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CANADA LANCET.

WILLIAM EDWARD BOWMAN, M.D., EDITOR.

No. 9.

MONTREAL, NOVEMBER 15, 1863.

VOL. 1.

EMPLOYMENT OF POSITION IN CONTROL- LING HÆMORRHAGE.

By FRANCIS B. QUINLAN, M.D., TRIN. COLL., DUBLIN.

Pain shock to the nervous system, and hæmorrhage may be fairly considered the principal sources of immediate difficulty and danger in the actual performance of extensive surgical operations; and as the all but universal employment of anæsthetic agents has, to some degree, neutralized the first two impediments, it may be of advantage to recur to a plan of diminishing venous hæmorrhage, which, employed and described in the year 1845, has since been frequently resorted to, although not always with due acknowledgment to Dr. O'Farrell, of St. Vincent's Hospital, the distinguished surgeon by whom this plan was first devised. It will be admitted that, while most cases of arterial hæmorrhage are susceptible of comparatively easy control, there is scarcely any bleeding so rapid, so treacherous, or so alarming in its effects as that experienced in the removal of large scrotal tumors, when the enormous tortuous veins, usually found in connection with these growths, have been divided while in a state of repletion; and it is to guard against such hæmorrhage that the plan to which I have alluded is especially directed.

The accuracy of these statements will be easily established by a brief review of some operations of the kind which have been performed with and without having recourse to this plan.

In the first of these cases, a large scrotal tumor, weighing about fifty pounds, was removed by the late Mr. Liston, the veins being in an ergorged condition. Upon the first incisions being made, the blood flooded out, to use the words of that celebrated operator, "as from a shower-bath;" the patient rolled in exhaustion and agony from the pain, and the operation was completed upon the floor; the patient collapsed, and was with difficulty restored by the energetic exhibition of stimulants. In Mr. Ashton Key's operation, performed upon the Chinese Hoo-Loo, the results were similar, but from the feeble Asiatic temperament of the patient, more disastrous. The operation lasted an hour and three quarters, and the patient, who had shown some signs of syncope during its continuance, died immediately after its conclusion. It may be observed that in both these cases the genital organs were necessarily sacrificed in an effort to hurry the operation to a conclusion, in order to save the patient from impending death from hæmorrhage.

Results of this character, occurring in the hands of some of the first operators of the day, were strikingly appalling; and it speedily became evident that, unless some means could be devised to diminish this excessive hæmorrhage, the removal of such tumors must, like the extirpation of bronchocele, for the present abandoned. It was, therefore, with peculiar satisfaction that the profession learned in the *Dublin Hospital Gazette* of February, 1845, that a method of operation had been devised

by Dr. O'Farrell, by means of which he had removed an enormous scrotal tumor (fully equal to those removed by Liston and Ashton Key) without difficulty, in eight minutes, and with the loss of only five ounces of blood; the genital organs being preserved, and the patient having made a good recovery, notwithstanding attacks of erysipelas and various other unfavorable circumstances. Such an announcement could not fail to be in the highest degree gratifying; and it became all the more so when it was found that the importance of Dr. O'Farrell's plan of operation was only equalled by its extreme simplicity. Observing the great change produced in turgid varicose veins of the leg by placing the patient upon his back and elevating the limb, and the immediate arrest of hæmorrhage from such veins which ensues upon the adoption of this position, it occurred to Dr. O'Farrell that, if the enlarged scrotum were held up, a similar withdrawal of the vital fluid would take place, particularly as regards the enlarged and tortuous veins which were the principal sources of hæmorrhage.

The result completely justified the accuracy of this expectation—the more so as the hæmorrhage in these cases had been always observed to be principally of a venous character; the arterial hæmorrhage, in Ashton Key's case, being estimated to be scarcely one-twentieth of the whole.

Since the publication of Dr. O'Farrell's plan, a complete change has occurred in these operations, which have since been performed in rather considerable number, and with an ease and success more or less resembling that experienced in his case. I now recur to the plan, because in two instances of operation published during the present year (in one of which an Asiatic was the subject) it appears to me that the able and successful operators, although adopting the method, omitted, in their reports of the cases, to make due acknowledgment to the author; contrasting, in this respect, with Mr. South, who, in his splendid work on Surgery, gives due prominence to Dr. O'Farrell's plan.

The application of this method is by no means limited to the removal of large scrotal tumors. On the contrary, it has been resorted to by Dr. O'Farrell in cases of considerable innocent tumors of a vascular character; and in amputations he has obtained great advantages by loosely applying the tourniquet, elevating the limb, emptying it of venous blood by manipulation, and then tightening the tourniquet. The limb can thus be kept in a state of comparative anæmia while the amputation is being accomplished; and a loss of blood can be prevented, which, by deteriorating the general quality of the vital fluid, might lay the foundation of much subsequent disease. In fact, the value of a position by which the entrance of arterial blood into a limb will be retarded, and the exit of venous blood facilitated, is almost as useful in the performance of an operation as in the treatment of inflammation.—*London Med. Times and Gazette.*

ON IRREGULAR TEETH.

An abstract of the proceedings of a meeting of the Odontographic Society of Pennsylvania, held in July last, and reported fully in the Philadelphia Dental Cosmos of August.

Dr. Flagg, in an able essay on this subject, remarked that the most frequent cause of malposition was the extraction of the deciduous teeth, either for the purpose of "making room," as it is called, or for the relief of children suffering from tooth-ache. There was no practice so surely conducive of deplorable results as this, no treatment more indicative of ignorance of dental therapeutics.

There were, however, two conditions, he said, that demanded prompt removal of the whole of the deciduous superior or inferior incisor teeth, whether they were or were not decayed, or whether loose or firm, and these were:

1st. Where the upper permanent incisors were making their appearance *behind* the upper temporary incisors, when the whole of the latter should be abstracted.

2nd. Where the lower permanent incisors were protruding themselves *in front* of the lower temporary incisors, when the whole of the latter should be taken away.

After removal, in either case, the permanent teeth should be guided in their proper direction by occasional pressure on them with the fingers whilst growing.

When the permanent teeth in front are presenting properly, the deciduous teeth should never be removed or even loosened, so long as they can possibly be retained with comfort, as they act so beneficially in giving the right inclination to the permanent ones.

All the deciduous teeth, except under the circumstances named, should be left until they can be readily removed with the fingers, or by gentle traction with a light pair of forceps; for they not only serve to keep the jaw expanded for the second set when most needed, namely, between the seventh and eleventh years, but also act beneficially by preventing protrusion of the lower jaw, and subsequent irregular closure.

Removal of any of the first permanent teeth in young persons likewise produces irregularity, therefore the least appearance of decay in them should be carefully watched and attended to.

For the correction of irregularities, he employs metallic ligatures, by which the front teeth can be drawn backwards towards the molars, or forwards to a wire placed in front of them, as occasion may require.

Dr. Fitch said that the previous speaker had given a good practical, common-sense view of the cause and treatment of irregularities of the teeth, but that in his management of deformities, he had obtained the best results from the employment of silk ligatures, and recommended that, after tying, they should not be removed until a proper deposit and organisation of new tissue has taken place around the roots of the teeth.

Dr. Wardle appreciated the valuable paper of Dr. Flagg, and thought it of incalculable value. He too had had some experience in irregularities and knew their difficulties. He had treated the protrusion of the lower jaw caused by premature abstraction very successfully, by means of bandages applied to keep it back. That he had a case then in hand, of a young lady of eighteen years of age, whose lower jaw protruded three-eighths of an inch in front

of the upper one, and that in six months time it was drawn back even with it; she was still under treatment. In another case of irregularity produced by sucking the thumb, when the projecting upper teeth presented a fan-like appearance; these were drawn into place by means of ligatures and India-rubber springs, attached to a plate fitting the hard palate and molar teeth.

Dr. Georges remarked that he preferred linen thread for ligatures as it contracted powerfully on being wet, whilst silk scarcely possessed any such property.

Dr. McQuillen said that having irregular teeth was hereditary in many families, and showed even of a grandmother's, father's, and child's mouths, &c. having similar displacements: that sucking the thumbs was a prolific source of irregular upper teeth; and that children should be given cause to eat in order to properly develop these organs, to cause them to be healthy, and to expand and enlarge the maxilla. In cases of accident where the teeth have been lost, they should be replaced and kept in position until they become fast, giving soft food in the meanwhile. As to premature extraction, it was not necessary to say more than the impropriety of such procedure was now universally recognized.

Dr. Wardle described a case in which he was engaged in moving the molars and bicuspid backwards by means of wedges, in order to gain room for an irregular bicuspid.

Dr. Kingsbury dwelt upon the importance of the preservation of the first permanent molar teeth, as they contributed so much to the proper position of the remainder, and that all parents should be apprised of this fact. Dr. Wardle said that he did this, by impressing upon their minds the number of temporary teeth, by telling them that they were exactly the same in number as all of the fingers and toes, and that he has often obtained from this trifling suggestion, most valuable and timely warning concerning them as they became aware of their appearance and premature decay.

PUNCTURING THE LIVER FOR HEPATIC ABSCESS.—In the June and August numbers of the London Lancet for 1863, it has been shown, by surgeons of great experience from India, that the liver may with safety be deeply and repeatedly punctured with a trocar in cases of abscess or enlargement, provided its larger vessels and gall duct be avoided, and that the sooner it is performed after the formation of matter, the greater chance there will be of recovery from the disease. The cautery is to be kept in the wound for several days, when tent is to be substituted, and morphia and perhaps a few leeches around the wound be employed to ease the after pain from the operation, the patient the while being sustained by liberal diet, wine and porter.

Abscess of the liver causes loss of health and strength, frequent shiverings, obstinate diarrhoea, and when terminating unfavourably, death by peritonitis or hectic. It produces intercostal fulness, and frequently superficial oedema opposite its nearest point to the surface, and should be punctured at the spot thus indicated; or better, that operation which causes catching of the breath on pressure during deep inspiration.

Being a rare affection here, we will not enter into further particulars, but refer our readers about to operate to the papers above mentioned.—Ed.

CHLOROFORM IN LABOUR.

In perusing an article from the pen of Dr. Horatio R. Storer of Boston, which was read at the annual meeting of the Massachusetts Medical Society in June last, and published in the Boston Medical and Surgical Journal of October, on the employment of anaesthetics in obstetric medicine and surgery, we were struck with many of the very apt and useful remarks contained therein, and select a few of them for the benefit of our readers.

The author in his prefatory note says:—The question of relieving or not relieving the pangs of childbirth by the only agent (chloroform) in all respects fitted for this purpose yet known, of assisting or not assisting a lingering labor, of preventing or not preventing a threatened maternal or fetal death, is one that must commend itself to every physician's conscience as of sufficient importance to demand a personal and practical trial.

In the opening of his essay, he remarks: I state my convictions on this subject not only to please a large circle of medical friends, but likewise because it is one with which I happen to have been brought into peculiarly close relations during the past eight years.

After stating all the various objections against the employment of anaesthetics in cases of labour, he gives his opinion that if properly administered it will increase the force of uterine contractions, and that liability to post partem hemorrhage is decidedly lessened.

He considers that chloroform alone should be used in midwifery.

And says that apart from removing pain, anxiety, and restlessness during labour, it not only shortens it but lessens its mortality both to mother and child.

That it dilates the os and vaginal passage, and thus relieves rigidity when it exists.

That it prevents puerperal convulsions when threatened, and if present abates them.

And that it facilitates manual or instrumental assistance when such is required.

In remarking on the proper time for its administration, he says:—I consider that, as a general rule, its use is hardly required till the completion of the first stage of labour, when the os uteri has become fairly dilated. Should there exist, however, sufficient suffering at an earlier period, the agent should certainly be resorted to.

It should be given only during the pains, except a complication exist requiring manual or instrumental interference, when its use should be continued through the interval. And in this lies one of the chief advantages of chloroform in midwifery, that whereas given during the pains alone, and properly, it not only does not interfere with the uterine contractions, but renders them regular when inconstant, and enhances them. On the other hand, if a cessation of action be required to enable us safely to pursue any measures within the cavity of the uterus, as for turning or applying forceps above the brim, we can obtain it by extending the use of the agent through the interval.

In a large proportion of cases it will not be necessary at any time during the labor to induce complete insensibility, a very few breaths of the chloroform, sometimes indeed a single one, sufficing to annul the sensation of pain.

The absolute amount given, he continues, is usually too small, and with too sparing a hand.

Somewhat like opium we get from minute doses a period of excitement and perhaps of delirium, that is escaped by more decided application. The great secret is to produce the narcotism as rapidly as possible, and yet gradually obtain our mastery over the respiratory organs.

Atmospheric air must be freely admitted during its inhalation, which should be by means of a handkerchief or napkin; from which the vapor, being heavier than air, descends about the face of its own weight. The patient should be told from the outset to inspire deeply; the motion soon becomes automatic; and the vapor by penetrating every pulmonary vesicle, produces a much more profound and instantaneous effect. Throughout the inhalation, and as a matter of course, due attention should be given to the pulse, and more especially to the respiration of the patient.

The risks of life in labor, he says, lie rather in the absence of an anæsthetic than in its administration, and likewise the liability to a tedious recovery.

In connection with this excellent article of Dr. Storer, we would also make a few extracts from two others.

Dr. Petrie of Liverpool, in the Medical Times of Dec., 1860, gives it as his opinion that the immunity from accident enjoyed by parturient women is no doubt greatly due to the fact that they always inhaled chloroform with the face sideways, and thinks that this position should be adopted, whenever practicable, in all cases of the inhalation of this agent.

In the Medical Times of Sept. last, Dr. Sansom remarks, that the danger of chloroform in general is very much less than the prominence of the fatal cases we suggest. Three years ago Dr. John Chapman estimated that the chances of death from chloroform was as one to sixteen thousand. During the Crimean war, this agent, Dr. Sansom continues, was employed upwards of forty thousand times, and we hear but of one death from its use. At the lowest computation, I consider, he says, that chloroform has been administered two millions of times, and all the deaths which have come to our knowledge are but little over a hundred and fifty. And of these hundred and fifty, but very few indeed have been in midwifery cases.—Editor.

DISLOCATION OF THE HUMERUS.—Dr. Garms describes the following modification of Cooper's procedure. The patient is laid upon the floor, not on his back, but on his belly, some cushions intervening. A towel is attached to the humerus above the elbow, and another, passed round the upper part of the humerus, is given into the hands of the assistant, standing on the side of the dislocated arm. The operator, sitting down on the floor, on the same side, lays hold of the lower towel, and applies the heel of the foot lying nearest the patient to the axilla. He makes extension backwards and downwards, while the assistant draws laterally. The dislocation is thus reduced with surprising facility, the agency of chloroform not being required. The advantage of this modification is that extension backwards may be far more easily executed than when the patient is in the supine position; and this is the direction required in dislocation forwards, which prevails in the great majority of cases. For dislocation backwards, which is very rare, Cooper's procedure is the best.—*Archiv. der Heilkunde.*

Canada Lancet.

MONTREAL, NOVEMBER 15, 1863.

In the city of Montreal, there are two lying-in hospitals, the larger, L'Hospice de la Maternité, is in charge of the Sisters of Mercy, and contains seventy-five beds; this includes those in the private wards, of which there are twenty-five. The attending physician is Dr. Trudel, Professor of Midwifery in L'École de Médecine; the students of which, having free access to the larger portion of this hospital, derive great benefit from its midwifery practice.

The other, the University Lying-in Hospital, contains eighteen beds, and accommodates a private patient or two, when the matron and assistant give up their rooms. It receives a small annual grant from government, and is otherwise supported by pay patients and by private contributions. Its affairs are ably conducted by a committee of married ladies from among our citizens, who take great interest in its management, and receive most of the applications for admission. It is under the medical control of the professors of McGill College, the lecturer in midwifery being its attendant physician: it is the only lying-in hospital accessible to the medical students of this University, and has generally from fifty to sixty cases of labour during the six winter months; some of these however, from want of timely notice, are delivered by the matron, and are therefore of no benefit to the students. The remainder, owing to faulty rules of government, are so unfairly divided that although three are allowed to be present at each, there are very many of the young physicians that graduate in McGill College, who do not either conduct or witness over two or three of the most ordinary cases of accouchement. The hospital is not visited by the professor in midwifery even with the students in attendance, and therefore no clinical instruction is ever given. And when interesting cases arise proper exertions are not made for taking advantage of them for the benefit of the class. This state of affairs loudly calls for increased efforts for the enlargement of the hospital, and for the appointment of an assistant teacher, if the present one is unable to fulfil all his duties.

We have received from the celebrated house of Morgan Brothers, of Bow Lane, London, a sample of their patent impermeable lint dressing. It is a coating of very fine cotton wool on a surface of oiled paper, and is intended as a substitute for lint and oiled silk in water dressing. It may likewise be employed for hot fomentations, or as a dry envelope in cases of acute rheumatism, or for burns. It is about the width of ordinary sticking plaster, and can be retailed in Canada at 50c. a yard.

There is probably no abuse that so loudly calls for censure, as the secret exaction made by the medical men in this city upon apothecaries, as a reward for patronage and a good name. This consists in the return of from a fourth to a third of the moneys received for prescriptions sent them. The physician hands his formula to his patient, and directs him to a certain chemist *in whom he has confidence*, (indeed some of them divide their favours between two or three shops); if a dollar is the price of the medicine compounded, we to the poor man's custom, if he does not faithfully return twenty-five or thirty cents of the money to the M.D. in a quiet civil way, as the bribe for his custom and influence. The extent of this disgraceful and unprofessional conduct in Montreal will hardly be credited abroad; there is scarcely half a dozen physicians of standing among us who are not guilty of it; and we are informed by one of the largest dispensing establishments here, that were all of them to insist upon the percentage, it could not be refused. This shameful state of affairs has been brought on by a few ringleaders having large practices, who, unfortunately for the profession, esteem money higher than they do its honour or dignity. If medical men are to continue to derive incomes by such means, we can assure them that at the least shall no longer be done in secret.

NEW BOOKS.—Among the announcements of new books for the coming season, we notice that Professors Syme and Millar have promised new editions of their respective Surgeries; Prof. Gamel is to come out with a work on *Materia Medica*, and a fresh edition of Royle and Headland's *Manual* may be expected; the latter, however, will have to wait for the new pharmacopœia. Dr. Lee announces Consultations in Midwifery; Dr. H. Davis, a new edition of *Difficult Parturition*; and F. Churchill another on *Diseases of Women*; and Spencer Wells promises a treatise on *Affections of the Ovaries*.

Interesting Cases.

DEATH FROM THE USE OF CHLOROFORM DURING LABOR. By O. D. Pomeroy, M.D., of New York.—I was called to attend Mrs. C., aged 40, in labor with her tenth child; nine children living. The pains becoming very severe I administered chloroform, avoiding a full anæsthetic effect; in the meantime labor terminated favorably. There was no cough or any unusual symptoms until the patient began to return to consciousness, a period of about half an hour from the commencement of the inhalation. She then had signs of irritation of the mucous passages, as evinced by a few moist râles. Morphine was administered, with the hope that the state of things would disappear; this being about 11 p.m.

At ten next morning I was summoned in haste to her bedside, and found her breathing with great difficulty; mucous râles were heard throughout the lungs; pulse feeble, with other signs of sinking. Brandy was freely administered, and, after rallying a little, an emetic was given, with the view of relieving the accumulation in the bronchial tubes. It produced no effect however, beyond a slight emesis. She died in ten or fifteen minutes after. The chloroform was obtained of a reliable druggist, and was manufactured by one of our most respectable chemists.

There was no post-mortem, as the friends would

not have permitted it had I requested it. All the vital organs, however, seemed normal, and I was unable to assign any other cause of death but the inhalation of the chloroform.—*Am. Med. Times.*

FRactURE OF THE CLAVICLE, WITH CHOREA.—Having a very aggravated case of chorea with a fractured clavicle, I tried various forms of bandages, to keep the shoulder quiet, without success; when fearing that I should have a false joint, I adopted the following thorough mode of fixing it which proved successful.

I first made a cross of thin wood, and having padded it well with cotton, and placed it upon the back, I fastened the shoulders to it by means of a figure of eight bandage, putting wool under it wherever there was danger of its chafing. I then put a pad into the axilla, elevated the shoulder well by raising the elbow upwards and forwards against the chest, and applied two nine-yard rollers in the manner directed by Desault. The annexed wood-cut will give the idea of his mode, although the bandage crossing over the shoulder is hardly placed high enough in it.



Having put the first roller on transversely, the second is commenced in the axilla of the sound side, carried across the breast, over the fractured bone and shoulder, down on the posterior aspect of the arm, under the elbow and again across the chest to the axilla. It is then carried round across the back, brought up over the injured shoulder, passed down on the front side of the arm to the elbow, whence it ascends obliquely across the back to the axilla again: it is afterwards brought forward to have the same course repeated.

I secured everything with stitches, and found no subsequent necessity for either alteration or removal until ossification had become completed. The progress of reunion was readily ascertained, at any time, by raising the bandage a little from off the seat of fracture. The deformity left was very slight indeed, and even without the chorea would well deserve the name of an excellent joining for a clavicle. The patient never laid down until the cross was removed, but slept sitting, with his forehead resting upon a pillow. As he did not seem to suffer from the want of rest I did not relieve him, but have since thought that a sheet iron one might easily have been made in which he could have lain upon his back with comfort.—*Editor.*

DisLOCATION OF THE LEFT SHOULDER REDUCED BY MANIPULATION By Charles H. Pyle, M.D., *Assist. Surg. U. S. Navy.*

On the morning of October 9th, I was called to see a sailor's being from an injury of the left shoulder, produced by a fall on deck. On examining the injured part, I discovered a luxation of the humerus forward, the head of the bone forming a prominent tumour under the belly of the pectoralis major muscle: the acromion process of the scapula was prominent and well defined. I immediately proceeded to reduction.

I seated the patient on a low stool, flexed the forearm on the arm, elevated the arm at an angle of 45° with the body, then rotating the head of the humerus by turning the arm backwards as far as possible, and afterwards suddenly reversing the motion on carrying the injured extremity across the chest towards the sound side, when the head

of the bone slipped into the glenoid cavity with a slight noise.

This process for reducing dislocations of the shoulder was taught me by my old friend and preceptor, Prof. H. N. Smith of Philadelphia. The advantage it possesses over the old method is very manifest, since instead of requiring a vast expense of muscular power on the part of the surgeon, it is nearly all transferred to the muscles of the patient.

In flexing the forearm on the arm, the flexor muscles are relaxed; by elevating and rotating the head of the humerus, it is dislodged from the neck of the scapula, and gradually forced upon the edge of the glenoid cavity, when the supra-spinatus, deltoid, and infra-spinatus muscles quickly draw it into its proper place.—*Hay's American Journal.*

New Books.

On Uterine and Ovarian Inflammation, and on the Physiology and Diseases of Menstruation. By E. J. Tilt, M.D., Consulting Physician to the Farrington General Dispensary, &c., &c. 3rd edition, 8vo., pp. 476. J. Churchill, 1862.

Dr. Tilt's work differs from that of Dr. Bennet in giving more prominence to inflammation of the ovaries as a cause of diseases of menstruation and sterility. His aim is to perform for the ovaries, what has been successfully done for other organs by many eminent men. It is one of the most complete works likewise, that we have in the English language, on menstruation and its derangements. As usual, we will give a few extracts from its pages.

In remarking on the influence of names in the treatment of uterine disease, he says, Recamier's main element was inflammation and ulceration of the womb, requiring surgical measures. Lisfranc's was congestion and engorgement of the neck and of the body of the womb. It was uterine catarrh of the body and neck of the uterus for Boivin and Dugès. By Chomel and Velpeau, granulations of the os-uteri were prominently brought forward, the latter discovering also flexions of the womb. In the writings of Dr. Simpson, deviations of the womb from its normal place became the chief disease of women, requiring the frequent use of intra-uterine pessaries, said to be well borne by the Scotch, but which have proved fatal to many women in England, France, and Germany. Dr. H. Bennet holds ulceration of the neck of the womb to be the cause of all female diseases in nineteen cases out of twenty. Dr. Tyler Smith sought to prove that most of the ailments peculiar to women originated in the hyper-secretion of the mucous glands of its neck. Retention of menstruation has been given as the frequent cause by Bernutz and Goupil. Ovaritis, sometimes causing uterine disease, and frequently pelvic peritonitis, was insisted on by the author, and subsequently by Aran. And although none of these views can be exclusively adopted, all should receive due consideration to arrive at correct notions of uterine pathology.

External Examination.—The intestines and bladder having been previously emptied, the patient should lie on her back with the head and shoulders elevated, and the thighs so placed as to form nearly a right angle with the body; her attention should be diverted to prevent contraction of the abdominal muscles, whilst pressure is directed backwards towards the brim of the pelvis from a point a little upwards from the curve of Poupart's ligament; this

will strike the ovaries and detect pain in them should it exist. Should a tumour be found, its size, site, degree of hardness, fluctuation and adhesions must be noticed.

Vaginal Examination.—The finger or fingers should be pushed up beyond the os-uteri as much as possible, pressure on the hypogastrium being employed at the same time with the other hand. Recamier thought that passing the hand under the patient's thigh, instead of above it, gave greater facilities of investigating both the womb and ovaries. A prolonged hip bath, a brisk purgative, or a long walk, will often bring down the womb &c. within reach, when higher than usual; and it is often well besides to examine the patient in the erect posture. Even when no ovarian tumour can be felt, its presence may be inferred, from the pain produced in the groin, on percussion at the top of the vagina by the finger.

Exploration per Rectum.—This should be whilst the patient is in the English obstetric position, deep pressure being at the same time made with the other hand, backwards from a little above the Poupart's ligament of the side examined. The finger can thus generally attain half the posterior surface of the uterus, detect any swelling of the broad ligaments, and feel the ovaries, when swollen, like a knuckle on either side of the womb. When healthy, pressure on the ovaries causes no disagreeable sensation.

The existence of a painful tumour in the recto-vaginal cul-de-sac, is in itself a strong presumption of its being an inflamed ovary; but the diagnosis will be assisted by the uterine sound, for this enables us to raise the uterine fundus, and thus by displacing the womb from it, prove that it is not implicated.

The index finger is sometimes inserted into the rectum and the thumb into the vagina, when any morbid growth within reach may be easily examined.

CASE 66.—I was consulted by a gentleman in Paris, in 1844, who told me that his wife, then in her 24th year, menstruated for the first time at the age of fifteen, and that this function had always been accompanied by pain, and was frequently irregular in the time of its appearance. She had been married five years, and since then her menstrual flow had been more regular, but accompanied by a great increase of the distress. She was seldom subject to leucorrhœa, and sexual indulgence was sometimes painful. He did not expect relief, he said, from her sufferings, but inquired if there were any remedy for her sterility. The lady presented all the appearance of a lymphatic constitution, and looked delicate, although in tolerable health at the time. On making a rectal examination, I distinctly felt both ovaries, each being swollen to about two inches in the long diameter, and very painful on pressure. A few days subsequently she suffered from dysmenorrhœa, after which the ovaries appeared larger and more painful. I now began the treatment by applying eight leeches over each ovarian region; the ecchymosis being healed, I next covered the places with blisters five inches in length; the cuticle was not removed, and three days after, when the skin was healed, I ordered the parts to be carefully rubbed for ten minutes, morning and night, with a portion about the size of a walnut of the following ointment;

Ung. hydrarg. ℥j; ext. belladonna ℥j; ext. hyosciaini ℥j; camphor. gr. x. M.

And the abdomen to be afterwards covered with

annel without removing the ointment. I also prescribed enemata of

Aque comp. ℥xv; aque lauri-ceras. ℥vj; something adding lact. hyosciaini ℥ij.

A third of this quantity was injected into the rectum three times a day, the chill having been first taken off, so that it might be as much as possible if not entirely retained. The bowels were kept regular with saline purges, and all preparations of mercury avoided.

For the first few days, until the blistered surface were healed, the patient remained recumbent; afterwards she was allowed exercise and generous diet. Abstinence from the nuptial bed throughout, was strictly enjoined. The ovaries diminished in size but still continued painful up to her next period, when she suffered less than she had done since her marriage. After menstruation the same treatment was adopted, which still farther reduced the pain in the following term. She submitted to the same course a third time, when the ovaries became annual in size, gave no pain on pressure, and during menstruation she suffered but little. The enemata alone were afterwards continued, and in five months she became pregnant, and in due time delivered of a fine boy.

Remittent Menstruation.—Dr. Tilt gives the name to that variety when the menstrual periods are brought nearer and tend to run into each other. In this form, he says, except when caused by severe inflammation of the neck of the womb, I have never found quinine to fail. I give the sulphate of iron alone, in doses of from two to three grains every night, or every other night, on the subsidence of menstruation; or combined with two grains of the extract of henbane or a quarter of a grain of the extract of opium, when nervous symptoms predominate; or with three grains of sulphate of iron when the patient is anemic; or with extract of aloe when it is necessary to prevent constipation. In conjunction with this treatment proper hygienic measures must not be neglected; and the domestic employment of purgative medicines should be strictly forbidden.

Cervical Catarrh.—Inflammation of the lining membrane of the womb is one of the most frequent uterine diseases, and may cause either hypertrophy or softening of all its tissues. It is brought on by imprudence during the menstrual epoch, by excitements of a prurient imagination, excessive coition, miscarriages, &c. It resurges laterally on the neck of the womb causes pain, which is never felt when in a healthy state. A glutinous discharge is seen oozing out of a somewhat tumid os uteri, and long threads of it may be removed; sometimes it is brown in colour, resembling rusty sputa of pneumonia. It may continue many years without serious lesion, but it fosters hysterical phenomena, keeps up a vaginal discharge, produces frequent relapses of ulcerations of the neck, and is a great cause of sterility. In such cases, after clearing away the mucus, I apply the tincture of iodine with a sable-hair paint brush, introducing it as far as possible into the neck of the womb, without using much force; on withdrawing the brush, I paint the vaginal portion of the neck of the womb. A solution of the nitrate of silver, or grains to the ounce of water might be employed in the same manner. Occasionally however, cases prove so obstinate as to require the use of the nitrate of mercury for their complete recovery.

With respect to constitutional measures,

all chronic uterine affections, the practitioner will find a sheet anchor in quinine and the various preparations of iron.

Irregular and painful Menstruation.—I have great faith in sulphur given regularly every night either alone or in combination with borax or bicarbonate of soda, and ipecacuanha.

Sulphur ʒj; pulv. boracis ʒj; pulv. ipecac. ʒss. M. B. One to two scruples to be taken every night in milk.
Simpson's Strain.—Contrary to the views entertained by Professor Simpson, that when the uterine sound cannot freely pass the os internum, it is morbidly contracted, I believe that this contraction is its normal state except during menstruation or parturition, and that its relaxation, like that of the os externum, is usually indicative of inflammation.

GRN-SHOT AND OTHER WOUNDS OF THE CHEST.—Dr. B. Howard, Surg. U. S. A., remarks, that the most formidable symptoms attending injuries of the lung are hemorrhage, dyspnea and suppuration, and that the custom of leaving the wound open tends to keep up all of them. His mode of treatment is, after removing all foreign accessible bodies, to pare the edges of the wound if from a bullet, in order to convert it into an elliptical incised one, and to dissect away all the injured parts down to the ribs, then to bring the edges together with metallic sutures, deeply inserted, and not more than a quarter of an inch apart, carefully to dry the surface and give the wound a free coating of collodion; then to fasten more securely, he places strips of lint, wet in the same fluid, crosswise over it, and secures the whole with bands of sticking plaster. Should there be undue heat of the parts afterwards he keeps it subdued by means of cold affusion. If suppuration occur internally, the trocar is introduced in some other place to draw it off.

The results by such treatment are remarkable; the dyspnea is speedily removed, and the patient often falls into a quiet slumber in an hour afterwards.

He removes the sutures in about five days.

The American Medical Times informs us that the surgeon general, to give this plan a fair trial, has ordered that at the next engagement of the army of the Potomac, a hospital shall be organized under the charge of Dr. Howard, for the sole purpose of treating gun-shot wounds of the chest by this "sealing process." The results of his experience will be of great interest to the profession.

TINCTURE OF BLACK COBALT IN IRRITABLE UTERUS, &c.—The tincture of cimicifuga, in doses of thirty minims three or four times in twenty-four hours, has proved a most valuable nervine and sedative in many cases of pseudo-rheumatism and obscure nervous pains.

We are disposed to admit the correctness of the observations of the American physicians, who allege that it has a peculiar action on the uterus. In the irritable condition of that organ, often observed in patients for some time after menstruation has ceased, or irregular when about to cease, and marked by pain more or less periodical in the lumbar region, cimicifuga affords rapid relief. In neuralgic pains, often met with in such patients in other localities, it is equally beneficial. Females at the period of life we are speaking of, frequently suffer from a distressing pain in the upper part of the head, recurring with greater severity at night. These cases are very satisfactorily met by this remedy.

Pains in the mamma also, whether referable to sterner disturbance or to pregnancy, are relieved by the cimicifuga very speedily. In lumbago, it is almost a specific, as noticed by Dr. Simpson.

A great advantage of the tincture of the cimicifuga is, that it is not only rather pleasant to the taste, but very agreeable to the stomach, rather improving the appetite than otherwise. Larger doses than thirty minims, however, as a drachm for instance, will in most persons produce an unpleasant tightness and dull pain across the forehead.—*London Lancet.*

NEW AMERICAN PUBLICATIONS.—It is announced that Dr. Hodge, so many years Professor of Obstetrics in the University of Pennsylvania, has in press a new work on obstetrics. It is to be a quarto volume, illustrated with very many lithographic plates prepared from original photographic pictures, together with numerous wood cuts. New editions of well known books are also announced as ready or soon to be issued. Amongst these we notice Dalton's Physiology, Carson's Synopsis of Materia Medica, Parrish's Pharmacy, Ellis' Formulary, and a new reprint of Wharton Jones' Ophthalmic Medicine and Surgery.—*Cincin. Lancet.*

Last year some important investigations were made by the Royal Medical and Chirurgical Society on the relative merits of the plans of Dr. Marshall Hall and Dr. E. Silvester for restoring suspended animation. The result was decidedly in favour of Dr. Silvester's method, which in principle is now adopted by the Royal Humane Society, whose present rules we here subjoin.

ROYAL HUMANE SOCIETY'S

INSTRUCTIONS FOR RESTORING THE APPARENTLY DEAD FROM DROWNING OR OTHER SUFFOCATION, OR NARCOTIC POISONING.

Send immediately for medical assistance, blankets, and dry clothing, but proceed to treat the patient *instantly*, according as much fresh air as possible.

The points to be aimed at are first and immediately, the restoration of breathing; and secondly, after breathing is restored, the promotion of warmth and circulation.

The efforts to restore life must be persevered in until the arrival of medical assistance, or until the pulse and breathing have ceased for at least an hour.

TREATMENT TO RESTORE NATURAL BREATHING.

RULE 1.—*To maintain a free entrance of air into the wind-pipe.*—Cleanse the mouth and nostrils; open the mouth; draw forward the Patient's tongue, and keep it forward; an elastic band over the tongue and under the chin will answer this purpose. Remove all tight clothing from about the neck and chest.

RULE 2.—*To adjust the Patient's position.*—Place the Patient on his back on a flat surface, inclined a little from the feet upwards; raise and support the head and shoulders on a small firm cushion or folded article of dress, placed under the shoulder-blades.

RULE 3.—*To imitate the movements of breathing.*—Grasp the Patient's arms just above the elbows, and draw the arms gently and steadily upwards until they meet above the head, (this is for the purpose of drawing air into the lungs); and keep the arms in that position for two seconds. Then turn down the Patient's arms, and press them gently—and firmly—for two seconds against the sides of the chest (this is with the object of pressing air out of the lungs). Pressure on the breast-bone will aid this).

Repeat these measures alternately, deliberately, and perseveringly, fifteen times in a minute, until a spontaneous effort to breathe is perceived; immediately upon which, cease to imitate the movements of breathing, and proceed to induce circulation and warmth (as below).

Should a warm bath be procurable, the body may be placed in it up to the neck, continuing to imitate the movements of breathing. Raise the body in twenty seconds in a sitting position, and dash cold water against the chest and face, and pass ammonia under the nose. The Patient should not be kept in the warm bath longer than five or six minutes.

RULE 4.—*Thoracic Inspiration.*—During the employment of the above method, excite the nostrils with snuff or smelling salts, or tickle the throat with a feather. Rub the chest and face briskly, and dash cold and hot water alternately on them.

The above directions are chiefly Dr. H. R. Silvester's method of restoring the apparently dead or drowned, and have been approved of by the Royal Medical and Chirurgical Society.

TREATMENT AFTER NATURAL BREATHING HAS BEEN RESTORED.

RULE 5.—To induce circulation and warmth.—Wrap the Patient in dry blankets, and commence rubbing the limbs upwards, firmly and energetically. The friction must be continued under the blankets or over the dry clothing.

Promote the warmth of the body by the application of hot flannels, bottles or bladders of hot water, heated bricks, &c., to the pit of the stomach, the arm pits, between the thighs, and to the soles of the feet. Warm clothing may generally be obtained from the bystanders.

On the restoration of life, when the power of swallowing has returned; a teaspoonful of warm water, small quantities of wine, warm brandy and water, or coffee should be given. The Patient should be kept in bed, and a disposition to sleep encouraged. During reaction large mustard-plasters to the chest and below the shoulders will greatly relieve the distressed breathing.

WHEN APPARENTLY DEAD FROM INTENSE COLD.—Rub the body with snow, ice, or cold water. Restore warmth by slow degrees. In these accidents it is highly dangerous to apply heat too early.

WHEN FROM INTOXICATION.—Lay the individual on his side on a bed, with his head raised. The Patient should be induced to vomit. Stimulants should be avoided.

IF FROM APOPLEXY OR STROKE.—Cold should be applied to the head, which should be kept well raised. Tight clothing should be removed from the neck and chest.

APPEARANCES WHICH GENERALLY INDICATE DEATH.—There is no breathing or heart's action; the pupils are generally half-closed; the pupils dilated; the face clenched; the fingers semi-contracted; the tongue appearing between the teeth, and the mouth and nostrils are covered with a frothy mucus. Coldness and pallor of surface increases.

To Correspondents.

Carmine Injection for Capillaries.—Dr. Carter, of Leamington, in the Archives of Medicine, recommends the following. Pure carmine, 1 drachm; ℥j. ann. fort. (P. L.) 2 drachms; glacial acetic acid (50° Fr.) ʒm. i.; solution of gelatine (1 to 6 water) ʒ oz. i.; water ℥j. or. Dissolve the carmine in the solution of ammonia and water, and filter if necessary. To this add ½ oz. of the hot solution of gelatine, and mix thoroughly. With the remaining ½ oz. of gelatine solution mix the acetic acid, and then drop this, little by little into the solution of carmine, stirring briskly during the whole time.

If properly prepared, this injection will, I believe, be found to be the most penetrating one that has yet been introduced. With it I have succeeded in filling the capillaries of the brain, spinal cord, eye, tongue, pericardium and base of the nose, the lungs, liver, pancreas, kidneys, and other organs of various domestic animals. Besides injecting with this fluid may be mounted either in Canada balsam, weak spirit, acidulated glycerine, or other preservative fluid, which will not dissolve or act injuriously upon the carmine or gelatine.

McKenzie's Dead Shot Worm Candy.—One ounce of finely powdered camphine is put into every three pounds of common white stick candy. Any confectioner can mix it in before pulling. The sticks are about four inches long, weigh half an ounce, and contain five grains of camphine.

Theriacs.—For children of 6 months, ʒ stick; those from 1 to 2 years, ʒ stick; and when 4 years of age or upwards ʒ stick. A dose is to be taken at night, and another early in the morning, fasting.

Chloroform.—Lethely's test for the presence of ether or alcohol, is to add the suspected chloroform to a solution of the white of egg; if pure no change will result, but coagulation will be produced if either ether or alcohol be present.

Santonin Worm Powder.—These consist of 26 grains, each of santonin and loaf sugar, rubbed into a fine powder, with a very small quantity of carmine to colour it, and divided into six powders. *Dose.* From 1 to 2 years, half a powder; 3 to 5 years, a whole powder; over 6 years, two powders; and grown persons 3 powder. A dose is to be given at night, and another in the morning, fasting, employing the latter with some opening medicine.

Thompsonian No. 38, or Rheumatic Drops.—Take two ounces of bruised myrrh, one drachm of Cayenne pepper, and one pint of the best brandy; mix, and let them stand for ten days, shaking often; then filter for use.

Dose.—One or two teaspoonful in a wineglassful of water. It is employed as a household remedy for colic, dyspepsia, colds and rheumatism, and is much used as a liniment for sprains, and as a stimulant to sluggish ulcers. Druggists generally substitute alcohol for the brandy.

Citrate of Iron and Strychnia.—This should contain a part of strychnia in a hundred of the combined salts; it made as follows:—Citrate of iron two Troy ounces and scruple, (800 grs.); strychnia and citric acid, of each ʒ grains; water, ten ounces. Dissolve the strychnia with aid of the citric acid, in an ounce of the water, and this in the remainder. Mix the two solutions, evaporate to the consistency of a syrup, and pour it on plates to dry scales. The addition of the strychnia does not change the appearance of the citrate of iron. This double salt is the favourite preservative in atonic dyspepsia, chorea, & in suppressed menstruation. Five grains contain a twentieth of a grain of strychnia. The dose is from three to six grains, three times a day.

Lumbricoides points.—The points lately introduced which are moulded sharp, and warranted "perfectly tough" Surgeon Hirschbottom remarks are "thick as combs" to the ordinary lunar-caustic stick, and should not be used on surgical cases, as they possess scarcely any power in controlling inflammation, and are useless in the raw wounds.

Medical Works published in Great Britain from 15th September, to the 15th October, 1863, with the sizes, numbers of pages, publishers names, and price in sterling.

Anderson, J. M.'s—Practical Treatise upon Eczema (including its Lichenous, Impetiginous, and Pruriginous Varieties. 8vo, pp. 142, cloth, 5s. (Churchill.)
Cannon, (Edwin)—On the Aneurysm, or Puffy Degeneration of the Cornæ. 8vo, pp. 230, cloth, 10s. 6d. (His works.)

Fox, (Thibault)—Skin Diseases of Parasitic Origin, their Nature and Treatment; including the Description of Relations of the Fungus found in Man. 8vo, pp. 222, 6s. 7d. (Harcourt.)

Mudge, (Henry)—A Guide to the Treatment of Diseases without Alcoholic Liquors. 12mo, pp. 182, cloth, 2s. (Jarrold.)

Kirkcey, (W. H.)—Handbook of Physiology 5th edition post 8vo, cloth, 12s. 6d. (Walford.)

Collum, (Zerah)—An Inquiry into the Nature of Oil and into its Mode of Action in the Phenomena of Combustion, Vaporization, &c. 8vo, pp. 162, sewed, 2s. (By Richardson, (Thomas) and Watts, (Henry)—Chemical Technology, or Chemistry in its Application to the Arts and Manufactures. 2nd edit., vol. 1, part 3. 8vo, pp. 4, cloth, 3s. (Balliere.)

Jenny, (Edward)—On the Origin of the Vaccine Infection. 4to, pp. 4, sewed, 1s. (Elbick.)
Staples, (Joseph)—The Diary of a London Physician. 12mo, pp. 330, boards, 2s. (Ward & Lock.)

Periodicals received since 15th October.

London Medical Times, to Oct. 31st. American Med. Times, to Nov. 7th. Boston Medical and Surgical Journal, to Nov. 12th. Philadelphia Med. and Surg. Reporter, to 31st. Philadelphia Dental Cosmos, Nov. Pacific Med. Journal, San Francisco, Sept. San Francisco Med. Press & Buffalo Med. and Surg. Journal, Oct. Phila. Med. Lib. and Library, Nov. London Chemist and Druggist, 3 American Druggist's Circular, Nov. London Public Circular, to Oct. 15th. Cincinnati Lancet and Obs. Nov.

Books and Pamphlets received during the Month.

A Practical Treatise on the Etiology, Pathology, and Treatment of Congenital Malformations of the Head and Anus. By W. Bodenhamer, M.D., Illustrated. Pp. 306. Wood, New York, 1863. From the Author.

Some valuable back numbers of the San Francisco Medical Press, from L. L. Lane, M.D., Professor of Physics in the University of the Pacific. The Editor.

Proceedings of the Massachusetts Medical Society, an Essay on the Reality and Certainty of Medicine, by Will Wiman, M.D., of Cambridge.

An Introductory Address delivered before the students Jefferson Medical College, Philadelphia, October 12th, 1863, by Professor Samuel H. Dickson. From the Author.

Subscriptions paid since 15th October.

Dr. J. J. Bray, Stratford; Dr. P. Provost, Mr. E. H. M. R. J. Dever, and Mr. W. Warrington, all of Montreal; Dr. J. T. Dunn, Rockville; Dr. A. H. Paget, Dr. S. H. Steel, Abernethy, Montserrat; Dr. C. Cantor, Belleville; Dr. James McLutoun, Martintown; Ardagh Orilla, Dr. O. Yates, Dr. H. Yates, Dr. B. W. Dr. O. Strange, Dr. J. R. Dickson, Dr. M. J. Lovell, Mr. R. White, all of Kingston.

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