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CANADA LANCET.

WILLIAM EDWARD BOWMAN, M.D., EDITOR.

WHOLE No. 18.

MONTREAL, AUGUST 15, 1864.

SECOND YEAR.

GLAUCOMA AND IRIDECTOMY.

CLEANINGS FROM LATE AND HIGH AUTHORITIES.

Glaucoma is produced by extensive tension of the eye-ball from venous congestion; by superabundance of fluid within it; by degeneration of the coats of the arteries and veins of the choroid and retina; by increased consistence and discoloration of the vitreous humour and lens; and by undue contraction of the ciliary muscle. (The cause of glaucoma probably lies more deeply, and has yet to be discovered.—Ed.)

An alarming attack may show itself suddenly, or appear only after a longer or shorter period of premonitory and milder ones.

The most important and marked symptoms of glaucoma are increased hardness of the eye-ball (stony hardness), severe pain in the orbit and ball, dilatation of the pupil, and blindness. All these may be relieved and the eye saved by the timely operation of iridectomy, which proves most beneficial when performed early, and in acute cases. Bowman gives some excellent remarks on digital examinations of the eye ball in Br. 14.

Eyes affected by other diseases may become glaucomatous and be destroyed, when unrelieved, by the same internal pressure as uncomplicated glaucoma.

Glaucoma is the only disease of the eye in which diadonna proves painful, injurious, and even destructive. (I can also add my testimony to the truthfulness of this assertion, for I not long since saw the eye of a patient affected with gonorrhoeal ophthalmia, which had become glaucomatous, in three hours, by the local use of atropine, which contrary to usual occasioned the severest pain. Ed.) Such effects therefore from the extract of belladonna, or from atropine, should render the surgeon cautious in its employment in suspected cases, and furnish him a valuable means of diagnosis in those in which the symptoms become aggravated. (The effect produced by it is much more severe and quite different from that of adherent iris.—Ed.) It acts by decreasing the congestion of the veins.—*Medical Times*, July 30, 1864.

A good description of the symptoms of glaucoma, and the correctness of which is universally acknowledged, is that of Surgeon Hulke, of the Royal London Ophthalmic Hospital, which may be had best in Rankin vol. 2nd of 1860, p. 148 of Am. ed.; but also in Braithwaite 235, 239, 245.

Iridectomy, Von Graefe's Operation.—Iridectomy consists in the section of the cornea, as for cataract, for the removal of a portion of the iris. It is performed with an ordinary cataract knife, which is inserted at the margin of the cornea at the outer side of the eye, and, a counter puncture being made upwards, the knife cuts its way out, the aqueous humour escapes, and a portion of the iris

protrudes through the wound. The incision should not exceed from a fifth to an eighth of the whole circumference of the cornea. The iris is next drawn out sufficiently to allow of its pupillary margin being excised exterior to the opening. From a quarter to a fifth of the whole iris is now removed by means of a pair of scissors, and its cut edges are retained at each angle of the incision, thus exposing to view the edge of the lens. After a few days the wound heals, and the anterior chamber rapidly re-fills. For his mode see Braithwaite 235, and 239 Eng. ed.

Bowman's Operation.—This surgeon operates in a similar manner to Von Graefe, but is satisfied in removing from a seventh to an eighth of the whole iris; and selects the upper part of the cornea for the incision, that the lid coming down upon the eye may act as a substitute for the iris, and hide its imperfection. He does not retain the edges of the iris in the wound, but permits them to re-enter the eye; and, unlike other surgeons, is unwilling to allow any effusion of blood into the anterior chamber to remain to be absorbed. He describes his mode in Braithwaite 235, and 239.

Critchell's Operation.—This consists in the introduction of a broad needle through the cornea close to the sclerotic, and after the evacuation of the aqueous humour, in drawing out a portion of the iris through the opening by means of a blunt hook, where it remains and acts as a tent, for several days, to drain away the fluid and prevent the wound from healing. Br., vol. 37, pp. 268, 273, and 443.

Hancock's Operation.—Hancock, holding that glaucoma depends on constriction of the globe produced by spasm of the ciliary muscle, divides the latter by introducing a cataract knife at the outer and lower margin of the cornea, pushing it obliquely backwards and downwards until the fibres of the sclerotic are divided for rather more than an eighth of an inch, being careful to avoid the wounding of the lens with the point of the knife. This he contends, without being as painful or injuring the iris, is equally as successful as Von Graefe's operation for the cure of glaucoma. Br. 245. A poor picture of his mode may be found in Hogg's work on the ophthalmoscope, p. 40.

Nunnley's Operation.—This is the same as Hancock's, but commencing posteriorly, he inserts the knife into the sclerotic, and cuts forward into the cornea, making an incision about a third of an inch in length. Br. 245.

Rationale. Laurence, speaking of our ignorance on this subject, truly remarks,—"Whilst nearly every other surgical operation has some tangible reason to exhibit for its performance, iridectomy stands almost alone in the utter insufficiency of the various far-fetched explanations that have, up to the present, been assigned for its assumed efficacy for the cure of glaucoma."

W. E. B.

ON THE ACTION OF THE BROMIDE OF POTASSIUM IN INDUCING SLEEP.

By HENRY BERREND, L.R.C.P.E., &c.

Dr. GARRON, in his recent lectures on the British Pharmacopœia, has mentioned that the bromide of potassium, when administered in large doses, produces drowsiness. I do not know whether the profession at large is aware of this fact, but as I have never previously seen any record of it (being indebted for my first information on the subject to the statements of Dr. Brown-Séquard), and as I have, during the past twelve months, had ample practical experience of its use, the following cases are submitted to demonstrate the value of the remedy in the treatment of insomnia and restlessness, accompanied by and dependent upon nervous excitement and irritability. If its employment upon a larger scale should confirm the results at which I have arrived (and of which Dr. Brown-Séquard has repeatedly assured me), its importance cannot well be overrated; as it is better borne than opium or any of its preparations, is free from the unpleasant effects—such as headache, constipation, &c.—produced by that drug, and the system does not so rapidly become accustomed to it as to require its administration in constantly-increasing doses.

The first case in which I prescribed it was that of a gentleman, thirty-six years of age, of highly nervous temperament, who had undergone much mental excitement consequent upon the dangerous illness of a very near relative. There was no constitutional malady present, and the only symptom was loss of sleep, and the debility, both bodily and mental, consequent upon it. He had not enjoyed a really good night for weeks, and this preyed upon him to such an extent as almost to preclude the possibility of his sleeping; for his mind was constantly intent upon this one subject, and never more so than when he retired to rest, so that it seemed as if the very effort to obtain sleep prevented its accomplishment. He was in very low spirits, and had failed in quieting the nervous system by opium in its various forms, valerian, and other antispasmodics and sedatives. He was recommended to take twenty-five grains of the bromide of potassium dissolved in a little cold water three times a day, before meals, for a week. At the end of this time, he called to inquire if it was necessary to continue the treatment, as he had enjoyed several nights' excellent sleep, and had to a considerable extent regained his former cheerfulness and mental calibre. As he was still, however, somewhat nervous about his night's rest, it was thought advisable that he should not entirely give up the employment of the bromide; and he continued taking it once in the twenty-four hours, at bedtime, for a fortnight longer. He had now implicit confidence in the power of the remedy, and, what was of still greater consequence, was regaining confidence in his own powers of obtaining natural sleep, and he gradually ceased having recourse to the medicine. He always, however, kept a dose of it by his bedside, so that if he woke in the night, and was tormented by the fear of not sleeping again, he might at once take it. During the last few months this fear has also left him, and he does not now use the bromide on the average more than once in three weeks. He sleeps perfectly well for six or seven hours at a time, and wakes comfortably and naturally, with entire freedom

from the dread and depression which he formerly experienced on waking.

A second case, perhaps even more remarkably illustrative of the beneficial action of this salt, is that of a gentleman, forty years of age, who consulted me in the month of October last. He was of a most excitable and nervous temperament, and was engaged in mercantile transactions of great magnitude, the extent of which indeed seemed quite to overwhelm him, although without any grounds as to a fear of their ultimate result in a pecuniary point of view. He was quite unable, however, to banish them from his mind day or night; he had lost his natural sleep, was harassed and fatigued during the day, and sought my opinion as to whether he ought not at once to withdraw from business, although the sacrifice entailed thereby would be very great, and he was most anxious to avoid it. I told him to place himself under treatment for a few weeks, and if no benefit were derived at the end of that time, such a step as he contemplated might be necessary. I prescribed the bromide of potassium as in the last case: twenty-five grains to be taken three times a day before meals. At the end of a week he was much better: slept naturally and well, and was consequently much more sanguine as to his capability of attending to his affairs. Good sleep having been procured, I thought it better to attend to the condition of the nervous system, and ordered the sulphate of strychnia to be taken in commencing doses of the thirtieth of a grain, to be gradually increased to the tenth of a grain, thrice daily. He was advised to have a dose of the bromide of potassium by his bedside, or to take one before going to bed, if he felt nervous about his night's rest; but since his first week of the treatment I do not think he has once found it necessary to have recourse to it. He sleeps perfectly well, has regained spirits and confidence, and has quite abandoned the idea of his inability to attend to his business transactions. He continues taking the tenth of a grain of sulphate of strychnia twice daily.

Other instances might be adduced of a similar character, but the above will serve as a type of the cases in which the administration of the bromide of potassium appears likely to be most useful—those, namely, in which the nervous element preponderates; and it is in these that, for the most part, opium and its preparations fail to produce any good result, and are not well borne by the system, frequently even adding to the excitement and irritability under which the patient labours. There can be no doubt, moreover, that cases of this type are unfortunately on the increase, since a highly artificial mode of life of the present day, especially in large cities, perpetually stimulates the nervous energy to the highest possible degree, so that even in the strongest constitutions the mental equilibrium is but too often shaken, and the weaker ones yield speedily to the excessive demands made upon them. The dose of the bromide recommended may appear large, but it is in all cases easily tolerated, and produces neither disagreeable nor toxic effects; the appetite is not interfered with, the alvine evacuations are regular and copious, and irritability of the bladder, a frequent accompaniment of restless nights, is greatly relieved. The only unpleasant results have witnessed has been slight and temporary headache; and Dr. Brown-Séquard has informed me that he has given it with perfect safety.

several successive weeks in drachm doses. Of the temporary paralysis, and weakening of sexual desire and power, which are said to follow upon the administration of large doses of bromide of potassium, I have seen nothing. I should wish to try this remedy in the treatment of the restlessness of delirium tremens, but have not had the opportunity since I have become acquainted with its action upon the nervous system.—*Lancet*.

GASTRALGIA,

AN INITIAL SYMPTOM OF CARIES OF THE VERTEBRÆ.

BY BENJAMIN LEE, M.D.

My attention has been so frequently called of late upon an important, early, and characteristic symptom of spinal caries, that I feel at liberty to claim for it a more careful consideration on the part of the profession than, I am convinced, it has heretofore received.

I refer to acute, paroxysmal, and often excruciating pain. This pain originates in the majority of instances at the epigastrium, less often at the umbilicus, or between these two regions, and in the smallest number of cases in one side or the other. It is almost invariably the first symptom of commencing caries, or perhaps I should more correctly say, of the inflammation, whether of the intervertebral cartilage or of the periosteum, which precedes the caries. Unhappily our pathology is not yet sufficiently advanced to enable us to say with confidence what the first organic change is. Whether the disease have a traumatic origin in a perfectly healthy system or is the result of a vice of constitution, the fact is still the same, that in nine cases out of ten it is ushered in by long continued and repeated attacks of gastralgia.

The point at which the disease is situated exerts a modifying influence, the middle dorsal being the region in which the affection is most characteristic and more apt to be confined to the epigastrium; but at no point is there entire immunity.

This pain does not take its starting-point at the seat of disease and radiate towards the anterior surface of the body, but, as I have stated, originates in front. The length of time during which the patient suffers from it before the ulcerative process has destroyed enough of the substance of the bone to produce actual and unmistakable deformity is variable; but it has been noticed not unfrequently in months, and in some rare instances an entire year previous.

So constant is this phenomenon, that out of nearly a hundred cases which I have examined during the past year, I do not think that half a dozen failed to present it; and in some of these there was an entire absence of constitutional symptoms; for, strange to say, the disease may, in some instances, go on to produce very marked deformity, without apparently affecting the general health.

In view of this fact, I have with astonishment observed the complete silence of surgical works upon this point. Some of them, indeed, speak of pains taking their rise at the spine and radiating along the sides; but even these are not assigned their place of importance as the ushers of the disease.

For does the practising profession appear to be more familiar with the sign. Case after case presents itself with the almost stereotyped history of

the first stage: "doctored for worms," or "our family physician treated the case at first as inflammation of the bowels" (a mistake by the way, which when the disease is ushered in acutely with some febrile reaction, as may sometimes happen, is not singular), or the physician himself frankly admits that for a long time he supposed that he had to deal with simple gastralgia, or chronic gastritis, and administered his remedies accordingly.

Now, no man is to blame for at first taking the prominent symptom for the whole disease; but if the symptom persist, and resist the ordinary remedies, and especially if the pain be decidedly paroxysmal in its character, then let him look most anxiously for indications of spinal disease.

Pain in the glans penis attracts the attention of the physician, not to that point, but to the neck of the bladder as the seat of irritation. The surgeon who, at the present day, would permit a patient complaining of constant or frequent pain of the knee, to go without a careful examination of the condition of the hip-joint, would be considered in the highest degree culpable.

In the same manner, and as inevitably, should a persistent paroxysmal gastralgia draw the physician's mind, as by an instructive inference, to the spinal column as the focus of irritation.

Let us suppose the observer fully alive to this fact and on the alert. He is led to suspect the true cause of the suffering. What shall he look for to corroborate his suspicion? First, I say emphatically, not for pain or tenderness along the course of the spine, for if there is one law of this disease more fixed and unexceptionable than the positive one which I have been affirming, it is the negative one that its earlier stages are never accompanied by pain at the seat of disease, or tenderness on pressure over the spinous processes. If, therefore, the physician relies upon this, I believe universally admitted, sign, he will be disappointed in his investigation, and will lose precious time.

Lesions involving nervous centres express themselves often, perhaps usually, through the general system rather than locally. Let him, therefore, carefully scan the carriage and gait of his patient. If he turn the toes in, if he hold the trunk slightly bent forward, and rigid, as though apprehensive of a concussion or jar, if he refuse to bend the back in stooping to touch the floor, then there is undoubtedly mischief going on between some of the vertebrae. But he may not yet feel satisfied without some "ocular demonstration." Let him strip the patient's back, and place him in good light. Let him examine first laterally. If he find at any point, in the spine, an angle, not necessarily a projection, but simply an angle, in place of the normal curve, he has found the seat of disease. This failing, let him take the full view of the back. If there be a lateral deviation of the spine, and that deviation present not a curve but an angle, he has then an evidence of *angular curvature* (so called) of the spine, the early diagnosis and treatment of which may be of the utmost importance to his patient.

New York, May 15 1864.

CHLOROFORM LOCALLY IN NEURALGIA AND RHEUMATISM.—Dr. Dupuy de Frenelle, remarks that chloroform will vesiccate, when applied to the skin, if evaporation be prevented; and finds it, when thus employed, to be very efficacious in cases of neuralgia and rheumatism.—*Journal de Médecine*.

POPLITEAL ANEURISM TREATED BY FLEXION.

By R. LAMBERT, M.D., LEAMINGTON, CANADA WEST.

As Surgeon Hart's treatment of popliteal and brachial aneurisms by forcible flexion of the limb is still sub-judice, the following case may not prove uninteresting to the profession from its success, assisted as it was by the administration of iodide of potassium, as recommended by Nelaton, and from the fact that complete relief from pain was also obtained by this remedy.

Wm. H.—aged 28, a strong healthy man, states that over two years since, whilst lifting a bag of grain his foot slipped, when he felt something give way in the popliteal space, which caused great weakness in the limb for some time; from this he gradually recovered and was able to perform his daily labour as usual. The swelling produced by the strain, however, never entirely disappeared.

Last fall having met with a similar accident, the swelling increased rapidly in size, and was accompanied by severe pain, so great indeed that on my first visit, three days after the injury, he had not slept for forty-eight hours. I found the aneurism about the size of a large hen's-egg. It was in the morning; I put him at once on twenty grain doses of iodide of potassium every three hours, and by evening the pain had entirely left him, and he obtained a good night's rest.

After continuing the remedy for two days, I proceeded to do up the leg in the usual manner, by first bandaging it to the knee with a cotton roller, flexing the leg on the thigh, and securing it firmly by passing the bandage around it and the thigh. The knee was then brought up towards the abdomen, and kept in position by means of pillows.

Preferring the treatment of subsequent stiffness of the joint to failure of success, I retained the limb in this position for four weeks and then removed the bandage. It was three months before the leg completely regained its power of extension and motion. The tumour gradually became reduced in size, and was without pulsation. The iodide of potassium was given regularly in the 20 grain doses three times a day during the first two weeks, and once or twice a day for a fortnight longer.

On examination six months afterwards, the swelling was reduced to the size of a small hickory nut (about the size of a marble. *Ed.*); the coldness in the limb had entirely disappeared, and he walked as well on that leg as on the other.

ESSENTIAL OILS IN SCABIES.—M. Gras' effective treatment of itch by the external application of the oil of lavender is well known to the profession. And likewise that recommended by M. Aubé of a mixture of the oils of turpentine and lemon. But the more recent treatment by the oil of bergamot may be new to our readers. It has been brought forward by Dr. Manfre, the venerable clinical professor in the University of Naples. He says it has never failed of success in his hands, a single plentiful and thorough friction (with an ounce or two of the oil) always producing a perfect and instantaneous cure. The patient, after its application, he says, may be allowed to return home, with the usual caution of the necessity of thoroughly cleansing every article of clothing, &c., with which his skin is liable again to come in contact.—*Boston Med. and Surg. Journal.*

SINGULAR CASE OF PRECOCITY.

By D. E. BURDETT, M.D., BELLEVILLE, C. W.

On the 12th of March last, I was called four miles distant to a case of pneumonia. On my arrival, I found my patient to be seemingly a small but well developed lad of 18 or 20 years of age. He was so low that notwithstanding all my efforts, he did not recover, but died on the 17th, (a week afterwards). During my treatment of him, I obtained the following particulars from his mother, which were amply corroborated by the people in the neighbourhood.

This young man was born on the 20th March, 1860, and was therefore but four years of age! For the first six months after his birth, nothing strange was noticed in his appearance; when one day his mother hearing him cry as if in pain, hastened to the cradle and found his penis in a state of erection with the prepuce forced entirely back of the glans. When he was but seven months old, she perceived the stain of semen upon his linen, and that he began to grow very rapidly in size.

When three years of age he was seen by another medical man, who became much interested in the case, and inquired of the mother whether he was guilty of masturbation, and as she did not know, he requested her to keep an eye upon him, which she afterwards did, but she never caught him in the act, although she frequently observed discharges on his shirt, and noticing that he liked to be a great deal by himself, never seeming desirous of associating with other children of his own age.

As he grew his voice became deep and sonorous and at the time I saw him was of a peculiar hoarse bass. His height was 4 feet 6 inches, and circumference under the arms 32 inches. His head measured 22½ inches and was peculiarly shaped, being developed from the anterior to the posterior region inversely to that of ordinary children, and almost flat on the crown. His skin and muscles were coarse and hard. The arch of the pubis and testes were thickly covered with coarse black hair, two or three inches in length, which had commenced to grow when he was but six months old. His penis and testicles did not differ from that of an adult, but the spongy portion of the urethra was rather larger than usual. His face was covered with incipient beard, such as may usually be seen in youth of 18 or 20. His weight was about 100 lbs. There was nothing otherwise abnormal in his structure.

With regard to his mental capacity, his mother says that he knew more than all the other children put together, although they are quite intelligent, and ranged from 13 years downwards.

Belleville, July 27th, 1864.

UNION OF DIVIDED NERVE BY LIGATURE.—Prof. LAUGIER, one of the surgeons of the Hôtel Dieu, has recently made a most important communication to the Academy of Sciences. In an operation performed on the arm, and in which the median nerve had been severed, that skillful surgeon united by suture the two ends of the nerve. Almost immediately after, signs of sensibility were observed, and in a few days more the nerve had entirely recovered all its properties of sensation and motion. I do not insist on the importance of this case, which throws such a new light on physiological pathology of the nervous system. Within a few weeks, in discussion which took place at the Society of Surgery, it was affirmed by several members that

regeneration of the nervous tubes, which alone could cause the recovery of sensibility and mobility, was the work of weeks and months, and could not immediately take place. Such, also, was the opinion of Mr. Brown-Séquard and of MM. Vulpian and Philippeaux. These two gentlemen published last year a memoir which received academical honors, and in which they gave the relation of different experiments they had made, the result of which is entirely opposed to that obtained by Mr. Langier.—*Paris Cor. of Lond. Lancet.*

BROMIDES OF POTASSIUM AND AMMONIUM.

Dr. Garrod, after an experience of nine years with bromide of potassium, remarks, in the *Medical Times*, that whilst iodide of potassium has its influence more especially directed to the mucous membranes and secreting organs, the bromide although also decidedly alterative, and may often be prescribed with advantage when the iodide cannot be borne, he finds to act more on the nervous system.

He says, it never produces symptoms like iodism, unless adulterated with an iodide.

(The addition of acetate of lead to a bromide in solution produces a white precipitate, but if an iodide be present it will be yellow. *Ed.*)

Bromide of potassium, he remarks, never causes irritation of the mucous membranes of the nose and fauces, although some patients experience a peculiar sensation of dryness of the throat and neighboring parts.

Large doses he has occasionally found to produce drowsiness and dull headache, and when given in excessive quantities, some loss of power in the lower extremities, which pass off when the medicine is discontinued.

Sir Charles Locock first drew his attention to its use in hysterical epilepsy, irritable uterus, and other nervous affections connected with uterine disturbance, from which he was led to make further trials of the remedy.

He has found it to exert a most powerful influence on the generative organs, lowering their functions in a remarkable degree; and considers it a valuable remedy in diseases dependent on their over excitement as nymphomania, priapism, &c.

He likewise recommends it in nervous convulsive diseases dependent on uterine irritation.

And finally adds his testimony to its power of producing an anæsthetic condition of the larynx and pharynx, so useful in examinations and operations of these parts.

The doses he gives are from 5 to 15 grs. (It is most readily taken in milk. *Ed.*)

Bromide of Ammonium.—Whilst on this subject we would draw attention to an article in *British and Foreign Dispensary*, by Dr. Griffith of Dublin, on the use of bromide of ammonium in cases of irritable uterus, amenorrhœa, dysmenorrhœa, and uterine hemorrhage, from whatever cause. He has found it powerfully anodyne and hæmstatic, and prescribes it in doses of from 10 to 20 grains or more every four hours; but to stop the menstrual discharge altogether and quickly, he directs from a scruple to a drachm to be taken at once, and follows it with doses of from 10 to 20 grains every hour or two. When for pain of a paroxysmal character, he orders a drachm at the outset, and from 20 to 30 grains, a quarter of an hour or ten minutes before its expected return, continuing it afterwards in 10 grain doses every

third or fourth hour. He says, he has seen wonderful effects follow this mode of treatment.

He also recommends it in cases of chronic bronchitis, in which he has found it to give great relief to the distressing symptoms. W. E. B.

A HERMAPHRODITE.—Several years since I was called to the birth of a singularly formed child, which is still living, and which can scarcely be classified with either the male or female sex, for it evidently can lay claim to both. It has a well developed penis; and the scrotum, although small, contains two testicles. These are not as large as they should be certainly, yet they are there, and are of the shape and size of large peas. At first sight I supposed it to be a male child, and was about to declare it such, when my attention was arrested by the fact that there was no urinary passage through the penis. I found that this deficiency was supplied by a partially developed vagina situated beneath the scrotum, and through which the urine flows in the same manner and direction as from a well-formed female. The meatus urinarius is however about two inches from the external orifice of the pseudo-vagina, which latter is surrounded by a sphincter muscle similar to the rectum. There are no labia minora, nor is there any clitoris or even rudiments of them. The vagina, covered by a normal mucous membrane, is four inches in length, and seemingly terminates in a cul de sac.

This being is now four years and a half old, and is well developed both in body and mind. It seems to be as intelligent as any child of its age, and will no doubt, should it live, grow up and prove as clever as any other member of the family. The mother wished to call it a girl but I advised her to rank it among children of the masculine gender, which she accordingly did; and from present inclinations and desires, she certainly seems prepared to vindicate herself from all charges of girlhood.

DANIEL CLARK, M.D.

Princeton, C. W., August 6, 1864.

TRICHINA SPIRALIS.—Deaths from the presence of this parasite, are beginning to excite considerable attention in this country. Some cases were reported as having occurred in New York city last winter, from eating a ham, and an examination of portions of the ham exhibited an abundant presence of trichinæ. These cases were reported in the *Medical Times* for February. Several deaths occurred in May last in the vicinity of Buffalo, N. Y., and considerable space is occupied in the *Medical and Surgical Journal* with their report. The symptoms of these cases were such as in the first place to lead the attending physician to suppose he had "acute muscular rheumatism" to deal with; there was "stiffness of the limbs and the whole body, bloating of the face, with a slight œdema of the eyelids; soon after there followed distinct pains in all the limbs and body, so that they could not bear even the slightest touch. By and by the pains diminished; then set in very labored respiration and great prostration combined with profuse sweats. In the commencement of the illness they both had had slight diarrhœa for a few days, and during the whole course of the sickness they suffered greatly from sleeplessness and unquenchable thirst." In the post mortem a great abundance of trichinæ were found in the shreds of sausage of which the patients had eaten, and in muscular fibre taken from the

thorax, abdomen and thigh of the patient. The microscopical examinations were made by Drs. Hadley and Lothrop, of Buffalo, and are perfectly reliable.—*Cincinnati Lancet and Observer.*

**DISLOCATION OF THE HIP JOINT
SUCCESSFULLY REDUCED BY MANIPULATION FIVE
MONTHS AND A HALF AFTER THE ACCIDENT.**

By J. Newton Brown, M.D., San Jose.

The subject of this paper was suggested by a case which came under my care while acting as one of the attendant physicians to the Infirmary of Santa Clara County, and on account of the success which attended an operation usually considered impracticable in such cases, I have thought it worthy of being reported.

Horatio N. Grant, aged 56, sanguino-nervous temperament, vigorous constitution, and in good health, was admitted to the Infirmary for an injury of the hip, which he had received five months and fifteen days previously, by being knocked down and run over by a horse. Upon examination it was found that the right femur was dislocated into the thyrod foramen, the hip was flattened, trochanter major depressed, the limb everted, abducted, and one and a half inches longer than that of the sound side. He walked with a cane, but was unable to use the limb in any manner which would necessitate motion of the thigh, except in a lateral, and semicircular direction. He had been examined shortly after receiving the injury, by a physician, who he said "pulled at the limb and gave him some liniment." He had afterwards remained in bed about three weeks, receiving no further attention, and finally, after much suffering in travelling from place to place on foot, came to the Infirmary in the condition above described. A careful examination proved that the bone was exceedingly immovable except in one direction—viz: slight abduction, with very limited rotation, and that not without giving great pain. Taking into account the excellent physical condition of the patient, I determined to attempt reduction by manipulation, believing that if I failed in this, I could at least increase the mobility of the limb.

The patient was placed under the influence of chloroform, and when fully anesthetized it was found that although the bone admitted of slight motion, it seemed to resist any efforts at flexion or adduction; and fearing, from the extent and firmness of the adhesions, that any attempt at reduction might result in serious laceration, I had almost determined to desist from further interference, but having been so earnestly solicited by the patient to undertake any thing, however hazardous, which might afford any chance of relieving him, I determined if possible to break up the adhesions, hoping that at least greater usefulness of the limb would be acquired. Flexing the leg upon the thigh, and placing my breast against the knee, I gradually threw my weight upon the knee joint, using the femur as a lever, and had the satisfaction of feeling the limb gradually move toward the patient's body the adhesions giving way with quite an audible snapping and tearing sound. The manipulations were continued about ten minutes, and the mobility of the thigh greatly increased, but as there were still powerful muscular contractions, which seemed to increase with every movement of the femur, I placed the limb again in a horizontal position, and

discontinued the manipulations. When the patient came from under the influence of the chloroform, morphia acetatis, and antim. et potass. tart. were administered, and cold lotions constantly applied to the hip. I was surprised the next morning to find that little, if any, constitutional disturbance had been produced, and the patient expressed himself as feeling quite comfortable. I now felt sanguine of being able to reduce the dislocation, and only feared adventitious deposit in the acetabulum. On the day following, chloroform was again administered, and the manipulations commenced as before. The adhesions continued to give way, and in twenty minutes the mobility of the limb was as great as could be attained from the unnatural position of the head of the bone. I now flexed the leg upon the thigh, and the thigh upon the pelvis, very slowly and cautiously carrying the knee over to the sound side and then across the abdomen, at the same time using considerable force in order to keep it as near the body as possible, and at this stage of the process the luxation was converted to the dorsum of the ilium; the limb was shortened, the toes inverted and resting upon the instep of the other foot. (On making a second attempt, when I had arrived at that stage of the process when the knee was nearly on a line with the injured side, I abducted it gently, turned the toes outwards and the heel inwards, carrying the foot across the sound limb, making at the same time gentle oscillations of the thigh when the head of the bone slipped into the acetabulum, the foot came down and the deformity was removed. The feet were confined together, the limb bandaged, a full anodyne given, and with subsequent treatment in the way of light diet, evaporating lotions, &c., in three weeks the patient walked out into the yard with a cane, and in nine weeks from his admission to the Infirmary he was discharged cured. I have seen him since, nearly a year subsequent to the operation, and he walks as well apparently as any one: in short, is perfectly well. This case is interesting on account of the time which had elapsed previous to the operation, and as showing the practicability and superiority of "Reid's Method," as compared with the pulleys.

Dr. Reid's directions are as follows:

"Let the operator stand or kneel on the injured side, seize the ankle with one hand, the knee with the other, then flex the leg on the thigh, next strongly adduct it, carrying it over the sound one, and at the same time upward over the pelvis, by a kind of semicircular sweep, as high as the umbilicus; then *abduct the knee gently*, turn the toes outwards, the heel inwards, and carrying the foot across the opposite and sound limb making gentle oscillations of the thigh, when the head of the bone will slip into its socket."

Reid's method, in common with all improvement in surgery, has had its opponents, yet among those who have recently investigated it there are few who condemn, and many who award the praise which its merits deserve. Hamilton collected sixty-four cases in which it had been successful, and in sixteen of these cases manipulation succeeded after extension had failed. I have seen it resorted to in seven cases, varying in duration of time after the injury from a few hours to 5½ months—and in every instance with favorable results. Three of these cases were on the dorsum of the ilium, two on the pubis one on the ischiatic notch and one in the obturator foramen. One of these patients was 63 years old the youngest about 36.

We do not wish to be understood as claiming infallibility for this method of reduction, for we will sometimes fail in reducing a dislocation of the hip, in spite of all our endeavors, either by traction or by manipulation; but we do claim that all reducible cases can be successfully treated by Reid's method. The question comes in here—as to when, and under what circumstances, we should attempt reduction at all—this is a matter for the surgeon to decide.—*Pacific Med. and Surg. Journal.*

CERTAIN ERRORS IN THE DIAGNOSIS AND TREATMENT OF RETENTION OF URINE.—Mr. Barnard Holt, having lately met with several cases in which serious errors have been committed, both in the diagnosis and treatment of cases of retention of urine, not dependent upon stricture of the urethra, has been induced to bring their salient points under notice of the profession. He relates five cases in which errors were committed, but as we suppose few surgeons of experience have not met with similar ones, we shall not transcribe them, but invite attention to some of his practical remarks, the import of which we would like to impress upon our readers. In all the cases related by Mr. Holt, the retention was due to paralysis of the bladder consequent on retention. "In fact," Mr. H. says, "the surgeons under whose care the cases first came were of that opinion, and attempted the introduction of catheters unsuccessfully, and then, putting the cases down as examples of 'suppression' were afterwards misled by the dribbling or overflow, which they took to be the re-secretion of the kidneys, stimulated by the measures they had adopted. The diagnosis between retention and suppression is so very easy as to render a mistake perfectly inexcusable. In retention there is the urgent desire to micturate, accompanied with violent spasms, not only of the urethra and perineum, but of the whole abdominal wall; and as time elapses, urgency increases, the patient rolling in agony, and straining violently to relieve himself. Besides, the surgeon's hand will at once detect the solid tumour above the pubes, formed by the distended bladder, which will yield a dull sound on percussion. In suppression of urine, on the contrary, there is no urgent desire to micturate, no spasm, and no agony consequent on a distended bladder; but the patient lies in a listless condition, soon passing into coma, whilst the breath and skin exhale a strong urinous smell. Moreover, the bladder will be found empty, and the fingers can be thrust into the pelvis, where the intestines yield a clear percussion sound. It must not be forgotten that a case of retention will at length pass into a typhoid condition, which might possibly be mistaken for the coma of uræmic poisoning; but the history of the case, and the presence of a distended bladder and dribbling of urine would at once point out its true nature. In all the cases I have seen, the error arises from the catheter's not having entered the bladder. Surgeons in general practice, who are not much in the habit of passing catheters usually introduce a gum-elastic catheter without a stilette, which, if it meets with even slight resistance, is very likely to bend upon itself, and thus never reach the bladder, although its whole length may have been introduced into the urethra. As I remarked in the early part of this paper, the injection of warm water at once clears up any doubt, and the fact that water cannot be injected may be considered conclusive evidence that

the catheter has not reached the bladder. I have no hesitation in saying that in all cases such as I have described, a catheter can be passed into the bladder, and I conceive it to be unjustifiable in any surgeon to be satisfied until he has withdrawn the urine, in which, if he will employ a metallic instrument of moderate size, he will in all probability succeed with ease. Time is of the greatest moment in these cases, and if therefore, the surgeon in attendance do not succeed in his attempts, he is bound to call in assistance without delay, or his patient may possibly lose his life, or at least be condemned to the misery of the use of the catheter for the rest of his days. When the greater part of the urine has been withdrawn by the catheter, one of two courses must be pursued: either the instrument must be introduced every four or six hours or a gum-elastic catheter must be tied in, directions being given to the patient to empty the bladder at those intervals, with the view of keeping it nearly empty, so that the bladder may be able to recover its muscular tone and contractile power.—*Lancet.*

GLYCERINE.—Among the many uses of glycerine already ascertained, is that of protecting the skin from the effects of severe cold. The Russians are well acquainted with this fact, and accordingly anoint their faces with it, preparatory to setting out on their sledge journeys in winter. (Owing to this property, it may be inferred that a like application would prove serviceable in tropical climates as a defence from the parching effects of heat, and very useful to firemen when pursuing their vocation amidst flames. Glycerine does not volatilize except at a very high temperature, and is with difficulty ignited.—*Smith on Glycerine.*

IODIFORM.—In its chemical relations, iodoform resembles chloroform, being a triiodide of formyle. It is prepared by the mutual action upon one another of iodine, alcohol, carbonate of soda, and water. It forms bright yellow, friable, soft scales of a slightly pungent taste, and having a smell of garlic. Its use is the same as that of iodine, which it closely resembles in many particulars.

POLYPI OF THE RECTUM IN CHILDREN.—M. Guersant, states that he meets with six or eight cases of these growths every year in his practice. That he finds them solitary and pediculated, and to arise from the posterior side of the rectum just above the sphincter. When pressed upon, they slip from under the finger like a cherry stone: the symptoms resemble those of dysentery. When the bowels are costive, the fecal matters may be noticed grooved by their pressure against the polypus. They must be treated by ligature.—*Bull de Therap.*

CHRONIC ULCERS.—Dr. Skey says, "I have treated a large number of these affections, and with success. The more chronic the ulcer, the larger its size, the more aged the subject, the more remarkable is the influence of opium in effecting its cure. Let a case be selected for experiment, of some twenty years' duration, which has exhausted the patience of various medical attendants, as well as the remedies employed by them for its cure.

"Treat such a case of chronic ulcer, of the largest size, having a pale, flat, bloody base, a high mound lymphed around it, covered by healthy integument, the sore pouring out large quantities of watery ichor, saturating every covering. Select

such a case occurring in old age : give such a person ten to fifteen drops of tincture of opium night and morn'g, leave the bowels alone, and observe the base of the sore in five or six days : it will exhibit a number of minute red points, which, daily increasing in number, will rise up in the form and identity of healthy granulations, and cover the entire surface of the ulcer ; and at the same time the base is becoming elevated, the margin becomes depressed, and the process of cicatrization is commenced.

"No injury to the constitution attaches to the use of this remedy, its salutary action upon the ulcer is obtained solely through the healthy influence it exercises upon the constitution."—*London Lancet*.

The trephine was invented by John Woodall, surgeon to St. Bartholomew's Hospital, in 1626.

To Correspondents.

Bogle's Black Hair Dye.—No. 1. Gallic acid one scruple; alcohol ½ oz.; water ½; mix. No. 2. Nitrate of silver in crystals ½ drachm; water ½ oz.; dissolve and add strongest liquor ammonia ½ drachm or sufficient to redissolve the precipitate at first throw down; lastly add ½ oz. mucilage of gum arabic. The brown dye is made by reducing the strength of the above one half.

Superior Black Ink.—Ground Campeachy logwood ½ lb.; boiling water one quart; let them stand in a tin or earthenware vessel near the fire for an hour, stirring occasionally. Pour it off clear and dissolve in it first 3 drachms copperas; next ½ oz. sal soda; and afterwards 3½ drachms oxalic acid. Finally decant the clear liquid and add ½ oz. mucilage of gum arabic, when it will be ready for use.

Indelible Ink for Type.—Rub one drachm of nitrate of silver into a very fine powder; then mix it thoroughly with one ounce of printers' ink.—*Druggists' Circular*.

Dr. Hutchinson's Tubes.—When the vital capacity is to be tested, the patient should loosen his vest, stand perfectly erect and close to the spirometer, take as deep an inspiration as possible, then placing the mouth piece well into the mouth, exhale the inspired air rapidly and steadily, taking care that none escape through the nose.

Height.		Capacity in Health.		In Phthisis Pulmonalis.		
Ft.	In.	Cub. in.	1st Stage.	2d Stage.	3d Stage.	Cub. in.
5	0 to 5	1	174	117	90	82
5	1 " 5	2	172	122	102	96
5	2 " 5	3	170	127	108	99
5	3 " 5	4	168	133	113	89
5	4 " 5	5	201	178	117	87
5	5 " 5	6	214	133	122	109
5	6 " 5	7	222	149	137	104
5	7 " 5	8	230	154	137	104
5	8 " 5	9	238	159	139	104
5	9 " 5	10	246	165	149	112
5	10 " 5	11	254	170	145	116
5	11 " 6	0	262	176	149	123

Dr. Hutchinson, after an examination of over 2000 healthy men, has compiled the following table: By it, it will be seen that the ordinary weight of a man of 5 feet 6 inches is 165 lbs.; he may exceed this by 7 per cent. and become 10 lbs. heavier without affecting his vital capacity; beyond this his power of inspiration becomes proportionally diminished.

Exact Stature.		Mean Weight.		7 per c. increase.	
Ft.	In.	St. lbs.	Lbs.	St. lbs.	Lbs.
5	1 " 1	8	8 or 120	9	2 or 129
5	2 " 1	9	120	9	9 " 135
5	3 " 1	9	7 " 133	10	2 " 142
5	4 " 1	9	13 " 139	10	9 " 149
5	5 " 1	10	2 " 142	10	12 " 152
5	6 " 1	10	5 " 145	11	1 " 155
5	7 " 1	10	8 " 148	11	4 " 158
5	8 " 1	11	1 " 155	11	12 " 166
5	9 " 1	11	8 " 162	12	5 " 173
5	10 " 1	12	1 " 169	12	13 " 181
5	11 " 1	12	6 " 174	13	4 " 191
6	0 " 1	12	10 " 178	13	8 " 190

Loss of weight, when slow and gradual, is an early and highly important sign of phthisis, more serious even than when rapid, and the arrest of its progress forms a valuable test of the utility of remedies in this disease.

Cold Cream.—Oil sweet almonds 8 oz.; spermaceti 1 oz.; white wax ½ oz.; rose water 2 oz.; orange flower water 1 oz.; glycerine 1 fl. oz.; borax 1 drachm. Melt the oil, spermaceti and wax in a water bath; dissolve the borax in the rose water, and mix all together, whipping it into a cream.—*Drug Circular*.

Medical Works published in Great Britain from the 1st July to the 1st August, 1884, with their size, number of pages, London Publishers' names, and prices in sterling.

Graham (T. J.) Modern Domestic Medicine. 18th edition, revised. 8vo. (Stimpkin.) 1bs.
Hicks (J. H.) On Combined External and Internal Venous. 8vo. pp. 72 (Longman.) 2s. 6d.

Periodicals received since 15th July.

British Medical Journal to 30th July; London Medical Circular to 27th July; London Medical Times to 29th July; British and Foreign Medical-Chirurgical Review July; American Medical Times to 13th August; Ecceles Medical and Surgical Journal to 11th August; Ohio Medical and Surgical Journal, Columbus, July; Cincinnati Lancet and Observer, July; Philadelphia Medical and Surgical Reporter to 9th July; Philadelphia Dental Cosmos, August; Chicago Medical Journal, July; Canada Medical Journal, August; Buffalo Medical and Surgical Journal, July; London Pharmaceutical Journal, July; American Druggists' Circular, August; New York Medical Independent to 3rd August; London Chemist and Druggist, July; London Publishers' Circular to 1st August; Australasian Medical and Surgical Review to 21st March; University Medical and Surgical Journal, July.

Books and Pamphlets received.

Lectures, Chiefly Clinical. By T. K. Chambers, Honorary Physician to H. H. H. The Prince of Wales. Physician to St. Mary's and the Lock Hospitals. 8vo. 624 pages. (J. Churchill & Sons.) London, 1884.
Biographical Sketch of Sir Benjamin Brodie. By H. W. Ackland, Regius Prof. of Medicine in the University of Oxford. 12mo. pp. 32. (Longman.) London, 1884.
Lectures on Medical Education, or on the proper Method of Studying Medicine. By Samuel Chew, M.D., Prof. of the Practice and Principles of Medicine, and Clinical Teacher in the University of Maryland. 12mo. pp. 26. (Lindsay & Blackiston.) Philadelphia, 1884.
A Handbook of Uroline Therapeutics. By Edward J. Tin, M.D., consulting Physician to the Farrington General Dispensary. 2nd edition, 12mo. pp. 334. (J. Churchill & Sons.) London, 1884.
A Treatise on the Chronic Inflammation and Displacement of the Unimpregnated Uterus. By Wm. H. Byford, A.M., M.D., Professor of Obstetrics, &c. Lind University, Chicago. 8vo. pp. 236. (Lindsay & Blackiston.) Philadelphia, 1884.
On Rheumatism, Rheumatic Gout, and Sciatica. Their Pathology, Symptoms and Treatment. By W. W. Foster, M.D., Auth. Physician to George's Hospital, &c. &c. From the last London edition. 8vo. pp. 448. (Lindsay & Blackiston.) 1884.
Bradshaw's Retrospect, vol. 49. January to June, 1884. (Stimpkin.) London.
The Science and Practice of Medicine. By W. Aitken, M.D. Prof. of Pathology in the Army Medical School, &c. &c. Second edition. 2 vols. 8vo. pp. 1822. (Griffin & Co.) London, 1883.
Clinical Lectures on the Practice of Medicine. By the late R. J. Graves, M.D., F.R.S. Reprinted from the second edition edited by the late John Moore Neilgan, M.D. With Criticism by Prof. Trousseau of Paris. 8vo. pp. 624. (Longman.) London, 1884.

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