife.

The communication of M. Vanzetti, we read, was listened to by the Society with the greatest attention, not only on account of the importance of the subject, but also by reason of the elegance of the form in which it was introduced. The spiritual professor of Padua, in his anecdotal narrative, united to Italian *fiuiese* the piquancy of Gallic wit in its purest form.

M. Velbeau related the case of a young man under his care in La Charité, who had a diffuse aneurism of the popliteal artery, in which solidification of the tumour was produced by digital pressure in twenty hours. The patient had been suddenly seized with violent pain in the calf of the leg, and on the following day appeared a very painful swelling in the popliteal space.—*Br. Med. Jour.*

RENAL CALCULI.—Dr. Owen Rees, in the last number of Guy's Hospital Reports, gives some clinical remarks on calculous diseases. Dr. Rees comments on the common belief that the presence of a calculus in the kidney is always attended with obvious hæmaturia; and he cites cases to show that in cases where all the other symptoms of renal calculus are present, there may yet be no blood in the urine. He believes that, in consequence of an undue importance being attached to the absence of this sign, cases of renal calculus have sometimes been treated as if the symptoms were those of gouty or hepatic derangement. Again, Dr. Rees observes that frequent micturition, though often observed in cases of renal calculus, is not always to be expected. One gentleman of my acquaintance, he says, almost suddenly was seized in the street with violent pain in the side and retraction of the testicle; and on hurrying home passed bloody urine and a calculus, which latter must have been in the kidney many months without producing any other symptom than an uneasy sensation about the loins.

The pain in cases of renal calculus has been said to be more severe on one side than on the other, even when it exists on both sides. But Dr. Rees says that he has frequently met with cases where the passage of renal calculi has been preceded by all the ordinary symptoms, except pain in the lumbar regions, the discomfort being altogether referred to the sacrum. He also points out a peculiarity which attends the presence of a calculus in the right kidney. The pain, he says, in these cases is referred to the right hypochondrium. It extends downward toward the umbilicus, but not to the lumbar region. There is a feeling of great distension over the colon, and the bowels are constipated. These are the symptoms so often regarded as significant of biliary calculus, an error easily committed if blood be not perceived in the urine.—*Br. Med. Journal.*

THE HOUR OF DEATH.—Dr. Haviland of Bridge-water, after carefully ascertaining the time of dying in over five thousand cases of disease, states that the

fewest number of deaths occur between the hours of nine and twelve in the evening. And that the period of the greatest mortality is between one and eight o'clock in the morning. He therefore urges the necessity of feeding and supporting our patients, when much prostrated, during these morning hours, which are evidently fraught with so much danger to them.—*Med. Times.*

PERSULPHATE OF IRON IN HEMORRHOIDS.—Dr. Geo. S. Cartwright, Assistant Surg. U. S. V., highly extols the efficacy of the persulphate of iron employed as an ointment in the treatment of hemorrhoids. It is especially beneficial, he states, in ulcerated hemorrhoids, or in those whose constitutions are debilitated from diarrhoea, long marches, and excessive fatigue of any kind. Of several cases which he relates illustrative of the advantages of this remedy, we select the following:

“Major —, U. S. A., of full habit, has been the subject of slight hemorrhoids for several years, for which he has employed ointments of galls, tannin, opium, &c., with temporary benefit. For the last twelve months he has been obliged to travel a great part of the time in a rough vehicle. On examination, found a small tumour, external to the sphincter, about the size of a large pea; when at stool it would protrude to the size of a small walnut, and could with difficulty be returned.

Lead water was directed to be applied to the part, and at night the following ointment:

Persulphate of Iron, half a drachm;
Simple Cerate, one ounce. Mix.

The effect of this application was almost immediate, relieving the pain and cauterizing the part. It was also permanent, for he was able to ride on horseback, or take active exercise within two weeks after commencing the use of the iron, without the least inconvenience. It is now two months since he first commenced the use of it; and he has not had any return since. *Am. Jour. Med. Science.*

To Correspondents.

Musk.—In ordering the best grain musk from any respectable house, you will receive the pure musk from the pod, triturated into a powder. All other grades are made by rubbing this powder with exhausted roasted-coffee grounds in proportion to the prices quoted.

In making the essence, the musk should be rubbed in a mortar with a little loaf-sugar, to facilitate its division. If the musk appear dry, a drop or two of weaker ammonia may be added to it.

Some druggists prefer the diluted alcohol, to a stronger spirit, for making the essence, affirming that the addition of the water renders the essence much stronger.

Erythema.—The receipt given in last month's issue for camphire, was not for camphire, but for burning fluid.

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

Brinton (W.)—Lectures on the Diseases of the Stomach. 2nd edit. 8vo. pp. 370 (Churchill) 1s. 6d.

Clinical Lectures and Reports by the Medical and Surgical Staff of the London Hospital. Vol. 1. 8vo. (Churchill) 7s. 6d.

Easch (A.)—Dental Surgery. 2nd edit. 12mo., pp. 78 (Clements) 1s.

Guy's Hospital Reports. 3rd series, Vol. 10. (Churchill) 7s. 6d.

Holmes (T.)—A system of Surgery Theoretical and Practical, in Lectures by various Authors. 4 vols. Vol. 4, 8vo. pp. 1082. (Longman) 3s.

Magnusson (E. D.)—Lectures on Public Health. 12mo. pp. 274 (Hurdwicke) 2s. 6d.

Noad (H. M.)—A Manual of Chemical Analysis. Qualitative and Quantitative, for the use of Students. Post 8vo. pp. 609. (Churchill) 10s.

Noad (H. M.)—Manual of Chemical Analysis. Part 2. Quantitative Post 8vo. (Reeve) 10s. 6d.

Nunn (T. W.)—Observations and Notes on the Arteries of the Limbs. 2nd edit. with engravings. 8vo. (Churchill) 2s. 6d.

Smith (John)—Handbook of Dental Anatomy and Surgery. 12mo. pp. 131. (Churchill) 3s. 6d.

Squire (B.)—Coloured Photographs of Skin Diseases. Parts 1, 2, and 3. (Churchill) 3s. 6d. each.

Tunstall (James)—The Bath Waters; their Uses and Effects in Chronic Diseases. 3rd edit. Post 8vo. (Churchill) 2s. 6d.

Walker (J. W.)—On Diphteria and Diphteritic Diseases. 12mo. pp. 82. (Churchill) 3s.

William (J. W.)—Skin Diseases of Constitutional Origin, their Etiology, Pathology, and Treatment. 8vo. pp. 125. (Simpkin) 4s. 6d.

Blakiston (Peyton)—Clinical observations on Diseases of the Heart, and Thoracic Aorta. Post 8vo. pp. 322 (Longman) 6s. 6d.

Clark (Stewart)—Practical Observations on the Hygiene of the Army in India, with a chapter on Prison Management. 8vo. pp. 159 (Smith & E.) 6s.

Fry (J. P.)—All Statutes relating to Lunacy, with commentaries. 12mo. pp. 732 (C. Knight) 15s.

Millar (James)—Surgery. 8vo. pp. 1416. A reprint. (Longman) 25s. The edit. of last March was 39s.

Quain's Anatomy. Edited by W. Sharpey. A. Thomson and J. Chalmers. 7th edit. Part I, containing the Bones, Joints, and Muscles. 8vo. pp. 349 (Walton) 10s. 6d.

Royle & Headland.—A Manual of Materia Medica and Therapeutics. 4th edit. 12mo. pp. 770 (Churchill) 12s. 6d.

Saxaria (H.)—The Handbook of Dialysis, or Corpulency and Leucæmia scientifically considered. Translated by L. F. Simpson. 12mo. pp. 170 (Longman) 3s. 6d.

Smith (W. A.)—On Incontinence of Urine arising from Irritability, Weakness, Inflammation, or Diabetes. 2nd edit. Post 8vo. pp. 19 (H. K. Lewis) 3s.

Wilson (Erasmus)—The Student's Book of Cutaneous Medicine and Diseases of the Skin. Part I. Post 8vo. pp. 278 (Churchill) 5s.

Periodicals received since 15th November.

London Medical Circular to 8th November; British Medical Journal to 28th November; London Medical Times to 28th November; Boston Med. and Surg. Journal to 8th December; Australasian Med. and Surg. Review to 21st July; Cincinnati Lancet and Observer, November; Philadelphia Med. and Surg. Reporter to 16th October; Philadelphia Dental Cosmos, December; Chicago Medical Journal, November; Chicago Medical Examiner, October; Canada Medical Journal, December; Bulletin Med. and Surg. Journal, November; London Pharmaceutical Journal, December; American Druggist's Circular, December; London Chemist and Druggist, November; Loudon Publishers' Circular to 1st December.

Books and Pamphlets received.

Ophthalmic Review. A Quarterly Journal of Ophthalmic Surgery and Science. Edited by J. Zachariah Lawrence of London, and Thomas Windsor of Manchester, April, July and October, 1864. Published by R. Hurdwicke, 152, Fleet-st., London. From Dr. Lawrence.

On Rheumatism, Rheumatic Gout, and Sciatica. Their Pathology, Symptoms and Treatment. By H. W. Fuller, M.D., Cantab., F.R.C.P., Physician to St. George's Hospital, &c. 3rd edition, 8vo. pp. 448 Lindsay and Blackiston, Phila. 1864. From the Publishers.

Gonorrhœal Wounds and other Injuries of the Nerve. By A. W. Mitchell, M.D., G. R. Morehouse, M.D., and W. W. Keene, M.D., Acting Asst. Surgeons, U.S.A., in charge of the Ward for Diseases of the Nervous System, Tennerlane Hospital, Philadelphia. Post 8vo. pp. 173. J. B. Lippincott & Co., 1864. From the Publishers.

Glaucoma. Its Symptoms, Diagnosis and Treatment. By H. D. Keyser, M.D. Being notes taken while attending the Clinical Lectures of Professor Von Graefe during the winter of 1862-3, in Berlin. Post 8vo. pp. 88. Lindsay and Blackiston, 1864. From the Publishers.

A Comprehensive Medical Dictionary. Containing the Pronunciation, Etymology and Signification of words used in Medicine and the kindred Sciences, with a classification of Remedies; and concise Directions for Writing Prescriptions with explanations of the Latin terms and Phrases usually employed in them. By J. Thomas, M.D. Post 8vo. pp. 716. J. B. Lippincott & Co., 1864. From the Publishers.

Subscriptions paid since 15th November.

Dr. J. G. Thomas, Rivière du Loup; Dr. Waller, Montreal; J. F. Smith, Esq., Toronto; Dr. L. H. Cary, Iowa; Dr. H. Yates, and Dr. O. Strange, Kingston.

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

PRINTED BY JOHN LOVELL, ST. NICHOLAS ST., MONTREAL.