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CANADA LANCET.

WILLIAM EDWARD BOWMAN, M.D., EDITOR.

No. 5. MONTREAL, JULY 15, 1863. Vol. 1.

PARACENTESIS THORACIS.

By H. J. Bowditch, M.D., Professor of Clinical Medicine, Harvard University, Boston.

(*Read before the Boston Society for Medical Observation.*)

Having performed paracentesis 150 times on 75 persons, during the past twelve years, besides being witness of ten other cases, I now give the Society a brief *resumé* of my experience.

I have never seen the least permanent evil ensue from any of these operations, and but slight temporary difficulty, as pain, dyspnœa, stricture, cough, &c. This, I think, sufficiently proves the innocuousness of the operation, by means of the exploring trocar and suction pump, as suggested by Dr. Wyman, of Cambridge, Mass.

Frequency of the Operation.—I was once compelled to tap a patient, himself a physician, eight times in six weeks, to relieve his intense distress in breathing; and to operate on a lady nine times during eight and a-half months, the first being to save her from death from orthopnœa, and was performed when she was over four months pregnant. I have also punctured one chest twice in the same day, in order to reach all the fluid which was divided by false membranes.

Number of Recoveries.—Out of the whole 75 patients, 29 recovered completely, and apparently in consequence of the operation, which was generally performed after severe symptoms had manifested themselves, and when I was called in consultation. In all these cases the tapping seemed to be the first step towards recovery.

The Fluid.—Of the 75, the fluid obtained at the first operation was serum in 26, of which 21 made good recoveries. If afterwards the fluid become purulent, I have noticed an almost certain fatality to attend the change, of six of such cases, four have died, and the other two, when last seen, were failing.

Pus flowed at first in 24 cases; seven of these recovered and seven died. Relief is always obtained, but the tendency remains to a termination in fistulous openings, or phthisis.

A sanguinolent fluid at the first puncture, thin and of a dark red colour, not coagulating, I consider almost certainly fatal, and a consequence of some malignant disease of the lung or pleura. Of the seven of these cases, six died, and the other is still lingering.

But when the fluid becomes of this colour only at the second or any subsequent puncture, I deem it of comparatively little importance towards the prognosis.

A mixture of bloody purulent fluid at the first operation is usually fatal; of three occurring, all died.

A fetid gangrenous fluid is very rare; I have met with but one case, and although great and permanent relief was obtained from the orthopnœa, the patient sunk in a few days, when the pleura was found gangrenous.

Pneumo-hydrothorax.—Here paracentesis can do no harm, and may give great relief; I have operated once with much temporary benefit, and should not fail to do so again were the dyspnœa urgent.

No Fluid.—Finally, in seven cases I got no fluid whatever; this occurred most frequently in my earlier operations, and the failure was probably due to the cautious and slow manner in which I plunged the trocar between the ribs, carrying thus the false membrane of the pleura costalis before the instrument instead of piercing it; so that it really never entered the fluid. At other times I have little doubt that an error of diagnosis was made, and that instead of a fluid there was simply an unexpanded lung and thick false membranes on the pleura, causing as much dulness on percussion and absence of respiration as if a fluid were present. The diagnosis of the two was not as easy to me then as now, inspection is the test between these two conditions; the intercostals are distinct and depressed when a membrane exists, and indistinct and level with the ribs, or possibly prominent when a fluid occupies the chest.

Once an immense tumour filled and uniformly distended one pleural cavity, and in its course presented all the phenomena, natural and physical, of simple pleurisy. I tapped it three times, namely, at the back, side, and front, at the same visit. No evil, however, followed from it.

An enquiry has been made as to which side gives the most successful results. I regard an operation performed on the right side as much more favourable than one on the left, for about twice as many of the former have recovered than of the latter, and not over half as many of those of the right side have been among the doubtful cases.

Inspection of the chest should never be neglected, for when full of fluid there will be found a general roundness and immobility of the whole of the affected side. At times local swelling may develope itself, and this is especially apt to occur with the breast, which becomes unduly prominent. It is not often that bulging of the intercostal spaces takes place, for they are rarely more than on a level with the ribs, which frequently seem closer from contrast with those of the opposite side, that are so constantly on the stretch to fulfil their double duty. Where the effusion is great, vocal fremitus is wanting, and there is often exquisite sensitiveness to the touch over the whole of that side of the chest, which disappears after the removal of the fluid.

The lung, unless bound by adhesions, is gradually displaced, and floats upon the fluid beneath. Should doubts arise as to the presence of effusion, change of position with palpation, as in dropsy, will remove them. As the liquid increases, the lung farther compressed, is deprived of air and forced backwards towards its root, until respiration can no longer be detected but at its apex and close to the spine behind; and other organs become removed from their positions. Mr. M'Donnell states that

occasionally the heart, by giving impulse to the fluid through its mediastinal wall, may cause effusion to be mistaken for aneurism. I have never noticed any such effect.

When to Operate.—Experience has taught me always to operate without delay when the pleural cavity has become distended with fluid, and the dyspnœa is great; for I have found that when performed early, it prevents long tedious illness, future contraction of the chest and the probable developement of tubercle, or perhaps a troublesome fistulous opening in the side. I also remove the effusion in all chronic cases where it will not disappear under a reasonable amount of treatment, for I have noticed that persons sometimes die suddenly of dyspnœa, with one side of the chest but partly filled with fluid. I never wait for pointing, nor necessarily insert the trocar at one when existing, choosing rather the most depending par. of the chest; and dislike or refuse to tap in all cases where the intercostals are depressed, never feeling certain of seeing anything flow away.

Where to Operate.—The most appropriate spot for puncture is between the ninth and tenth ribs, in a line let fall from the lower angle of the scapula. I have, however, tapped under the axilla and even in the breast when the case seemed to require it. But in selecting the precise intercostal space of the back, I usually choose one about an inch and a half higher than the line on a level with the lowest point at which respiratory murmur can be heard in the healthy lung of the opposite pleural cavity.

The Operation.—The instrument I employ is a small trocar a little larger than the ordinary exploring trocars of our pocket cases of instruments. When possible the patient should be seated sideways on a chair, or astride with his face towards the back of it.

Having pressed the forefinger of the left hand deeply into the intercostal space, I plunge the instrument through at the depressed part, keeping as near as possible to the upper edge of the lower of the two ribs, to avoid injuring the larger branches of the intercostal arteries which run along their inferior borders. It is in my opinion, however, extremely difficult to touch these vessels with such a small instrument, as they are more likely to be displaced than cut by it; indeed among all the operations performed in Boston and its vicinity, for eighteen months, I have not known of bleeding having occurred but in one case, when it proved but slight, and followed on the withdrawal of the canula. I never incise the skin before the introduction of the trocar, (for I find when it with its canula will pass readily through buckskin or chamois, as it should do when well made, its insertion will be easy and cause but little pain—Ed.) Having withdrawn the instrument, see that the passage of the fluid is not impeded in any way through the tube, employing a blunt probe to ascertain the cause, and to remove any obstruction; then by means of a piece of very flexible tubing and a double valve syringe, similar to that of a stomach pump, (an ordinary bivalved enema syringe might be employed for want of better—Ed.) draw away the effusion slowly, until by distress, or a sense of dragging, distension, or pain, the lung gives warning that it has undergone as much expansion as it can endure with safety. Having now removed the trocar, the wound will be found to contract and close so completely that no lint or dressing of any kind will afterwards be required.

It is wonderful to observe the effects produced by this operation, even upon the mind, which, like the lung, seems relieved from great oppression, as the patient, before quite weak, gets up and walks and talks and acts like a new being. The digestion becomes at once improved and the strength is rapidly regained. The cough usually, however, augments during the first few days, the pulse retains its quickness, friction sounds occasionally become developed, and several months may elapse before the vesicular murmur becomes properly re-established. The amount of relief obtained bears no relation to the quantity of fluid removed, for I have found as much ensue from half a pint as from a quart.

Surgeons generally have the idea that the entrance of air at an operation produces dangerous symptoms. I have never found this to be the case, even when from mismanagement of the syringe it has been pumped into the chest; nor am I alone in this experience; other operators, who have witnessed like accidents, corroborate the testimony, the only disagreeable effect being the oppression momentarily produced. I do not doubt, however, that as *frequently* introduced would prove injurious.

Some surgeons hesitate to operate for fear of wounding the lung. My experience on this subject is, that the puncture of any portion of the lung that can be reached with this small instrument, even if it were likely after auscultation, is but of trivial moment compared to the great benefit to be derived from drawing off the effusion. I have once punctured the lung, Dr. Wyman confesses a similar accident, and I have witnessed a third surgeon not only injure it with the trocar, but work the suction pump whilst the canula was in its substance, notwithstanding which all these patients got well as usual, although bloody sputa was occasioned by one of them.

I do not pretend that this operation will cure every case in which it is employed, but feel confident that in my hands it has been the means of saving many lives; and I believe that several patients within my knowledge, who have died while under the care of other physicians, might have recovered had it been had recourse to.

It is comparatively harmless and gives but little pain, and, in my opinion, ought never to be allowed to fall into disuse by the profession.

It was in my earlier years of practice that I first noticed and endeavored to prevent sudden death from pleuritic effusion, meeting with but indifferent success, owing to the imperfect state of surgery at the time, when my attention was first drawn to Dr. Wyman's mode of operating by means of a small trocar and suction pump, which I at once adopted as the means I had so long sought after. Modifying his plan, however, I employed a flexible tube to the canula, that it might not be disturbed whilst I was drawing off the fluid. I have employed the instrument ever since, and the result is the experience here given. I consider the operation so simple that I would as lieve perform it, as to draw a tooth or vaccinate a child.

Boston, Nov. 1862.

(Condensed from the American Journal of Medical Science.)

One of the most agreeable and effectual agents for removing the odour left on the hands after making autopsies, is the solution of the permanganate of potash or soda.—*Pacific Med. & Surg. Journal.*

THE PHYSIOLOGY OF MORMONISM.

BY C.C. FORLEY, M.D., ASSISTANT SURGEON U. S. ARMY.

On a recent visit to Salt Lake I had excellent opportunities of observing and inquiring into the effects of polygamy, as practically exemplified in the case of that people. While sojourning there I mingled much among them, visiting them in their homes, and seeing them at their public assemblies and places of business and pleasure; therefore, I feel qualified to speak of the results of their peculiar institutions, both in their social and physiological as well as their intellectual bearings. It is however chiefly as a physiologist that I shall at present consider the subject, and in this view I must say, the consequences of the Mormon system, as we find them illustrated in the inhabitants of Salt Lake, are in every aspect of the case, hurtful and degrading.

A marked physiological inferiority, strikes the stranger from the first, as being one of the characteristics of this people. A certain feebleness and emaciation of person is common amongst every class, age, and sex; while the countenances of almost all are stamped with a mingled air of imbecility and brutal ferocity. *This in fact is their true character*; they being obsequious and yielding to their superiors—to strangers, sullen and spiteful, while among themselves they are cold and unamiable. In the faces of nearly all, one detects the evidences of conscious degradation, or the bold and defiant look of habitual and hardened sensuality—the women, with but few exceptions, *shrinking from the gaze* of the stranger, as if fully alive to the false and degraded position they are forced to occupy. Some seem overwhelmed with shame, others wear a forlorn and haggard appearance, while a few put on a cheerful air, affecting to be satisfied with their sad condition.

Without entering into minutiæ, I may instance the following as a few of the bodily peculiarities that strike the medical man, in mingling with the inhabitants of Salt Lake City:—Besides the attenuation mentioned, there is a general lack of color—the cheeks of all being sallow and cadaverous, indicating an absence of good health. The eye is dull and lustreless—*the mouth almost invariably* coarse and vulgar. In fact, the features, the countenance, the whole face, where the divinity of the man should shine out, is mean and sensual to the point of absolute ugliness. I have nowhere seen anything more pitiful than the faces of the women here, or more disgusting than the entire appearance of the men. It is a singular circumstance that the physiognomical appearance of the children are almost identical. The striking peculiarity of the facial expression—the albuminous types of constitution, the light yellowish hair, the blue eye and the dirty waxen hue of the skin, indicate plainly the diathesis to which they belong. They are puny and of a scorbutic tendency. The external evidences are numerous that these polygamic children are doomed to an early death—the tendency to pothisis pulmonalis being eminent and noticeable.

The evidences of natural degeneracy are more palpable in the youthful than in the adult population; the evils of this pernicious system not having taken full effect upon the latter. A more feeble and ill-looking race of children I have not met with, even among the vice and squalor of our larger cities. One looks in vain for those signs of constitutional vigor and sturdy health common to the juvenile portion of what may be considered but a country town. So far as food, climate and other external causes are concerned, the children, as well as the adults here, are favorably circumstanced; their sanitary conditions are generally good; wherefore, we must look to the evils engendered by their religious and social system, for the agents of this physical inferiority. In this system, the physiologist and moralist will not fail to detect the ample causes for a decay even so marked and melancholy. That this is not a mere fancy, or the result of prejudice, I may say, the same impression has been made upon all who have ever visited Salt Lake City, and published their opinions upon the subject. Indeed, we find, in all the instincts and habits of these people, full confirmation of the physical facts above set forth. They are as gross and vulgar in all their tastes, thoughts and styles of expression as in their bodily appearance. More than half their language is made up of slang phrases, nor do they relish the efforts of their preachers, unless well interlarded with this style of speech. As a consequence, these men indulge freely in the most trivial, and, sometimes in the most vulgar and blasphemous expressions, to the great delight and mental titillation of their hearers.

The Mormon with few exceptions, is low-bred and vulgar. Dancing is his favorite amusement—forming, in fact, not only a pastime, but a part of his religious exercises. His conversation is of the most simple and commonplace character. His thoughts never soar above his amusements or domestic affairs. He deals in the gossip and scandal of his neighborhood. The Mormons of both sexes, are an ill-looking set and when we have said that they are frugal, industrious and content, we have enumerated about all the virtues they can claim, or that we can conscientiously concede to that wretched system of degradation known as Mormonism.

Under the Polygamic system, the feeble virility of the male, and the precocity of the female, become notorious. The natural equilibrium of the sexes being disturbed, mischief of this kind must ensue; as a consequence, more than two-thirds of the births are females, while the offspring, though numerous, are not long lived, the mortality in infantine life being very much greater than in monogamous society, and were it not for the European immigration, the increase of inhabitants would be actually less than in Gentile communities. The fecundity of the women is remarkable, as might be expected, considering that the husband cohabits with the wife only at such periods as are most favorable to impregnation.—*San Francisco Medical Press.*

CHRONIC ECZEMA.—M. Peters gives the following as a very successful mode of treating this disease, viz.:

Saline Aperient.—℞ Sodii Chlor ℈iij, Magnes Chlor ℈ij, Sodæ Sulph ʒ v, Magnes Sulph ʒ i, Aquæ Oij. m. Dose, two tumblersful the first morning, and one tumblerful each on the second and third morning afterwards.

The Lotion.—℞ Hydrarg Chlor. Cor. gr ij, Aq Lauro Cerasi ʒ i, Spts Rect ʒ ii, Aquæ ʒ vij. m. The parts to be washed with this solution three times a day.—*Revue de Therapeutique.*

The quantity of chloride of magnesium ordered, may be readily made by adding half a drachm of the carbonate of magnesia to two drachms of muriatic acid, previously diluted with an ounce of water. And the ounce of cherry laurel water in the lotion, by adding 15m Scheele's hydrocyanic acid to an ounce of water. *Ed.*

BROMINE IN HOSPITAL GANGRENE.

BY S. L. STANFORD, M.D., SURG. U.S.A.

To surgeon M. Goldsmith belongs the credit of the introduction of this treatment into the military hospitals of this city (Louisville, Kentucky), which as far as I can learn has been successful with every one that has employed it either here or elsewhere. Indeed so confident have we all become by its use, that cases of gangrene are now never separated from other wounded patients in the same ward. I have always found the constitutional symptoms to subside within twenty-four hours after its application, the pulse to return to its normal standard by the second day, and the wound soon to become filled with healthy granulations.

Before using the remedy, all the pulpy mass and debris should be removed by means of a pair of scissors, and the wound be thoroughly washed with warm water, and dried with a sponge. The dead portions may next be scraped away with the rounded end of the tongue spatula of a pocket case, and the part be again washed and dried. Pure undiluted bromine must now be applied to every part of the diseased surface in the most thorough manner, taking care that it enters as deeply into the cellular tissue as the disease. This turns the whole wound into a black eschar, and its peculiar odor disappears in a few hours. The appetite speedily returns, and the patient feels like a new man. The stump may be dressed with a yeast or cinchona poultice, or with simple water dressing.

It is rarely necessary to make more than one application, but if at the end of the fourth day there be any remaining odor, the charred surface may be removed and those points be retouched that are found to be still affected.—*Amer. Med. Times, N.Y.*

Interesting Cases.

To the Ed. of the Amer. Med. Times, N.Y.

THE PITCHER PLANT IN SMALL POX.—Monday, May 18, 1863 was called to W. C., a young man 23 years of age, of strong and vigorous constitution. Found him with all the premonitory symptoms of variola, the lumbar pains being particularly prominent. He had been exposed to that disease eight or ten days before. Does not remember ever having been vaccinated.

Tuesday, 19th.—Fever higher, and pain more severe; eruption beginning to appear. I gave him the usual treatment; but without entering into details, suffice to say that on Saturday 23rd there was a copious eruption of pustules about the size of small split peas, diffused over the whole body, particularly on the hands and face. The latter was so swollen as almost to close the eyes; the eruption being so thick even at this stage, as to look like one great pustule. There had been more or less delirium during the night, and the severe lumbar pains were undiminished. It now occured to me to give the sarracenia purpurea, a trial, as it was growing in abundance in a marsh near the house. I sent out and procured some of the roots, and directed the nurse to give a teacup two-thirds full of the decoction every four hours.

Sunday evening, 24th, saw him again, had been delirious the night before, but was now calm, pulse slow, skin cool, and many of the pustules shrivelling. From this time the disease never advanced, but all the pustules dried up without maturing or leaving any pitting. The root in this case had cut short the disease. Let other physicians then give a trial and report on its results.

Yours, &c.,

SAMUEL MITCHELL, M.D.

Cameron Mills, June 23rd, 1863.

We call attention particularly to the above case on account of the pitcher plants growing wild throughout Canada, and the facility therefore with which every physican can try it for himself. The effect of this remedy is one of the great controversies of the day in Great Britain, where it has been sent from Nova Scotia, and administered in the small pox hospitals to some of the most severe cases, and its powers denied. We shall be happy therefore to hear from any physician who gives it a trial, and also to learn the localities in which it is found most abundantly.—*Ed.*

The smallest fatal dose of arsenic on record is two and a half grains, it was contained in a wineglassful of fly water, and proved fatal to a strong healthy girl of 19 years in 36 hours.—*Guy.*

Canada Lancet.

MONTREAL, JULY 15, 1863.

It has become our sad and painful duty to announce in this issue the death of Dr. Wolfred Nelson. In him our city has lost a kind father, a trustworthy friend, and a thoroughly educated and distinguished physician. Commencing the study of Medicine at the early age of 14 years, and possessing unusual facilities for acquiring knowledge, he passed with *éclat* at 19 the highest examination that Canada could then afford him, and settled in the village of St. Denis, on the Richelieu River, where, by his superior abilities and amiable and engaging manners, he soon won for himself the love and esteem of his French Canadian brethren, who elected him to Parliament in 1827. Ten years later, an ill-advised love for his country led him to take an active part in the rebellion, in which, as a commander, he displayed much military talent, but being unsupported, was reluctantly compelled to give up the contest. After ten days of fruitless endeavours to escape the cordon by which he was surrounded, he was brought a prisoner into his native city, and kept in strict confinement for several months, and illegally exiled to Bermuda. Five years elapse, and he appears again before us, houseless and a wanderer, to begin life's struggles anew. Another generation passes away, and we find him—outliving poverty and contumely—at the zenith of his ambition,—returned to Parliament until he would no longer serve,—twice elected to the civic chair of his native city, tendered to him with an enthusiasm unprecedented in city elections; and, notwithstanding his extensive practice and mature age, fulfilling the various duties of Commissioner of Small Causes, Justice of the Peace, and Inspector of Prisons. He sleeps, indeed, the sleep of death,—yet dies not,—such men never die.

The Medical Council is a body elected from the different Colleges and Universities of the United Kingdom, to examine into and order the registration of the degrees of those institutions, which are especially designated by Act of Parliament. The Medical Register is made by law, the test, in Courts of Justice, of the legal right of all persons to practice, in Great Britain and Ireland. The Medical Act is extremely plain and positive, and only requires perusal to be understood. And the false position in which our McGill University has been unnecessarily placed, before one of the highest tribunals in the world, by a late petition of the Dean of its Medical Department for admission of its degrees for registration contrary to law, is greatly to be regretted. It certainly behooves all persons placed in trust of our honour and reputation, to be wary not to expose us needlessly to ridicule. The response of the body referred to is characteristic — "read the Medical Act."

Colocynth.—A gentleman in Aylmer, Canada East, informs us, that being in a drugstore and noticing the seeds in a colocynth apple, he procured a few and planted them, late in spring, in a poor piece of ground with his potatoes. They throve well and bore fruit, a few of which ripened before being destroyed by frost. He describes the plant as resembling very much that of a water melon, and the fruit to be like oranges in size and appearance. Acting on this success we sowed a few seeds in the open ground on the first of May last, the plants are now several inches in height but have not yet commenced to run.

Elaterium.—Dr. Thomas, near Philadelphia, informs us that he has been very successful in growing Elaterium plants in the open ground, by seeds sown in a sunny situation in May. He collected well matured fruit from the plants for exhibition in the latter part of August. A few seeds dropping on the ground outlived the winter and grew thriftily the following spring.

The New Pharmacopœia.—The printing of this volume is at present steadily progressing, and the pharmacopœia committee assert that this national work will be published between now and October next, when, by a late act of parliament, it will become the standard and supersede all existing pharmacopœias in the United Kingdom, and will without doubt be adopted as the guide in Canada.

Remedy for Catarrhs.—Dr. Janot of Toulouse, states that the alcoholic tincture of lavender, (oil of lavender and alcohol) frequently rubbed to the nape of the neck and occipital region, proves a sovereign remedy for every species of catarrh, and succeeds in cases that have resisted the application of blisters, sulphurous water and even sea bathing.—*Phil. Med. and Surg. Reporter.*

Vomiting of Pregnancy.—Dr. Muter of Shakespeare, Canada West, recommends the following combination, as much more efficacious than any of the remedies taken singly, viz :—

℞ Bismuth Trisnit	grs. vi.
Cerii Oxalat	gr. ½.
Hydrarg; Submur;	gr. 1.
Morphiæ. Sulph;	gr. ½.

To be taken at once and repeated every three or four hours until relieved.

He says that he has never yet found it to fail in irritable states of the stomach, and earnestly recommends it for trial.

Reviews.

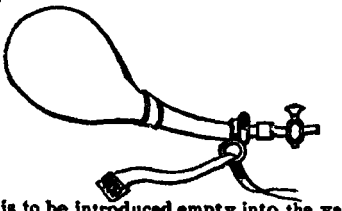
Obstetrics. The Science and the Art: by Charles D. Meigs, M.D., late Professor of Midwifery, and Diseases of Women and Children, in Jefferson Medical College, Philadelphia, &c. 4th edition, with 129 illustrations, pp. 730, 8vo. Blanchard & Lee, Philadelphia, 1863.

This curious work is written by one who, notwithstanding his eccentricity, is acknowledged by all to be thoroughly master of his art. His countrymen, however, although admiring his genius, have always regretted the peculiarity of style with which he clothes his long and valuable experience, and which, at each succeeding edition, giving way as it were to their remonstrances and wishes, he modifies, this his fourth being his freest and best. He delights in throwing the student in all kinds of awkward positions, and then quaintly informing him at each, of some simple mode of extrication. But we confess our total incapacity at a description of our author, and shall let him speak for himself. We will open the book at random—placenta prævia :—

"I wish the student to understand this,—a full "sized placenta is a cake consisting of a mass of "blood vessels inclosed in copious areolar tissue "lying upon the inner face of the womb "it is as "large as the inside of a common sized dinner plate." After speaking of its situation being the cause of hemorrhage, he continues.—"The floodings that "come on during the early months do not gene- "rally last very long, and therefore the student "will seldom be able to reach the bedside of the "patient until after it shall have ceased "Upon "inquiry, he will probably be told that it came "on suddenly, and that the woman has at once "lost a very large quantity of blood. Let him not "suppose that the half pint or even the pint of "blood which is shown him in the chamber vessel "could have issued from the veins in some three "or ten seconds. It was not so, and could not be "so; but the flow had been going on unperceived "for some time, and the product slowly accumula- "ting in the vagina, had been retained by the "sphincter, until it gushed forth from some move- "ment, probably that of sitting down to make "water. Should the bleeding, however, be going "on at the time, the student will be tempted to do "something, what will that something be?" After stating his objections to plugging, he continues,— "Hence, to fill the vagina with a tampon is to shut "the windows of diagnosis, and to expose the "patient to the great risk and evil of having all the "blood, which she continues to lose notwithstand- "ing the tampon, driven back upon the placenta "to infiltrate its connecting tissue, or with a dis- "secting force to separate it entirely from the "womb. Very well, then, if he may not do this, "what can he do? Take away all the pillows; "put a big family Bible under the foot of each bed- "post; spread a thickly folded towel wrung very "hard out of cold water over the hypogastrium and "groins; give small draughts of iced lemonade, "or vinegar and water, or exhibit five grain doses "of alum with a little grated nutmeg in honey or "syrup; let the doors and windows be opened "wide; remove some of the bed covers; exclude "strong lights; forbid talking or sudden move- "ments by attendants; and lastly, insist upon the "patient remaining in the recumbent position, and "not to quit it for any purpose whatever. Should "necessity demand it, let the foot of the bed be

" raised more and more, and when the flow has " ceased, let it be gradually lowered again. Such " is the treatment I now advise after fifty-two years " of hard earned experience and a great deal of " reading and reflection, as the very best for a case " of this kind. Subsequently the woman should " have nourishing diet, and a portion of wine with " two grains of iron-by-hydrogen three times a " day after meals. Should the flooding, however, " be many weeks before the maturity of the fœtus, " and the loss of blood be deemed so great as seri- " ously to threaten a fatal conclusion, measures " should be taken for ridding the womb of its entire " contents.

" When in imminent danger or in actual labor, the " safety of the patient is very much a question of " time, for when a woman expels a child with one " or two pains, she will not die before the subse- " quent contraction of the womb puts an end to the " flooding; but if in labor twenty-four hours she " will probably succumb either before or very soon " after its conclusion. The treatment, therefore, " consists in getting her out of trouble as soon as " possible, * * * this is to be done by delivery " by the feet, regardless of the presentation. I " trust the student will never dare to force an " undilatable os, and I am equally confident that " no wise, prudent man, will wait for the dilata- " tion. It is not dilatation that he is to expect, " but dilatibility, two ideas that are as widely sun- " dered as the poles, and this can be speedily ac- " complished when not present, by means of Dr. " Braun's Colpeurynter, which is a gum-elastic bag " fitted into a horn with a stop-cock, as here repre- " sented.



" This is to be introduced empty into the vagina, " and afterwards gently filled with cold water at " 60°, 50° or 45°, until the patient complains of the " distension. The cervix uteri is thus pulled open " by the upper end of the vagina, which you know " arises from the whole outer circumference of the " neck. The bag when filled should be kept full " about as long as the duration of a very long " labor pain, and no longer. I have injected the " sac until of the size of a child's head, and in so " doing have felt quite sure that I was not only " aiding in the process of expanding the os uteri, " but was employing a tampon with the salutary " therapeutic agent, cold, for the checking of the " flooding. Indeed so effective is this method that " when a woman is thus seized, without any dila- " tation of the os, a colpeurysis, continued about " four hours, generally opens the mouth of the " womb sufficiently to allow the hand to pass with- " in and explore for the feet, thereby saving a large " proportion of the blood that must inevitably be " lost where twelve or fifteen hours are required " thus to advance it. Let him now take the time " of a labor pain for the dilation of the sphincter " vaginæ where the only difficulty exists, since the " hand once passed through this outer firm ring " meets with no further vaginal resistance. Having " accomplished this object, the fingers may be used " by insinuating them one by one between the " womb and placenta, keeping the dorsum of the " fingers against the former. It is a very desirable " thing to get the hand quite above the margin of " the placenta, detaching it as little as possible, and " keeping outside in preference to breaking into the " amniotic sac, as the presence of the waters renders turning so much easier, and prevents the " anaconda grasp of the womb about the fœtus. If " both feet be found they may be seized, and in the " absence of pain, brought down into the vagina; " but it would be wrong to lose any time in search- " ing for a second foot, since the child can be " well, if not perhaps better, delivered by one foot " than by both. If caught by a pain, wait until it " has *nearly* gone off. Forceps should be at hand " to deliver the head in case of its delay within the " vagina; this is important to recollect, for it is " not the first quart of blood but the last ounce " that kills; the physician may often thus save the " precious ounce. The next most valuable precau- " tion is the decubitus. It was a great many years " ago that, being called in consultation, I found a " woman nearly dead with flooding; I took away " the pillows, raised the foot of the bed so that the " body was inclined some 15°, and lifted, so to " speak, the child from out her womb. How could " she faint and die with her encephalon thus re- " plenished with blood? She recovered. Atten- " tion should be paid to the state of the bladder " during labor, and the urine be taken away by the " catheter. No muscular exertion of any kind " should be allowed, and as for the flowing blood " let it flow since it cannot be safely stopped by " means other than those I have pointed out. The " proper position for turning is with the patient upon " her back, and supported by women each side, " steady her bent knees."

Want of space has prevented the insertion of the author's curiously told cases and remarkable phrases in illustration of his ideas; the whole book, indeed, is replete with them, and bearing out as they do each its own practical fact, we can readily realize the lasting and beneficial effect they must produce upon the mind of the student. Here is one of them: " To show how necessary is such a precaution " (not to leave a patient) I may say that many " years ago we had here in Philadelphia three phy- " sicians—the celebrated Prof. Dewees, Dr. Eberle " and Dr. Jno. Ruan—each of whom had a con- " siderable share of the obstetric practice of the " place. Dr. Eberle had under his care a lady in " Market Street, two and a-half squares from his " own house, Dr. Ruan lived a square and a-half " off, and Dr. Dewees, three squares. After Dr. " Eberle had made the diagnosis of placenta prævia, " the *flooding having* been suspended, he engaged " the husband of the lady to send off three messen- " gers as soon as the attack should come on again, " one for Dr. Ruan, who was nearest, one for him- " self, and one for Prof. Dewees, hoping in this way " to secure prompt attendance of at least one of " the three. Now the student *will, doubtless,* ap- " plaud such a wise precaution, and yet the hem- " orrhage came on not long afterwards, and proved " fatal before their arrival. Be watchful then, " and do not leave your patient when at full " term."

His observations on puerperal fever are peculiar, and those on the conduct of a labor really rich—a single reading being worth alone the price of the whole work

CHANCRES.

By W. E. Bowman, M.D.

Concluded.—Treatment of Hard Chancre.

Hard chancre being the result, not the forerunner of constitutional infection, its destruction or even excision will not prevent the subsequent developement of syphilis. But a thorough cauterization of it as of chancroid, destroys its specific character, and the simple sore left afterwards heals up rapidly under the ordinary treatment for ulcers. The pain from the operation may be much alleviated by small doses of morphine ($\frac{1}{4}$ to $\frac{1}{2}$ gr.) two or three times a day. Should an impoverished state of the blood delay its cicatrization, scruple doses of the potassio-tartrate of iron twice a day will soon be found to produce a favorable change.

A hard chancre left to itself, or cured without internal treatment, will almost invariably be followed at some period between the first and second ensuing months from its first appearance, by premonitory symptoms of secondary syphilis, shown in a pale, careworn expression, loss of appetite and sleep, heaviness of the eyes, rheumatic pains at night, a slight eruptive fever with sore throat, dryness and falling of the hair, pain and swelling of the glands of the back of the neck, &c., these being hastened by heat, fatigue, dissipation or depression, and often occurring whilst the chancre is still open, and being soon succeeded by eruptions on different parts of the body. And after six, seven or nine months, but perhaps not for years, by tertiary affections of the bones.

Mercury, apart from being the most powerful remedy we possess for the treatment of indurated chancre, prevents this sudden outbreak of syphilis, for when it occurs after this agent, the symptoms are always much modified and less prominent. As soon as the slightest tenderness of the gums appears from its use, and generally before that time, the chancre, without local treatment other than cleanliness, begins to improve, and rapidly heals in the course of a few days. Even in aggravated cases as in those accompanied by phymosis, if well defined specific induration can be felt beneath the prepuce, mercury alone will speedily remove it.

The diagnosis, then, of infecting chancre being clear and unmistakable, small doses of some preparation of mercury should be cautiously given until the susceptibility of the system to its influence is known, when it must be pushed until well marked ptior can be detected on rubbing the gums with the finger, or the perception of a coppery taste in the mouth by the unwarned patient, when the remedy must be suspended for a time. The preparation I usually employ is blue pill, but no single form of mercury need be exclusively adhered to; and frequently a combination of several preparations will act better and more speedily than any one single variety. They should be combined with opium when inclined to purge.

Bichloride of Mercury.—As a prophylactic against secondary and tertiary syphilis, the bichloride possesses many advantages over other preparations of mercury; the dose is smaller, it is less liable to salivate, and may be continued with impunity for a greater length of time, thereby enabling the patient to take care of himself, and to attend to his business or even to travel. It should be commenced a week or ten days after the cicatrization of the sore, and be given in as large doses as can be borne, say an eighth of a grain, two or three times a day for a couple of months, after which the doses may be gradually diminished in frequency. Salivation should be as carefully avoided as possible, by guarding against vicissitudes of temperature and exposure to wet and cold. Should intestinal irritation or nervous depression ensue from its employment, it must be suspended for a time. In cases of debility, quinine may be conjoined with it. After continuing the bichloride for six months or a year, when this can be done without injury to the constitution, the treatment should be concluded with a three months course of iodide of potassium alone, or alternately with the iodide of iron.

T. Hunt, of London, considering that mercury exerts its therapeutic action suddenly, and within a limited period only, advises blue pill to be given in short and vigorous courses every few weeks, and to alternate them with seasons of aperients and tonics. This plan is especially applicable when the patient is weak and cachectic. The doses will require to be greatly increased each time to produce salivation, as the system rapidly gets accustomed to its use.

Mercury not a cure for Syphilis.—As our diagnosis of the primary symptoms of syphilis become more and more perfect, we naturally lose faith in that of our predecessors, and of their records of past arrests of syphilis. And surgeons of the present day acknowledge that no treatment for hard chancre, however long continued, can afford perfect immunity from the appearance of secondary symptoms at some future date. And that our only means of rendering that immunity probable, is by long consecutive courses of mercury and iodide of potassium, which, even when unsuccessful, is allowed by all to possess the power of modifying and postponing their appearance, and of rendering their control easier when they have not been prevented.

Hygiene.—The great importance of attention to hygienic measures is acknowledged by nearly every surgeon who has written on syphilis. The hours of sleep and of meals should be regular, and all excesses be avoided. There should be no indulgence in stimuli, tobacco, or coitus. Exercise should be taken daily in the open air, and not be pushed to fatigue. The apartments occupied must be well ventilated both by day and night. Flannel should be worn next the skin, and changed frequently. Hot baths should be employed two or three times a week; and the bowels should be regularly moved every day. And finally the mind should be kept so occupied as not to dwell upon the disease.

Mixed and Doubtful Chancres.—These should have a thorough application of the pernitrate of mercury; when, after cicatrization, should specific induration remain, the internal treatment for hard chancre must be adopted.

Phagedenic Chancres.—This includes all varieties in which there is rapid or prolonged ulceration. Being generally caused by intemperance and want, these must first be removed, and the patient put upon tonics. If scrofulous, iodine will be applicable. Moderate doses of opium repeated at short intervals, will be found to allay the pain and control the progress of phagedena. A grain should be given night and morning, and the dose be rapidly increased, that its good effect may be produced before the system gets habituated to its use. Rodet says that two large doses daily is better than several small ones, as it thus allows of intervals for the digestion of food; he directs wine to be given at the same time. Ricord speaks highly of scruple doses of the potassio-tartrate of iron three

times a day, and calls it the sworn enemy of phagedena, and applies the same salt in solution to the sore, in the proportion of 1 oz. to 6 oz. water.

Rollet has had great success in the treatment of serpiginous chancre by the application of the actual cautery. He employs the irons when at a white heat, and leaves no nook or corner of the sore untouched, for this would allow of reinfection. After the operation there is nothing left but a simple burn, which is dealt with accordingly.

Inflammatory Chancres.—These are to be treated by antiphlogistics, and should gangrene occur, by tonics and alcoholic stimulents.

The effects of mercury on these two last varieties of chancre, are highly disastrous.

To Correspondents.

Dr. F.—A medical man, holding consultations with a younger practitioner, should never even imply, in the presence of witnesses, that the previous treatment has been other than judicious and proper, until after an absolute refusal, on the part of the latter, to accede to a proposed change of it. He should never question the patient or nurse, but on those symptoms of which the doctor in charge is not cognizant; and should avoid by every means in his power the least assumption of superiority. Having retired from the bearing of the sick man and his friends, he should state candidly his opinion, and objections, if any, to the course pursued, and suggest a more approved one. He should never dictate to, nor direct those about the sick man, nor ever consent to visit his chamber in the absence of his medical attendant, to whom he should refer all those seeking information.

This is medical etiquette; by refusing then, to meet with those who do not practice it, you will save yourself many heartburnings, and preserve your dignity. Should any such be proposed for a consultation, overrule it with firmness, and mention others that will be willing to meet you on a perfect equality, and treat you fairly.

Syrupus Ferri Iodidi, P.L.—Put one ounce of Iodine and half an ounce of iron filings, or wire, into an enamelled iron saucepan with 6 oz. of lukewarm water, and heat them if necessary to cause their combination. Should violet coloured vapors arise, set the vessel into cold water to check it.

Having previously ascertained the precise height of 15 fluid ounces, in a bottle, and marked it, put into it 10 oz. of the finest loaf sugar, and filter the contents of the saucepan whilst hot upon it. Shake it and the syrup is done. Add a little more water to make up the measure when cold. Try the filter well with the hot fluid, before putting it over the sugar.

Caramel.—Put two pounds of dry sugar into a gallon vessel, of either copper or brass, and stir constantly over a brisk fire. The sugar at first becomes brown and then liquifies, when a drop or two must be put occasionally into cold water and tasted; when it has nearly lost its sweetness remove it from the fire, and add, very carefully, a small quantity of boiling water, and after the ebullition has subsided repeat it, and continue until the whole measures a quart. Whilst burning, beware of putting the stirrer into cold water and then back again into the boiling sugar, as it would thus explode similar to melted lead.

Caramel or burnt sugar is much employed in this country for colouring sarsaparilla syrup, and grocers use it to darken their liquors. The quality of sugar determines the fineness of its flavor. When loaf is used, a wine glassful of water must be added to each pound before heating.

Collodion.—Rub four ounces of sulphuric acid in a Wedgewood mortar with five ounces of powdered nitre, out of doors, until uniformly mixed, then add quarter of an ounce of the best cotton wool, and beat all together for four minutes; then wash the cotton out very thoroughly in water, and dry with a gentle heat, when it will be found to have increased in weight to nearly half an ounce. Next dissolve it in twenty fluid ounces of sulphuric ether, or add eleven grains to the ounce of ether, as required. The acid must be of officinal strength.

Medical Works published in Great Britain from the 15th May to the 1st July, 1863, with their sizes, numbers of pages, publishers' names, and prices in sterling.

Davy, John, M.D., F.R.S., Physiological Researches, 8 vo. pp. 456, (Williams & Norgate) 15s.

Haughton, Rev. Samuel., M.D., Outlines of a New Theory of Muscular Action. A Thesis. (Williams & N.) 1s. 6d.

Leared, A. The Causes of Imperfect Digestion; 3rd ed. 12mo. pp. 228, (Churchill) 4s.

Routh, C. H. F., Infant Feeding and its influence on life; 2nd ed. 12mo. pp. 476, (Churchill) 6s.

Clark, F. Le. Gros., Outlines of Surgery; an Epitome of Lectures at St. Thomas' Hospital; 12mo. pp. 272 (Churchill) 5s.

Lee, Edwin, the Principal Baths of Germany, France, Switzerland; 4th ed. 12mo. pp. 308, (Churchill) 7s.

Townsley, James, Parturition without Pain; 3rd ed., 3 vo post, 8vo., (Davies) 2s. 6d. vol.

Braithwaite, W. & J., The Retrospect of Medicine; vol. Jan. to June '63, 12mo. (Simpkin) 6s.

Braithwaite W. & J., Commentary on Midwifery and Diseases of Women and Children, (reprinted from Retrospect, vol. 47,) 12mo. pp. 100, (Simpkin) sewed, 2s. 6d.

Hogg, Jabez, Manual of Ophthalmoscopic Surgery; 3rd 8vo. pp. 296. (Churchill) 10s. 6d.

Low's Shilling Guide to the Charities of London, corrected to April 1863; 12mo. pp. 174. sewed, (Low) 1s.

Dickson, Dr., Memorable Events in the Life of a Local Physician; 8vo. pp. 276, (Virtue) 7s. 6d.

Paget James, Lectures on Surgical Pathology, 2nd revised and edited by William Turner; 8vo. pp. (Longman) 21s.

Rankin & Radcliffe, Half Yearly Abstract of the Medical Sciences; vol 37, post 8vo. pp. 382, (Churchill) 6s. 6d. (Omitted in the May No.)

Ellis, Prof., and Mr. Ford, Illustrations of Dissections; 3rd, (Walton & Maberly) 3s. 6d

Savage, Henry, M.D., F.R.C.S., The Surgery of the Female Pelvic Organs, in a Series of Colored Plates from Nature with Physiological and Pathological References; 4to. (Churchill) 20s.

To the "London Lancet."

DEAR GRANDPAPA.—We know you are a generous fellow and will do your children a good turn whenever you are able—*just ring for* your man George and ask him if he has not acknowledged *the two little articles on* strych and glycerine in the 4th July number, and tell him that he goes on acting in that way you will have to dismiss him. Yours truly, *Canada Lancet.*

Periodicals received since June 15th.

London Medical Times, up to 27th June; London Lancet to 27th June; *Boston* Medical and Surgical Journal, to July; *Philadelphia* Medical and Surgical Reporter, to June; Pacific Med. and Surg. Journal San Francisco, Buffalo Medical and Surg. Journal, July; Chicago Medical Examiner, May and June; Am. Medical Times, to July; Chicago Medical Journal, June; Cincinnati Lancet and Observer, July; Phil. Medical News and Library, London Chemist and Druggist, June; Am. Drug Circular July; London Publishers' Circular, to 1st July; Am. Publishers' Circular 1st July; Phil. Dental Cosmos, July; Am. Journal of Medical Sciences, July; Glasgow Medical Journal, July.

Books and Pamphlets received during the Month.

The Principles and Practice of Obstetrics, by Gunning Bedford, A.M., M.D., Professor of Obstetrics and the cases of Women and Children, &c., in the University New York. 3rd edition; illustrated. Wm. Wood & Co. New York, 1863; 8vo., pp. 770; $4.50. From the author.

Catalogue of the Army Medical Museum, Washington D.C. From the Surgeon General U.S.A.

Annual Report Chicago Eye and Ear Infirmary, 1863.

On the discovery of Artificial Dilatation of the Os by fluid pressure from above, by Horatio R. Storer, M.D. Boston, 1863.

Subscriptions paid since June 15th.

Mr. T. Rock, Hamilton; Dr. A. R. Oldham, Dublin; T. Noble, Georgina; Dr. J. Wanless; Dr. S. Waller; Dr. S. Hobart, Kingston; Dr. J. P. Cowan; Dr. Verchères; Boucherville, Chambly; Messrs. Knowlton & Gray, Lindsay; Dr. John Swinburne, Albany; Mr. A. W. Peterboro; Messrs. H. Millar & Co., Toronto; Dr. Rae, Macdonnell; Dr. Gunning S. Bedford, New York; Dr. H. Latour, Boucherville; Dr. Chs. Smallwood; Mr. Rouchalle; Dr. Horatio R. Storer; Boston; Dr. W. Higgins, Grafton; Dr. J. E. Coderre; Dr. D. C. McCord; Dr. C. C. Aylwin, Whetstone Point; Dr. L. H. Cary, Dr. Duckett, St. Polycarpe.

DEATH.

In this city, on the 17th ultimo, Wolfred Nelson, aged 71 years.

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

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