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CANADA LANCET.

WILLIAM EDWARD BOWMAN, M.D., EDITOR.

WHOLE No., 14.

MONTREAL, APRIL 15, 1864.

SECOND YEAR.

ON CROUP.

STRAY GLEANINGS FROM WELL-KNOWN FIELDS.

The first stage of croup comprises all the symptoms prior to the attack proper, or second one when the disease may be said to be fairly developed. The third stage is that of collapse, or threatened suffocation from obstruction of the trachea, produced by the formation of a deciduous membrane, or by the pouring out of a quantity of purulent lymph which fills the air passages. (Dewees, p. 477, Copeland, 317.) Burns says that the most frequent cause of the immediate production of an attack is cold and wet.

Measles, Cheyne says, often sets in with ringing cough and catarrhal symptoms, so closely resembling those of croup that the most experienced are liable to mistake them for the commencement of the latter disease. But the rapid disappearance of them as the efflorescence appears, soon dissipates the doubt. (Copeland, 317.)

In croup alone the fauces are not inflamed, and never show diphtheritic exudation. When complicated with diphtheria, tincture of iodine should be applied to them. (Rankin, 52, 117.)

Hoarseness.—Cheyne says, that on the appearance of hoarseness, croup should be apprehended and avoided against. He recommends confinement to a warm room, abstinence from all stimulating food, tepid bathing and nauseating doses of wine of ipecac, with syrup of tolu and mucilage.

Cold Applications.—These have been formerly commented upon in this journal. (p. 81.)

Kimball's Treatment.—He never bleeds or blisters a croup, but, considering it a spasmodic affection, prescribes valerian, squills and opium, after clearing the stomach by an emetic of ipecac.

Pulv. Valer. ʒ gr. ; Oxy mel Scilla. ʒ drac. ; Tr. Opil. ʒ m ; ana ad ʒ drac. M.

This dose to be given every hour to children of from 2 to 3 years of age. Those from 5 to 8 years may take it every one-quarter of an hour.

This mixture is continued until complete relief is obtained, which he finds generally to be in from 10 to 12 hours, but never beyond 48. (Copeland, 317.)

Green's Treatment.—Dr. Horace Green, after having previously evacuated the stomach with ipecac, cauterizes the fauces, and the trachea from the larynx down to its bifurcation, with a strong solution of the nitrate of silver, (40 to 80 grains to the ounce of water), by means of a probang pushed into it until the epiglottis is held with a finger of the left hand, and repeats the operation every few hours, whenever, in bad cases, until relief is obtained. He considers this treatment suitable to all stages of croup, but that the earlier it is applied the greater the chance of success.

The larynx, he says, does not increase in size up to the age of 12 years, that of a child of 2 years being equally as large as one ten years older. At the aperture of the glottis between these ages it is from $\frac{1}{2}$ to $\frac{1}{4}$ an inch in diameter, and therefore the

sponge, at the end of the probang employed, should not exceed a third, or at most, a half an inch in diameter in order to pass the aperture of the glottis and enter the laryngeal cavity. (Medico-ch. Rev. July, '59, p. 168.) This operation is much easier than usually supposed by those who have not tried it.—Ed. Meigs both cauterizes and bleeds largely, (Braithw. 117.) Chapman finds the average time required to subdue croup by Green's method, to be from 5 to 6 hours. (Rankin, '55, 317.)

Watson recommends first, a warm bath, (98° F.); then bleeding; next tartar emetic ($\frac{1}{2}$ to $\frac{1}{4}$ gr. doses) every fifteen minutes until symptoms of collapse are produced, giving brandy very carefully if the prostration becomes too great. (Practice, p. 361.)

Baths from 98° to 100° relax without stimulating, promote emesis, and prove useful in overcoming spasm in all stages but the last. Keep the child immersed from 15 minutes to half an hour. Copeland, 317, thinks the time may in some instances be prolonged to two hours. The nurse might be instructed to test the temperature of the water by means of her arm inserted for a few moments up to the shoulder before immersing the child.—Ed. After the bath the patient should be well dried and wrapped in blankets to promote sweating. (Wood's Practice, 447.) Churchill says that baths may be employed either before or after the bleeding. (On Children, p. 285.)

Bleeding from a vein is not so applicable, as a general rule, in cities as in country places. If too fat to find a vein, immerse the hand or foot in warm water, when the swollen veins may readily be detected in them.

Two leeches are sufficient for a child a year old; three for one of two years; four for three years, and so on. Place them on the trachea when you can watch them, but on the sternum if compelled to leave. The flow of blood should not be checked afterwards until a decided effect has been produced by it.

When a weak pulse becomes full and hard by bleeding, it may be repeated with advantage. (Copeland, 317.)

To each dose of tartar emetic Condie recommends the addition of 3 grains of calomel and 3 of muriate of ammonia. (Watson, 562.) Burns says that in true croup as soon as calomel produces green stools the symptoms become alleviated. (Midw., p. 775.)

Cheyne directs antimony in half grain doses, without bleeding, in the second or congestive stage. After each emesis the medicine is withheld for two hours until the disease is subdued. Undue action of the bowels is controlled by opium. (Watson, 561.)

Chloroform.—Richardson says that he has treated croup at its onset by means of chloroform inhalations, with a success that he has never witnessed from any other mode; but, unfortunately, it has frequently to be continued for many hours. (Braithw. 117.)

Vapor Baths.—Dr. Budd, of Bristol, recommends

the breathing of steam, which may be generated within the curtains of the bed by means of hot bricks *completely* submerged in boiling water. The mother may go to bed with the child, if necessary, to keep it quiet. (Braithw., &c.)

Glycerine, occasionally applied to the tonsils and larynx, proves useful in all stages of croup, to ease the breathing. (Rankin '59, &c.)

When a false membrane is formed in the larynx and trachea, the time for bleeding is past. The only hope is then to keep the patient nauseated, give calomel, and sustain the powers of life by stimuli. (Evans and Maunsell, p. 580.)

Tracheotomy.—Syncope is a very common accident when operating, but it is rarely that the patient cannot be revived by the usual modes of restoring the asphyxiated. It may be necessary to sponge out the trachea to remove clots of blood. Respiration prevents blood from entering the air tube. A little cold water injected into the bronchi also dislodges clots. (Copeland, &c.)

A woollen scarf should be worn over the opening afterwards, to give warmth and moisture to the inhaled air, otherwise it is apt to excite catarrhal pneumonia. (Rankin '56, &c.) Fatal bronchitis is apt to be produced when the cold dry air is admitted through the opening. (Rankin '48, &c.)

The wound should be cauterized daily to prevent erysipelas, gangrene, or diphtheritic exudation.

A six grain solution of the nitrate of silver injected into the trachea several times a day, is recommended by Trousseau, after the operation. Green's treatment is also applicable through the artificial opening.

Some excellent remarks on tracheotomy may be found in Copeland, &c.; in Braithw., &c.; in Rankin '56, &c., and in Watson, p. 563. W. E. D.

SPOTTED FEVER.—A correspondent from Philadelphia writes:—For some months considerable excitement has been caused in our community, both medical and otherwise, by what is familiarly called "spotted fever." Last fall a number of deaths occurred in the north-western part of our city, known as Manayunk; the disease seems to have spread generally throughout the city, and is now met with in all quarters. Nor is it confined to Philadelphia, as cases have reached us from Chicago, and other parts of the West; in fact, it is an epidemic prevailing almost throughout the entire North. What is it? Its symptoms are severe but adynamic fever, sharp and continued pain in the head, (especially complained of at the occiput and nape of the neck,) great tendency to coma early in the disease, followed often by convulsions or opisthotonos, the head burrowing back in the pillow; sometimes the whole spine arched back like a bow, the bowels irregular, great loss of power, particularly in the nervous system, and death rapidly supervening. The tetanic convulsions and other symptoms cause many to regard it as the same disease which some years ago prevailed to a limited extent in the West, and was denominated "epidemic tetanus." The profession is by no means a unit relative to its nature. Some think it a blood disease, others cerebro-spinal meningitis, etc. Its vulgar name is derived from the eruption over the whole body of numerous purplish spots, varying in size from that of a small pin's head to several inches in circumference. During its free discussion at our societies, I have drawn the inference that those are most successful who stimulate early and

freely. Too often, time is not allowed for the institution of any treatment. In this connection I might remark, that there appears at present an epidemic influence, predisposing to adynamic affections, and particularly of the nervous system.—*Am. Med. Times.*

SMALL POX.—A great discovery is reported to have been recently made by a surgeon of the English army in China, in the way of an effectual cure of small-pox. The mode of treatment is as follows:—When the preceding fever is at its height, and just before the eruption appears, the chest is rubbed with an ointment of croton oil and tart. emetic. This causes the whole of the eruption to appear on that part of the body, to the relief of the rest. It also secures a full and complete eruption, and thus prevents the disease from attacking the internal organs (?). This is said to be now the established mode of treatment in the English army in China, by general orders, and is regarded as a perfect cure.—*Am. Med. Times.*

VILLATE'S LOTION, FOR CARIES AND SINUS.—Dr. Notta, surgeon of the Lisiens hospital, relates in the *Union Médicale*, several cases of caries in which great benefit was experienced by injections, performed with the mixture known to veterinary surgeons as Villate's lotion. Its composition is as follows:

R. Liq. Plumbi Acetatis, ℥j.
Cupri Sulphatis.
Zinci Sulphatis, aa. ℥ss.
Aceti. ℥viij. M.

The salts are dissolved in the vinegar, and the acetate of lead poured slowly into the solution. The result is the formation of acetates of zinc and copper, and of a precipitate of sulphate of lead. Vinegar, and sulphates of zinc and copper remaining in excess.

An exploring trochar is in the first place inserted as deeply as possible into the tract, and the fluid, previously shaken, is injected. Considerable pain follows the operation, and inflammation and copious suppuration are induced, which require the application of poultices. In a case of caries of a rib, of twelve months' duration, Dr. Notta employed an injection every morning for a week; no further treatment was required, and a complete cure followed in the space of twenty days. In another instance of the same kind, twenty-four injections and four months and a half were necessary to effect a cure. But the patient was affected with tuberculosis, a circumstance which, in Dr. Notta's opinion, affords additional evidence of the efficacy of Villate's fluid.

We may add, on the authority of Dr. Boinet, that the caries of a rib has never yet yielded to iodine injections. In cases of this kind, therefore, and in disease of the bones of the metatarsus or phalanges, with abscesses and sinuses, surgeons are fully justified in following Dr. Notta's example.—*Medical Circular.*

MODUM FOR THE STING OF WASPS.—Dr. Minchin gives the following:—About a week ago, on removing the cover of a warm-water reservoir, in the loft of one of my houses, I was stung by a wasp in the first joint of my right index, a little below the nail. The pain was intense, and inflammation set in immediately. Before I reached my office the joint had swollen considerably. Instinctively (I might almost say so, though I thought of the action of the ether) I seized a vial with co. iodium, and covered the injured place all over, when, to my

surprise, the pain left immediately, the swelling subsided, and a minute after, I had no other unusual feeling in the joint than that of the contraction caused by the drying collodium. When after two or three days the latter had been removed, I could see the dark spot where the sting had entered, but did not discover the sting, which had not been left in the wound. I do not know whether my accidental discovery is new, but I thought if it were unknown, it was interesting enough to be communicated.—*Jou. Med. Times.*

FOREIGN BODIES IN THE EAR.—Dr. Voltolini observes that the first thing we have to do is to assure ourselves that a foreign body really is within the ear, for it by no means rarely happens that persons apply under the belief that an insect or other body is within the ear, which the most exact inspection fails to discover. In some cases, inflammation of the membrana tympani is the cause of the deceptive sensation, and this becomes aggravated by the unsuccessful searching for the foreign body. On the other hand, persons sometimes have foreign bodies in the ear without being the least aware of it. The author removed a rolled-up hairy leaf from the bottom of the meatus, in the case of a lady, who had not the slightest idea how it came there, and who consulted him for deafness of the other ear. In another case, a hexangular glass bead was removed, the patient being entirely ignorant that she had any foreign body in the ear. We should always make a very careful examination, and, when possible, by aid of the direct rays of the sun. No artificial or reflected light is a substitute for this; but where it is not attainable, Dr. Voltolini employs an apparatus of his own invention, which is also serviceable in laryngoscopy. The simplest means of all, however, is to fasten a wax taper to the handle of a bright spoon in such a manner that the flame exactly reaches to the bowl of the spoon. Taking the spoon by its handle, and holding the light against the ear, by looking over it we are not dazzled, and can explore at our leisure. While in some cases the symptoms caused by foreign bodies in the ear are of a frightful intensity, in others they are wholly insignificant, and do not attract attention to the seat of mischief. For want of due examination of the ear, many patients complaining of giddiness, stupor, singing in the ears, etc., are sent to Carlsbad, Kissingen, or the sea-side, when all the mischief is due to a foreign body in the ear. Distant organs of the body may exhibit more or less considerable symptoms without, in some instances, the foreign body in the ear giving rise to any peculiar sensation, so that its presence remains unsuspected. For the removal of foreign bodies we should first employ only the gentlest means, such as syringing the ear with warm water; and by this, substances of the most different form and composition, even lead-pencil, may be removed. Beyond a bent forceps, an ear-scoop with a long handle, and a small corkscrew, almost all the instruments recommended for this purpose are more or less toys, or dangerous. By means of the corkscrew, wadding and similar soft substances may be easily drawn out; and in many cases we can remove bodies by passing the ear-scoop behind them. We should never employ force, and never should pass any instrument a line farther into the meatus than we can follow it with the eye. For want of such precaution, many a patient has lost his life or his hearing. The first effect of rough procedures is to make matters more obscure, the

bleeding and swelling which ensue rendering complete inspection impossible. If the gentlest endeavors (or syringing), during which the eye guides the hand, do not succeed, the body should be left at rest in the ear, eye, even were it a dagger's point; and strong as the expression seems, the author justifies it by reference to cases on record in which pointed bodies have remained for years in the ear with impunity. It is not meant to be said that bodies should in general be left in the ear, but that matters should not be made worse than they are by violent manipulations. Leaving the body in the ear, then warm water syringing and soft poultices are to be daily resorted to, until the ensuing suppuration loosens it, and gives it a new direction.—*Brit. and For. Med. Chir. Review.*

SCABIES.—No one, perhaps, has had more experience in the treatment of itch than Dr. Hardy of the Hospital St. Louis, who has lately published the treatment adopted at that hospital. The whole of the body, excepting the head, is first of all scrubbed for half an hour with black soap, (a very inferior soft soap, made with fish oils, or refuse grease and potash), to clean the skin and remove foreign particles adherent to it. The patient is next placed in a warm bath, where he remains for an hour, and continues to rub himself with the soap. Under this treatment, the epidermis becomes swollen and macerated; the furrows between the acari are opened; and the skin prepared for the final friction with an ointment, consisting of sixty-four parts of lard, twenty of sulphur, and eight of carbonate of potash, previously dissolved in eight of water. This ointment, thus employed, is a veritable parasiticide. It should be rapidly rubbed over the whole of the body, and the clothes put on without removing it, as it is requisite for the ointment to be in contact with the skin for several hours.

During eleven years, 37,429 patients have been subjected to this mode of treatment; and of all these, but 535 have required a repetition of the treatment, thus showing that sixty-nine out of every seventy have been cured at once by it. [*British Medical Journal.*]

THE REGENERATION OF BONE.—M. Ollier has again called the attention of the *Société de Chirurgie* to this subject. According to his experiments, the regeneration of bone is a settled fact. It occurs most readily and rapidly and certainly, in the long bones. The preservation of the periosteum is an essential condition. In the case of the long bones, the extremities remain a long time in the state of cartilage before they consolidate into bone. The flat bones may be reproduced from their external periosteum. M. Ollier has in this way produced a solid bony covering for the nose out of flaps of periosteum taken from the frontal bone. The internal periosteum of the cranium, the dura mater, will also produce ossification. The mucous periosteum of the nasal fossa, and of the palatine arch, also produces bony matter; but the production takes place slowly, requiring five, six, seven, and even eight months for its completion. The short bones may likewise be reproduced. M. Ollier has reproduced the calcaneum, the cuboid bone, etc., in animals. The new bone, he says, in these cases sometimes attains a size even larger than that of the original bone. Certain conditions are necessary for the success of the regeneration; and of these, especially, he refers to the thickness of the periosteum, and its firmness.—*British Medical Journal.*

Canada LANCET.

MONTREAL, APRIL 15, 1864.

We have received a communication from the president of the College of Physicians and Surgeons of Lower Canada, concerning the bill now before Parliament, relating to chemists and druggists. We regret that our periodical is too small to accede to it other than a passing notice. It is designed by the proposed act, firstly, to give the College the power of licensing apothecaries and druggists which it has hitherto considered it already possessed. And, secondly, to render valid all the licenses thus erroneously granted for the past fourteen years. The first section renders the Governor's signature unnecessary to parchments of this kind; the second clause is but an act of justice. It is to be regretted that the apothecaries do not apply for an act of incorporation for themselves, and make the examination of their own candidates out of the hands of the doctors, who would gladly give them over their proper rights. But pending their action in the matter, this bill is decidedly the next best thing that could be adopted, as the delay occasioned in acquiring the indorsation, by the Governor, of the decision of the College, is always found to be an inconvenience by young men who are just commencing business. We hope that Dr. Marsden, now that he has disposed of this one, will not stop until he also brings forward another, much more necessary, to prevent the matriculation and granting of degrees, by McGill College, to students who have been rejected by the College, of which he is president as being insufficiently educated to be permitted to study medicine.

Review.

THE GRANULATION OF MEDICINES: by Thomas Skinner, M.D., Physician to the Liverpool Dispensaries, Fellow of the Obstetrical Society of London, &c. A pamphlet.

This is certainly not a very large work to review, but is decidedly to the point for which it is designed. Our author says, almost every medicine capable of assuming the form of powder, may be granulated, and that these granules may be laid upon the tongue and swallowed without difficulty with a little water, and leave no trace of their contained medicinal substances.

To prepare them, the powder, which need not be very fine for the purpose, should be beaten in a Wedgewood mortar with just sufficient mucilage of gum-arabic to make a mass which will with difficulty keep together, and so unadhesive as not to stick to the meshes of the sieves aftermentioned. Or the powder may be made into a paste with the mucilage, rolled into flat, thin cakes, and dried in a water bath, at a low temperature or in a current of dry air, and then be coarsely powdered and sifted.

A water bath may easily be formed at any time,

by placing a common tin dish half full of water over a good fire, and covering it completely with an empty one of larger size, in which a powder may be quickly and safely dried.—Ed.

The sifting is best done, he says, with three sieves, namely: No. 1 of 12, No. 2 of 16, and No. 3 of 20 meshes to the inch, which are to be fitted together with the coarsest at the top, and the finest lowermost. The soft mass is to be rubbed through the No. 1 sieve with the open hand, and shaken afterwards, when the larger granules will remain on the No. 2 sieve, and the smaller on the No. 3, whilst the finer particles pass through the three to be reformed into a mass. The different sized granules should always be kept separate.

When perfectly dry they are coated with tolu by wetting them with a strong tincture (made by dissolving three drachms of the balsam in each fluid ounce of alcohol) until by constant stirring all the granules appear glossy, when they are to be dried with a gentle heat, whilst being kept constantly moving. The granules may be perfumed with musk, rose, &c., whilst coating them, if desired.

The amount of gum-arabic employed may be computed at about a sixteenth of their weight, whilst that of the tolu is so small as to be unworthy of notice.

For preparing lesser quantities of granules, a small wire sieve of about 12 meshes to the inch, and a little muslin, with an ordinary brass pan, such as may be found in any house, will be all the apparatus necessary.

After some excellent hints on pulverization, and the advantages of granulation, our author tells us that the various officinal and other pill masses are capable of being granulated as powders; and that when thus prepared they are much more certain and rapid in their action.

After some apt remarks on the mode of prescribing, he finishes with a strong recommendation that ergot above all other remedies should be kept and given in the form of granules.

In conclusion we would remark that although brief, it is a capital essay, and quite long enough for all practical purposes.

SCRAPS FROM THE NEW PHARMACOPEIA.

Spiritus Rectificatus.—By rectified spirit is directed a spirit that contains 84 parts, by weight of anhydrous or absolute alcohol, with 16 parts (also by weight) of water; or 89 parts, by measure, to 11 by m. of water. This mixture has a specific gravity of .833, and is 56 over proof by Sike's hydrometer.

The United States Pharmacopœia calls it alcohol: we have given it this name in our last number in order to avoid confusion with a weaker spirit.

Spiritus Tenuior.—Proof spirit, or diluted alcohol, is directed to be made by adding three pints of water to five pints of the rectified spirit above mentioned. Its sp. gr. is .920 and it stands at Proof by Sike.

Alcohol.—This term is given only to absolute or anhydrous alcohol in the new Pharmacopœia. It is directed to be made in very small quantities merely for chemical analysis, and is not employed in any of the preparations.

Spiritus Chloroformi.—Chloroform one fluid ounce; rectified spirit 19 fluid ounces: mix. This is what is prescribed as chloric ether. Its dose is a drachm or more. It is weaker than what has been usually ordered.

Liquor Ammonie Fortior.—Its specific gravity is .991, and it contains 52½ per cent of ammoniacal gas. In ordering it from the druggist its sp. gr. should be stated.

Liquor Ammonie.—Strong solution of ammonia one pint; water, two pints: mix.

Linctum Iodii.—Iodine 5 oz.; iod. potassium two ounces; rectified spirit 20 fluid ounces. This is the tincture of iodine intended for external use. We doubt, however, whether many persons could endure it of this strength, for we have found that two ounces in the pint is too strong for general use.

CHRONIC DIARRHOEA AND DYSENTERY.

BY HENRY M. LYMAN, M.D.

While waiting, yesterday, for a train at a railway station near this city, my attention was attracted to the history of his experience with which a lieutenant of the 7th Kansas Cavalry Regiment was entertaining an acquaintance. This officer was a tall, robust man, in the prime of life, in perfect health, at home on furlough with his regiment, which had lately re-enlisted in the veteran corps. For more than two years he had been in active service, *jay-hawking* in the wildest regions of the south-west. It was a life he enjoyed, so full of excitement and activity. At the close of the Mexican war he said he was attacked (in New Orleans) with diarrhoea, which remaining unchecked, soon became chronic—the regular *camp dysentery*. Treatment seemed to produce no effect; several physicians abandoned the case in despair; and after several months had gone by, death seemed imminent. From about one hundred and sixty pounds, his weight had fallen to ninety, and emaciation was still progressing. One day, however, as he was brooding over his sufferings and wretched condition he became impressed with the idea that if he could “be thoroughly greased inside,” he would get well. He at once procured a quantity of castor oil, and swallowed a tumblerful. No purgative effect was produced by this draught, only a portion of the oil was voided unchanged the next morning. This application, for it was nothing else, afforded great relief, and was repeated every day. Recovery commenced immediately, and in a few weeks time was complete, and has never been followed by any return of the disease.

My own observations, while on duty in the hospitals at Nashville, taught me the great value of castor oil in the great majority of cases of chronic disease of the intestines. One case, a hospital orderly who was with me five months after his recovery, had suffered four months with diarrhoea, which had reduced his flesh “nearly one-half,” he said. A few doses of castor oil and laudanum relieved him completely, and he experienced no further trouble while under my observation. In the management of these cases in hospital practice, much depends upon the nurse. In most of the wards I found dysentery and diarrhoea very intractable, but I had one nurse whose patients nearly all recovered. When castor oil was ordered in his ward it was taken; and when an injection was prescribed, it was always administered, no matter how great the reluctance of the patient to submit to an operation which our western soldiers seemed to dread more than the loss of blood.

The treatment which we found most successful consisted in perfect rest, total abstinence from water, counter-irritant applications to the abdomen,

chologogues *pro re nata*, castor oil combined with laudanum. When there was much pain and frequent ejections, when the colon was diseased, starch enemata, containing oxide of zinc, and morphia or belladonna, were used.

When there was pain in the sigmoid flexure, attended with purulent discharges, we derived great benefit from the use of tr. iodine. co., dissolved with a small portion of extract of belladonna in glycerine, and carried to the seat of disease through a long, flexible injecting pipe. In this way an officer, attached to the staff of Maj.-Gen. Rosecrans, was cured of ulceration of the sigmoid flexure. His military zeal, however, carried him too soon again into active service; and after a few months of exposure and fatigue the disease returned, and will probably continue to harass its victim, so long as his restless energy continues to interfere with that perfect repose without which all medication is useless.

Another officer of the same staff, who came home, from the war in Mexico I think, with a chronic dysentery, which resisted all the usual forms of treatment, and was rapidly destroying him. With characteristic decision he at length made up his mind that “the thing must be stopped,” so, having purchased a syringe and a quantity of excellent brandy, he shut himself up at home and proceeded to fill his colon with the undiluted liquor every night and morning. At the end of three weeks he was well, and has been well ever since. This may seem like heroic treatment; it was certainly endured with heroic fortitude, for the pain attending each injection was terrific; “it was like throwing liquid fire into the bowels.”—*Am. Med. Times.*

Chicago, Ill., Feb. 23, 1864.

TREATMENT OF ABSCESS BY CHLORINE WATER.—

M. Herveux recommends injections of chlorine water in the treatment of chronic abscess. In 1858, while acting for M. Noel Guéneau de Mussy at the Pitié Hospital, he had under his care a man who had a deep fistulous opening in the groin, which had resisted all kinds of treatment, and to which, for several months, nothing but simple dressing had been applied. M. Herveux employed injections of chlorine water, varying the strength according to the state of the parts; and in less than a week the fistula was perfectly healed. In a very obstinate case of large axillary abscess lately under his care, he has employed the same means, with the results of rapidly producing contraction of the cavity and improving the health of the patient, a young woman aged twenty.—*Bull. Gén. de Théor.*

NITRATE OF SILVER IN DYSENTERY.—Dr. Caradec, in *L'Union Médicale*, calls attention to the great use of nitrate of silver in dysentery. He administers it both by the mouth and in the form of injections. He first of all clears out the intestinal canal with castor oil or Epsom salts; and then gives, night and morning, a lavement, with about 4 or 4½ grains of nitrate of silver. Each time immediately before giving the lavement, the rectum is washed out with a simple injection of water. A few drops of laudanum are added to the nitrate of silver injection, if the rectum be irritable. He gives pills of one centigramme (3-20ths of a grain) of nitrate of silver, if the injections should happen to fail.—*British Medical Journal.*

The smallest quantity of opium on record, which has ever proved fatal to a grown person, is four grains and a-half.—*Guy.*

WOUNDS OF THE INTESTINES.—We need not tell our readers that a puncture of the intestines becomes immediately closed by the mucous membrane surrounding the wound. Or that it is a question not yet decided whether it be advisable in possible cases to apply a ligature or suture to the part, or to allow the bowels to return into the abdomen and trust to arresting their action until effusion and adhesion shall have thoroughly secured the opening.

The late Doctor Wolfred Nelson used frequently to inform his students of a case of strangulated hernia, in which he succeeded in saving his patient by making a transverse incision in the protruding intestine for the evacuation of the faeces, although the sudden return of the bowel, as the contents escaped, had rendered the subsequent application of a suture impossible.

In quoting the following from the Madras Quarterly of July '63 we do so not only because of its interesting features, but as having a bearing upon the question at issue.

WOUND OF ABDOMEN; PROTRUSION AND PERFORATION OF INTESTINES; RECOVERY. By M. C. FERNELL, Zillah Surgeon, Tellicherry.

Raman Tier, *Æt.* 22, was admitted Dec. 13th. The history was, that on the previous day (13th) he was, in the morning, gored by a bull; that at first there was little if any protrusion of intestines but from being carried a long distance, first to the police thannah, and then to Tellicherry, several miles from where the accident occurred, the protrusion gradually took place. When seen by me there was a lap full of intestines covered with a thin cloth adherent to them, and the whole was dry and begrimed with dirt. The man was pale and depressed, had slight hiccough and a fluttering pulse.

Having administered some wine, I removed the cloth and washed the intestines with warm water and a soft sponge, and proceeded to return them. After a few coils had been introduced, there suddenly took place a squirt of bloody, grumous faecal matter from the piece of intestine in my hand, the first intimation I had of its being perforated; the hole was easily found large enough to admit the end of an unmade quill. I proceeded to pass a ligature round this by pinching up the gut in my forceps; the attempt made matters worse; so soft and congested had become the coats of the intestines, they tore and broke down under the forceps. It was determined then to try and sew the hole up with a fine needle and thread, and a messenger was sent to obtain the needle. Whilst he was gone, I continued to return the coil, and found to my astonishment, that, although firm pressure was needed to push the intestine through the small aperture of exit, no more faecal matter exuded; the hole seemed effectually plugged by the mucous membrane from inside. Under these circumstances the intestines were returned as they were, without any suture, and the external wound of the abdominal parietes closed.

There was immediately given to the patient—

At 6 A. M.—Tinct. Opii. ζ i. in Port-wine ζ ii.

7 A. M.—Tinct. Opii. \mathfrak{m} xl.

8 A. M.—The patient not being asleep, Tinct. Opii. \mathfrak{m} xl. was repeated.

1 P. M.—Tinct. Opii. \mathfrak{m} xl. in Port-wine ζ iss. He slept about an hour after this, and continued drowsy and quiet.

8. P. M.—Sleeping. 9. P. M.—Tinct. Opii. \mathfrak{m} xl., wine ζ iss.

11. P. M.—Tinct. Opii. \mathfrak{m} xl., wine ζ iss.

12. P. M.—Tinct. Opii. \mathfrak{m} xl. repeated.

So that he took ζ v. of Tinct. Opii. in the 12 hours, from 6 A. M. to 12 at night.

15th, 6 A. M.—Slept well during the night; is easily; lies in a comfortable position; breathing easily. Skin warm; pulse 84; abdomen not hard; not painful on pressure; tongue furred; looks drowsy; has not micturated.

To continue the opium during the day sufficiently to keep up this drowsy state.

8 P. M.—Skin warm and moist; tongue moist; abdomen somewhat tumid; pulse 96, inclined to be hard; complains of thirst.

Passed catheter;—Tinct. Opii. \mathfrak{M} xl. at once may have fresh cocoanut milk to drink.

16th, 6 A. M.—Lying comfortably; skin warm and soft; pulse 80, moderate volume; tongue dry and furred, with a bright red streak down centre abdomen less puffy, soft, bears pressure tolerably. It is now 68 hours since his abdomen was perforated, and 48 hours since we returned the intestines.

To have opium again during the day; may now have a little congee water and the cocoanut milk.

8 P. M.—Attempted to pass catheter, as he had not urinated since it was last used; failed; he is in every respect better.

He has had during the day Tinct. Opii. ζ i. in two doses; to have at bed time 40 minims more.

17th.—Slept well; looks comfortable; passed a quantity of urine after my departure last night. Skin warm and moist; pulse 76; tongue becoming moist and losing its red streak.

Dressed the wound and took out the stitches about half an ounce of thick laudable pus exuded.

From this time the man progressed without a bad symptom. On the 26th, twelve days from admission, the bowels not having been moved, he was ordered a warm water enema, which brought away a quantity of very offensive faeces. After this the bowels acted very regularly, and he was discharged on the 24th January quite recovered.

TREATMENT OF IMPOTENCE.

By WILLIAM ACTON, M.R.C.S.

Considering the nature of the causes of impotence, it is not wonderful that, in the face of serious nervous or organic lesions, the prognosis must be generally unfavorable, especially in the more serious cases, or in those instances in which the affection has been of long standing. Experience tells us that, even where the only cause is early abuse, and too great demands upon the nervous system at a time when it was unequal to its duties, the condition can only be remedied, if at all, by strengthening the constitution generally, and allowing it to rally and repose; in fact, by pursuing the exactly opposite course to that which has brought about the complaint. It is certainly not by a few doses of physic, or the administration of any stimulant or quick remedy, that we can expect restoration of power, even where there is no physical lesion or condition which renders the case hopeless. There is great difficulty, however, in applying even the proper treatment to these melancholy cases. The hardest part of the medical man's task often is to rouse the patient from the depression which impotence induces, and to overcome the dreadful self-

accusation which unnerves most of these sufferers. Lallemand truly remarks,—“In losing before the usual age the generative function, man loses the consciousness of the dignity of his essential character, because he feels himself fallen in importance in relation to his species. In consequence, the loss of virile power produces an effect more overpowering than that of honors, fortune, friends or relatives; even the loss of liberty, is as nothing compared to this internal and continual torture. Those who suffer from injustice or misfortune can accuse their enemies, society, chance, &c., and invent or retain the consciousness of not having deserved their lot; they have, moreover, the consolation of being able to complain, and the certainty of sympathy. But the impotent man can make a confidence of no one, he can expect sympathy from no one. His misery is of a sort which cannot even inspire pity, and his greatest anxiety is to allow no one to penetrate his dismal secret.”

Before marriage it is often very difficult for a medical man to decide whether an individual is truly impotent or not. Lallemand points out the most obvious diagnostic sign, when he says the power of easily maintaining perfect continence and entire quiescence of the sexual organs and desires are fair grounds for presuming that there is little, if any, energy in the generative system, for if the semen was retained in the vesiculae seminales, it would produce from time to time energetic, or at least perceptible effects.”

So vague a test as this should be, of course, applied with the greatest caution; for instance, a healthy man has his organs well developed, suffers only occasionally, from emissions, has never abused his sexual powers, and is subject occasionally, in the early morning, to erections; then, however constant he may be, and however easy he finds it to remain so, we may usually pronounce him potent. There are, however, other cases which do not admit of such ready solution, as the following instance shows.

A middle-aged man, with deep marks under each eye, came to ask me if he might marry. He was engaged to a person of about his own age, and they were mutually attached. He had abused himself early in life, but had never committed fornication, and having read my book, was anxious to have my sanction to his nuptials, he doubting whether he ought to marry. Emissions, I found, took place once a week, not very abundant, and there were occasional erections in the morning; but the testes were small and flaccid, although he had worn a varicocele ring; the penis was also so small, being, as my patient stated, not large even when erection took place, that all I could conscientiously do was to tell him I had serious doubts as to the propriety of his marrying, but could not say positively that he ought not to marry. Unsatisfactory as such returns must be, any thing is better than the vile advice which some recommend such patients to try, and to commit fornication in order to ascertain if they are competent to marry. Now, such a test is not only fallacious, but is often most dangerous. That, for instance, is more probable, than that a nervous man, who, for the first time, meets a loose woman, goes to a strange house, and is frightened by the disgrace which may attend any exposure of his folly; should find himself unable to consummate the act. The only greater misfortune that can befall him is to be dragged subsequently and consequently into the hands of quacks. If he does not

end his days in a lunatic asylum, he will be singularly fortunate.

If, however, the fact of impotence is discovered, we must push our diagnosis further, and inquire whether the impotence extends to the entire act of copulation, or only to some part of it, that is, whether the complaint does not depend upon something amiss in the acts of erection, or emission, or in the condition of the ejaculated semen, as it is most important that the surgeon, in investigating the local symptoms, should discover which of these functions is imperfectly performed.

The proper treatment is, then, no longer a problem of such extreme difficulty. When impotence is curable at all, the general rules as to the requisite treatment can be comprised in a very few words. To give the system rest; to improve the general health, so that the nervous centres shall have time, opportunity, and encouragement, to rally if it be possible;—to invigorate the muscular powers, so that both voluntary and involuntary muscles may regain their tone—are among the most important maxims to be borne in mind; at the same time it is necessary to avoid as much as possible any local or other stimuli which merely excite without strengthening. In any curable case it is probable that the nervous system has been over-excited beyond the natural limits which a phlegmatic constitution imposes. The one object is to restore the nervous power, or rather to allow it to restore itself, not to excite or exhaust it still further. The diet should, I need hardly add, be of the most wholesome and nutritious kind; but we should not forget the true old proverb,—“*Sine Cerevisia Baccho friget Venus.*”

Hitherto I have spoken of the general treatment of impotence; in other words, of the best means of improving the health. By doing this, the sexual organs will, probably, in all simple cases, become in common with other functions, equal to their duties. Some, however, not content with these simple means, have devised remedies for the purpose of stimulating the flagging powers. No doubt can exist that in certain persons, when the affection arises from some temporary cause—more especially in the timid, hypochondriacal, and those suffering from mental disquietude, the employment of stimulants may be very proper. But though this treatment is sometimes justifiable and advantageous, it is most unscientific and dangerous in other cases—particularly in those of general prostration—so to stimulate the organs as to produce emission. Here it can only aggravate the mischief; whereas, had the general health been first improved, the local disorder next relieved, and subsequently a stimulant given, we could understand the formula. Such should be the true method of affecting a cure, and I shall attempt to show, here, the principles which should guide its application. Had these principles been more generally known, many of the invalids we meet with would have been rescued from much physical and mental suffering.—*On the Reproductive Organs (to be continued.)*

HOOPING COUGH.—The last new thing for the relief of this ailment, announced in a French journal, is the inhalation of the vapors which arise from the lime used in the purification of gas. Certificates are shown by the director of the works to prove that children have been completely cured by two or three visits.—*British Medical Journal.*

The Chicago Tribune states that the number of physicians in that city, at the close of the year 1863, was three hundred and thirty two; being about one to every five hundred of the inhabitants. *Chicago Med. Journal.*

To the Editor of the CANADA LANCET.

SIR: I should like to ask through your columns, whether a medical man (although he be a Professor in M'Gill College), is justified in meeting in consultation an unlicensed practitioner, as was done a few days ago; and whether such conduct is according to medical ethics. Yours,

A STUDENT.

Montreal, April 14th, 1864.

To Correspondents.

J. L. B.—Diphtheritic paralysis shall not be forgotten. *Fowler's Condition Powders* (from p. 16).—Yes, the saltpetre has been omitted; the receipt should have been:—Foungreek 16 oz.; sulphur, 16 oz.; nitre 8 oz.; sal. ammoniac 4 oz.; blk. sulphuret antim. 4 oz.; common salt, 2 oz. Powder coarsely and mix. For horses. Dose, a tablespoonful three times a day.

Soothing or Cooling Powders.—Pulv. nitrate potash 10 grs.; tartarized antimony ½ gr.; calomel, ½ gr.; white sugar, 10 grs. Mix and divide into 4 powder.

Doses.—For children of four years of age, one powder. Those of two years, half a powder. And those of one year, a third of a powder.

Children of seven years may take two powders at once. And grown persons require four of them for a dose.

They should be given in a little preserves or syrup, every night, for three or four nights; but in severe cases may be repeated as often as every two or three hours until relief is obtained. The feet should be previously bathed in warm water, and perspiration be encouraged, otherwise they will not act on the skin as desired.

Should the bowels still remain constive after several doses have been given, it would be well to follow them with a dose of castor oil.

These powders prove useful in relieving the feverish symptoms to which children are so subject on cutting teeth, or when troubled with worms. They are also recommended for colds, difficulty of breathing, wheezing, tendency to croup, &c., and should be administered as soon as possible after the appearance of the symptoms. In cases of croup, the child should at once be placed in a warm bath, and a double dose of the powder be given every half hour until relief is obtained.

Pills of Bontius.—M. Ch. Farrot, an able dispensing chemist of Paris, gives the following formula for the preparation of these celebrated pills:—

Aloes, gamboge, gum ammoniac, of each half an ounce; alcohol 6 oz. Digest the powdered gums in a water bath for 20 minutes, with 3 oz. of the alcohol, and having poured it off exhaust the residue left, with the remainder of the spirits. And having allowed the tincture to cool, filter and evaporate to a soft mass; then divide into four grains pills.

The Medical Circular in speaking of them says:—We have found them most useful in removing the distressing constipation which frequently accompanies uterine disease, and likewise in dyspepsia. We have also prescribed them with benefit in combination with chalybeates in chlorosis, amenorrhoea, and other affections. And concludes by saying that their action never occasions pain.

Sugar-coated Pills.—The pills are put into a hemispherical pan, slightly warmed, and a small quantity of a solution of one part of gum-arabic to two parts of water, are added, so as to moisten the surface of the dried pills; some very finely powdered sugar is then sprinkled over them, when by moving the pan they soon become evenly covered, and are to be allowed to harden in a warm room, when the process may be repeated if desired.—*Chemist and Druggist.*

Medical Works published in Great Britain from the 1st March to the 1st April, 1864, with their sizes, numbers of pages, publishers' names, and prices in sterling.

Brodie (Sir Benjamin)—Biographical Sketch of. By Henry W. Acland. Post 8vo., pp. 30, 2s. (Longman.)

Gairdner (John)—Sketch of the early History of the Medical Profession in E. burgh. 8vo., pp. 23, 6d. (Simpkin.)

Scott (H. T.)—Tubercular Consumption; or Pulmonary Phthisis. 18mo., pp. 72, 1s. (Simpkin.)

Syme (James)—Excision of the Scapula. 8vo., pp. 34, 2s. 6d. (Hamilton.)

Annals of Military and Naval Surgery, and Tropical Medicine and Hygiene, being an Annual Retrospect, embracing

the experience of the Medical Officers of Her Majesty's Armies and Fleets in all parts of the world. Vol. 1, for the year 1863. Post 8vo., pp. 380, 7s. (Churchill.)

Breca (Paul)—On the Phenomena of Hybridity in the Genus Homo. Edited by C. Carter Blake. 8vo., pp. 132, 3s. (Longman.)

Campbell (John M.)—On Diabetes and its successful Treatment. 3rd ed., revised, with additional Notes and Observations, by James Grey Glover. 12mo., pp. 116, 3s. 6d. (Churchill.)

Dobell (Horace)—A Manual of Diet and Regimen for Physician and Patient. 12mo., pp. 36, 1s. 6d. (Churchill.)

Erichsen (John E.)—The Science and Art of Surgery, 2d ed., enlarged and carefully revised. Illustrated by 50 Engravings on Wood. 8vo., pp. 1,228, 30s. (Waltou.)

Hodges (Richard)—On the Nature, Pathology, and Treatment of Puerperal Convulsions. Post 8vo., pp. 36, 3s. (Churchill.)

Townley (James)—Parturition without Pain, or Loss of Consciousness. 11th ed., post 8vo., 2s. 6d. (Hardswick.)

Watts (Henry)—An Dictionary of Chemistry and the Allied Branches of other Sciences. 4 Vols., Vol. 2, 8vo., pp. 80, 2s. 6d. (Longman.)

Periodicals received since 15th March.

London Medical Times to March 26th. British Medical Journal to March 26th. American Medical Times to April 9th. Boston Med. and Surg. Journal to April 7th. An Quarterly Journal of Ophthalmology, Jan. Phil. Med. and Surg. Reporter to March 16th. Cincinnati Lancet and Observer April. Chicago Medical Examiner, March. Ohio Med. and Surg. Journal, March. London Publishers' Circular to April 1st. London Chemist and Druggist, March. Am. Druggists' Circular, April.

Books and Pamphlets received during the Month.

Laryngoscopic Medication. By Louis Elsberg, A.M., M.D. Lecturer on the Diseases of the Larynx and Throat in the University of New York. Illustrated, 8vo., pp. 38, Wood & Co., New York. From the Publishers.

Book of Specimens of Fancy Labels for Druggists. Quarto, pp. 114, Bowles & Sons, London. From J. V. Moscan, Esq.

First year Subscriptions paid since 15th March.

Dr. J. Bigham, Warsaw; Dr. W. Tempest, Oshawa.

Second years Subscription paid since 15th March.

Dr. L. Rousseau, St. Michel d'Yamaska; Dr. J. W. Moun Acton; Dr. E. C. Fox, Wolfe Island; Dr. A. T. Broeze; Dr. J. G. Bihand, Dr. Austin, Dr. Schmidt, and W. J. Whittfield, Esq., all of Montreal; Dr. J. N. Bettis, Brighton; Dr. P. Leclair, St. Ldu, Dr. L. M. Rousseau, St. Ferdinand d'Halifax; Dr. G. A. Norris, Omemee; Dr. R. C. bett, Perrytown; Dr. A. Rogers, Eaton; Dr. J. S. Croshanks, Barrie; John Roberts, Esq., Ottawa; Dr. P. G. dieux, Sorel; Dr. A. Macdonell, Port auith; Dr. G. Forbes, Burritt's Rapids; Dr. Courteau, St. Roch de l'Acadie; Dr. L. Clarke, Oshawa; Dr. H. Perkins, Rockwood; Erasmos; Dr. W. Marston, Quebec; Dr. R. H. Des, T. carora; Dr. A. Wyatt, Cautlington; Dr. J. L. Bray, W. laceburgh; Dr. F. N. Sherif, Huntingdon; Dr. F. P. Sherbrooke; Dr. J. McMurray, Toronto; Dr. J. R. Dickson, Kingston; Dr. J. McNab, Well's River, Vt.; Dr. Carre, Esq., Strathroy; Dr. W. F. Coleman, Lyn; Dr. W. Tempest, Oshawa; Dr. J. A. Gaucher, Ste. Cecile de Mill; Dr. W. A. Black, Omemee; Dr. G. C. Aylwin, Ouslow; Dr. J. J. Loy, Valleyfield; Dr. G. O. Husband, Galt; W. Woodruff, London.

DEATHS.

On the 24th of February last, Professor Casper, of Berlin. He was the justly celebrated author of the work on Forensic Medicine, now being issued by the Sydenham Society.

On the 19th March last, at the age of 72 years, Dr. Franklin Bache, Professor of Chemistry in the Jefferson Medical College of Philadelphia, and one of the authors of the United States Dispensatory. In him the medical profession lost one of its brightest ornaments. He was a man pre-eminently distinguished for sterling integrity, and uncompromising adherence to truth.

At Quebec on the 22nd March last, of apoplexy, at age of 64 years, Jean Zephirin Nault, Esq., M. D. was one of the Professors of Laval University since foundation; and was greatly beloved both by his country and the public.

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