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CANADA LANCET.

WILLIAM EDWARD BOWMAN, M.D., EDITOR.

WHOLE No. 16.

MONTREAL, JUNE 15, 1864.

SECOND YEAR.

ANTAGONISM OF POISON AND DISEASE.

By THOS. D. MITCHELL, M.D., PROFESSOR OF MATERIA MEDICA AND GENERAL THERAPEUTICS, IN JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

All medical readers are familiar with the once popular treatment of acute Pneumonia by mammoth doses of tartar emetic. The French and Italian doctors seemed to be possessed with the idea, that too large portions of that medicine could not be administered. Their theory of *tolerance* satisfied them perfectly, and for a season their triumph seemed to be complete. I need hardly say, that in later times, we think we have found a more excellent method of cure. But, was the *tolerance* theory competent to meet the actual phenomena? Did it satisfactorily account for the results? I think not. It is true that the advocates of the practice taught that the emetic dose spent its force, *not as an emetic*, but as a *sedative* to the inflamed lung, and that of course the disease would be more speedily arrested if there was no emetic action at all.

It was after a close contemplation of this mammoth use of tartar emetic, that I was led to speak to my class in Transylvania University, so long ago as 1849, of what I then styled the *antagonism of poison and disease*, and still more recently, in Jefferson Medical College, the *antagonism of poison and poison*.

This doctrine, if I judge correctly, has direct application to the French and Italian treatment of *pneumonia*. Every thoughtful student is aware, that the doctrine has long been taught, that *morbid* or *poisonous* agency underlies almost every form of disease. In respect of many of our most common maladies, this view is popular almost everywhere. In attempting therefore a better solution of the curative operation of 100 grain doses of tartar emetic in the treatment of acute Pneumonia, I seemed quite feasible, to account for the favorable results on the simple principle of antagonism of the poison of the dose, and the poison of the disease. "When Greek meets Greek, then comes the day of war."

Who does not know, that 50 grains of tartar emetic swallowed at one dose, by a man in full health, would be very likely to prove fatal? But why fatal at all? Just because the dose meets no condition in the system that can create a basis for antagonism. A very grave morbid state would suffice, perhaps, to render harmless the over dose; or rather, if we not say, to be so completely *antagonised* by us to be actually annihilated.

Let us take another case. The time has been, in my short memory, when soap or potash in solution was held to be an unsafe antidote for the poisonous action of nitric acid in the stomach; and so other reason, than the formation of so much soap as to be, in itself, a poison. The mam-

moth doses of nitrate of potash, as remedies for acute rheumatism and active hemorrhage, promptly nullified all such speculations. I confess that when I first read of this practice in Villard's *Répertoire de Médecine*, some twenty-five years since, a shade of scepticism came over me, and I really doubted the truth of the statements. But the exhibition of 30, 40, 50 grain doses of nitre to the ultimate extent of 600 grains in 24 hours, has become so frequent an affair, as to silence the unbeliever entirely. We pause to analyse the treatment a little. What human being, in full health, could endure fifty or even thirty grain doses of nitrate of potash, every two hours? Let such an one make a trial, and he will soon find himself in a very undesirable condition. Gastric spasms and violent retching, with more or less of actual gastritis, will give abundant proof, that the man has actually been poisoned. But why is he not also poisoned, who takes the same doses and larger ones too, as a sure means of putting an end to profuse hemorrhage, or severely acute rheumatic pains? The response is to be found solely in the doctrine of *antagonism of poison and disease*. There is a morbid or poisonous agency present in the blood, and entire system it may be, fully competent to conflict successfully with the otherwise poisonous dose of saltpetre.

When we extend our vision yet further, we find happily, that this same doctrine aids, most efficiently, in accounting for our success in the treatment of the very worst cases of actual poisoning that we meet with. Look at the well-known power of alcoholic drinks to counteract the poisonous tendency of the worst wounds inflicted by venomous serpents. A merely accidental development grew into a settled fact in toxicology; so that the farmer, with no medical knowledge, can save his boy who has been the victim of such an accident, by the liberal use of whiskey or brandy, so as to intoxicate the individual completely. Force into the stomach of a boy of the same age, in perfect health, the same quantity of strong drink, and you would be pretty sure to kill him. In the other case, the fluid poison fails to hurt (being the very reverse), just because it soon comes into conflict, somewhere in the economy, with that other poison (the serpent's), and the *antagonism* saves the patient. And we think we find yet further confirmation of our view of this subject in the established fact, that a man, habitually a drunkard, cannot be relieved at all from the effects of venomous bites by any quantity of liquor you might force into his stomach. The latter has lost all toxic power in his case, and therefore cannot antagonise.

Precisely on the same principle rest all the antidotes for our most deadly poisons. In a former paper I noticed the means for counteracting the operation of poisonous doses of strychnia, and need only add, that all the facts there stated are directly in point. In other words, they are apt

illustrations of the doctrine set forth in this brief article. I make no attempt to explain the deep mysteries of the pathology of this subject. To do so would probably make "confusion worse confounded."

BROMIDE OF AMMONIUM IN PNEUMONIA.

BY JOHN HASTINGS, M.D.

CASE 1. J. C.—, a native of Germany, aged 30 years, tall, stout and robust, but reduced to the last stage of debility by the severity of the attack, was admitted into hospital, on the 10th, February, 1864.

History.—A week previously, while engaged in discharging a vessel, he contracted a severe cold, followed by fever, pain in the chest, cough, dyspnoea, and utter prostration.

Condition.—Upon entrance, his condition was that of a patient in the last stage of phthisis. He was speechless, almost pulseless, and generally lay in a semi-comatose condition, while his short and labored breathing was a constant struggle apparently between life and death. Dulness was evident over the whole upper lobe of the right lung, and a great portion of the left. The sputa was scanty, (evidently from the patient's inability to cough through weakness,) but dull and rusty in color, and streaked with bright arterial-looking blood. The bowels were extremely loose, and the feces were of a dirty yellowish hue, mixed with blood. The treatment was as follows:

Feb. 10th. Ordered sulphas quinine, grs. x, at bed-time, and the following pill to be taken after each passage:

Moss. Hydrarg. grs. ʒ
Pulvis Opii. gr. ss. Macc. Ft. pil. j.

With a tablespoonful of whiskey and water. Pro re nata.

Feb. 11. The patient's condition but little improved. Ordered:

Quinine sulphatis, gr. v.
Calomel. gr. j. Macc. Bis in die.

Also:

Mst. Catechu. ʒ. iij.
Kat. Catechu. ʒ. ij.
Tinct. Opil. ʒ. ʒ.

A tablespoonful after each passage.

A blister to be applied to the chest. And cod-liver oil to be taken three times a day. The diet to be liquid and nutritious.

Feb. 13. The diarrhoea is checked, and the pulse is greatly improved. The sputa is more abundant; the expectoration is, however, extremely difficult, and the severe pain in the chest no better. The cough is more frequent and violent.

Ordered to stop the former remedies, and take

Bromide of Ammonium, grs. x.
For in die, in aqua.

From the very hour that this latter remedy was begun, a manifest improvement in all the symptoms was visible. The pulse grew fuller and slower. The sputa changed its character from the red, blood streaked and rusty to that of a thin and frothy saliva. The pain in the chest was much ameliorated, and though the cough still continued at times to be quite violent, yet within forty-eight hours from the time that he took the first dose of the salt, the patient was sitting up.

Feb. 17. The patient was up and dressed, and perfectly able to walk about. Against advice, he to day left the hospital, saying that he felt cured.

CASE 2.—A. Kelly, native of Nova Scotia, aged 33 years, was admitted Feb. 10. He complained of great pain and soreness over both lungs, violent cough, loss of voice, fever with headache, and extreme depression of spirits.

Percussion gave dullness over the whole upper half of the thorax.

Ordered a blister to the chest; hot bricks to the feet, and to take

Quinine Sulph. gr. v.
Calomel. gr. j. M.

The diet to be liquid.

Feb. 13. But little improvement since entrance; the former treatment to be stopped, and the following substituted:

Bromide of Ammonium, grs. x.
For in die, in aqua.

Feb. 14. Had a severe chill, followed by fever. Ordered ʒj grs. quinine, at noon, in addition to the bromide of ammonium.

Feb. 20. The patient much improved. The dullness is rapidly disappearing from the chest. The sputa is lessened; the cough comparatively nothing.

Feb. 26. The patient has now been walking about for several days, and at his own request is discharged as cured.—*Pacific Med. and Surg. Jour.*

ON THE HYPODERMIC TREATMENT OF UTERINE PAIN.

BY J. HENRY BENNETT, M.D., LATE PHYSICIAN-ACCOUCHER TO THE ROYAL FREE HOSPITAL.

During the present winter I have used, with prompt and marked success, the hypodermic injection in several cases of severe dysmenorrhœa, with or without hysterical complications, and in several cases of uterine and ovarian neuralgia, and of facial neuralgia having an uterine origin. The relief has been obtained in from fifteen to thirty minutes, without being attended or followed by the headache, loss of appetite, or nausea, which are so frequently the result of the use of opiates in any other way, even by injection into the rectum. This latter mode of administering opiates has hitherto been my anchor in the treatment of uterine spasms and pain, and is certainly most efficacious; but it is not so frequently attended by all the above-mentioned drawbacks, from which the hypodermic injection appears to be singularly free. In nearly all the instances in which I have tried this mode of introducing opiates into the system, the relative result alone has been produced: there has been no subsequent bad effect whatever.

In one case of severe uterine tormina and pain, the result of arrested menstruation from cold, I injected thirty minims of the solution of morphia in half an hour the pains, which had been agonizing for the previous twenty-four hours, were calmed. A good night's rest followed; and the next morning the menses had resumed their course, and my patient was all but well. In another similar case, the uterine pain was accompanied by severe hysterical symptoms. The injection was followed by the same favorable result—ease, sleep, and rapid disappearance of all morbid symptoms.

Owing to the complete control over the element of pain which the hypodermic injection of opiate appears to give, I have been able to carry on the necessary treatment in an interesting case of uterine disease, which I should otherwise have been obliged to treat under chloroform, or at a great disadvantage.

age. The patient, a young German lady of twenty-four, came to Mentone last autumn, by direction of her medical attendants, with the view of spending the winter in the South. She was considered to be suffering from neuralgia, facial and general, and from nervous irritability of the system in general. She had been travelling with her husband from place to place, from bath to bath, in the search for health, for more than two years. On being consulted, I recognized the existence of a host of uterine symptoms, and found that the neuralgic and nervous illness had manifested itself after a severe confinement, which had occurred about three years ago. The discovery of extensive inflammatory ulceration of the neck of the womb gave the key to the state of ill health. Singularly enough, none of her previous medical attendants had suspected the uterine origin of the neuralgia. Such cases are always very difficult to treat—interference with the uterine lesion all but invariably nursing the neuralgia. I have repeatedly had cases of the kind that I could only examine and treat locally by giving chloroform to the full surgical extent on each occasion, and this I have had to do twenty or more times in the same patient.

With the patient in question the surgical treatment of the ulceration was borne tolerably well at first, but as the diseased surface became more healthy, and consequently more sensitive, endurance diminished. Every time the sore was touched, severe neuralgia followed, and the general health began to flag. In former days I should have suspended all treatment, and have sent the patient to the country for a couple of months, to allow the nervous system to calm down, and to let nature do her best. In this instance such a course was not desirable, my patient being very anxious to continue the necessary treatment so as to be locally cured before we separated in the spring. I thought, therefore, of the hypodermic treatment, and tried the injection of thirty minims of the solution of morphia immediately after each uterine dressing. This course was attended with complete success: no neuralgia ensued, and I have been able to continue uninterruptedly the treatment now all but brought to a successful issue. On one occasion I omitted the precaution, and was sent for at ten o'clock at night. I found the patient a prey to a most distressing attack of facial neuralgia, which had come on an hour before. She was positively convulsed and shrieking with agony. Chloroform, sulphuric ether, &c., had been taken, with no relief. I injected the thirty minims of morphia solution, and in twenty minutes she was calm and free from pain. It was repeated next day, and the facial neuralgia has not returned. This lady will no doubt gradually recover her health and get rid of the neuralgia when the uterine disease is thoroughly cured.

In a case of pure neuralgia, attacking first one and then another part of the body, I have injected from twenty to thirty minims of the acetate of morphia solution forty-two days in succession, without any unfavorable result. The neuralgia, which was very severe, was entirely subdued by it for about eighteen or twenty hours, when it re-appeared, gradually increasing in intensity until the injection again relieved it. At the end of that long period the pains gave way, the treatment having been either curative, or having allowed the neuralgic attack to wear itself out. During the entire period of treatment, the patient, a very delicate lady,

slept better than usual, ate as well (her appetite being usually bad, and the digestive powers weak), and was able to take part socially in all that was going on around her. No one, indeed, was aware, except her family, that she was suffering from so painful a malady. To my surprise, I was able to suspend the morphia suddenly, without any of the distress and discomfort which is habitually observed when opiates have been long used and are abruptly abandoned.

From what I have seen of the hypodermic system, I believe that its use is capable of great extension in the treatment of pain generally. I consider that the injection of a solution of morphia after any operation would lessen pain, and produce a general calm of the system both soothing and beneficial to the patient. I think also that this result might be obtained in most cases without the usual drawbacks of opiates taken internally.

Some years ago I recommended in the *Lancet* the injection of opium into the rectum, as a means of modifying and even arresting obstinate sea-sickness. Since then various additional cases have come under my notice illustrating its efficacy. The great difficulty to all medication in sea-sickness is the fact that the stomach absorbs fluids with difficulty. By injecting subcutaneously, this difficulty is got over. Moreover, a subcutaneous injection would be managed easier on shipboard than the rectal injection, to which most people have a very natural antipathy.

I have used all but exclusively a solution of acetate of morphia in distilled water. Nine grains dissolved in two ounces of water gives a strength about equivalent to that of laudanum. The liquor morphiæ of the Pharmacopœia contains spirit, and I have found that it constantly occasions small patches of painful inflammation; without the spirit, on the contrary, it appears to be quite innocuous. A moderate sized steel needle or canula I find preferable to the small gold one. The steel canula is sharper, and passes easier through the skin. By pinching firmly the fold of skin that has to be pierced between the finger and thumb, its sensibility to the puncture is much diminished. It does not seem to matter much, as regards results, in which region of the body the injection takes place. I have principally chosen the precordial region for uterine and general pain, and for local neuralgia a spot as near to the region affected as possible.—*London Lancet*.

MISSING BOOKS OF GALEN.—We learn from the April number of the *Brit. and For. Med. Chir. Rev.*, that there is about to be issued from the Oxford University Press—the Arabic translation of the principal anatomical works of Galen, a great part of which does not now exist in the original Greek, and has never been published in any form.

It is well known that Galen's principal work—the "Administratio Anatomica," originally consisted of fifteen books, of which the first eight and a portion of the ninth only are now extant, consequently the six about to be presented to us will contain an account of the eyes, tongue, œsophagus, larynx, or hyoides, and the nerves belonging to these parts; the arteries, veins and nerves arising from the brain, those from the spinal marrow and the organs of generation; so that Galen's account of several of the most important parts of the body is contained in these lost books.

The original MS. is written by an oriental scribe

on oriental paper, and although it was once in the library of Narcissus Marsh, Archbishop of Dublin, and published in his catalogue of oriental MSS., appears to have escaped the attention of the learned, until attention was called to the fact by the editor of the *Medical Times and Gazette* some twenty years ago, that it was in the Bodleian library. Its translation was undertaken by Drs. Adams and Greenhill, but the decease of the former interrupted the labour until the present time, when we are gratified to learn that it has been resumed by Dr. Greenhill, and will be presented to the profession at an early day.

Its discovery, after a lapse of eighteen centuries, should certainly encourage us in the hope that some of the writings of the early fathers in medicine now regarded as lost may be brought to light by searching the catalogues of oriental literature which has accumulated upon the shelves of the public libraries of Europe.—*Medical and Surgical Reporter.*

Canada Lancet.

MONTREAL, JUNE 15, 1864.

No one, we think, who peruses Professor Mitchell's remarks in this and a previous number of the *Canada Lancet*, can help acknowledging the truthfulness of the deductions advanced. Medical men do such cases every day of their lives—for who of us but are constantly administering antagonistic doses of medicines in all the severer forms of maladies? Is not the giving of excessive quantities of brandy in cholera, fever, diphtheria, &c., the antagonism of poison to disease? Is it not the same antagonism that enables the system to endure such large and frequent doses of potash in rheumatism, quinine in diphtheria, or tartar emetic in croup? Or, better still, digitalis or opium in delirium tremens; or worara or Calabar bean in tetanus?

The antagonism of poison to poison admits of similar proof. We well remember, in our younger days, attempting the life of a cat with strychnia: when, wishing to put a speedier end to its sufferings we charitably administered a drachm of Scheele to terminate them. Much to our surprise the animal looked up, arose, and walked quietly and unconcernedly away; it recovered completely. We need scarcely add, we never repeated the experiment. It lived for years, and the old adage of the number of lives possessed by a cat seemed firmly established.

It is but lately that poisoning by strychnia occurred in this city. A man in despair swallowed four grains and a half, or thereabouts, of this alkaloid. After inhaling a pound of chloroform he recovered; gin and chloroform saved him; the former was taken as a vehicle for the poison, and delayed the convulsions for hours. After its ex-

haustion, a medical man kept up the antagonism by means of the chloroform, which, had the draught of the spirit been larger, would doubtless never have been required. Or had he administered two drachms of the agent by way of the stomach, its toxic power would have nicely balanced the remainder of the strychnia, and the antagonism of the poisons been instant and perfect, and his patient been saved a deal of suffering.

Old as we are in our knowledge of the action of medicines, we are still in our infancy in that of the counter-balancing power and doses of poisons. And accident or venture is slowly revealing to us in man what should long since have been accurately determined in a lower order of animals. The experience, valuable as it is, is therefore costing us dearly: nor can we arrive at much of the most valuable in our generation by these means alone, for chance or hazard may require an age to reveal to us such antagonistic doses as prussic acid for strychnia, or arsenic for hydrophobia. We sadly need experimenters in this field of labour. In the meanwhile we thank Professor Mitchell for his able contribution, which we hope will be conducive to farther inquiry.

TETANUS IN THE U. S. ARMY.—Tetanus is prevailing among the wounded of the Army of the Potomac to an unusual extent. Upwards of fifty cases occurred within a short period at Fredericksburg and in the hospitals at Washington; nearly every one of which proved rapidly fatal. We are glad to learn that Dr. Brown-Squad of London, now in this country, has consented to give a lecture on this disease, at Washington, where it is most prevalent. The great experience of this eminent physiologist in the treatment of nervous affections will thus be made available to the army surgeons in the management of this obscure and fatal complication of gunshot wounds. The lecture will be immediately published for circulation in the army.—*American Medical Times.*

Uterine.

THE NERVOUS AND VASCULAR CONNECTION BETWEEN THE MOTHER AND FETUS IN UTERO. By John O'Reilly, M.D., F.R.C.S.I., 8vo., pp. 76, New York, 1864.

That in pregnant women powerful impressions on the mind frequently produce deformities in the fetus is a fact too long known and well established to require comment. Our author after citing numerous cases from such authorities as Professors Moth, Post, Carnochan, Budd, Gilman, Hamilton, and others, deduces from them that there must be a nervous connection between the mother and child as one merely vascular could never produce such results. If this assumption be correct, it only requires a few careful dissections to demonstrate it and render it an established fact.

The same may be said with regard to his opinion of the direct vascular connection. We find indeed that Dr. O'Reilly's views on many subjects differ from those generally held, and none more so than

that the seat of life is located in the sympathetic nerves and ganglia. Altogether the work is highly interesting, and has given us some food for thought and much amusement with its curious stories and more curious illustrations. We recommend it as a treat to our readers.

THE SCIENCE AND ART OF SURGERY. By John E. Erichsen, Professor of Surgery and of Clinical Surgery in University College, and Surgeon to University College Hospital. Fourth edition. 8vo. pp 1277. Walton and Maberly: London. 1864.

The work before us has had a large share of success, especially when it is taken into consideration that since the first edition was published, nearly seven years ago, a number of surgical treatises have been sent forth either in the form of new editions of old and well-known books, or as entirely new works. The smaller text-books have not lost any of their popularity, and the bulky tomes of Cooper and Holmes, issued in parts, have deservedly attracted the attention of all surgical students: but, nevertheless, we now find Mr. Erichsen's treatise sent out for a fourth time, and in a more voluminous form than before, the author to be as good as that "every page has been carefully revised. Some chapters have been, in a great measure, rewritten; new woodcuts have been introduced; and the text has been considerably enlarged."

Ever since the last edition was written there have been many improvements in the practice of surgery, and the author has not lost sight of them. The method of performing amputations according to the plan proposed by Mr. Teale, of Leeds, receives full consideration at his hands; and the important subject of aneurism and its treatment is discussed at length. The use of compression still holds as much favor as ever in the hands of Mr. Erichsen, and the merits of flexion and digital compression are brought under notice—the latter plan, perhaps, not quite so prominently as it might be, we believe, however, that it has not been extensively tried in this country; and probably the unsuccessful results following its employment in the great case of a well-known member of our profession, may retard its further use for a period at least. Mr. Ferguson's method of manipulation has its share of consideration.

The recently-arrived method of arresting hæmorrhage by acupressure is considered fully and fairly by the author, who, like every other surgeon of experience, recommends it as safe when small vessels are dealt with, but is too prudent to depend upon it when the large arteries are concerned.

The question of operation for malignant disease, one which has been much discussed of late years, and Mr. Erichsen devotes considerable space to it. Summing-up is decidedly in favour of operating for malignant disease in suitable cases, and he very properly states that the use of chloroform materially assists the question, and that as all the pain of operation can be removed, we are justified in operating in instances where otherwise we should perhaps hesitate in doing so.

With reference to the question of excision of the hip and knee joints—so warmly discussed, and we may say so bitterly opposed, a few years since, we are not by Mr. Erichsen—the author is evidently strongly in favor of operating in certain instances. The treatment of club-foot, tenotomy is still recommended; and Mr. Barwell's novel practices,

in connection with his "cure without cutting of tendons," are not so much as noticed.

With regard to the performance of tracheotomy in croup and diphtheria, the author, perhaps, is not so favorably disposed to it as many other surgeons are, especially among our brethren on the other side of the Channel, and he states that "the general experience of British surgeons is unfavorable to it." Doubtless this was the case some years ago, but of late years there has been such success attending tracheotomy, especially when performed in croup, that opinions are very much changed with regard to it. As to diphtheria, Mr. Erichsen himself says, that if we can only save one life in a hundred, we should be justified in performing the operation.

With reference to another important subject which has lately been discussed—viz., the formation of an artificial anus in instances of in-operable obstruction of the large intestine—Mr. Erichsen is in favour of operating, and he prefers the method of Amussat to that of Little, for reasons which he has given at length at pages 1030 and 1031. Some observations are directed in this work to the diseases of the breast and axillary glands in the male, and two striking illustrations of large tumors are inserted. The radical cure for hernia has a proper share of attention devoted to it, and the modern proceeding of Mr. Wood, of King's College Hospital, is described at length.

The only novelty of late years in connection with stone in the bladder is the re-introduction of the median operation, which is considered at some length. Mr. Erichsen seems to be favorable to its performance in the adult, when the stone is not large, but very judiciously puts his veto upon its introduction in the case of children, because the lateral operation of lithotomy under the age of puberty is a very successful proceeding.

Mr. Erichsen possesses the advantage of teaching and practising surgery in the school where he himself was educated, and thus he has had the opportunity of inculcating upon the present generation of students and practitioners, the precepts which he derived from the distinguished teachers who occupied the same position which he now so worthily fills. The fame of Liston, cut off in the prime of life, of Samuel Cooper, dying at a ripe old age, and of Morton, disappearing almost in youth, still lingers in the lecture-rooms, the wards of the hospital, and the operating theatre, of University College; and their rules of practice, some the fruits of matured experience, and others the results of quick and inventive genius, are still impressed upon the minds and illustrated before the eyes of the existing race of students of that institution. Mr. Erichsen has had the good fortune to combine in his own person the dexterity of a felicitous operator, with the pen of a ready writer and the ability of a successful teacher, and in him, therefore, the school of University College loses nothing of its former renown. His 'Science and Art of Surgery' is an admirable compendium of the existing state of Surgery in the civilized world, and his industry in collecting information from all available sources is as conspicuous as the fairness with which he treats the labours of his contemporaries. The great strides made in the operative and conservative branches of the art have all been recorded in his pages, while the modern department of pathology in its relation to surgery is fully elucidated. On the principle of presenting to the eye a

series of images which may more fully impress the understanding than mere verbal descriptions, the text is accompanied by no less than five hundred and seventeen engravings on wood, all executed with great fidelity, and illustrating every department of surgery, from the microscopic structure of tumors to the mechanism of instruments, the appearance of diseased or distorted limbs, or the successive steps of surgical operations.

We cordially recommend Mr. Krichsen's work in its present enlarged and improved state to the notice of the Profession.—*Medical Circular.*

AN OUNCE OF QUININE AT A DOSE.—Dr. Taussig, in a letter to a friend in London, relates a singular fact which occurred in Rome, where he resides, in December last. It is as follows:—

Dr. Hayler, a military medical man, visited in barracks a soldier, suffering from a relapse of ague, and administered to him a small dose of sulphate of quinine. At the same time, he directed a man to fetch one ounce of the same remedy from the hospital, in order that he might have it in readiness for any emergency. The man received the bottle; but, supposing that it was ordered for the patient just mentioned, he took it to him. In the presence of their comrades, they put the whole into a cup, adding sufficient water to make a paste of it, and the patient, although he found the medicine uncommonly bitter, did not leave off until he had swallowed it all.

Dr. Hayler, on learning that this enormous dose had been taken, at once visited the patient. The most careful investigation left no doubt of the fact; but, with all that, *incredible dictu*, except a complete deafness and a kind of stupor, no other bad effect ensued, and no antidote was administered. He was directed to the hospital, where he remained a week under observation, and left the establishment in the best state of health. The ague disappeared, probably never to return. I saw the man myself; he is a Swiss, named Abitz, aged 30, of small stature, and of a strong constitution.

It was not to be supposed that there was any important adulteration of the remedy in question, as all such preparations are subjected to a chemical investigation before they are admitted in the hospital dispensary.—*Medical Times.*

TINCT. OPII.—Mr. R. H. Davis, of Harrowgate, remarks that the opium used in preparing laudanum, is not exhausted by the diluted spirit, and bears out the statement of Pereira, that morphine may be obtained from it. He speaks of one carefully conducted experiment, where, in the 13½ oz. of dried residue (marc.) left from the 36 ounces of opium, employed in making three gals. of tincture, he obtained 56 grs. of pure hydrochlorate of morphia. He says that when made by percolation the quantity is much less. He did not find any codeia.—*Pharmaceutical Journal.*

CURIOUS CASE OF AMENORRHEA.—Sarah, an Irish woman, æt. 40, commenced menstruating at the usual age, married young, and lived with her husband many years without children. She had always been very regular and healthy, she said, up to the time that her husband left Ireland for America, when her courses became suddenly and completely arrested. This at first produced great derangement of her health; but taking much outdoor exercise, she soon became apparently "as

well as ever," and continued thus for a period of five years without menstruating during the whole of this period. She afterwards followed her husband to America, when, on connection, she first noticed the return of the flow, and came to consult me on account of its scantiness and the pain it occasioned her. Having prescribed some simple emmenagogue, I satisfied her by telling her that I thought she would soon be quite regular, if she did not become pregnant.

W. E. B.

SIX MILE T. URRIBABLE ULCERS.—Dr. Bélin of l'Assomption, tells us that he has been in the habit for many years of treating old inflamed ulcers, and those with exuberant granulations by means of cold poultices of coagulated milk kept constantly on the part, and renewed several times a day. He says that he has often found them speedily to reduce inflammation, and heal ulcers that have resisted every other mode of treatment for months.

CONSTIPATION.—Trousseau declares belladonna to be the remedy *par excellence* for habitual constipation. It does not purge nor produce loose stools, but only renders defecation easier, and sometimes in the dose of a quarter of a grain the extract will produce several stools. As soon as the bowels become regular the dose of the medicine should be gradually diminished. Cases illustrative of the efficacy of this treatment are reported by Fiesang, who however, made use of suppositories containing the extract of belladonna; by Blaché also in the *Annuaire de Thérap.*; and by Fleury in the *Archives Gén. de Méd.* (Stillé.)

TREATMENT OF NASAL POLYPI BY BICHROMATE OF POTASH.—Dr. Frédéricq states, in a communication to the Society of Medicine in Ghent, that he has successfully treated twenty cases of nasal polypus by means of bichromate of potash. A saturated aqueous solution of the salt is applied by means of a small brush to the parts of the polypus which reach, care being taken to avoid the neighboring tissues. The operation may be repeated several times. It does not generally produce distressing pain; but, at the end of about three or four days the polypus becomes the seat of a kind of inflammation, which extends sometimes to the nose. It swells up, and a watery and slightly acrid fluid often flows from the part. This inflammation, however, does not give rise to alarm; it never lasts above ten days. When the irritation has gone off, the polypus will be found to have partially or entirely disappeared. When the first signs of inflammation appear, the application is suspended, and is resumed when the irritation has ceased. It is not uncommon to find polypi cured in five or six days after a single application. Relapses are rare after treatment by bichromate of potash, in polypus as well as in syphilitic vegetations. The only case treated occurred in females, most of whom had passed their fiftieth year. The tumors varied in number, size, and shape; all were mucous except one, which was fibrous, and which did not appear to be radically cured.—*British Med. Journal.*

SECTER'S STARCH BANDAGE.—The Brussels *Pro Medice* relates a notable example of the great utility of the starch bandage. The Director of the Brussels Mint, while visiting the Escorial at Madrid met with a fall which dislocated his patella and tore a portion of the triceps. His presence being at the same time urgently required in Brussels,

Belgian surgeon was sent to fetch him, and he having applied Sertini's starch bandage was enabled to bring home his patient by the ordinary means of conveyance, not the slightest pain or other ill effect being produced during so long a journey.—*Med. Times.*

A SIMPLE OPHTHALMOSCOPE.

From the British Medical Journal.

Sir,—I find that if a convex lens of about two inches focus be placed in close apposition with a concave one of about nine inches focus, and this combination be held before the patient's eye at the distance the object-lens of an ordinary ophthalmoscope usually is, it forms an ophthalmoscope, emitting in itself the reflecting and refracting elements of that instrument. For, whilst the light from a flame is reflected by two surfaces (the outer concave surface of the concave lens and the internal concave surface of the convex one) into the patient's eye, it is also, on its emergence therefrom, refracted by the effective convex element of the combination, so as to form the usual indirect image of the fundus oculi at the focal length. With such a rough combination, I have been able to obtain a distinct image of the optic nerve, retinal vessels, &c.; and I may hence not unreasonably hope a properly constructed meniscus will in itself fulfil the conditions of the mirror and object-lens of an ordinary ophthalmoscope.

I am, etc., J. Z. LAWRENCE.

Devonshire Street, Portland Place, May 3rd, 1864.

POST-PARTUM HÆMORRHAGE.

We continue our extracts from Dr. J. L. Earle's able treatise on Post-Partum Hemorrhage, now publishing in the Medical Circular, for which his position as obstetric surgeon to the Queen's Hospital, Birmingham, so eminently qualifies him.

Cold.—I shall first consider the various ways of applying cold to the uterus externally. They are generally more effectual when combined with pressure. Pressure with a pair of cold hands will, in some cases, suffice to excite a firm contraction of the uterus. Another plan, which sometimes answers, is to place a number of small plates, one at a time, over the fundus of the uterus; as one plate grows warm, replacing it by another. These two methods have the advantage of not wetting the patient, which cannot be avoided when cold water is used. The plan I usually adopt is to have a bucket of cold spring-water placed in a chair close to my side. I begin by placing both my hands in the water, and keeping them in until they feel very cold. I then take out one (say the left), and place it immediately on the bare abdomen, over the fundus of the uterus; the other remaining in the water. When the left hand begins to regain its warmth it is removed and placed in the cold water again, and the right hand is put in its place; and so on vice versa. I have found this plan often effectual; it keeps up a continual application of cold, without wetting the patient much. Cold may be applied to the uterus with advantage by means of a large napkin dipped in cold water. A plan frequently put into force by students is, to take a jug of cold water and to pour it from a considerable height upon the bare abdomen. This rough procedure often answers admirably, but it makes the patient and the bed in a frightful mess. I must confess I am very chary of wetting the clothes of

a flooding patient more than I can possibly help. I have seen two cases of pelvic cellulitis occurring in women after flooding which I firmly believe were in a great measure brought on by their having to lie for hours in clothes soaking wet. I do not say that the douching from a height should never be done, as cases do arise in which the uterus will respond to no other stimulation, but I think it is better first to try more gentle means of applying cold.

Besides cold externally to the uterus, cold may be also applied to the vulva. It is generally done by means of napkins frequently dipped in cold water. In some cases I have seen good done apparently by wiping, in addition, the buttocks and back of the thighs with the wet napkin. Placing the patient's hands in cold water has also been found useful.

In the majority of cases, the external application of cold, with or without other measures, suffices to stimulate the uterus to contract. In a few instances we may have to use cold internally. We may inject cold water into the uterus, vagina, and rectum. The injection of cold water into the cavity of the uterus has been employed with excellent result after all other means had failed. The nozzle of an ordinary Higginson's syringe should be directed through the os by the left hand, and the water pumped in by the right. If a case of hemorrhage has been treated properly from its commencement, the intra-uterine injection will rarely be required. I do not believe also that it is totally unattended with danger. A medical friend told me that he once used the cold water injection into the uterus, and that the patient never rallied after it was done. Whether that was due to the great loss of blood or the shock of the injection, or both combined, it is impossible to say. In cases which require the internal application of cold, it would be as well to try first injection into the vagina, or the throwing up of a pint of cold water into the rectum. The injection of strong astringents into the uterine cavity has been recommended; had, indeed, must the case be in which simple water is not sufficient. If any astringent should be required, I should suggest taking up it to the uterus, enclosed in the hollow of the hand, a piece of sponge dipped in a saturated solution of perchloride of iron, and smearing all the fundal portion with it. (1)

Another way in which cold can be applied internally is to let the patient drink a glass of water as cold as it can be obtained. It very often brings on a strong uterine contraction, and at the same time rallies the patient.

In the employment of cold, we should bear in mind that when applied for too lengthened a period, it acts as a depressant, and loses its effect; that the colder the water, the greater the shock, and the more powerful is it in inducing permanent uterine contraction. In bad cases, the continued application of cold requires care lest it increase the exhaustion; it is most important to have the water as cold as it can be obtained, as the effect depends upon the coldness, and not upon the quantity of water used. Water, fresh from the pump, is generally sufficient; if we can obtain ice easily, so much the better. Dr. Tyler Smith recommends in some instances the application of cold and warm water alternately. I should say it would be most useful in cases where cold water had been applied for some time, and was losing its efficacy.

CITRIC ACID IN DIABETES.—Dr. Bélin of l'Assomption, informs us that he has not found any remedy to act so speedily in preventing the formation of sugar and in lessening the amount of urine as citric acid. He mentions one case in which a marked diminution of both occurred in three or four days, and that after a few weeks scarcely a trace of sugar could be detected, whilst the quantity of urine voided became reduced to the normal standard. He does not however say that he has ever permanently cured a case with it.

On Tuesday the 17th June last, an interesting case of aneurism of the abdominal aorta cured by pressure was shown to the Royal Medical and Chirurgical Society. The case commands special attention, not only as a successful attempt to cure a hitherto uncured disease, but as the first demonstration of the physiological fact that the abdominal aorta in man can be suddenly blocked up without causing violent symptoms, paralysis, gangrene, or anaesthesia. (*Med. Times.*)

ESOPHAGISM.—As an example of the nervous condition termed esophagism, M. Nélaton some time ago called the attention of his class to a man of vigorous temperament, 35 years of age, and in good health, who came to the hospital under the idea that he had a foreign body in the oesophagus. A fortnight previously, while picking his teeth with a thin piece of wood, he was suddenly spoken to. His attention was turned away for an instant, and at the moment he was about to make a reply, he perceived a perfect sensation of a foreign body on the left side of the pharynx. A practitioner who was at once called in, recognised the foreign body at the spot indicated, and made some vain attempts to extract it. Extremely little pain followed, but as this afterwards increased, he came to the hospital. M. Nélaton suspected from the narrative, that no foreign body existed; and observed, that not unfrequently an unpractised finger mistakes the upper edge of the cornu of the hyoid bone for the body supposed to have been swallowed. Usually these nervous symptoms disappear at the end of three months under suitable general treatment; but M. Nélaton referred to a case in which they manifested much greater tenacity. A lady, about six months since, being about to drink some water sweetened with syrup, not liking the appearance of the latter, placed a single drop on the tip of her tongue, and discovered it to be a solution of potash. Immediately, and notwithstanding that the drop had never been swallowed, she perceived a pain at the lateral part of the pharynx, accompanied by an impossibility of swallowing. The pain diminished, but so difficult did deglutition continue to be, that the patient required an hour to swallow a simple cup of broth, while the passage of the smallest solid body was absolutely impossible. It was believed that she was the subject of stricture of the oesophagus, until M. Nélaton passed down the largest bougies with great facility.—*Med-Chir. Review.*

To Correspondents.

Lavender Water.—The following, said to be Patey's choicest receipt, is an excellent one for this favourite perfume: ½ oz. English oil lavender; 10 drops oil neroli; 20 drops oil rosemary; 20 drops oil lemon; 3 drops otto rose; 40 drops ess. ambergris; 1 drachm ess. musk; 3 oz. each of rose and orange flower waters. Mix.

Blood and Pus.—Pus globules are readily distinguished from white blood-corpuscles, as the former are from a sixth to a fifth larger. The pus globule is also slightly yellow, the other is a dead white. The pus globule is spherical, the

white one flattened, being at most lenticular, but never spherical; its surface is smooth and indistinct, whilst that of the pus globule is roughened or granular. The nuclei shown by means of acetic acid are larger in pus globules and exhibit in their interior a regular well defined cavity while white corpuscles contain nuclei much smaller and which resemble fatty granules. And in examining blood for pus globules in pneumonia they are generally to be found much more numerous than the white corpuscles. (*Sedillot.*) Should there be any doubt, it is easy to compare the suspected fluid with a drop of pure blood freshly drawn.

Medical Works published in Great Britain from the 1st May to the 1st June, 1864, with their date, number of pages, publishers' names, and prices in sterling.

Graves (George), on the Laws referring to Child-murder and Criminal Abortion. 8vo. pp. 26. (Simpkin), Gd.
He commends great society in such cases.
 Meyron (Edward), Practical and Pathological Researches in the various forms of Paralysis. 8vo. pp. 216. (Churchill) 6s.
 Prescribers' Pharmacopoeia. Containing all the Medicines in the British Pharmacopoeia of 1851. 5th edit. 32mo. (Churchill) 3s. 6d.
 Radecliff (Charles Bland), Lectures on Epilepsy, Pains, Paralysis, and certain other disorders of the Nervous System; delivered at the Royal College of Physicians in London. Post 8vo pp. 352. (Churchill) 7s. 6d.
 Transactions of the Obstetrical Society of London. Vol. 5, for 1863. 8vo. pp. 340. (Longman) 15s.
 Anstie (Francis E.), Stimulants and Narcotics, their Mutual Relations; with special Researches on the Action of Alcohol, Ether, and Chloroform on the Vital Organisms. 8vo. pp. 510. (Macmillan) 14s.
 Eschell (A.) A Treatise on Dental Surgery; with Instructions for the Preservation and Restoration of the Teeth. 2nd edit. 12mo. pp. 75. (Clementson) Gd.
 Frazor (Wm.) Treatment of Diseases of the Skin. 12mo. (Fennell, Dublin) 3s.
 Garrod (A. B.) The Essentials of Materia Medica and Therapeutics. 2nd edit. revised and much enlarged. post 8vo. pp. 420. (Walton) 10s. 6d.
 Guy (Samuel) The Doctor's Note Book; or, Tales of a Patient. 12mo. pp. 312. (Ward & Lockey) 2s.
 Nelson (R.) The Prescriber's Analysis of the British Pharmacopoeia. 2nd edit. 32mo. pp. 284. (Churchill) 3s. 6d.
 The (Edward John) A Handbook of Uterine Therapeutics. 2nd edit. post 8vo. pp. 340. (Churchill) 10s.
 West (Charles) Lectures on the Diseases of Women. 2nd edit. 8vo. pp. 626. (Churchill) 10s.
 Zander (Adolf) The Ophthalmoscope, its Varieties and its Use. Translated from the German by R. B. Carr. Royal 8vo. (Hartwick) 8s.

Periodicals received since 15th May.

London Medical Circular to 1st June; British Medical Journal to 28th May; London Medical Times to 28th May; American Medical Times to 11th June; Boston Medical and Surgical Journal to 3rd June; Cincinnati Lancet and Observer, May; Australasian Medical and Surgical Review, Melbourne, Jan.; Philadelphia Medical and Surgical Reporter to 14th May; Chicago Medical Examiner, Jan.; Philadelphia Dental Cosmos, June; Chicago Medical Journal, May; Buffalo Medical and Surgical Journal, May; Pacific Med. and Surg. Journal, San Francisco, April; London Pharmaceutical Journal, May; American Druggist Circular, June; New York Medical Independent to 1st June; London Publishers' Circular to 1st June; London Chemist and Druggist, 15th May; San Francisco Medical Press, April; Ohio Medical and Surgical Journal, Columbus, May.

Pamphlets Received.

Introductory Address delivered before the Students of Jefferson Medical College, Phila. By Prof. S. H. Dickson, Oct. 1853. From the Lecturer.
 Prof. Robby Durgibson: Exhortation to the Graduates of the Jefferson Medical College of Philadelphia. March 1864. From Prof. T. D. Mitchell.

Subscriptions paid since last issue.

Dr. P. Munro, Montreal, 6s.; Dr. S. Gauthier, do. 6s.
 Dr. R. Shaver, Williamson, 6s.; Dr. A. Longpré, Beauport, 6s.; S. J. Foss, Esq., Sherbrooke, 10s.; John Tiley, Esq., Norwich, 10s.

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