

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

STRYCHNIA AS A POISON.

By THOS. D. MITCHELL, M. D.

Professor of Materia Medica and Therapeutics, in Jefferson Medical College, Philadelphia.

But a few years ago, no antidote for the poisonous action of strychnia was known, the treatment being purely remedial, and in no sense, chemical. The spasms or jerks were often attempted to be controlled by what we usually style, antispasmodics, and such articles were passed into the stomach as are called demulcents, emollients and the like. As a matter of course, the patients generally died, after a brief period of terrible suffering.

In later years, the use of this poison has very greatly increased, partly because of the smallness of the dose, and partly because of the easy methods of concealing its administration. The multiplication of cases, however, has led to a more perfect understanding of its action, and the means of controlling its fatal tendency have had a corresponding increase, so that now we have abundant facilities for meeting the worst cases.

It not unfrequently happens that an individual who has attempted self-destruction by this agency, very soon after the poisonous symptoms develop themselves, announces the reality of his condition, so that the poison being certainly known, we have no difficulty in combatting it. In other cases, no such information can be had, and then we must rely on those marked, prominent signs present, which no practised eye can ever mistake. The *tetanic jerks or spasms* speaking for themselves, need no interpreter. The physician who is rightly informed understands all this, and decides on instant and vigorous action. He empties the stomach at once, by repeated use of the pump, or by means of a prompt emetic, as of ten grains of sulphate of zinc or sulphate of copper, every ten minutes, until the organ is thoroughly evacuated.

As to the query, "how much strychnia will kill an adult," no fixed answer can be given. Very much depends on the fullness or emptiness of the stomach at the time of swallowing the dose, not a little likewise is due to the previous habits of the patient, the morbid or healthful state of the system, &c. But when a physician is at the bedside of one who is actually under the influence of the poison, after evacuating the stomach as fully as may be, he must lose not a moment in administering the antidote.

The following facts are recited in my lecture on strychnia, at every session, and are now presented to the public in a group, for the purpose of furnishing the profession at large, with an array of means that will be found entirely adequate to any emergency.

Tannic acid and iodine were, for a time, almost the only proper antidotes in use. Both have succeeded, and are therefore reliable. *Braithwaite's Retrospect*, part 42, page 311, has evidence in point.

The acid may be given dissolved in water, ad libitum; at least an ounce should be put in a quart of water, to be drunk freely and largely. The use of it forms an insoluble and inert tannate of strychnia.

The tincture of iodine has also proved decidedly antidotal. Give twenty drops in mucilage of gum arabic or sugared water, at once, and in ten minutes after, thirty drops, and, if need be, forty drops for the next dose. This administration controls the spasms, and the patient is safe. An insoluble and inert hydriodate of strychnia is formed in this instance. See *Braithwaite*, part 41, page 62.

The *Vermont Caledonian*, July 1857, says that ninety grains of strychnia were swallowed by a man, in half a pint of strong gin, without his knowledge that the poison was present. As soon as the discovery was made, an emetic was resorted to, and recovery ensued. In this case, we have a manifest instance of the antagonism of poison to poison. The gin alone was competent to kill, and no one can doubt as to the potency of such a mammoth dose of strychnia, *per se*.

A case not very unlike the above is also given. A man who was perfectly drunk under the use of rum, swallowed sixty grains of strychnia at a dose. He recovered. In this instance as in the other, the alcoholic spirit and the strychnia were antagonistic poisons, either alone having abundant power to kill. Ordinarily, one grain of the alkaloid would destroy life, if there existed no morbid condition to counteract it.

Camphor has also been found to have an antidotal power; how, in a strict chemical sense, is not perhaps well understood. Dr. Claiborne, of Petersburg, Virginia, reports the case of a man aged thirty, who took two grains of strychnia. In forty minutes he was seen to be laboring under severe jerks or spasms, which continued nearly two hours, almost incessantly. Respiration and deglutition were nearly impracticable. Very large doses of camphor were exhibited, amounting altogether to 60 grains in less than an hour. Recovery ensued.

Sulphate of morphia is another antidote, and of course opium would prove so. In the *Western Lancet*, Dr. Phillips gives the case of a lady who was poisoned by swallowing three grains of strychnia at a dose, in mistake for sulphate of morphia, which she had long used for a spasmodic affection, and the dose of which had been gradually augmented. On making the discovery, the lady was placed in a very warm bath, and in less than two hours, she was made to swallow five grains of the morphia salt. The action of the poison was completely arrested and she recovered.

Chloroform was resorted to by Dr. Jewett, of Boston, (see *Boston M. and S. Journal*) in a boy aged 15, who in mistake swallowed two grains of strychnia. Medical aid was not procured until half an hour after the accident, when the jerks were violent and deglutition almost impracticable. He

was relieved by the inhalation of chloroform, for ten minutes, and partial anæsthesia kept up for four hours saved him.

The case reported by Dr. O'Reilly, of St. Louis, is too well known to be detailed here. He saved a patient fully poisoned by strychnia, by the exhibition of table spoonful doses of infusion of tobacco. The following experiments reported in the *Dublin Hospital Gazette*, December 8, 1856, are in point. Two baths were made, each having five ounces of water, one of them five grains of strychnia, the other five grains of pure nicotina (a most terrible poison and the proximate principle of tobacco.) In one of the baths, a frog lived four minutes. A similar frog put in the other, lived one minute. The two baths were then mixed, so that the water now held the strychnia and nicotina in solution. A frog, in all respects like the others, was put into the mixed bath and appeared to be very little injured at the end of 47 minutes, and it did not die till 24 hours had elapsed. The antagonism of the strychnia and nicotina is so obvious, that we need not stop to speak of it.

Still more recently we have an account of the antidotal power of *Hydrocyanic Acid* in the *Medical Times and Gazette* of August, 6, 1859. We remark, in passing, that this acid is more speedily fatal than strychnia.

A physician owned a favorite dog, now become mangy and so offensive, that it was decided to kill him with strychnia. An ample portion was given to the beast, but it only set up terrible jerks, without speedily killing, as was anticipated. To relieve the dog from his torture, a drachm of strong hydrocyanic acid was given in a saucer of milk. The whole was lapped up speedily, and soon the animal vomited, got on his legs, ran off a considerable distance and recovered. Here was most obvious antagonism.

The last antidote to be named, is *Arsenious Acid*. On the next day after my lecture on this subject, three years ago, Surgeon Judson, of the U. S. Navy, handed me a printed slip, taken from *Bell's Life in Sydney*, which shows conclusively, that so terrible a poison as arsenic can control the poisonous action of strychnia. A farmer's grounds were much infested with crows, and to get rid of the pest, he shot an opossum, cut into its body and placed in the cavities a large quantity of strychnia. The opossum thus prepared was hung to the fork of a tree. A favorite sheep-dog, attracted by the stranger in the tree, made out, by vigorous efforts, to grasp it, and then to eat freely of the meat. Very soon, he was thrown into tetanic jerks of great severity. The owner resolved to put a period to the animal's suffering by the use of arsenic, a large spoonful blended with water was passed down the throat. Presently the dog was evidently more quiet; the jerks soon ceased, and in one hour, recovery was complete.

In this brief paper we have no less than ten articles, each of which is capable of counteracting the poisonous action of Strychnia, viz: Gin, Rum, Tannin, Iodine, Sulphate of Morphia, Chloroform, Tobacco, Hydrocyanic Acid, Camphor and Arsenic.

Purposely, we have passed over the *modus operandi*, as well as the tests of strychnia, partly because these are of less practical moment to the profession at large, than the immediate treatment of cases; and also because those points have been, as we think, fully met by the wide publication of the celebrated *Palmer* case (in London), and by

the numerous essays growing out of that affair.— Our main design was to furnish practitioners with such a birds-eye view of the reliable means for the arrest of the poisonous action of strychnia, as can be found in no volume known to the profession.

Before we dismiss this interesting subject, it may be well to group the points involved in the question, "how much of any poison is competent to destroy life?" This is the more important in view of the obvious lack of information just here.

The points that cross our path in attempting a direct answer to the question cited are:

1st. The purity or worthlessness of the article. Ten drops of Croton oil, we are told, did not seriously hurt a child ten years old, although given at one dose. The oil however was very largely adulterated with another oil, and so made harmless. So too, spoiled digitalis leaves, or leaves from a plant raised in soil unfriendly to its perfection, are inert in any dose. Extract of belladonna, utterly decomposed by excessive heat employed in its preparation, would hurt no one in drachm doses.

2d. The condition of the stomach, as to fullness or emptiness. Two men, of the same age and vigor took each an ounce of laudanum on the same day. Both had medical aid in two hours after the accident. The one died, while the other speedily recovered. The full stomach of the one and the empty stomach of the other, accounted for the difference. The one took the poison an hour before the usual dinner time, the other, an hour after he had dined.

3d. The presence in the system, either in the body or mind, of a potent counter-agent, calculated to antagonise the poisonous dose.

The antidotes, named above, for a poisonous dose of strychnia, are in point. The strychnia and the antidote were mutual antagonistics. So too, the case reported in a foreign journal many years ago, of a medical student who, in a fit of desperation amounting to insanity, swallowed twenty grains of acetate of morphia. The terrible mental excitement of the man absolutely controlled the agency of the mammoth opiate dose, and he was restored although not visited until two hours had elapsed. The presence of a full dose of liquid chloride of soda in the stomach of the *Fire King* or American Buffoon as he was called, saved the man from the poisonous action of a drachm of hydrocyanic acid swallowed in the presence of hundreds of wondering spectators, and it is on the very same principle that alcoholic spirit taken until complete intoxication results, is a well known expedient to save life after the bite of the most venomous serpent. The bane and the antidote are perfect antagonists. While, therefore, one grain of any known poison might kill an adult in full health and with an empty stomach, another person of the same age might swallow, with comparative impunity, ten or twenty grains of the same poison, under circumstances such as those above stated.

1009 Clinton St., May, 1863.

GLYCERINE LOCALLY IN FEVERS.—Jno. E. Ennis, M.D., of Lyons, Iowa, after an experience of two years in the army, recommends glycerine highly as a soothing application to the parched lips, tongue and fauces of continued fever, being pleasant to the taste and forming an excellent substitute for the natural secretion of these organs until their glands shall have resumed their functions.—*Chicago Medical Journal*.

MEDICATED CIGARETTES.

By W. E. BOWMAN, M.D.

Cigarettes may be made of almost any variety of thick paper, but that kind should be selected that on burning yields a smoke most easily inhaled. I have always employed the heavy paper used for copy book covers (olive pressings); thick blotting paper however makes a good cigarette, but the regular filtering paper does not answer as its smoke is dense and suffocating.

First, cut the paper into strips about seven inches long and an inch and a quarter wide, and next ascertain exactly how much fluid it requires to saturate 25 of these pieces. This is readily done by soaking them in an exactly measured ounce of water, when on withdrawal it will be found that about five fluid drachms of the liquid has been imbibed, this will give the key to the strength you are to make the solutions.

Next saturate the slips with the remedy, and when nearly dry gum or paste one border of each, and roll it around a pencil as shown in the following wood cut, afterwards withdraw the pencil, and the cigarette is made.



Arsenical Cigarettes.—Boil 35 grains of arsenious acid (the lump broken up, is purest) in a Florence flask with four ounces of water, down to the quantity required to saturate 100 slips of the paper previous to rolling. They will then contain a quarter of a grain each. If you have not the usual apparatus, hang the flask above some live coals by means of a wire.

Mercurial Cigarettes.—Dissolve three drachms of red precipitate, in three drachms of nitric acid, and add enough water to make up the quantity requisite to saturate 100 slips of paper. They will contain about three grains of the nitrate of mercury.

Nitre Cigarettes.—Dip the paper in a saturated solution of the nitrate of potash, before rolling.

Balsamic Cigarettes are made by giving the dried nitro cigarettes a coating of tincture of benzoin.

In the British Medical Journal, Dr. Nevins of the Royal Infirmary School of Medicine, Liverpool, speaks highly of these cigarettes in a number of cases.

Aphonia.—A patient who could not speak above a whisper for over a year, probably due to a thickened condition of the chordæ vocales, as she had no pain or constitutional symptoms, used the mercurial cigarettes for a month, and perfectly recovered.

Offensive Discharges from the Nostrils.—With a sense of uneasiness in the frontal sinuses, was quite cured in about a month with the mercurial cigarettes. The patient held his nose after taking a mouthful of the smoke, and then forced it into his nostrils in the manner practiced by accomplished smokers.

Polypus in the Nose.—A patient who had been twice operated upon for polypus, is now able to keep the disposition to form fresh polypi in check, by smoking the mercurial cigarette in the same manner, when he feels that uneasiness which warns him of the danger of its recurrence.

Deafness.—When dependant upon an obstructed Eustachian tube, he finds the nitro cigarettes, made with brown paper, most successful, and that the smoke forced into the tympanum from the throat, gradually restores the sense of hearing. The circumstance which first led him to adopt this method, was hearing a deaf person on one occasion remark, that when he was sneezing the day before, he heard perfectly; the violent effort appeared for the moment to have dilated the Eustachian tube, and hearing was the result. He says, that in a deafness of seven years standing, he had benefited a patient more by this treatment than by any other.

Phthisis.—Tronseau long ago, recommended a puff or two of an arsenical cigarette twice or three times a day in phthisis.

When the attention of the profession has been duly aroused to this subject, there will doubtless be found many other affections in which medicated cigarettes may be advantageously employed, as in syphilitic ulcerations of the throat, ozæna, offensive breath, obstruction of the lachrymal duct, diphtheria, &c., &c.

ON THE ARREST OF THE SECRETION OF MILK, By W. E. BOWMAN, M.D.

Mrs. F—, at 30, has had five children, and has been several times troubled with indurated breasts after labour. She was delivered by a midwife on the first of May inst. of a still-born child. I was consulted twelve hours after her accouchement, on account of some imaginary abnormal sensations and put her at once on five grain doses of iodide of potassium every four hours, directing frequent frictions of camphorated oil to the breasts, and keeping them covered with cotton batting and bandaged tightly, hoping by these means to prevent the formation of milk; this caused her some pain in them for twenty-four hours, when it gradually subsided. Had I commenced the treatment a little sooner, I feel confident it would have succeeded, as the quantity secreted on the setting in of the milk fever, was extremely small; to disperse it, I now conjoined with the iodide of potassium, half drachm doses of the wine of colchicum, continuing the local application of camphor and the bandaging, and giving directions to take away a little of the milk, should the breasts become painful. They were slightly drawn twice, and in two days after the commencement of the colchicum (4 days after confinement) I found the mammary gland flat; indurated and without milk. In twenty-four hours after this, I was compelled to suspend the use of the remedy, on account of its purgative action on the bowels, and now trusted to the camphorated oil alone to remove the induration, which it did completely in about a week. The breasts remain much smaller than natural, and the areolæ are of a dark brown colour, and papillæ much enlarged. She says she has not had any trouble with her breasts since the first day, and denies feeling the least uneasiness in them. She finds, however, that she is not gaining her strength as fast as usual this time.

Dr. Locock remarks that the ill health that follows the artificial arrest of the milk, is best relieved by laxatives; these I had found necessary to give a few days since, notwithstanding her pale anæmic appearance, as the costiveness with which she had been troubled, seemed to be one of the causes of the excessive flow and continued red colour of

her lochia. She is now on the citrate of iron and quinine, and improving daily.

Extract of Belladonna.—To Dr. R. H. Goolden, of St. Thomas' Hospital, the profession is indebted for again bringing into notice the extract of belladonna, as an application to the breasts for the arrest of the secretion of milk, he merely applies it to the areolæ.

Colchicum internally.—And having noticed that cows eating the colchicum plant in pastures, immediately became dry, he thought of trying the wine of colchicum, in half-drachm doses at the same time that he was applying the extract of belladonna to the nipples; and in one case, where the breasts were very tumid, tender, painful and hard, within two hours they became perfectly relieved, the milk greatly absorbed, and what is very important, there was no fever or other inconvenience attending the sudden suppression of the milk.

Dr. Burrows, of Liverpool, who likewise has been very successful with the belladonna, gives conjointly with the colchicum, drachm doses of Epsom salts, repeating the mixture every four hours; and finds that in 36 hours, the swollen, hard, tender and red breast, becomes cool, pale and flaccid, being finally reduced smaller even than before pregnancy.

Dr. E. U. Berry, of Covent Garden, mentions two cases where in place of arresting the secretion, the belladonna seemed to merely relax the mouths of the lactiferous tubes, and give relief to the inflamed breasts by causing the milk to flow freely away into a bread poultice, and the suckling was continued afterwards. May it not have been the action of the poultice that produced this effect?

The belladonna does not seem to affect the milk in the breast, and the child may be applied at any time, after washing the nipple carefully.

Dr. A. K. Gardner, of New York, applies a plaster of extract of belladonna spread on kid, and leaves a hole for the nipple when it is desired to remove swelling and decrease the quantity of milk, and the child is allowed to suck without disturbing it.

Camphor.—Dr. Harris, of Savannah, who has had much experience, prefers camphor to belladonna, and mixes it with glycerine; and the editor of this paper has long been in the habit of checking a too excessive flow of milk by frictions of camphorated oil, which have never seemed to affect the child in any way although kept constantly at the breast.

Iodide of Potassium.—This salt has been strongly recommended by some French and German practitioners. Professor M. Roussel, of Bordeaux, who has employed it in twenty cases of painful engorgement of the breast, finds that the iodide removes it generally in three days, and that the milk will return if desired, by discontinuing the remedy as soon as relief has been obtained; and farther, that six or eight grains in the twenty four hours, taken in divided doses, has proved more successful in his hands than when given in larger quantities.

Dr. Gaillard Thomas applies the belladonna, and gives large doses of the iodide of potassium internally.

Tobacco.—Tobacco ointment made by boiling an ounce of fresh tobacco in a pound of lard, is said to act similar to extract belladonna, and never to produce constitutional effects when applied to the breasts.

Sage.—Taken in strong infusion, long since recommended by Van Sweiten, has often been resorted to with success to arrest the flow of milk.

Canada Lancet.

MONTREAL, MAY 15, 1863.

Twenty-five years of ample experience, although placing ovariectomy among the standard operations in surgery, has been far from producing that uniformity, either in the mode of conducting it, or in its subsequent management, that we should have been led to expect. Whilst one celebrated surgeon ties the pedicle of the diseased ovary, and returns the cut end into the abdominal cavity, leaving the ligature only protruding; another brings the ligatured portion out at the lower part of the opening, and pins it with the integument; a third, although healing it externally, does not ligature, but employs a clamp, resembling a carpenter's compasses, allowing the compressed end to slough away. One requires a warm room to operate in, another merely applies hot flannels to the exposed intestines, and a third takes no precautions whatever, but keeps the room warm afterwards. One surgeon, after over a hundred operations, still continues to make long incisions through the abdominal wall, whilst another prefers short exploratory ones. One closes the parts by needles, taking in half an inch of the peritoneum on each side; another warns us particularly from touching this membrane. One sponges out any escaped fluids from among the intestines, another employs flannel, and a third prefers to allow the fluid to remain, unless very acrid, than to so irritate the peritoneum. And in the after treatment, one surgeon directs the patient to be kept constantly under the influence of opium for the first few days, another does not give any opium, and a third gives it carefully when the pain is very severe. One bleeds for the ensuing peritonitis, another refrains from bleeding, although no blood has been previously lost; whilst a third gives brandy constantly. Opinions concerning the nourishment are alike at variance.

And who are these surgeons who differ thus widely? Simpson, Clay, Brown, Smith, Fergusson, Walne, Bird, and a host of others, the stars of our profession: men who, notwithstanding their diversified experience, have done more to alleviate the suffering and save the lives of our fellow creatures of the opposite sex than any for the last two hundred years. But who shall decide on the proper mode of proceeding when such differences and such fatality alike attend all. That we are in our infancy in this matter is certain; but it cannot be long before some master mind will arise, who by some new operation, or the detection of some unnoticed neglect, by obviating the frightful mortality attending peritoneal sections, will confer a still greater boon upon humanity, and decide upon these differences.

BOTANIC GARDEN.—Two public meetings with reference to the establishment of a botanic garden in Montreal has already been held, and an energetic committee have the matter now in hand. We understand that it has been decided to recommend the formation of a Botanic Garden Company, at the next general gathering, which will be called as soon as \$25,000 stock has been subscribed, when the locality, &c., will be reported upon and definitely settled. The Governors of McGill College have offered a portion of their extensive grounds near the mountain, adjoining the University for this purpose, to facilitate the study of their students in botany; and we are glad to learn that this offer meets with the approbation of most of our citizens, and will without doubt, be accepted.

The city of Kingston, Canada West, is before us in this matter, having an excellent botanic garden attached to Queen's College, and a Botanical Society, which holds regular meetings from October to April in the University Hall, and forms summer excursions under the direction of Professor Lawson, to investigate the natural history of the midland district of Canada. During the autumn there are daily demonstrations given by the professor of botany. Their garden is now well stocked with medicinal and other plants, this early success being due in a great measure to the liberality of Harvard University, which presented it through Professor Asa Gray, with a large collection of plants and seeds, which being followed by liberal private donations, has placed the Kingston Botanical Society in a position at present, to exchange specimens and seeds with other like institutions, in which manner, they hope constantly to increase the number of their specimens.

We have perused with much interest the details of two successful cases of ovariectomy, performed by Professor Byford, of the Medical Department of Lind University, Chicago, and published in the Chicago Medical Examiner of February last. In both cases the tumours were multilocular, the larger weighing with its contents thirty pounds. The adhesions within the peritoneum were removed by means of the écraseur. Very little blood was lost, as all sponging among the intestines was avoided. The patients were kept under the influence of opium for several days, which seemed to act well notwithstanding that the pulse kept constantly varying from 112 to 130.

We regret that no notice has been taken with regard to the protection of the bowels from the effect of cold air during the operation (in Nov. last), or of the temperature of the room afterwards.

Professor Mitchell has our thanks for his able contribution on strychnia, doubly gratifying to us, from being unsolicited, and the offspring of a friendly feeling for our lilliputian Lancet.

We notice that the Turkish Baths, situated on the corner of Vitre and Joté streets, are again in full operation after a suspension of many weeks.

On the 5th instant, the convocation of McGill College was closed, when Dr. G. W. Campbell, Professor of Surgery and Dean of the Medical Faculty, awarded the prizes and honors, and conferred the degrees on the students in medicine. Dr. Hall, Professor of Midwifery, administered the Hippocratic oath, when they were called by the principal with the usual formality. The valedictory was delivered by Dr. Horatio Burrill, one of the

graduates, and elicited much applause. This was followed by an eloquent address by Dr. Craik, Professor of Clinical Surgery. The number of students during the past session were 174, of which the following 31 took their degrees, viz:

W. W. Gordon, Bathurst, N. B.; W. E. Bessey, Georgetown, C. W.; J. L. Mason, Montreal, C. E.; W. C. Gaudin, London, C. W.; J. B. Blanchet, Quebec, C. E.; J. J. Marton, L'Orignal, C. W.; J. H. Barland, St. Johns, C. E.; A. E. Senkler, Brockville, C. W.; A. Brodeur, Valence, C. E.; H. C. Burrill, Smith's Falls, C. W.; Eli Ives, Compton, C. E.; F. H. Brathwaite, Toronto, C. W.; P. E. Brown, Lake of two Mountains, C. E.; Thomas Ross, Lancaster, C. W.; A. A. Desanlins, Rivière du Loup, C. E.; A. McDonald, Lancaster, C. W.; P. Rainville, Ste. Marie de Monnoir, C. E.; W. W. Dickson, Fackenhram, C. W.; H. Thérien, Rivière David, C. E.; J. H. Sawyer, Belleville, C. W.; G. Wood, Sheford, C. E.; F. W. Digby, Brantford, C. W.; L. P. A. Grenier, Lotbinière, C. E.; E. McIntosh, Newcastle, C. W.; J. Ayley, Aylmer, C. E.; D. J. Grant, Williamstown, C. W.; F. D. Thériault, Beauharnois, C. E.; H. Graham, Bell's Corners, C. W.; E. C. Mallock, Ottawa, C. W.; J. H. Fulton, Winchester, C. W.; F. Goforth, Thorold, C. W.

Interesting Cases.

COLD APPLICATIONS VERSUS F

Montreal, May 8th, 1863.

SIR,—Knowing that one great object of your "multum in parvo" periodical, is to collect and make known any important fact, whether new or old, that may be useful to our profession, I would inform you as briefly as possible, that being called some time ago to attend a case of accouchement some miles in the country, and having decided on my arrival upon the use of ergot of rye, I opened my pocket case to give a dose of the remedy, when to my chagrin I discovered that my secale was "non est." I had emptied my bottle, and had neglected to replenish it. What was now to be done? A thought struck me—if cold applied externally after labour causes uterine contractions, as in cases of flooding, why will it not do so before labour? I at once wrung a towel slightly, out of cold water, and applied it to the region of the womb. It produced a sudden chill, but this soon subsided, giving place to a comfortable heat; and although there had been no real labour pains for some hours, there now set in in earnest just such good old-fashioned forcing pains as a weary doctor loves to see after he has lost half a night's rest waiting for them. The woman was safely delivered in less than twenty-five minutes after the cold application, and she recovered rapidly. Encouraged by this success, I have repeatedly employed this means of exciting uterine action when arrested. During the past seven years I have had very many opportunities of testing the value of the secale cornutum, which in my practice has proved a very uncertain remedy. And I have found the cold towel to possess every advantage, and none of the disadvantages of the ergot, as in some cases the latter has seemed to cause contractions in the lower portion of the womb only, and to retard instead of hastening labour. Then, again, the danger of suffocation to the child, and the evil consequences sometimes produced upon the mother, are thus avoided. Hoping that you and others of my professional brethren may be induced to follow up this suggestion, and report on its results,

I remain, yours &c., W. F. MONAGAN, M.D.
61 Little St. James Street.

CANCER OF THE OESOPHAGUS &c.—G. K., at 53, a man of intemperate habits, was several years since troubled with some affection of the liver, and whilst taking mercury, became severely salivated (prob-

ably through carelessness), after which he first noticed an affection of the spinal cord, which caused him much suffering.

He says that he was in the Montreal General Hospital last summer, but left it unrelieved and returned home. In autumn he came under my treatment, complaining of his back and likewise of a difficulty in swallowing solid food. Considering the former to be chronic inflammation of the dura mater of the spinal cord, I applied Faradization locally, to the lower portion of the vertebral column and along the course of the sciatic nerves, using alternately, the current of induction and the extra current with the electric brush. The relief experienced by this treatment was very great, but, did not become permanent until after upwards of twenty applications.

Attributing the difficulty of swallowing to some obstruction of the œsophagus, I introduced a catheter, which caused the expulsion of a large quantity of viscid mucus, and gave much temporary relief. This I repeated from time to time as occasion required.

On the second of January I was sent for in haste, the patient being unable to swallow either solid or liquid food. After passing a probang three times successively through the œsophagus, he threw up a polypus of the size of the yolk of an egg, and shaped like a cut macaroon.

The patient felt considerably better after this for two months, when the stricture returned. The character of his pain, with his general cachectic appearance, now rendered easy the diagnosis of malignant growth, although he constantly denied ever having anything of the kind in his family. He died on the 7th of April.

Post mortem examination.—Great emaciation, lungs sound, heart covered with fat, with eccentric dilatation, œsophagus cancerous and perforated an inch and a half from the stomach, through which the contents of that organ had escaped into the thorax, and expedited the fatal result.

G. S. DEBONALD, M.D.

Berthier, April 27th, 1863.

CHANCRES.

A synopsis of the results of all recent investigations on the subject. From Bumstead and other authors. By W. E. Bowman, M. D.

(Concluded.)

Parchment Induration.—This is another but less common form of induration, in which the deposit is confined to the mucous membrane alone, and does not involve the cellular tissue beneath. It most frequently occurs in connection with the superficial chancre, on the prepuce, walls of the vagina, and about the anus. It imparts to the fingers a sensation as if the ulcer rested upon a circular piece of parchment, or very stiff paper.

Induration does not take place before the appearance of chancre, but occurs generally within a few days. Should it not appear within the third week after the sore, both in itself and in the neighbouring ganglia, the patient may be considered safe from constitutional infection.

The induration usually remains for a long time after the cicatrization of the ulcer, and unless dissipated by treatment, may generally be felt for two or three months, and in exceptional cases has been known to persist for years. M. Puche tells of one of nine years duration, and Ricord knew of another that had remained callous for upwards of thirty years.

Again, the parchment induration, although generally of long continuance, has been known to disappear even before the healing of the chancre, thus leaving it with as soft a base as chancroid.

In process of time this lump softens down and becomes absorbed, but it may again resume its hardness on the outbreak of a syphilitic eruption, or from the irritation caused by the contraction of soft chancre.

Nowhere is the induration from infecting chancre so fully developed, as on the lips, where it often disfigures the countenance by its bulk. It is less marked at the angle of the mouth or on the tongue.

INDURATED OR SYPHILITIC BUBO.—This is only found in connection with infecting chancre, of which it is a necessary attendant, and affords as valuable a proof of syphilis, as the induration at the base of the sore, being even more constant and persistent than the latter. Bassereau found that out of 120 cases, only 3 escaped this symptom.

It is usually developed the first week, and always within three weeks after the existence of the ulcer, and accompanies, or follows almost immediately its induration.

All the superficial ganglia fed by the lymphatics near an infecting chancre, become enlarged and attain the size of filberts or almonds. This change takes place, like the induration beneath the sore, without any symptom of acute inflammation. As the genitals are most frequently affected, we find the ganglia of both groins the subject of these changes.

These buboes are painless, and of themselves never become inflamed or suppurate. But irritant applications to the chancre, external violence, alcoholic stimuli, excessive coitus, gonorrhœa, or fatigue, may excite common inflammation in them, terminating in abscess. But the most fruitful cause of suppuration is the strumous diathesis, or general debility.

That abscess is however extremely rare, may be inferred from the fact that of the whole number treated by Ricord in the Hôpital du Midi in one year, there were but three cases of indurated bubo that suppurated.

When induration at the base of the sore is imperfectly developed or obscured by common inflammation, reference made to the groin will rarely fail to afford the desired information, for after the former has disappeared, the latter portion persists for months, an unfailing sign that there has been a primary sore near, that has infected the constitution.

Induration of the inguinal ganglia, points to the genital organs, including the internal surface of the urethra, and to the hypogastric region; that of the external group near the anterior superior spine of the ilium, to the anus or rectum; that of the submaxillary glands to the lips, mouth, and tongue; that of the axillary ganglia or those about the elbow, to the hand or arm; and so each region has its recording index, when perhaps no other sign has been noticed.

The only affection liable to be confounded with an indurated bubo is strumous enlargement of the lymphatic glands, when the diagnosis is often difficult, especially if the previous history be unattainable.

The lymphatics themselves are rarely indurated; when so, however, they resemble whip-cords or strings of beads running from the chancre towards the groin, but rarely reach as far as the ganglion.

Like the induration of the chancre producing it,

syphilitic buboes soften down in process of time, and become absorbed.

Induration of the infecting chancre in women, is not so recognizable as in men, (and is doubted by many as being so constant a symptom), therefore, the condition of the neighbouring ganglia must be almost exclusively relied on in many cases. Gosselin says that hypertrophy of the labia majora, and occasionally also of the labia minora or some of the carunculae myrtiformes, is so solely the effect of hard chancres in the neighbourhood of the vulva, as to almost amount to positive proof of their previous existence.

MIXED CHANCRE.—There is no opposition whatever between the three poisons of gonorrhoea, chancre, and true chancre—they may all coexist in the same person, thus accounting for three men that have been known to have intercourse with the same woman, on the same day, and yet each to receive a different disease from her. Two of these poisons may be present in the same fluid, as when the secretion of a hard or soft chancre mingles with that of gonorrhoea, or as in the "mixed chancre," resulting from inoculation of the one abrasion during the same act of coitus, or successively by the virus of both the hard and soft chancre.

When taken at the same time, the chancre, having no period of incubation, is first developed in its usual form, with abrupt edges, grayish floor, and soft base; subsequently the infecting chancre appears either in the same spot or a separate one, when the base of the sore and the neighbouring lymphatic ganglia become indurated.

The matter of a chancre applied to the surface of a hard chancre, will, in two or three days, cause the sore to assume a grayish aspect, and its edges to become jagged; generally giving rise to successive chancres in the neighbourhood, or to a virulent bubo. The original ulcer in these cases, however, does not lose the essential character of an infecting chancre, and its constitutional effects are in no way altered by this inoculation.

These small chancroids springing up in the neighbourhood of a hard chancre, show it at once to be a mixed chancre, as the true chancre is not auto-inoculable.

Inflammatory or Gangrenous Chancre.—The chancre is more exposed to excessive inflammation and gangrene, than the infecting chancre. It occurs generally in cases of phymosis and paraphymosis, the glands always suffering less than its covering. If the slough includes the whole sore, it ceases to secrete inoculable pus. When syphilitic ulcers become gangrenous, the induration may for a time disappear with the eschar, but to reappear in many cases with the subsequent cicatrix, secondary symptoms following in the usual manner. Buboes are rare with inflammatory sores.

Phagedenic Chancre.—Chancres generally ulcerate slowly, and are limited in size; when from any peculiar state of the system they spread rapidly and irregularly, they are said to be phagedenic. They occur most frequently in persons debilitated from intemperance, irregularity of life, bad food, unhealthy residences, an abuse of mercury, &c. &c., and may extend but slightly beyond ordinary bounds, or become so acute as to destroy the whole penis, scrotum, or labia, or they may take on the serpiginous form.

Serpiginous Chancre.—This obstinate variety of phagedena may be said to have no limit to it, either in extent or duration. Snake-like, it sometimes un-

dermines the whole skin of the penis as far as the pubes, or makes narrow streaks down the thigh nearly to the knee, or choosing another direction, eats its way upwards on to the abdomen, following the course of the crest of the ilium. It often advances at one end whilst healing at the other, and when seemingly arrested, rapid ulceration may again set in and destroy the newly-formed tissue. It is covered by a grayish secretion, through which florid granulations at times protrude, and bleed freely upon the slightest touch. Its secretion is copious, thin, and sanious, and preserves its contagious properties through its whole period of existence, although of many years' duration. It leaves behind an indelible white cicatrix.

Both simple and hard chancre may take on this serpiginous form of ulceration; it is, however most common to the simple.

When buboes complicate phagedenic chancre, they generally become affected with the like destructive action.

Matter from a phagedenic chancre does not necessarily transmit phagedena, but always generates the species of venereal poison producing it.

To Correspondents.

Ulcers.—The red wash employed so constantly in the hospitals of this city as an astringent lotion to weak ulcers, is the one recommended by Professor Erichsen, and is prepared as follows:—

Sulphate of zinc, grs. xvi: comp. spirits of lavender and spirits of rosemary, of each, two drachms: water, ʒ pint.

The spirits of rosemary is made by adding one drop of the oil of rosemary to 1ʒ of alcohol.

Solution of Chlorate of Potash. 10 grains to the ounce of water, seems to be even more successful than the above, as an application to ill conditioned ulcers of all kinds.

Chloride of zinc, from one to two grains to the ounce is also a favourite with many practitioners for the same purpose.

These solutions are applied similar to water dressing.

Pepsine.—This remedy is employed in cases of debility of the stomach, when the debility is kept up by want of due nutrition of the organ, originating in its own defective function. By supplying this active principle of the gastric juice, digestion proceeds artificially, and the stomach thus strengthened, soon resumes its activity. The dose of Boudan's preparation is 15 grains, before each meal, it may be taken on bread and butter or in any agreeable vehicle. It does not interfere with other remedies that may be prescribed at the same time.

Hair Dye.—Dissolve nitrate of silver 1 drachm, in strongest liquor ammoniac, 1 oz; and add bi-chloride of mercury half a drachm. To make the hair receive it, cleanse it thoroughly from all oily matters, and apply some of the following mordant. Acetic acid ʒ ʒ; chlorate of potash ʒ ʒ; grs; mix. With corrosive sublimate the dye is black, by omitting it a brown may be obtained, and the shade between the two may be regulated by altering the relative proportions of the silver and mercury.

Iodide of potassium in strong solution, will remove any stains from the skin acquired by this dye.

Druggist.—By water dressing, we understand the application of wet lint to a part, covering it up with a larger piece of oiled silk, the lint does not dry when thus protected. It is the modern mode of treating all species of wounds and ulcers. The lint must be but little larger than the sore, and must be frequently washed or changed; and if the part be much swelled, both it and the silk had better be fastened to their places by a strip or two of adhesive plaster. If it be an incised wound, draw the edges together, and fasten by means of long pieces of plaster, when the ends, not being affected by the water, will keep it always closed. Should the wound or sore turn white and shrivel up, like a washerwoman's hands, it is because the lint is kept too wet.

Baking Powder.—Bicarbonate of soda, 1 oz; cream of tartar, ʒ ʒ; cast wheat flour, ʒ ʒ; mix. One tablespoonful is sufficient for a quart of flour. Success in its use depends on not working the dough, or stirring the batter, any more than can possibly be helped, after putting in the powder. Many druggists cheapen their baking powder, by adding a larger proportion of flour.

Merchants Gargling Oil.—No. 1. Take of diluted alcohol 1 pint; bruised gum myrrh 1 oz; mix and shake often for a week, then add bruised Cape aloes 1½ oz; let them stand for another week, then strain.

No. 2. Take of alcohol 1 pint; gum camphor ½ oz; oil of origanum ½ oz; tincture of opium 2 oz; Castile soap 1½ oz (previously dissolving the soap in 2 oz of boiling water); mix.

No. 3. Take of spirits of turpentine 1 pint; Barbadoes tar 3 oz; mix.

These three preparations are to be mixed together lukewarm; when cold add 1 oz concentrated liquor ammoniac.

Thus it will be seen that this liniment is a compound of equal parts of elixir pro., compound soap liniment, and British oil, with the addition of a little ammonia.

Hooping Cough.—Dr. Gibb's mode of prescribing nitric acid in this disease is as follows, viz; to very young infants 1½ m of the pure acid; those under two years, 2½ m; from 2 to 5 years 5½ m; 10 years to adult age from 5 to 6 m. He gives it as a lemonade with syrup largely diluted with water, every two hours through the day, increasing it in frequency to every hour in bad cases. In those rare cases that are accompanied by inflammation of the lungs or bowels, it is not admissible. It does not interfere with the administration of syrup of squills or other stimulant expectorants, which frequently prove useful by diminishing the wheezing.

A complete list of the Medical Works published in Great Britain, from March 15th to April 1st, 1863.

Beale, Lionel John.—The Stomach, medically and morally considered; lectures delivered at the St. Martin's Library Reading Room. 12mo, pp. 112, sewed; Harrison, 1s. Medical Register, 1863; super-royal octavo, Med. Reg. Office 4s.

Tilt, Edward John.—A Handbook of Uterine Therapeutics; post 8vo, pp. 310, cloth; Churchill, 6s.

P. S.—New books can be most speedily obtained from Great Britain, through parcel post; the charges are sixpence sterling for every half pound, *prepaid*, this must be borne in mind on remitting monies by post office order, or otherwise. The weight may be readily determined by ascertaining that of a similar size of volume, with a like number of pages.

Messrs. Dawson Brothers, booksellers in this city, offer to import English works at the rate of thirty cents for each shilling sterling of their published price.

A list of all the Medical Periodicals at present published in Great Britain and Ireland.

British Medical Journal. Published every Friday, by T. J. Honeyman, 37 Great Queen St., Lincoln's Inn Fields, London, W.C., unstamped 6d., stamped 6d. per No. It is the organ of the British Medical and Surgical Association. New series established in 1853.

Chemical News. Published every Saturday, by Isaac Taylor, 1, Wine Office Court, London, E.C., unstamped 4d., stamped 5d., yearly stamped £1 1s. 8d. Devoted to Chemistry, Pharmacy, Toxicology &c, established 1859.

The Lancet. Published every Saturday, by George Fall, 423 Strand, London, W.C., unstamped 7d., stamped 8d., yearly stamped £1 14s. 8d. One of the leading Medical Journals, established 1823.

Medical Circular. Published every Wednesday, by C. J. Harris, 20, King William St., London, W.C., unstamped 5d., stamped 6d., yearly stamped 19s. 6d. General Medical Literature, established 1852.

Medical Times and Gazette. Published every Saturday, by J. Churchill & Sons, 11, New Burlington St., London, W., unstamped 6d., stamped 7d., yearly unstamped £1 6s. 0d., stamped £1 10s. 0d. A standard publication, established 1850.

Dublin Medical Press. Published every Wednesday, by A. H. Jacob, M. D., unstamped 5d., stamped 6d. Medical and scientific. Pays much attention to American Medical Literature, established 1839.

Aberdeen Sanitary Reformer. Published monthly, by Cornwall & Sons, Aberdeen, 3½d. No.

Chemist and Druggist. Published monthly by J. Firth, 24, Bow Lane, Cannon St., London, E.C., yearly stamped 5s. Devoted to trade intelligence.

Edinburgh Medical Journal. Published monthly by Oliver and Boyd, Ed. 2s. No.

London Medical Review. Published monthly, by Fieldson & Jary, 6, North St., Manchester Square, London, 1s. No.

Mair's Medical Register. Published on 21st of every month, by Mair & Son, 34, Bedford St., Strand, London, 2d. No.

Monthly Homoeopathic Review. Published by Turner & Co., 77, Fleet Street St., London, Homoeopathy applied to Medicine and Surgery, 1s. No.

Monthly Journal of the Chemical Society. Published by H. Ballière, 219, Regent St. London. Devoted to Chemistry and Pharmacy.

Pharmaceutical Journal. Published monthly, by J. Churchill, 11, New Burlington St., London, W. 1s. No. It is the organ of the Pharmaceutical Society, Es. 1841.

The Monthly Statement of Stocks imports and delivery of Drugs, &c. Pub. by C. Smith & Son, Hart street, Mark lane, London; yearly 10s 6d.

British and Foreign Medico-Chirurgical Review. Published quarterly by J. Churchill, 11, New Burlington St., London, W., 6s. No.

British Journal of Homoeopathy. Published quarterly by Turrier & Co., 77, Fleet St., London, for the Professor only.

Dublin Quarterly Journal of Medical Science. Published quarterly by Fannin & Co., Dublin, 5s. per No.

London Medical Review. Published quarterly by H. Ballière, 219, Regent St., London, 1s. per No.

Medical Critic and Psychological Journal. Published quarterly by John W. Davis, 54, Princes St., Leicester Square, London, 3s. 6d. per No.

Quarterly Journal of Microscopical Science, edited by Edwin Lankester, M. D., and George Busk, F. R. C. S. E. Published by J. Churchill, 11 New Burlington st., London, W., 4s. No.

Journal of Mental Science, edited by J. C. Bucknill, M. D., and published quarterly by J. Churchill, 11 New Burlington st., London, W., 2s. 6d. No. Published by the authority of the Association of Medical Officers of Asylums and Hospital for the Insane.

Archives of Medicine, Edited by L. S. Beale, M. B., F. R. S. Published quarterly by J. Churchill, 11 New Burlington st., London, W., 2s. 6d. No.

Journal of Ophthalmic, Medicine, and Surgery. Published quarterly by J. Churchill. It is the organ of the Royal Ophthalmic Hospital. 2s. No.

BOOKS FOR REVIEW AND PERIODICALS RECEIVED DURING THE MONTH.—Brande and Taylor's Chemistry, Blanchard & Lea, Philadelphia, 1863. London Medical Times up to the 25th April. London Lancet, to the 25th April. London Publishers Circular to 1st April. London Chemist and Druggist, April. On the treatment of Diphtheria, E. N. Chapman, M. D., N. Y. America Pub. Circular, Phila., May. Med. News and Library, Phila., May, Boston Med. and Surg. Journal, to 14th May. Cincinnati Med. and Surg. News, April. Cincinnati Lancet and Observer, May. Dental Cosmos, Phila., May. Chicago Med. Journal, Ap. Chicago Med. Examiner, Feb. Buffalo Med. & Sur. Journal, April. Amer. Drug Circular, May. Catalogue, Dartmouth Col, 1862-3. Med. and Surg. Reporter. Phila., May. Douglas' Artificial Leg, Springfield, Mass.

MONEY'S RECEIVED SINCE APRIL 15TH.

Dr. A. Bethune, Glanford, 5s; Dr. H. Philpot, Simcoe, 5s; Dr. J. Z. Nault, Quebec, 5s; John Roberts, Ottawa, 5s; Dr. B. H. Leprohon, industry, 5s; Dr. R. W. Evans, Prescott, 5s; H. R. Gray, 5s; Dr. W. Woodruff, London, 5s; Dr. J. Baxter, Cayuga, 5s; Dr. Austin, 5s; Dr. G. H. Boulter, Stirling, 5s; Dr. Geo. D. Spooner, Clarke, 5s; Dr. J. Channonhouse, Douglas, 5s; Dr. J. S. N. Drainville, St. Barthelemy, 5s; Dr. L. Gravel, St. Pierre les Becquets, 5s; Dr. Wm. Fraser, 5s; Dr. W. T. Salmon, Vittoria, 5s; Dr. F. D. Sutherland, Kenmore, 5s; Dr. Case, Hamilton, 5s; Dr. J. D. Stewart, L'Orignal, 5s; Dr. J. B. Desrosiers, St. Hugues, 5s; Dr. A. Burnes, Fullarton, 10s; Dr. J. A. Mullin, Hamilton, 5s; Dr. A. M. Rosebrugh, Toronto, 5s; Dr. B. Workman, Toronto, 5s; Dr. J. Walker, St. John, N. B., 5s; Dr. Tho. Christie, Lachute, 5s; Dr. F. A. Pillet, Ste. Genevieve, 5s; Dr. A. Allen, Perth, 5s; Dr. J. Leclair, St. Lin, 5s; Dr. W. Hope, Belleville, 5s; Dr. D. P. Campbell, Athol, 5s; Dr. Bessey, Huntingdon, 5s; Dr. Jno. Clark, Simcoe, 5s; Dr. Wilding, Manningville, 5s; Dr. G. H. Low, Bowmanville, 5s; Dr. J. E. Johnstone, Sorel, 5s; Dr. Gaucher, St. Cécile de Milton, 5s; B. A. Mitchell, London, 5s; Dr. Bélin, L'Assomption, 5s; Dr. Wm. Ewing, Hawkesbury, 5s.

MARRIAGE.

In this city, on the 30th ultimo, by the Rev. John Cordner, Joseph Bascom, M.B., of Uxbridge, C. W., to Annie Mills, second daughter of Benjamin Workman, M.D., of Toronto, C.W. No cards.

THE CANADA LANCET.—The terms of this Monthly Periodical are one dollar a year, in advance.

All communications to be addressed to the Editor and Proprietor, W. E. Bowman, M. D., McGill Street, Montreal. Remittances may be made directed to him or to Mr. John Lovell.