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CANADA LANCET.

WILLIAM EDWARD BOWMAN, M.D., EDITOR.

WHOLE No., 21. MONTREAL, NOVEMBER 15, 1864. SECOND YEAR.

DISEASES IN THE WIND.

Read before the Canadian Institute, Toronto, March 22nd, 1862, by Daniel Ogden, M.D., Lecturer on Materia Medica and Therapeutics in the Toronto School of Medicine. (Continued.)

According to the observations of Virchow, Lilian, Kolliker, Retzius, West, and Carpenter, we find, after labor, the uterine tissue passing rapidly into fatty degeneration, in order to secure its reduction and elimination; this fat passes off copiously in the different secretions and discharges, particularly in the urine and lochia, its abundant presence in the blood serving still further to embarrass those organs as the kidneys and lungs, through which the aforesaid nitrogenous materials must be eliminated, and whose capacity is already taxed to the utmost.

The same condition of system is said to exist in persons after severe injuries, or important surgical operations, and the same liability to erysipelas and surgical fever, from the influence of some of the zymotic poisons, that in the puerperal female exist in regard to puerperal fever.

The observations of Prof. Simpson have led him to conclude that surgical fever and erysipelas are not only as much communicable from patient to patient, by the hand of the surgeon, as puerperal fever is by the hand of the accoucheur, but that a reciprocal relation exists between these three diseases, each being able to generate the other; so that they may all be regarded as manifestations of the same materies morbi; their differences being dependent upon peculiarities in the condition of the different subjects.

The same thing holds true in other cases, difference in the condition of persons or peculiarities in the nature of the predisposing cause, determining the character of the disease resulting at different times from the same atmospheric poison.

It matters not how the blood becomes contaminated with decomposing organic matter, whether in the way I have just pointed out, or by the ingestion of putrid or spoiled food, or the drinking of contaminated water, or the inhalation of foul air; the result is the same on the application of certain zymotic poisons; the resulting disease being more or less severe or malignant in proportion to the degree of blood contamination.

Several striking examples of this might be adduced, and may be found at length in the "Report of the General Board of Health, London," in reference to the appearance of cholera in England prior to 1853.

At a time when cholera had almost, but not quite disappeared from the country, a cargo of oysters arrived in such a damaged state that they were condemned by the authorities, and given away; several children of a certain school at Bridgewater ate of them freely, and all who did so, were seized with cholera, or choleraic diarrhœa.

Now, although the cholera poison must have been present before, yet it was either inoperative, or produced simple diarrhœa, until the blood of these children became contaminated by the decomposed oysters.

A similar instance occurred at Manchester, where the predisposition was given by the use of water from a certain well, into which a foul sewer had sprung a leak. In a certain street, in thirty houses using water from this well, nineteen cases of diarrhœa, twenty-six cases of cholera, with twenty-five deaths occurred; while in sixty other houses in the same neighborhood, using other water, only eleven cases of diarrhœa, no cholera, and no death, took place. Again, in a certain terrace in the most aristocratic suburb of one of the large provincial towns, an epidemic of typhoid fever broke out. It was soon observed that only certain houses, and in some cases only the servants of certain houses, were first attacked: and it was found that the water was obtained from two sources, a well which was common, and a spring which had to be paid for, and which was consequently only used in the parlor, while the water from the well was used in the kitchen.

Those houses, and those servants, using water from the well were first attacked by the fever, while the proprietors, using water from the spring, escaped, either altogether, or until they caught the disease from their neighbors or servants; and it was found, on examination, that a sewer was leaking into the well, while the spring was pure.

Instances are also numerous in which this power was communicated to the *exciting* cause by the habitual respiration of air rendered foul by the emanations from night-soil, bad sewerage, or overcrowding of individuals in badly ventilated houses.

If we look back to our own experiences in cholera visitations, we will find that the *foci* of the disease have always been those parts of the town where fevers, and other epidemics, have always prevailed to the greatest extent, and where we have the very conditions present for the complete saturation of the air and the blood with miasmatic exhalations.

Again, sirs, I believe this condition of system may be produced by the inhalation of an atmosphere perfectly free from all organic matter whatever, but so constituted as to produce a too rapid disintegration of the tissues or the blood; but of this I hope to speak again presently.

Hence we see the necessity of attending, not only to the exciting causes of disease, which when contained in the air, or carried by the wind, are generally so subtle as to elude our grasp; but also of fixing our attention more especially on those *predisposing* causes which are often easily recognized and completely under our control.

(To be continued.)

Correspondence.

(From the St. Louis Med. and Surgical Journal.)

Dear Friends:—It was my intention to have written to you soon after my arrival in Paris, but I have procrastinated from day to day, hoping that something might come under my observation worthy the pages of your journal; but either through want of industry, or obtuseness of perception, I have been disappointed.

It has been my good fortune to see many of the men of mark in the old world. Whilst in London, I had the pleasure of meeting, at St. Bartholomew's Hospital, Mr. James Paget, the author of the well known work on surgical pathology, incomparably the great work on the subject in our language. I confess much disappointment, I could not persuade myself that I stood in the light of the countenance of so great a luminary—that he was the author of the book which I had studied with such absorbing interest for several years. I looked at the man with a curious interest; scrutinized his head, his eyes, his nose, his mouth, and his chin; but was disappointed still. He certainly does not look the great man. A case of stricture of the urethra being in his rounds, he took occasion to remark, that it was not possible to cut upon a stricture by incision of the perineum, without the previous introduction of a sound. He afterwards qualified the expression by declaring it barely possible, but that it should never be attempted. I thought of referring him to the St. Louis Medical and Surgical Journal, but as he did not know Missouri was in America, I thought it unnecessary.

I saw Mr. Ferguson cut for stone, and operate for staphylorraphy (suture of the palate.) He is cool, steady and graceful—*in short, a superb operator.* As he has a world-wide renown for lithotomy, I observed him carefully, and *I am satisfied that I have* seen the operation performed quite as well in the far west, by Dr. Pope.

I saw at the Ophthalmic Hospital, Moorfield, Messrs. Bowman and Critchet, *the great ophthalmic* surgeons of London. Mr. Bowman was suffering from one of his headaches, on my first visit. An opportunity was, however, subsequently afforded me of seeing his admirable hand in its delicate work. Mr. Critchet, whom I found quite affable and communicative, operated for trichiasis, and scooped a cataract, using in the latter operation, not the ordinary spoon, but one of his own, shaped somewhat like a trowel, slightly curved, with rounded borders, and barbed at the extremity, passing readily between the lens and vitreous body, without occupying so much space as the old instrument. He cannot be excelled as an operator.

On arriving in Paris, my first care was to see Velpeau, whom I found at the Hopitaux de la Charité, and was astonished to find him in the active pursuit of his profession. I was not disappointed in him, as he is certainly a remarkable looking man. Although far down in the valley of life, the shadow is not visible on his face—or rather, it is dispelled by the light of his great intellect. You doubtless remember his massive forehead, his long, heavy, brush-like lashes, and those eyes, "piercing even to the bones and marrow." With what intense interest I eyed those hands the while, contemplating their many feats of surgical daring—the vastness of that head in the unexplored recesses of surgical diagnosis. His hands tremble now, his whole body totters, but both are enforced by a great will which as yet knows no decay.

I have visited, with much interest and profit, the Hôtel Dieu, presided over, in the surgical department, by the renowned Maisonneuve. Notwithstanding he is so notorious for his daring, he scarcely ever uses the knife, but divides the tissues with wire, and by means of caustic. He is particularly partial to the chloride of zinc, used after a method peculiar to him, and which I will attempt to describe. The paste is prepared in the ordinary manner, and rolled or pressed into thin sheets, say one-eighth of an inch thick, and then cut into wedge-shaped pieces, measuring one-half an inch or more at the base, and tapering to a point very gradually. The pieces are then exposed till dry, when they are ready for use. Suppose we have a tumour—the surgeon, with bistoury in hand, seeks a line wide of the disease, and with a thrust of his knife pushes it somewhat behind the growth, the track of the bistoury being immediately filled by one of the pieces of chloride of zinc, which, being hard and sharp, easily follows the course of the knife. You proceed thus to surround the tumour, placing the pieces of zinc paste about one-half an inch apart; the line of circumscription soon sloughs, and the mass falls about the sixth day.

Maisonneuve is very partial to the injection of per-chloride of iron, for the radical cure of varix, and his instrument for the division of stricture of the urethra is the best thing of the kind I have seen, but I will not attempt to describe it without diagrams. I have been astonished at the indisposition manifested to use the knife; the reason given is that there is less danger of pyemia. Maisonneuve bruises and burns his way through the tissues with caustic and twisted wire; Chassaignac crushes his way with a chain; and all without an anæsthetic—for it is a remarkable fact, I have not seen chloroform used since I came to Paris, whilst in London it is used as much as it is in America. Another interesting fact, worthy of notice: it is the rule in London to incise the cornea and remove the opaque lens by scooping, whilst in Paris it is the rule to make a flap of the cornea, and extract after the old method, generally accomplished by pressure; and the same method appears as successful as the other.

Another hospital of much value to the student is the St. Antoine, under the care of Mr. Jurjarray, a first-rate man. I saw him operate for phymosis a few days ago, by carrying a pointed bistoury—taking the precaution to guard the point—into the cul-de-sac of the prepuce, to one side of the frænum, and then pushing the point through, cut his way out, at once retracting the prepuce to the corona and dressing the parts in their new situation with lint and bandage. A similar cut opposite the frænum is followed by unsightly horns. He promises better results from his operation, and I shall follow the progress of the case with interest.

Should other objects of interest present themselves, I will endeavour to find leisure to communicate them before I leave.

E. H. Gregory, M.D.

Paris, 30th July, 1864.

Researches on the Normal Anatomy and Pathology of the Supra-renal capsules, and considerations on the Apoplexy of these Organs and Addison's disease.

Professor Mattei has ascertained, by a great number of observations, that the supra-renal capsules

increase in volume with age. It is in adult age that the increase is greatest, the average weight being 31 grains. These results are far from D. Brown-Sequard's observations, who gives from 120 to 216 grains as the average weight of these capsules in the adult. According to Mattei, this difference is accounted for by the insufficient number of capsules weighed by Brown-Sequard.

Some anatomists pretend that the cortical portion of the capsules is composed of two layers, an external one of a yellowish colour, and an internal one of a yellowish brown colour. Mattei's opinion is that there is only one layer, and that the brown colour is due to a cadaveric alteration, or the result of a putrid fever, or the subject being of a sanguine temperament, or the temperature high; when these circumstances are not present, the brown colour is altogether wanting. When it exists there is always softening, which is nothing but a cadaveric effect: hence it is that there is constantly an intimate relation between the softening and the brown discoloration of the capsules. That softening of the cortical portion can be brought so far as to produce its separation from the medullary portion, and thus create a cavity which does not really exist in the normal state. And on that subject M. Mattei would prefer to the denomination of *supra-renal capsules*, that more correct or more true one of *supra-renal glands* already proposed by Winslow.

Compared to the kidneys and other organs, the number of morbid alterations in the supra-renal capsules is very small.

M. Mattei has collected two observations of capsular apoplexy:

Obs. I.—A man aged 60, entered Sancta Maria Nuova Hospital (Florence), for ulcers on the legs. A short time after, the man was taken with sharp pain in the abdominal region, and died in twenty-four hours. At the autopsy no lesion was discovered, except in the supra-renal capsules, which contained each a clot of blood.

Obs. II.—The second case was observed on a still-born fœtus. No sign of compression on the umbilical cord which might account for death. Ecchymoses on the capsules were to be seen; there was no *foyer* as in the first observation. It was evidently a case of interstitial apoplexy.

In both cases M. Mattei does not hesitate to attribute the death to the capsular apoplexy. This termination would be due to the compression on the semi-lunar ganglions of the solar plexus. Lobstein maintains that death can take place not only by the brain, heart, and lung, but also by the solar plexus, centre, to and from which converge and diverge the nerves of the abdominal viscera. A sudden commotion, any irritation whatever, exposes it to a paralysis which is rapidly fatal. Brown-Sequard has seen the heart stopped after the crushing of the right semi-lunar ganglion. M. Mattei has seen the same effect brought on on a rabbit on which he had simultaneously crushed the two supra-renal capsules.

In all the cases collected by M. Mattei, on lesions of the supra-renal capsules, he never found the bronzed discoloration of the integument. From M. Chavanne's statistics, out of forty-four cases of bronzed skin, thirty-four times there was alteration of the supra-renal capsules.

If the alterations of the supra renal-capsules can exist independently of the discoloration of the skin, and if, on the other side, the bronzed colour of the integument has been observed without any alteration in the capsules, we must admit that one of these two facts alone, cannot be the cause of the other, still it might constitute one of the elements of a complex cause. M. Mattei believes in an alteration of the ganglionic nerves, basing his opinion on some nervous symptoms of Addison's disease and on Brown-Sequard's experiments. The neurosis admitted, it seems to M. Mattei that the alteration of the supra-renal capsules must co-operate more than that of any other organ with the manifestation of the disease. This is evidenced by the number of nerves which the capsules receive from the sympathetic and the close relation which they have with the semi-lunar ganglions of the solar plexus.

G. S. De Bonald, M.D.

Montreal, 1st Nov., 1864.

VACCINATION.

The official instructions issued to vaccinators, in England, contains the following directions:—

"In all ordinary vaccinations, vaccinate by four or five separate punctures, so as to produce four or five separate good-sized vesicles, or if you vaccinate otherwise, (for some vaccinators prefer to make long scratches side by side, or intersectingly, instead of punctures,) take special care to secure the production of four or five separate good-sized vesicles."

Dr. Aitken remarks, in his recent work on the practice of medicine, that these numerous vesicles are considered necessary for securing to those that are vaccinated, the full amount of protection which good vaccination confers.

He says that in vaccinating by punctures, the skin should be made tense by means of the left hand, and the lancet, charged with vaccine virus, be inserted in an oblique direction to the depth of a few lines, so as to impinge upon or penetrate the cutis vera, and after remaining in contact for a few seconds, should be withdrawn whilst the sides of the wound are being compressed together, in order to wipe off and retain the virus and to prevent bleeding.

When the mode by scratches is preferred, the number of groups should correspond to the number of vesicles intended to be engrafted, and will therefore vary according as three, four, five or more vesicles are considered necessary; the length of the scratches will determine the size of the resulting vesicle, and to some degree the soreness of the arm. The scratches should be so superficial as barely to result in the faintest possible exudation of blood, and that only after the lapse of a second or two. If the lymph be now applied it will at once become absorbed.

It has been considered that the normal diameter of a cicatrix, produced by a single insertion, is about a third of an inch, and that when scars are of greater dimensions than this they are generally of double or multiple origin.

The marks on some vaccinators are conspicuous for their excellence, whilst that of many others unfortunately are very imperfect.

With regard to the means of estimating the efficacy of vaccination, it seems established that a distinct connection subsists between the number and the quality of the cicatrics, and the protection conferred by vaccination against death from small-pox; so that it may be confidently stated that that vaccination is the most efficient which produces the best and most numerous cicatrices.

Dr. Simon gives the following as the result of

observations made during a period of twenty-five years, in nearly six thousand cases of variola contracted after vaccination :

For every hundred that took small-pox who said that they had been vaccinated, but who could show no cicatrix, twenty-two, or over a fifth, died.

For every hundred, having one good scar, only four patients were lost : whilst for every hundred with a cicatrix but slightly marked, the average number of deaths amounted to twelve.

For every hundred contracting small-pox with two well-developed vaccine scars, the death-rate scarcely reached three : whilst in those in which the two cicatrices were but slight, it arose to seven in the hundred.

For every hundred patients, having three vaccine cicatrices, the fatality did not reach an average of two cases.

And of all those contracting small-pox, on whom have been found marks of four, or more, successful inoculations of vaccine virus, the losses by death have not amounted to one patient in a hundred.

Canada Lancet.

MONTREAL, NOVEMBER 15, 1864.

With sorrow we record in this number, the death of our talented confrère, Dr. Jones ; he was a good surgeon, an excellent physician, and a kind-hearted friend. The loss to us, however, is but trifling, compared to that sustained by the Montreal General Hospital, in which he was an attending physician.

The deplorable want of confidence of the people, not only of this city, but of the whole province, in this institution, will not, we fear, be lessened by the loss of one of its ablest surgeons. For the governors of this charity, who manage its affairs so well in every other respect, have again shown their wonted dereliction of duty, in the selection of his successor. This expression may appear harsh, but they cannot plead even incompetence in a matter they are so able to decide for themselves,—a matter in which they are ever constantly showing such delicate discrimination, when their own lives, or those of their children, are concerned. For the question is not whether their choice is a good medical man, but whether he is the best that could have been obtained, above all, whether a more skilful surgeon could not have been chosen, for this is the point in which the public show its greatest distrust in this hospital.

And who are to be the sufferers by this choice—the poor, the weak, the humble, the sick, those without a home, without a friend but God,—those for whom, as men and Christians, they should have felt most bound to have selected the best medical attendance that could be obtained, those for whom these governors should have exercised as much care as they are wont to do for themselves and for their families. Will they say that this principle has always guided them—that it has done so in the present instance? Their fellow-citizens have a right to expect an answer.

Again, it were no excuse to plead a scarcity of candidates from whom to make selection, for every person in the city is well aware that no physician would refuse an appointment in this hospital, if proffered him.

We hope, in these governors, no want of nobleness of heart, or a forgiving spirit, has sacrificed the interests of the sick, no vain attempt to wound a proud and haughty spirit, or quell an overbearing temper. We hope, again, that private feeling has not usurped the place of duty, and refused the proffered services of the most talented and skilful surgeon now among us—one who could have done so much to have regained the lost prestige of this ill-fated hospital. But were it so, could not another, nearly his equal, have beeen found, that would have been an honour to this charity? For, apart from our sick-poor, who should receive their first and chief consideration, the interests of our profession demands their care. We have but one English hospital to represent this section of the province, and therefore, is it not high time to cease appointing to it, men who have contributed nothing to the advancement of medicine—mere drones in the hive of talent—drones struggling rather to keep pace with, than lead in the onward march of science?

But is this really the opinion held by the whole community with regard to the Montreal General Hospital? We will answer those of our readers who need the telling, that the people are apparently so afraid of its surgeons, that the poor can scarcely be induced to go to it, unless when actuated by fear, from some dreadful accident. And the most of those who do so, apply for, and exact a promise from some old retired surgeon to come back again and operate upon them. Last year, we are told, but very few of the larger operations were entrusted to the attending surgeons of this hospital, and of these the most important was a case of ovariotomy, the result of which was—death.

Is proof required for the assertions we advance? Our witnesses are many—every student in our college for the last ten years. Let them inform us how often they have found their clinical professors of surgery without a major operation for weeks or months together—nay let them tell us how many major operations they witness altogether in this hospital, and give the names of those who perform them, with their results. But their assistance is not required ; the hospital reports are quite sufficient to prove them ; for even with outside assistance, the major operations annually shown by them are few indeed—without it, there would be none to reckon. We will take for example these reports for the last two years.

In 1862 there were two amputations of the thigh, one of the leg, one of the foot, two of the arms, and one of the *hand* ; *one excision of the* breast, one of the lower jaw, one for strangulated hernia, one for vesico-vaginal fistula, and one for iridectomy. Twelve in all. But how reads the report? The subterfuge adopted to hide its shame is too pitiable for reproach—too pitiable almost for simplest truth itself—a lot of smaller operations borrowed from the list beneath, to make a show.

In 1863 there was one amputation of the thigh, one of the foot, and one of the hand ; one ligature of the iliac, two operations for lithotomy, one of

x Dr. G E Fenwick was elected ... the vacancy created in the chair ... on the staff of the

ovariotomy, one for hernia, one resection of elbow, one excision of the breast, one for cataract, one iridectomy, and one laryngotomy. Sixteen in all. Does want of confidence need further proof? We think not.

In conclusion we would remark, that were these governors, each and every one of them, compelled for a year after every election, to employ exclusively the man they have nominated as the best physician for the poor—the men receiving appointments to the Montreal General Hospital would be of quite a different stamp from those hitherto selected. Will the governors gainsay this—let them prove it by adopting the one they have recently chosen for this institution as their own family physician for the ensuing year, and we will believe them. If he is sufficiently experienced and talented to occupy the high position they have given him, he must be worthy of this confidence; and we should like to see him get it, for as a medical man and a brother we esteem him highly, and are glad to see him prosper; but he is not: and we think the profession almost universally will agree with us in saying that the appointment is a very poor one indeed, compared to that which might have been made.

BANTINGISM.

LETTER ON CORPULENCE. *Addressed to the Public. By Wm. Banting*, 1864. *A Pamphlet.*—We have here the individual experience of an upholsterer, residing in the city of London, who has succeeded in reducing his weight forty-six pounds in the space of a year, by strict attention to diet alone. From its entire want of originality, we should not have noticed this pamphlet had it not been at present exciting a great deal of attention in the medical, as well as the general world; almost every fat person indeed seems now to be trying Mr. Banting's method, not excepting the Emperor of the French himself, who, we are credibly informed, has not only adopted it, but has greatly profited thereby.

Mr. Banting, in 1862, was 66 years of age, and weighed 202 lbs., his height being 5 ft. 5 in. He attributes his becoming corpulent entirely to his food, which consisted mainly of bread, butter, milk, beer, sugar, and potatoes. After giving a fair trial to all the usual modes suggested, for reducing his bulk, such as frequent and thorough exercise; Turkish, and vapour baths; sea-air and bathing; the waters and climate of Leamington, Cheltenham, and Harrogate; liquor potassæ, and other remedies, without effect; he tells us that he was advised by a physician to put himself upon the same amount and kind of food as that prescribed in training for the ring, or for a boat race. This he did in all but the quantity, which he rather exceeded, as may be observed from his diet table, which he gives as follows:

For Breakfast.—Four or six ounces of solid, with eight ounces of liquid, viz.: four or five ounces of some cold meat, entirely deprived of fat, as of beef mutton, kidneys, or bacon, or an equal quantity of broiled fish, if preferred; with a cup of tea, without milk or sugar; and a little biscuit, or an ounce of dry toast.

For Dinner.—About eight ounces of solid, with eight ounces of liquid, viz.: five or six ounces of any kind of fish, except herrings, eels, or salmon; or of any lean meat except veal; or of any kind of poultry or game; any vegetable except potatoes, parsnips beets, turnips, or carrots; with an ounce of dry toast; and if desired, two or three glasses, either of claret, sherry, or madeira—champagne, port, and beer being strictly forbidden

For Tea.—About three ounces of solid, with eight ounces of liquid, viz.: two or three ounces of fruit, a rusk or two, and a cup of tea, without milk or sugar.

For Supper.—About four ounces of solid, with six of liquid, viz.: three or four ounces of meat, or fish, similar to dinner; with a glass or two of claret, when inclination dictates.

Mr. Banting does not limit himself to the quantities mentioned, for he never weighs his food; but the varieties stated, he says, are strictly adhered to. He considers milk, sugar, beer, butter and fat of all kinds, and potatoes, as so many poisons to the corpulent.

Our readers are all probably aware that this mode of living cannot be continued many months, without the body's getting "out of condition," and losing strength and spirits. And Mr. Banting, as well as the prize fighter, yields to the necessity of an occasional indulgence in his old mode of living, until his fast increasing weight admonishes its abandonment for a more rigorous diet.

As we have given this pamphlet our notice, we cannot pass in silence the great injustice done by him to the medical profession, namely, that during the whole period he was under treatment, no physician ever suggested a change of diet in conjunction with the other means recommended. It is much more likely that he has not wanted for advice in this particular; but, like fat people generally, has failed to pay attention to it, until want of access has compelled his obedience. And that even then, had the dieting been conjoined with any of the modes previously employed, it would not have required an entire year to bring down his weight to a normal standard; for jockeys are well known to possess the power of reducing themselves over twenty pounds in a week or a fortnight, by proper training; and that this sudden reduction never seems to be injurious to their general health.

Among the many authors who treat on the reduction of corpulence, we notice Dr. Fleming, who, over a hundred years since, met with great success by the employment of common Castile soap, which he prescribed for a lengthened period in doses of a quarter of an ounce, taken every night on going to bed.

Dr. Good, besides severe, regular, and habitual exercise, and dry and scanty food, recommends a hard bed, and but few hours' devotion to sleep.

Dr. Thomas thinks highly of liquor potassæ, which he directs in half drachm doses, to be given in milk and water, and be gradually increased to a drachm and a half, three times a day.

Dr. Copeland affirms that the prolonged use of either soap or alkalies is liable to engender chronic disease of the kidneys and bladder.

Dr. Chambers remarks that the tendency to obesity is decidedly hereditary, and that of all the exciting causes in those predisposed to it, none appears so common as the occurrence of an acute attack of illness.

The taking of large amounts of liquids, of any description, frequently produces corpulence, and if these liquids be fatty, as in the case of milk, a still more striking effect may be observed. The mixture of alcohol and sugar, as in beer and sweet wines, makes an equally deleterious drink.

In his remarks on the treatment, he says, the

amount of liquid should be small, and be taken at the end of each meal; and recommends that the exercise be always in open air, and during sunlight: for the want of the latter, it is well ascertained, conduces to obesity.

All our rules, he says, should be given in writing, clearly and precisely, and enjoined as strictly as moral precepts, if we would succeed in the cure of obesity; for when left to general and verbal instruction, their chance of being adhered to is small indeed.

The emptiness or sinking at the pit of the stomach felt by those who begin a diminished diet, is best relieved by chewing a bean or two of coffee.

He thinks highly of full doses of liquor potassæ at the commencement of the treatment; and says that a few sweating baths prove likewise useful by bringing the skin into good condition.

In conclusion, we would remark that all medical writers are unanimous in their experience of the evil effects of vinegar and pickles, so much employed by young women for lessening plumpness; and also in saying that acids of any kind, taken for this purpose, impair the digestive powers and produce many dangerous complaints. W. E. B.

Review.

Military, Medical and Surgical Essays. Prepared for the Sanitary Commission. Edited by W. A. Hammond, M.D., Surgeon-General U. S. Army, &c. 8vo. pp. 553. J. B. Lippincott & Co., Philadelphia. 1864.

This volume consists of seventeen distinct and separate treatises, compiled under the auspices of the Sanitary Commission, by eminent physicians and surgeons in the United States, who cheerfully gave their services for this noble work. They were originally published separately for gratuitous distribution amongst the medical officers of the army, and the demand was found so great, that every one of them had to be reprinted again and again. They are here collected, for the first time, in one volume, and are as follows:

Military Hygiene and Therapeutics, by Alfred Post, M.D., and William H. VanBuren, M.D.
Control and Prevention of Infectious Diseases, by Elisha Harris, M.D.
Quinine as a Prophylactic against Malarious Diseases, by William H. VanBuren, M.D.
Vaccination in Armies, by F. G. Smith, M.D., and Alfred Stillé, M.D.
Rules for Preserving the Health of the Soldier, by W. H. VanBuren, M.D.
Scurvy, by William A. Hammond, M.D.
Miasmatic Fevers, by John T. Metcalf, M.D.
Continued Fevers, by J. Baxter Upham, M.D.
Yellow Fever, by John T. Metcalfe, M.D.
Pneumonia, by Austin Flint, M.D.
Dysentery, by Alfred Stillé, M.D.
Pain and Anæsthetics, by Valentine Mott, M.D.
Hemorrhage from Wounds, and the Best Means for Arresting it, by Valentine Mott, M.D.
Treatment of Fractures in Military Surgery, by John H. Packard, M.D.
Amputations, by Stephen Smith, M.D.
The Excision of Joints for Traumatic Cause, by R. M. Hodges, M.D.
Venereal Diseases, by Freeman J. Bumstead, M.D.

The article on military hygiene is ably written, and reflects much credit on its authors. But as we cannot realize any immediate prospect of our requiring the experience of our neighbours on this subject, we shall not lay it under contribution, further than to notice a fact that may be of use to our backwoodsmen: that, in clearing out the ground, by absorbing the emanations from the body, soon vitiates the air in tents, which require frequently to be taken down, and the ground purified, when they cannot be shifted to new situations. The French, during the Crimean war, employed copperas (sulphate of iron) largely as a disinfectant, both for this and other purposes, mixing it with water, in the proportion of half a pound to the gallon, *of which they allowed a quart for each square* yard of surface.

In the excellent article on quinine, as a prophylactic against malarious diseases, Dr. VanBuren remarks, that from three to six grains taken daily, in one or more doses, will, in most instances, prevent disease in swampy districts, and always render it milder when it occurs. He gives some very interesting incidents to prove its efficacy. One in particular, of an overseer, who did not hesitate to take charge of several rice plantations in one of the sickliest regions in the south, the whole year round. He visited his rice fields without hesitation at any hour, day or night, when his business required it; and during ten years had never had an attack of fever, but had during the whole of this period enjoyed excellent health. It was his habit to take quinine daily, during the summer, before leaving his house.

It has long been a standing rule in the British navy, when men are to be sent on shore in tropical climates, to procure wool and water, or on other laborious duties, for the surgeon to recommend each man a *drachm of Peruvian bark, in a little wine*, before leaving the ship, and another similar draught on their return.

In the admirable essay on vaccination, we notice what certainly should be considered the true mode of restoring vaccine virus, when by long transmission through the human subject, it becomes too enfeebled to afford protection, or to produce the characteristic pustule, namely, the introduction of smallpox matter into the udder of the cow. This, they affirm, becomes converted into vaccine, and produces a vesicle, bearing all the characteristics of a true vaccine vesicle, the serum of which, when re-applied to man, produces not the original smallpox, but true vaccinia. In corroboration of this opinion, the authors quote the thorough tests of Dr. Thiele of Kasan, in Russia, who transmitted the virus, *thus obtained, seventy-five successive* times through the human subject, without any apparent loss of its efficacy. They also give the recent experiments of Mr Ceely of England, in proof of this conversion of smallpox matter into kinepox. We think, however, that Drs Smith and Stillé do wrong in not stating that for *this purpose* matter from mild cases of small pox alone should be selected; for Martin says, in the Boston Medical Journal, that he inoculated some variolous matter, taken from a pock upon the body of a man who died of variola, into a cow's udder; and subsequently vaccinated about fifty persons with matter derived from the cow; and that most of those so inoculated had small-pox, and three died.

They consider glycerine an excellent agent for preserving vaccine, and direct the scab to be reduced to powder before moistening it with it.

In Dr. VanBuren's rules for preserving the health of the soldier, nothing seems to have been omitted

that could conduce to this end: as for example, the wearing of a flannel bandage constantly around the belly when bowel complaints are prevalent; and when the feet chafe, rubbing the stockings with common soap, where they come in contact with the sore places. When ague and fevers are prevalent, sulphate of quinine, he says, should be given once a day, as a safeguard.

Dr. Hammond, in his treatise on scurvy, remarks, that fatigue, wet, cold, and exposure, with sameness of diet, whether it be salt or fresh, may produce scurvy. And states that the Turks, who eat but little meat, and a great deal of fruit, suffered greatly with this disease during the Crimean war.

Citric acid he has found to be almost entirely inert for the cure of this disease; and says that lime juice owes its virtues to the super-citrate of potash contained in it. He does not say why citric acid would not answer with the addition of potash.

Tr. muriate of iron he considers a valuable remedy in scurvy, and orders thirty drops to be taken three times a day.

Dr. Pulsam, in his remarks on fevers, styles ephemeral fever irritative fever; and says that the relapsing fever of Great Britain is rarely seen in the United States.

In typhoid fever, he speaks decidedly against bleeding, as a rule, though he allows that exceptional cases may require it.

Blisters to the ankles and inside of the calves will sometimes revive, when the lungs are congested, and the patient seemingly at the point of death.

He speaks highly of kino in powders in bad cases of intestinal hæmorrhage, and orders it in doses of a teaspoonful frequently, and at short intervals, as recommended by Dr. Wood.

He gives the mode of preparing strong essence of beef or mutton; but the use of a bottle for the purpose is certainly unnecessary,—all that is required is to chop the meat up into small pieces, put it into a tin vessel without water, cover it up, and place it on the top of a teakettle of boiling water to steam: the pure juice runs out of the meat, and may be seasoned to taste, and administered in doses of a teaspoonful or more every hour or two.

Dr. Austin Flint, in his admirable article on pneumonia, remarks that a source of gravity in this disease to which attention has never been sufficiently directed, is the large amount of exudation matter abstracted from the solid constituents of the blood. That this deposit, in fatal cases, he has observed to attain the enormous weight of four pounds.

He thinks that the abstraction of blood before the deposition of this solid matter to any amount, may prove useful as a palliative when the patient is plethoric. But that saline purgatives, antimony in nauseating doses, and veratrum viride may frequently be substituted for bleeding, even in these. He recommends cupping, however, in local pleurisy.

Pericarditis is more frequent in pneumonia at the south than at the north; but that does not render the termination necessarily fatal.

In the first stage of pneumonia hot fomentations to the chest, either with or without turpentine, he observes, often affords marked relief.

An oil-cloth jacket, over a flannel covering, possesses all the advantages of a poultice, or hot fomentations, by keeping the skin warm and moist with perspiration.

Pure pneumonia, when uncomplicated by accidents, runs a definite career, and ends in restoration, if life be sufficiently prolonged; the exceptions being those rare instances in which the affection runs into the purulent stage.

To support the powers of life then is the leading general indication in pneumonia in its second or stage of solidification. He therefore does not approve of any remedies for the special purpose of removing exudation.

He says also that clinical observation has abundantly proved that resolution may go on rapidly without expectoration, and that therefore expectorants are not necessary in pneumonia.

He speaks decidedly against blisters, either in the first or second stages of this disease.

Patients may be safely encouraged, he says, to take nutritious food during the whole course of pneumonia; such as animal broths or soups, milk and farinaceous substances. And the juice of fruits may also be allowed when desired.

Dr. Flint agrees with Dr. Chambers on the injuriousness of purgatives in pneumonia, which he says should never be employed, except for costiveness, and even then should be of the mildest character.

Alcoholic stimulants may be resorted to with advantage, when the vital powers begin to fail.

After the employment of opium in a large number of recorded cases of pneumonia, he says that opium should rather be considered in connection with the supporting treatment, and be given, not to relieve pain or allay cough, but to tranquillize delirium, promote sleep, and render the system more tolerant of the local affection. This it does in a remarkable manner, even in the first stage, by diminishing the frequency of the pulse and respiration, and causing refreshing sleep. It is of little consequence that it interferes with expectoration, as expectoration is of no importance with reference to the resolution of pneumonia.

Dr. Valentine Mott observes in his treatise on pain and on anæsthetics, that when opium is given previous to the administration of chloroform or ether, it increases the tendency to subsequent vomiting.

That when the system is labouring under the shock of any severe injury, the act of retching tends to an unfortunate issue; and if in a state of collapse the patient vomit, he is apt to die.

To exhibit the vapour of anæsthetics too rapidly, he says, is to incur the danger of asphyxia, whilst if given too slowly, not only will a greater quantity be required, but spasmodic action of the glottis is more likely to occur. Professor Simpson speaks of from one to two minutes; but in the United States it is customary to take from three to five minutes.

Anæsthetic vapours, he thinks, produce asphyxia, when entering the lungs in a concentrated form, by excluding the necessary oxygen, and thereby arresting the circulation in the capillaries, as nitrogen or hydrogen would do, and not from any poisonous effect of the vapor itself.

He remarks that if during the inhalation of chloroform or ether, the patient chance to vomit, the effect of the anæsthetic passes immediately away.

In operations, where the mouth becomes filled with blood, he says that he used to be apprehensive of strangling, but experience has taught him that during anæsthesia deglutition is accomplished by

reflex action, in the same manner as are uterine contractions during labour, after chloroform has been administered.

The conclusion of his able and patriotic article should be written in letters of gold, as we are sure they must be on the hearts of the people of the United States. We give them entire:

"These observations and reflections have been made during the intervals taken from a business still pressing at a time of life when most men desire repose. They are given to the cause of American nationality, and may claim to be at least an old surgeon's offering on the altar of his country. The flag of our Union—the glorious stars and stripes—*has repeatedly protected me* in foreign lands beneath its broad folds, and if what I have written here shall be in any measure successful in preventing the sufferings and prolonging the lives of that noble army, who are now serving under my country's banner, I shall receive my reward."

We will reserve our remarks on Dr. Bumstead's excellent article for our next.

In conclusion, we feel that we would be doing the publishers injustice, were we not to allude to the superior manner this book has been put forth by them. It would do credit even to the city of London.

Veratrum Viride in the Treatment of Chorea.—*By T. H. Swan, M. D., Embro, C. W.*—In May last I was called to see Miss C——, æt 15, an anæmic looking girl, whom I found much prostrated. She had been ill for some weeks and the chorea had come on gradually without ascertainable cause. Menstruation had been established over a year and was quite regular, the bowels were slightly constipated, urine normal, and pulse rapid but soft.

Having prescribed laxatives and tonics for a short time her general health became improved, but the chorea remained unaffected. On the 2nd of June, all other medicines being left off, I put the patient upon five minim doses of Saunders' fluid extract of veratrum viride three times a day, at which time the pulse was 90.

On the 3rd, there was a marked improvement in the convulsive movements, the patient being able to remain still for nearly a minute: pulse 60: medicine to be continued.

On the 4th, patient much better, able to feed herself, which she had not done since the beginning of last April: pulse 68: the remedy to be given four times a day.

On the 5th, movements almost entirely ceased: the medicine is causing irritation of the stomach: to return to three doses daily.

On the 7th, pulse 65: great improvement: to take the remedy but twice a day.

On the 11th, pulse 70: the veratrum to be discontinued, and quinine and iron to be substituted.

On the 20th, patient recovered. Sept. 4th, three months later, patient still quite well, and become the picture of health.

Spts. Turpentine in Hæmaturia.—Mr. Holt, in speaking of hæmaturia and its treatment by means of spts. turpentine, remarks: The more I employ it, the more I feel satisfied with the use of turpentine, in ten or fifteen minim doses, in the cases complicated by hemorrhage from the bladder. It frequently acts at once, even in cases where both gallic acid and the muriated tincture of iron have been employed without benefit; and I think the drug deserves a more general recognition by the profession.—*Lancet.*

To Correspondents.

Preservation of Chloroform.—Chloroform when exposed to a strong light is apt to become decomposed, hydrochloric acid and free chlorine being developed. When thus contaminated it may be purified by means of a small quantity of caustic soda. Any chloroform indeed will remain sweet if a few small pieces of the alkali be kept in the bottle with it. *Bulletin Therap.* We have found washing the chloroform with water a very good mode of purifying it. *Ed.*

Camphine.—Spirits turpentine, four fluid ounces: spirits of wine, (rectified spirits) sixteen fluid ounces: mix.

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

Fox (Tilbury)—Skin Diseases. Their Description, Pathology, Diagnosis, and Treatment; with a Copious Formulary. 8vo. pp. 312 (Hardwicke) 7s. 6d.

Huxley (Professor)—Elementary Atlas of Comparative Osteology. In 12 plates, drawn on stone by R. W. Hawkins. Folio (Williams & Norgate) 25s.

Lyons (R. D.)—A Treatise on Fever, *being part of a course* of Lectures on the Theory and Practice of Medicine. 2nd edit. 8vo. pp. 472 (Churchill) 6s. 6d.

Lyons (R. D.)—Handbook of Hospital Practice. 2nd edit. post 8vo (Longman) 2s. 6d.

Mackenzie (M.)—Hoarseness and Loss of Voice, treated by the direct application of Galvanism to the Vocal Cords. 12mo (T. Richards) 1s.

Miller (W. A.)—Elements of Chemistry, Theoretical and Practical. Part 2. Inorganic Chemistry. 3rd edit. 8vo pp. 950 (Longman) 25s.

Parkes (E. A.)—A Manual of Practical Hygiene, for the use of the Medical Service of the Army. 8vo. pp. 62 (Churchill) 16s.

Squire (Peter)—A Companion of the British Pharmacopœia. 2nd edit. 8vo. pp. 272 (Churchill) 5s. 6d.

Majendie (E. D.)—A Manual of Physiology, and of the Principles of Disease. 2nd edit. 12mo. pp. 570 (Longman) 10s. 6d.

Fraser (W.)—Elements of Materia Medica. 2nd edit. 8vo. pp. 475 (Churchill) 18s. 6d.

Periodicals received since 15th October.

British Medical Journal to 29th Oct; London Medical Circular to 25th Oct; London Medical Times to 29th Oct; Boston Med. and Surg. Journal to 10th Nov; St. Louis Med. and Surg. Journal Sept. and Oct; Australian Med. and Surg. Review Melbourne to 21st June; Cincinnati Lancet and Observer, Oct; Philadelphia Med. and Surg. Reporter to 8th Oct; Philadelphia Dental Cosmos Nov; Chicago Medical Journal Oct. and Nov; Canada Medical Journal Nov; Buffalo Med. and Surg. Journal Oct; London Pharmaceutical Journal Oct; American Druggists' Circular Nov; London Chemist and Druggist, Oct; London Publishers' Circular to 1st Nov.

Books and Pamphlets received.

Proceedings of the Nineteenth Annual Meeting of the Ohio State Medical Society held at Ohio White Sulphur Springs, June 1864. From E. B. Stevens M.D. Cincinnati.

On the Diseases of the Throat and Windpipe, as reflected by the Laryngoscope, with their Diagnosis and Treatment. By George D. Gibb, M.D. 2nd edit. post 8vo. pp. 588. J. Churchill & Sons, 1864.

Subscriptions paid since 15th September.

Dr. E. H. Trudel, 5s., Dr. H. Peltier, 5s., Dr. J. P. Cowan, 5s., Dr. A. Ricard, 10s., all of Montreal; Dr. Stevenson, 5s., and J. D. Stevenson, Esq., 5s., both of Kleinburg; Messrs. Blake & Crelven, Delhi, 5s.; Dr. P. O. Tessier, Quebec, 10s.; Dr. C. D. Tufford, Burford, 5s.; Dr. R. W. Day, Dr. McLean, 5s., Dr. M. Sullivan, 5s., J. G. King, Esq., R. White, Esq., 5s., all of Kingston; Dr. C. Boynton, Lisbon, N. H., 5s.; Dr. N. Robillard, St. Geneviève, 5s.

DEATH.

In this city on the 28th October last Thomas Walter Jones, Esq. M.D. Deeply regretted by all who knew him, and by none more than by the sick poor, to whom he was ever kind and considerate.

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

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