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CANADA LANCET.

WILLIAM EDWARD BOWMAN, M.D., EDITOR.

No. 11. MONTREAL, JANUARY 15, 1864. VOL. 1.

COLD APPLICATIONS IN CROUP.

BY THE EDITOR.

On perusing the excellent remarks in the Chicago Medical Examiner of December last, by Dr. Taylor, Iowa, on cold applications in croup, and other affections of the throat, one cannot but be reminded of the truth of the remark, that our profession constantly bringing forward old forms of treatment, and that our knowledge of them is increasing by the attention. I well remember, years ago, being instructed by a clergyman's wife concerning this cold water treatment of croup · her children were always having croup, she said, and yet she never had a doctor for them; a cold wet cloth and little syrup of squills being all she ever required. ...d years ago, I was called to what afterwards proved to be a very serious case of this disease, in which the mother, a lady from Minnesota, at the outset, begged me to employ cold water, and gave her reason, that this very boy had before been cured of croup by its means alone. It was a New Orleans doctor, she said; and he wrapped the child warmly all but the throat, which he kept very cold for two or three hours, by means of wet towels; then the child went off into a quiet sleep, and rose the next morning as well as ever. She insisted that he never gave it any medicine, and that he told her, it was the only way he ever treated croup. Was this true? She seemed seriously in earnest about it, but I did not dare to trust her, and therefore insisted on leeching and antimony, and the child but barely recovered. My attention, however, as may be imagined, was now fully aroused to the subject; and taking down Mason Good, (I always begin with old Nosology,) I found that as long ago as 1822, Dr. Hardin, of St. Petersburg, after trying every remedy without avail, in a fit of despair, placed his dying child into a tub, with its ...ly on a cushing of hay, and dashed a pailful of cold water (60° F.) over it, from the head along the spine, rather harsh treatment certainly for an infant of 18 months, but it stopped the croup, and though he was compelled afterwards to repeat the operation ten times, (so says the book,) it was as ...n successful; and the child got well. He afterwards employed it frequently with like success, and strongly recommended it, particularly in the ... stages of the disease. His plan must doubtless have been adopted by other physicians of his time, for we read of a Dr. Millar, who was then a physician in St. Petersburg, being extremely fortunate with ...e which he treated in this manner.

The application of ice in a bladder was canvassed in Dr. Elliotson's time (1839), for he mentions it in his lectures, and gives it his sanction, provided it be after leeching.

Dr. Wood in his Practice of Medicine (vol. 1, p. ...) says that Dr. Fithian, of Woodbury, New Jersey, has been very successful in his treatment of croup by means of cold wet towels kept constantly applied to the throat and upper part of the chest.

Harden, Schmidt, and Copeland, speak well of cold affusion to the head, to relieve the congestion produced by the impeded respiration of croup.

In Rankin for 1853 (vol. 2, p. 276) Dr. Borchman recommends the employment of ice to the neck, in place of leeches, in the early stages of croup; and gives the results of three cases, one of which was his own son, a child of two years of age. A handkerchief, folded as a cravat, was dipped in iced water and wrapped round the neck; a small bladder containing fragments of ice, was applied to each side of the neck, the limbs at the same time being wrapped in warm flannel, and kept warm by bottles full of hot water. These applications were renewed every half hour. Immediately after the first, the heat of the head, with the agitation and distress diminished, the cough ceased, and the patient fell asleep. This treatment was persevered in for five hours, when the cravat alone was continued, and wet at more distant intervals, until the next day. The results were the same in the other two cases; the relief being equally immediate and effectual.

In Rankin, 1859 (vol. 1 p. 49) Dr. Luzsinsky, director of a children's hospital in Vienna, gives, daily, from a half to two drachms of carbonate of potash, with syrup, in divided doses, till the cough becomes soft and loose: and directs the whole body to be kept warm and dry, whilst the neck is bared, and assiduously fomented with ice-cold water, the patient getting, at the same time, a constant supply of ice-cold milk and water, in small quantities. This treatment is continued from one to three days, when the cold is gradually left off, and more nourishment allowed.

My own experience of cold applications to the throat, for croup, is likewise decidedly favourable. I have rarely omitted their employment for several years past, and can truly affirm, that I have never witnessed a single instance where they have not produced a marked good effect on the breathing. And I now constantly order pieces of ice to be held in the mouth, and the cold water to be swallowed, in all inflammatory affections of the throat. Coinciding as I do, so heartily, with Dr. Taylor, I feel that I would be wanting in my duty to my readers were I not to give his article insertion, as, in addition to the above, another valuable testimony to its usefulness. It is short and good. I give it unabridged.

ICE IN AFFECTIONS OF THE THROAT.

BY M. K. TAYLOR, Surgeon U. S. Vols., Professor of the Theory and Practice of Medicine, in the Medical Department of the Iowa State University.

DEAR SIR,—I have noticed several paragraphs in the public journals lately, referring to the employment of ice, by some French gentleman, whose name I do not at this moment recollect, in certain affections of the throat. His mode of applying the ice seems to be that of allowing it to be dissolved

slowly in the mouth, or of swallowing it, that it might be dissolved in the stomach. I have no doubt of its efficacy in many cases when thus used. There are many instances, however, and particularly in infants, when it is difficult to secure any such favorable results, because of the want of co-operation on the part of the patients.

A more practicable mode, and one with which I have been very favorably impressed, after some four or five years trial, is that of its external application to the throat, in nearly all of the local inflammations of that region, not connected with the eruptive fevers.

I have used it in both inflammatory and spasmodic croup, in diphtheria, tonsilitis, laryngitis, and œdema of the glottis, and I assure you of my belief that we possess no remedy so effective, and at the same time so manageable, as the external application of ice to the larynx, or parts higher up, when thus inflamed. Its powerful sedative impression is observed in a very short time, directly upon the morbid process; while there is a general sedation, seen in the diminished action of the heart, and loss of temperature, with a corresponding modification of febrile excitement, upon the continuance of the application of the remedy.

In infants, I have seen it control the croupy respiration in a very few minutes, and that too when time is of the utmost importance, as in the severe forms of the spasmodic variety. In diphtheria, it does not always arrest the exudation of false membrane, but the ice will diminish the amount thrown out, and assuage the local pain and swelling very much. In the earlier stage of tonsilitis it will often arrest the disease, always modifies and lessens the inflammatory action, and prevents, to a very considerable extent, the suppurative process. In some cases, however, when repeated suppurative inflammations have occurred in the tonsils before, it has not always arrested the formation of an abscess—perhaps it might have done so had it been applied in an earlier stage of the disease.

My mode of application has been to secure a piece of ice, the size of a hen's egg, so shapen as to adapt itself to the form of the neck, upon each side of the larynx, or as near the seat of inflammation as practicable; and for tonsilitis, immediately to the submaxillary region, upon one or both sides, as the case might require. I have generally adjusted the ice by enveloping it in a single thickness of oiled silk so that it could not slip from its proper place, then placing it saddlewise over the larynx, I next envelope the whole neck with several thicknesses of flannel, with the view of preventing the temperature of the surrounding air from contributing to any extent in dissolving it. When the ice seems to be no longer required, the moderate application of cold water will prevent too great reaction, and the lighting up anew of the morbid action.

It does not, or at least I have not relied upon it solely with that view, do away the necessity of other treatment; but I have generally employed such medication as the circumstances seemed to demand for the arrest of the disease, with only this precaution; that antimony and viratrum be administered sparingly, lest too great depression be obtained.

It will be recollected that the ice lies closely upon the larger vessels of the neck, and that the greater part of all the blood sent to, and returning from the brain, comes more or less under its influence; and that the sedative effect of the small quantities thus employed is much more marked than when a considerable larger quantity is applied to the whole cerebrum.

I have not time to prepare notes of cases, if I were so disposed, because of the pressure of my public duties; nor do I consider it particularly necessary, to ensure the trial of the remedy by the profession at large. The known sedative action of cold is too well appreciated by the profession to require such demonstration.

I have not employed it in those anginose affections of the throat connected with scarlatina, lest it might interfere with the appearance of the eruption; though in a desperate case, when other remedies had failed, I should do so, and seek to counteract any unpleasant effect by friction to the surface, and artificial heat to the remote parts. I have seen no unpleasant effects from its use, though I can readily conceive that on young infants, without proper care, its action might be carried too far.

To Professor N. P. Davis, Chicago Medical College.

SIMPLE DRESSING, FOR RECENT BURNS

BY JOHN H. PACKARD, M.D., PHILADELPHIA.

In the Spring of 1853, while an officer of the Philadelphia City Dispensary, in Fifth street, I was called one day to attend a German manufacturer of fancy soaps, in the neighborhood, who had been severely burnt over the face, one arm, and the side, by the blazing up of a quantity of alcohol. I visited him for several days, using from the outset the "Carron Oil," or mixture of linseed oil and lime water, as I had been taught. But this failed to allay his pain, even with the aid of anodynes given internally; and becoming dissatisfied, he dismissed me, and procured the services of an old friend of his, formerly a surgeon in the Austrian army. On my seeing him a short time afterwards, he told me that his friend had given him immediate relief by the application of fresh lard; and the appearance of the injured parts was indeed surprisingly favorable.

Bearing this case in mind, I made a trial of the plan suggested, as soon as an opportunity offered itself, and was so well satisfied with the result that I continued its use. Since that time there have come under my care a great many cases of burns and scalds of all degrees of extent and severity: but none in which the simple dressing, above mentioned, has not answered well. It has repeatedly, I do not know how often, occurred to me to see patients who have had other dressings applied, but whose sufferings continued unrelieved until the lard was put on.

Some of these instances have impressed me very forcibly. One was that of a child about three years of age, to whom I was accidentally called. He had pulled a kettle of boiling water off a table upon himself, and was badly scalded over the face, upper part of the chest, and arms. His mother had applied linseed oil and lime water, but to no good purpose: he was screaming and crying violently with pain. Some fresh lard having been brought, I dressed his injuries with it, when he immediately ceased crying, and in a few minutes fell into a sound sleep. His recovery was very rapid.

Another case occurred to me a week or two since. A child four years old was reaching for some play-thing on a mantel-piece, over a grate, when his clothes (he was in petticoats) swung out against the fire, and he was instantly in flames.

Before the fire could be put out, he was burned over both thighs, both arms, the body, the back of the head, and slightly over the face. When I saw him, about two hours afterwards, he was suffering severe pain, and very restless, although dressed with Carron oil. As soon however, as the entire burnt surface was covered with fresh lard, he became easy, and remained so until his death, which took place in about eighteen hours from the time of the accident.

As has been already stated, these cases are among very many others which have come under my notice. They impressed themselves in my mind because of the very marked relief given by the lard, when other means had failed. Moreover, in children, we can as a general rule, estimate the amount of suffering by the amount of complaint made; whereas, adults will often, either exercise self-restraint, or subdue the expression of pain from the mere expectation of speedy relief.

The "Carron Oil" is well known to the public as well as to the profession: so that it is often applied by the bystanders, or friends, in cases of burns, before the arrival of the surgeon. Its use is advocated in preference to that of any other article, in an able paper on the injuries in question, contributed by Dr. John Ashhurst, Jr., to this journal for July, 1863, and this is the only one of the points so well set forth by him, to which I would take exception. The smell of linseed oil is very offensive and sickening, while the lime water, never wholly incorporated with the oil, is apt to evaporate at many points, leaving the linen or other stuff upon which it is spread, sticking to the skin. By covering the dressing with oiled silk, we may indeed obviate this annoyance; but oiled silk, although usually at hand in an hospital, is seldom to be had in any quantity in private houses.

What we want to do in dealing with a burn, as regards local treatment, is simply to protect it from irritation; reference being had here to the early period of the case only, and not to its later stages, when stimulation is often called for. If, therefore, we cover the injured surface with a bland, unirritating and air proof medium, our object will be gained. Such a medium I believe to be best furnished by fresh lard.

This material can almost always be procured in any desired quantity, and at the shortest notice. If salted, it can easily be deprived of the salt, by washing it with water. My own practice is to spread it thickly on pieces of very soft old linen, or muslin (old table cloths are excellent) and then tear off pieces of suitable size to amply cover the effected parts. The great object is to apply the dressing accurately to the surface. For the face, a mask may be readily made of a piece of the spread stuff, the eyelids, or ears, if involved, being first covered with small bits of it. When a limb is concerned, it is better to tear off strips, and wrap the parts lightly with them, like a common bandage, except that no reverses are made. Or reverses may be made, the surface of each being smeared with the lard before it comes on the skin. As it is impossible to dress burns neatly, we may as well discard at the outset all idea of doing so, and aim wholly at promoting the comfort of the sufferer.

In very warm weather, or when the patient is to remain in a heated atmosphere, an important advantage, in almost every case of severe and extensive burns, the lard may be deficient in "body"; it is then necessary to add to it a small proportion of simple cerate. About one part of cerate to four or six of lard will usually answer the purpose.

So much has been written on the treatment of burns, from the earliest times to the present day, that it may appear presumptuous to attempt to throw any new light upon the subject. But, so far as my reading goes, the simple dressing, I have now advocated, has never been more than mentioned by any writer, nor have I met with any knowledge of it among my professional friends. So completely has it satisfied me, after a very extensive trial, that I feel bound to make its value known to others, confident that they will not be disappointed in its effects.—*Am. Journal of Med. Science.*

THE SUBCUTANEOUS INJECTION OF QUININE.

The success attending the hypodermic method of administering morphia, atropia, etc., has suggested the same method of employing quinine in the treatment of remittent and intermittent fevers. Dr. W. J. Moore of the Bombay Medical Service (*Lancet*) claims almost invariable success in thirty cases of intermittents, the case seldom requiring a second application: and finds remittents subside after the fifth and sixth injection. Dr. Chasseaud, of Smyrna, also reports one hundred and fifty cases, and especially commends this system where gastric symptoms render the exhibition of quinine by the mouth impracticable.

The preparation used is a strong solution composed of thirty grains of quinine, eight or ten drops of dilute sulphuric acid, and half an ounce of water. Of this solution, from half a drachm to a drachm (from 3 to 8 grs of quinine) is injected. No other remedies are used, except a little sulphate of soda when the bowels are confined, or, when indicated, some of the preparations of iron. Dr. M. generally injects beneath the skin over the outer belly of the triceps extensor muscle, or over the deltoid. He has also injected with equal success on the thigh and calf, or over the spleen, when there is an enlargement of that organ. The instrument employed is the ordinary hypodermic syringe. To avoid irritation, it is important that the instrument be perfectly clean, and that none of alkaloid be left in suspension instead of solution. The best time to inject is shortly before the cold fit, but if done during the first stage, it will lessen, and sometimes stop the whole paroxysm.

In cases of remittent fever, a good time to commence is during the remission, repeating the operation at intervals of six or eight hours. Dr. M. thinks that four or five grains of quinine, injected beneath the skin, are equal in their effects to five or six times that amount taken into the stomach, and that the effects are more certain, and relapsing attacks less common. *Am. Med. Times.*

INFLATION OF THE TYMPANUM.—Mr. Toynbee has noticed that the Eustachian tube is naturally closed, but that it is opened by the tensor and levator palati muscles, during the process of deglutition. Acting on this fact, Politzer of Vienna employs an India-rubber bottle, to which a flexible bougie is attached; this being introduced into the nose, and the nostrils firmly closed over it; the patient is given a liquid to swallow, and at the moment of doing so the air is drive into the nasal cavity from the bottle, and seldom fails of entering the tympanum, as the nares at this moment is completely closed by the velum palati.—*Medical Times.*

Canada Lancet.

MONTREAL, JANUARY 15, 1864.

GALEN.

"In Rome" says Galen, "no one seeks after truth; money, public offices and voluptuousness are the sole objects of life. He who devotes himself to the acquisition of knowledge, is considered insane. Among those who appear to take an interest in me, I am often blamed for applying myself too closely to researches after truth. They say that I will never gain any advantage, either for my friends or for myself, until I throw aside this habit, and pay my court to the great in the morning, and sup with them in the evening. It is indeed by such attentions, that acquaintances are made, protection is insured, and practice obtained. It is thus, rather than by merit and learning, that confidence is inspired. And how can it be otherwise? Who are the judges between us? They are men who pass every hour of their lives in frivolous and disreputable occupations. When ill, they do not seek the attendance of the best informed physician, with whom, when in health they had no acquaintance; but they call in those who have been their boon companions, who flatter them; give them cold water, if they so desire; baths, if they wish; ice, wine, in a word, anything they fancy.

* * * * * * * * * *

"Soon after my arrival in Rome, Glauco, the philosopher, took a great fancy to me, in consequence of my imputed skill in diagnosis. Meeting me accidentally in the street, and shaking hands with me, he remarked, 'I have fallen upon you opportunely; I wish you to visit with me a patient in this neighborhood whom I have this moment left—the Sicilian physician, whom you saw walking with me some days since, and who is now ill.' I inquired of him what ailed his friend, when, with his habitual candor he replied, that Gorgias and Apelas had spoken to him of my skill in diagnosis and prognosis, which appeared to them more like the result of divine inspiration than of medical science; and that he wished to know for himself, whether I really was thus skilful He had hardly done speaking before we reached the door, so that I had no opportunity of replying. I have often said that on some occasions the signs of disease are certain, at other times they are ambiguous, and require to be considered again and again. As we entered, I observed a servant carrying from the sick chamber, a vessel containing a thin bloody sanies, like the recent washing of flesh,* a sure evidence of diseased liver. Without appearing to notice this circumstance, I proceeded with Glauco to the patient's apartment; when, placing my fingers on the wrist of the sick man, I examined his pulse in order to determine whether the attack was inflammatory, or simply a weakness of the affected viscus. As the patient was himself a physician, he remarked that he had recently been up, and that the effort of rising might have accelerated the pulse; but I had already discovered the evidences of inflammation; and seeing, on a recess in the window, a jar containing something like a preparation of hyssop in honey and water, I knew that he had mistaken his disease for pleurisy; in which, as in inflammation of the liver, there is usually pain under the false ribs. He had been led to this opinion, as I at once perceived, by experiencing this pain, by his short and hurried breathing, and by a slight cough. Understanding the case, therefore, and turning to good account what fortune had thrown in my way, in order to give Glauco a high opinion of my ability, I placed my hand over the false ribs, on the right side of the patient, and at the same time declared this to be the seat of pain, which the sick man admitted to be correct. Glauco, supposing I had made this discovery merely by examining the pulse, began to express surprise. But to increase his astonishment, I added, 'inasmuch as you admit the existence of pain at this spot, I wish you further to say, whether you are troubled with a slight cough, and whether your cough is not dry, without sputa, and occurring at long intervals. While I was yet speaking, the sick man was seized with a cough, such as I had described, whereat Glauco was exceedingly excited, and no longer able to contain himself, began to vociferate in praise of my abilities. 'Do not think said I, 'that these are all the discoveries my art enables me to make; there are others yet to be mentioned, which will elicit the testimony of the patient.' When, turning to the latter, I resumed: 'Is not the pain in this part increased, and accompanied by a sense of weight in the right hypochondrium, whenever you take a full breath?' At hearing this the patient also was surprised, and was as loud in my praise as Glauco. Seeing fortune still smiling upon me, I was desirous of making some remark in reference to the shoulder, which appeared to be drawn downwards, as often occurs in severe inflammations, as well as in induration of the liver: but I did not venture to speak on this point, fearing to diminish the admiration which I had already excited. Nevertheless, I touched upon it cautiously, saying to the patient, 'You will not be long in feeling the shoulder drawn downwards, if perchance you do not find it so already,' when he admitted this symptom also Seeing him greatly astonished, I said, 'I will add but one other word to show what you conceive to be the nature of your complaint.' Glauco declared he would not be surprised if I should do even this. But the patient, overcome with wonder at such promise, observed me closely, waiting for what I would say. I told him he had *taken his disease for pleurisy. This, with a further* expression of surprise, he admitted to have been his own opinion, as well as that of his attendant, who had been fomenting his side with oil, for the relief of the disease. From this time forward, Glauco entertained the highest opinion both of me and of our art; for, having never before come in contact with a physician of consummate ability, he had hitherto formed but an humble estimate of the profession."—*From the 'Historical Sketches' of Dr. V. J. Fourgeaud. Pacific Medical and Surgical Journal.*

* The urine loaded with pink or lateritious sediments.—*Ed.*

SPIRITS OF TURPENTINE.—We have no record that spirits of turpentine has ever proved fatal to human life. Given in doses of a wineglassful or more, it has seemed to act merely as an aperient, although in some instances, it has produced violent irritation of the urinary organs; and in others, intoxication, followed by coma, collapse, and convulsions, but not death.—*Guy.*

Interesting Cases.

Hypodermic Injection of Quinine in Typhoid Fever.

By Theophilus Mack, M.D., St. Catherines, C. W.

In the early part of January last I had to endure one of the most painful trials which fall to the lot of one exercising an art peculiarly beset with anxieties and troubles—typhoid fever, of a very serious type, having made its appearance in the family of a personal friend. After the recovery of two of the younger members, the two eldest daughters were taken, and from the outset their symptoms were portentous of evil. The elder of the two young ladies having succumbed to the disease, the second, on the night after her sister's death, presented the following discouraging group of symptoms:—Profound stupor; pupils insensible to light; subsultus; deglutition lost; evacuations involuntary; extremities cold; a peculiarly offensive odor from the whole person; sordes about the teeth; tongue fissured, and covered with a dark brown fur. No effort of those about her could elicit any sign of intelligence; pulse extremely rapid and small.

Dissolution within a few hours seemed imminent; in fact the funeral of the sister, already dead, was postponed, in order that the last sad rites might be performed for both at the same time. It is useless for me to say that the treatment had been actively stimulating and sustaining, and that in conjunction with two other consulting confrères, everything had, so far, been done to avert the impending catastrophe. At this crisis I resolved to make use of hypodermic injections of quinine. I consequently injected at once an alcoholic solution of the pure alkaloid into the axilla, the bends of the elbows, and the inguinal and popliteal spaces; thus introducing about twelve grains of the remedy.

I directed the operation to be repeated by my partner, Dr. Clark, after the lapse of about five hours; and wearied and dispirited, I retired to rest.

Upon awaking in the morning, I found a note informing me that the symptoms were all abating; and upon visiting my patient, I found deglutition improving, and the rectum able to retain enemata once more. The injections were kept up for about ninety-six hours, gradually diminishing the quantity, and confining them to two regions only.

She convalesced steadily and slowly, sloughs occurring over the sacrum and at four of the points where the syringe had been entered.

Reviews.

On Asthma: its Pathology and Treatment. By Henry Hyde Salter, M.D., F.R.S. Fellow of the Royal College of Physicians; Physician to Charing-cross Hospital, and Lecturer at its Medical School. 8vo. pp. 372. Churchill & Sons, 1860.

It has rarely been our province to review a work more charmingly written than this one, but it will be hardly sufficient we fear to tell those of our readers who have not seen it, that we admire it, and have whiled away pleasant hours in its perusal; our profession, so proverbially practical, desires more than this: we will therefore let them take a peep as it were into its pages—follow us in the reading, and in so doing shall endeavour to point out its usefulness. His is a life's experience, and those observation, with a large field to work in, and his remarks well deserve our consideration.

After a full preliminary inquiry into the tenability of the different prevailing theories concerning asthma, our author brings forward very strong arguments to prove the following as the true pathology of this disease:—

That asthma is essentially, with perhaps the exception of a single class of cases, a nervous disease.

That its phenomena depend upon spasmodic contraction of the organic or unstriped muscle which exists in the bronchial tubes, this spasm being produced by reflex action.

That in the largest number of cases, the pneumogastric nerve, both in its gastric and pulmonary portions, is the seat of the disease.

And that occasionally the source of irritation appears to be central, originating in the brain or spinal cord.

He considers that asthma, like other diseases which leave no organic traces of their existence, produces its symptoms alone through the nervous system; and quotes farther in proof of it, cases that have been brought on, or suddenly arrested by mental emotion, as fear, fright, or surprise, venereal excitement even, being sufficient in some cases to cause an attack, or when present to arrest it.

It is a curious thing, he continues, that these emotions should have such contrary effects in different individuals, but analogous cases are not wanting in other diseases; thus, it is well known that shock will bring on chorea, and that shock also will remove it.

Among the reported cases in illustration, he gives one of a gentleman, in whom an attack of asthma was instantly arrested by the alarm occasioned by an hysterical fit in his sister, who was giving him medicine when she fell. The relief in this one, however, was but temporary, for the difficulty of breathing returned when he had recovered from the fright.

He considers also that the remedies employed for asthma are such as appeal to the nervous system, and mentions chloroform particularly as a proof. He says that in post mortem examinations of persons subject to asthma, who have died of other diseases, nothing abnormal can be discovered in either the lungs or heart, nor any signs whatever of inflammation or its products.

Volkman, Williams, and others, have clearly proved that the muscular coating of the bronchial tubes undergoes contraction on the application of stimuli, either to the tubes themselves, or to the trunks of the pneumogastric nerves, causing in some cases complete occlusion. For what purpose indeed, he asks, can such a coating be but that it may vary the calibre of the tube it invests?

In asthma the pneumogastric nerves are morbidly sensitive, and effluvia, otherwise innocent, become incentives to spasm. This reflex-action is also well known to be induced by stimuli derived from remoter parts; take for example peptic asthma, in which an error in diet is sufficient to bring it on. A loaded rectum too is a common cause; and in a curious case, quoted by our author, getting the instep cold was the source of irritation. And in another, labor was the exciting cause of the asthma, the difficulty of breathing ceasing only after the expulsion of the placenta.

He considers that this form of contraction of the bronchial tubes produces wheezing, that wheezing is characteristic of asthma, and, as we understand, denies a case to be asthma without it.

But he gives likewise three other ways in which the calibre of these tubes may vary. We will place the four together.

Bronchial Catarrh.—By a plug of tenacious mucus partly closing the passage.

Recent Bronchitis.—By congestive or inflammatory thickening of the mucous membrane.

Old Bronchitis.—By plastic exudation, thrown out into the submucous areolar tissue whilst the bronchitis was severe, and which has undergone subsequent slow contraction, in the same way as in œsophageal or urethral stricture.

Asthma.—By contraction of the circularly disposed organic muscle, which exists in the bronchial wall.

The last is spasmodic stricture, the other three are not; the first is no stricture of the tube at all; and the second and third are inflammatory strictures; the second, recent, vascular, and mucous; the third, old, fibrous and submucous. In all these ways the column of air in a bronchial tube may be constricted, and the tube converted into a musical instrument; the seat of a sound thus will be sonorous or sibilant rhonchus, of high or low pitch, according as the tube is large or small.

The sibilus depending on a plug of mucous sticking to the side of the tube, is generally, (always ultimately) relieved by coughing.

Inflammatory tumidity of the mucous membrane can never be dissociated from the symptoms of existing bronchitis, and the sibilus arising from it, is not of transient appearance and disappearance; the sibulus of asthma, however, may come one minute, and the next be gone, and is ever changing.

The sibilus arising from the contraction of plastic exudation thrown around the tube, is of course unvarying and irremediable.

After a very complete and interesting clinical history, our author next describes the varieties of asthma. He divides them into those in which the irritation is produced by effluvia inhaled; those where the exciting cause is the various fluids taken into the stomach, absorbed into the blood, and carried to the lungs after having passed through the liver and right side of the heart, which he styles toxhæmic or humoral asthma; reflex asthma from stomachic, nervous or cerebro-spinal irritation; and symptomatic asthma, complicating bronchitis, or cardiac disease.

After a good description of each variety, the causes and consequences of asthma are fully entered into; in treating of the latter he remarks:—Asthma never kills, at least I have never seen a case in which a paroxysm proved fatal. Death generally occurs from the organic changes produced in the heart and lungs.

One of the consequences of asthma, he says, is narrowing of the bronchial tubes, from hypertrophy of their muscular element, and congestive tumidity of the mucous membrane

Asthma, he observes, may go on for a long time without affecting the heart, even when the attacks are very severe; it is only when the dyspnœa remains in the intervals, that changes in this organ take place. He does not, therefore, agree with Dr. Todd, who considers dilatation of the right ventricle diagnostic of asthma, and presses his finger beneath the ensiform cartilage, for the detection of the consequent change of position of the heart-beat, before pronouncing a patient asthmatic.

With regard to emphysema, he states that he has noticed it to become developed where bronchitis has never existed. But our limited space unfortunately compels us to pass on from this interesting part of the work, to his remarks concerning the treatment of asthma.

The Treatment.—The first thing to be done, on being called to a patient in a paroxysm of asthma, is to ascertain if there is any exciting cause actually present and in operation, and if so, to remove it. An undigested meal, or a full rectum, may, as peripheral irritants, produce bronchial spasm; the one, I think, through the pneumogastric nerve, the other through the sympathetic; and thus an emetic which relieves the one, and an enema (or any other means), which evacuates the other, may put a stop to the attack. Ascertain, too, that it is not in the air that he is breathing, if there is a hay field near or ipecacuanha powder in the room, or dust, or smoke; and if so, let his removal be the first step taken. Is it in the local peculiarities of the atmosphere? Then get him away at once; never mind how difficult it is to move him: very likely before he has gone a mile or two he will be quite well. All treatment will be powerless as long as he is under the influence of the injurious air.

Let your first care be to place your patient in a favourable position; get him out of bed, bolster him up in an arm chair, and place before him a table of convenient height, with a pillow on it, on which he may rest his elbows, and throw himself forward. It is quite surprising how much comfort this little ease will give him. If he is too bad to sit, the same arrangements must be made for him in a standing posture. As to the remedies to be employed, there are no suggestions equal to those to be derived from the patient's own experience, when he has acquired any.

Depressants.—The class of direct depressants, or contra-stimulants, exercise the most singular and powerful influence over the asthmatic condition, a great and immediate as any that I know, except, perhaps, mental emotion. No matter how intense the spasm may have been, the moment the sensations of collapse are felt, it yields, the respiration becomes free, and the patient passes from agony to ease.

The three drugs of this class, with whose use in asthma I am most familiar, are ipecacuanha, tartar-emetic and tobacco. No doubt they all act in the same way,—by lowering innervation, depressing nervous vitality or irritability, or whatever we may call it, and enfeebling the contraction of the bronchial muscle, just as they weaken the heart's action, relax the constriction of hernia, or relieve urethral stricture, or the spasm of colic. Of the three, I should say ipecacuanha is the most manageable, and entails the least suffering, while tobacco is the most speedy and effectual. The nausea and collapse from antimony are long and tedious.

With regard to the *modus operandi* of ipecacuanha in asthma, he believes that its good effect is owing entirely to its depressant action; and gives an interesting case in proof. About ten minutes or a quarter of an hour after swallowing the usual dose (20 grains), a sense of nausea would be felt, accompanied by a slight faintness and dampness of the skin, and a profuse secretion of saliva. It was then that the spasm gave way, before a single act of retching had occurred.

The effect of tobacco is exactly the same. In those who have not established a tolerance of it, its use is soon followed by a well-known condition of collapse, much resembling sea-sickness; vertigo, loss of power in the limbs, a sense of deadly faintness, cold sweat, inability to speak or think, nausea and vomiting. The moment this condition can be induced, the asthma ceases as if stopped by a charm. It is the danger of deadly and protracted

collapse, from over-dosing, that makes one so unwilling to employ tobacco. I have known the pulse hardly perceptible for nearly two hours, in spite of ammonia, and brandy freely administered. But distressing as these sensations may be, they are inspeakable relief, when contrasted with impending suffocation. In the cases reported, the pipe was always removed when perspiration and faintness were produced.

Sedatives.—There are one or two of this class that are of very great value. They operate by destroying for the time, that morbid sensitiveness of the pulmonary nervous system, that constitutes so essential a part of the disease. Chloroform, for example, is, in my opinion, one of the most valuable remedies for asthma that we possess—the inhalation putting a stop to the asthmatic paroxysm, more speedily, and more certainly, than anything else I know. Even when complicated with bronchitis, if carefully administered, it will remove the asthmatic element of the dyspnœa. Like other remedies, it is most successful when employed early; for, if the spasm has existed for any time, it is apt to recur as soon as the influence of the chloroform has passed off. It should always be given gradually and cautiously, and ought never be trusted to the patient himself, who should be forewarned that death may follow its self-administration, from want of power to remove it from the nostrils.

Stramonium.—This, like other remedies, will cut short an incipient spasm, while over one that has been long established it has but little power. I have, however, observed better results from the long-continued practice of smoking a pipe of it the last thing at night, than by waiting till a paroxysm comes on. I have seen this nightly pipe keep the disease at bay for an indefinite time. Inhaling the cold smoke, swallowing the saliva whilst smoking, and taking the extract, are all different modes which prove useful. I do not believe that the use of stramonium is ever attended with any danger, except from the most egregious over-dosing.

Our author does not speak well of either ether or opium, the latter seeming in some cases to bring on the paroxysms. Nor is it to be wondered at, he says, when we bear in mind, that during sleep, reflex nervous action is exalted: that this is the case, the phenomena of epilepsy, cramp, lead-tremors, and other examples of deranged muscular action, plainly prove. It is just as sleep comes on, just as the will is laid to rest, or during sleep, that these different forms of involuntary muscular contraction most commonly occur. Any one, to convince himself of it, has only to fall asleep, sitting on the edge of his chair in such a position that it shall press on his sciatic nerves. As long as he is awake, his legs will be motionless; but the moment he falls asleep, they will start up with a plunge, and suddenly wake him. They will remain quiet and still, until he once more falls asleep, when they will again start and awake him; and so he may go on, as long as he likes. In a similar manner the exciting causes of asthma acquire a potency during sleep, that they do not possess in the waking hours.

Stimulants.—This brings us to the stimulants, which, by their exhilarating effects, prevent sleep. Thus it is that coffee, by rousing the asthmatic, puts a stop to the asthma that was creeping on him whilst he was drowsy or sleeping. Coffee relieves about two-thirds of the cases in which it is tried. It cannot be employed too strong, and should be given as hot as possible: it is best without either milk or sugar. Unfortunately for its more complete success, it retards digestion when taken on a full stomach.

Alcohol.—We feel that we could not select a better place than this, to insert our author's recently acquired experience of the toleration and benefit of strong alcoholic liquors in asthma. He has found them to succeed in relieving paroxysm that have resisted every other known agent. They must be given both very strong, and very hot,—say two-thirds brandy, and one-third boiling water. They do not affect the head in the same manner as when the disease is not present. He tells of a gentleman who drank a quart of brandy during the first twenty-four hours that he tried it, and consumed twelve gallons within two months. He also narrates a case where gin was taken largely, with success. Notwithstanding all this, he still holds to the opinion, that, as a beverage, all forms of spirituous liquors are injurious, and should be carefully abstained from.

Nitre Paper.—Dissolve four ounces of saltpetre in half a pint of boiling water; pour the solution into a small waiter, just wide enough to take the paper, which should be ordinary red blotting paper. Draw it through the liquor, and dry it by the fire. Then cut it into pieces about four inches square, and direct one or two pieces to be burned in the bedroom, on retiring to rest at night. Its combustion should yield light, clear, white fumes. It has been suggested that if the nitre be dissolved in a strong infusion of stramonium, instead of water, the results will be still more satisfactory.

The efficacy of nitre paper, is, in our author's opinion, in proportion to the purity of the asthma, and he considers it of but little use when the attack is complicated with bronchitis. He gives, among other instances of its efficacy, the testimony of a medical man of his acquaintance, whose daughter was afflicted with this complaint: he says:—It was during one of the worst attacks of asthma I ever witnessed. I had left the room for a short space of time. Alone with her maid, it seemed to both as if the contest could be no longer continued. In her agony she gasped out, "Try the paper again." Taking a large sheet, the servant quickly filled the room with a dense cloud of fumes. In a few moments, she was breathing as quietly as a sleeping infant. A change, so sudden, so complete, I never before witnessed. The dense smoke, so suffocating to the healthy, to her was ever the source of the greatest comfort, always mitigating, and sometimes completely relieving the spasmodic condition of the air tubes.

In a capital chapter on the dietetics of this disease, he remarks: —The dietetic treatment of asthma practically points to this simple rule: let no food be taken later in the afternoon than will allow the process of digestion to be completed, and the stomach empty before going to bed. The digestion of asthmatics being often very slow, six hours should be allowed between the last meal and bed-time: the patient, however, may break his fast early, and eat heartily in the morning. After an amusing chapter on the various opposite and curious effects produced in different individuals by change of air, he arrives at the following conclusions:—

That change of residence alone will often cure the asthma that resists all other modes of treatment.

That the places most generally beneficial are large, populous, and smoky cities; and that those portions of them in which the air is worst for the general health, seem best adapted, as a rule, for

asthma; but that this is not always the case, for sometimes the change requires to be to a purer air. The rules for these differences are arbitrary and inscrutable.

That probably there is no case of asthma that might not be cured, were the right atmosphere for it only to be found.

That locality, alone, appears to be adequate to produce the disease; and, consequently, that many persons would become asthmatic were they to live in other places.

That *possibly*, there is no case of asthma but what might be cured, were the right air only to be found for it.

And that, from the caprice of asthma, previous results are often deranged.

Next follows the hygienic treatment; and, finally, we have a very complete chapter on prognosis, and some capital reports of eleven interesting cases, with a table of 44 others, in which the causes, peculiarities, and modes of treatment are briefly stated. Any one who would understand asthma thoroughly in half an hour, we say—let him study this table.

In conclusion, we only wish that every future work we review may prove as pleasant and instructive to us.

To Correspondents.

Sarsaparilla Syrup.—Dissolve one drachm oil lemon, 10 drops oil wintergreen, and 20 drops oil sassafras, in an ounce of alcohol; put the mixture into a gallon of simple syrup, and add half a pint of burnt sugar previously dissolved in a little water, and 3 drachms citric or tartaric acid, and shake well. When desired for soda water, one drachm of the acid will be sufficient. The receipt for the burnt sugar can be found in the July number of the Lancet.

General Twigg's Hair Mixture.—Milk of sulphur, 2 drachms; acetate of lead, 1 drachm; rose water, half pint. Rub the powders together in a mortar, adding the rose water little by little. It is an excellent prescription for preserving the hair, when its loss depends upon heat of the scalp. It likewise has the property of gradually darkening the hair, but this requires weeks of constant application, during which time the hair, previously washed with soap and water, must be kept free from all oils or pomades. The bottle is to be shaken before using.

Thompsonian Composition.—Pulv. bayberry bark, 16 oz.; pulv. hemlock bark, 8 oz.; pulv. ginger, 8 oz.; pulv. Cayenne pepper, 2 oz.; pulv. cloves, 2 oz. Mix well. Dose: a teaspoonful in half a teacupful of hot water, sweetened and drank warm on going to bed. It is employed with much benefit in cases of obstructed perspiration from cold.

Preparation of Lard.—Haselden remarks that the flare or leaf lard, as it comes from the animal, should be cut into small pieces, taking off as much of the skin as possible; it should next be well washed by rubbing it with the hands in cold water; it is then to be put into an earthen vessel and melted in a water bath; as soon as it becomes heated to the consistence of cream, it should be strained and put into very small jars. He says that the less heat that is employed in its preparation the better.

Ointments.—In preparing ointments, the ingredients should be melted with as little heat as possible; wax or spermaceti should be reduced to thin shavings, and melted before adding the oil or lard, and the heating afterwards continued by placing the vessel over another containing hot water. When reduced to a liquid state, it must not be allowed to cool too rapidly, and should be stirred constantly as it is getting stiff.

Medical Works published in Great Britain from the 15th November, to the 31st December, 1863, with their sizes, numbers of pages, publishers' names, and prices in sterling.

Apjohn (James)—Manual of the Metalloids. 12mo., pp. 592, 7s. 6d. (Longman).

Birch (S. B.)—Constipated Bowels, 2nd edit. Post 8vo., pp. 200, 3s. 6d. (Churchill.)

Drysdale (Charles R.)—The Treatment of Syphilis and other Diseases without Mercury. 8vo., sewed, 3s. 6d. (Balliere.)

Maclachlan (Daniel)—A Practical Treatise on the Diseases and Infirmities of Advanced Life. 8vo., pp. 736, 16s. (Churchill.)

Medico-Chirurgical Transactions. Second series, vol. 28. 8vo., pp. 372, 12s. (Longman.)

Payne (Edwin)—Skin Diseases, and their Cure by Diathermal Treatment. New edit., 12mo., 2s. 6d. (Renshaw.)

Robertson (Abraham)—A Manual on Extracting Teeth. Post 8vo., pp. 210, 5s. (Trübner.)

Syme (James)—The Principles of Surgery. 5th edit., 8vo., pp. 575, 12s. (Murray.)

Aitken (William)—The Science and Practice of Medicine. 2nd edit. 2 vols., 8vo., pp. 1120. 28s. (Griffin.)

Fresenius (C.)—Qualitative Chemical Analysis. Edited by J. L. Bullock, 8vo., pp. 360, 10s. 6d. (Churchill.)

Nightingale (Florence)—Notes on Hospitals. 3rd edit. enlarged, and for the most part re-written. 4to. pp. 188. 18s. (Longman.)

Swayne (Joseph Griffiths)—Obstetric Aphorisms. 3rd edit. 12mo., pp. 132. 3s. 6d. (Churchill.)

Braithwaite (W. & J.)—Retrospect of Medicine. Vol. 47, July to Dec., 1863. 12mo. 6s. (Simpkin.)

Braithwaite (W. & J.)—On Midwifery, and Diseases of Women and Children: for the last half year. 12mo. pp. 106, sewed, 2s. 6d. (Simpkin.)

Chapman (John)—The Treatment of Diseases of Women and Children by Cold and Heat. Also Epilepsy, Paralysis and Diabetes. A pamphlet. 2s. 6d. (Trübner.)

Davies (Thomas.)—The Preparation and Mounting of Microscopic Objects. 12mo. pp. 160, 2s. 6d. (Hardwicke.)

Ranking and Radcliffe.—Half Yearly Abstract of the Medical Sciences. Vol. 38, post. 8vo. pp. 384, 6s. 6d. (Churchill.)

Galloway (Robert)—The Second Step in Chemistry; or the Student's Guide to the Higher Branches of the Science, with illustrations. 12mo. pp. 790, cloth, 10s. (Churchill.)

Williamson (George.)—Military Surgery. 8vo. pp. 280, Pa. (Churchill.) *Gunshot Wounds form the principal subject of this work.*

Periodicals received since 15th November.

American Journal Med. Sciences, January, 1864, London Med. Times up to Jan. 2nd. Pharmaceutical Journal, December. Am. Med. Times to Jan. 9th. Boston Med. and Surg. Journal to Jan. 7th, Philadelphia Med. and Surg. Reporter to Jan. 2nd. Philadelphia Dental Cosmos, January. Cincinnati Lancet and Observer, December. Buffalo Med. and Surg. Journal, December. Chicago Med. Journal, Dec. and Jan. Chicago Med. Examiner, Dec. Pacific Med. Journal, Oct. and Nov. London Chemist and Druggist, Dec. Am. Druggists' Circular, Jan. London Publishers' Circular to Dec. 31st.

Books and Pamphlets received during the Month.

A Manual on Extracting Teeth. By A. Robertson, M.D. post, 8vo., pp. 198. Lindsay & Blakiston, 1863. From the Publishers.

Camp Diseases of the United States Armies. By J. J. Woodward, M.D., Asst. Surg. U. S. A., large 8vo., pp. 364. J. B. Lippincott & Co., 1863. From the Publishers.

On Patency of the Foramen Ovale, &c. A pamphlet. From B. W. Foster, M. D., of Queen's College, Birmingham.

On Gunshot Wounds of Arteries and Traumatic Aneurism. A pamphlet. From Surg. J. A. Lidell, of the Medical College, Washington.

Case of Neuroma of the Optic Nerve. A pamphlet. From ditto.

First year Subscriptions paid since 15th December.

Dr. A. H. David, and Dr. E. Robillard, Montreal; Dr. E. Nolen, St. Roch de l'Achigan; Dr. Léon Rousseau, St. Michel de Yamaska; Dr. H. K. Cushing, Cleveland, O.; Dr. N. Jenks, Barnston; Dr. J. C. Poitvin, St. Martin; Dr. Wolfe, Quebec.

Second year Subscriptions paid in advance.

L'Institut Médicale: Dr. J. H. Richelieu, Montreal; Dr. T. Mack, St. Catherines; Dr. H. K. Cushing, Cleveland, O. Dr. N. Jenks, Barnston.

Deaths.

In this city, on the 19th ultimo, Horace Nelson, Esq., M.D., aged 42 years; eldest son of the late Dr. Wolfred Nelson.

At his residence, Holyrood House, Great Malvern, England, on the 24th ultimo, Francis Badgley, Esq., M.D., a native of Montreal, and for several years an eminent physician of this city and Toronto.

In this city, on the 9th instant, John Sinclair, Esq., M.D., aged 31 years and 2 months; eldest son of John Sinclair, Esq.

The Canada Lancet is published monthly at the rate of one dollar, (or four shillings sterling) per annum. Remittances may be made to W. E. Bowman, M.D., Editor and Proprietor, or to Mr. John Lovell.

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