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ARTICLE I.

Causes of Pulmonary Tuberculosis.

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The Influence of Different Occupations in Producing Phthisis.

THIS earth of ours is full of labor-saving machines, of most curious construction and power, that daily perform the work of millions of hands, and they are multiplying to an almost indefinite extent. Railroads radiate to every point of the compass. Steamboats, with their untiring wheels, plow deep into all our navigable streams; and, ere long, the whole globe will be traversed by steamboats and locomotives, connecting land and sea to their remotest bounds. Science, eagle-like, has soared above the clouds, and seized the lightning by its flaming tongue, compelling it to become a machine of thought between man and man. Wonderful! to compel that fierce power to utter friendly words, that is born of the ravening elements, that goes with a leap and a shout on its mission of destruction and death, tearing the gigantic oak as if it were a toy, and rending the bosom of the everlasting hills!

But while science has done so much, has forced the clouds, winds, waves, and all the elements of nature to do her bidding, why has there been so little done to remedy those evils which inflict so much misery on a very large portion of those engaged in our manufacturing establishments? *Who is to blame for the scrofula, bronchitis, and pulmonary tuberculosis, which is so prevalent among the artizans and tradesmen of civilized Europe and America? Who will stand up and say,*

“*Not guilty*”? Let every lover of his race, let every physician ponder well these questions, and see if he has done all in his power to alleviate these evils, and prolong the aggregate of human life. But perhaps some of my readers may not be aware of the extent to which pulmonary tuberculosis prevails among the working classes, or the influence that certain trades have in producing it. The subject is not a new one. It has been patiently and perseveringly investigated, both in this country and Europe. Some of the greatest minds of the age have pursued it with unwearied attention. At the head of the list we may place the name of M. Benoisten, a distinguished physician of France. His attention was first directed to the subject from witnessing the number of deaths from phthisis in the commune of Meus, in the neighborhood of St. Agneau, where the digging and manufacturing gun-flints was formerly extensively carried on. By examining the registers, and comparing the number of births and deaths during three periods of ten years, taking into consideration, at the same time, the amount of population at each of these periods, he came to the conclusion that human life had been shortened five years in this commune. During the first period the average duration of life among the inhabitants being 25 years and 3 months; while during the latter period it was only 19 years and 2 months. He regards this increase of mortality, since the introduction into the commune of the extensive manufacture of gun-flints, must be referred to the circumstances of the daily life of the artizans: the inhalation of the particles which escape from the gun-flints in the process of giving to them their proper forms causing a very great number of those employed in their manufacture to be affected with diseases of the lungs. He concluded from this circumstance to extend his investigations to the individuals of other occupations, who are exposed to a similar cause of disease. He procured a list of the persons admitted for phthisis into the principal hospitals of Paris, during a period of five years. Among mechanics, like bakers, coal-men, cotton-spinners, etc., who breathe an atmosphere loaded with fine vegetable dust, he found the average amount of phthisis 2.22 per cent., or a little more than twenty-two individuals in a thousand of this class. The mortality from phthisis was the least among cotton-spinners and carders, being about eighteen to a thousand; and the greatest among coal-men, about forty-one to a thousand.

Among those who breathe an atmosphere charged with mineral dust, such as stone-cutters, etc., the average number of deaths from disease of the lungs was 2.99 per cent., or nearly thirty persons in a

thousand. Among the laborers engaged in hewing stone the mortality from this cause is least, being about eighteen in a thousand, while it is the greatest among the plasterers, exceeding thirty in a thousand. Among those who breathe an atmosphere loaded with fine particles of animal matter, such as wool and hair, the average number of deaths from disease of the lungs was 5.44 per cent., or upwards of fifty-four persons in a thousand. The smallest mortality from these disorders was among the carders, the greatest among those who work among feathers.

From these investigations M. Benoisten concluded that the danger of attack from phthisis, among persons whose occupations oblige them to breathe an atmosphere charged with dust, will be found to be 2.40 per cent.; in other words, twenty-four persons in a thousand of such individuals will die with phthisis. The correctness of these opinions have been verified by subsequent observers. And how could it be otherwise? Mineral and vegetable substances of all kinds, when inhaled into the lungs for any length of time, can not fail to be very injurious to health, and must, to a very great extent, produce pulmonary tuberculosis in those who have a proclivity to the disease. And, further, when we reflect that the individuals thus exposed are often compelled, from the nature of their occupation, to lead a sedentary life, the cause is fearfully aggravated. This has been clearly proved by the investigations of Sir James Clarke, Mr. Ancell, and M. Lombard. They found, by a comparison of all the trades carried on in the open air or in workshops, that the proportion of deaths from phthisis was double among those who were confined to the house, and that the proportion increased as the apartments were close, warm, and imperfectly ventilated. Thus, tailors, shoe-binders, shoe-makers, milliners, lace-makers, printers, engravers, watch-makers, etc., from the nature of their employments, may be more particularly regarded as the victims of phthisis, and in our manufactories there is no doubt that phthisis is more commonly produced by a want of exercise, and a confined posture of the body, than many other causes to which the disease is generally referred.

The following table, from *M. Lombard's Essay*, presents a general summary of the favorable and unfavorable influences in the production of pulmonary tuberculosis; 114 in 1000 deaths is taken as the mean mortality in this disease for all classes or professions:

Influences Favorable to the Development of the Disease:

1. Mineral and vegetable emanations.....	0.176
2. Dust of all kinds inhaled.....	0.145

3. Sedentary life.....	0.140
4. A life passed in a work-shop.....	0.138
5. A warm, dry atmosphere.....	0.122
6. A stooping position of the body.....	0.122
7. Shocks to the chest from violent movements of the arms.....	0.116

Influences Unfavorable to the Development of the Disease :

1. An active life.....	0.089
2. Exercise of the voice.....	0.075
3. Life in the open air.....	0.060
4. Animal emanations.....	0.060
5. Watery vapor	0.053

Doubtful Influences :

Emanations from acid and alcoholic fermentations.
Mineral vapors. Mineral acids.

From the statements just made, it will at once be seen to what an extensive portion of our population, both in our large towns and cities, they are applicable ; and consequently the immense importance of being aware of the fatal tendency of influences, which have been overlooked, or regarded as secondary to other causes which may now be considered as comparatively inert. Muscular exercise and fresh air may be regarded as two of the most important means of health, and when they are not enjoyed, as must be the case in some of the occupations of civilized life, pulmonary tuberculosis, or some of its kindred disorders, must be the inevitable result.

Who that has a heart to feel, and a head to judge, but must be convinced, when considering the condition of those poor creatures, whose heavy and monotonous employment, such as sewing girls, which deprives them of fresh air, and keeps the body in a bent position, and checks the free circulation of the blood, or those delicate children employed in our factories, can not but be satisfied of the injurious influences of such occupations on the health of those thus employed. Who can estimate the injury they produce upon the longevity of the race, and the untold suffering they inflict upon their victims ?

But are there no means of mitigating these evils? I am aware that it is much easier to point out the causes of a physical or social wrong than to apply its remedy, even where the remedy is obvious. Conscience prompts to the right, while avarice, self-interests cling to the wrong. It may be thus desirable to destroy human life in the cotton factory, as the political economists tell us, for reasons very convincing to themselves ; but God knows it is very opposite to the development, growth and health of those thus employed. If the physician and the philanthropist could but reach the conscience and the heart of every employer in the land, there would be some hope for its toiling millions, some remedy for the physical evils under which they suffer.

We can not just here enter into a full detail of the means that would be necessary to correct the evils under consideration, for many of them are in no way connected with the province of the physician. But it is a clear case that before we can relieve or in any way obviate phthisis, some of them must be counteracted before we can have any success in managing the malady. In some cases this may be accomplished very easily. When we find an individual subjected to any of the influences just noticed, particularly if he is threatened with phthisis, we should by all means recommend him to take *regular and daily exercise* in the open air, be restricted in the number of hours employed, and not follow exclusively any one occupation which experience has shown will almost invariably shorten life and terminate in phthisis. He should pursue alternately other departments of his trade, requiring very opposite conditions of the muscular system; and where this is not practical, he would do well to *change his occupation altogether*, for by so doing he would prolong his life.

Very many individuals, as we have already observed, while pursuing their vocation are exposed to the injurious effects of an atmosphere loaded with particles of fine dust. On examining after death the lungs of persons who have been thus exposed, there have been found numerous particles, sometimes of wood, stone, or iron, according to the occupation of the individual, encased in a membrane, as to prove that nature had for a time resisted the efforts of these insidious invaders of her rights, and endeavored by every means within her power to protect the person from disease and death.

It has long been a desideratum to offer something to workmen thus exposed to protect their lungs from the fatal effects of their necessary occupation. Various temporary expedients have been resorted to, which it is unnecessary to enumerate, for they have all been found ineffectual. And is it not extraordinary that the very thing which nature designed as a preventive, in a great part, for this evil, should have until very recently escaped our notice? I refer to the *beard*. There can not be the least doubt but the beard, and the hair that grows in the nostrils, were designed by nature to guard the lungs from the invasion of these deleterious particles. Such being the use of the beard, it should never be shaved. We have come to this conclusion from a careful observation of the effect of wearing the beard and of shaving upon the air passages and lungs. And I could, if space allowed, record many cases of chronic bronchitis and laryngitis that have been permanently cured by wearing the beard. And I have not the least hesitation in saying that thousands have been cheated of their

lives by the conventional habit of shaving. Many an individual has fallen a victim to phthisis whose life and usefulness might have been greatly prolonged, if this unnatural habit had never had an existence in our world.

We sometimes blame woman for her wicked practice of tight-lacing, and other injurious habits, as the cause of so many tubercular affections of the throat and lungs ; but look at the shorn faces, who through successive generations have, by leaving the organs of respiration unprotected by the beard, entailed upon posterity an undue proclivity to disease of the lungs. "Preternatural ! absurd !" I think I hear some smooth-face exclaim. Not so absurd as you may suppose. Examine the matter carefully, and you will see its beauty and consistency. Prejudice and custom are most powerful enemies of reform, and aside from these I can not think of a single reason for shaving or mutilating the beard. And if there are any good reasons for the habit, they have never yet been adduced by its advocates.

Let every man, let every physician, and let every person who is predisposed to phthisis, stand up and plead for the abandonment of shaving the beard. Let folly give place to manly pride, and save the race from the ravages of pulmonary tuberculosis, which is year by year increasing upon us. We have it upon the very best authority that diseases of the throat and chest were not so common previous to the commencement of shaving. Let it, therefore, be cultivated with assiduous care, and it will be useful in counteracting this fell disease.

In all of our large cities phthisis is very common among those who from the nature of their occupation are compelled to be confined to a sedentary life, and have not the means of physical exercises. Nothing would improve the health of this portion of the community more than the establishment in every city of a suitable number of gymnasia, where every individual of this kind could go and take such exercise, each day, as the nature of his case demanded. And we are rejoiced to know that in some of our cities some efforts have been made to accomplish this end. And we have heard of several that are in successful operation. Let them be multiplied until the wants of all are supplied.

Great good would also be done by providing in every town and city a suitable number of free baths for the poor and all those engaged in the different mechanical occupations. By this means not only cleanliness would be promoted, but the important functions of the skin would be invigorated, and in this manner the health of the community would be greatly promoted. And we should endeavor to inculcate and enforce upon the benevolent and the good, that charity does not

consist alone in furnishing an asylum for the poor and needy, or in procuring the assistance of medical aid by which some temporary relief to the suffering may be afforded, but in surrounding them when in health with those means which will prevent disease and prolong human life. Very much may be done in this way to diminish their liability to pulmonary tuberculosis.

ARTICLE II.

Diphtheria.

BY ALEX. MCBRIDE, M.D., BEREA, OHIO.

In the fall of 1859 I met with several cases of what appeared to me croup of unprecedented severity, some of which I did not see till they had been sick from two to four days. One patient, a boy fourteen years old, discharged, about the sixth day of his illness, a white membrane, amounting to an entire cast of the glottis and larynx. On the eighth day he discharged a thicker and more dense cast, extending from the top of the glottis to the bifurcation of the trachea. These casts I have yet preserved. On the ninth day he died of suffocation.

I was called to see a little girl in October who had been coughing three days; her condition resembled that of a bad case of croup. I treated the case as I usually do severe croup. Mercury as an alterative was used, and in about two days there seemed to be a resolution of the difficulty, previous to which she had discharged some small flakes of membrane. The apparent amendment continued about twenty-four hours, when the bad symptoms came on again. The mercurial treatment was resumed, and continued about three days, when there was an entire abatement of the urgent symptoms, and the mercurial smell was distinct. Within twenty-four hours the suffocating breathing commenced again, and continued to grow worse for about two days, when she died. She walked about the room, struggling for breath, not many hours before death. She was sick in all about twelve days.

Autopsy twenty-four hours after death: The family had peculiar notions, and would not allow extensive cutting nor much time. The larynx and trachea were lined with a membrane as thick as fine calf-skin. There was no membrane in the glottis. The upper edge of the membrane in the larynx was ragged, as if torn, which indeed was the case, for the child in her coughing efforts had discharged several flakes of membrane, which had no doubt kept the glottis partially clear.

The exploration was not carried into the bronchia and ramifications. I have no doubt they were lined to their termination in the air-vessels, and that this extension of the membrane gave rise to the last and fatal attack of suffocating breathing. The membrane was not adherent to the trachea; whether the loosening was a post-mortem change, or whether it was due to the action of mercury, I am not positive, but think it was owing to the latter.

If the last extension of membrane formation had not taken place, I do not think the child would have lived, for I can not conceive how the entire membrane in the trachea and its first divisions could have been ejected. I met with other cases more or less similar during the fall.

In the winter I met with cases of scarlatina of ordinary appearance, together with other cases in which the disease seemed to concentrate about the throat and neck in the form of swellings, internal and external; then other cases which appeared to me entirely anomalous, with great swellings about the tonsils and throat, with croupy cough. These cases were no doubt diphtheria, as also were probably those previously described cases of croup; but during all this time there were no membranes seen about the tonsils or fauces. I treated these cases with swellings of the tonsils with application of caustic, and for the croupy symptoms gave hive syrup and other emetics. They generally did well when treated early, and a few of the older patients discharged moulds of the larynx and upper part of the trachea, and recovered.

About this time I adopted another kind of practice. From what I had seen of the action of belladonna upon the skin, and its reputed specific action on the fauces, together with what had been hinted at by authors of its prophylactic effects in scarlatina, I resolved to use it in treating that disease. Scarlatina and this anomalous swelling about the tonsils and fauces, ran so much and so close together it was but natural that I should use it in these also, as the location and nature of the diseases were so similar. With the free use of the belladonna and the free application of the caustic to all cases of much swelling of the tonsils, all the patients got well except a few which were far advanced in the disease when first visited. This is the way I began to use belladonna, and I have no doubt it has been in my hands, and in those of Dr. Trask, of Strongsville, the salvation of scores of patients, or at least an important adjunct.

I wish to caution all persons against being misled by what Watson says about belladonna in the treatment of scarlatina, either in his London or American editions, for he is entirely erroneous. Belladonna

should be given in a full and effective dose. There is no use to *tamper* with it.

During the winter and spring of 1858 and '59 at least three-fourths of these patients had worms, so that I made it a maxim to give to every patient such a dose as this: \mathfrak{R} Rad. spigelia, \mathfrak{z} iij., rad. senega, \mathfrak{z} ij., saffron, \mathfrak{z} j.; mix and bruise, infuse in boiling water; dose, a tablespoonful every two to four hours.* In most cases worms were evacuated in a day or two. Seldom gave any cathartics.

During the fall, winter and spring which I am now treating of, the disease in question was confined almost solely to the German population — in fact, I do not now remember so much as one case among the other population, except some of the first described kinds. Why this was so I can not tell. Let it also be borne in mind that nearly every case was wormy, and that there was no membrane on the tonsils or fauces, which I must have seen had there been any, for I cauterized many cases. I applied the caustic in every case where the tonsils were much swollen, whether it was a well-marked case of scarlatina or an anomalous case.

Many cases died during this time either without being seen by a physician, or after he was called too late. The difference of result between those treated and those which were not on this occasion, proved conclusively the efficacy of treatment.

During last winter I began to meet with cases of diphtheria such as has been described by recent writers, and have hardly been without one or more cases on hand up to the present time. As the disease has been well described by recent writers, I need not occupy space in recapitulating at length, but I must say that the name of this disease is legion, for its various forms are innumerable. It works both locally and generally, openly and masked, and I think on all the surfaces of the body, mucous, serous and cutaneous. I have known it deposit membrane in the fauces, glottis, trachea, bronchi, eustachian tube, meatus auditorus externus, schneiderian membrane, on a blistered surface. I have seen discharges from the bowels which contained what appeared to me imperfectly formed membrane, and I have seen manifestations of pleuritic pains connected with diphtheria; and I strongly suspect that the scalpel would reveal the presence of membrane in the cavities of the heart in some of those cases which die so suddenly after ordinary manifestations of the disease have disappeared.

* The spigelia as an anthelmintic, the senega for its effect on the glottis and larynx, and this and the saffron for their gently aperient action. These together form a fine dose for this combined action. In scarlatina generally and in diphtheria, no more active aperient is necessary.

I am utterly at a loss for an explanation of the various phenomena of this singular disease. It is in the main inflammatory — this is certain,— and has the types of sthenic and asthenic, also the characters of acute and chronic. I have seen cases which entirely recovered in six days, and less even; and I have seen cases which were not well at the end of six months. It is generally local, with simple febrile reaction, in the onset; but if not soon removed, contaminates all the fluids of the body. As to its origin and cause, I am utterly ignorant! I do not clearly recognize it as being infectious or contagious, and if I were asked to name it I should call it *maladie propre du Diable*.

It has been called by some recent writers a chlorotic disease, and one has said gravely that he is sure no one will assert that they have seen diphtheritic membrane in patients who were not chlorotic. This is begging the question in earnest; it is an assumption merely, for I must reply as gravely that I have utterly failed to find any evidence of its chlorotic character. He seems to admit that the disease may exist, without chlorosis, of the non-membranous kind, but not of the membranous kind. I certainly do not understand how it can be ascertained with certainty whether the patient had or had not been chlorotic. I have seen many a child stricken with membranous diphtheria, who previously had been as ruddy as could be found in a day's ride. I am ready to admit that patients are liable to be chlorotic after the disease has operated upon them some weeks — I think I have seen this.

The treatment with chloride of iron, which has been so strongly advocated by some, seems to be based wholly upon the idea of the chlorotic nature of the disease; therefore, if the chlorotic doctrine is a fallacy, so is the ferruginous treatment, and hence I dismiss the pair. But I can readily understand that iron may be used in treating the chronic sequelæ and chlorotic condition which sometimes follows this disease.

The idea of treating the acute stage of this disease, especially when of sthenic action, with quinine, is equally fallacious. It would have no more effect here than in any other case of acute, sthenic, inflammatory action. This most excellent of remedies, however, can be used to advantage when by appropriate means or by lapse of time the inflammatory action is subdued, especially if the disease has become chronic.

From what I have read of the successful treatment by quinine and chloride of iron, it appears they were cases which had already passed the acute stage, or were very mild cases and of atonic character; but if one treats a hundred cases, he will find things in many of them to be very different from these.

I will now give briefly the more common appearances of the disease as I have met with it during the past nine months.

The patient, if old enough to describe his feelings, first complains of a pricking pain and soreness in the throat, in some cases quite severe, in others slight or almost null; followed by headache, and sometimes slight chills, and always with fever. The physician is not generally called till the disease has progressed a day or two and sometimes more, and herein consists the chief danger, for it frequently will have gone to a fatal extent before friends are alarmed and the physician called; but when examined within twenty-four hours or nearly, the pulse will be hard and frequent, the tonsils red and swollen, and sometimes covered more or less with a clear white membrane with definite edges, the tongue generally coated white, but not heavy; sometimes there will exhale a smell similar to that in quinsy, but not generally till the disease has progressed further. *The cough is peculiar* in most cases — it is but little like any other cough; it is a rough, loose, *tearing* cough, without expectoration or but little, and this is frequently the first and only symptom that attracts attention, especially in quite small children. In a few cases there will be no cough, or but exceedingly slight. In other cases, perhaps one in a dozen or twenty, the cough is of a croupy kind, in which cases there is much danger.

Now for the treatment; and in this I shall not discuss theories, but facts. We will suppose the disease to have progressed but a day or two, and we find the patient to have fever, hard and frequent pulse, *tearing* cough, angry and slightly swollen tonsils; age of patient, four years. Prescriptions. ℞ Ext. belladonna, gr. one-sixth, every four hours, till pupils begin to expand, then every six to eight hours; also at the same time give the above dose of spigelia, etc., every four hours — that is, the two medicines alternately every two hours; also cut a strip of fat salt pork or bacon as wide as two fingers, and long enough to reach from ear to ear around the throat; sprinkle it with a fine powder of prprt myrum, bind it about the throat. This is all the treatment that will be necessary.

Now suppose the case to have the same symptoms with the addition of greater swelling of the tonsils: apply the lunar caustic freely to the tonsils, and proceed with the same treatment. If the swelling does not abate by the next day, apply the caustic again; one or two applications are usually sufficient. Push on this treatment till the case is cured.

If the case becomes atonic, follow up this treatment with quinine — or iron, if you prefer it. I seldom use either.

If the belladonna is a good article, and the dose large enough, a fine rose exanthem will generally appear on the surface after each of the first few doses, and sometimes will remain all the time it is being used. This will especially be the case with patients of a very fair skin. This is to be hailed as a good sign, although the medicine may do good service when this does not appear. When the belladonna has been used three or four days, there will sometimes appear a rash almost identical with that of scarlatina — this I have seen frequently. After this rash appears it is not necessary to use the medicine any longer — the case is substantially cured. Although the appearance of these rashes is a very hopeful and decisive symptom, the case may do well when they do not appear. Thus I have treated scores of cases.

Now suppose the case to have a croupy cough, instead of the tearing cough: this indicates danger of membranous formation in the glottis. The best remedy I have found for this symptom — and an excellent one it is — is sanguinaria. I give it to a child four years old thus: \mathcal{R} Tinct. sanguinaria, gtt. xv., ext. belladonna, gr. one-sixth, — to be taken in aqua camphoræ, fl. ʒ j., every four hours.* If the croupy symptom is very urgent, a full emetic dose of fresh powdered sanguinaria, grs. x. to xv., may be given one or more times, and the mixture continued.

I went in the night to see a very large fat child, two years old, which had a suffocating, tearing cough, seemed to have congestion of lungs; examined throat; tonsils red and some swollen. Diagnosed diphtheria. Gave belladonna. Child much better in two hours. Continued the same a day or two, with the spigelia mixture; child was well. . . Went about 2 P. M. to see a small, pale child, six months old. Child restless and moaning almost constantly, and had been since day before; tonsils red and swollen slightly. *Gave belladonna, one-twentieth grain. In forty minutes, surface covered with fine rose exanthem; child quiet and easy. Ordered this dose with the spigelia mixture to be given every four hours. Next day, child doing well; exanthem continued. Continued the medicine at longer intervals. Saw the patient no more. . . A few days later, treated a child four months old the same way; results — rose exanthem, etc., the same. The bacon was also applied in these cases; this I apply in all cases.

* I employ what is known to be a good article of extract of belladonna — Tilden's, and prepare a solution in dilute alcohol, six grains of the extract to the fluid ounce of the solvent, from which it is easy to calculate the exact amount in any given number of minims or drops of the solution. It is not safe to depend on this remedy as put up by the apothecary, without the prescriber knows to a certainty the exact strength of the article. It makes a very material difference with the result whether the drug be inert or active.

The foregoing are the kind of cases most commonly met with. Swellings of the glands and tissues about the throat are often met with. In these cases, when the swellings are considerable, I apply the compound solution of iodine freely, and continue the other treatment the same.

Again we meet with a case in which the febrile action is quite severe, distress considerable, and membrane forming. In this case apply the caustic and give a full opiate, one or more doses, sufficient to produce a decided impression. The patient with this disease will bear a much larger dose of opium than with almost any other disease. After the inflammatory action is reduced in this way we may proceed awhile with the belladonna, or with quinine, or both. I treated a pale, slim child, about eight years old, who had not much redness or swelling of tonsils, nor membrane, in which the pain in the throat was very severe, with large doses of pulv. Doveri; during twenty-four hours afterwards belladonna and quinine. Patient was soon well.

When the disease has advanced some days and the tonsils are much swollen and covered with membrane, and the same extending about the fauces and down to the epiglottis, the prognosis must be very unfavorable. The caustic will have but little effect, neither will the belladonna, nor will anything else. The patient will generally die. It is not safe to give opium in such a case. The hardness of the pulse is a deceitful hardness; and after you have proceeded with the treatment some days, and the symptoms appear to improve, and the pulse softens and descends to nearly a natural frequency, that pulse is often deceitful; and just when you think the patient is convalescent, it will go into convulsions or some other unlooked-for condition, and die.

And thus I might write a volume on this most diabolical disease, and then the story would not be half told.

Of all the cases which I have seen within the last nine months, there have died about one in fifteen.

ARTICLE III.

Milk-Sickness.

MESSRS. EDITORS:—In looking over the last June number of your journal, I find an article from a professional brother, in which he seemed to lament over the ignorance of the profession as to the cause of milk-sickness. Dr. C.'s fourteen years of service in the medical profession have undoubtedly given him much experience in this disease, which has from time to time come under his notice.

Our science has not stood still for the last fourteen years, nor has Dr. C., we presume, yet he seems not to have known what has been written in that time, and we know he will not take amiss these comments on the cause of milk-sickness, by one who has entered the field at a more recent date. I, for one, will be greatly indebted if he prove satisfactorily that the rhus toxicodendron is the *fons etorigo* of this much dreaded disease. To fall in with the long-exploded theory of Dr. C. (perhaps new to him) would be nothing more than a professional suicide. He says, "The cause of milk-sickness depends upon the presence of vegetation, which abounds in *certain localities only*." The majority of physicians concur in the opinion that it is a vegetable poison, but no satisfactory account of its nature has ever been given. Some say that it is an ergotized grass, or the combination of vegetables, forming a chemical change within themselves. Others claim that the rhus toxicodendron is the sole cause of the disease. Every one who has lived in the milk-sick range, knows that the poison exists in circumscribed districts. These locations may contain one or hundreds of acres. It is found upon the hills, of soil of an inferior quality, and upon the richest vegetable mould of river or creek bottoms. These isolated locations, which produce the milk-sickness, are generally well-timbered, although I have seen these affected districts on open prairie. One fact is clearly known,—where these localities were once noted for their virulency, when cleared or cultivated the disease entirely disappears. The Dr. goes on to say, that "The rhus toxicodendron is the only vegetable that will produce the milk-sickness." To say this is the only vegetable that causes the milk-sickness would undoubtedly be an expression without practical observation for its basis. The different varieties of poison under the head of toxicodendron grow in abundance in Pennsylvania, New York, Iowa, Kansas, Nebraska, etc. Now if the disease depends upon the presence of this vegetable, why is it that milk-sickness was never known in these States, where the rhus grows in abundance? If the rhus was confined wholly to these affected districts, the evidence would be conclusive; but we find this not to be the case,—it grows in abundance all over the Western States, and the cattle graze with impunity among it. Dr. Barbee, in a letter to the *Western Journal of Medicine and Surgery*, in numbers 2, 3, 4, and 5, says :

"What plant, flower, or vine, out of all the rich vegetation of the West, can be the cause of so dire a malady as sick stomach? Be it what it may, it seems to seek no peculiar station. It is on the rocky cliff, and in the rich meadow; on the green hillock, and in the gloomy

swamp. It grows in the thick forest, and upon the wide-spread PRAIRIE."

Drs. David Dale Owen, State Geologist of Indiana, and Wm. J. Barbee made a strong decoction of leaves and stem of the *eupatorium ageratoides*, and administered a draught of it to a calf. Says the writer :

"In a short time it had what is called 'the trembles;' became subsequently paralyzed, stiff in its joints, uttered a most doleful noise, and in a few hours died.

"In addition to the plant already mentioned, I have been shown specimens of the *R. radicans*, poison vine; *R. toxicodendron*, poison oak; and *R. vernix*, swamp sumach; and, from several gentlemen of Indiana and Illinois, I have been assured that their cattle have been affected like the calf that was destroyed by the *E. ageratoides*, in consequence, as they *believed*, of feeding upon these several vegetables."

He further says :

"There are a great number of noxious vegetables growing everywhere in the West which are as fatal to life as the poison causing the milk-sickness. Who that has lived in Ohio or Kentucky has not seen cows lying in rows under buckeye trees? On opening any of them they were found literally loaded with half-chewed buckeyes. The milk-sickness could not be owing to the *rhus radican*, or *eupat. agerat.*, inasmuch as these plants grow throughout the West, *while the disease is 'perseveringly' limited to certain localities.*"

Without the Dr. can prove with more conclusive evidence than he has that *rhus toxicodendron* is the true cause of milk-sickness, his opinions must be considered obsolete.

H. M. K.

Momence, Ill.

Proceedings of Societies.

Proceedings of the Cincinnati Academy of Medicine.

MONDAY EVENING, September 23, 1861.

Dr. Almy in the chair; Dr. W. T. Brown, Secretary. In regular order Dr. Gans proceeded to read the following concluding portion of his paper on

PUERPERAL FEVER.

PART III.—*Treatment*.—There is perhaps no morbid process against which so different and often contradictory methods of treatment have been recommended as against puerperal fever. Soon this, soon that method was chosen. Even certain remedies from the waste of the

materia medica were detected, which were extolled as useful for the successful treatment of this fatal disease, soon to be rejected as useless and without any effect. The experience of a long series of years has finally brought about the painful conviction that almost all methods of treatment are not able to pass the trial of infallibility, and not deserving for the individual cases any confidence. It is, therefore, not to be wondered at that the physician, particularly at a time of an epidemic, casts his eyes all around full of despair and even helplessness, for the purpose of seeing if he can not find at the distant horizon something, as all known methods, all tried remedies are leaving him in the ditch, and the disease, even with the most rational treatment, notwithstanding proceeds to its fatal termination. We are here reminded of the sarcastic words of the great Göthe, which he puts in the mouth of Faustus :

“ What we do not know, that just we need ;
And what we do know, we can not make use of.”

It is a deplorable truth, that the power of our art has to be considered in the intensive puerperal processes as very weak ; for we can do as yet very little or nothing against the essence of the character of the disease from which proceeds the danger : but this ought not to be a reason for us to worship Indifferentism or Nihilism. We shall always oppose a doctrine as inadmissible and dangerous that is based frequently upon numerous and destructive illusions, but which is sometimes used as a cloak in which Ignorance, or the bad intention to free oneself from repeated scientific investigations, shrouds itself, be it in consequence of relaxed enthusiasm or of a disposition to indolence. He who, keeping in view the diagnosis of the puerperal processes alone, leaves the poor patients to their fate, appearing perfectly satisfied in demonstrating at the post-mortem examination the by him presaged pathological alterations, has fulfilled his duty as physician but half. Our whole study and our entire science in reference to this subject, all our investigations and researches, all our reflection and thought, ought to be concentrated to one point — namely, to the practical treatment. The want of suitable remedies does not serve as excuse for an indifferent, expectative method, as long as the symptomatic treatment of the dangerous and threatening phenomena offer us still a sure harbor. We must look and observe, but we must also be treating.

The great danger has caused a search for prophylactic remedies. The measures corresponding to this object must be directed as well against every development of sporadic puerperal processes, as against the epidemic propagation. To the first belong rest, diet, suitable reno-

vation of the atmosphere, combined with a careful supervision of the usual puerperal excretions ; hence of the transpiration, milk secretion, and lochia. It is always of importance, even during pregnancy, to observe certain dietetic rules, and to keep off as much as possible all predisposing and other causes, which we have demonstrated in Part I. In conformity with this, we must try to combat a high hyperinosis during pregnancy by a vegetable diet, by mild bodily exercise, by a prudent use of such remedies as are known to affect the blood, and to diminish the superfluous fibrin — as the neutral salts, carbonate of soda, nitrate and sulphate of potash, sulphate of magnesia, etc. In accordance with the present state of the science, we have to look upon the method of treating hyperæmia by venesection to be erroneous, for repeated venesections are not followed by a diminution of the fibrin in the blood of pregnant women, but cause a diminution of the blood quantity, particularly of the red corpuscles, by which may easily be produced oligæmia or oligocythæmia, laying the disposition in child-bed to blood fermentation. If, on the contrary, hydræmia takes place during pregnancy, we must meet it by a generous animal diet, by preparations of iron, by the avoidance of all depressing mental emotion. We have to try all means against an existing uræmia, and to endeavor to stop in its progress the renal disease which causes the uræmia.

Experience has not approved the effect of the prophylactic remedies which were recommended by various physicians ; for instance, sulphate of potash by Levret, nitric acid by Wedekind ; purgatives by Gordon, Richter Cederschjöld ; ammoniacal of copper with opium, by Kennedy ; and Dover's powders, by Chaussier.

In general, we must be careful with purgatives, especially drastic ones, during pregnancy. To avoid the dangers of a puerperal thrombosis, it is necessary at a time of an epidemic to cause, during the fifth period and the first hours afterwards, even in the absence of any hæmorrhage, strong contractions of the uterus by external frictions right on the uterus, and for the same object to use ergot or ergotin. The combination of ergot and opium in small doses, or morphine, is highly recommended. Borax acts too slowly to be recommended.

Particular attention has to be paid to the contusions of the external genital organs, which may have occurred during delivery, causing so easily gangrene of the large lips and the entrance of the vagina, or may be followed by puerperal ulcers. The ichorous and putrid lochia deserve a like attention ; also the febrile excitement accompanying these vulnerations. We have to prevent as much as possible the

resorption of pus in these cases by local treatment. The remedies very effective in these cases are—the application of compresses steeped in wine; chlor water, decoction of barks; cauterization of the ulcerations with lunar caustic; injections into the vagina and uterus of chlor water diluted with tepid water, or of a solution of chlorate of zinc or decoction of barks. We have to recommend great care in respect to the injections of irritating substances into the cavity of the uterus, as injections of tincture of iodine, myrrh, sublimat, etc., because these often favor the development of an endometritis.

The manifest effect of the sulphate of quinine in other zymotic diseases, as typhus, cholera, epidemic military fever, has introduced the prophylactic employment of this remedy against the puerperal fever, particularly as it does not increase the state of irritation, and supporting the vitality in a manner unknown to us. It was lauded in France by Piédagnel, and by Faye in Christiana, partly for the purpose of preventing the puerperal process, and partly to moderate the intensity and the malignity of the disease. The first recommends as an excellent preventive a composition of six grains quinine and sixteen grains carbonate of iron, which is to be given daily. Braun reports eleven cases in which quinine was given; and that every time when the pulse rose to 100 beats, and the temperature of the body to 30, 31 or 32° R., so that he had to fear the development of puerperal fever, quinine was given three times a day in doses of from five to fifteen grains,—and that with such a good result that only one case terminated fatally. He recommends, therefore, based upon these cases, the use of quinine as a prophylactic, instead of awaiting for the development of the disease. But we think it would be very difficult to decide upon the preventive effect of the quinine if all parturient women, without distinction, were to receive that remedy—who would have fallen sick, or who not, without the remedy. If even we can not see in this agent any such great prophylactic powers, we think we have still to recommend it during existing puerperal processes. Baud lauds the ferrocyanuret of quinine as a substitute for quinine.

Opiates have always proven themselves serviceable as prophylactics, particularly the acetate of morphine. They quiet not only the over-irritation into which a long and painful act like parturition places the woman, limiting also the erethism, the excitement, the sleeplessness and the lively mental emotions; but it lessens also the painful and inconvenient after-pains, which often are the forerunner of the so-much-dreaded disease,—and in this manner they form also a remedy for the prevention of the disease. We make, therefore, an extensive

use of the remedy, and employ it after every delivery which lasts rather a long time, and at the first appearance of after-pain,—and have often convinced ourselves of its beneficial effect in these cases. We must designate as unfounded the fear that opiates immediately after delivery cause congestion to the cerebral centres and stasis in the general circulation. The profuse transpiration which usually takes place, permits even large repeated doses without the least bad results.

All other agents recommended as substitutes for opium — as lactucarium, boric acid, extract of Indian hemp, extract or tincture of aconite — do not possess near the same effect. Concin alone may form an exception.

In reference to the real treatment of puerperal fever, we have to lay down the general maxim, that the successful result depends most frequently upon meeting the disease at an early period ; that we, on the contrary, have hardly any success if the disease has progressed. If in relation to the therapy the old lesson *Principiis obsta* has full weight in any other disease, it is so much more the case in puerperal fever. The physician must therefore act at the first even insignificant appearance of the symptoms of the disease, and not wait, like a *mirabundus naturæ autocrateias spectator*, with a too great indolence, for a greater development and extension of the malady. The therapy may be insecure, but for all that it is not entirely without aim. To carry back the bad blood crisis to its normal condition ; to favor the excretion of noxious substances ; to diminish the intensity of the fever, and to arrest the same completely ; to oppose the local derangement,— is the task which calls up the efforts of the science, and which our art has to endeavor to solve. Going in the following through the various methods of treatment, we will follow, like Braun, the same schematic division which has for its basis the principal ethological and pathogenetic moments as we have demonstrated them above.

The therapy of the puerperal processes embraces, therefore, the general treatment, that of the local phenomena, and finally that of the consecutive diseases. What regards the general treatment, the antifebrile and antizymotic method must first be considered.

As we stated before, nothing positive is known about the blood crisis of the puerperal processes — as little as about the other zymotic diseases. The most constant is the quick disappearance of the red blood corpuscles,—a result which was thought to be explained by a blood fermentation, giving the idea to cure the puerperal processes by antifebrile and antizymotic remedies. Among the first, the most recommended are quinine, aconite, and digitalis. The well known

febrile remedy, sulphate of quinine, about the prophylactic effect of which we have spoken already, has been employed particularly in France, by Beau and Piedagnel, who give it in large doses, as soon as the first symptoms appear,—and they have seen good results from it; the same method has been pursued by others and ourselves. If the course of the disease is not a very rapid one, and recognizing in the symptoms an intermitting or strong remitting character, we may expect of this remedy great results, particularly in pyæmic forms, behind which frequently a pernicious intermitting fever is hid. But if the course of the disease is very acute, and accompanied with frequent vomiting, it often happens that the quinine is not borne well, remaining without any effect. The combination with arsenic in the form of arseniate of quinine to one-twentieth grain per dose, as Faye has tried it, had not the desired result. Digitalis and aconite, recommended principally by Dubois, as tinctures, seem as febrifuges less efficacious than quinine, but may still sometimes be of service.

Amongst the antizymotic remedies, sublimate, nitrate of silver, arsenic, cyanate of iron and protoinate of iron deserve particular mention. The observation that these substances are capable of retarding and preventing fermentation outside of the system, brought about the idea that, resorbed and carried into the blood, they may perhaps have a similar effect upon the same; but clinical experiments have not answered these expectations. In reference to sublimate, it has certainly been used with good effect by Pitha, internally and externally, in hospital gangrene, but in puerperal processes it was tried too little to be judged of correctly. It is not probable that a disease of such acute character and rapid journey will be arrested by a remedy like sublimate, which has to be given in long intervals and very small doses. We have given this remedy only twice—six grains in forty-five hours. It did not produce any bad results, but remained without any effect upon the disease, which proved fatal. The opinion that calomel changes in the stomach and intestines into sublimate has not been admitted yet by chemists. The effect of nitrate of silver is more uncertain yet. We have not used the arsenious acid, on account of its dangerous consequences, but are rather inclined in its favor, being a remedy of such energetic and sure action.

The cyanate and protoinate of iron are too slow in their action to expect good results; they may be made suitable in septic-pyæmic chronic conditions.

We have to mention the generally known and therefore important antiphlogistic method which is based principally upon blood-letting

and the use of mercurials. General blood-letting was already praised at a time considerably distant from ours—namely, at the time of Broussais. It was formerly considered as the only remedy which acted directly against the disease. Reports showed the best of results. But theories changed in course of time, and with them the opinion about methods. The school of Vienna has excommunicated the abstraction of blood, which was once in such high estimation. From a theoretical standpoint, says that school, the employment of general blood-letting in puerperal processes can not be advocated, and from the practice it deserves likewise little recommendation. (Braun.) But these two arguments are too weak to cast aside so peremptorily blood-letting in all cases of puerperal processes. “Gray, friend, is all theory; and green life’s golden tree” remains for us an eternal truth and a lesson which we can not take too much to heart. Does not the history of our science show us at every page how a creating mind builds up what a destructive genius pulls down again? One opinion makes room for another, and everywhere, when the past tumbles together, we see arise immediately upon the ruins a new future. Thus our hypotheses are nothing but temporary supports, which are removed again as soon as the principal pillars have been erected at a new structure. What regards our own experience of this method, we openly confess that we formerly made frequent use of blood-letting, but in latter time more seldom. We have seen at times good results from it; sometimes the effect was unfavorable; but the most time they did not exhibit any results; but we have to be reminded that it is not easy to know every time exactly the results and to distinguish the *post hoc, ergo propter hoc*. It has appeared to us that puerperal fever in general takes the character of the prevailing disease, and we believe that if this one required blood-letting, it might also be indicated in the other, and *vice versa*. It is necessary to take into consideration the individual constitution, as also the degree and form of the puerperal process. It is difficult to indicate distinct signs, with the assistance of which the effect of general blood-letting may be predicted with any certainty, because in most cases we can judge of the correctness of the indication by the effect produced. The pulse, the temperature of the skin, the physiognomy, the local pains, the general condition of the patient, are really deceptive symptoms; but notwithstanding, we think that in a recent case, and moreover sporadic one, in a young subject of sanguine temperament, at a full, strong, and tense pulse, where the affection of the peritoneum predominates, a large venesection may be made to great advantage; here it has to be advocated, having always a good

effect. But those forms have become less of late, the most cases happening in cachectic, hydræmic persons, in which the fever immediately assumes an adynamic character. Thus we have seen predominating the purulent resorption, the puerperal thrombosis or septicæmia — conditions in which blood-letting is useless or pernicious. We may draw, therefore, the conclusion that, in general, blood-letting has to be resorted to in puerperal fever very seldom.

The mercurials have been in great favor in all forms of puerperal processes, and good results have been seen by their employment. Particularly calomel is used internally, and mercurial ointment externally. Some physicians administer the calomel in large doses as laxative, but it is mostly used in small doses, three, four and two grains, and even half-grain, in combination with hyoscyamus, opium, or with antimony to prevent diarrhœa. We are not in favor of large doses, these calling to our mind the Hippocratic aphorism, *Ad extrema morbus extrema remedia exquisite optima*; increasing the diarrhœa and the collapse. We limit the dose to one-half and one grain. The frequent soft stools, particularly the tumefaction of the gums and the salivation, are considered as very favorable symptoms and as sure forerunner of recovery, after which the pains and the fever decrease and the danger of death becomes diminished. But as frequently as we have made use of this remedy, we have nevertheless never been able to produce tumefaction of the gums, much less salivation or mercurial cachexia, although we consumed within a few days often two scruples or more, besides several ounces of mercurial ointment. On the contrary, we often saw soft stools, which are not always such a favorable symptom, being observed likewise in cases which ended fatally. Lately Retzius recommended fumigation with red oxyde to hasten the effect of the mercury, but without gaining that object. Scanzoni has declared himself decidedly against the mercurial treatment of the puerperal processes. His arguments are the following :

“ Considering the so-highly-praised use of the preparations of mercury, it can only be justified by the observation that their action upon the blood consists in a diminution of the albumen, the fibrin and of the blood corpuscles, whilst the watery contents increase, the coagulability and viscosity of the blood diminishing at the same time. Mercury would hence be a proper remedy to prevent the taking place of coagulation within the walls of the uterus; but as this one, against the former opinion, forms the primary of the disease, and this latter not existing before the coagulation has been formed, and therefore requiring no treatment, the question is raised whether mercury, and particularly the so-much-lauded calomel, can be used after the formation of these coagula. And here we must answer in the negative; for just

the following liquefaction and resorption of all, normal as well as abnormal tissues, favors also the rapid resorption, and in great quantities, of purulent and ichorous parts contained in the veins,—and the consequence is that we see, after the copious employment of blood-letting, also after the energetic use of mercurials, very often the appearances of the putrid blood infection making their appearance; so that the metrophlebitis, in its great tendency to disintegration of its exudations in pus and ichor, form contra-indication against the use of mercurials.’’

In answer to these arguments, the fact can not be denied, as we believe, that even the severest puerperal inflammation takes frequently a favorable turn from the moment the mercurial cachexia takes place, and the frequent use of mercurials will therefore be continued.

To the third series belong the antipyæmic specifics. These are chlor water, creosote and mineral acids, which are employed generally in miasmatic and contagious blood diseases, and which are used internally as well as externally in the septic forms of the puerperal fever. Being given in comparatively small doses, and besides in cases of unfavorable prognosis, the results of this method are consequently not very happy. Of the acids, we prefer the phosphoric acid, not causing diarrhoea as easily. In general, the diluted sulphuric acid is not well borne, on account of the sensibility of the mucous membrane. Peruvian bark suits in very chronic cases. Carbonate of ammonium, which Vogel has recommended, appears dangerous in large doses, and has been used but little. The bioxalate of potash, recommended by Welti, can be laid aside, the observation having shown that it is ineffectual. About the antipyæmic effect of the tincture of aconite, the future has to decide. We consider camphor the most suitable of all remedies, from which we have seen very good results in cases of slow progress, alone or in combination with chlor water.

The expectative or symptomatic method embraces a number of remedies of very different action. The emulsions with aqua lauro cerasi, or the preparations of nitre, are the principal means of the Nihilists. The drastic purgatives, and the emetic, have very few admirers. We consider the drastics as dangerous remedies, and must caution against their free use. They frequently produce a colliquative diarrhoea, followed soon by collapses, and they not seldom favor the passage into the septic condition. We are totally and decidedly opposed to the use of emetics; there is in our opinion no remedy which has a more deleterious effect upon the puerperal processes than the tartar emetic. In all cases in which we supposed ourselves misled by so-called *conamina naturæ* to use this remedy, we have not seen the least improve-

ment, but on the contrary always observed a rapid progress of the process, and a quickly fatal end. Oil of turpentine was highly recommended by Brenau, in Dublin, (1812,) and also by English physicians, but at present it has lost its credit. In the beginning of the disease, on account of its irritant effect upon the mucous membranes, it is harmful, and when the morbid process has developed itself farther, it is very ineffectual. Diaphoretics have to be looked upon as mere adjuvants. Tonics and stimulants are only indicated at the time of the convalescence and in asthenic form of the disease, and they are then of great value in combination with proper regimen.

To the most suitable of this class we must count those which act upon the nervous system. Here we meet the opiates, particularly Dover's powder and acetate of morphine, lactucarium, extract of hyoscyamus, conein, and similar narcotics; also boric acid, which soothes and quiets, diminishing the erethism and hyperæsthesia, and supports the strength. Although all these remedies are but directed against symptoms, they notwithstanding deserve our entire confidence, in all cases relieving the suffering of the patients.

The treatment of the local phenomena must be directed particularly against the pathological condition of the uterus, this being the starting-point of them. If the uterus is painful or sensitive to the touch, warm fomentation has to be made, which in light cases gives great relief or cures them entirely. But in more severe cases repeated local bleeding, the internal use of acetate of morphine, particularly injections of opium, are often very useful. Applications of cold water or ice to the abdomen has been recommended of late, but it is better to be cautious in their employment. General blood-letting proves itself very serviceable in endometritis. Besides, great cleanliness of the genitals has to be observed. There is no better means to prevent the ichorous decomposition of the exudations in the uterine cavity or in the vagina than injections of warm water. The washing out, so to say, of the uterine cavity is particularly very necessary in endometritis, when the lochia becomes less, serous or fœtid, or when there is ground to suppose that retained remnants of the after-birth become decomposed. Instead of the warm water, infusion of chamomile is frequently used, also chlor water, a solution of chlorate of zinc, and even nitrate of silver.

We have to express ourselves against the injections of cold water in the uterine cavity, recommended by Kiwish; also against the astringents, as alum, tannin, tincture of myrrh, etc., increasing often the pain and augmenting the disease. Injections of opiates into the uterus

have not the beneficial effect which we should *a priori* suppose. We do not allow ourselves an opinion about the injections of a concentrated solution of sublimate, and the cauterization of the inner uterine surface, according to Retzius. There prevails amongst laymen a prejudice against the warm baths; we may do without them, injections being more effectual. As we have remarked above, it is absolutely necessary to keep the external genitals entirely clean, partly to prevent the development of ulcerations, or partly to take care of their spreading, if they have taken place.

The metroperitonitis, which is frequently observed in puerperal processes, presenting itself secondary in consequence of existing peritoneal exudation, and in which more or less severe pains in the uterine region, meteorismus, profuse diarrhoea, vomiting, and a great many other disturbances, are present, requires a more local treatment. The slight sensibility of the abdomen, limiting itself upon the peritoneal lining of the uterus, is greatly relieved, if not entirely cured, by warm fomentations or by unctions with oil and opiates. In case the pains should be more severe, a local bleeding by leeches may be necessary, which are applied at the large labia, in the inguinal region, even in the vagina. Cupping is not well borne, on account of the great sensibility; but frictions on the abdomen, with mercurial ointment, opium, or belladonna, are indicated. If the process has a great extension, occupying the entire peritoneum, which is often recognized by the severe and penetrating pains, particularly when the peritonitis is primary, we may expect great benefit of a full general bleeding in a young, strong subject, and whose pulse is well developed. But we must avoid too often repeated venesections, for, although they appear to lessen the pain, they favor [the passage into] the formation of exudations. Latour has recommended instead of the warm fomentation, to lay a thick layer of collodium upon the abdomen; but this remedy seems to have but a passing effect, and Retzius thinks it acts only by the cold created by the evaporation of the ether. We use, therefore, in preference frotations of a mixture of tincture of iodine and sulphuric ether. Frotations with pure tincture is too irritant, and it is better to dilute it with alcohol. The iodine becomes quickly absorbed and carried into the circulation; already after twelve hours its presence in the urine can be detected.

Counter-irritants upon the abdomen are also of importance. In England warm fomentation of turpentine is used for that purpose. A very simple method of using this remedy consists in dropping a few drops of turpentine upon the abdomen and then covering it by a

flannel dipped in warm water. A mixture of turpentine and sweet oil as frictions do good service. We recommend a mixture of turpentine, sweet oil and chloroform.

Profuse diarrhœa frequently accompanies the puerperal process, which ends fatally, and they have to be treated very energetic. Mucilage, with opium, alum, nitrate of silver, and tannin, sometimes give a happy and lasting effect, but at other times the effect passes off. There is hardly anything to be effected against the ominous verdigris-colored vomiting. Swallowing small pieces of ice, injections with ox gall, occasionally give some relief. The sacked peritoneal exudations may in rare cases become resorbed; to favor this, liniment of iodide of potash, of pure iodine, particularly in combination with glycerine, etc., may be used. Have abscesses formed themselves, we have to open them with the knife, or it may also be done by a caustic like the Vienna paste. Nothing can be expected from the paracentesis of the abdomen. In reference to the treatment of the consecutive diseases, we have to be guided by the usual indications of general therapy; it would carry us too far to mention the remedies for the special cases.

In the foregoing we believe we have given a guide to the treatment of the puerperal fever. There is indeed no lack of remedies for the treatment of this morbid process, but sure remedies against the rapid progress of this fatal disease we have, alas! not. But this is no reason to despair, and to sink into a dispirited and indifferent mood; on the contrary, we must fight against the disease with all the means within our reach, hoping that we will arrive at a better condition. Does it not belong to human nature to live constantly in restless expectation of a better state?

Proceedings of the Union Medical Society, Knightstown, Ind.

Reported by B. F. ELDER, M.D., Secretary.

MONDAY, Sept. 2, 1861.—Reports of cases being in order, Dr. Bundy continued his report of the case of fracture of the head of an infant, which he reported in part at the last meeting. The discharge from the abscess had ceased, but contrary to his expectations, the paralysis, to a great extent, still remained. The depressed portion of the head had assumed its natural position, and all external signs of the severe fracture and depression had disappeared. He ordered a saline bath daily, and put the patient on strychnia and iodide of potash. Under this treatment the paralysis is gradually subsiding, and he had

no doubt but that the child would ultimately recover. Dr. Bundy stated that before the accident the child was of a mild, sweet disposition, but that he now has all the symptoms of a deranged and morbidly excited animal nature; he thought that this change in the temper of the child was owing to the injury sustained by the organs of combativeness and destructiveness. He thought it could not be attributed to peevishness so common to children recovering from a long spell of sickness. If there was any truth in phrenology, he thought it would be but rational to attribute the change to the injury and consequent derangement of the functions of the phrenological organs named. Dr. Sexton, and Dr. Moffitt, of Rushville, coming in during the reporting of this case, took part in the discussion which followed. Dr. Sexton thought that there yet might be a depressed portion of *boné*, pressing on the origin of some important motor nerves, which gave rise to the long-continued paralysis, or it might be an effusion of serum on the brain. Dr. Moffitt thought the pressure was between the *dura mater* and the bones of the head; that there had been no lesion of the brain, or of the *dura mater*,—that the large amount of pus discharged was secreted by the *dura mater*. The treatment adopted by the reporter, he thought, was rational, as the indications were to remove any effusion that might still exist, and stimulate the nerves again to action. He thought that it remained yet to be seen whether or not the change in the disposition of the patient was owing to the injury. If, after complete convalescence, the temper of the child should remain unchanged, it would afford some proof for the phrenological view of the question.

Dr. Canaday reported another very obstinate case of vomiting in the early month of pregnancy, which he subdued with an infusion of swamp dogwood, and wild yam (*carnus sericea* and *dioscorea villosa*).

Dr. Lewis reported some cases of bilious-remittent fever, which he found very obstinate and hard to cure. Quinine, and the usual remedies employed in that disease, would not do a particle of good. He described the symptoms of the disease, and asked the members if they had encountered it in that form.

Dr. Moffitt said that he had met with just such a disease. He called it "Degenerated bilious-remittent fever," for want of a better name. He said that, after giving quinine until he was tired, and with no good result, he adopted the tartar emetic plan, and since then he had got along with such cases very well. He said that he would like to know of the members concerning their use of quinine in the treatment of typhoid fever. He was afraid of it, and treated that disease with opium.

Dr. Sexton said that the treatment of typhoid fever had lately been brought for discussion in the Rushville Society, and the testimony of the members was largely in favor of the opium treatment; if compelled to use but one remedy, they would discard all but the opium. He viewed it as the sheet-anchor in that disease.

Dr. Lewis had never tried the opium to any extent in that complaint. He gave no quinine in typhoid fever,—it did not work well. He generally let his patients alone, and they get along very well—he had but little faith in medicating that disease.

Dr. Hackelman said that he had used opium for the last ten years in the treatment of typhoid fever; he gave it in large doses, and gave but little else.

Other members gave their treatment, but the Secretary failed to note. Society adjourned.

Nov. 4, 1861.—Society met agreeably to adjournment.

Dr. Lewis reported some cases of ague, with the peculiarities of that malady of late years. He said that he had not seen a case of ague well marked in all its stages for a number of years. Ten years ago a patient would have a well-marked chill,—“would shake the very nails off of him,”—this was followed by a well-marked, high, reactive fever, which, in turn, was followed by a copious and universal sweat. The next day the patient appeared as well as ever: had a good appetite, and did his work as usual. But of late years one chill seemed to perfectly prostrate the patient; the cold stage would be very short and slight, the hands or feet merely being cold, with or without chilly sensations over the body. This was followed by a slight fever of a low grade, lasting for several days, when another chill would occur. The patient has no appetite; is confined to his bed the most of the time; complains of feeling bad, yet he can not describe his feelings; thinks he is not sick enough to stay in the house, yet he finds himself unable to leave it. He could hardly account for this change in the features of the disease. He thought it was owing more to the habits of the people than to any other cause. They lived more luxuriously now than formerly, and cultivated the nervous at the expense of the muscular system. The cause that would produce an inflammatory disease in the early settlers of this country, demanding antiphlogistic treatment, would now produce a low grade of disease, calling for tonics and stimulants. They could not stand depletion,—he hardly ever bled a patient now where he formerly bled; he now was compelled to use stimulants.

Dr. Rawlins and Dr. Troy said that up in the swamps where they practiced, they still had the old-fashioned ague to deal with.

Dr. Elder thought that if the primary exciting cause of ague was malaria, that the amount and character of that poison might have something to do in producing the change. He said that in the early settlement of the West, the country being new, was filled with swamps and marshes, in which there was a luxuriant growth of vegetation; a much greater amount of malaria was then generated from this decaying vegetation than there is at the present time, the country now being to a great extent cleared off, and the swamps drained. The patient then received enough of the poison into the system in a given time to make itself manifest by a well-marked paroxysm of ague. But now the amount of malaria was so small, and perhaps changed in character, that its impression upon the nervous system was not sufficient to produce the old-fashioned ague-fit. It seemed to act as a poison given in small and repeated doses, inducing a disease not so well-marked, but perhaps more grave. Farther west, or in the neighborhood of swamps and marshes, as Drs. Troy and Rawlins had stated, they still had the old-fashioned "shake."

Dr. Rawlins reported two cases of milk-sickness. He tried various treatments at first, but with no good result. He finally tried the whisky treatment, and it had a most happy effect. He thought it useless to try other remedies when the whisky was so pleasant, and did so well.

Dr. Canaday reported the character of the fevers he had treated for the last month. He said he was very much puzzled what to call them, and more so how to treat them. Some of the symptoms would answer for the typhoid fever, yet it was not that disease. Neither was it remittent nor intermittent fever; the remedies used in those diseases would do this no good. He described the symptoms, and said he would like to hear from the other members concerning their experience with it.

Most of the members had encountered the same disease, and were as much in the dark as Dr. Canaday.

Dr. Troy said that he had treated a number of such cases,—he used the acetate of potash in large doses. There seemed to be a want of urinary secretion, which this remedy would overcome; when the kidneys performed their functions well, the patient would rapidly improve. He believed the blood was poisoned by a retention of the urea. He had not examined the urine chemically, but intended doing so.

Dr. Rawlins also reported a labor case, in which he used quinine as a parturient,—it acted like a charm. He did not use to have any

faith in its efficacy, but, owing to some late trials of it, his faith had much increased.

Several other short reports were made, after which the Society adjourned, to meet the first Monday in December.

Proceedings of the Clermont County (Ohio) Medical Society.

Reported by J. W. MENDENHALL, M.D., Secretary.

BATAVIA, O., October 16, 1861.

The Society met in the Court-house. Present: Rogers, in the chair; Coombs, McLain, Crew, Hopkins, Schroin, Mendenhall, Barber, Mullen, and Kennedy.

Dr. Coombs having been appointed a special committee to report on obstetrics, read a lengthy production on dropsy of the amnion, evincing much research. The Doctor also reported several cases of poisoning by mushrooms.

On motion, Dr. A. V. Hopkins was unanimously elected an honorary member of the society.

Afternoon Session.—Dr. Mullen reported a case of supposed extra-uterine pregnancy of two years' duration. The woman's health had continued good.

Dr. McLain reported a case of uterine hæmorrhage of seven weeks' continuance, at the expiration of which time the woman was delivered of a living child.

On motion, the rules were suspended, and by a unanimous vote, Dr. I. McMillen was expelled from the society for drunkenness.

Dr. Crew reported a case of prolapsus ani, supposed to result from stone in the bladder.

Dr. Rogers related the following circumstances, showing the tendency of loss of blood to destroy the susceptibility of the system to the narcotic effects of opium. A lady having nearly expired from flooding, he called for the wine-bottle. A bottle of laudanum was handed him instead, but before he detected the mistake he gave her nearly an ounce at a draught. The patient revived speedily, manifesting no other effects of the laudanum.

Dr. Mendenhall reported the following case:

“On the 22nd of May last I was called to Mrs. C., in labor. She was of small stature, and had borne three or four children previously. On examination, I found a remarkable obliquity of the uterus forwards; the fundus hanging within close proximity to the knees; the

os was drawn up above the symphysis pubis, and dilated. I immediately gave her a large dose of castor-oil, and had her placed horizontally on her back, from which position she was not allowed to move. During pains I used strong pressure upwards on the fundus. In about eight hours the child was born, when excessive flooding immediately commenced. Disposing of the child as soon as possible, I made an examination and found the placenta adherent. The hæmorrhage continuing profusely, I lost no time in introducing my hand into the womb. When it entered I found quite a large cavity, the walls of the lower portion of the womb being flaccid. Above this cavity the womb was contracted tightly around the chord, and a small portion of detached placenta, which was hanging loosely below the contraction. I kept my hand in the womb about five minutes, when no alteration taking place in its condition, and the hæmorrhage continuing, I withdrew my hand for the purpose of using other means. I gave her one-third grain morphine, and made cold applications to the hypogastrium. Some fifteen minutes from this time I introduced my hand again, but still found the hour-glass contraction. The woman's strength was now rapidly failing. I gave her hot toddy, and repeated it every few minutes, with one-eighth grain morphine every half hour after the first dose. Two hours after delivery she had taken half a pint of whiskey, when the power of deglutition failed, she was unconscious and pulseless, her breathing hurried, surface cold as a corpse and bedewed with sweat. At this stage of the case I found the placenta in the vagina. All that could be done now was to make warm applications to the surface, which was done as effectually as possible. After she had remained pulseless and cold as clay for four hours, I noticed some returning natural warmth about the chest and upper part of the arms. An hour later the pulse was just perceptible at the wrist, when I left.

On my return, ten hours later, I was informed that consciousness did not return for four or five hours after I left, but the patient was now comfortable, and done well after this.

Several points of interest present themselves in this case, but the most remarkable feature is that of the patient's recovery after the great loss of blood sustained, and the effects produced by it. Her safety was, no doubt, mainly due to the morphine. Opiates are the most direct and permanent stimulants of the brain, and through the effect of the morphine on the brain the heart's action, though feeble, was kept up until the recuperative powers of the system had reproduced enough blood to maintain life. I did not, however, regard the whisky and external application of warmth as unimportant adjuvants.

On motion, the clause in the constitution making the third Wednesday in October the day for the Fall-meeting of the Society was changed. The regular meetings of the Society will be held the second Wednesdays in May and October.

On motion, the Society adjourned, to meet the second Wednesday in May next, at Amelia.

Proceedings of the Eaton (Ohio) Medical Society.

Reported by R. WALLACE, M.D., Secretary.

On the 10th of October the semi-annual meeting of the Eaton Medical Society was held in Eaton, at the Eagle Hotel.

The society was called to order by the President, Dr. W. Lindsay, and the minutes of the previous meeting read and approved. After which the President delivered his inaugural address. He called the attention of the society to the history of several kinds of quackery, some of which had passed away, while other species came into life. He pointed to the history of our profession in this State, and showed that legislative enactments gave greater protection to physicians in 1817 (when he was a student), than at the present time. From this he argued the necessity of medical societies, for self-protection and self-improvement. "Medicine," says he, "is a progressive science; has been, and must for various reasons continue so to be to the end of time, unless man shall arrive at a state of perfection in science which to our comprehension and intellectuality can never be reached. Diseases change in character, are influenced by location, climate, idiosyncrasy, temperament, etc. To enable us in a good degree to meet these difficulties and perplexities, we look to the gradual advancement of medical science as new and more efficient medicines, judging from the past, shall from time to time be brought to light. The vegetable and mineral kingdoms will continue to furnish medicinal wealth, and other medicines of acknowledged worth in the treatment of disease will be added to our materia medica." Indeed, the history of medicine during the last ten years proves that "old things have passed away, and all things have become new."

After the address was delivered, Dr. Wallace moved that the address of the President be accepted, and the thanks of the society tendered to the author. Motion carried.

The following committees were appointed to report at the next meeting: 1st, On Quackery — Drs. Matchett and Nisbett; 2nd, On Improvements in Medical Science — Drs. Crume, Wallace and Gans; 3rd, On Collateral Sciences — Drs. Ebersole, Tobey and Donnelland.

Drs. Crume and Woody not having time to complete their report on consumption, were continued as a committee to finish the report on that subject at the next meeting.

Dr. Small, of Eaton, and Dr. Hooven, of Baltimore, were proposed for membership, recommended and elected. Drs. A. H. Baker, of

Cincinnati, J. H. Hibberd, of Richmond, J. C. Reeve, of Dayton, and Rev. Thomas Wallace, A.M., were elected honorary members.

The object of the Eaton Medical Society is the diffusion of knowledge among its members — knowledge obtained by the advancement and review of medical science. The necessity for such an organization is admitted by all intelligent physicians, as a recital of knowledge obtained by investigation can in this way be communicated more efficiently and more rapidly than by any other means.

Article third of the society's constitution reads thus: "Any regular physician, in good standing, may become a member of this society, by a vote of three-fourths of its members present." Who, then, is a regular physician? One who has received a regular medical education. That, and that alone, furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession.

The following resolutions, presented by the Secretary, were unanimously passed:

1. "*Resolved*, That it is as necessary for a physician to take one or more medical journals, and to belong to a medical society, in order to be in good standing, as it was for him to study medicine before he could be licensed to practice.

2. "*Resolved*, That, as the regular medical profession has no secret medicine, no man can be in good standing who pretends to have a secret medicine. If a medicine is good, any concealment regarding it is inconsistent with professional liberality; and if the compound will not stand scientific investigation, then the use of it implies disgraceful ignorance and fraudulent avarice.

3. "*Resolved*, That this society sets the seal of its disapprobation, by a unanimous vote, on any practitioner of medicine who pretends to have a secret infallible medicine for diphtheria or asthma."*

Moved that the President appoint Dr. Wallace to procure a speaker to deliver an address on the evening of the next meeting. Motion carried.

Drs. Lindsay, Wallace, and Woody were appointed a committee to publish the society's charter, constitution, by-laws, and fee-bill.

Adjourned, to meet at West Alexandria second Tuesday of January, 10 o'clock A. M.

* There is a man practicing medicine in this county, who received an honorary degree from the Starling Medical College, who pretends to have a secret infallible remedy for the above named diseases.

Editorial Translations.

Researches on the Development of Tuberculous Matter: By DR. LAVARAU, Professor in Val-de-Grâce.

Microscopical studies have followed, in France and Germany, two different paths. Less prompt in making use of this marvelous means of analysis, we have applied it with a sort of distrust which has kept us in the circle of precise determinations; in Germany the same success of microscopy seems to have drawn many into the error of attributing to theoretic explanations, founded on a progressive science, the value of the facts which only owe their importance to the method which has produced them. For our neighbors, the cell is the point of departure of all organic processes, the centre of a local irritability and a circulation more wonderful than that of the absorbent and exhalent vessels of Bichat,—and in fine a being in a being, since the cell partakes with the egg and grain of seed the characteristic of being produced always from a preëxisting cell. *Omnis cellula a cellula* is henceforth the formula of a new medical doctrine which excludes all interpretation borrowed from the doctrine of exhalation and hyperæmia. Like everything which emanates from its author, the cellular doctrine is as remarkable for the ingenuity of the views as for the truth of the observation. It furnishes numerous and important facts, gives a more complete knowledge of the inflammatory process, and the relations of pathological formations with normal nutrition; but it seems to us to serve in suppressing from physiology hyperæmia and hypercrinia. How can we explain the fibrinous formations on the mucous and serous membranes without a physiological interpretation as well founded as that which invokes conditions of irritation in the cells themselves? How are we, in taking no account of it in tuberculization, or rather in passing by a doctrine so important without examination, or adopting it without submitting it to a sufficient criticism? I have, therefore, thought that the subject of tubercle one of the anatomo-pathological questions the most worthy of interest, would not be uninteresting in presence of the cellular doctrine.

Opinion of Authors on Development of Tubercle.—The opinions on the mode of development of tubercle may be reported in two different points of view. For one party, tubercle is the product of a morbid exudation; for the other, the consequence of atrophic degeneration of the normal elements of our tissues. The first opinion is generally that

of the French physicians, and of German physicians of the Vienna school, and of some English physicians, as Bennett, Ancell. MM. Andral, Lebert and Mandl consider tubercle as a product of secretion. "After its excretion, tubercle takes at first a compact form," says Lebert. "We may affirm," says Mandl, "that tuberculous matter was primarily liquid; coagulation takes place immediately after exudation." According to Gerber, fibrinous tubercle comes from exuded plastic matter which has not been reabsorbed nor transformed into pus. "With regard to the origin of tubercle," says Vogel, "we can not doubt that the substance which produces it may be furnished in the liquid state by the capillary vessels." Albers and Czermack hold the same opinion. Rokitsansky considers tubercle as produced by the exudation of protein principles. Koestlin admits equally that tubercle has for its origin an exudation of a particular nature.

Metamorphosis.—The opinion which attributes the development of tubercle to the atrophic metamorphosis of the elements of our tissues has been introduced into our science by Henle in Germany, and Addison in England. Henle applies to tubercle the opinion emitted by Muller on cancer; viz., that the formations are composed of primary cells, more or less altered. Addison attributes the production of tubercle to the metamorphosis of the white globules of the blood. When the normal elements undergo their metamorphosis in an incomplete manner, the normal products are replaced by those of a retrograde nature. M. Kuss, of Strasburgh, has published in France the ideas of the German school. He expresses his opinion in the following language:

"In the beginning, the epithelial globule preserves its principal optic properties — it remains transparent; from this the initial forms of grey granulation, of infiltrated gelatinous tubercle. Later, the slow accumulation compresses, wears out and causes the skeleton of the lungs to disappear; that is to say, the vascular membrane of the cells, then the epithelial globule, after a certain lapse of time, dies, mummifies, shrivels, changes its optic properties, and becomes more opaque. It is this form which has been taken for the corpuscles of tubercle. As to tubercle of other organs, it is also the result of the mummification of normal tissues under the form of elementary globules. We may then define tuberculization, the death and the mummification of a normal tissue, or accidentally characterized by small globules like to those of the pulmonary parenchyma of the kind that Henle calls *elementary corpuscles*."

For Reinhardt, tubercle is the product of fatty degeneration of the epithelial cells. Schroeder Von der Kolk considers yellow tubercle the result of the swelling of the epithelial cells by plastic matter. Finally

Virchow attaches to this opinion the authority of his name in different publications, especially in his *Cellular Anatomy*, on page 399. In my opinion, says Virchow, tubercle is a granule, or a knot, and that this knot constitutes a new formation, which at the moment of its first development possesses necessarily the cellular structure, and springs, like the other new formations, from the connective tissue. When this new formation has arrived at a certain stage of its development, it shows, in the middle of the normal tissue which it occupies, a small prominent knot composed of small cells with one or several nuclei. That which characterizes especially the new formation is its richness in nuclei, and when we observe it in the surface of the tissue we see almost nothing but nuclei. If we isolate these products, we find either small elements with nuclei so small that the membrane lies directly in contact with the nuclei, or more voluminous cells, in which the nuclei are divided, and may be seen to the number of twelve, twenty-four, or thirty, in a single cell; the nuclei are small, homogeneous, and of an aspect but slightly shining. This structure, which in its development is comparatively most nearly related to pus, inasmuch as it has the smallest nuclei and relatively the smallest cells, is distinguished from all the more highly organized forms of cancer, canceroid and sarcoma, by the circumstance that these contain large, voluminous — nay, often gigantic — corpuscles with highly developed nuclei and nucleoli. Tubercle, on the contrary, is always a pitiful production, a new formation from its very outset miserable.

The difference of opinions on the question of pathologico-physiology relative to the development of tubercle is equally exhibited on the question of its nature and appearance.

Organized Product.—For one party, tubercle is organized, containing cells with nuclei. Gerber distinguishes non-organized albuminous tubercles from fibrinous tubercles constituted by tubercles containing cells with a nuclei having the power to organize themselves into fibres. Gellerstedt considers tubercle as living the same life as tissues deprived of capillaries, as the nails and hair.

For Rokitsky, tubercle forms the transition of non-organized to the organized productions. Schroeder Von der Kolk believes that grey tubercle may transform itself into cellular fibres.

Non-Organized Product.—The largest number of microscopists regard tubercle as a product of excretion, presenting no one of the attributes of organization. For Vogel, tubercle is an amorphous product, developing itself by juxtaposition. For Gluge, tubercle is deprived of organization. For Koestlin, tubercle never raises itself beyond an

inferior degree of organization of an amorphous substance containing nuclear elements. This is also the opinion of John Simon, Henle, Kuss, and Virchow, who regards it as the product of decomposition of normal cells; and especially of M. Mandl, who sums up his opinion on its pathological anatomy in the following language: "The tuberculous matter is not composed of elements which may increase and develop themselves. The multiplication and increase of tubercles can not consequently be explained except by juxtaposition. Tuberculous matter is a non-organized amorphous matter."

Aspect of Tuberculous Matter.—For one party, tubercle is characterized by a special histological element; for the other, by an amorphous matter. In the first party are found Kuhn, Gluge, and especially M. Lebert, who attributes to tubercle—1st, elementary granules; 2nd, a solid amorphous blastema; 3d, characteristic cells. In crude tubercle the tuberculous globule offers irregular outlines, approaching either a spherical or an oval form; it is ordinarily irregular, angular, polyhedral, with rounded angles and corners of a diameter of 0.005 to 0.0075, approaching rarely to 0.01. The oval globules are on an average of 0.0075. Albers, Czermack, Bennett, Paget, Madden admit the reality of characteristic globules—Bennett only giving a diameter to the tuberculous globule of 0.01. According to Paget, it is formed of fatty granules, of nuclei of different aspects, and finally by veritable cells, which are only epithelial cells transformed into tuberculous cells.

Amorphous Substance.—Koestlin, of Stuttgart, Rokitansky, and M. Mandl admit that the tuberculous substance is contributed by an amorphous blastema, containing or not containing altered cells. Tubercle, according to Virchow, has no characteristic element, properly so called; the atrophied nuclei which result from the decomposition of the cells are the only elements which maintain their characteristics. According to M. Mandl, "the tuberculous substance is an amorphous mass studded with fatty molecules, finely granulated, cohering at the beginning of its existence, defluent later." The fragments of this substance presents neither determined forms nor sizes. Particular tubercular globules or corpuscles have no existence.

In the face of views and opinions so different and opposite, I shall try to give my own opinion on this, one of the most important questions in pathological anatomy.

Personal Observations and Reflections.—Tubercle in its first stage of development is constituted by a grey homogeneous substance, whitish, elastic, developed either on some isolated point of the organism, oftenest producing itself, like the disseminative inflammations (dothin-

enteritis, variola), on a great number of points at once, without being characteristic of tubercle, as of cancer and pus; that this dissemination of the pathological product may appear consecutive to a secondary process of reabsorption or to any other mode of reproduction, the simultaneous evolution of the tuberculization being evidence neither of an alteration of the blood nor of the nutritive fluid.

Tubercle does not develop itself in all the tissues nor in all the organs. Differing from pus and cancer, it never commences in the epithelial cells; it does not develop itself in the muscular tissue, nor perhaps in the nervous tissue, nor in points of the connective tissue, where the fibres form compact fasciculi, as in the tendons, the aponeuroses, and the skin — however, these are precisely the parts of this tissue where the plasmatic cells take their greatest development. Generally we observe it in organs where there exists a vascular network with thin sides, in connection with physiological exudation, with gaseous endosmose where from easy communication, as in the lungs, the lymphatic vessels, the follicles, and the plates of Peyer, veritable lymphatic glands flattened according to Brücke, who has observed the same globules in their interior, as in the ganglions, the serous membranes, and finally in the kidneys and testicles.

Tubercle is rare in the liver, which, perhaps on account of the capsule of Glisson, partakes with the most part of the grape-like glands the character of being rarely attacked with this kind of lesion, without our being able to attribute to something else than the predominance of the fibrous element the absence of a product which develops itself so frequently in the glands of the large intestines and the glands of Lierberkichn, so like by the general disposition of the grape-like glands to the greatest fibrous development, as the salivary and mammary glands. In this point of view we very easily perceive a certain relation between tuberculization and the existence of a system of vessels abundantly disposed, as to their walls, for a destination either of gaseous endosmose or secretory excretion. Bennett, in England, has been struck with this relation; he considers tubercle as a product of exhalation in the parts where the vessels present the least consistence. On the other hand, Baron, in England, M. Cruveilhier and Becquerel, in France, have insisted on the relations of adhesion and proximity which exist between tubercle and the venous vascular system; relations perceptible to the eye on the meninges, since it is universally admitted at present that the tuberculous granulations of the pia-mater have their seat in the inferior cerebral veins, anterior and median, and the cerebellar; and that we may observe equally through a magnify-

ing glass on a layer of the spleen and the cortical tissue of the kidney, which becomes very apparent when there exists at the same time pulmonary granulations and an œdema of the lungs; we may then by scraping raise venous portions which sustain grape-like clusters of granulations manifestly adherent. Blainville regarded fat as furnished by the black blood, and exhaled through the sides of the veins. He was led to this opinion by the attentive observation of the manner in which fat is distributed in the epiploon. It is difficult not to remember the opinion of the ingenious physiologist in studying the relations with the veins of tubercles, which contain so much fatty matter. Moreover, the impermeability of tubercles to fine injections, tried in vain by MM. Natalis-Guillot and William Starck; the frequency of hæmorrhages and dropsies determined by this lesion, confirm the existence of certain relations between tubercle and the vascular system.

Let us see what the microscope reveals. The microscopists have advanced different opinions on the anatomical element which serves for the support of the tuberculous substance. According to Lebert, (*Anatomie Pathologie*,) tubercle develops itself sometimes in the intervesicular tissue, sometimes in the vesicles themselves. According to Schroeder Von der Kolk, grey tubercle is seated in the interstitial tissue of the lungs, and the yellow in the interior of the vesicles. MM. Kuss and Reinhardt place their seat in the interior of the cells. Virchow admits that tubercle develops itself equally in pathological and normal tissues, in the transitory cellular parts as well as the permanent fibrous organs. Robert Carswell holds that the free surfaces of the mucous membranes serve as the principal seat for the development of tubercle; he comprises under the name of free surfaces the bottom of the cul-de-sac of tubular glands. Finally, Mandl regards the tuberculous plasma as having the power to infiltrate itself between all the elements of the pulmonary tissue and penetrate into their intimate structure.

For more than ten years that I have examined all the aspects of the question of tuberculization, I have found no fact which permits me to doubt that tubercle may have its seat elsewhere than in the interstitial tissue of the lungs. If tubercle develops itself either in the interior of the vesicles or in the thickness of the epithelial cells, we will find it in the thickness of the granulations, or in the fasciculi of the elastic fibres which limit the pulmonary cells or the epithelial cells. Now I affirm it is never to be found thus; besides, if we transfer the question on the ground of the serous membranes which the fibrous tissue, no more

plated in lobules but spread out in a membrane, the question produces itself with a solution in the most evident manner.

Preparation.—We detach with care a portion of the serous membrane covered with tuberculous granulations as slightly developed as possible, and after having extended it by the aid of pins on a small piece of cork, we submit it to dessication for some hours, taking care to mark by two lines crossing each other, traced with a fine pencil, the precise point of the granulation which, by the drying, confounds itself to the naked eye and magnifying-glass with the surrounding parts. We detach with a very sharp instrument some small bits from both sides, and it is then easy to observe that on the free side the epithelial cells present themselves with their volume and their normal transparency, whilst in carrying under the eye-piece the deeper bits we perceive by the side of the transparent spaces traversed by vessels, spaces whose opaline appearance proves the presence of tuberculous matter. These are not, moreover, ever penetrated by the vessels, which stop at their limit. It is impossible to doubt, after the preceding preparation, that tuberculous matter does not deposit itself on the extremity of the vascular branches in the simple connective tissue (tissue of Reichert), or between the connective fibrilli.

Aspect of Grey Tubercle.—Under a magnifying power of three hundred diameters, a small bit, slightly moistened, covered with an object-glass, and drawn slowly through the field of the eyeglass, offers transparent spaces, with folds simulating fibres, (connective tissue of Reichert,) very distinct fibres, on the track of which appear at distant intervals the cells recognized by Donders, and to which Weber (of Bonn) and Virchow have attached so much importance, and opaline parts corresponding to the presence of tuberculous matter. In lengthening and shortening the focus by gentle movements of the screw, we distinguish, through an opaline granulous blastema, appearances of badly-formed cells, badly circumscribed, of 0^{mm} , 002 to 0^{mm} , 003 of a millimetre, which I compare to similar dispositions which simulate cells in the homogeneous tissue of the acephalocysts, or in the sarcode of the infusoria.

If we submit the preparation for some time to the action of pure acetic acid, the opaline parts become transparent, presenting superposed lines, simulating fibre; the cells disappear, and drops of fat can be seen swimming around the preparation, varying from 0^{mm} , 04 to 0^{mm} , 02 in diameter. The preparation resembles the aspect of albumino-fibrinous productions, less the leucocysts, and with more fatty drops.

The tuberculous drops described by M. Lebert appear to me to belong to a more advanced degree of development, or of degeneration of the tuberculous matter; very characteristic, they appear as small round or oval fragments, with a nucleus, with an elevated contour, affecting an aspect which resembles somewhat the cartilaginous cells. In the tubercle, in process of softening, we find the same globules more isolated on the border of a granulated amorphous mass, containing in its thickness the same globules which we perceive by transparence in moving the eyepiece by the screw. In giving a movement to the parts submitted to observation, we see the globules fly into other fragments, smaller or more voluminous, in such a way as to resemble very much the breaking up of the ice on the surface of a river where the movement of fragments of altered fibrine borrowed from a hematic tumor in process of decomposition takes place.

When the softening is complete, there exists in the middle of the tuberculous fragments leucocysts proceeding, as well as fragments of fibres, from the surrounding tissues.

If from the study of the lesion we seek to advance to the notion of pathological physiology, which can only end in a medical idea, it is indispensable that, conforming to the rules of the method, we should embrace at once all the characters particular to the tubercle, in establishing what is proper to it, and what distinguishes it from other pathological products. Tubercle differs from pus, because pus has for principal element the leucocyst, which belongs to the normal life of blood; that pus, the product of a process of proliferation, which we are able to provoke, developes itself in all the tissues and in all the organs. It differs from cancer, because cancer is organized, that it affects especially the epithelial cells, the grapiform glands, and the fibrous element of the connective tissue.

Cancer appears to attach itself in its development to a state of organic decay (old age). Tubercle seems rather connected with a state of organic evolution. Developed in the organs where there exists an abundant vascular network, it affects in its evolution a great many distinct points, realizing the pathological idea of the diathesis. Cancer, on the contrary, at first local, generalizes itself secondarily by a process of resorption or reproduction which resembles rather the idea of cachexia. Cancer, in so much as an organized product, carries in itself the fatal conditions of its increase and of its extension; simple tubercle, a foreign body, may remain without action in the middle of our organs, on which it does not act, moreover, but as an agent of compression or

irritation. Cancer does not undergo any other influence in its march and its development than that of individual conditions. Tubercle, although appealable to predispositions of race and family, is submitted in its progress, and probably its evolution, to external modifying causes. We know how fatal the catarrhal constitutions are to tuberculous persons, and we have personally seen how much the conditions which provoke scurvy react fatally on the same patients. Laennec and M. Louis have then justly raised to the rank of disease a lesion, perfectly characterized by its mode of development, its physical aspect, and its progress, which ends either in a calcareous transformation, or in a fatty degeneration, with softening.

If it was permitted us, in our day, not to be carried away in the precise terms of a definition, and allow our thoughts to wander beyond the limits where the knowledge of the times retains us, we would say that tubercle seems to us to be produced by a state of nutritive fluid, which resembles the degree of degradation this fluid undergoes when, being no more represented by the blood, the lymph, and the serosity, which are the three aspects under which it produces itself in the superior animals, it reaches a state of being no longer constituted than by a sarcodic humor containing some plasmic cells. Finally, in every point where tubercle develops itself, the circulation is arrested, irritability is extinguished. Instead of the process of physiological activity and renovation of the parts, an inert mass constitutes itself, and absorbs the normal parts; instead of the interior movement of vital expansion, the normal product increases itself by juxtaposition, to that point, that, acting on the surrounding parts, it becomes for it a cause of destruction.—*Gaz. Hebdomadaire*, Sept. 20.

Correspondence.

Castration in Masturbation with Epilepsy.

CASTLETON, MARION COUNTY, IND., Dec. 16, 1861.

Messrs. Editors:—I wish to say to the profession through the pages of your journal, that the man upon whom I performed double castration of epilepsy and masturbation, on January 21st, 1861,* has had no return of the disease up to November 1st, since which time I have lost sight of him. I kept him under my immediate care for eight

* See this case reported in the number of the *Lancet and Observer* for May, 1861.

months—in that time he improved very much in general health. It will be remembered that he was bordering on insanity; his mind improved so much so that he was, in this respect, capable of taking care of himself. He still retained some inclination to masturbate, but this was but little. The only bad effect that I could discover, was that he became indolent, in short, fat and lazy; on the account of this I was compelled to discharge him. In all, I am *extremely* well pleased with the result of this case, and do hope that this subject of castration for masturbation may attract the attention of the medical profession in the future more than it has done in the past. I was severely censured by professional and non-professional people for operating in this case, and had not my case done so well, I am not able to say as to what might have been the result; but, as I said before in my first report, I should not hesitate to operate again under similar circumstances, and with scriptural rule before me, “if the right eye offend thee, pluck it out and cast it from thee,” etc.

Yours, etc.

J. I. ROOKER.

Reviews and Notices.

Lectures on the Diseases of Women. By CHARLES WEST, M.D., Fellow of the Royal College of Physicians, Examiner in Midwifery at the Royal College of Surgeons of England, Physician Accoucheur to St. Bartholomew's Hospital, and Physician to the Hospital for Sick Children, author of *Lectures on the Diseases of Infancy and Childhood.* Second American, from the second London Edition. Philadelphia: Blanchard & Lea. One vol., pp. 483.

We can not too highly recommend this, the second edition of Dr. West's excellent lectures on the diseases of females. We know of no other book on this subject from which we have derived as much pleasure and instruction. Every page gives evidence of the honest, earnest and diligent searcher after truth. He is not the mere compiler of other men's ideas, but his lectures are the result of ten years' patient investigation in one of the widest fields for women's diseases — St. Bartholomew's Hospital. As a teacher, Dr. West is simple and earnest in his language, clear and comprehensive in his perceptions, and logical in his deductions. On the subject of uterine diseases he is conservative. His work is one which will not satisfy the extreme on either side, but will please all who are seeking facts, regardless of theories.

On this subject Dr. West's opinion is at variance with that of many

of the most distinguished surgeon accoucheurs of London, and we can not, taking all the facts into view, agree with him in his opinion. Tyler Smith, in his paper read before the obstetrical society of London, in May last, in which he reports four successful operations, states that in 130 cases of simple tapping, 69 were dead at the end of one year, and 114 were known to have eventually died of the disease. Of 130 cases of iodine injection after tapping, 66 died or refilled, and 64 were said to have been cured; but in these cases the nidus of the disease remained, and it might at any time recur. Of 395 cases of completed ovariectomy, 212 recovered and 183 died, showing that notwithstanding the acknowledged dangers of the operation, the results were more favorable than after tapping or injection. Again, in September last, he, Dr. T. Smith, reported four more operations, three of which were successful, making in all eight, with one death. These added to Mr. Spencer Wells' cases — eight, with three deaths — foot up only three fatal results in sixteen operations in the practice of these two surgeons. These results are as favorable as any of the great operations in surgery.

At page 33 in speaking of the use of the speculum, he justly remarks: "I hold the speculum to be in many cases of most essential service. I think that the endeavor of all of us should be to ascertain the minimum of frequency with which its employment is necessary. This is to be done not by decrying the instrument, still less by attributing dishonest motives to those who use it, but by soberly and honestly trying to test the value of the information which we derive from it, and learning to discriminate between those appearances which the speculum discloses that are of moment, and such as are of no importance."

At page 431, in discussing the propriety of the ovariectomy, he says: "These three reasons, the high mortality which experience and dexterity have failed to lessen, the special hazard attendant on those cases where yet the operation is especially indicated, and the utter uncertainty in which we find ourselves, even in the most favorable cases, as to its probable result, have chiefly influenced me in the formation of my opinion, as to the general inexpediency of performing ovariectomy."

We can not close this notice without quoting Dr. West's remarks concerning the causes of *vesico-vaginal fistula*. In their justness we fully concur. At page 441, he says: "There can be no doubt but that in the great majority of instances, this accident is due to the delay of instrumental interference in tedious labor, coupled with the omission

to use the catheter. It is extraordinary how often this latter simple precaution is neglected, how often the statement of the patient, or of her nurse, is accepted as conclusive of her having emptied her bladder, while the practitioner is conscious perhaps of his own inexperience in performing this simple operation, is only too ready to frame an excuse to his own mind for not attempting to do that which he knows he should do but awkwardly, and fears that he might possibly fail to do at all. To this neglect of the catheter, and to the omission to interfere instrumentally as early as is necessary, is the occurrence of vesicovaginal fistula to be attributed far oftener than to any direct injury inflicted by the instruments themselves."

The work is in the usual good style of the house from which it emanates.

For sale by George Blanchard. Price \$2.50.

The Physician's Pocket Dose and Symptom Book, containing the Doses and Uses of all the Principal Articles of the Materia Medica and Official Preparations, etc., etc., etc. By JOSEPH H. WYTHES, A.M., M.D.; author of the "Microscopist," etc. Third edition. Philadelphia: Lindsay & Blakiston. 1861.

This is a new edition of a very convenient little book. Its title pretty well indicates its general character. Besides being a miniature materia medica, it also contains a table of weights and measures, rules to proportion the doses of medicines, common abbreviations used in writing prescriptions, table of poisons and antidotes, classification of the materia medica, dietetic preparations, with other important topics, embraced in a nutshell. As a useful little hand-book, we can cheerfully commend it as worth buying.

For sale by Robert Clarke & Co.

Physician's Visiting List for 1862.—For many years Lindsay & Blakiston have published this little visiting list with great acceptance to the profession. Having used it for several years, we should not know how to dispense with it. Such, we presume, is the general experience. The price is from 50 cents to \$1.25, according to size and style.

Editor's Table.

A New Year.—Custom in all the intercourse of life seems to call for the courtesy of the season. Socially—amongst anxious business men, editorially—everywhere we hail each other with a “happy new year.” Ofttimes the greeting is very empty and heartless: let us trust it is very often heartfelt and sincere. We enter with this number of the *Lancet and Observer* upon a new year, and with it extend to our readers the salutation of the season. We hope and believe the salutation is sincere, not only so, but as its token we expect to contribute, so much as in us lies, to the enjoyment and rational happiness of all our readers during the year upon which we now enter. The year 1862 opens upon the most thrilling drama of all modern times. The American continent is almost one vast extended encampment; our hitherto peaceful plains and teeming valleys resound with the clash of arms and the thunder of artillery. In all this there is no poetry; alas, it is a terrible reality.

These times of civil strife, however, do not do away with the exercise and necessity for our humane art. Never in the history of the world was there more need of “wise physicians our wounds to heal,” as well as for administering to all the ills to which human flesh is heir. There is still the same wide field for learning and philosophy, and judgment, and careful skill, to be laid as contributions on the altar of medicine, as ever heretofore. In the midst of excitement the physician must, of all men, be cool; in the midst of great alarms, whether of the family, the village or the nation, he of all men, must be collected and ready to present the resources of science for the relief of suffering.

In whatever pertains to these accumulated resources, in whatever belongs to the literature, the philosophy, and the improvements of medicine, we hope this journal will be steadily contributing its mite. In all that concerns the ethics and dignity of the profession, we never expect to abate one jot or tittle. This is our New Year's greeting; with it we only add our hope, that through another twelve months you and we, gentle and esteemed reader, may be permitted and spared to jog along to our mutual profit and pleasure.

Medical Journalism—Its Mortality.—We commenced the year 1861 with a large and attractive list of medical exchanges. With the open-

ing of 1862 we do not receive more than one-third of that list. At one full swoop the great rebellion, of course, cuts off all our Southern list. What has become of them we know not; we do not know whether any of them survive or not. In the loyal States there is a heavy rate of mortality, some of our oldest and most valued exchanges giving way to the pressure. In Missouri there were three journals—the *St. Louis Medical and Surgical Journal*, the *Kansas City Review*, and the *St. Joseph Medical Journal*. The *St. Louis* is suspended for the present; the others we suppose have suspended, as we have heard nothing of them for a long time. Two excellent journals in Louisville, Ky., are deceased. At the beginning of the last year we received from Baltimore, the *Virginia Med. Journal*, the *Baltimore Med. Journal*, and the *American Dental Journal*. These are all gone by the board. During the past year, with the death of Dr. D. M. Reese, of New York, deceased, the *American Medical Gazette*, which for many years had enjoyed considerable circulation and influence, ceased publication. In Ohio we have to record the demise of the *Cleveland Medical Gazette*, and, as we understand, the *Ohio Medical and Surgical Journal*. Amongst the most recent suspensions, however, we notice the *North American Med.-Chir. Review*, edited by Prof. Gross, Prof. Richardson, and Dr. Gross, Jr. We regarded this journal as, in some respects, the best journal in America, and doubt if any European journal of medicine excelled it. Its suspension is, therefore, a professional calamity. And, finally, but by no means least in importance, we record the death of the *Berkshire, Mass., Medical Journal*, after a brief and energetic life of one year. Instead, therefore, of having the fraternal company of thirty or forty American medical exchanges reaching our sanctum in regular order of issue, we have at this date twelve at the outside.

Medical Fees.—A recent issue of the *Boston Medical and Surgical Journal* contains a letter from a Dr. Wilson, of Michigan, complaining that the medical journals do not publish the fee-bills of their several localities, as a matter of general professional interest, as well as a means of reference in questions of dispute. The *Boston Journal* very properly remarks that, “It is plainly impossible to fix anything more than a proximate standard of charges;” but, for the gratification of its correspondent, proceeds to give the main portion of the fee-bill as adopted by the Boston Medical Association. This suggests to us the propriety of publishing a copy of the fee-bill adopted two or three years ago by the physicians of Cincinnati, remarking, however, that these rates are all understood to be simply a maximum rate

of fitting remuneration, and, as our Boston cotemporary remarks, "We trust our distant readers will not be deluded into supposing that the average collections of physicians here come anywhere near the aggregate which this table makes their charges assume on their books. Far from it. The grand total recorded may make a very pretty picture, but, alas, it is in the main a 'dissolving view,' the 'stuff that dreams are made of,' the basis for air-castles, *chateaux en Espagne*." We have at present no guide for surgical fees; in reference to other fees there is quite a correspondence in rate with the Boston fees.

For single visit or advice in ordinary cases where no further attendance is required.....	\$2.00 to \$5.00.	Each ordinary visit, maximum charge...	\$2.00
An extra charge to parts of the city remote from the office or residence.			
Visit to country in addition to regular charge, per mile			1.00
Special visit in city at time appointed by patient or friends			3.00
Night visit after 10 o'clock, \$5.00; extra charge for distance, per mile ...			1.00
First consultation visit, \$5.00 to 10.00; addition for distance, per mile ...			1.00
Subsequent consultation			\$2.00 to 5.00
Consultation at night, \$10.00 to 15.00; with mileage for country			1.00
After the first consultation, if the consulting physician attends regularly at every visit of the attending physician, each should charge			2.00
Visit to Newport or Covington, \$3.00 to 5.00; at night.....			\$6.00 to 10.00
Do. do. in consultation, \$6.00 to 10.00; at night			\$12.00 to 15.00
Obstetrical services in natural labor, with ordinary detention.....			25.00
Difficult or protracted labor, according to the detention, danger and responsibility involved			\$30.00 to 100.00
If the accoucheur arrives after the birth of the child, and only delivers the placenta			\$10.00 to 15.00
Each necessary visit after confinement.....			2.00
Written opinion or advice, \$5.00 to 25.00; Office advice.....			\$1.00 to 10.00
Certificate for life insurance.....			5.00
Venesection, including visit, \$5.00; at office.....			\$2.00 to 5.00
Vaccination, including visit, \$3.00 to 5.00; at office			3.00
Where more than one member of a family is vaccinated at the same time, additional for each			1.00
Subsequent visit for inspection.....			2.00
Introduction of catheter or bougie, including visit, \$5.00; at office.....			3.00
Visit to transient persons at hotel or steamboat.....			\$2.00 to 5.00
Post-mortem at request of friends			25.00

The Trouble between Surgeon-General Finley and Dr. Tripler.—

Our readers may have seen newspaper notices of the difficulty between these army dignitaries, Dr. Finley having been placed on trial before court-martial at the instance of Dr. Tripler. We do not entirely apprehend the nature of the difficulty between the parties—it seems, however, that at the direction of General McClellan Dr. Tripler executed some duty connected with the medical interests of the army, and reported the result direct to the General; Surgeon-General Finley claimed that proper official courtesy demanded that the report be made to him, as Dr. Tripler's superior; and, finally, in the acrimony of

the dispute, gross personalities took place between Surgeon Finley and Surgeon Tripler, going so far, we understand, as to threaten personal violence. This, we were told, was the substance of the trouble. We repeat the story for what it is worth.

Bellevue Medical College.—Our readers will remember the editorial article in our last, entitled “Inauguration of Bellevue Hospital Medical College.” It drew from our friends of the *American Medical Times* some remarks which demand a word. The *Times* says, “It is remarkable with what eagerness medical men sometimes seize upon a newspaper or common report, derogatory to the character of their brethren, and, believing in its entire credibility, give it currency.” We have been disgusted in this city in past years with newspaper puffery of certain persons. The remarkable feature about the whole matter is that it is always some one who has whipped off a leg, or performed some other operation, who forms the subject of these puffs. When we find this puffing repeated several times, we do not opine that it is remarkable in any one to come to the conclusion that it is an understood matter all round. The *Times* adds still further, “It proves a lamentable want of confidence in the honor and dignity of our profession.”

In reply, we can truly say that we have the greatest “confidence in the honor and dignity of our profession,” but those who uphold and represent “the honor and dignity” rarely, if ever, place themselves in a position to have their honor and dignity soiled by a newspaper puff. We alluded to this matter for the reason that “the honor and dignity of our profession” in New York city claims a great deal for itself, and with great justice, too. It should therefore be above even suspicion. It has not been very long since the proceedings of the New York Academy (some of them not very creditable) made their appearance weekly in the New York *Daily Times*. Some gentlemen in this city advocated the admission of the newspaper reporters to the meetings of the medical societies of this city, for the reason that the New York Academy of Medicine did so. The “honor and dignity of our profession” in New York city exercises a wide influence, and its representatives should even avoid the semblance of offense.

We do not entertain the opinion that Prof. Jas. R. Wood and his associates are obnoxious to the charge of inviting *laymen* to be present at operations, but still they were present, and in violation of the code.

Every well-informed physician in the country knows Dr. Wood's high position, but yet the badly disposed may violate the code, and

make the usual display in the newspapers, and when called to account for such unprofessional conduct retort by exhibiting the proceedings of the inauguration of Bellevue Medical College Hospital, as they appeared in the daily papers. We do not mean to do any man wrong, but we have a code of ethics, and all gentlemen must carry it out in spirit and letter. The higher his position—the greater his reputation, the more careful he must be in this matter. Small, mean men may be forgiven, for they are comparatively harmless; but those who are authority in letters and practice in the profession, must not be guilty of errors of omission and commission. It is the duty of surgeons *to see to it that laymen* are not present at their operations.

In one word, every one, while trying to enlarge the science and improve the art, will especially manifest his confidence in the dignity and honor of our profession by carrying out the code.

Sick and Disabled Soldiers.—Great wrong has been done the government and soldiers in very many cases by officers, in enlisting men in the service wholly unfit by conformation and previous health for the exposures of a soldier's life. Of this fact we have been painfully convinced in several visits made recently to the military hospitals of our city. Much of this evil has been unavoidable on the part of the government, owing to the urgency of its necessities, and much has been innocently practiced by men of patriotic impulses. We should not now allude to the matter if we did not almost daily see persons pass us in companies, regiments, or singly, in the uniform of the army, sworn to serve the government, who will fall by the wayside on the first exposure, and either die, encumber a hospital, or pass the remainder of their lives in great suffering. Now, that a great army has been equipped, we believe every one, but especially medical men, should exert their influence to keep those constitutionally unfit out of the service. We need only name the consumptive, scrofulous, rheumatic, those constitutionally weak, those under age, and those above thirty-five. A great many persons have no idea of the continued demand made on the vital powers in the army, and consequently are wholly surprised and incapacitated when they come to endure some of the most ordinary hardships. There are boys who have not reached their seventeenth year, and men touching sixty, now lying in the military hospitals of the city, who never were fit for soldiers, and whom a two or three months' service finds with shattered health, to continue for the rest of their short lives. These persons might have reached an average life, and saved the government great expense, and themselves

much suffering, if proper care had been exercised when they applied to be enlisted.

This evil may in some degree be corrected by immediate discharge of this large class from the army. We say large class, for, from what we have seen and heard, we believe ourselves correct in the use of the terms. The surgeons and officers of the regiments seem disinclined to discharge them in too many cases. They pass on and leave them in hospitals without for one moment seeming to think that they are incurable, or that they are unfit for service. We believe that the sanitary commission will find a matter worthy its good offices in this direction. We therefore respectfully call its attention to it, with the hope that something will be done by calling the attention of the surgeons of the volunteer regiments to the fact, and have them discharge all of this class immediately.

Sanitary Commission.—The Sanitary Commission organized in this city is doing much good. It is being assisted by the public at large with a free and generous hand. Already the commission has distributed large quantities of clothing and hospital stores to the hospitals in this city and Louisville. The commission will expend the chief part of its resources on the troops in General Buell's army. Our readers in Ohio, Indiana, Michigan, Illinois, Minnesota, Wisconsin, and Iowa, may exert themselves in their respective neighborhoods so as to aid the commission. Troops from each of those States are in Kentucky, and will need many things only to be procured through the commission. Our readers can inform the people as to the character of the articles needed. We may, however, name: night-shirts, flannel shirts, drawers, stockings, towels, shirts, pillow-slips, jellies, and, in one word, the usual *adjuvantia* of a sick room. The railroads have agreed to carry any parcels, intended for the commission, free of charge. The profession of the city is represented in the commission by Drs. David Judkins, John Davis, W. H. Mussey, and Edward Mead. The other members from the city are among our most public spirited citizens. Any bundle or box may be addressed to B. P. Baker, Secretary Western Sanitary Commission, Ohio Mechanics' Institute, Cincinnati.

Anonymous Contributions.—We do not object to inserting contributions without the author's name, but the name must in all cases be placed in our possession. The communication of "A. G.," otherwise acceptable, comes under this head.

Anæsthetics in Midwifery—Being a portion of the transactions of the New York Academy of Medicine. This paper is from Dr. B. Fordyce Barker. Dr. Barker closes his paper with the following conclusions, which we append here as of interest to every physician :

“ 1st. Anæsthetic aid is of the greatest value in the obstetric art, and chloroform is generally the preferable agent for this purpose.

“ 2d. It exerts no injurious effect, when properly administered, upon the health of either the mother or the child.

“ 3rd. It is perfectly justifiable to use chloroform in natural labor, solely for the purpose of relieving pain.

“ 4th. It is especially useful in calming the extreme agitation and mental excitement which labor often produces in very nervous women.

“ 5th. It should be administered in those cases of natural labor, where the progress is suspended or much retarded by the pain occasioned by previous diseases, or such as may supervene during labor, and in those cases where the irregular and partial contractions occasion intense and almost constant pain, but have no effect to advance the labor.

“ 6th. It is of great service in spasmodic contraction and rigidity of the cervix uteri, in tetanic rigidity of the perineum, in certain forms of puerperal convulsions, and in the various obstetrical operations.”

Doctors and their Quarrels.—We take the following tribute from an admirable paper, in the October number of *Blackwood*, entitled, “ Meditations on Dyspepsia : ”

“ We delight in doctors who are the best friends of frail humanity, and the least quarrelsome fellows you can meet with anywhere, except when they wrangle amongst themselves. No other class of men enjoy life with the same keen zest and relish, or are so indefatigable in their efforts to promote the happiness and welfare of mankind. They are, too — we say it in all seriousness—the most disinterested of mortals ; for, although disease is their harvest, we find them always true and faithful monitors, warning us against the evil habits that tend to the destruction of health ; and if we were wise enough to profit by their maxims, to live rationally, and to avoid all manner of excess, few would be the fees accruing to the successors of Machaon and Podalirius. But doctors differ. No doubt they do ; but what is implied by that insinuation ? Is not society made up of differences ? Theologians, judges, lawyers, political economists, philosophers of every imaginable kind, and practical men of every degree, down to the very tillers of the soil, agree in one thing only, which is to differ. Difference is the soul of the universe, the source of all improvement. Every quacker would give up the ghost from plethoric obesity if they did not occasionally refresh themselves by promoting a row in the conventicle. Who is so pugnacious as a parson ? And if those to whom the cure of souls is committed, can not always abstain from belaboring their cassocked brethren, why should we expect more temperance from men who have the cure of bodies ? For ourselves, we acknowledge freely

that few things give us greater delight than a regular medical set-to. The combatants are never yokels; they are always well matched in the ring, in splendid training, and full of pluck and science. There is no foul hitting, but each champion directs his fist right at the knowledge-box of his antagonist, and frequently it is difficult to decide which of them is entitled to the honor of having drawn the first claret. The worst of it is that neither of the combatants will give in. They are such gluttons that no amount of punishment suffices to extinguish their wind; and when darkness has settled upon the earth, and the rush-lights in the lanterns have burned out, the umpire has no option save to declare that the battle has been fairly drawn. This kind of pugilism—or to vary the metaphor, contention—may appear to some aged persons highly indecorous; but there can be no doubt whatever that the public have been gainers thereby.”

An American Journal of Ophthalmology.—By the following, which we take from the *American Medical Monthly*, we are pleased to learn that we are about to have an American journal devoted to the specialty of ophthalmic medicine and surgery:

“Dr. Homberger, a valued though but recent contributor to the pages of the *Monthly*, requests us to announce his design to publish a journal entitled *American Journal of Ophthalmology*, specially devoted to ophthalmic medicine and surgery. To speak of the advantages which such a publication offers to the specialist as well as to the general practitioner seems almost superfluous. There was a time when all natural science could be grasped by one master-mind. As the knowledge of principles and facts accumulated, divisions and subdivisions were found necessary. Thus medicine, as a specialty, became separate from its fountain-head and coördinate streams, the physical sciences. Of late years, our science and art have received such an impetus by men of genius, and enlarged general medical education, having devoted themselves to special departments of study or practice exclusively, that it has become as impracticable to represent, without a division of labor, the actual advances in the whole domain of medicine by the periodical press, as it is impossible for one man to teach all the branches in our schools, or to attain preëminence in every branch in actual practice. We shall recur to this practice at a future time; meanwhile, we bespeak for the proposed journal of a specialty as emancipated from general practice as that of the oculist has become, a favorable consideration.”

A Correction.—A number of months ago we noticed a published Lecture, by Dr. R. R. McIlvaine, of this city, which we spoke of as an introductory “Lecture — on the ‘Synoptical History of the Intellectual Powers of Man, and what he has accomplished by them,’” etc., etc. We should have given the title of that lecture as follows,—“*A Synoptical History of the Intellectual Powers of Man,*” etc. We make this correction at the request of the author.

Large Professional Income.—A medical item in one of our exchanges states that Dr. Toland, of San Francisco, enjoys an income from the practice of medicine and surgery probably of \$35,000.

To our Exchanges.—It will be observed that Dr. C. A. Hartmann, of Cleveland, still continues his valuable summary of current medical journalism for the *Lancet and Observer*; most of our medical exchanges supply him with a duplicate exchange; a few do not as yet. We will esteem it a favor if ALL will remember us in this matter, for which we shall be most happy to reciprocate in like manner.

Reorganization of the Medical Department of the Army.—Senator Wilson has introduced a bill providing for the entire reorganization of the medical department of the army. It authorizes the President to select from all the army doctors, without regard to rank, a Director-General, with the rank of brigadier-general; a Sanitary Inspector-General, with the rank of colonel; and six Sanitary Inspectors. Forty surgeons of the first-class, fifty second-class, and sixty assistant surgeons, are to be appointed and promoted by seniority as now. Vacancies are to be filled from civil life or brigade surgeons of volunteers, after due examination. Seventy-five medical cadets are provided for. Amongst the parties immediately interested this law is likely to create considerable fluttering.

An Excellent Suggestion, and one that might be carried into effect in most of our prosperous inland towns, is made in the following editorial, which we find in a recent number of the *Amer. Medical Times* :

“Village Hospitals do not receive the attention that they deserve. In the larger inland towns devoted to manufactures these institutions would be of incalculable service; first, to the families of the laboring classes, in ordinary cases of sickness, and secondly, to those who are the subjects of severe injuries. The great mortality from diseases among the poor arises from the negligence of this class to provide for the wants of their sick, as much as from their pecuniary inability. It would be a great blessing if a small hospital, being a cottage-building located in a healthy part of the town, were provided for them, where, at small expense, they could send their sick, and have them properly cared for both by nurses and physicians. And especially would such a village hospital be of value to those who are the subjects of severe injuries. At present, most accidents among the laboring classes in country towns are transported to the cities, often from long distances, and always at great inconvenience. This is wrong, first, because the life of the patient is seriously endangered by being removed from the country to the wards of a crowded city hospital, and, secondly, because it takes from the country surgeon a class of

cases which he is able to treat to greater advantage, both to the patient and himself. Our attention has again been called to this subject by noticing the annual report of the 'Cranby Village Hospital' (Eng.), to which we have already alluded. It has six beds, and during the past year treated twenty-three cases, which would have been sent to the London hospitals. It is in a measure self-supporting, the rule of admission being, 'Patients shall be received on payment of a weekly sum, the amount, dependent on their circumstances, being fixed by their employer, in conjunction with the manager of the hospital.' We commend this subject to the consideration of country surgeons."

PUBLICATIONS RECEIVED.—A new edition of O'Reilly, on the Placenta and the Organic and Animal Nervous System; from the author.

Baron Larrey.—A Lecture Introductory to the Course on Anatomy, by D. Hayes Agnew, M.D., of Philadelphia, a highly interesting memoir of a great surgeon. The class of Dr. Agnew pay a proper and appreciative compliment by asking for its publication.

Ladies' Repository.—Published by the Methodist Book Concern, Cincinnati, O., at \$2 per year, and ably edited by D. W. Clark, D.D.

Godey's Lady's Book.—The January number, already on our table, and filled with choice engravings, fashions, model cottages, drawing lessons, and capital stories, is certainly, of its class, the best lady's magazine in the country. Single copies, \$3; two copies for \$5.

Army Medical Matters.

—Dr. Geo. C. Blackman, Brigade-Surgeon, is now on duty with Gen. Mitchell's division of the army in Kentucky.

—Dr. Lindsley, Assistant-Surgeon U.S.A., recently on duty at the Military Hospital (Marine), has been ordered to Gen. Buell's army.

—Dr. H. E. Foote, of this city, is appointed Surgeon to Col. L. D. Campbell's Regiment, now in camp at Hamilton, and has gone on duty.

—Dr. C. McDermont, for two months Surgeon to the Third-street Military Hospital, has been ordered to the Forty-Third Regiment, now under marching orders.

—Dr. W. H. Mussey, Brigade-Surgeon, having been ordered to the main division by Gen. Buell, has been assigned as Brigade-Surgeon to Gen. Nelson's brigade.

—Dr. John Moore, Past Assistant-Surgeon U.S.A., is now in charge of the Military Hospital. He has but recently returned from Utah, where he has been serving for two years. He is a gentleman with large experience, and well qualified for his post.

Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

PRACTICAL MEDICINE.

1. *Nitrate of Potash in Intermittent Fever.*—In the opinion of Dr. Amos Sawyer, of Hillsboro, Ill., no preparation is equal to the nitrate of potassa in curing intermittents. He deems it specific in ague, inasmuch as it never failed to arrest the paroxysms, if uncomplicated. Ten grains are taken in half an ounce of water or brandy, or may be placed dry on the tongue and permitted slowly to dissolve.—*Med. and Surg. Reporter.*

2. *Carbonate of Copper in Tinea Favosa.*—This treatment is strongly recommended by Dr. Huet, physician to the penitentiary for juvenile delinquents. The head is carefully cleaned by means of unctuous cataplasms, and when the crusts have been completely detached, it is shaved. An ointment is then applied, consisting of carbonate of copper, two and a half drachms; purified axunge, fifteen ounces. This is considered to cure porrigo with the greatest rapidity. Sometimes it is necessary to suspend the application, and return to the poultices for a certain time.—*Repert. de Pharm.; Nashville Journ. of Med. and Surg.*

3. *Acetate of Lead in Pneumonia.*—Prof. Strohl, of Strasbourg, bleeds once or twice, if the patient is plethoric and the pulmonary congestion very marked, but generally restricts himself to cupping, or the application of a few leeches. From the outset he gives acetate of lead in large doses, varying from five to seven grains, and going occasionally up to ten. The pulse is rapidly affected, falling ten or fifteen beats per minute in a very short time. The local symptoms increase at first in intensity; the patient, however, soon experiences relief, and the resolution of the pulmonary inflammation commences. Then the administration of the lead is suspended, and the rest of the cure left to nature.—*Correspondence of the London Lancet.*

4. *Frost-Bites and their Treatment.*—Dr. R. Nelson pronounces the usual practice of rubbing frozen parts with snow, putting spirits into the boots, etc., to be erroneous. Freezing proceeds from without inwardly, and the thawing or recovery of the parts ought to follow the reverse order, else destruction will ensue. The particles first frozen must be the last thawed, and the thawing must take place slowly from within. Rubbing and kneading is injurious. The proper treatment is to apply such a degree of cold as will not increase the freezing, but at the same time prevent it from thawing until it is reached by the natural thawing from within outwardly; such a temperature is barely the freezing point, 32° above zero of Fahrenheit. Water can be readily brought to that point by putting snow, ice, or frozen earth in it. Fingers or toes may be immersed in this water; to the ears, nose

or cheeks, it is to be applied by means of a napkin frequently dipped, until color and softness return to the part. After that, less cold water may be used, so as to keep down the inflammatory congestion that is likely to follow. If the epidermis blisters, prick these blebs, dress with basilicon, and exclude the air and light. When the congelation has penetrated deep, the part will slough, however judiciously it may have been thawed. A frozen bone never recovers.

A person falling into cold water should as soon as he gets out again press, by a quick squeeze or rub-down, the excess of water out of his clothes, and then run as briskly as he can, say for half an hour, before his clothing is changed. A man may freeze to death in one hour, or even in less time.—*Amer. Med. Monthly.*

5. *Treatment of Diphtheria.*—Dr. Benedict, of New Orleans, used the following for a year and never lost a case. Gargle or wash the inside of the throat frequently with a teaspoonful of tincture of black cohosh, diluted with water. Commence using it on the first symptoms of soreness or inflammation. It does not burn or cauterize, but soothes and relieves the irritation. Do not swallow, as it would nauseate. Continue the use once in two hours until relieved.—*Med. and Surg. Reporter.*

6. *Topical Application in Intermittents.*—In a memoir addressed to the editor of the *Moniteur des Sciences Méd. et Pharm.*, Mr. Ségerie demonstrates the efficacy of the following application in intermittent fevers of every type. ℞ Essence of turpentine, 125 grammes; Sydenham's laudanum, 6 grammes; camphor, 3 grammes; olive oil, 60 grammes—mix. So soon as the apyrexia commences, the whole length of the spine is to be rubbed with this liniment for about ten minutes, and the application repeated every six hours until the next paroxysm, which is generally much slighter. After the third or fourth paroxysm, the fever does not recur. It is well, however, as a matter of precaution, to repeat the frictions a few times after the cessation of the paroxysms.—*Amer. Druggist's Circ.*

7. *Palliative Treatment of Asthma.*—Dr. M. T. L. Pridham mentions the following as the most effectual palliative remedies which he has employed, though he states that no one of them is to be relied on in any second attack, for what succeeds to-day may fail to-morrow:

The first on the list is stramonium, the fumes of which may be collected in an inverted glass-bowl with a narrow mouth; the bowl being charged to its full extent, is placed under the mouth of the patient, who inhales the smoke to the fullest extent in his power, taking care to hold his head away from the bowl when an expiration takes place. Chloroform, either taken internally or inhaled, is a powerful remedy, but it must be employed with caution. The fumes of nitre paper in a state of ignition, well inhaled, prove often valuable. Chloric ether and the tincture of lobelia inflata will occasionally relieve. Bicarbonate of soda, as well as chlorate of potass, given in full doses, frequently produce a good effect. Repeated ten grain doses of sulphate of alum sometimes procure relief, the powder being allowed to dissolve

on the tongue before it is swallowed. The fumes of tobacco, inhaled in the same way as those of stramonium, are sometimes of service, when other remedies have failed, but they produce a deadly faintness and nausea. Small drinks of the best Mocha coffee, made strong, will often give relief. On two occasions, when every other remedy failed, the desired effect was obtained by injecting two grains of morphia and a drachm of tincture of assafoetida. Sometimes a good many remedies have to be tried in succession before one is reached that proves of good effect.—*British Med. Journal.*

SURGICAL.

8. *New Surgical Principles.*—Dr. E. S. Cooper, the indefatigable professor of anatomy and surgery at the University of the Pacific, publishes in the July number of the *San Francisco Medical Press*, the following propositions, which he believes most sincerely to be true. Criticism and proof against them are asked for :

1st. That atmosphere, admitted into the joints or other tissues, is not a source of irritation or injury, except where it acts mechanically ; as, when admitted into a vein, by producing asphyxia ; into the thoracic cavity, by its pressure producing collapsing of the lungs, or when, by the long-continued exposure of a large amount of surface of any of the internal organs, whose normal temperature is much above that of the atmosphere, it reduces it so as to produce a morbid action.

2d. That the division of entire ligaments about the joints is no impediment to their ultimate strength and mobility ; but, on the other hand, this operation will often greatly facilitate the cure, by enabling the surgeon to open the affected part fully, for the purpose of applying medicinal substances to the articular surfaces, when these are ulcerated or otherwise diseased.

3rd. That the only true mode of treating ulcerations of bone, however slight, within the joint, is to lay it open freely, and apply remedial agents directly to the part affected.

4th. That opening the joints early, in case of matter burrowing in them, is far more imperiously demanded than the opening of other parts thus affected, and the operation produces no further pain or inconvenience to the patient, in any respect, than when performed on parts remote from the joints.

5th. That after opening a large joint, the knee, for instance, by an incision several inches long, the wound should be kept open by the introduction of lint, or other similar substance, until the parts within the articulation become healthy, and, in all cases, it should be made to heal by granulation.

6th. That extensive wounds, opening freely the large joints, such as the knee, (even when lacerated, as by a saw, which must necessarily heal by granulation,) do not as often give rise to violent symptoms as very small wounds, such as are made by the corner of a hatchet, an adze, or a pen-knife, which heal on the outside by first intention.

7th. That there are no known limits beyond which a tendon will not or can not be reproduced after division, provided the parts are

made to heal by granulation, and that the present acknowledged rule of two inches being the maximum distance in which the divided ends of a ligament, or tendon can safely be separated, has not the least foundation in fact.

9. *Reducing the Dislocated Humerus.*—Dr. R. G. Thomas, surgeon to the Episcopal Hospital, Philadelphia, calls attention to Crampton's method as one of the oldest and simplest of the plans yet devised for the relief of dislocations of the humerus. Satisfying himself by some careful dissections, that the resistance to the reduction of a recently dislocated shoulder proceeds altogether from the spasmodic contraction of the irritated muscles about the joint, Crampton laid down these two rules :

1. To reduce a luxation into the axilla : The surgeon applies a gentle extension at the wrist, and slowly raising the arm to nearly a horizontal position, suddenly pulls it upwards and a little towards the patient's face, while, at the same time, he suddenly pushes the trunk backwards by pressing with the left hand below the axilla.

2. To reduce the dislocation forwards : The surgeon should place his left arm, extended horizontally, immediately below the walls of the axilla, between the dislocated arm and the chest, and then grasping the wrist in his right hand, he should draw the arm forcibly across the patient's body.—*Med. and Surg. Reporter.*

10. *Simple Apparatus for Fractures of the Thigh.*—A simple contrivance of this kind has been exhibited to the Boston Society for Medical Improvement, by Dr. B. E. Cotting. In the first place, a pelvis-band of stout cotton or linen cloth, strongly sewed, should be made to fit closely to the pelvis and upper part of the hips. It may be eight or nine inches in width, and long enough to surround the pelvis and overlap a few inches. To fit the prominence of the hips, a semi-oval "bias gusset" may be let in on each side at the lower and back portion of the band, beginning on the lower border, two or three inches from the posterior median line. The length of this gusset may be about twelve inches at its free edge, and its greatest width six or seven inches. Its fullness may be such as to make the lower end of the band five or six inches longer than the upper. Two pieces of cloth, with eyelet holes, metallic, if conveniently obtained, should be firmly stitched at suitable distances on the front portions of the band. Two strips or strong tapes, for securing the long side splint, or a pocket to receive the end of this splint, and a T-shaped perinaeum strap complete the pelvis belt. When such a belt has been accurately fitted and properly laced to the pelvis, it sustains, without slipping, any amount of counter-extension. To obtain the required extension without injury to the ankle or foot, take a long cotton stocking, the thinner the better, and sew upon each side of the leg a strip of strong cotton cloth, which should hang free for a few inches below the foot. Cut off the tip of the stocking, that the toes may be exposed. Draw the stocking thus prepared smoothly upon the leg up to the knee, or even above it. Apply a thin roller bandage, neatly and with uniform pressure, from the foot to the top of the stocking. The several folds of the roller

may be further secured in their places, if thought necessary, by a few stitches with a fine needle and thread. Should the leg waste from long confinement, it is easy, without removing the first, to apply a second bandage, which will give all the security desired. Extension is made by the straps below the foot. Such a belt and stocking can be used in connection with Flagg-Desault's or similar apparatus. A simpler and equally efficacious splint can be readily prepared for the occasion. Take a strip of board two or three inches wide and four feet or so long, Make a hole near one end for the pelvis straps. Cut an open mortice in the other end, ten or twelve inches long and an inch or more wide. Fit a cross-piece, nine or ten inches long, perforated by two holes for the introduction of the stocking-straps, to slide in this mortice. The cross-piece may be retained in position by a pin. To reduce the fracture: Having adjusted the pelvis band and the stocking, tie the upper portion of the splint to the band by means of the straps provided. Extend the injured limb and fasten the foot to the cross-piece by the stocking straps. If any further extensions be needed, the cross-piece can be drawn down and secured in place by the pin. Any further applications that seem requisite can be easily made directly to the injured part. Short splints can be applied, compresses fitted, wounds dressed, suppuration attended to without difficulty. Pads and pillows can be arranged to suit the comfort and necessities of the patient, or the inclinations of the attendant. For fracture of the neck of the thigh-bone, the belt is often all that is necessary or advisable to apply.—*Boston Med. and Surg. Journal.*

MATERIA MEDICA.

11. *Effects of the Essence of Checkerberry.*—Dr. W. E. Townsend reported to the Boston Society for Medical Improvement the case of a woman who had become insensible after drinking six ounces of essence of checkerberry. She was apparently in a sound sleep, but could not be roused. Pupils contracted. After being made to inhale the vapor of ammonia she roused sufficiently to take an emetic, which, however, did not operate, and she immediately relapsed into unconsciousness. After two hours, a powerful galvanic battery was applied, from the effect of which she vomited; but such was her condition that she was nearly strangled by the contents of the stomach lodging in the fauces. She then appeared to be sinking, but in the course of an hour showed signs of reanimation, and gradually recovered, having been insensible for ten hours. Dr. Hooker mentioned the case of another young woman who swallowed some toddy containing a large amount of oil of checkerberry. She soon became very stupid, and afterward vomited. The result was a severe and very nearly fatal attack of gastritis.—*Boston Med. and Surg. Journ.*

12. *Oxide of Zinc.*—According to Dr. S. Waterman, this agent exerts a powerful sedative or soothing influence over the brain and the ganglionic nerves. Its operations seem to be exceedingly mild, and free from after-effects, such as are observed after the use of opium and the kindred narcotics. In all cases where these narcotics are contra-

indicated in diseases of the brain, zinc may be given, and in many of these cases its effects are positive and lasting. Its ability to soothe vascular excitement dependent upon cerebral and nervous irritation can not well be doubted; whilst it possesses equal power to allay and calm the irritation of the brain and ganglionic nerves, unaccompanied by inflammatory action of these tissues. It has proved itself useful to a limited extent, also, in inflammation of the brain and its membranes, but in a manner less marked and positive. Beneficial results have been obtained from it in the following diseases.

1. Delirium tremens: When opium and all other remedies had been unable to make any impression and a fatal issue seemed unavoidable, oxide of zinc has in several instances rendered good service. Doses of two or three grains every two hours are sufficient. It may be combined, if necessary, with opium or other remedial agents, and its use should be continued for some time even after the delirium has been overcome.

2. Eclampsia infantilis: After the fits have been broken by the free use of chloroform, zinc controls the cerebral and nervous agitation which almost always still harasses the little patient for a short time. In combination with calomel, digitalis and powdered scilla, its effects are most gratifying. As in the former disease, its use ought to be continued after the convulsions themselves have disappeared.

3. In the eclampsia happening during pregnancy or labor, or menstrual irregularities, oxide of zinc, with or without opium and calomel, acts beneficially upon the sensorium, especially when the convulsions originate from a high state of nervous sensibility, as in the various forms of hysteria. After the employment of chloroform, zinc exerts its sedative influence in a most positive manner. The dose is two or three grains every two hours. In convulsions produced by plethoric habits its effects are less reliable, whilst in convulsions arising from uræmic toxication its effects have not been sufficiently tried to warrant any positive statement in its favor.

4. The oxide of zinc is a most reliable agent in the various forms of hysteric convulsions, depending, as they do in most cases, upon inordinate action of the nerves.

5. In the exanthematic diseases, when the eruption is accompanied by cerebral irritation, and even by convulsions, it has long been known to exert a soothing influence.

6. In some cases of epilepsy and chorea zinc seems to be a very efficacious remedy.

7. European writers recommend it in asthmatic difficulties and whooping-cough.

8. In England and in this country it has been very highly extolled against the night-sweats of phthisis, and as useful in all cases of profuse perspiration.

9. It has also been well recommended against worms, and still more against chronic dysentery, and is reported to have cured some of the most obstinate cases of intermittent fever.

The external use of oxide of zinc seems to be well enough understood by the profession generally.—*Amer. Med. Monthly.*

OBSTETRICAL.

13. *Leucorrhœa in Pregnant Women.*—With a view of testing the accuracy of Cazeaux's assertion, that seven-eighths of all pregnant women had ulceration of the neck of the womb, Charrier examined one hundred pregnant women indiscriminately, as they offered themselves to his notice, and came to the following conclusions: Leucorrhœa precedes and gives rise to the ulceration of the cervix. The congested conditions and processes of hypertrophy taking place in the pelvic organs are the causes of this leucorrhœa. At first a physiological condition, it may become morbid under the influence of a bad state of health. Nearly two-thirds of pregnant women have leucorrhœa. Nearly eight-tenths of these have ulcers of the cervix. Treatment: Attention to the general condition, mild aperients and preparations of iron, and remedying disorders of the digestive organs. Local treatment would doubtless frequently induce abortion.—*Amer. Med. Monthly*, from *Bullet. de Thérap.*

14. *Rigidity of the Os Uteri.*—Paul Dubois recognizes (*Gaz. des Hôp.*) two varieties: spasmodic and mechanical. The first-named is the most common, the vagina as well as the cervix being hot and dry, and the os thin, hard, and unyielding. In mechanical rigidity the cervix is hard also, and feels much like unimpregnated uterine tissue. In the first variety, when the woman is quite robust, a small bleeding will be of great benefit; when not so robust, a prolonged bath. Extract of belladonna smeared on the cervix does not deserve a great deal of confidence. The best treatment consists in small incisions with a guarded bistoury. A little blood flows and the delivery soon occurs; labors which had lasted for forty-eight hours, sometimes terminating in a few minutes after the operation, no evil result ever following. In mechanical rigidity nothing else should be tried.—*Am. Med. Monthly*.

15. *Postural Position in Prolapse of the Funis.*—In a lecture on this subject, delivered in the University Medical College, New York, Dr. T. G. Thomas lays down these rules in regard to the postural method:

1. As soon as you have diagnosed the existence of prolapse of the funis, explain the reasons for the change of position to the woman, and place her upon the knees, and elbows, elevating the buttocks as much as possible. . . .
2. Pass the entire hand into the vagina, passing the cord (if toward the sacrum) down under the head, and thus over the symphysis pubis, and push it past (i. e., above) the presenting part. . . .
3. Should it return, repeat the operation, and keep the hand in position for two or three pains. . . .
4. Keep the woman in this position, until the head has been driven into the pelvis; then let her lie as she chooses. . . .
5. Should this means fail, resort to version, if the head is above the superior strait, to the forceps if below it.—*Amer. Med. Monthly*.

Dr. Thomas appears somewhat troubled about his claim to the priority in recommending his plan, on account of a similar recommendation by Dr. Theopold, of Blomberg, published in the *Deutsche Klinik*, July 7, 1860, and translated in *Wells's Summary*, vol. i.,

Midwifery, p. 35. In the article referred to, Dr. Theopold states that he first employed said method ten years ago, and since that time he has always been able to reduce prolapse of the cord. It does not appear, however, that he ever published anything about it previous to 1860, so that the honor of the first recommendation must remain with Dr. Thomas, who taught this method in 1856, and read an essay about it before the Academy of Medicine in 1858.

16. *Remarks on Coition*, made by Prof. A. K. Gardner, at the clinique for diseases of women, New York. A brutal performance of the act by the husband results often in a laceration of the hymen, fourchette, and other soft parts, followed by hæmorrhage, sometimes so profuse and uncontrollable as to demand the physician's attention. Usually this hæmorrhage is easily arrested by cold water, ice to the vulva, pressure, or a pledget of lint wet in a solution of the perchloride or persulphate of iron, pressed firmly upon the bleeding part. Sometimes a little arterial vessel is ruptured, and it may be necessary to twist it with a torsion forceps. In rare instances, it is requisite to take up the artery; while, generally, holding the tissue pressed firmly between the thumb and fingers for ten or fifteen minutes, will suffice to stop the flow, and by rest and cold applications it will generally be prevented from recommencing.

Sometimes the parts are much bruised with ecchymosis and extravasation into the labia majora, which are consequently much swollen and painful. This condition is best treated by cataplasms or cold applications over the parts, and a few days only are required, with rest and light diet, to effect resolution, absorption, and cure. Sometimes, however, the parts go on to suppuration; an abscess forms, which, if not opened, may spread through the loose cellular tissue and greatly destroy the parts. Occasionally even more serious results, from the supervention of erysipelas or the destruction of larger arterial branches, may follow.

The effect of coitus is very frequently seen in the inflammation of the labio-vaginal or Huguier's gland, although the same affection may be caused by friction in horseback riding. Treatment—cold and astringent applications and leeches; if these fail, cataplasmata and opening of the abscess.

Vaginitis is unquestionably the product of excessive sexual intercourse. It does not materially differ from gonorrhœa. For the treatment, antiphlogistics, rest and mild topical astringents, a grain or two of the nitrate of silver to an ounce of water, often repeated into the vagina, and an unstimulating diet, is all that is requisite. A very efficacious local application is formed by two drachms of chloride of zinc in three drachms of pure water, or, what is about the same, Squibb's liquor zinci chloridi, eight or ten drops of either to a tumbler of water. Unless the urethra is implicated, no internal medicine is necessary. If so, *capaiba*, *cubebs*, etc., will be found requisite.

Coitus does not, in the normal condition of the uterus, produce disease of the surface of the cervix. It, however, if very frequent, brutal, or in consequence of a too long virile organ, will pro-

duce congestion of the organ, then abrasion of the mucous membrane, from a consequent hyperæmia, hypertrophy and increased weight, consequent prolapsus, and a whole train of depending symptoms. In acute disease of this kind, coitus is inconsistent with cure. In chronic hypertrophy of the neck, however, moderately frequent intercourse, entered into without an inordinate sensuality, is beneficial and tends to reduce the hyperæmia. When there is simple abrasion of the cervix, without hypertrophy, or deeper ulcerative disease, intercourse generally produces bad results.

Hæmorrhage, with or without pain, following immediately after coition, indicates the presence of either a mucous polypus, or a fibroid, or a cancerous or phagedenic ulcer.

Coition in those suffering from endometritis is not necessarily in all instances injurious, but apt to be attended by sudden and most intense spasms of pain, simulating colic, which come on not unfrequently in the course of the act, but sometimes at other periods, especially after the sudden suppression of the menses. Mercurials are useless against this pain. The temporary treatment is opiates and hot fomentations, and subsequently leeches, or scarification of the neck, intra-uterine applications of styptic unguents, and abstinence from sexual intercourse. In the pregnant, coition is often to be entirely prohibited, especially in those who have had previous abortions, in the cases of so-called "irritable uterus," in those women "who have a tendency to abort at certain periods," etc. Excessive intercourse will of itself produce abortion, as certainly and for the same reason as the water-douche, by simple uterine irritation.

After delivery coition should be renewed with great circumspection, and not until a proper period of time has elapsed. The period can not be determined by days, but time should elapse sufficient for the entire and complete cessation of all profluvia, for the resolution of the uterus, for the restoration of the vagina and perinæum to their normal tone and contractility; operations which will rarely be completely effected in less than a month, and which usually exceed this period.—*Amer. Med. Monthly.*

Obitua! Record.

SIR JOHN FORBES, formerly editor of the *British and Foreign Medical Review*, and author of a work entitled *Nature and Art in the Cure of Disease*, died recently in London, in his 75th year.

In St. Louis, July 20th, M. H. BILLINGSLEA, M.D., in the 25th year of his age. He was a young physician of great promise.

At Fort Union, New Mexico, Sept. 22nd, after a short illness, Dr. KIRTLEY RYLAND, Assistant Surgeon U.S.A., aged 28 years.

In New York city, Nov. 28th, Dr. RICHARD S. KISSAM, aged 53 years. He was a successful surgeon and excellent man.

THE

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CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

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ARTICLE I.

Ferrocyanide of Potassium. . . Prussiate of Potassium.

BY SAMUEL F. NEWCOMER, M.D., GREENFIELD, OHIO.

Several times during the last ten years I thought of sending to the *Lancet* my experience and observation on the use of prussiate of potash as an internal remedy; but delayed it, more fully to confirm my convictions of its value as a curative agent. Now my notes would more than fill a number of your monthly, and in order to reduce them to convenient limits must be satisfied with extracts here and there illustrative of the different class of cases in which its use has been profitable.

In 1842 I first saw the prussiate of potassium in the hands of a mechanic, and learned it was used in the prosecution of his art. Being pleased with its color—the beauty of the crystals, I procured a quantity in order to learn more about it. Although thus accidentally brought to my notice, I soon began to think of it as a medicine, and took several doses of it before I could venture to give it to others. I did not remember that Eberle or Chapman spoke of it as a medicine, nor any reference to it as such in the earlier editions of Wood and Bache; and I am certain it was not named by Prof. Dunglison in his lectures on materia medica during the course of 1832–33, and of 1833–34. Eberle said it was used by Mr. Wollaston in his investigations of the *modus operandi* of medicines. This is all the reference to it found in any of the books used during my medical studies. In 1848, six years after I first used the prussiate of potassium medicinally, I found a short notice of it on page 709, vol. i., Pereira's *Materia*

Medica. There in the testimony of Drs. Arat, Wollaston, Macneven, Emmert, and others, it might be taken in large doses, but was of no value as a medicine. But Dr. Smart (*Amer. Jour. Med. Sciences*) regards it as possessed of some activity. Dr. S. gave it as a sedative, etc.; but Pereira thinks further evidence is needed to confirm his statements, which do not accord with the observations before reported.

Being satisfied of the good effects of the prussiate of potassium in some forms of disease, the only advantage derived from Pereira's book was the assurance that large quantities could be given without danger. I had not previously given over eight grains at a dose.

I will now give in few words the class of cases in which this medicine was first used: Invalids, the largest number females of enfeebled habits, relaxed fibre, languid digestion, flatulent, sour stomach, sleepless, and the train of varied symptoms usually attending such a state of the system. Prominent among others is pain, more or less severe, in the stomach and bowels, in the nerves of the face, forehead, etc., but more severe and constant in the head. The bowels may be regular or contrary-wise; pulse often too quick; always irritable, easily excited, and seldom regular for any length of time; hands and feet cold, or inclined to be so, etc., etc. Such cases often gave me much trouble. Anodynes might afford relief for a time, but the distress caused in other respect is often a bar to their use. Tonics would heat the system, dry the tongue, and excite fever; the usual alterative of little or no effect, and a judicious course of diet and general hygienic rules rarely persisted in long enough to secure good results.

After correcting any marked lesion of function of the liver, stomach or bowels that might exist, I would give prus. potassium, ℥ ij., ext. glycyrrhiza, grs. x. to xxx., aqua pura, ℥ ij. Dose, half to a whole teaspoonful, every three to six hours, according to the violence of the symptoms or the promptness of the remedy in relieving them. It may here be said the preparatory treatment did the work, but on this point I made many satisfactory trials, and for years past I give the potash as the first and only medicine used in the case.

Females run down from lactation often present the train of symptoms above described. To many patients in this condition two or four ounces of a solution of prus. potassium would be all the medicine given, and yet speedily cured. Some stomachs reject the glycyrrhiza, and then the formula I use is: Prus. potassium, ℥ ij. to iv., essence peppermint, gtt. x. to xxx., aqua distillata, ℥ iv. Dose, thirty to sixty drops in elm-bark or gum-arabic mucilage, and water. Some take the medicine as it is in a little water.

It is now nineteen years since I began the use of the prus. potassium, and have given it as often as any one preparation of the materia medica, and yet I do not think there was over ten or twelve persons met with who could not take it on account of any unpleasant effect on the stomach, bowels or head.

Hundreds are tortured with headache, complaining of no other symptom. Eight out of ten cases of this kind I cure or greatly relieve with this salt, given in one of the preceding formulas. Neuralgic pains of the face, head or other regions, are often promptly cured by it. In all cases of this nature, the prus. potassium is depended on. A very intelligent lady, who had for a long time suffered much with headache, said this medicine was essentially a headache medicine, it often giving relief from a severe pain of the head in thirty to sixty minutes, without vomiting, purging, or disturbing effects.

As a stomachic or invigorator of digestion, and hence a tonic, it is in my hands oftener used than all other remedies, and with more success.

You would not, Mr. Editor, allow me room in your monthly to define all special cases which would indicate its use: every physician will soon learn this. Of one thing I can assure him—that is, no serious results ever attended or followed its administration in my hands.

I have found this medicine most valuable in some cases of asthma, and cured two cases of long-standing. One patient, a man aged 45 to 50, had been under treatment by all kinds of doctors and quacks of every hue, for four or five years reduced to a skeleton. I tried many remedies, but cured him at last by prus. potassium mainly.

In epileptic fits of children of four to eight years old, it is my best agent to correct the deranged system generally, putting it in a good condition for other medicines. It often prolongs the return of the fit; and in a case now under treatment, a boy six years of age, it bids fair to effect a cure.

In that peculiar type of neuralgia called “sun-pain” by the people,—the pain coming on in the morning, reaching its intensity between 12 and 2 P. M., and then declining till it ceases at night,—several well marked cases were cured in twenty-four to forty-eight hours, using only prus. potassium. Previously I had to purge freely, then give large doses of morphia, opium, camphor, cannabis indica, quinia, iron, etc., etc., and sometimes blister,—the affection in some instances holding out from four to twelve days.

I must give the history of one case more in detail. In my previous remarks I aimed to give in the smallest number of words a hint of the class of cases or disease where this medicine has been useful.

The case of Mrs. R., aged about thirty, was remarkable on many accounts — principally, however, from its pathological difficulties, it being impossible on my part at least to determine the precise locality, the cause, and the nature of the most prominent symptoms; also in the fact of not having received a particle of benefit from anything they previously had done,—and all treatment had been abandoned for several months before I saw her, and resumed at the time because, as Mr. R. said, he could not endure the sight of his wife's sufferings and make no further attempt at relief, notwithstanding the complete failure of every effort previously made.

The case came into my hands April 1st, 1848. She appeared bloodless — so pallid and anæmic a person I had never encountered — the whole surface, lips, gums, tongue and fauces whiter than I had ever seen before. Her pulse ranged from 100 to 150 — it could not always be counted; tongue clean, moist and white; skin dry, at times very hot and then very cold without being in a chill, hands and feet always cold; bowels very torpid, requiring active and oft-repeated doses, and the syringe, to secure a motion; stools clayish, then ashey, again natural, and then black as tar. Large quantities of limpid urine passed daily; urinating caused intense pain, often agony; the urine was at times mixed with blood, then large lumps resembling organized flesh more than blood coagula. Menstruation irregular, the fluid colorless, and at times very painful. The womb prolapsed; vagina and urethra ulcerated — a dry, tetterish-like ulcer with great heat, the abrasions extending over the labia major, perinæum, and around the anus. All applications — whether of oils or mucilage, hot or cold; solutions of lead, nitrate of silver, lime-water, and oil poultices of all kinds,—failed to mitigate the head and pain constantly present, and when the urine passed it appeared to throw her into tonic spasms. Abdomen full and doughy, and besides the pain of the vagina and continuous parts, she suffered pains in every region of the body; but the greatest of all was a pain that came on at intervals, sometimes once, often twice, in twenty-four hours; it occasionally intermitted one day; at long intervals she was free from it for forty-eight hours. It began in the os coccygis, slowly extending over the pelvis and up the sacrum, then along the spine till it reached the head; the pain passed to the head in from two to three hours after it was first felt in the pelvis; as it traveled up the spine it grew in severity, till it reached the culmination in the head. The hair has turned quite grey since the pain of the head. Speaking of the pain over the body, it should have been stated that pressure everywhere increased it, and caused pain when it was

absent. This tenderness was over the whole surface of the body and extremities, and hence I concluded it was of a neuralgic character, and seated in the superficial muscles. One feature in this case seemed out of harmony with the preceding relation — the absence of emaciation; she was too weak to be up, yet was not much reduced in flesh. At first it was ascribed to anasarca; but this was not clear, nor can I yet account for this to me remarkable fact, as her appetite was nearly gone, and the little food she forced into her stomach was of the weakest—crackers, tea, and a little milk and water, all sparingly taken, except the water.

Mrs. R. had been bedridden four years, all the time in the doctors' hands — half of the time treated by quacks of the Eclectic stamp, and the other half by physicians of respectable standing; but, as previously stated, no benefit followed this long course of medication.

I began with anodynes, tonics, cuppings, blisters, pustulating unguents along the spine; belladonna, stramonium, opium, morphia, cannabis indica, quinia, and the preparations of iron, vegetable acids, hot baths, cold sheet, shower baths, ice to the head, wines, and in short everything that had the least show of doing good. Nearly a year was consumed in this fruitless medication, and I would have abandoned the case in three months as incurable, and every month after the first quarter. But the patient would not suffer me to suspend treatment, saying with much confidence that she was "certain I would hit the right medicine in time." This was likely due to the great interest I felt for her. With her consent, I at one time gave her opium to narcotism, and kept her in an unconscious condition for two or three days; it did no good, and required ten days to recover from its effects. I often quit all medicine for a week or two, not knowing what to give or what to do, expecting that nature might give a new turn, or indicate some untried course.

After intermitting the medication for a short time, the *prus. potas-* sium, ʒ ij., ext. glycyrrhiza, grs. x., aqua distillata, ʒ ij., was given in twenty-drop doses, repeated every four hours and gradually increased. I saw no special fitness of the remedy to the case in hand — it was a *dernier ressort*.

The effect of this remedy was not only good, but promptly so, and to an incredible extent. Four days after the first dose, Mrs. R. said she had now a remedy for her case. In three weeks the vaginal disease was perfectly cured, and measures taken to correct the prolapsus uteri. In thirty days the pulse was at the normal point; nor did she ever again endure that severe pain of the spine and head but that a

dose of the potassium, taken at its onset, would arrest it in twenty to forty minutes.

This lady took the medicine in large doses without detriment. At the end of the second week she used tablespoon doses of a saturated solution. It was contrary to my wishes, yet she persisted in the use of such doses for one or two months, when the cure was complete.

This lady now became a child-bearing woman; her children, with one exception, were large and perfectly developed. Four years after she got well, her husband wrote to me from Iowa that his wife was called as stout and healthy a woman as their neighborhood could produce.

— I have now said enough for any one to begin the use of the prus. potassium with profit and safety. All my observations on this medicine purely as a sedative are omitted, because we now have a more reliable article of this class in *veratrum viride*. In many cases where *veratrum viride* is contraindicated, I still use the potassium.

It may be expected that I would class the potassium — assign its place in the *materia medica*. This I will leave to the next author of such a work. Yet, had I no fear of making this article too long for the editor, much might be said on this head.

I am positive the prussiate of potassium will reduce the pulse, and is so far sedative. It excites the appetite, and promotes digestion,—in some instances to a degree not reached by any other article. I use it in many cases as a tonic. In neuralgia and nervous pains of the head, face, and other parts, in “sun-pain,” it will give relief; therefore it is an anodyne. When successful in asthma, as it has been in my hands, it is antispasmodic or alterative. As a restorer of an exhausted system, from lactation or other causes, it is my most certain remedy. In chest difficulties it has done more than the chlorate of potash for me. In a large majority of neuralgic patients it is my first, my last and only medicine.

If any of our professional brethren adopt the prus. potassium into the list of their curative agents, I would like at a future period to hear from them, whatever may be their conclusions. I know that men in our profession have their pets or hobby, to which they ascribe virtues that no one else can verify—as Hamilton with purgatives, and a hundred other instances could be found; and I am really curious to know how much of all the varied qualities assigned the prus. potassium in this article will be found by others. No one could be more careful than myself, and nineteen years seems to be time enough to establish a truth in therapeutics.

ARTICLE II.

Treatment of Cut and Thrust Wounds in the Intestinal Canal.

BY B. WEBER, M.D., CINCINNATI, OHIO.

A practice of several years in various field-hospitals during the war from 1812 to 1815, where vulnerations were very numerous, and likewise a practice of thirty-three years in the Bavarian state service, where in a large circuit the treatment of all more important vulnerations fell exclusively upon my share, as also the cases of wounds in the intestinal canal successfully treated by me here in Cincinnati, were an inducement to me to communicate what experience I have in cases of the above description.

All hitherto recommended methods of operation and manipulation to heal wounds of the intestines can not only be entirely dispensed with, but since they do not further the object of healing, they are rather impeding it, and consequently objectionable. Such is, for example, the *sutura quatuor magistrorum*, either with or without the insertion of the trachea, or the piece of an intestine of an animal, or the hollow tube of elderbush wood, or the silver tube of Paracelsus, for the formation of an artificial anus; the single suture of Palfin and Lœffler; Verdacc's *sutura pellionum*; Le Drans' *sutura ansata*; La Peyronie's suture in the folds of the mesentery, which is also recommended by Richter, Lang and Russ; the suture practiced by Petit, Garengeot, Sabatier, and Richerand; *sutura transgressiva* (*suture a points passés*); Lanfranchi's *sutura latens*; Ramsdohr's *sutura per invaginationem*; and the additional application of an oiled cylinder of card-paper by Ritsch, Chopart and Desault, as also Watson's cylinder of ichtyocolla and Bell's cylinder of tallow; furthermore Lembert's and Tobart's artificial sutures, Beilard's ligature, Deran's metallic rings, Henroz's improvement on Deran's treatment of application of Reybard's wooden plate.

The objectionability of all enteroraphe was known already to Celsus, since he pronounced it in lesions of the smaller intestines a useless, and of the larger ones a dubious remedy. He says: "*Si tenuius intestinum perforatum est, nihil profici posse, jam retuli. Latius intestinum sui protest, non quod certa fiducia sit, sed quod dubia spes certa desperatione sit potior, interdum enim glutinatur.*"* In later years, likewise,

* "If a smaller intestine gets perforated, as I remarked already, nothing can help. A larger one it may be well to sew together, not because there is a certain reliance on it, but because a doubtful hope is better than certain despair, for sometimes it agglutinates."

its usefulness was demonstrated by experience by "Scarpa on Hernia; from the Italian, by Seiler. Halle. 1813." Page 504.

In order to comprehend the conditions for the healing of cut or thrust wounds in the intestinal canal it is necessary that we should have a correct insight into the pathological process after the vulneration and during the course of healing, and to observe the symptoms as they follow in succession.

Privately as well as in public institutions experiments have been made on dogs, sheep, calves, hogs, etc., to ascertain the condition of the intestinal canal after receiving a cut or thrust wound. In no case, except where the canal is transversely and entirely severed, a separation of the edges of the cut takes place immediately after the lesion. It is all the same whether the wound be longitudinal, transverse or oblique, they all close themselves by the combined action of the longitudinal, transversal or spiral muscles of the intestine, and adhere for twenty-four to thirty-six hours, and even longer, after the lesion, while in the mean time the edges of the wound form a lip-shaped swelling. Inflammation here ensues, with exudation of plastic lymph from the serous membrane of the intestinal canal. This plasma agglutinates the edges of the wound and unites them with the adjacent portion of the intestine not wounded, and which like a plaster overlaps the neighboring wound. Not earlier than on the second or third day, in the same proportion as the increased inflammation forms into suppuration or mortification, the separation of the wounded edges and the fatal effusion of the contents of the intestinal canal into the abdominal cavity takes place. It is this above described condition of the intestinal canal and the successive appearance of pathological phenomena which the surgeon has to make use of for his healing plan, and which give him the indication for the mode of treatment. His first object must be to prolong as much as possible this primitive sub-inflammatory condition, during which exudation of coagulable lymph only prevails, and to make it continue until the lymph has organized itself and a firm adhesion of the edges of the wound has taken place, which seldom takes more than from eight to twelve days. To be sure of success it is necessary that the physician as soon as possible after the lesion gets the patient under his charge, while it is still possible to confine the inflammation of the wound and prevent its farther development, and to keep it and have it remain in such a state as is favoring organizing plasticity, and which operates against a farther development of inflammation. To attain this, according to my experience, we have to resort to the early application of frigidity, which is to be

continued in proportion to the intensity and continuance of inflammation, and than which no agent of chirurgical jamotology is more commendable. The antiphlogistic action may be explained by the circumstance that the vessels of the inflamed part contract, and thus the flow of blood to the irritated and inflamed portion is kept off and the developing heat absorbed.

Whenever a physician is called to a case of wound in the abdomen, first of all he has, according to well known rules, to replace the intestines which may protrude, and to bring the wound of the intestinal canal as much as possible into a corresponding situation with the external wound. If the intestinal canal is wounded without any intestines protruding, but from the depth the weapon penetrated, from the odor attached to it, and other circumstances, a lesion must reasonably be supposed; it is not necessary, aye, it is even injurious, to institute closer examination either with the probe or the finger, in order to find the wound and to attempt its union. This union takes place of itself by the contraction of the muscular membranes of the intestine and the compression of the abdominal walls against the intestines generally. In such a case, if necessary, only the external wound is to be united by one or more stitches to prevent protrusion of the intestines, and cold applications have to be resorted to immediately, either by compresses dipped in ice-water, large enough to cover a large portion of the abdomen, or by a bladder filled with snow or crushed ice. Where ice or snow can not be had, Schmucker's fomentation may be applied for this purpose: ℞ Kal. nitr., ℥ ij., ammon. mur., ℥ ss., aq. font. frig., ℔ iv., acet. vin., ℔ j. By this mixture an artificial coldness is produced, which in a measure is a substitute for ice.

These cold applications have to be continued for six to eight days, first without interruption, after awhile in intervals in proportion to the diminishing tendency for inflammation; and whenever there is any appearance of an increase of this tendency, by the compresses getting warm sooner, and more heat appearing around the wound, they are to be repeated. The application of cold has to be done to such an extent that exudation of coagulable lymph takes place, and the healing of the wound can be obtained by first intention. In the judicious application of the proper degree of cold and the extent of its continuation, consists the whole art of the surgeon — to attend to this his particular duty.

If the wounded person is of a plethoric habit, it is necessary that at the very beginning of the treatment a proportionate venesection should be made; likewise the evacuation of the bowels must be attended to

by injections of wine vinegar, or soapsuds with castor-oil; and during the entire period of treatment a quieting and cooling mixture is to be given. ℞ Emuls. sem. papav. alb., ℥ iv., kal. nitr. pur., ℥ j., aq. lauro cerasi, ℥ iv., syr. alth. (seu opiati), ℥ j. M. D. S.: Take one tablespoonful every hour.

The diet must be strictly antiphlogistic, consisting of mild fluid nourishment, rice-water, oatmeal gruel, farina, sago, tapioca, toast-water, etc. Thirst may be satisfied with small quantities of pure water, or by placing the slice of a lemon, sugared with loaf-sugar, on the tongue.

If the intestinal canal is entirely severed transversely, if necessary, enlarge the external abdominal wound, and try to bring the end of the intestinal canal attached to the stomach into the abdominal wound, where it can be fastened by a loop fastened in the mesenteries. The pressure of the intestines generally favors its remaining in place. It is to be particularly taken care that the external serous membrane of the intestinal canal be brought in contact with the edges of the wound of the abdominal integuments, since the inner mucous membrane is unfit for exudation of plastic lymph. By resorting to the above mode of treatment, the worst that can happen is an artificial anus, since by application of a loop to the mesentery the edge of the lower end of the intestine by attraction is brought in contact with the lumen of the upper end, and sometimes a perfect union of both ends is accomplished, and the alvine evacuation which for a period took place unnaturally through the abdominal wound, is going on in a natural way, and the abdominal wound finally will close entirely.

For the latter case I can bring proof in a person treated by me many years ago, in Germany, who is now living in Cincinnati.

ARTICLE III.

Pneumonic Diseases of Drunkards.

BY JAMES I. ROOKER, M.D., CASTLETON, INDIANA.

It is well known to every physician of much practical experience that pneumonia and bronchitis are frequent complications of *delirium tremens*, and also how frequent it is for the habitual drunkard to be afflicted with a chronic bronchitis. But, strange to say, there is not one word to be found on this subject in any of our standard works on the practice of medicine or diseases of the lungs. I remember hearing Prof. Lawson say, in one of his clinical lectures at the Commercial

Hospital of Cincinnati, that *delirium tremens* was often complicated with pneumonia and bronchitis, and that it was caused from cold; that persons of intemperate habits were more often exposed to the vicissitudes of the weather than those of temperate habits. While I am ready to admit this to be true to an extent, it is my opinion that alcoholic liquors play a far more important part in the production of the above-named disease, or complication of diseases, than cold. If cold is the cause of the pneumonic complication in *delirium tremens*, we might as readily expect to meet with rheumatism, diarrhœa, sore-throat, etc., etc.; for it is known that cold will produce all these diseases. Williams, in his *Principles of Medicine*, page 37, in speaking of the cause of disease, says:

“A number of persons are exposed to cold — one gets a sore-throat, another a pleurisy, another a diarrhœa, another some form of rheumatism, and a fifth escapes without any disease. All five were exposed to the same cause, yet it acted differently on all. The first four were *predisposed* to the disease, which attacked them as soon as it was *excited* by the cold.”

It is a rare thing to find a case of *delirium tremens* complicated with a diarrhœa or rheumatism; but pneumonia and bronchitis are very frequent complications.

In order to prove our assertions it will not be amiss to show some of the effects of alcoholic liquors on those organs whose office it is to eliminate *effete* matter from the system.

“That alcoholic liquors are readily absorbed and pass into the general circulation has been proven by Mr. Percy. He was always able to detect the alcohol in the blood of the animals which he had poisoned by injecting alcohol into their stomachs, provided they did not live too long afterwards. As soon as alcohol is absorbed and taken into the system, the circulation becomes increased, and all the emunctories become increased in action. As Prof. Miller says in his work on alcohol, there appears to be a great effort of nature to rid herself of so potent a poison. It is a physiological fact that when any organ has an increased amount of labor to perform, that at once it becomes more liable to disease. Carpenter, in speaking of the disease of the liver produced by the use of alcoholic drinks, says ‘that habitual excess in the use of alcoholic liquors must have a direct tendency to produce certain diseases of the liver will be questioned by no one who considers their mode of introduction into the system, and their influence on the condition of the blood. The blood which returns from the gastric veins charged with alcohol is immediately transmitted through the liver;’ and it stimulates this gland for a time to increased activity,—one effect of which is to eliminate a portion of the alcohol from the blood, this substance, according to Dr. Percy’s observations, being detectable in the bile of animals poisoned by alcohol. Hence the liver, like the

stomach, is subjected to habitual over-stimulation from the direct contact of alcohol with its substance. But we have seen that the presence of alcohol in the blood prevents it from acquiring its proper arterial character by passing through the lungs. And we shall hereafter find that it causes the undue retention in it of hydro-carbonaceous matters, which ought to be removed by the respiratory process. Hence an undue amount of labor is thrown upon the liver, one of the functions of this gland being to separate from the blood such hydro-carbonaceous matters as are not carried off by the respiratory organs; and this continual overwork must predispose it to various disorders."

The skin is likewise liable to be affected. Dr. Darwin describes a disease of the skin under the name of *psora ebriorum*, which may be attributed with great probability to a chronic though slight perversion of the nutritive operations of the skin, in consequence of the presence of alcohol in the blood."

I might go on to enumerate diseases of other organs whose office it is to eliminate effete matters from the blood, but deem it of no use.

Physiology teaches us that there is a similarity in the functions of the liver, skin and lungs. Like the liver, it is the office of the lungs to eliminate from the blood hydro-carbonaceous matter, and to supply its place with oxygen.

"All other structures of the body receive comparatively a small portion of the circulating current, either for their nutrition or to furnish the materials for secretion; the lungs, on the contrary, perform the great function of oxydation for the whole economy, have not only all the blood of the body passing through them at each round of the circulation, but at the same time are supplied by two bronchial or nutritious arteries, proportionate in size to the alimentary vessels of most other organs of like weight and bulk, by means of which the nutrition of the pulmonary parenchyma is carried on. And not only so but the functions performed by these two pulmonary circulations are so nearly independent and distinct that most of the return blood from the bronchial arteries is conveyed by two corresponding venous trunks, one of which enters into the vena azygos on the right side, and the other into an intercostal vein on the left; and their currents, soon mingling with the torrent of the general circulation, pass directly back again to the lungs, to be deprived of carbon, in common with the accumulated volume of venous blood from the general economy."

If alcoholic liquors be taken into the system, the lungs therefore has coming in immediate contact with its substance more of this fluid than any organ in the economy. We might then readily expect to find inflammation and congestion from over-stimulation. That alcohol is eliminated through this channel has been proven by Bouchardat and Sandras, who found that alcohol passed undecomposed into the blood, but is not eliminated by any secretory organ except the lungs. Know-

ing this to be the case, it appeared to me that advantage might be taken of this in the treatment of drunkenness, by inducing the patient to respire as rapidly as possible. I have tried a series of experiments, and have found that if a person is under the influence of alcoholic liquors, he can (unless he is too drunk) "cool himself off" by brisk exercise and hurried respiration *in half the time it would require to sober off by setting quiet.*

It is the writer's opinion that diseases of the lungs, as of the liver, are produced in two ways: 1st, By direct over-stimulation; 2nd, By an increased amount of labor thrown upon them by eliminating hydrocarbonaceous matter from the system.

I propose at an early day to give a series of cases illustrating the ill effects of alcoholic drink upon the respiratory process, and hope in the mean time to hear the opinion of other members of the profession on the subject.

Proceedings of Societies.

Proceedings of the Cincinnati Academy of Medicine.

HALL OF ACADEMY OF MEDICINE, NOV. 25, 1861.

Vice-President Dr. Almy in the chair; Dr. W. T. Brown, Secretary.

Inversion of the Uterus.—Dr. E. B. Stevens reported to the Academy the following case:

"A few weeks ago he was called to see a woman in labor, about five o'clock in the morning. He found the case progressing well—it being already in the last stage—the head low down, and the child was born within an hour after his arrival at the house. He divided the cord, and handed the child to the nurse, then upon immediately passing his hand along the cord, to ascertain the condition of the placenta, a copious discharge of blood took place, partly clots, but with an unusually large gush of hæmorrhage at the same time; now passing the finger along the course of the cord, he found such resistance as to indicate more than the usual placental attachment. To overcome these adhesions he passed the right hand partly within the uterine cavity, using two or three fingers to disengage the attachment, at the same time using gentle traction with the other hand. Then changing the left for the right hand, the same manœuvre was attempted in the opposite direction,—the fingers of the left hand now extending up beneath and behind the placental mass. Gradually the mass began to

descend ; and, as he supposed, the placenta was about to come away after the usual manner, but as it came down into the vagina, and was making its exit rapidly through the os externum, the Doctor discovered to his dismay that with the descent of the placenta there was also an entire and complete inversion of the uterus. He also found there was still very firm adhesion of a portion of the placenta to the uterine surface, which he proceeded to peel off. After thus removing the placenta, he attempted the reduction of the uterus. But with the inversion there had already occurred a prostration of the system that was essentially a condition of collapse. Whether this prostration was the direct result of the inversion, or was in part the effect of the previous hæmorrhage, or both together, he was not able to determine. At any rate, with each effort to reduce the uterine tumor, there occurred the most alarming symptoms of speedy dissolution, as hiccough, gasping, and the like, so that he very soon abandoned all hope of success without aid, and dispatched a messenger for Dr. Mendenhall in consultation. The interval which passed before the arrival of Dr. M. was industriously occupied with persistent efforts to keep the patient stimulated with all the brandy she could be induced to swallow. From the time of the first occurrence of the inversion until the arrival of Dr. Mendenhall was nearly one hour. He immediately resumed the effort to reduce the inversion, and applied sufficient force to insure success. In a few seconds the uterus was completely *in situ*, and the patient had also passed beyond all further trouble and sorrow—she was dead.”

Dr. Stevens said that in reflecting upon this case, he did not take to himself blame in the sense of criminal mismanagement ; if the case were to pass through his hands again, with this sorrowful experience and termination, he was not certain that he should conduct it perhaps very differently, or with better result. There were, however, two points wherein he thought himself liable to criticism, if not censure. Before making any attempt to remove the placenta, he thought the accoucheur should always place his hand upon the hypogastrium and ascertain the condition of the uterus, whether it was or was not contracting firmly ; he was thrown off his guard in this matter by the sudden gush of hæmorrhage putting his hands in a condition unfit to place upon the person of the patient,—and yet this very hæmorrhage, doubtless, indicated an unusual relaxation of the uterus which required a corresponding greater circumspection. Secondly, notwithstanding the alarming symptoms produced by the efforts to reduce the uterus, he is now satisfied that sufficient force to accomplish immediate reduction should have been used at all hazards.

Dr. Woodward said he was greatly interested in the history of the case given by Dr. Stevens, and he would like to know the experience of the members of the Academy on this subject. He had seen but one case of inversion of the uterus in a practice of thirty-five years, and

that occurred twenty-five years ago. He had made no traction on the cord, but the patient had considerable hæmorrhage, and in a few minutes he found that inversion had taken place. He effected immediate reduction. The patient, however, was greatly prostrated — required to be freely stimulated, and only lived five days. On the autopsy he found very great attenuation of the uterine walls, with complete flaccidity of the structure. He thought it was a very common practice to make slight traction on the cord without the precaution of first placing the hand on the hypogastrium. The second reflection of Dr. Stevens he considered more correct: he would have used more force in replacing the uterus, and administered stimulants at the same time liberally.

Dr. Baker said that in a practice of thirty years he had never seen a case of inverted uterus. He thought the occurrence of the inversion in the case related, and the consequent death of Dr. Stevens' patient, was owing to some morbid condition of the uterus; doubted if anything would have been gained by placing the hand on the hypogastrium, but agreed with Drs. Stevens and Woodward that greater force should perhaps have been made for the immediate reduction.

Dr. Stevens stated that in the practice of his father — Dr. Stevens, of Warren County, in this State — inversion of the uterus had occurred once, in a practice of about forty years. In his case, however, the result was more favorable than in either the case of himself or that which occurred to Dr. Woodward: he effected immediate reduction, and the patient made a speedy and pleasant recovery.

Dr. Gans had never seen a case of inverted uterus, but had no doubt that in such cases as those related by Dr. Stevens and Dr. Woodward there was some morbid condition of the texture of the uterus.

Dr. Woodward was of the opinion that post-mortems of these cases had not been made frequently. He thought there must be some pathological condition, as there was in the case he mentioned, where there was complete flaccidity and great attenuation of the uterine walls. He would be very glad indeed if we could procure statistics on this subject.

Dr. Foote thought that inversion of the uterus did not always necessarily commence at the fundus; in a very relaxed condition of the os, abdominal contractions will force it down at the neck.

Dr. Stevens said that with regard to the theory just alluded to by Dr. Foote, it would be remembered by most of the gentlemen present that such was the view held by the venerable Dr. Delamater, of Cleveland; especially had he taught this doctrine with great extent of detail and illustration in his famous deposition in the "Fisher case," tried some time since at Chicago.

Dr. McIlvaine was prepared to take issue with that plan of inversion of the uterus. If it begin at the neck, it could not be a perfect inversion. A similar occurrence takes place in the bowel, but it does not become an inversion — it is only a prolapsus.

Dr. Foote replied that, from the natural elasticity of the organ, inversion beginning at the sides would become complete.

ACADEMY OF MEDICINE, January 6, 1862.

Dr. Almy in the chair ; Dr. Brown, Secretary.

Case of Injury of the Brain.—Dr. Taylor reported the following :

“The first week in October he was called to see a colored man who had been struck on the head with a slungshot ; he saw him in a half hour afterwards ; he had bled profusely — everything about him was saturated with blood, and there was a large clot over the wound, which he removed, and found the hæmorrhage proceeded from a branch of the temporal artery. He applied the persulphate of iron, but unsuccessfully ; he then resorted to torsion, and arrested the bleeding. The wound was on the left side, in front, and a little below the parietal eminence ; he also had a slight wound on the right side. He was confined to the house some four or five days. Some three weeks ago he was called in the evening to see the same man : he had been heavy and dull during the day, and had not been able to speak since six o'clock in the morning — it was now six in the evening. He was paralyzed on the right side, pupils natural, pulse full, extremities cold ; when questioned he answered rationally, but was unable to protrude his tongue beyond his teeth. Dr. Taylor ordered an active cathartic, and mustard counter-irritants to the feet. The man died, however, in four or five hours. No post-mortem examination was allowed, but he felt well satisfied that his death was due to the previous injury, and supposed there was an abscess in the brain.”

Dr. Taylor also related a similar case as having occurred at the battle of Manassas. A major in one of the New York regiments went to the surgeon, complaining of great pain in the head ; upon examination no mark of injury could be found, but he continued dull and heavy, and died at the end of three weeks. A large abscess was found in the brain where he had complained of the severe pain.

Dr. Johnson said that a somewhat similar case had recently occurred in his practice. A man came to his office to request him to visit his wife, but was unable to articulate anything which could be understood, being obliged to take a pencil and write his wants. The doctor visited the family as required, but was also called to look after the condition of the man ; he found him incapable of giving lucid answers to questions ; no satisfactory account could be had of the previous history of the case ; no injury was known, and the habits of the man were

unexceptionable. He gave cathartics, and applied a blister to the scalp; but he had no interval of being rational, and died in three days.

A Case of supposed Melanosis.—Dr. Graham reported the following case: Was called upon two months ago to see a gentleman in the country in consultation. The patient was 65 years of age. He could find no especial disease; there was occasionally neuralgic pains; once in a while he would have three or four stools in a short time of a black color, such as are produced from the use of subnitrate of bismuth, though he was not taking any such drug, and he supposed this to depend upon an excess of changed bile; no prominent lesions were manifest, other than functional; he had no appetite, pulse 80, face dusky, like a person laboring under some malignant disease. He supposed there was a complete letting down of the vital powers. Two years ago he married a young wife of 33 years of age; the possibility was suggested to him that this circumstance might have something to do with his state of health. The patient steadily declined; stimulants made no impression. He had seen this patient again recently. Upon a careful examination he discovered a peculiar dark stain or discoloration on the inner side of the mouth and lips, resembling an ink stain, as also, on the left side of the tongue; and learned that these stains had been observed for more than a year. There was no capillary derangement, and he thought this stain would prove the key to unlock the pathological history of the case. His belief was, that the man had melanosis—an exceedingly rare disease; he recollected but one case since he had been in the city, and that was reported by Dr. Mussey, Jr., some years ago. He regarded this case, therefore, with peculiar interest. He had occasionally found melanotic deposits in the liver and lungs, in making post-mortem examinations; but this was the first case he had ever recognized while living. His prognosis was, of course, very unfavorable.

Dr. Graham also related the following case illustrating the doctrine of the occasional propriety of resisting the too rapid expulsion of the child in delivery. The case in point was a breach presentation; and anticipating the danger of death in these presentations, by delay of the birth of the head, he resolved that with the expulsion of the breach he would with manual interference resist the rapid expulsion of the child, so that for the expulsion of the head the uterus might gather new strength, or be stimulated to fresh energy. A strong pain came on, he elevated the child at right angles to the mother, and the head was expelled without difficulty or delay, though very large. Since he

had been in the habit of acting upon this general plan, he had not been troubled with cases of hæmorrhage or hour-glass contractions.

Dr. Gans said that in further illustration of the principles just advocated by Dr. Graham in the management of the last stage of delivery he would give a case which he had recently attended. The lady had been previously confined some four or five times, and at each confinement he learned there had been a rapid delivery, and excessive and troublesome hæmorrhage. Much to the surprise of this lady and the attendants, he directed her in this not to respond to the pains—not to make any special voluntary effort to encourage the progress of labor, but simply to allow nature to take its own course. As expulsive pains came on, he supported the perinæum strongly; and after a labor of four or five hours she was safely delivered, and without hæmorrhage; as Dr. Gans believed, the delay in the expulsion of the child had excited the uterus to a more complete contractile energy, thus averting the hæmorrhage which had heretofore occurred at this time.

Hospital Reports.

Commercial Hospital.—Dr. T. Wood, Attending Surgeon. Reported by Dr. T. J. KARRER, Resident Physician.

Ovariectomy.—Mrs. Curtis, æt. 25, American, admitted Nov. 12, 1861.—Says that nearly four years ago her attention was first attracted to a tumor in her left side, by feeling it rolling about when she occupied certain positions. It was then about the size of a child's head. There were no other symptoms besides this. It slowly increased in size till a year ago last August, when, having a "sick-spell," it rapidly increased almost to its present size. It now fills up the entire abdomen, giving her the form and size of a woman at full term. She has latterly had several attacks of acute pain "inside," with considerable sensitiveness on pressure over tumor. These yielded readily to applications over the tumor of a lotion containing iodine.

Twenty-three months after the birth of her only child, now four years of age, and some three months after weaning it, she menstruated, and has regularly done so ever since. Her health has been relatively good. By examination through the walls of the abdomen, fluctuation and multilocular formation can readily be detected; but so completely does the tumor occupy the cavity of the abdomen that the amount of

adhesion can not be determined. The uterus does not seem to be implicated. Was never put under any treatment for the arrest or dispersion of the tumor.

Nov. 27.—Tumor was removed to-day in the amphitheatre of the Commercial Hospital. Drs. J. B. Smith, L. M. Lawson, Carroll, Williams, Schmidt, Fries, David Judkins, Quinn, and others being present,—Dr. T. Wood operating. Pure chloroform was used, preceded by two ounces of brandy. An incision was first made from pubis to umbilicus. Being firmly bound down over the tumor by adhesions to the anterior and lower walls of the abdomen, the omentum was also cut through. Two cysts were tapped to lessen the size of the tumor; but, from the number of small cysts, this was found too slow an operation, and, accordingly, the incision was extended almost to the ensiform cartilage. The adhesions were then separated, the tumor rolled out, the pedicle ligated with two stout silken ligatures. Contrary to expectation, founded upon her first observing the tumor in her left side, the pedicle was formed from the right ovary. The incision into the abdomen was closed with harelip sutures. The pins used were long, slender darning-needles, with sealing-wax heads. The pedicle was left within the abdomen; an end of the ligatures alone being carried outside. Binder and compress were then applied, and the patient removed to the ward.

The tumor weighed, after the evacuation of more than one-half its contents by tapping, and by the rupture of its cysts in separating its attachments, within a very small fraction of fifteen pounds; so that a fair estimation of its weight would make it at least thirty pounds. It contained three different kinds of fluids. The first was dark-brown, and viscid; the second, a beautiful amber color, and also viscid; and the third pale and watery. Gelatin, by the tannin test. Nothing characteristic under the microscope.

The peritoneal adhesions were very extensive. The omentum was also adherent. An inspection of the tumor after its removal showed much more than one-half of its surface as having been adherent.

The patient, a tall, slenderly-made woman, stood the shock of the operation remarkably well; though for some time after her removal to the ward she suffered greatly from severe nausea and occasional vomiting. Opium at first to quiet the system, with small doses of calomel carried to slight ptyalism; beef essence with toast and wine, and quinia, formed the basis of the treatment. About one week after the operation came very near losing her from excessive bronchial irritation and secretion, which, however, yielded to appropriate remedies. Wound in

abdomen healed all along its line by first intention. Considerable suppuration from the abdominal cavity through the opening left by the ligatures. This produced slight hectic. The pins were removed on the third day. One of the ligatures came away on the twenty-sixth day, and the other on the thirty-first day of the operation. Was obliged to catheterize patient three or four times daily for nearly two weeks; but she was up and walking about the ward at the end of three weeks. Left hospital January 4th, 1862, perfectly well.

The following local table of ovarian operations may be of some interest to your readers:

Dr. W. H. Mussey, Cincinnati, Ohio.....	1 Case,	1 Death.
Dr. R. H. Mussey, " "	1 " "	1 " "
Dr. Fries, " "	4 " "	2 " "
Dr. Litzenberg, " "	1 " "	0 " "
Dr. Buckner, " "	0 " "	0 " *
Dr. T. Wood, " " (Case above reported)..	1 " "	0 " "
Dr. Blackman, " "	0 " "	0 " *

* Unable to procure the figures.—T. J. K.

Editorial Translations.

1. *A new Operation for Entropion.*—By Dr. H. Snellen, of Utrecht. Having stopped the circulation by means of a lid-forceps slightly differing from that of Desmarres in having the opening in one blade twice as wide as usual, an incision is made near the greatest inversion of the eye-lashes, to a depth of two millimetres, between the cartilage and integument. About four millimetres above the edge of the lid (if operating on the upper one) an incision parallel to the former is carried through the skin and the latter drawn upwards. A few bundles of the sphincter palpebrarum muscle are removed, in the whole width of the lid, by means of forceps and scissors. Upon the cartilage thus exposed, a small ivory plate, having a notch corresponding to the curvature of the lid, is placed and a cataract knife drawn obliquely through the cartilage, along the margin of the plate, till near the Meibomian glands. If the cartilage is very much thickened, a wedge-shaped portion of it should be removed by another incision from below. The object is to move the lower portion of the cartilage over the upper one. In applying the sutures, the threads should have a curved needle on either end. One of them is carried through the superior edge of the cartilage, near the insertion of the levator palpebræ muscle, and both brought out in an outward direction, one in front of the lashes, the

other behind them. In drawing up the threads the whole edge of the lid is carried up and outwards. When the sutures are removed, colodion must be applied to the wound for several days. In the lower lid, the incision of the cartilage is but seldom required.—*Weiner Medizinische Wochenschrift*.

2. *Observations on the Use of Mercurials.*—By Dr. J. E. Polak, physician to the Shah of Persia.—Mercury is in common use in Persia against diseases of the skin and eyes, syphilis, cancer, and with some as a universal remedy; the general cure of indigestion consists in a very large dose of calomel, followed by castor oil or salts, and the English residents of India confirm the good effect of the practice. Nevertheless, exostoses and other forms of tertiary syphilis are never met with. Rheumatic ophthalmia occurs frequently; it only yields to a thorough mercurial treatment. The usefulness of repeated doses of calomel in dysentery can not be denied. The native quacks cure syphilis by inhalations, fumigations, or pills of mercury. For the purpose of inhalation a pastil containing cinnabar is smoked with Narghilé-tobacco. Stomatitis is treated locally with tabasheer, powdered sumach, catechu and flowers of the pome-granate tree. The fumigations are also made with troches, containing arsenious acid, cinnabar and china nodosa. Decoctions of the latter and a strict diet constitute the after treatment in all cases. The effect is surprising, even where the fauces and nose are extensively devastated. On the whole, it is evident that in warm climates great quantities of mercury can be taken without any injury to the constitution. The mercurial cachexia seems to be principally developed by mental anxiety. Syphilis can be radically cured in warm climates, and without danger of its being transferred to the progeny. Mercurial inhalations are certainly preferable to internal exhibition.—*Ibid*.

3. *Rhinocopy.*—By Dr. C. Stoerk, physician of the General Hospital, Vienna.—Prof. F. Czermak first pointed out the practicability of exploring the naso-pharyngeal space. It is in fact quite easy, if done properly. Tuerck's method appears dangerous and painful; instead of pulling the uvula forward, it should be folded upward by means of a spoon-like contrivance. The laryngoscope is now introduced, with the reflecting surface downward; when arrived beyond the basis of the tongue, it can be easily turned. In order to avoid the occupation of both hands in the manner described, the uvula-spoon and reflector might be connected by a hinge, and provided at the ends of the handle with rings for the insertion of the fingers. While the

patient pronounces *a*, the instrument is easily passed under the uvula. In this way he can examine the roof of the pharyngeal cavity, the choanæ and the septum of the nose, the parts in the nasal cavities, and the orifices of the Eustachian tubes. The last named are easily catheterized with the assistance of rhinoscopy, through the nose, as well as through the mouth.—*Zeitschr. d. Gesellsch. d. Aerzte zu Wien*.

4. *Contributions to Laryngoscopy and Rhinoscopy*.—By Dr. L. Tuerck, physician of the General Hospital, Vienna.—In certain cases it is necessary to bend the head of the patient backwards for the examination of the anterior angle of the glottis and the posterior surface of the epiglottis. Artificial illumination gives the best light for that purpose. The person to be examined should be standing, and bend the upper part of the body forward. In order to see the anterior surface of the posterior wall of the larynx, the head must be kept straight or inclined a little backward. In this way we sometimes see down the trachea to its bifurcation. The horizontal illumination here necessary is obtained by the usual apparatus, with the addition of a plane reflector. For the inspection of the naso-pharyngeal cavity, the uvula is drawn forward by means of an instrument resembling a polypus forceps, but more curved, and the tongue kept down by a depressor. The reflector then used is small, oval or round.—*Ibid*.

5. *Fracture of the Lower Extremity of the Radius*.—According to Dr. F. W. Lorinser, of Vienna, this injury often fails to be recognized, on account of absent crepitation; but an early diagnosis is of immense importance, as the shape and utility of the arm and hand depend on a proper treatment from the beginning. A man supporting himself in falling, with straightened fore-arm on the palm of the hand, easily fractures the radius from six to nine lines above the wrist, and frequently the ulna also,—usually transversely. An abnormal protuberance appears on the volar side of the fore-arm, immediately above the wrist-joint, corresponding with a depression on the dorsal side. By extending the hand, and compressing the protrusion, the deformity may be somewhat lessened for a moment. Abnormal mobility at the place of fracture is always perceivable, but crepitation is not always heard, and never except under extension of the hand. The direction that the patient keeps the hand varies somewhat, and is of no diagnostic value. The many methods recommended for the dressing of this fracture, show that the treatment in general has not been satisfactory. Remaining deformity, occasionally with stiffness of the joint, is not of unfrequent occurrence. Neither the application of splints

from the beginning, nor a fixed position of the hand, are sufficient to prevent this. The deformity ought to be corrected before a definite dressing is applied. To render the reduction of the fracture a permanent one, it must be effected slowly, but by an uninterrupted influence, as soon as possible after the occurrence. The patient being in bed, with slightly elevated head and chest, a cushion filled with horse-hair or chopped straw, and of suitable length, should be placed alongside the body; a strong wood-splint is then put over it, so as to extend from the wrist to the elbow. Upon that splint a graduated compress is so arranged that it supports and presses upward the fracture, as soon as the arm is placed in position over the splint. The hand is bent, and left hanging over the anterior part of the splint and cushion, while the arm is fixed by two handkerchiefs, one around the elbow, the other around the wrist-joint. For six or seven days nothing more is required, except cold applications. When all the swelling is removed, a common splint-dressing, or plaster of Paris, may be used.

Fracture of the lower extremity of the radius, from a fall on the dorsal surface of the hand, representing a protuberance in the opposite direction from that described above, would require a corresponding change in the arrangement of the first dressing.—*Wiener Medizinische Wochenschrift*.

6. *On the Excretion of Urine through the Kidneys.*—By Dr. C. Westphal, assistant-physician at the Charité-Hospital, Berlin. (*Disser-t. inaug. de aquæ secretione per renes.*)—Experiments made on a large male dog confirm the assertion that, under ordinary circumstances, the quantity of excreted urine varies considerably, not only on different days, but from fifteen to fifteen minutes during the same day. The excretion increases steadily for an hour, soon after the reception of water into the stomach; it then decreases somewhat, but diminishes more rapidly in the third or fourth hour, after a slight second increase. If small quantities of water are injected into the veins, at intervals of fifteen minutes, the urine is not increased in quantity before the first or second hour, and then alternates between increase and decrease; nor is the increase proportional to the quantities injected.—*Virchow's Archiv*.

7. *Turning on the Foot as means of Preserving the Child in narrowness of the Pelvis.*—By Prof. E. Martin of Berlin.—The extraction of a living mature fœtus from a very narrow pelvis by turning on the feet has been recommended by a number of good authorities, while it is objected to by others. This method is certainly not applicable in a

general way. Simpson and C. Braun have asserted it to be ; but it is undoubtedly of advantage in certain cases, particularly when, in unequal contraction, one side of the pelvis is more capacious than the other and the larger part of the head not already pressed down into the space there given. Such a condition of the pelvis occurs most frequently in consequence of rickets and stiffness of one or the other articulation, but may also result from osseous tumors and other diseases. With a pelvis thus deformed, one delivery may be regular and rapid, while another, in the same person, can not be finished without the most dangerous operations.

The advantage of turning on the feet consists here in guiding the larger part of the child's head, previously tending towards the narrowest portion of the pelvis, to the side affording the most room for it ; and though not always successful, the operation is admissible even if the shortest diameter of the pelvis should be less than three inches. The preservation of the child depends upon the following conditions :

1. Complete diagnosis of the existing pelvic deformity. This can not be fully recognized without a thorough internal exploration and a good knowledge of the possible irregularities with their causes.

2. Special certainty in regard to the situation of the child.

3. Evidence of the child's life and absence of abnormal uterine contraction.

4. Proper performance of the operation. The patient should lie on the side to which the feet of the fœtus are directed. It is usually sufficient to extract one foot, but may be necessary to turn on both. Care must be taken to get the dorsal surface and the occiput of the child in the more spacious portion of the pelvis.—*Monatsschrift für Geburtsk. u. Frauenkrankheiten.*

8. *Remarks on the Wandering Spleen.*—By Prof. C. Rokitansky.—The dislocation consists in the sinking down of the spleen in the hypogastric space, commonly to the neighborhood of the left, sometimes to the right ilium. The cause is mostly tumefaction from intermittens, followed by gradual tension and finally rupture of the splenic ligaments. Undoubtedly an abnormal length of these ligaments acts as a predisposing condition. The pancreas may be detached, with the splenic artery and vein, forming a string by which the spleen is suspended. While sinking down, the spleen turns several times around its axis ; this is evident from the contorted and elongated vessels of the string. Pseudo-membranous adhesions may fix the spleen in its

new situation. The organ itself undergoes either atrophy, or pigmentary and fatty metamorphosis. The dislocation is rarely borne for a long time, and usually ends favorably sooner or later through gangrene of the stomach or intestines.—*Zeitschr. d. Gesellsch. d. Aertze zu Wien.*

9. *A Peculiarity of the Capillary Vessels in the Human Conjunctiva.*—By Prof. Hyrtl.—By injecting the palpebral conjunctiva of a healthy eye from the external maxillary artery, it can be demonstrated that the ascending or arterial part of the papillary blood-vessels turns suddenly into the descending or nervous part, which is much larger. The consequence is a slower circulation in the veins, predisposing to passive congestion, lippitudo and and blennorrhœa. In the last named affection the papillary vein is indeed always enlarged, elongated and of a winding course. Similar conditions, and even more marked, exist in different animals, especially in organs liable to accidental or periodical hyperæmia.—*Wiener Medizinische Wochenschrift.*

10. *The Use of Sarsaparilla in Syphilis.*—By Prof. Sigmund, of Vienna.—A number of experiments, instituted to ascertain the therapeutical value of sarsaparilla, in decoction, show beyond doubt that it has not the least demonstrable influence on the course and termination of syphilitic diseases. The decoction of Zittmann (and probably similar compounds containing sarsaparilla as principal ingredient) have some effect, occasionally strong enough to induce recovery, against secondary syphilitic forms treated successfully with mercurial and iodine preparations, or both of them (papulous or pustulous syphilides, squamous herpes, ulcers of the skin and fauces, affections of the bones). The effect of the decoction is the same, if no sarsaparilla is added to it. The use of sarsaparilla in syphilis should therefore be abandoned.—*Zeitschr. d. Gesellsch. d. Aertze zu Wien.*

11. *An Arbitrary Dilatation and Contraction of the Pupil.*—By Dr. L. Kugel.—Dilatation of the pupils is easily produced in animals by any artificial obstruction which prevents the arterial blood from reaching the brain. From a number of experiments it is evident that all the changes in the pupils, thus produced, are due to the diminished influence of oxygen on the corpora quadrigemina, while the abnormal position of the eye-ball is dependent upon the quantity of blood in the eye and the rapidity of its circulation. A change in the pupil can be voluntarily produced by diminishing the supply of oxygen to the brain. To effect this, the affluence of arterial blood must be retarded by

a deep inspiration, and the nervous blood retained by contraction or compression of the cervical muscles. This power, instead of being an exceptional peculiarity of single individuals, is possessed by everybody and may be developed by a little exercise. This explains many strange symptoms observed in animals.—*Wiener Med. Wochenschrift*.

12. *A New Artificial Leg and Foot*.—By Dr. Herrmann, of Prague.—This contrivance, invented by the Austrian chief-physician, Dr. Russhheim, is made of excavated poplar wood, lined with linen. A horse-hair cushion, covered with linen, flannel and leather, supports the tuberosity of the ischium. An elastic band connects the femoral capsule with a leather girth, which is backed around the pelvis and kept in position by a shoulder strap. The joints are movable. All the troubles usually inseparable from the wearing of the artificial legs are completely avoided in this one. The patients can walk without any support almost as soon as the artificial extremity is put on, and neither fatigue, contusions nor other unfavorable consequences follow.—*Weiner Medizinische Wochenschrift*.

13. *Extraction of Teeth as a Cure for Prosopalgia*.—By Dr. H. Friedberg.—Dental caries has been said to be never the cause of prosopalgia. The history of four cases, however, goes to show that frequently the extraction of a diseased tooth affords a permanent cure of this form of neuralgia, after all the usual remedies have been employed in vain. Several carious teeth may have been extracted without mitigation of the distressing pain; it will not disappear until the right tooth is reached. The tooth itself may cause no pain whatever. Where, therefore, another cause of prosopalgia is not evident, or the treatment directed against a presumed cause proves unavailing, any affected, though indolent, tooth that may be found on the corresponding side of the face should be extracted. The relief thus obtained is usually immediate and permanent.—*Virchow's Archiv*.

14. *Remarks on Pseudo-Erysipelas*.—By Dr. J. Bierbaum, of Dorsten.—It appears under two forms: the one resulting from some external irritation — erythema; the other being due to reflexion of some disease in the subcutaneous tissues — phlegmonous inflammation, followed by the formation of frequently extensive abscesses. The necrosis of the cellular tissue connected with the second form may be dependent upon some atmospheric influence.

Pseudo-erysipelas occurs at all seasons, though at certain times more frequently than at others. There is no great difference in regard to the sex of the patients. Children and juvenile individuals, and

the poorer classes are more exposed to it than those advanced in years, or living in good circumstances.

Irritating applications are decidedly hurtful. The inflammatory process can often be subdued by an ointment of zinc, or, perhaps better, black oxyde of copper, and hog's lard. An abscess requires aromatic fomentations, basilic ointment with tincture of myrrh, injections with a chamomile decoction, and pressure. Fluctuation indicates early incision. China may be necessary to strengthen the system.—
Journal für Kinderkrankheiten.

Correspondence.

CHROMATIC HILL, December, 1861.

MESSRS. EDITORS. — Sitting in my office a few days since as the evening twilight gave to distant objects a dim and uncertain outline, I picked up a pamphlet lying upon the table, and upon examination found it to be the "Student's Number" of the *American Medical Times*, devoted to the publication of the announcements for the current sessions of all the regular medical schools in the non-rebellious States of the Union.

Running my eye over the paper, I counted thirty-four colleges whose terms and facilities for teaching were set out to attract the attention of students desiring to attend lectures during the winter. I had, already, time to observe that the fees to each professor in the several institutions varied from *nothing* in Ann Arbor up to *twenty dollars* in San Francisco, when the deepening shadows of approaching night made the page too obscure for reading. As I laid the periodical down I leaned back in my chair and fell into a reverie, in the misty mazes of which my mind wandered, until the tea-bell broke in upon my waking dream.

I will not trouble you with a detail of that reverie, but there was one point in it that I will write out for your edification. It ran thus: Will the science of medicine as taught in these thirty-four schools be precisely the same thing? or will it happen that when the Ides of March come, the thirty-four medical classes of the country will be in possession of thirty-four sciences of medicine?

If we regard the science of medicine as being embraced in the entire lectures of each of these institutions, the latter of the foregoing questions will be the one to answer in the affirmative; under such a view

there will undoubtedly be thirty-four sciences of medicine. This evidences that medical science is not an exact science. Twelve inches make a foot among the lumbermen of Maine, and twelve inches make a foot among the saints of Salt Lake. But while, in the neighborhood of Cape Cod, inflammation may consist of the exudation of organizable lymph, alongside the Golden Gate inflammation may consist, absolutely, of the abnormal proliferation of existing normal cells. And the physiology of New York and Baltimore will, doubtlessly, be as different from the physiology of St. Louis and Leavenworth as the limpid brine of the ocean is different from the turbid waters of the Mississippi. Quite possibly, also, in Washington students may be told that to cure internal inflammation they must rely, chiefly, upon purgation, cupping and calomel; while in Chicago, other students may be taught to depend mainly upon opium, brandy and beef-tea, to accomplish the same end.

'Twas thus I mused in my evening reverie.

If these things are so, it would look as if the science of medicine was a folly to its disciples and a snare to the victims of disease. But it is not entirely so. That our knowledge of diseases and their remedies is very imperfect every candid mind will confess; but no well-informed person can deny that we are possessed of scientific information, that, skilfully used, is a boon and a blessing to the ailing who receive its application.

The great desideratum of to-day in medical teaching is an institution which has the ability and the moral courage to separate the positive in medical science from the speculative and false. It would, undoubtedly, be better for the student to be taught whatever rests upon evidence which in kind and character amounts to a demonstration, and leave his mind blank as to everything else, if it could be so left, rather than to have it stuffed with the current trash, whether the accumulation of years or of recent origin, which is unsupported by any testimony that would be listened to for a moment (as Sir Henry Holland says,) in any other department of human knowledge.

In teaching therapeutics, the highest good our colleges could accomplish would be, after exhausting what little positive knowledge we have, to instruct all students in the most emphatic manner that the great and saving principles which must ever be present to guide them are these: never give a powerful remedy when a mild one will answer the purpose; and when you do not know what to do, do nothing.

Abercrombie says that a physician using an active remedy without knowing certainly that it is the one demanded by the case, is like a

man who seizes a club and rushes in to help a neighbor who is struggling with a burglar in a dark room. He lays about him in the dark vigorously with his club, and breaks the first head he strikes. By good luck it may be the burglar's skull he fractures, but there are just equal chances that he will end the contest by flooring the neighbor whose cause he came to assist. This is a fair illustration of the use of powerful means to combat disease by well intentioned, but improperly educated practitioners of medicine.

There is a crying necessity for the inculcation among all classes of practitioners, of the great conservative injunction: Where you are not certain you can do good, be sure you do no harm.

A. GROWLING, M.D.

MESSRS. EDITORS:—As practitioners of medicine, we frequently meet with cases that are novel, as well as interesting to the general practitioner; and their relation as frequently subserves the interests of physicians as some fine-spun theory of the most erudite professor.

During the autumn of 1859, I was requested to see a boy four years of age, son of Mr. D., a farmer by occupation. I found a case of prolapsus ani, of more than usual extent. The child at this time was pale and emaciated; had for some time been under treatment for scrofula. I returned the prolapsed bowel; not, however, without some difficulty, owing to the resistance of the patient. The patient had previously been upon the use of the syrup iod. of iron, which I directed to be continued, and added quinia, and a good, generous diet, as the appetite and digestive functions were good. In about three weeks I was again called to see the child, and found the bowel prolapsed as before, notwithstanding the strictest caution had been used to keep the child in the erect position when a motion from the bowels occurred. The intestine was intensely swollen and inflamed, and so extremely sensitive to the touch that the child was almost thrown into spasms at any attempt to reduce it. The use of chloroform was not allowed by the father of the child. I now resorted to warm fomentations, and subsequently oak-bark ooze, hoping that there would be a spontaneous reduction. The sensibility was much diminished by these applications, so that I could make efforts at reduction without so great a resistance as was at first manifested. But, owing to the patient's horror of "doctors," I could not continue my efforts sufficiently long for success, and was obliged to leave the further management of the case in the care of the child's father, who was instructed to

make persistent efforts to reduce the bowel. Not accomplishing anything by this, I ordered a warm douche, and subsequently a cold douche to the protruded part; but all to no purpose,—when finally I ceased my attendance upon the case. During the whole of this time the child had to be held in the arms of a nurse, except when asleep. It was impossible for him to sit erect. In May following I met Mr. D., who with much gratification informed me that his boy was all right. Having become tired of so close confinement, he concluded with his wife and little son to make a visit to a friend, some fifteen miles distant. They traveled the whole distance in a rough vehicle, carrying the child in their arms. When they awoke in the morning, to their astonishment and gratification they found there had been a spontaneous reduction of the intestine. Doubtless the previous day's jolting had disposed the sphincter to yield. The child from this time improved rapidly, and was soon in the enjoyment of good health. The remarkable feature in this case is the long standing of the prolapsus, full six months having supervened between the time of prolapsus and its spontaneous reduction, during the whole of which time the bowel protruded at least two inches.

J. R. CONNER.

Pyrmont, Ohio.

BOSTON, MASS., January 9th, 1862.

MESSRS. EDITORS.—The New Year dawns upon us with no epidemic or pestilent disease lurking in our midst; nor with any great amount of weekly mortality, from the usual cases of sickness incident to this season of the year.

The past year has been one of fair remuneration to the members of the profession in this city, for their skill and devotion to this calling; and it is hoped that the sanitary condition of their professional pockets may always be commensurate with the demand made upon them in the discharge of their onerous duties. Your correspondent sends greeting—the compliments of the season—with an earnest wish for your prosperity, whether as journalists, disseminating truth and science for the benefit of your fellow-laborers, or as practitioners, dispensing the riches of your experience for the relief of the suffering and the promotion of health.

Our worthy mayor, in his inaugural address, on Monday last, after referring to the progress in the erection of the Free City Hospital, suggests the idea that now would be a favorable time “to organize a medical department for the city, in which the Free City Hospital and

the medical departments of all the various public institutions should be included." He advises the city physician to be placed at the head of this department, so that "all the medical reports" could "be transmitted to him," thus giving him a better knowledge of the sanitary condition of the city and a better collection of facts for future reference.

Several communications have appeared of late in the *Boston Medical and Surgical Journal*, upon the subject of consultation with Homœopathists. These touching and pointed scintillations, coming, as they probably do, from the pen of some fellow who feels grieved at the conduct of some of his neighbors, have called up the subject anew for discussion in the Suffolk District Medical Society. No definite action could be taken by this Society, as it is but a branch of the State organization. By the charter of our State Society, graduates from the Berkshire and Harvard Schools can be admitted to its privileges, on presentation of their diplomas, without further examination. This once done, they can become Homœopathists the next day, and still claim the protection or benefits of the Society. The way to remedy this is obvious.

At a recent discussion of this matter, several physicians, of high standing, who have been accused of consulting with this class of practitioners, denied the charge *in toto*; but said that they had met with them at the bedside, as an *act of humanity*, based upon this ground. That in severe surgical cases, or in instrumental labors, where one is called to deliver a woman by artificial means, or to reduce a dislocation, etc., that it is *not* a consultation, as no theories are discussed, nor methods of treatment entertained; but a *certain act* is performed, and with that act the victor retires, and the patient reverts to the infinitesimal doctor, who, it is supposed, stands with open hands to welcome his rescued client, and rejoices with blindest smiles, that

"Heaven gives us friends to bless the present scene."

Again, if a physician is called to examine a patient, and to state the result of his visit to him or his friends, in the absence of the regular attendant, although he may be in an adjoining room, that this is *not* a consultation in any sense.

If in the above propositions there is no formal consultation, the patients and their attendants have most *certainly* the *same benefits* as would result if the regular physician had met the Homœopathic attendant, face to face, in a case of severe colic, which had baffled the skill of the latter, but readily yielded under the prescription of the former. Here the patient is relieved and his attendant becomes doubly thank-

ful, as he has found some one to share his responsibility, and save his client for his future use. Now this may be cited as an instance of consultation; still it is not more so than in obstetrical or surgical cases. But I fear we may have some members within the pale of our State Society who go one step beyond this, and knowingly and willingly meet and consult, at appointed hours, with Homœopaths, not so much as an act of charity, with humane intentions, but for the selfish idea of being an adviser and the recipient of a paltry fee.

The only true and legitimate course to pursue, it seems to me, is not to meet this class of practitioners, *under any circumstances whatever*. If the skill of a regular physician is requisite, let him refuse, at once, to see the patient, unless the attendant is dismissed, and the patient given up absolutely into his hands.

This is the position assumed by a very large portion of the physicians of this city, especially the junior members.

For in the first place, many of the community, who now are patrons of the Homœopathic system of practice, finding that they could no longer avail themselves of the best skill, in times of danger would be very apt to forsake their new idols, and return to their first love. But as it is, they feel quite at ease, knowing full well that they can command such talent as they wish, and at the same time retain their new guardians of health; that if they can not harmonize systems of practice, they can professional men; and that a willingness on the part of the regular doctors to measure swords with a disciple of the *infinitesimal potencies*, is but a tacit acknowledgement of the true merits of Homœopathy.

In the second place, a prompt and decided refusal to meet Homœopaths, or see their patients, would stimulate them to a higher standard of medical and surgical education, and relieve them of the necessity of going beyond their ranks for aid, when something needs to be done or known, aside from the simple routine of calculating the potency of dilutions, by the number of professional shakes. Then would they stand or fall upon their own intrinsic merits.

In the next place, if it is an *act of humanity* to relieve a suffering patient, who has repudiated your own system of practice, and placed himself under the care of an incompetent person, would it not be *ten-fold more* an act of humanity on the part of the invalid or his friends, to discharge at once the man of small dimensions, and seek men of true faith and honest intentions? Such a course would be more honorable to all parties concerned.

Reviews and Notices.

The Placenta, the Organic Nervous System, the Blood, the Oxygen, and the Animal Nervous System,—physiologically examined. By JNO. O'REILLY, M.D., Licentiate and Fellow of the Royal College of Surgeons in Ireland, etc., etc., etc. New York: S. S. & W. Wood. London: Jno. Churchill. 1861.

This is a new edition of a little book which was reviewed in this journal some time since. We did not regard the work as being in shape to contribute to science any valuable additions. The present is much enlarged, evidently revised with considerable care, and embracing the consideration of new topics; all, however, made subservient to the peculiar views entertained by this author. That Dr. O'Reilly has considerable independence as a thinker, and displays an unusual vigor in the character and manner of his inquiries, is not to be disputed. He labors, too, in a field of investigation where earnestness of purpose is certainly requisite for any degree of success. We have a sense, however, as we peruse this little volume before us, we have a sense of crudity and imperfection of thought, that is quite as unsatisfactory to us as was the original essay.

The whole volume is so made up of a series of partly disjointed essays, that we can scarcely give an idea of the author's purpose, without giving a large portion of the volume; at any rate, too much space would be required for any analysis of its matter, and we shall not, therefore, make the attempt.

The author attempts, however, to show an analogy between the circulation of the placenta and the liver, and infers a relation in their office.

All through the work we find the strong bias of thought is toward vitalism; with our author nerve force and life seem to be in great degree synonymous. Indeed, this is the pervading thought, we may say, of the book, illustrated by a discussion of many physiological topics. Notwithstanding we have spoken of this effort as still crude, we have examined the book with interest, and find in it much food for suggestive thought.

Transactions of the Sixteenth Annual Meeting of the Ohio State Medical Society: Held at White Sulphur Springs, June 25th and 26th, 1861.

The last meeting of the Ohio State Medical Society was held at a time when our nation was first freshly convulsed with the realities of a terrible rebellion and civil war. Many of us thought good policy would indicate the propriety of entirely postponing the meeting, but

other councils prevailed, and a very excellent meeting was the result. The reports and papers were not so complete as usual, but, nevertheless, we have quite a respectable volume before us, containing much interesting and valuable matter.

The Transactions present to us, first, the annual address of the retiring President, Dr. H. S. Conklin, of Sidney. He announces, as his topic, "a brief review of the history, present status, and legitimate objects of this Society, the qualifications of candidates seeking admission, and the duties of its members." This affords a wide field, and, of course, is only treated in a general manner. The address takes strong ground against the plan of free medical education, and after commenting at some length upon the evils of the system to the profession at large, he remarks :

"We are sorry to say that this is no *fancy sketch*—that the picture is drawn FROM and TO the life. We have such an institution as we have described—fortunately but one—in our midst, organized by honorable but, in this respect, sadly misguided men."

This portion of the Doctor's valedictory, we presume, accounts for a certain recent communication in Dr. Baker's *Medical and Surgical News*, in which he is rather unceremoniously criticised for various and sundry misdemeanors.

The address concludes with the following truthful and eloquent paragraph :

"And now, in conclusion, we reiterate the remark heretofore made, that we must raise our profession above all the disturbances, all the changes in the body politic; that, in being true to ourselves and to science, we may be true to the great cause of humanity which we serve so efficiently. For a time society might dispense with almost any occupation or profession but ours. We must advance, whatever or whoever else may recede. In the hour of trial, of danger, of disaster, of revolution, of war, all avocations cease, whilst ours is more and more in vital demand, and of still greater importance. At such times — and we have almost lived to see them — the mission of our profession seems almost divine; all eyes turn to it for succor and assistance. The soldier on the field is saved from a lingering, torturing death. The Government may gather troops by thousands, but without the sleepless vigilance of the medical officer, they are swept away by disease, pestilence and contagion. Communities, and still more armies, are subject to a thousand unseen but dangerous foes, that no one can detect and successfully meet save the learned and faithful physician. Why may we not be proud to belong to such a profession? Indeed, who would not be enshrined, as it is, in the affections of the good and great in all times and in all countries."

Dr. G. W. Boerstler, of Lancaster, gives an interesting account of

an eruptive disease, which appeared as an epidemic under his observation during 1860-61, of a variolous character.

We have next the lengthy report of Dr. Culbertson, of Zanesville, of experiments upon inferior animals to determine in what manner chloroform produces death. This valuable paper has already appeared in this journal at length, and we, therefore, forbear further comment.

Dr. Dalton, of Logan, contributes a paper entitled "The Analogy of Miasmatic and Electric Changes in the Production of Disease." The object of the paper is to demonstrate the origin of the so-called miasmatic diseases in atmospheric and electric changes. The essay is interesting and ingenious; perhaps more satisfactory, however, to the author than those who have not carefully estimated his facts and observations. We have not space for a synopsis of the paper.

Dr. Sinnet, of Granville, reports a case of dry gangrene; and, finally, we have a capital paper on "Laryngeal Phthisis," by Dr. R. R. McMeans, of Sandusky.

On the whole, we have been agreeably disappointed — first, in the importance of the meeting, and next, in the interest of the published transactions.

Editor's Table.

Dr. C. A. Logan, of Leavenworth City.—As an occasional contributor to this journal, the name of Dr. Logan is familiar to our readers, and although we have heard but little from him of late, we are gratified to learn that he is not rusting out. The following, which we clip from a Leavenworth newspaper, shows that the Doctor is busy:

"*Scientific Investigation.*—We learn that Major F. Hawn, Dr. C. A. Logan and Dr. T. Sinks, at the instigation of some of our most influential citizens, have in contemplation the preparation and publication of a pamphlet treating of the topography, physical and medical, of Leavenworth county. It is contemplated, we believe, to fully set forth the surface topography; the geology, considered especially in reference to its economic value in the agricultural development of the land; the botany, the meteorology, including the mean annual amount of rain and the periods of the greatest fall, as influencing the growth and maturation of the crops; and finally the prevalent diseases.

"From the ability of those engaged in the enterprise, there can be no doubt but that the production will do more to set forth the agricultural advantages of our county, and invite emigration hither, than all the newspaper articles that could be written upon the subject.

“ A scientific elucidation of the agricultural value of the land ; a statistical statement of the atmospherical condition for a period of years, and finally an exposition of the diseases, endemic and others, of this region, are certainly items of knowledge to the settler of far more value than the price of their land itself. A simple statement of such facts, emanating from reliable authority, is all that Kansas, and particularly Leavenworth county, requires to stamp her preëminence in agricultural and mineral resources. The day of vapid puffing has passed, and that locality which would woo the honest farmer and artisan to its fields and workshops, must do so by the intrinsic value of its inducements.

“ As the project is for the development of the general interests of the people, our citizens will undoubtedly extend to the authors every assistance that may be in their power.”

Homœopathy in the Army.—A proposition has been made in the United States Senate to place some of the military hospitals in and about Washington under the care of Homœopathic practitioners. A recent number of the *American Medical Times* ventilates this threadbare subject very effectually and in as courteous a spirit as the most sensitive could ask for ; and we had marked the article for insertion in this place, but have unfortunately mislaid it ; we shall perhaps think it worth referring to on some future occasion. At present we only remark that Homœopathy has been tried in several of the European hospitals—faithfully and fully—and a fair demonstration made of its inertness. Scientific men do not repeat their experiments on human life after this way, but with others these repeated demonstrations go for nothing until they are made to suffer personally. Besides, why should Homœopaths be especially favored by this Senator's proposition ? Why not include other *isms* and *pathies* which are quite as prominent ? Eclecticism, Hydropathy, and a dozen other systems, new and old, ought certainly to have a fair chance.

Publications Received.—From the publishers, Messrs. Lea & Blanchard, we have received a new edition of *Gross' Surgery*. It speaks well for this large work that the first edition is so soon exhausted. We shall notice the present more fully at an early day.

Harper's Magazine.—The publishers of this popular monthly have courteously placed us on their exchange, and the February number is already on our table. It is a wonder to us how so much reading-matter—one hundred and forty-four pages monthly, so profusely illustrated—can be afforded for the money, quite a handsome volume for twenty-five cents. It is for sale by all news agents at \$3 per annum ; or to clubs of three or more at \$2 each.

State Medical Society Prize Essay.—The Committee on Prize Essays reported at the annual meeting that no papers had been presented to the committee, and on motion, the committee was continued for the present year. The following card appears in connection with the published transactions :

Prize Essay.—The Ohio State Medical Society, in pursuance of a resolution adopted at the meeting in June, 1860, will award a GOLD MEDAL of the value of fifty dollars for the best essay, by a member of the Society, upon "*The Use of Anæsthetics in Obstetrics.*" Each essay should be marked in the same manner, inclosing the name and address of the author. The envelope accompanying the successful essay will be opened at the time of the award, during the session of the Ohio State Medical Society, at the White Sulphur Springs, in June, 1862. All essays designed for competition are to be forwarded before the first day of April, 1862, to
M. B. WRIGHT, M.D., Cincinnati, O.

Special Committees of the Ohio State Medical Society.—It is to be hoped we shall have full reports from these Committees. Most, if not all of them, are continued from last year. Several of these committees have requested us to ask the coöperation of the profession in collecting the necessary materials. We trust this request will be promptly acceded to.

Information on Obituaries should be forwarded to Dr. H. Culbertson, of Zanesville.

On Diphtheria, to Dr. W. W. Dawson, of Cincinnati.

Those having instruments or improvements in Obstetric Surgery are earnestly and specially urged to communicate with Dr. M. B. Wright, of Cincinnati.

A Work on New Remedies.—Dr. Elsberg, of New York, announces in the last *American Medical Monthly*, that, in connection with Prof. Percy, he has in preparation a work on new remedies, which, if completed after the plan designated, will prove a real accession to our medical literature. It will "embrace all valuable medicinal agents introduced into the treatment of disease since the year 1830, up to the present day, detailing their history, description and uses, and giving the most approved formula of preparation, preservation and administration. In formulæ it will be particularly full for the use of both physicians and pharmacutists. Novelty not being deemed a sufficient passport for admission into confidence unless sustained by merit, and with the only object to be useful—and the only means, *labor to approach the truth*, constantly before us,—we are determined that no really useful remedy, introduced during the last thirty years, shall be slighted, while no undue prominence shall be given to undeserving articles. Any heretofore unpublished information calculated to the practical

utility of the work, that may be in the possession of any of our readers, will be gratefully received, carefully considered, and, if used, appropriately acknowledged."

A "Confederate" Surgeon in Trouble.—Nobody receives funnier letters than editors, and of this sort of document we fancy we come in for our share. We have before us a letter from one of our "Dixie-land" subscribers, who has been so unfortunate as to be found engaged against the sovereignty of the United States, and under the charge of treason now and for some time past, lies—well, dining at the expense of Uncle Sam. Now we know we ought to feel a great deal of sympathy for our friend and correspondent, but really he takes the matter so coolly, both the state of the country in general and his own troubles in particular; that we can't for our life feel more than about half as bad for him as we know it is our duty. The fact is, Doctor, you had no business to be a rebel; but if you *must* be a rebel, why, the probabilities are that it is your duty as a patriot-martyr to be "post surgeon" at your present fortress. The doctor alludes tenderly and feelingly to an editorial in this journal some time since, in which we urged the necessity for *medical* attainments as quite as imperative for the good of the service as those which were merely *surgical*. He says: "How far the Federal authorities have profited by your well-timed and able suggestions I have no means of knowing. If the appointing officers have made as injudicious selections as the Confederates, there would be but little use for any other ammunition. The practice having been to commission fledgelings (favorites, of course), while hundreds of eminent practical physicians are serving in the ranks as privates. If such has been the course of favoritism on your side of the line, I should think that there would be but little need of powder and lead to put a speedy end to the war. I see, though, that you have some excellent appointments; amongst whom are many of my class-mates of the Cleveland Medical College, prominent among whom is Dr. H. R. Cushing, of the Seventh Ohio. I did not have the pleasure of speaking to him at 'Cross Lanes,' though in sight of his regiment at the time of the battle."

In reference to the diseases of camp, our correspondent further remarks: "The type of disease most prevalent in 'Dixie Camps' is a grave form of typhoid fever, induced more from the want of sanitary precaution than exposure of the soldiers; the camps and environs being public *privies* and cess-pools of filth and stench from decaying beef-heads, entrails, and other refuse of the camp. But as there is

always a *distinguished surgeon* at the head of medical affairs in camp, who prides himself upon his cutting and picking capacities, such minor things as cleanliness in camp, and rational treatment of the unfortunate sufferers, are either carelessly or wilfully overlooked."

A very large number of the profession of Cincinnati and the State of Ohio at large are engaged in army service; but it is very rarely that any of our old neighbors find matters of sufficient interest to be worth reporting for a medical journal. We must take this occasion, therefore, to record our gratification that we still have "army correspondents," though it be from 'tother side of Mason and Dixon. We return to our friend our best wishes and kindest feelings and sympathies in this his day of trouble.

Inversion of the Uterus—In the reports of the Cincinnati Academy of Medicine, in another part of this journal, will be found the report of a case of inverted uterus, with the discussion. Since that portion of our journal went to press, the subjoined report, which we find in the *Ohio Med. and Surg. Journal*, has come to hand, and we publish it as interesting in this connection, and as another contribution to the literature of these fortunately rare cases:

"*Total Inversion of the Uterus, with an Adherent Placenta following a Natural Labor—Death of the Patient.* By ORVILLE N. ELLIS, M.D., Dresden, Ohio.

"On Monday, May 6th, about one o'clock P. M., was called to see Mrs. R. G., æt. 26, a woman of sanguineo-lymphatic temperament, in her third labor. Made an examination per vaginam; found the os uteri dilated to about the size of a quarter-dollar. After a few moments' conversation with the patient, and some charges to the attendants, I left her room, and did not see her again until four o'clock of the same afternoon. During this interval the labor had progressed rather slowly, owing to the rigidity of the parts, and, knowing her previous history, did not think of any thing else than a tedious labor. The pains, however, grew more marked and distinct in the course of half an hour afterward; and at about half-past five o'clock, four and a half hours from my first visit, a healthy female child was born. The woman was not fatigued, was in good spirits, and conversed freely with her attendants. Soon after the birth of the child, not to exceed a quarter of an hour, she began to have strong expulsive pains, accompanied with some hæmorrhage, though not to exceed the usual quantity. They continued for a short time, appearing at longer intervals, and finally ceased altogether. I now made a thorough examination of the interior of the uterus; found its walls patulous, the placenta at the fundus, very large in size, and very hard to the touch. The usual 'ready remedies,' friction over the utero-abdominal surface, cold applications, etc., were used, but with no effect; and from the very alarming nervous prostration, and request of the patient, I sent

for counsel. Drs. Cass and Lemert came promptly to my assistance. Teaspoonful doses of wine of ergot were administered at intervals of ten minutes, sufficient to quicken the contractions, with friction over the abdomen. Strong contractions now came on. The uterus could be distinctly felt as a round, hardened mass; but at the fundus little or no contractions could be felt during a pain. But a short time had elapsed from the administration of the third dose of ergot, and whilst my hand was on the abdomen, I felt the uterus contract suddenly, and as suddenly glide from under my hand. Upon examination, the cavity of the vagina was found filled with a substance supposed by us all to be the placenta. Following this, alarming prostration seized the patient, 'feeling,' as she described it, 'as if she was sinking through the bed.' Stimulants were now promptly administered, but with little or no effect. Upon examination, a mass resembling a large piece of *boiled liver* in color, but very hard in consistency, was found protruding entirely from the vagina. The umbilical cord was attached to the centre of this carnaceous mass, being very large and soft. As the parts relaxed the tumor increased in size, but no membranes could be found upon or about it. There could be no doubt now as to the case being one of complete inversion, as the broad and round ligaments could be felt just behind the protruding tumor. With great difficulty the placental mass was separated from the uterus, which was immediately replaced, contracting, upon itself, to the natural size, with the removal of the hand. All our efforts were now directed to the sinking condition of the patient, but she failed to rally, and died at nine o'clock of the same evening.

"There are several particulars in the history of the above case, which it may not be out of place to mention here. In her first labor she was attended by an 'Eclectic.' Alarming hæmorrhage followed delivery, and the patient was saved only by the well-timed exertions of an old physician of this place. At her second labor, alarming symptoms, similar to those at her third and last labor, appeared, but were terminated by a speedy expulsion of the placenta, leaving her, however, in a very critical state for a fortnight afterward. This was about two years ago, since which time I have been the regular family physician. During her last pregnancy nothing known to me happened that would not warrant in predicting a favorable termination.

"There are but few cases on record of complete inversion of the uterus, though the lesion is mentioned by all writers on obstetrics. Nearly all authors agree that an inversion can not happen unless force be applied at the funis. Dewees cautions young obstetricians particularly not to pull at the cord, as also does Ramsbotham. The last named author, in his admirable work, records a case which happened under his own observation, at the Royal Maternity Hospital. When seen by him the patient was in a dying condition, and examination revealed total and complete inversion. The attendant assured him that no force whatever had been applied at the cord, and says, although 'inversion may be looked upon as a consequence of improper treatment, it may certainly occur without force being applied to the funis.'

“Of such a description was the above case. At no time was any force applied at the cord, yet there was complete inversion of the uterus, followed by a speedy dissolution. The amount of hæmorrhage was not sufficient to effect such a result. In fact the patient could have lost three times the amount of blood and yet lived, but for inversion. Now, as to the *cause*, older and wiser heads than mine must settle that; still, I will take the liberty of giving my own opinion.

“Bearing in mind the unusual size of the placenta, and the inertia of the uterus consequent on the delivery of the child, I can only account for the inversion by the *extreme bearing down* of the patient, attributable in part, no doubt, to the remedy administered—ergot. If gravitation has effect—and who will say that it has not?—why not act mechanically to drag or pull down from its position a uterus whose walls have lost their muscular contractility? After the birth of the child there never was, in my opinion, any regular contractions of the uterine walls.

“My belief is that, in all cases where there is an adherent placenta, the whole contractile powers of the uterus are expended at that one point. From this cause the energies of the uterus become rapidly lost, and hæmorrhage, or some equally dangerous sequent, follows the failure to throw off the secundines. Equally fatal to the patient is this condition, rendering it, to the physician, as in inversion, barely possible to avert that fatal catastrophe dreaded by us all—death.”

Wanted.—The first six numbers of volume first of the *Cincinnati Lancet and Observer*, (from January to June inclusive, 1858.) For which the *American Journal of Pharmacy*, for 1860, or a volume of the *Cleveland Medical Gazette*, will be given in exchange, or else a fair price paid. Address, Dr. C. A. Hartmann, post-box 2183, Cleveland, Ohio.

Thanks.—Notwithstanding the pecuniary pressure of the times, our friends seem determined to sustain the *Lancet and Observer*. The payments during the past month have been hearty, and quite up to the rates of prosperous years. We also have quite an accession of new subscribers. We shall strive to deserve these manifestations of good will, and at the same time beg to assure our friends that still there is room. We shall still be glad to record a few hundred more new subscribers, and there are yet a good many of our old arrearages that would be gratefully received.

Dr. R. H. Johnson, of this city, has received an appointment as Brigade-Surgeon. Dr. Johnson has been a well-known practitioner of this city for many years, but more especially devoted to the speciality of eye surgery.

Surgeon-General of Ohio.—Gov. Tod has appointed Prof. G. C. E. Weber, of Cleveland, Surgeon-General of Ohio.

A Good Order.—The Surgeon-General of the State of New York has issued the following order: "Whenever the position of surgeon becomes vacant, it will be filled by the *promotion* from the corps of assistants." The effect will be, that whoever enters service must do so as assistant-surgeon.

Long Island College Hospital.—Our readers will find the annual announcement of this institution in our advertising department. It will be seen that there is no change in the faculty, and amongst them are several names well known to the entire American medical profession. The spring term commences on the 20th of March.

Discussion on Puerperal Fever in the Cincinnati Academy of Medicine.—We had expected to publish a full report of this discussion in the present issue, naturally following the papers of Dr. Gans; but we regret to state that by an accident, a very material portion of the discussion taken down and written out at the time, has been destroyed.

Our Terms.—So far the experiment of making a uniform rate of *two dollars* per annum appears to work well. We shall greatly prefer that every subscriber on our books take advantage of our offer, and remit previous to April 1st. It will be much better for us than the old way of scattered and delayed payments, although at an increased rate. So bear in mind, \$2 till April 1st; after that, the old rates.

The Ohio Medical and Surgical Journal.—We are gratified that this old journal is *not dead*. After a brief suspense, we have before us the issue for January, 1862, being number one of Vol. XIV. It has undergone some changes in its management. It is now under the editorial control of the Faculty of Starling Medical College, and is published every alternate month by Dr. Theo. G. Wormley.

San Jose, California.—We have recently received a newspaper from our friends in this far away point on the Pacific. We notice the published report of the County Hospital, of the patients, diseases, and so forth, for eight months, ending Dec., 1861. The report is chiefly interesting as being made by the attending physician, Dr. A. J. Corey, formerly of this State, and who has many friends in Southern Ohio.

Braithwaite's Retrospect.—*The Price Increased.*—We have received a circular from the publisher of *Braithwaite's Retrospect*, whereby we learn that, owing to the state of the country, the circulation of that valuable reprint is so far abridged as to materially increase the cost of its publication, hence, for the present, the price will be increased from \$1.00 to \$1.25 for each Part. Having made our announcement of club rates previous to any information of this kind, we shall be somewhat cramped to meet our promise without loss; we have decided, however, having issued our terms, not to change them.

—Prof. Austin Flint, jr. has been appointed Microscopist to Bellevue Hospital.

We learn that Dr. Tripler, Medical Director of the Army of the Potomac, will soon issue an order to the surgeons of the various hospitals, directing them to furnish a weekly report of deaths, including the name, company, regiment, and disease of the deceased. This report has, heretofore, been made quarterly.—*Med. and Surg. Reporter.*

Dr. Marion Sims has returned to New York from a most successful tour of some of the more important foreign hospitals. Dr. Sims is largely interested in the establishment of the Woman's Hospital in New York. His remarkable success in the treatment of certain diseases of women has given him an extensive reputation.—*Med. and Surg. Rep.*

Eight Children at a Birth.—On the 2d of August, Mrs. Timothy Bradlee, of Trumbull county, Ohio, gave birth to eight children—three boys and five girls. They are all living, and are healthy, but quite small. Mr. Bradlee was married six years ago to Eunice Mowery, who weighed two hundred and seventy-three pounds on the day of her marriage. She has given birth to two pairs of twins and now eight more, making twelve children in six years. Mrs. Bradlee was a triplet, her mother and father both being twins, and her grandmother the mother of five pairs of twins.—*Med. and Surg. Reporter.*

Tracheotome.—M. Maisonneuve, in a paper to the Academy of Sciences, France, draws attention to an instrument, which he has recently devised, for facilitating the operation of tracheotomy, and which he proposes to call "tracheotome." "He was struck," he remarks, "by the difficulties which both himself and others had encountered in the performance of this operation," and thought that the process might be much simplified by the employment of an instrument which would cut from within outward, instead of, as heretofore, from without inward. His invention consists in an implement somewhat like a reaping-hook, the point of which is made to enter the cricothyroid membrane, to penetrate into the trachea, and cut its way back through the tissues by emerging in a direction downward and forward.—*Lancet.*

Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

PRACTICAL MEDICINE.

1. *Scarlatinal Dropsy*.—Dr. F. Taylor gives, in the *Lancet*, the prescription which he has used, with more than ordinary success, in cases of dropsy succeeding scarlatina, and in albuminuria. For a child six years old he gives: benzoate of ammonia, five grains; spirit of nitrous ether, fifteen drops; syrup of tolu, one drachm; camphor mixture, one ounce,—mix. To be taken three times a day. When the urine is free from albumen, the patient's strength is recruited by the ammonio-citrate of iron.—*Med. & Surg. Reporter*.

2. *Remedy for Sea-Sickness*.—The surgeon of the steamship Great Britain has found the most successful remedy to be the nitro-hydrochloric acid, with sulphate of magnesia. He offers this formula: dilute hydrochloric acid, two drachms; dilute nitric acid, one drachm; hydrocyanic acid, sixteen drops; water, eight ounces,—mix. Two tablespoonfuls to be taken every three or four hours.—*Med. & Surg. Reporter*.

3. *Arsenious Acid in Intermittens*.—Dr. F. Turner, brigade-surgeon to the Bombay Horse Artillery, has employed arsenious acid for twenty years in the treatment of intermittent fever. He considers the fears of inconvenience or danger arising from the remedy as much exaggerated, and instances the case of a child of nine months, to whom he gave twenty minims of the (liquor of) arsenite of potash within ten hours, repeating the dose on the following day, with the only effect of curing an obstinate quotidian intermittent. His usual prescription is: (liquor of) arsenite of potash, compound tincture of cardamoms, of each half a drachm; gum mucilage, three drachms; camphor mixture or water, half an ounce,—mix. To be given every second hour four or five times, the last to anticipate the expected paroxysm at least two hours.—*London Pharm. Journal*.

4. *Propylamine in Rheumatism*.—Dr. Levick recently stated at his clinic, in the Penn. Hospital, that he used propylamine with remarkable success in cases of acute rheumatism, the patient getting invariably well after taking this remedy. No benefit was derived from it in chronic cases.—*Med. and Surg. Rep.*

5. *Treatment of Whooping-Cough*.—Having had a fair occasion to test the value of extract of belladonna and sulphate of zinc, conjointly used, as suggested by Dr. Fuller (*London Lancet*, Oct. 1860), Dr. C. S. Sheldon, of Springfield, Ill., was led to the conviction that they possess peculiar power in reaching the seat of the disease, cutting it short usually in ten days. With children under three years,

he began with one-sixth of a grain of the extract, and half a grain of zinc four times daily, dissolved in water and gum mucilage; to those above that age, a quarter of a grain of the extract, and a grain of zinc was given, increasing the doses in some cases to double the quantity, but never beyond. The following effect would be manifest within an hour after taking the medicine, and continue from one to three hours: Deep red, or scarlet color of the whole surface, particularly of the face and neck; dilatation of the pupil, arterial excitement, dry, warm skin, general excitability of the whole system. All these symptoms gradually pass off, leaving no unfavorable effects.—*Amer. Medical Times.*

6. *Chlorate of Potash in Fœtid Breath.*—In all cases where fœtid breath arises from derangement of the stomach, an Italian medical journal recommends, three hours after each meal, a teaspoonful of a solution of about a drachm and a half of the chlorate of potash in four ounces of water; at the same time the mouth to be rinsed with the mixture.—*Dublin Med. Press.*

7. *Copper against Tænia.*—Having tried the various vegetable substances recommended against tænia, with very unsatisfactory results, Dr. Thienemann derived great benefit from the oxide of copper, given as follows: \mathcal{R} . Cupri oxyd., succi liquir., rad. athææ, āā drachnam unam; olei cinnam, guttas quatuor; M., fiant pill. No. 120. Two pills to be taken four times daily, and to be increased till six or eight are taken at a dose. Commonly, portions of the worm come away, and then masses of mucus loaded with other portions. Frequently, however, especially if the copper acts as a purgative, or is combined with oil, the entire worm is discharged, living or dead. No mischief has ever resulted from the employment of the remedy.—*Berlin Med. Zeitung*; *Amer. Drugg. Circ.*

This confirms previous reports of others, who have pronounced copper one of the most reliable vermifuges we have.

8. *Persulphate of Iron in Hæmatemesis.*—In the case of a machinist who vomited blood, after having presented for some time the symptoms of chronic gastritis, Prof. Wm. H. Thayer administered the persulphate of iron, three or four grains at each dose, in solution, and succeeded in controlling the hæmorrhage completely. The pains in the stomach were relieved by repeated subcutaneous injections of morphia, and with other appropriate medication, a carefully regulated diet and rest, the patient recovered.—*Berkshire Medical Journal.*

9. *Treatment of Hæmorrhoids.*—The ointment principally used by Mr. Herpin, for non-bleeding hæmorrhoids, is composed of from one to three parts of tannin to fifteen of cold cream. When the stools are difficult, and the hæmorrhoids much developed or multiplied, only one part of tannin should be used; and if much irritation is produced, a still smaller proportion. After smearing the tumors with this ointment, they should be immediately returned. The patient must then rest for a short time, sitting or lying down. It is necessary to return the tumors, with the aid of the ointment, immediately after their pro-

lapse, and this must be continued, until the piles return of themselves after evacuations and do not come down in the intervals. Of habitual purgatives, the following is decidedly preferred: washed flowers of sulphur, calcined magnesia, and sugar of milk, equal parts. A tablespoonful, more or less heaped up, to be taken daily, or every other day, for a week.—*Amer. Drugg. Circ., from Bull. de Thérap.*

10. *Polypus of the Trachea*.—Dr. W. C. B. Fifield read before the Boston Society for Medical Improvement the history of a young woman who had been suffering for some time from attacks of asthmatic breathing. Relief was obtained by inhalation of sulphuric ether during seven months, when appearing symptoms of hysteria led to the abandonment of its use. The attacks increased in severity. The greatest relief was now gained from the use of lobelia inflata. One attack lasted from March until August, 1860, and was attended with cough and copious expectoration. After an eruption of measles, the patient rapidly grew better, and continued in a tolerable condition till July, 1860. Then came paleness, dyspnoea, anasarca, a soft bellows-murmur of the heart and bruit de diable in the neck; death on July 14th. The autopsy revealed the left bronchus perfectly closed by a firm rosy polypus, of the size of a small grape. The pedicle being attached to the trachea, at the mouth of the bronchus, it had acted as a ball-valve, allowing expiration, but forbidding inspiration.—*Boston Med. and Surg. Journ.*

11. *Treatment of Typhoid Fever*.—Prof. Pfeufer, of Munich, (*Zeitschr. f. Ration. Med.*,) confines the usual treatment in his clinique to the frequent administration of Liebig's infusion of beef. Tincture of castoreum is prescribed against impending paralysis of the lungs, and the golden sulphuret of antimony when there is bronchitis, with scanty and difficult expectoration. Diarrhoea is combated by opiate enemata, and by tannin, rhatany, or alum, through the mouth. For intestinal hæmorrhage and the symptoms of perforation, opium in large and repeated doses. Mr. Fremy believes (*Repert. de Pharm.*) to have obtained great advantage by rubbing croton-oil over the abdomen during the second week of the disease, using from fifteen to thirty drops, made into an ointment, every night and morning, until an eruption is produced. Dr. H. Alnes strongly recommends, in the *British Med. Journal*, the administration of sulphureous and chalybeate mineral waters.—*Amer. Jour. of Med. Sciences.*

12. *Quinine in Scarlatinal Dropsy*.—Having used quinine in forty-seven cases, three only of which showed no improvement, Dr. Hamburger says, that the action of this remedy in scarlatinal dropsy is most productive of good results, and most rapid in the chronic stage, improvement setting in almost immediately after the first doses. As long as the acute stage is present, the quinine may be delayed for some days, if the danger be not pressing. If marked improvement does not appear in four or five days, the medicine is to be omitted; but even in this instance it should not be regarded as useless, as the specificity of the disease appears broken by it. The dose is from one and a half to two grains for children, three or four grains to adults,

twice a day. During the use of the quinine, great attention must be paid to the diet, especial care being taken not to overload the irritable intestinal canal with slops.—*Prager Vierteljahrsschr.: British Med. Journal.*

13. *Persulphate of Iron in Albuminuria.*—Prof. White lately called the attention of the Buffalo Medical Association to the use of the solution of persulphate of iron in Bright's disease. One patient, failing to improve under the free use of tonics, digitalis, bitartrate of potash, glycerine, and tannin, was put on the iron, fifteen drops three times daily, afterward increased, with passive exercise in the open air, and nutritious diet. Soon a steady and continued improvement followed. Prof. Rochester also mentioned a case, in which the albumen disappeared in the urine with the exhibition of Squibb's solution of the persulphate of iron, after the bitartrate of potash and tannin dissolved in glycerine had only resulted in amending the patient's condition, but without effect on the albumen.—*Buff. Med. and Surg. Journ. and Reporter.*

14. *Cider in Diabetes.*—Drs. Miller and Holmes reported to the Berkshire District Medical Society a cure of diabetes in a man seventy-two years of age, by the use of sweet cider, after the disease had lasted three years. Dr. T. Childs brought additional testimony to the cure of true diabetes mellitus by the use of cider.—*Berkshire Med. Journal.*

A few years ago a man, named Petsch, became notorious at Berlin, Prussia, for his success against obstinate chronic diseases. His treatment consisted in nothing more or less than a strictly regulated administration of cider. He has now an agency in New York.

15. *Treatment of Dysentery.*—In a paper read before the Connecticut River Valley Medical Association, Prof. Wm. H. Thayer says: There are three indispensables in the treatment of all cases. These are, absolute rest in a recumbent position, constant warmth of the surface, and a limitation of injesta to a bland liquid diet. After these comes the medicinal treatment. Evacuation of the bowels by cathartics is needless. In order to relieve the inflammation of the mucous membrane, a free serous discharge from its surface should be procured by frequently repeated small doses of a saline cathartic, say one drachm of the sulphate of magnesia every four hours. With a change in the discharges, the salt is given only every six, and, still later, every eight hours, until the evacuations cease, when all medicine is withheld. More advanced cases require an opiate at night, while the salts are given during the day. An emulsion of castor oil, as recommended by Dr. West, of London, (one drachm of the oil, one scruple of powdered gum Arabic, one drachm of simple syrup, four drops of the tincture of opium, and seven drachms of orange-flower water; a teaspoonful every four hours), is of great benefit against the dysentery of children, particularly if of a somewhat chronic character.

When, after the dysentery has yielded, the patient remains affected with diarrhoea, astringents and antacids with opium are the most appropriate remedies. If after two or three days' employment of the saline, the discharges continue to be bloody and there is little abate-

ment of the other symptoms, it is time to resort to other expedients. In that case, a small dose of calomel with opium every six hours will usually prove sufficient to change the character of the evacuations. This combination is not so much required for adults, but well adapted to children suffering from inflammatory diarrhœa. Oil of turpentine seems to be very similar to mercury in its effects upon the intestinal mucous membrane. When the castor-oil emulsion has been taken several days or a week, and the child, after a partial abatement of the symptoms, has ceased to improve, the addition of a few drops of the oil of turpentine often has a decided effect upon the symptoms. Chronic inflammation of the large intestine yielded in several instances readily to the oil of turpentine. Calomel would be unsafe in a very advanced stage of the disease, when there is any pus in the discharges and the vital force low, while these are the very conditions in which the use of turpentine would be especially appropriate.—*Berkshire Med. Journ.*

16. *Treatment of Rattlesnake Bites.*—In an elaborate article, detailing many of his experiments with the venom of rattlesnakes, and criticizing the various remedies now in use, Dr. S. Weir Mitchell arrives at the following conclusions. The bite of the rattlesnake is not so invariably fatal as generally supposed, a majority of those bitten recovering without any remedial interference, principally because the venom, for some cause or other, has not entered the wound. Immediate excision or amputation of the part bitten will save the life of an animal which must otherwise have died; yet such an operation would be justifiable in man only when it was known or probable that the serpent was a large one, where both fangs entered, and the early symptoms were grave. Scarification, incision and oblation are of some use if done early, and justifiable later in the case because so mild a resort. When used, the track of the fang wounds should be opened by the knife and the part afterward exhausted of blood, and as far as may be of venom, by the use of suction, cups and pressure. Caustics are more doubtful remedies than has been supposed. Potassa, soda, ammonia and the undiluted mineral acids affect very little the toxic activity of the venom. The actual cautery is more efficient, destroying both venom and tissues. One of the oldest remedies in snake bites is the ligature—the simplest, the most ready, and for a time the most effective means. Whenever the bite is on an extremity, a cord or handkerchief should be tied tightly about the limb, as near to the wound as possible. After a time, the swelling will necessitate its removal, when a second ligature should be placed on the part, a little higher up, and this method should in no case be abandoned, until proper local and constitutional remedies have been employed. If possible to use both the cupping-glass and the ligature, it is best to do so; cups alone can be employed in certain localities, and in some, suction by the mouth of a bystander may be the only resort. Unless preceded by incision, or followed by spontaneous bleeding, this latter remedy is not likely to be of much service. Great advantage is offered by the method of Drs. Holbrook and Ogier, first described by Dr. Alexander in 1855. By loosening the band for a few minutes at a

time, and then tightening it again, they succeeded in admitting to the circulation such small doses of the poison at any one time, as to diminish materially the ultimate danger of the bite in the animals which they employed.

Of local remedies, the value of alcohol and ammonia, if any, is purely that of local stimulants. Inunction with oil has been studied by Fontana with reference to viper venom, and pronounced useless. Poultices of various kinds, meat dressings, etc., are probably of some value in the latter stages of the local treatment, but not worthy of serious attention. The same may be said of herb applications. The sub-cuticular injection of iodine in solution, proposed by Drs. D. Brainard and Green in 1855, retards the constitutional action of the venom, but does not annul that action. It is true, however, that after such injections there is a remarkable absence of the usual local phenomena, such as swelling, œchymosis, hæmorrhage, etc. This results from the effect of the iodine on the tissues. The same local influence appears after the application of tannic acid, but the usual symptoms of blood-poisoning, etc., develop themselves in either case. Notwithstanding this conclusion, these agents unmistakably so modify the local phenomena as to lessen the ultimate danger, and, moreover, their use does not involve any loss of tissue, so that they are conservative of the part, and in so far valuable and available where circumstances admit of their employment.

Among the remedies still in vogue as in internal antidotes, the volatile alkali was found valueless by Fontana and certainly does not modify or affect at all the toxic activity of venom. If it has any value, it must be as a counter-active agent, and this seems not unlikely; but the same power is possessed in a far higher degree by other stimulants, which are usually more accessible. The verdict of Fontana and the dictates of common sense are against the much vaunted olive-oil, and it is quite impossible to perceive how in any way it could be of value. The efficacy of cedron (the nut of simaba cedron) and guaco, two remedies greatly praised in South America, is yet to be established by proper experiments. Russell, who examined the Tanjore pill used in East India, pronounces against its use; it is composed of arsenious acid, one acro-narcotic and two purgative roots, pepper and the juice of the wild cotton plant. Bibron's antidote is at best a doubtful remedy; experiments with it have turned out so discouraging, as to render it probable that it is not more valuable than other agents which have once enjoyed an equal reputation. Alcoholic stimulants have been often abused; the popular theory of their neutralizing power is incorrect; nevertheless, the general reliance placed upon alcohol, and the manifest adaptation of stimulus to cases of rattlesnake bites, are strong points in favor of this kind of treatment. Alcohol is certainly not more than a stimulating, counter-active agent, employed to buoy the patient over the prostration of venom poisoning; it can not be looked upon as a direct chemical antidote. Stimulation is really of some use in snake poisoning. When vomiting becomes one of the prominent symptoms, exemata of brandy, or inhalations of hot alcohol, or even of ether, may be resorted to.

When called to a patient who has been bitten by a rattlesnake, the physician should at once ligate the limb with a broad band, as tightly as may be needed to check the circulation, while wherever it is possible, cups should be used immediately over the wound. Excision and oblation, or the iodine treatment should be resorted to; if this is impossible, incisions and the actual cautery are the final resort. Meanwhile, stimulus in some shape should be given, and when the excitement thus obtained is sufficient, the finger should be laid on the pulse, and the band loosened. As the system becomes depressed, the ligature is once more to be drawn tighter, and with continued use of stimulus, the economy prepared for another dose of the venom, which is thus to be antagonized little by little. Finally, it will be requisite to shift the band higher up the limb. In regard to the further management of the case, the physician, remembering that in most cases of severe poisoning he has to deal finally with a blood which has lost a part or the whole of its power to coagulate, may find in the mineral acids, tonics, as quinine and the continued use of stimulus, the necessary means for carrying his patient through the later stages of the malady.—*North Amer. Med. Chirurg. Review.*

SURGICAL.

17. *Use of Cold in Surgery.*—Dr. M. Esmarch tries (*Langenbeck's Archiv; Schmidt's Jahrb.*) to maintain the long-established reputation of cold as one of the best antiphlogistic remedies. We may employ it either wet or dry; the former by means of wet fomentations, immersion and irrigation, the latter by means of bladders and bags. Bandages, cooled either with cold water or ice, should never be employed, at least not in severe cases, on account of the disadvantages connected with them. The local bath, or the immersion into and the irrigation with cold water, is much more useful, but the water must not be of too low a temperature. The effect of wet, although not desired, can not be prevented in this mode of application. The most certain and least inconvenient way is to employ dry cold by means of bladders or bags of vulcanized India-rubber, filled with ice. When no ice is to be had, reservoirs may be used, made of such matter as conducts heat well, as glass or metals. They are filled with water which should be frequently renewed. For poor patients, common medicine bottles can be employed, filled with cold water, well corked up, and changed as soon as they become warm. They may be used in the axilla, the palm of the hand, the inguinal region, and on the neck. The forearm and the calf may be placed on wine bottles filled with water; on other parts, as the chest and abdomen, flat gin-bottles should be used. For the back and the nape of the neck, boxes of thin sheet-iron are suitable, one surface of which is made so as to fit closely the part of the body. These are filled with cold water by means of a funnel and emptied by means of a siphon, as soon as the water has become warm. The constant withdrawal of heat should be resorted to in all acute and violent inflammations, especially of important parts, either superficial or internal organs, the heart, lungs, etc. In many cases of chronic

inflammation, especially of the joints, cold has also been found so efficacious that it ought not to be neglected. The application ought to be continued even after suppuration and gangrene (when due to violent inflammation) have set in, as these processes take a much more favorable course when treated by cold than by cataplasms. The sensations of the patient have to guide us in the question how long the cold should be continued at a time. If the withdrawal of heat becomes unpleasant or rheumatic pains come on, the application of cold must be discontinued.—*Amer. Med. Monthly.*

18. *New Method of Reducing Dislocations of the Shoulder Joint.*—Prof. N. R. Smith, of the University of Maryland, considering the object of counter-extension to be to prevent the yielding of the scapula to the tractive force exerted upon the dislocated member, found that nothing does this so effectually as the fixing of the opposite scapula by counter-extension from the wrist. Simply placing the patient in a chair and directing two strong persons to make steady horizontal traction from the two wrists, sometimes proves sufficient to reduce a dislocation of the shoulder into the axilla. But this is not the best method for all cases: where, from unusual muscular development, or the age of the injury, much resistance is expected, it is thus modified. The patient sitting in a chair, a little on one side, so as to allow room on the side of the injury for the operator's foot, a piece of stout muslin is passed, folded, around the chest and under the axilla of the injured side; the tails of it are carried horizontally to the opposite side, one in front, the other behind, and while the arm is extended horizontally, they are firmly bandaged to the wrist of the sound side and the projecting ends well secured to the wall or any other unyielding substance. Then an ordinary roller is passed over the top of the injured shoulder, back and forth, twice under the muslin band, to prevent its slipping down; the same roller is continued under the bottom of the chair and over the shoulder, three or four times. This helps to give steadiness to the scapula, and especially prevents the rising of the patient as well as the tilting of the scapula. An extending band being attached to the wrist of the injured side, over a wet roller, extension is made by two persons, at first outward and a little downward, gradually raising the arm to the horizontal direction, and finally a little above it. This must be done gently and steadily, gradually increasing the force, so as not to provoke the muscles to spasmodic resistance. No pain is created by the force thus employed, and it may therefore be continued for a considerable time. The muscles become soon fatigued and finally relaxed, and in most instances of recent luxation, the head slips into place without any manipulation. Where much resistance is encountered, this traction should be continued for a quarter of an hour. If the object is then not effected, the surgeon places his foot on the margin of the chair, and his knee in the axilla. While the assistants raise the line of traction above the horizontal as much as possible for a moment, the surgeon directs the arm to be, by a sudden movement, carried downward, while he elevates his knee in the axilla, and, grasping the arm near the elbow, uses it as a lever. If the first effort is not

successful, repeat it. Those making the traction, may sway the limb horizontally backward and forward, and the surgeon, grasping it with his hands, should at times rotate it a little on its axis.

Where the consecutive displacement under the coracoid process has occurred, the procedure is nearly the same, except that the traction is made a little more backward and upward.

In one instance of recent dislocation upon the shoulder-blade, after repeated abortive efforts at reduction, a band was carried over the front of the shoulder, one tail under the axilla, the other above it, the tails united, carried obliquely backward and inward, and secured to the wall. Strong traction now being made from the wrist almost directly forward, the head of the bone was without much difficulty thrown forward over the margin of the glenoid cavity, and slipped into its place.

The supine position of the patient on a table is a very convenient arrangement in all dislocations of the shoulder, and well calculated to promote the efficiency of the method recommended. Chloroform should be employed, where great resistance is expected, but in order to relax the muscles successfully, its effect must be rendered very complete.—*Amer. Journ. of Med. Sciences.*

19. *Treatment of Fractures near the Elbow-Joint.*—As an additional elucidation of his treatment of fractures and dislocations by simple extension (explained at length in a paper read before the New York State Medical Society and since published separately,) Dr. J. Swinburne, of Albany, says: "The material required is a piece of shingle, cigar-box, or any thin strip of wood, which must be cut in two and wrapped in some adhesive material, or in leather covered with Burgundy pitch, black wax, etc., so as to form a hinge. One end of the splint can extend to about the termination or insertion of the deltoid muscle, and the other portion may extend to near the wrist. This must be applied to the arm in the extended position; the ends are secured to the arm and fore-arm severally by strips of adhesive plaster, applied in a serpentine or spiral direction. Then flex the fore-arm upon the arm, and the required degree of extension is effected, after which the elbow can be secured to the apparatus. The hinge can be relieved from too much angular pressure by a small compress on either side of the sharp angle formed by the joint of the apparatus. The flexion of this apparatus produces extension and counter-extension, and at the same time presses the humerus posteriorly, while the radius and ulna are forced downwards, replacing the fractured bones.—*Med. and Surg. Reporter.*

20. *New Treatment of Lacrymal Obstructions.*—Dr. T. G. Morton, surgeon to Wills Hospital, in Philadelphia, has been treating fistula of the lacrymal sac, obliteration and stricture of the duct, with success by a modification of the old operations. He uses a gold tube, somewhat tapering, from the upper or larger extremity of which an arm projects at right angles, made perfectly smooth and rounded. The lower canalicule is split up its entire length to its juncture with the duct, by introducing into the puncta and canalicule a small grooved director and cutting along it with a narrow-bladed knife. At the point

where the canalicule and the duct join, the knife is carried up at right angles, and made to pass directly into the nose, thus cutting through any obstructions. The slight flow of blood soon ceases, and the tube is then inserted, the arm resting in the split canalicule.—*Med. and Surg. Reporter.*

21. *New Method of Arresting Hæmorrhage.*—Among several cases in medical and surgical practice, Dr. G. P. Hachenberg, of Coxsackie, N. Y., mentions that of a man who ran a cutting instrument into his hand so as to divide the palmar arch. Instead of a ligature, Dr. H. exposed the two bleeding openings and stuffed them with loose sadler's silk by the aid of a delicate probe, leaving the ends outside of the wound for subsequent removal. The bleeding was arrested and the wound dressed in the ordinary way. On the following day the silk was removed by gentle traction without trouble. The great object in view with this method is to rid the wound as soon as possible from a source of irritation, which ligatures cause, and thereby induce an earlier healing than would otherwise occur.—*Cin. Med. and Surg. News.*

22. *Rupture of the Bladder; Abdominal Section.*—Dr. A. G. Walter, of Pittsburg, reports the case of a strong and healthy man, 22 years of age, who was kicked, during a fight, on the lower part of the abdomen. Immediately he became weak and faintish, complaining of violent pain in the region of the bladder. Some hours later the abdomen was somewhat swollen and exquisitely tender to the touch, more particularly over the pubis. Pulse quick and small; skin cool, respiration short and rapid; incessant and painful calls at micturition with inability to discharge urine; vomiturations and vomiting. On the introduction of a catheter, some bloody urine was drawn off without any relief of the abdominal pains, or the constant urging calls to make water. The bladder had evidently been ruptured by the blow, and urine had extravasated in a large quantity into the abdominal cavity. Three grains of opium were given at once, and one grain doses every half hour; stupes of warm chamomile tea to the abdomen, the abdominal walls being kept relaxed by supporting the lower limbs in a bent position. A gum-elastic catheter was introduced into the bladder and retained, to which an elastic tube was attached, with a bottle for the reception of the urine. Thirst was quenched with pieces of ice, no fluid drinks being permitted. No mitigation of the symptoms was obtained, and therefore abdominal section decided on. Ten hours after the receipt of the injury, chloroformization having been induced, the abdomen was opened in the linea alba by an incision beginning one inch below the umbilicus, and terminating about one inch above the pubes, extending six inches. The intestines were found inflated, their peritoneal coat, as well as that lining the interior of the abdominal walls, already showing evident marks of congestion. A soft sponge then was cautiously introduced into the abdomen, with which the extravasated fluid, consisting of urine and blood, was carefully removed. It amounted to near a pint. A rent was found in the fundus of the bladder of two inches extent. The cavity of the abdomen being cleaned of the noxious agent, the wound

of the bladder was left to itself, as no urine was seen to escape from it. The abdominal wound was closed by strong Carlsbad needles secured by silver wire, only skin and fascia being stitched, while the peritoneum was left untouched. A flannel bandage encircled the whole abdomen. The patient awakening out of the anæsthetic sleep, felt relieved of pain and desire to urinate. Vomiting did not return. Opium was again ordered, in grain doses every hour; abstinence of drink and perfect quietude of body, with retention of the catheter, were strictly insisted upon. He soon began to doze, had a comfortable night, was free of pain the next morning, complaining only of soreness in the abdomen, without tympanitis, sickness or calls to urinate; thirst less urgent. Iced barley water was allowed in small quantities. No unpleasant symptom followed, urine in small quantities, but free of the admixture of blood, passing by the catheter. On the third day the intervals between the doses of opium were lengthened to two hours, on the fifth to three, and thus gradually decreased, as all signs of inflammation had passed, the pulse, though yet quick, having lost its wiry condition. At the expiration of a week, the abdominal wound appeared to be closed by first intention; the stitches, however, were not removed till a week later. The gum-elastic catheter was replaced by a new one every two days, and not withdrawn for more than two weeks. At the expiration of that time, with the absence of all pain and tenderness, opium was omitted. The intestines were relieved by warm water injections on the tenth day, when mild nourishment was ordered. Between the second and third week the catheter was only introduced every four hours for the evacuation of urine. After the third week the patient left his bed, feeling restored to health, and drawing off his urine himself every four hours. He has remained well ever since (about ten months), working at his trade and feeling no impediment in his urinary organs.—*Med. and Surg. Reporter.*

MATERIA MEDICA.

23. *Chloroform Correcting Bitterness.*—According to Mr. Grave, (*Repertoire de Pharmacie*), chloroform has the property of modifying the taste of certain bitters, and when added to tincture of aloes, gentian, or to sulphate of quinine suspended in water, it nearly altogether removes the bitterness.—*Amer. Druggist's Circular.*

24. *Assafœtida in Tetanus.*—Three cases of traumatic tetanus observed in the New York Hospital are reported by the house-surgeon, Dr. Rosa. In all of them the assafœtida treatment received a fair trial, but with no perceptible benefit, the symptoms being scarcely, if at all, alleviated, and the disease progressing in every instance to a fatal termination. The injuries were a compound dislocation of the thumb, a crushed toe, and a compound fracture of both bones of the leg.—*Amer. Med. Times.*

25. *Echymosis of the Eyelids and Conjunctiva; Ciliary Blepharitis.*—Mr. Deval applies in echymosis of the eyelids this solution several times daily: water 125, chlorhydrate of ammonia 2, tincture

of arnica 4 parts. In subconjunctival ecchymosis he directs tincture of arnica two parts, chlorhydrate of ammonia, from one-half to one part, water sixty parts, to be applied externally to the eye, and dropped into it. In ciliary blepharitis the crust must first be removed by small cataplasms or tepid decoction of mallow, and then the following ointment should be freely rubbed, for from three to five minutes every evening, into the free edge of the eyelid: red oxide of mercury, acetate of lead, of each six grains; camphor, three grains; fresh butter, one and a half drachms.—*Med. and Surg. Rep., from Bull. de Thérap.*

26. *Perchloride of Iron as an Escharotic.*—A. Shiland, of West Troy, New York, used the perchloride successfully to remove the fungous growth arising from excessive granulations after the suppuration of carbuncles, and he thinks it might also be used with good results in removing the remains of polypus after extraction with the forceps, in bleeding piles, and in ulceration of the uterus.—*Med. and Surg. Reporter.*

27. *Cod-Liver Pills.*—From an analysis made by Dr. Garreau, of Lille, for the Academy of Medicine, this compound appears to consist of ichthy-glycine and other azotized products (50 per.), water (over 20 per.), extractive matter (over 10 per.) acetic, lactic, butyric, phosphoric and sulphuric acids, chlorine and iodine, with a trace of bromine. ammonia, propylamin, soda, lime, magnesia and potash. This so-called extract is made by Mr. Despinoy, of Lille, in France, and professes to possess more curative power than cod-liver oil; its value, however, remains questionable.—*Chemist and Druggist.*

28. *Substitute for Quinine.*—In the *Madras Quarterly Journal of Medical Science*, L. W. Stewart, medical officer at Nilgherries, suggests the tincture of barberry and the alkaloid barberine as substitutes for quinine. The tincture, in small doses, is a valuable astringent and tonic, containing a large amount of tannin and barberine, and has been found useful in dysentery, malarious and remittent fevers. Before using it, should the tongue be coated, an emetic may be given with advantage, and then the tincture in doses of from three to four drachms in a little water, the patient repairing to bed and encouraging perspiration. The dose may be repeated in three hours. The alkaloid is obtained in the form of a hydrochlorate, is of a bright yellow color, and of a silky lustre.—*Amer. Med. Times.*

29. *Action of Opium on the Genito-Urinary Organs.*—Dr. B. Woodward, of Galesburg, Ills., found, from experiment on himself and others, that muriate and sulphate of morphia—not so much the opium itself—increase the secretion of urine in a remarkable manner. He used repeatedly morphine in irritable conditions of the nervous system, where a diuretic was required, and declares to have always been pleased with the result. Opium appearing, therefore, to be a sedative diuretic, its use would be indicated where the urinary secretion is arrested by nervous irritation. From several opium-eaters, male as well as female, Dr. Woodward further learned that their sexual desire was almost extinct, and he prescribed it to several men, to

enable them to overcome their lustful propensities, and always with benefit. In a case of nymphomania, full doses of morphine by the mouth, and solutions of it to the parts, acted almost like a charm. Conclusion: Opium has a direct action on the nerves, governing the urinary and generative organs.—*Chicago Med. Examiner.*

The first of these observations is not new. Long ago the tincture of opium, largely diluted with water, has been recommended by Rade-macher as a good diuretic, under certain circumstances. This same careful observer states at the same time, that large doses of opium certainly diminish the secretion of urine.

30. *Action of Opium, etc.*—Dr. G. B. Willson, of Fort Huron, Mich., corroborates the opinion of Dr. Woodward, that morphia, in small doses, is a reliable diuretic, but adds, that it does not increase the solid constituents of urine except incidentally, while its action diminishes the tolerance of the bladder. The diuretic action, generally observed in from fifteen to twenty-five minutes after the administration, is the effect of irritation. Large doses, or moderate doses frequently repeated, are apt to produce partial paralysis of the bladder, or rather spastic contraction of the sphincter of that organ. The sweet spirit of nitre relieves this condition. Opium has, also, certainly an anaphrodisiac effect. Its use, if persevered in with intervals of several days and weeks, produces atonic spermatorrhœa during the intervals. It is further said to be a reliable abortifacient, if a person knows how to use it.—*Boston Med. and Surg. Journ.*

31. *Action of Opium and Quinine Combined*,---In opposition to Dr. Gabler, who maintains that sulphate of quinia and opium are antidotes to each other and ought therefore not to be administered simultaneously, Dr. N. Nivison, of Hector, N. Y., claims the happiest therapeutic results from a combination of the two remedies, precisely in virtue of the fact that they do react upon each other. The rapid disintegration of nerve-tissue occurring in intermittent and nearly all the severer forms of other fevers, is readily controlled by quinia, which reduces the increased amount of phosphates in the urine and at the same time contributes greatly to the reparative process by its well-known effects on nutrition, so that it may be justly entitled a great conservator of the nervous system in conditions of febrile excitement or nervous prostration. Quinine has also a very obvious power to give contractile action to all parts of the capillary system, thus controlling all forms of venous and capillary congestion perhaps more than any other known agent. It approximates the frequency of the pulsations to the healthy standard, when much too frequent or much too slow; and that it works important changes in the character of the blood itself, is evident from the reduction of uric acid, as well as from the established fact of its defibrinating the blood, rendering the same fluid and incoagulable.

Opium is a general stimulant to the vital powers, giving energy to the capillary system, promoting warmth, and thus maintaining an equable balance of the circulation throughout the body. It not only accelerates the circulation when feeble, but moderates it when exces-

sive, in consequence of its stimulating effect on the nervous system. While it supplies for the time being the necessary power of resistance to the nervous centres, the effect of the disturbing cause is neutralized, and the circulation regains its equilibrium. Another remarkable property of opium is its effect over the nutritive or reparative function, as manifested by its influence on old ulcers, obstinate chancres, senile gangrene, etc. By applying opium to the surface, internal parts are relieved of undue accumulations. The property this drug possesses of retarding the too rapid metamorphosis of the tissues, enables us to maintain the integrity of the organism in exhausting fevers, wasting discharges, long-continued exposure to cold, or any protracted mental or physical suffering.

It is obvious that each of these remedies has a wide range of application. Many exigencies require the simultaneous use of the two remedies, notwithstanding they may, to some degree, modify each the other's effects.

Many acute inflammatory conditions promptly yield to full doses of opium; the danger of the remedy paralyzing the nervous energies so far as to induce fatal congestions, is averted by the contractile effect of quinine on the capillaries.

Combinations with quinia counteracts, also, to a great extent the tendency of opium to so far reduce the biliary and renal secretion as to incur the risk of fatal toxæmia, and not less its tendency to reduce the respiratory action down to endangering the normal aëration of the blood.

The unpleasant after-effects of opium appear not when it is given in conjunction with quinia. Persons, particularly children, narcotized by opium, are often promptly aroused by the administration of quinia. In extreme exhaustion following protracted hæmorrhages and other debilitating causes, the free use of opium temporarily arouses the energies of the system, but frequently leads to unpleasant narcotism. The latter is prevented by the addition of quinine, which, furthermore, not only secures the desired action with a less amount of opium, but maintains the same for any length of time without the otherwise unavoidable repetition of the narcotic agent.

The idiosyncrasy of many persons against opium is in many instances overcome by combining that drug with quinia, which thus proves a valuable adjuvant to opium.

On the other hand, some frequently undesirable peculiarities of quinine can be corrected by giving opium simultaneously. In many diseases with dangerous congestion of internal organs, the exciting action of quinine on the general circulation may be modified by opium. Either of the two remedies alone would almost certainly add to the existing congestion; combined, they mutually neutralize their bad effects and coöperate in producing the desired relief. A judicious combination will often give us the most perfect control of the vital forces, and enable us to fulfill the various indications in the most satisfactory manner, in many forms of inflammation. In the treatment of idiopathic fevers, quinia is almost indispensable, but various disturbing symptoms may demand the use of opium too; both agents combined

secure the most beneficial results. Various neuralgic affections, which are palliated by opiates and sometimes cured with quinia, often yield speedily to their united influence. In numerous morbid conditions belonging to the neuroses, and often associated with anæmic states of the system, the true etiology of the disease can be traced to defective nerve nutrition, and it is a fact that many of these neuropathic conditions yield to the combined action of opium and sulphate of quinia.—*Amer. Jour. of Medical Sciences.*

32. *The Resins and Aqueous Extract of Jalap.*—John C. Long describes, in an inaugural essay, a number of experiments with some of the chemical preparations of jalap-root, from which he concludes, that the gummy or aqueous extract is entirely inert, and that the activity of jalap as a purgative is not due to the hard resin (that which is insoluble in ether) exclusively, but also the ethereal or soft resin, which is fully equal to the other, if not possessed of stronger purgative properties.—*Amer. Journ. of Pharm.*

33. *Fluid Extract of Asclepias Tuberosa.*—Take of the root, in powder No. 50, sixteen ounces; alcohol, three pints; water, a pint and a half. Mix the alcohol and water, and having moistened the powder with four fluid ounces of it, pack it in a glass funnel prepared for percolation, and pour on the remainder of the menstruum, reserving the first twelve fluid ounces. After the liquor ceases to pass, evaporate the remainder in a water bath to four fluid ounces, mix it with the reserved tincture, and filter after standing twenty-four hours. Prepared in this way, Mr. Elam Rhoads (in an inaugural essay on the plant) says the fluid extract is an elegant preparation, fairly representing the root. He submitted it for trial to several of his medical friends, among them to Dr. H. D. W. Palding, of Norristown, who administered it in several cases of inflammatory rheumatism, congestion to the head and pneumonia, and found it to have a powerful effect in reducing the circulation and acting promptly on the skin. But the dose should be large, and frequently repeated until the skin begins to act, say two teaspoonfuls every two hours, afterwards less and at longer intervals.—*Ibid.*

OBSTETRICAL.

34. *Inhalation of Ether in Puerperal Convulsions.*—The report of a case, by Dr. Storer, recently led to a discussion on this subject before the Boston Society of Medical Improvement. Dr. Storer and others stated that they had never given ether in puerperal convulsions without beneficial effects. Dr. Ware had seen a case where not the slightest effect was produced; the convulsions went on till delivery, and the woman died. Dr. J. Bigelow thought the diagnosis between the different forms of the disease very important: in the hysterical variety, ether might prove a palliative, though the patients would generally recover after labor without any treatment, while in epileptiform convulsions, tending to or terminating in coma, it would be in vain to expect good from ether.—*Boston Med. and Surg. Journ.*

35. *Turpentine in Puerperal Fever.*—In a case reported to the Suffolk District Medical Society, by Dr. N. C. Stevens, of Boston, the principal remedy employed was oil of turpentine, one drachm every four hours, with brandy, to which laudanum was sometimes added, in sufficient doses to procure sleep. Beef-tea, calves-feet, jelly, etc., as much as the patient would take. Externally, stupes of spirits of turpentine to the abdomen and the inside of the thighs, until there was complaint of the burning they produced, when cotton batting was substituted. Blister over the lower portion of the abdomen. Considerable vomiting took place, and for some days there was hardly any amelioration, but the patient finally recovered under the additional use of tonics and a vigorous diet.—*Ibid.*

36. *Interesting Case.*—Called to a primipara, æt. 16, Dr. H. W. Jones found the liquor amnii just discharged, the left scapula presenting, and a long loop of the funis protruding under the axilla through a dilatable os. Manipulation of the child, through the abdominal and uterine walls, (directing the inferior extremity upward and inward, the cephalic downward and inward,) resulted, after some time, in a complete correction of the mal-position, the head now engaging with the vertex towards the left acetabulum. The cord, still largely prolapsed, and pulsating strongly, was now carried toward the right acetabulum, and the patient assumed the position upon knees and elbows. The cord, however, could not be replaced. The head, bearing down, soon checked the foetal circulation. When the child was born, there had been no perceptible pulsation in the cord for nearly an hour. The usual means of resuscitation proved unavailing.—*Chicago Med. Jour.*

37. *Impairment of Vision Caused by Lactation.*—G. Lawson says (*Lon. Med. Rev.*) it is so common for some defect of vision to occur during lactation, that few women who have borne and nursed many children, escape some form of this ailment. He describes two distinct forms of the disease :

In the one, the patient complains of her eye being blood-shot, of a feeling of giddiness, and some intolerance of light. There is an inability to read long, as the lines become misty and the words run together ; the eye looks inflamed, irritable and watery, having the ciliary veins rather large. If the case be severe, the redness and impairment of vision increase until the patient is scarcely able to read large type ; pupils sluggish, contracted, pulse quick and small, and other symptoms of exhaustion. There is passive choroidal congestion dependent on anæmia, and on an exhausted condition of the nervous system produced by suckling. In the other form the defect appears to be central or cerebral, there being nothing abnormal in the appearance of the eye beyond the pallor of the conjunctiva corresponding with the anæmic look of the patient. Giddiness, lassitude, muscular debility, plainly indicate the drain produced by lactation. Impairment of vision increases, if the case is neglected, until complete amaurosis is the result.

Treatment : Removing the cause, and such general tonic and sustaining treatment as each individual case may require. In choroidal congestion with photophobia, strong light should be excluded, cold

applications employed, and the bowels kept open by some mild alterative. Mercurials may become indicated, but in all cases quinine and iron, with nourishing diet, seem to afford the greatest relief. Suckling must be absolutely forbidden.—*Amer. Med. Times.*

38. *Cesarean Operation.*—Prof. Gogefroy lately performed the operation successfully for the first time, out of four cases, and attributes the recovery to the early period of the operation. The Germans, he adds, who operate early, save many females; the French, who delay, save fewer patients; and the English, who operate *in extremis*, lose almost all their patients.—*British Med. Journ.*

39. *Extra-Uterine Gestation.*—Out of one hundred recorded cases collected by Dr. Mattei, (*Gaz. des Hôp.; Times and Gazette,*) twelve women died accidentally after having retained the result of pregnancy during several years; five died in consequence of the accidents of pregnancy, without the cyst having been opened externally. In thirty-seven instances an opening was made through the abdominal walls, viz.: spontaneously in twenty-one, of whom twenty recovered; in seven with the concurrence of art, all recovering, and in nine by gastrotomy, all recovering. In three cases the opening took place into the bladder, two of the women dying; in seven into the vagina, the opening being spontaneous and fatal in two, and artificial, with four recoveries, in five. In thirty-one cases the opening took place into the intestinal canal, either with the intervention of art or not, and of these twelve recovered and nineteen died. The author's conclusions are:

1. Old extra-uterine pregnancies allow of life being prolonged for many years, but such cases are rare, (twelve per cent.,) and are especially met with when the foetus dies at an early period, and when the cyst has remained of small size.

2. Extra-uterine pregnancy may cause death without the cyst opening externally or into a mucous membrane.

3. The cyst, whether opened or not, is not easily tolerated by the economy, and expelled in more than a third of the cases in from one to two years, in a sixth between two and five years, etc.

4. Of all the modes of termination, that by an opening through the abdominal walls, whether spontaneous or artificial, has been the most frequent (thirty-eight per cent.) and the most favorable.

5. Opening into the bladder is rare and less often followed by recovery.

6. That into the vagina is rarer still, but much oftener fatal.

7. Opening into the intestine is of frequent occurrence, (thirty per cent.,) and is the most fatal of all terminations, three out of five women dying.

8. It is imprudent to treat these cases by expectation, unless the cyst is small, and even then it must be at once evacuated, when there are symptoms of an opening taking place, such as sudden change in the health, fever, rapid emaciation, the disappearance of fluid from the cyst, local signs of reaction, and especially diarrhoea.

9. When there is time to wait, it is best to open the cyst at different stages, caustics being often preferable to cutting instruments.

10. If we have the choice of the place where the aperture is to be made, this must be in the abdominal parietes; but if nature has commenced the eliminating process at any point, it is there we must act, and that as promptly as possible, especially if this be the intestine.—*Amer. Med. Monthly.*

40. *Cyclogic Malformation.*—An account of an interesting case of this kind was read before the Suffolk District Medical Society, Sept. 28th, 1861, by Dr. A. B. Hall, of Boston. Sixth labor. Pains ceasing after the escape of a very large quantity of liquor amnii. Left foot presenting. A decoction of ergot soon aroused again the contractile powers of the uterus, expelling the lower extremities and body. Head delivered with some difficulty. Child still-born, female. Its forehead high and prominent, slightly projecting. Head measuring fourteen inches in circumference, nine inches and a half from the tip of one ear to that of the other, ten inches from the superciliary ridges to the occipital protuberance. Head well covered with hair; cranial bones so fully developed that there were no open spaces of any account. Nose entirely wanting. From the mouth upward, the space was covered with normal skin and integument, with no rough, bony or cartilaginous points felt beneath. In the centre, between the orbital spaces, where the base of the nose should commence, was an elliptical opening, about the size and shape of the open eye of an adult. At the two angles of this optical space, the upper and lower lids had become well organized, for more than the third of an inch, along the elliptical lines, and were covered with the usual triple row of hairs. The remaining portions of skin along these lines presented everted edges, evidently showing an attempt to form regular lids for the whole contour of the ellipsis. At the base of this open space, adipose and muscular tissue were observed. Upon the right and left were the usual orbital depressions, covered with smooth dermoid integument, but not so deep as usual, nor were the outlines of the socket so prominent. From each canthus of the central opening two short linear indentations extended transversely outward, across the orbital spaces. Superciliary ridges not much elevated, nor covered with hair. Three-fourth of an inch above the cyclopic eye was an outgrowth, an inch and a quarter in length, somewhat resembling an index finger devoid of the nail and the two upper phalanges. The child, in other respects, was well developed. It weighed six and three-fourths pounds. The mother, when about two months pregnant, saw two boys fighting in the street. One of them had a bloody face. She separated the parties and accompanied one of them to his home, where she saw another boy sick in bed, with a bandage around his head. Otherwise there had been nothing remarkable during her period of gestation.—*Boston Med. and Surg. Journ.*

41. *Monstrosities.*—Dr. M. M. Davis, of Richmond, Miss., narrates a case in which a woman had been, during her pregnancy, frequently frightened by a horse. Labor came on in due time; the foetus, expelled lifeless, proved to be, instead of a child, something like the shape of a horse. Its head, ears, nose, neck, body, feet and legs, were

all as much like a horse as if it had been sired and foaled by that species of animals. A second lady, during her pregnancy, had taken a fancy to a monkey, and miscarried—at what period of her pregnancy we are not informed. From the neck downwards, the expelled mass had the appearance of a well-formed four months' male fœtus, while its head, mouth, nose and ears resembled those of a monkey. Its left eye had no lids, but all the ball and membranes seemed to be as blue as indigo, all of which was covered by a thin, transparent membrane. The right eye was not discernible.—*Nashv. Jour. of Med. and Surg.*

Five similar cases have been reported to the Kings County Medical Society, by Dr. S. Hart. In 1837 he delivered a lady, in her third labor, of a small, dead, female child, born at the full period, and probably less than three pounds in weight. The head quite strongly resembled that of the cat in form and feature; the eyes, nose and mouth were wholly feline, but the ears were human; neck entirely wanting, head placed midway between the shoulders, occiput on a horizontal line with the spine. Upon the top of the head, at a right angle to the sagittal suture, over the whole extent of the parietal bones, about the width of two inches, was presented an appearance like that produced by a severe blow with a solid instrument. It resembled a bruised, gory mass of cuticular tissue, and the parietal bones beneath were in several fragments. The little hair there was upon the head was human. The trunk of the body, upper and lower extremities, were human and perfect. About four months and a half previous to her delivery, the woman had been greatly annoyed by a young cat, and, at her wish, the husband had dashed out its brains against a stone. She heard the blow, but did not see it, and was not disturbed at the killing of the cat. The appearance upon the head of the child, both in locality and resemblance, perfectly corresponded with the injury by which the cat was killed.

The second case, in 1843, was a first confinement. Child dead; its head decidedly feline, though not so strikingly marked as the preceding. It presented the same bruised, gory appearance of the tissues over the parietal bones, which, however, were whole. The child was a female, a little smaller than the other, and was born at the seventh month. Ears, trunk, and extremities natural. During pregnancy, the mother had been occasionally annoyed by a cat coming in her way, but not often. The cat was always peculiarly hateful and offensive to her.

In 1845, a small child, still-born, probably of less than three pounds weight, was born by a Mrs. B. Contour of the head, the eyes, nose, mouth and forehead decidedly feline; scarcely any neck; ears and rest of the body natural. Directly over the sagittal suture, midway between the coronal and lambdoidal sutures, was a cone, resembling ecchymosed substance, about an inch and a half at the base, and elevated about an inch and a half above the cranium. The child was a female, and born at the full period. No cause could be ascertained for the deformity.

The fourth case was that of a first child, born at the seventh month, still-born, in September, 1849. Face, eyes, nose, mouth and fore-

head decidedly resembling the cat, but no bruised appearance about the head; ears and rest of the body perfect. Child small—female. Nothing could be learned about any troublesome impression or annoyances during the period of gestation.

The last case, occurring in 1855, was a fourth labor, at the full period. The head of this child closely resembled that of the dog, both in form and feature: it was, indeed, a dog's head upon a human neck and body, with two pendulous ears, two inches in length. The mother had been greatly annoyed from the early stage of her pregnancy by a neighbor's dog, and when about three months advanced she passed two dogs in the street in circumstances that excited in her mind extreme angry indignation.

The quantity of waters in all these five cases was extremely large, no doubt exceeding twelve pounds; all the children small, hardly varying in apparent size, although two of them were born at the seventh month. In every instance the deformity was confined to the head.—*Amer. Med. Monthly.*

Strange stories, indeed! The possibility of such occurrences, in consequence of some sudden or constant effect on the mother's mind, is at present pretty generally admitted; but there are few, if any, cases on record of such an exquisite character, as the horse, monkey and dog head. The feline children appear, from the description, to have belonged to a not very uncommon class of malformations, which to mistake for feline formation it requires, however, considerable stretching of the imagination. It is a pity that not one of the specimens could be saved for further inspection and examination. We doubt not that a closer scrutiny would have restored to all these pretended monsters a good share of, perhaps deficient or abnormal, but on that account not less human formation. Seeing is believing, particularly in reference to such things.

SOME NEW FORMULÆ.

42. *Anodyne Drops for Hepatic Colic.*—By F. Dufresne. ℞. Opium, twenty grammes; lactic acid, ten grammes; oil of amber, twenty grammes; oil of turpentine, twenty grammes; tincture of canella, ten grammes; rum, ninety grammes; oil of aniseed, forty drops.—The maximum dose is ten or twelve drops.—*Gaz. Hébdom.; Amer. Druggist's Circ.*

43. *Aqua St. Johannis.*—Sulphate of zinc, one drachm; sulphate copper, one scruple; water, thirty-six ounces; dissolve and add, tincture of saffron, two drachms; spirit of camphor, two ounces. Employed in Southern France as a vulnerary, to diminish suppuration, and considered useful in all cases where spirit of camphor and lead-water is indicated.—*Amer. Jour. Pharm., from Pharmac. Centralhalle.*

44. *Syrup of Santonin.*—By Mr. Lafargue, pharmacist at Moissac, France. Take: Santonin, fifty-five grains; simple syrup, sixteen ounces (Troy); alcohol, q. s. Dissolve the santonin in a little alcohol and add the solution to the syrup boiling hot. Each tablespoonful contains about three grains of santonin.—*Ibid, from Bull. Thérap.*

45. *Becquerel's Pills for Gout*.—Sulphate quinia, seven and a half grammes; extract of digitalis, one gramme; colchicum seed, two and a half grammes. Mix, and make into fifty pills. Dose, from one to three for several days in succession.—*Répert. de Pharm.*

46. *Spanish Electuary for Rheumatism*.—By Dr. Fernandez. Gum guaiacum, half an ounce; powdered rhubarb, one hundred and fifty grains; cream of tartar, three hundred and eighty grains; sulphur, seven hundred and fifty grains; powdered nutmeg, one; clarified honey, eleven ounces.—*Gaz. Med. Belge; Boston Med. and Surg Jour.*

47. *Aromatic Iron-powder*.—Drs. Feldman and Pfeiffer give the following formula, to be used in chlorosis and anæmia: \mathcal{R} . Filings of iron, six parts; pulv. aromat., Ph. Wurt., four parts. Mix. Dose, six grains at meal-times. The "pulvis aromaticus" of the Wurtemberg Pharmacopœia consists of: — canella, — four parts; cloves, macis, nutmegs, ginger., of each one part.—*Amer. Drugg. Circ.*

48. *Plasma Cupri Sulphatis*.—Dissolve twenty-four grs. of sulphate of copper in ten and a half drachms of glycerine, add one and a half drachms of powdered amylo-n, and heat until of proper consistence.—*Ibid.*

MEDICAL JURISPRUDENCE.

49. *Moral Insanity in Relation to Criminal Acts*.—Under this caption, Dr. Parigot submitted a paper to the New York Academy of Medicine, in which he offers the following propositions:

Moral insanity is but an affection of the faculty of volition and instincts, attended by physiological symptoms. The name is defective, because it bears no relation to the cause, symptoms and results of the disease, and it misleads the opinion of the bar concerning crimes committed under its influence. The laws and rules concerning insanity relating to civil or criminal cases, ought to be put in accordance with the actual state of medical science. No person ought to be considered as being of unsound mind, if physiological and mental signs can not be traced and ascertained. A reform concerning medical certificates is necessary to insure regularity in obtaining from courts or judges orders to detain a person as insane, and no such document should be admitted, unless containing all the symptoms, amnesic, physical, physiological and mental, concerning the case, as well as the diagnosis and prognosis of the observed disease.—*Med. and Surg. Rep.*

Obitua! Record.

IN LONDON, Dec. 10th, of Bronchitis, DR. T. SOUTHWOOD SMITH, in his 73d year. He was the author of many works, which reached several editions. He was for many years physician to the London Fever Hospital.

IN CHARLESTON, S. C., November 30th, of Typhoid Fever, DR. WISWOLD, Surgeon to the 28th Regiment New York Volunteers.

THE
CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

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Original Communications.

ARTICLE I.

Cases in Ophthalmic Practice.

BY E. WILLIAMS, M.D., CINCINNATI, OHIO.

CASE I.—*Trauma of the Eye—Tetanus.*—W. M., a stout laborer, 30 years of age, was injured in the right eye while hammering upon a steamboat boiler, on the 4th of April last. His sight was instantly annulled, and he called to consult me the same afternoon. There was a ragged, irregular wound in the edge of the right lower eyelid, just external to the punctum, and one in the ball of the eye also. The latter wound, about three lines in length, was situated at the inner and lower part of the globe, one-third of it in the sclerotic and two-thirds in the cornea. The iris and corpus ciliare were divided to the same extent, the anterior chamber effaced, the ball soft and partly filled with blood—from all of which I inferred the presence of a large foreign body in the eye. Convinced of this fact, I urged an immediate operation for its removal. Unfortunately, the patient did not agree with me in my *diagnosis*. As he was hammering when wounded on the large round end of a copper rivet, he believed that was what struck him and it could not be in the eye. He felt very little pain, and only wanted some *drops* put in the eye to *restore the sight*. I pressed upon him the certainty that the eye was lost, that it would pain him excessively, and not only endanger the sight of the other, but even imperil his life. Still he refused to have any thing done at all, unless I would promise to restore his sight. He left my office, and I heard nothing more of him for three days, when he sent for me to call and see him. He was then suffering extreme pain in the cir-

cumorbital region—the eye was intensely inflamed, with phlegmonous chemosis, haziness of the cornea, turbidness of the aqueous humor and crystalline lens, and much swelling of the lids. He still refused an operation, and persisted in believing there was nothing in his eye, because the pain was most severe in the surrounding parts of the face and head. I treated him, but under protest, with antiphlogistics and large doses of morphine at night. His sufferings continued most intense till the 24th of April, three weeks from the time of the accident, when his agony became so great that he yielded to my proposition to remove the eye. Assisted by Dr. Nat. Foster and my private student, I proceeded to extirpate the organ by the method of enucleation. In consequence of violent muscular contractions and symptoms of asphyxia produced by the chloroform, which was suspended several times and then renewed with the same results, I operated without complete narcotism. The struggling of the patient and the great swelling of the parts made the operation difficult. During this time the original wound opened and there escaped considerable pus from the interior of the eye. I then put one blade of the forceps through the wound, got a firm hold upon the sclerotic, and succeeded in the removal. I put a small sponge into the cavity, applied cold water dressings, and administered half a grain of morphine. The following night he rested well, and the case progressed favorably till the evening of the 27th, three days after the operation, when he began to experience some rigidity about the muscles of the jaw and difficulty in swallowing. The following morning all the muscles on the right side of his face were perfectly inactive and flabby, while those on the opposite side were rigidly contracted, giving the patient the peculiar physiognomy of facial paralysis. He could still open the mouth about half an inch and swallow, but with labor. The tetanic contraction invaded successively the muscles of the neck, chest, abdomen and limbs; and he died on the morning of the 5th of May, one month after the accident, ten days after the operation, and seven days after the tetanus set in.

On inspecting the eye I found the retina destroyed by the suppuration, excepting a small floating portion around the optic entrance—choroid thickened and friable from the presence of lymph in its tissue—iris discolored, swollen and pushed forward against the cornea, pupil closed by a plug of yellowish lymph, lens turbid, very soft and much diminished in size. Behind the iris, and moulded to its posterior surface and the inner surface of the corpus ciliare, was a mass of lymph, yellowish in color, pretty firmly adherent to the surfaces from

which it had exuded, and filling up nearly the anterior half of the cavity of the eye. This mass of lymph, permeated with numerous pus globules, was thickest and extended farthest back at the outer side of the eye, where I found just back of the equator a large scale of iron sticking firmly in the sclerotic. It was, by actual measurement, half an inch long, one quarter of an inch wide, and a little thicker than ordinary foolscap paper. Its surfaces were smooth, but the edges rough and irregularly serrated. Near the middle of its length were two corresponding notches, one on either side, in which it was firmly embraced by the sclerotic coat, one-half projecting into the orbit and the other into the eye. It had passed through the globe and half way out on the opposite side. In this position, the offending body was held so firmly that I had to enlarge the wound in the sclerotic with the scissors, in order to extricate it.

From the beginning I had observed that the eyeball moved very little, but its fixity was attributed to exudation in the ocular sheath, rather than to the possibility that it might be *spitted* by the foreign body. The severe character of the wound and the long sojourn of so large and rough a body in the eye no doubt gave rise to the fatal tetanus. It is not at all likely that the operation either gave rise to or hastened the tetanic spasms. Indeed, it is most probable they would have occurred sooner if the patient's intense sufferings had not been relieved by the extirpation. Had he submitted to the removal of the eye or to partial extirpation and the extraction of the foreign body immediately, or within a few days even, after the injury, he would most assuredly have escaped with his life.

The possibility of the supervention of tetanus in cases of injury by a large and rough foreign body which remains in the eye, should be urged as an additional necessity for surgical interference. In such cases the vision is inevitably destroyed, the globe will atrophy after months of suffering, which greatly endangers the sight of the other eye. Even after atrophy, the pain and risk of destructive sympathetic inflammation of the well organ do not often disappear so long as the exciting cause remains. There is, therefore, every thing to be gained by an early operation, and nothing but disaster to be expected from delay, except the mere possibility that the foreign body may become encysted and remain harmless. Even when encapsuled, the body may be detached by accident years afterwards and give rise to destructive inflammation. Instances of this kind are recorded; and I have seen one lately where a piece of percussion cap, after remaining some two years encysted in the iris, was dislodged by an accidental

thrust of the patient's finger. It was small and moved about freely in the anterior chamber, always concealed in the most dependent part, in the sulcus between the periphery of the iris and margin of the opaque sclerotic, which extends farther forward than the point of attachment of the iris. It only came into view when the head was inclined so far forwards as to cause it to slide along the concave surface of the cornea toward its centre. The eye was constantly injected, somewhat painful, and the sight impaired. The patient was not inclined to have it operated unless I was *perfectly sure* of the successful removal of the foreign body. He returned home to the country, and I have since heard that his eye is still painful and the vision getting worse. Mr. Nunneley has published a case in the *Ophthalmic Hospital Reports*, vol. ii., page 244, where a piece of stone coal remained thus encysted in the eye for ten years, when the patient was struck violently on the side of the head, the fragment dislodged by the concussion into the anterior chamber, where it caused much inflammation, and from whence it was removed by Mr. N.

The rarity of tetanus from injuries of the eye may be inferred from the fact that W. White Cooper, in his treatise on wounds of the eye, is unable to refer to but two cases—one which occurred in St. George's Hospital in 1847, from a rupture of the cornea by the end of a whip-lash, the other during the Crimean war from the explosion of a shell which drove a large fragment of stone and several pieces of gravel into the orbit. The bony orbit was fractured extensively, "the sclerotic coat of the eye torn open, and much gravel imbedded in its interior, and some fragments had been forced into the substance of the optic nerve."

The largest foreign body I have ever removed from the interior of the eye was a rough piece of cast-iron, nine-sixteenth of an inch long, five-sixteenth wide and two-sixteenth thick. It had entered through the cornea and iris, and lodged deep in the vitreous humor, where it had remained two weeks, giving rise to terrific pains. I amputated the anterior part of the globe, including the iris and corpus ciliare, and extracted it with the forceps.

CASE II.—*Piece of Cap in the Vitreous Cavity—Extirpation.*—T. H., aged about 17, had been injured by a piece of cap two months before he consulted me. It had entered about midway between the centre and external margin of the cornea, and passed through the iris into the back part of the eye. When I first saw him, there was great pain in the eye and neighboring parts of the face, pupil closed by a

false membrane, iris discolored and anterior chamber about one-third filled with pus. I made a paracentesis of the cornea with some relief to the pain for a few days, and the hypopyum was partly absorbed. The irritation again returned, the hypopyon increased, and I then made an iridectomy inwards, which was followed by decided improvement in the general appearance of the eye. About three weeks after this operation, the same symptoms returned, attended by the appearance of muscæ volitantes, flashes of light, photophobia, a dilated oscillating pupil, and indistinctness of vision in the previously well eye. As the danger from sympathetic inflammation was imminent, I did not hesitate to enucleate the offending organ. The patient soon recovered from the operation, and the sight of the threatened eye gradually returned to its former perfection.

Dissection of the Eye.—I cut carefully through the sclerotic about two and a half lines from the entrance of the optic nerve, when there escaped several drops of reddish yellow serous fluid which had been thrown out between the choroid and retina, detaching the latter membrane in the shape of a funnel, the small end adhering around the optic papilla and the large at the ora serrata retinæ. The floating retina was thrown into numerous folds running from before backwards, and so opaque that I could not see through it into the vitreous fluid. On opening the detached retinal pouch at the back part, I found the shrunken vitreous humor of a light straw-colored tinge, but with nearly its natural consistence and transparency. Projecting into that fluid from the corpus ciliare at the external side of the eye, I discovered a globular yellow mass of about the size of a large pea. On removing the vitreous humor carefully from behind forwards, I found it was an abscess adhering to the inner surface of the corpus ciliare and choroid, the retina for a short distance back of it being agglutinated to the choroid.

When I touched the delicate membranous sac with the point of a knife, several drops of liquid pus escaped, and in the interior of the abscess I found a square piece of cap of about the size of a small pin's head. Adhering to the internal surface of the ciliary body at the seat of the abscess, and extending forwards over the entire posterior surface of the iris, was a thick layer of yellowish lymph, which blocked up the pupil as well as the artificial opening made by the iridectomy, and agglutinated the whole iris with the capsule of the lens. The lens was diminished in size, of a light amber tinge and quite soft.

The healing process was soon accomplished, and the patient now

wears an artificial eye. The photophobia, luminous flashes and misty vision of the left eye, although immediately diminished, did not entirely disappear for six or eight weeks after the operation, when the vision was restored to its former perfection. Extirpation, partial or complete, of the painful and disorganized eye affords the only prompt and almost certain means of rescuing the other when it is threatened with destructive inflammation. If not deferred till the retina and choroid have suffered incurable textural changes, the operation, especially in traumatic cases, nearly always affords immediate and permanent relief. The improvement in the patient just detailed, although satisfactory in the end, was much slower than usual. I have operated a large number of times where the other eye was in great peril, and have not failed in a single instance in saving the sight. In former numbers of this journal I have published several of these cases with remarks, to which I can only refer at this time. A few months ago I removed an eye that had been destroyed by a piece of cap two years before, during all of which time the patient had been unable to read or do any kind of work in consequence of the constant irritation and neuralgic pains in the eye and head. The sight of the other was much impaired, but in *two weeks* he went to work, and is now well and enjoying perfect sight. I found the foreign body imbedded in a mass of lymph behind the lens.

But five days ago I amputated the anterior part of the globe, including a narrow zone of the sclerotic and with it the iris and larger portion of the corpus ciliare, in a young man who had been suffering from constant inflammation of the eye with great pain and repeated attacks of hypopyum for three months. When I saw him first, three weeks ago, his eye was highly injected with closure of the pupil, anterior synschia at the seat of a small cicatrix in the cornea, and a considerable quantity of pus and lymph in the bottom of the anterior chamber. He stated that his eye had been injured by a corn-blade some two months previously. He had jumped out of a wagon in a corn-field, and felt a sudden hurting in his eye when he struck the ground, but did not remember feeling a corn-blade or any thing hit his eye at that time. I administered purgatives, anodynes at night, and sulphate of atropia locally. He improved for some days, when the hypopyum increased from a discharge of viscid yellowish lymph which flowed slowly from the upper margin of the iris down its anterior surface into the bottom of the chamber. In a short time this began to diminish, and in the course of two days was all absorbed. Still the soreness, injection and tenderness to the light continued. In con-

versation with him one day he remembered that he had shot a pistol a few hours before the time when he jumped out of the wagon, and at the moment of the discharge he felt something hit the eye, saw a flash and felt the tears suddenly run down his cheek. It hurt but an instant and did not seem to affect his sight—so he had entirely forgotten it till it was suggested by a remark I made about the frequency of injuries from this source.

The persistence of the inflammation and frequent recurrence of the hypopyum in cases of injury, indicate usually that there is suppuration in the vitreous cavity also, and that a foreign body is in the eye. This fact, taken in connection with the patient's history of the pistol-discharge, led me to infer that the eye had been wounded by a fragment of cap which had entered, and still remained perhaps, in the vitreous cavity. The painful organ had begun to atrophy, and the other was weak and tender to the light. So I resolved to operate and relieve him at once of the persistent pain and the danger to the sight. The patient was chloroformed, and I removed the anterior sensitive part of the globe as in the last case referred to above. The lens and part of the vitreous fluid were discharged, with several irregular masses of yellow lymph that adhered to the anterior part of the choroid. Downwards and inwards in the vitreous humor, I saw a round yellow mass, and seizing it with the forceps, I found it was an abscess, and a few drops of pure fluid pus escaped from it. I found no foreign body, however, but am disposed to think it was surrounded by this abscess, and either escaped with the pus unperceived or still remains in the sclerotic cup. It may escape with the suppuration, if it is still in the eye, or remain harmless in the stump after the wound heals. In several instances where I have operated by partial amputation of the eye, when it was suspected that there was a foreign substance in it, none has been found—yet all of them were effectually relieved. The patient is already much better, and I have little doubt but that the result will be complete. The large amount of yellow lymph and the distinct abscess found in the vitreous humor, confirmed my diagnosis that the eye was hopelessly lost, and fully justified the apparently severe procedure adopted in this case.

The presence of a *veritable encysted abscess* in the vitreous humor adherent to the inner surface of the choroid, (from which membrane no doubt the pus was formed,) which was discovered in this case and in the first one detailed in this paper, is an interesting fact, and one that does not seem to have attracted much attention from most of writers on this subject. In severe traumatic inflammation of the eye, espe-

cially where a foreign body has passed into it and remains there, the whole or a large part of the vitreous cavity is often filled with lymph rendered yellow by pus globules intermingled with it. But genuine abscess in the vitreous humor is comparatively rare.

The enormous amount of yellow lymph effused in the bottom of the eye where a shot, piece of cap, scale of iron or other foreign substance has penetrated far into that organ, may be judged of from the yellowish reflection seen deep behind the pupil, when the latter remains open and the lens transparent. Every oculist of any experience has often been struck by the remarkable appearance of the depths of the eye under such circumstances.

Why I prefer *partial amputation* to *extirpation* of the globe, in most cases where surgical interference for the relief of pain and the salvation of the other eye is demanded, I have stated in a former paper, published in this journal.

The pathological anatomy of the eye has been very materially advanced by the careful dissections and microscopical examinations of diseased globes removed for the protection of the remaining useful but menaced organ, since this has become an established practice among nearly all ophthalmic surgeons. Some excellent articles have recently been published in the *Archiv für Ophthalmologie*, on the formation of pus in the vitreous cavity after injuries, depression of cataract and suppurative choroiditis from other causes. Although we call the disease suppurative panophthalmitis, by far the largest portion of the exudation is lymph, with pus globules disseminated through it and giving the mass a yellow color. Sometimes, however, as I have stated, the pus element predominates, and we have the eye filled with fluid pus, or else distinct abscesses in the vitreous humor.

ARTICLE II.

Case of Stone in the Bladder. --- Post-Mortem.

REPORTED BY W. A. BROWN, M'CONNELLSVILLE, O.

Mr. Guthrie, of Malta, æt. 63, nervous-bilious temperament, was attacked, about ten years since, with derangement of the urinary apparatus, and difficulty and pain voiding urine, which increasing gradually in severity, he was in two years from the commencement of his disorder compelled to resort to the use of the catheter; having in the mean time a very severe attack of "gravel," passing a large amount of sand. Seeking treatment for several years without any mitigation of

his sufferings, the operation of lithotomy was performed upon him in Zanesville, Ohio, by a very eminent lithotomist of this State, December 27, 1858. Three stones were removed; one of them pronounced to be oxalate of lime, and the other two were probably alternating calculi, corresponding with those found in post-mortem, hereinafter described. The operating surgeon and several skillful medical gentlemen who were present at the operation, made a careful examination for more calculi, and supposing they were all removed, the operation was terminated. But as soon as a day or two afterwards the patient experienced all the former painful symptoms of stone, and could not discover that he had been benefited by the operation.

To allay the excessive pain he took morphine, the doses of which he was compelled to increase until a drachm lasted him less than a week, and its effects were finally lost entirely. The bladder would not tolerate more than half an ounce of urine to accumulate at a time, and every fifteen or twenty minutes during the twenty-four hours he was obliged to use the catheter, experiencing intense pain in introducing it. He would sometimes, but not often, hear the click of the catheter against the stone. The urine was of offensive odor, and mixed with pus and blood.

After morphine had lost its effects upon his system, he soon succumbed under the intense pain, rejoicing that death was finally coming to his relief. On June 26th, 1861, "amiable death" was welcomed as the friend come to put an end to his bodily tortures. For some days before his decease he had convulsive spasms, illustrating in a very striking manner Marshall Hall's *reflex action*.

Post-Mortem.—Dr. J. H. Brown, of M'Connellsville, receiving information from the family of Mr. Guthrie's death, and their request in fulfillment of the wishes of the deceased, for a post-mortem examination, the parts were exposed and examined in presence, and with the assistance of Drs. Ewing, Wood, Lewis, Rusk and Alexander. A section of the pubis was removed and the bladder exposed, which was found to be adherent to all the surrounding tissues; when separated and taken in the hand, it was felt to be filled with stones—literally packed full. On being cut open, the walls were found to be four times as thick as a healthy bladder; the mucous membrane black and disorganized, and thirty-two calculi and about a spoonful of pus filling the cavity. One calculus, about the size of a walnut, a lithic acid calculus, filled the fundus of the bladder; the others were of the size and appearance of Lima beans; alternating calculi, with a nucleus of lithic acid and concentric layers of triple-phosphate of magnesia, and

ammonia and phosphate of lime, and the triple-phosphate of magnesia and ammonia. The large calculus was not sawed, but it is presumed it is also an alternating calculus with a lithic acid surface, and a nucleus and concentric layers of the same character as the others; or it may contain one of the smaller flat calculi as a nucleus for the deposit of the lithic acid. The large or lithic acid calculus weighed 583 grains; the alternating calculi weighed 856 grains, averaging from one to two scruples; there was also a small fusible calculus, weighing six grains, and about the size of two peas. A fibrous polypus was found within the neck of the bladder, about three-fourths of an inch in diameter across the top surface, which was flat and half an inch in height, attached by a short, thick pedicle, holding it down on the mucous surface, looking like a good-sized coat button. Dr. Brown states he has frequently felt this tumor while introducing the catheter and endeavoring to sound the patient's bladder. It might have been that the stones removed at the operation were *below* this tumor, and that the surgeon did not get into the bladder at all! The parts contracted down upon it, it would feel much like a fundus; and the patient experiencing so soon after the operation the pains from stone, gives to this surmise an air of probability.

ARTICLE III.

Pulmonary Tuberculosis.

A Synoptical View of some of the Principal Theories entertained by Modern Pathologists on the Nature of this Disease.

BY A. P. DUTCHER, M.D., ENON VALLEY, PENNSYLVANIA.

So far as I am acquainted with the various theories that have been advanced on this subject, I do not know of a single one that has passed the ordeal of criticism unharmed. Most of them have weak points, which, when put to the test of rigid scrutiny, are found wanting. The reason for this is to be found in the fact that most of our medical philosophers have fallen into an error which has been bequeathed to the science of medicine by the fathers of antiquity; viz., that of first framing their theories and then bending their facts to suit them. This is reversing the order of reason. It distorts and obscures her teachings, by giving place to falsehood, prejudice and partisan bigotry. We deplore this in medical science; it stands directly in the way of reform and improvement. We hold it as a cardinal doctrine in our professional creed that those who worship at the shrine of science should dismiss from their minds all dishonesty and bigotry.

If an individual attempt to explore the fields of knowledge with the spirit of the bigot or partisan, suffering a cloud of desires and aversions to hang around his understanding, he will never discover objects clearly ; his mind will be confused by the mists of error, and the light of truth, if seen at all, will only bewilder and render his way uncertain and difficult. Our duty as members of a great and glorious profession is to inquire what is true, not what is the finest theory. We should not suffer ourselves to be bound by the opinions of any man, but should think for ourselves, freely and independently. We need not fear the results of free investigation : it is a coward that shuns examination, and dares not look the truth full in the face. Reason and free inquiry are the only effectual antidotes of error. Give them free scope, and they will uphold truth by bringing false opinions and all the spurious offspring of ignorance, prejudice and self-interest before their severe tribunal ; subjecting them to the test of close investigation, the murky clouds of error will flee before the brilliant light of science.

In arranging for review the different theories that are maintained by medical writers on the nature of pulmonary tuberculosis, they may be classed as follows :

- | | |
|---------------------------|--|
| 1. Inflammation. | 4. Specific morbid condition of the blood. |
| 2. Impaired nutrition. | 5. Imperfect innervation. |
| 3. Defective respiration. | 6. Miscellaneous. |

I. *Inflammation.*—Drs. Williams and Rokitsansky are the most prominent amongst the numerous advocates of this theory. They maintain that the principal feature of tubercular disease is inflammation, or *arteriality*. Dr. Williams, in his *Principles of Medicine*, says that tubercular matter may be formed within the blood-vessels themselves, as he has repeatedly found something presenting all the external appearance of yellow tubercle in the lungs, and he contends “that where fibrine may coagulate, there its degraded form, tubercle, may occur.”

Rokitsansky, in his *Manual of Pathology*, has labored very hard to prove that tubercle is a modification of fibrine, or rather its degraded offspring. After a very elaborate discussion of the subject, he concludes by saying, “that the arterial character — arterial elaboration of fibrine — constitutes, above all, the cardinal feature of tubercular *crisis*.”

M. Laennec, Drs. Carswell and Campbell reject this theory. M. Laennec says :

“ From all that has gone before, we are authorized to conclude that

tubercles are not the products of inflammation of any one of the constituent textures of the lungs. On the contrary, a multitude of facts prove that the development of tubercle is the result of a general condition of the body; that it takes place without previous inflammation; and that when inflammation coincides with tuberculous affection, it is most frequently posterior to its origin."

Dr. Carswell contends that tubercles in the lungs are a deposit derived directly from the blood. He ignores the idea that they are the result of inflammation. He reasons thus:

"The products of inflammation are coagulable lymph and pus. When, therefore, other products than these are present in inflammation, the conclusions to be drawn from these circumstances is, that there exists some other morbid condition than inflammation, and that to this condition alone should be ascribed the distinction and essential character of the products. Where the tuberculous disposition exists, inflammation or any irritation may attract it to a particular organ. Examples of this present themselves in inflammation of the sub-cutaneous glands of the neck and kidneys, which may become tuberculous from the same cause."

Dr. Campbell also discards the inflammatory theory, and gives it as his opinion, that the blood becomes charged with particles derived from the materials of nutrition, which, being carried forward to the lungs, are capable in some organizations of passing through their extreme vessels, and hence produce no effect, but which in other cases are retained in the capillaries, and thus by gradual accumulations form masses apparently homogeneous, to which is applied the name *tubercle*.

II. *Impaired Nutrition*.—This theory of phthisis is based upon the supposition that the disease commences primarily in the organs of digestion. Certain lesions are said to occur here, which interfere with the proper digestion of the food, and lead ultimately to the formation of the morbid product in question. What the precise trouble is, the advocates of this theory, are not agreed. Some trace it to a want of gastric juice, others to a depraved condition of the bile and pancreatic juice, and others to an excess of acid in the stomach and bowels.

Dr. Hughes Bennett is an ardent advocate of the latter view. He maintains that pulmonary tuberculosis arises directly from an excess of acidity in the stomach and bowels, which interferes with healthy digestion, so as to give a preponderance to the albumen, and as a necessary result there will be a deficiency of oil, which, in connection with albumen, is essential to healthy nutrition, and as a consequence elementary molecules and nuclei are not formed, and hence abortive cell-growth follows, and in this way are constituted tubercular corpuscles, which form the local lesion in phthisis.

“One of the great difficulties,” says Dr. Bennett, “in the pathology of phthisis as now brought forward, consists in the fact that whilst little fatty food enters into the economy by the primary digestion, and the adipose tissues of the body disappear, fat is apt to be stirred up in certain organs as the result of secondary deposition, especially in the liver. This fact, however, only proves that the formation of fat by the secondary digestion, and as a secretion of certain organs, like the liver and female mamma, are excretory products, and as such are, *per se*, incapable of being reabsorbed or of affording nutrition. In short, such fat must undergo those changes and that elaboration which the digestive functions produce, before it can be available for the formation of good blood, which, in its turn, is only a preliminary step to healthy nutrition.

“There is every reason to believe, however, that the various fatty compounds are convertible into another—that fat, for instance, introduced into the alimentary canal, or formed from the starchy and saccharine parts of the food, are, through elaboration, transformed into the fat of the liver, cholesterin, margarin, butter, etc., etc., in which condition they constitute products to be excreted. But that these, introduced into the alimentary canal, acted upon by the juices of its various glands, and farther changed by the blood-glands, may again be resolved into elements capable of nutrition. The true chemistry and effect of vital changes on the fatty compounds, however, have yet in a great measure to be worked out by micro-chemical research. In the mean time we may conclude with certainty—

“(1.) That an oily emulsion must be formed to constitute a proper chyle to be converted into blood;

“(2.) That in pulmonary and other forms of tuberculosis, the process is interfered with; so that

“(3.) A depraved state of the constitution is induced favorable to the deposit of tubercular exudation into various tissues, but especially into the pulmonary organs.”*

III. *Defective Respiration.*—This theory of pulmonary tuberculosis has quite a number of very able advocates. Dr. Edward Smith, one of the physicians to the Hospital for Consumption and Diseases of the Chest, Brompton, London, may be singled out as one of its most philosophical defenders. In a recent number of the *American Journal of the Medical Sciences*, (Jan., 1862, page 84,) he advances the following thoughts on the origin of tubercles in the lungs:

“Thus I have endeavored to show that the earliest indication of phthisis is the lessened action of the air-cells, and it is highly probable that this is commonly associated with, or resulting from depressing agencies. We all know in our own person the temporary effect of depressing causes, as grief or disquietude of any kind, over the action of the lungs, and have observed the slow respiration followed by long sighs or yawns, possibly indicating the accumulation of carbonic

* Bennett on Pulmonary Tuberculosis, p. 30.

acid in the air-cells of the lungs from the previous incomplete respiration. Moreover, as the function of respiration is so important and so unceasing, and as the air-cells are of a delicate organization, it is quite clear that they must be highly endowed with nervous influence from the cerebro-spinal, excito-motory, and sympathetic system, and consequently be extremely liable to their special diseases. As they have the power of extension and retraction, that power may be modified both toward decrease as well as increase; and as they are of a delicate organization and so endowed with nervous influence, it is certain that they will both sympathize greatly with the nervous system, and be greatly influenced by it, and also be liable to their special diseases, arising more or less from local causes only. Thus the lessened action which constitutes or leads to phthisis may be either general or local; and whilst admitting that the multiplication of causes point to a general action, we must not ignore the possibility of their being due to local causes only.

“I am anxious to refer to this, for we have each of us seen cases which appeared to us to have arisen from some local cause, as some prior local disease; but the prevailing notion of the general and blood origin of phthisis has led us to throw doubts over the correctness of our belief. Without venturing an assertion on a subject about which so little is known, I would take courage to ask if there are not grounds to believe that acute phthisis is the local, as contrasted with the chronic phthisis, which is the more general form of the disease? Upon this point I would not dwell, but I feel convinced that a wide field for inquiry is yet uncultivated in the disease of the air-cells of the lungs, and that whilst we may not have given too much attention to the mere condition of the air, we have given too little to the all-important air-vessels.

“That the lessened action of the air-cells to which I have referred, as an evidence of phthisis, is exclusively restricted to this disease, I dare not venture to affirm. In many cases of chronic bronchitis there is lessened vascular murmur, and some lessened resonance on percussion, both due, in some degree, to the same cause, as in phthisis. Wherever, however, there is lessened vascular murmur, with lessened mobility, and both flattening and atrophy, and at that early period short and feeble inspiration with lessened quantity of admitted air, we may safely affirm *that* to be a case prone to tubercle.”

Dr. Smith maintains further, that all these physical signs may be present prior to the tubercular deposit in the lungs. If such physical signs exist prior to the development of the local disease, I must say that it does not harmonize with my experience. If there is lessened vascular murmur, with lessened mobility, previous to the tubercular deposit, I have never been so fortunate as to detect it. If this theory were true, all those diseases of the chest which impair the respiratory movements would be greatly productive of phthisis; pneumonia, pleurisy and bronchitis would be the chief sources of the disease. But this has yet to be proved, at least, so far as pneumonia is

concerned. Our best writers do not consider it a cause of phthisis; it may, however, sometimes hasten the development of the malady.

IV. *Specific Morbid Condition of the Blood.*—This theory attributes the formation of tubercles to certain morbid changes in the natural constituents of the blood. Mr. Ansell, in his celebrated work on *Tuberculosis*, has labored very diligently to demonstrate this theory. He regards the blood as “the seat of the process of absorption and deposition; and no matter how tuberculous it may be, so long as the balance between these processes are maintained, although the nutrition may be tuberculous, no tubercles are formed. Physiological chemistry appears to indicate, of the blastema as of the blood, that its pathological condition consists of some modification of the ultimate composition, or of the relation of its protean-form or oleaginous constituents; their carbon, nitrogen, oxygen, or some radical and primary compound, being deficient or in excess; the modification, whatever it may be, rendering it incapable of forming perfectly nucleoli or germ-cells, or those, if formed, being inadequate to the perfect construction of the cell or fibre. Hence, instead of contributing to the formation and nutrition of fibres and cells, it becomes granular, and the granular matter is of a more solid structure than natural, less capable of dissipation or absorption, and more and more apt to accumulate in masses than the constituents of healthy blastema. It thus becomes a foreign material, subject to chemical and physical changes.”

That the blood undergoes a very great change in its constituents in phthisis, is a fact which will not be disputed; and that those changes depend upon some specific morbid condition in the blood, is equally true. And it is upon this peculiar condition of the blood that the tubercular diathesis or predisposition depends. Without this there could be no such thing as phthisis pulmonalis, any more than there could be small-pox without a specific virus. And it would be a matter of great practical advantage if we were able to tell the precise condition of the blood upon which this predisposition depends. But it is too occult to be detected either by the microscope or chemical analysis. Dr. T. Thompson frequently employed the microscope with this view, but was never able to discover any difference in the appearance of the blood in the phthisical and that of those in health. These remarks apply to the first stage of the disease; in the latter stage there is a visible difference, for then there is a marked diminution in the quantity of the red corpuscles. But the same thing occurs in some other diseases, and it can, therefore, be of little practical use as a sign of phthisis.

In the September number (1861) of the *St. Louis Medical and Surgical Journal*, Dr. C. R. S. Curtis has a very ingenious article on the *pathology of tubercle*, in which he attempts to prove that the blood has no direct agency in its formation, or that it is not at fault in this malady. We can not quote all he has to say on this subject, but will present you with a couple of paragraphs, which will give you a very good view of his mode of reasoning, although in our judgment exceedingly fallacious, and at variance with the teachings of all our best authors on this subject.

In the course of his argument he says, "there is one other circumstance, of the greatest importance, which must not be overlooked, and which is as applicable to tuberculosis as to cancer; and that is, that the blood has no direct formative power in itself, and consequently can not directly form even the simplest organ of the body—its purpose in this respect being to distribute through the molecular structure of organs the materials suitable for their growth and development, which material is selected from the mass by the molecules, for the molecules have a discriminating power of selecting from the blood such material as is best suited for their growth and development, and rejecting that which is unsuited, and by them so elaborated as to enter into the formation or subserve the function of the organs which they represent. Bearing upon this point, and in opposition to the doctrine of 'free-cell development,' Professor Virchow most ably remarks: 'Even in pathology, we can now go so far as to establish, as a general principle, that no development of any kind begins *de novo*, and consequently to reject the theory of equivocal (spontaneous) generation just as much in the history of the development of individual parts as we do in that of entire organisms. Just as little as we can admit that tænia can arise out of saburral mucus, or that out of the residue of the decomposition of animal or vegetable matter an infusorial animalcule, a fungus, or an alga, can be formed, equally little are we disposed to concede, either physiologically or from pathological histology, that a cell can build itself up out of any non-cellular substance. Where a cell arises, there a cell must previously have existed (*omnis cellula a cellula*), just as an animal can spring only from an animal—a plant only from a plant.' Consequently, we can not regard cancer or tubercle as the direct result of a depraved condition of the blood without either claiming for the blood a direct formative power, or denying to the tissues their property of discriminative selection, either of which positions would be contrary to the known and acknowledged principles of physiology."

“That the materials of which these normal products are formed is derived from the blood, we would not be understood to deny ; but we claim that such material is derived from normal healthy blood, and not blood in a depraved condition. The same blood, for instance, which supplies to an abnormal malignant growth the material for development, supplies to all the organs of the body healthy materials for growth and function. In other words, this morbid condition of vitality, having once become established in a given organ or part, possesses in its ultimate structure the same power of discriminating and selecting from the blood the matter they require, as the molecular structure of healthy tissues. The same condition is observed in the vegetable world. From some cause an excrescence begins to form on a tree or plant. This unnatural action having once been established, for years, or perhaps during the whole life of the tree or plant, this morbid growth derives from the healthy sap the material for its increase, just as the body and branches derive their support from the same source.”

This theory of Dr. Curtis looks very plausible. But his reasoning is altogether too hypothetical. If cancer is not a blood-malady, will he, or any of the advocates of this theory, have the goodness to tell us why it is that, after removing the original seat of the morbid deposit, it will in almost every case reappear in some other locality? Take as an example a scirrhus breast. Let it be amputated to-day—every particle of the local disease is removed. In three weeks the wound is perfectly cicatrized, and the patient is dismissed. In six months she returns, the constitutional malady has reappeared, or it is in the axilla or sub-maxillary glands ; the cicatrice on the breast looks healthy, and the parts above-named become the scavenger through which nature seeks to eliminate the depraved product ; but they are insufficient, and the whole circulating medium becomes so depraved that it becomes unfit to sustain the vital organs, the cancerous cachexia soon manifests itself, and death speedily claims his victim. I have known more than twenty cases of this kind ; and my experience may be quite different from other physicians, when I record the fact that I never knew a single case of cancer cured by extirpating the local disease, and in the breast it has always reappeared with redoubled activity, and terminated the individual's life much sooner than if no operation had ever been performed. And the same is to a certain extent the case with tubercular disease. When it is arrested in one organ, it will sometimes speedily make its appearance in another, manifesting, beyond all controversy, that the trouble, whatever it may be, is not local, but consti-

tutional—a specific blood-malady, which, in the present state of our pathological knowledge, can not be accurately defined.

One of the strongest arguments, however, that can be found to prove that tuberculosis depends upon a specific morbid condition of the blood, is the antagonism which exists between it and cancer, proving very clearly that they are both specific diseases, and that there is no relation between them. And that, when they both exist in the same system, the one or the other will be the predominating disorder, just in proportion as they are supplied by the blood with the appropriate material for their development and growth. Sir James Paget, in his lectures on *Surgical Pathology*, gives us a very marked case to illustrate this incompatibility of tuberculosis with cancer :

“ I removed the breast of a woman, twenty-five years old, including a large mass of well-marked scirrhus cancer of three months’ duration. She appeared in good health, and could assign no cause for the disease. The progress of the cancer had been very rapid ; it had lately affected the skin of the nipple ; and all of its characters were those of the acute form. The axillary glands had been enlarged and hard, but had subsided, with rest and soothing treatment. Six months after the operation, and after the patient had been four months apparently well, cancerous disease appeared in the skin about the scar, and in the axillary glands. In the skin it rapidly increased ; numerous tubercles formed, coalesced, and ulcerated ; and the ulceration extended till it occupied nearly the whole region of the scar, and often bled freely. Thus the disease appeared progressive for twelve months after its reappearance ; but at the end of this time the ulcer began to heal, and in the next six months a nearly complete cicatrix was formed ; only a very small unhealed surface remained, like an excoriation covered with a scab. The disease in the axilla, also, nearly subsided ; one hard lump alone remained of what had been a large cluster of hard glands. But even during and after the healing of the cancerous ulcers she lost strength, and became much thinner ; and at length, gradually sinking, she died, nearly two years after the operation, and six months after the cancer had so nearly healed.

“ In the examination after death, I found, in the situation of the scar of the operation, a low nodular mass, of the very hardest and densest cancer, extending through the substance of the scar and the pectoral muscle, and nearly all covered with thin, scar-like tissue. In the axilla was one hard, cancerous gland, and in the liver were masses of cancer as dense and hard as that on the chest. In all these parts the cancer-structures appeared to be condensed and contracted to their extreme limit.

“ The lungs contained no cancer, but were full of groups of gray, succulent tubercles, and grayish tuberculous infiltration, in every part except their apices, where were numerous small, irregular tuberculous cavities. The other organs appeared healthy.

“ The contrast was very striking, in this case, between the appear-

ances of active recent progress in the tuberculous disease, and of the opposite course in the cancerous disease found after death; and I can hardly doubt that, during life, the progress of the one had been at first coincident, and then commensurate, with the regress of the other.”*

V. *Imperfect Innervation.*—This theory of phthisis is very ably maintained by Dr. Copeland, in his *Dictionary of Practical Medicine*, part xv., page 750. He contends that the very starting-point of tuberculosis consists in the cause imparting a morbid condition to the nerves of organic life, and, as a consequence of this, the blood becomes unfit for health, nutrition, and, in persons predisposed to phthisis, tubercular matter is eliminated in the lungs, and although the morbid product thus deposited in the lungs may be traced directly to the blood, yet the primary cause is to be traced directly to imperfect innervation. The celebrated Dr. Sherwood, of New York, in his work on *Electricity as a Therapeutical Agent*, adopted this theory of Dr. Copeland’s in full, and applied this powerful agent as a remedy in quite a number of cases of phthisis that fell under his care, but he did not realize that success from its employment that he anticipated, and for several years we have heard but very little said in relation to imperfect innervation being a cause of tuberculosis.

Very recently, however, Dr. F. A. Anderson has attempted to revive this theory. He puts a new face upon it, but, after all, the body is the same. In the *Cincinnati Medical and Surgical News*, for June, 1861, he has a very good article upon this subject, and he has made all out of his materials that it is possible for any one to make. Here is a brief extract from his remarks:

“Faulty innervation of the pneumogastric nerve is the primary cause of pulmonary consumption. Can we prove it to be so? Yes, we can, beyond the shadow of a doubt, if the cause of any other disease can be discovered by the process of rational induction. This nerve supplies the stomach, lungs, larynx, and œsophagus with their principal nervous power, and they are the first to show signs of an abnormal condition in the incipient stage of the disease, the symptoms of which occur a long time previous to the localization of tubercles—even previous to the appearance of hæmoptysis, and are manifested by imperfect digestion, quickened respiration, weakness of voice, and occasionally difficulty of deglutition. Simultaneously, or probably previously, there is an abnormal quantity of phosphoric acid set free from the economy. Now, we can not say for certain that this acid is the product of diseased nerve structure; but one thing is certain, it detracts from the nerve-power of the entire organization. We can not say, either, whether it is the cause or result of nervous disorder,

* Paget’s *Surgical Pathology*, page 159.

but in all diseases of the nervous system it is discharged in unusual quantities.”

This theory of pulmonary tuberculosis would perhaps pass the ordeal of inspection without harm, if it were not for the fact that tubercles are frequently deposited in parts over which the pneumogastric nerve has no control. I have now before me a specimen of tubercular deposit in the Sylvian fissure of the brain of a boy 14 years of age. If the above theory was true, this should have been in the lungs or stomach instead of the brain. But the theory is not tenable by either the physiology or pathology which obtain in this malady. If there is any want of innervation, it must be one of the effects and not the cause of the disease; just as we have maintained in relation to the menses, they cease not from any disease in the organs of generation, but from a failure in the vital fluids which sustain and nourish them, hence we do not consider their suppression a cause of phthisis. In pulmonary tuberculosis we are, however, not willing to admit that there is any material want of innervation. According to our observation the nervous system generally maintains its integrity until the last. The brain, in particular, appears to be exalted in its function, and the mind is sometimes unusually brilliant. There appears to be no depression of the nervous powers—this indeed is one of the most distinguishing characteristics of this fearful malady. If this disease originated primarily in the nervous system, this integrity of functions would not form so marked a feature—derangement of functions, and organic lesions in the nervous system would always be found as necessary concomitants, which is not the fact.

VI. *Miscellaneous Theories.*—Under this head we might name quite a number which have been advanced from time to time, but they are so mystified that they dissolve into airy nothingness at the slightest touch. We do not, therefore, deem it necessary in this article to obtrude more than one of them upon the attention of our readers, and that is the one advanced by Dr. W. Addison, in his treatise on the *Nature of Tubercular Disease*. Dr. A. ascribes the origin of tubercle to a retrograde metamorphosis, in which the lower grade of cell-growth takes the place of the higher; and, as a consequence, tissues are not only imperfectly developed, but there is, likewise, a retrograde action manifested. Thus, cells of a lower grade of action take the place of the higher or coherent cells, and the tissues are constantly degenerated.

Dr. L. M. Lawson, in his *Practical Treatise on Phthisis Pulmonalis*, favors this theory, for he tells us very plainly, on page 179, that “the

tuberculous element originates in the metamorphosis of the tissues." That the tissues have anything to do with the origination of the tubercular element we most positively deny. They have no more to do with it than they have with originating the red corpuscles of the blood. It is undoubtedly true that there may be a defect in the original cell-growth, which may interfere with the healthy nutrition of the tissues; but this tubercle is a kind of matter which can not be incorporated into the minute cell-tissue of any part, and it may exist in the blood for months and even years before it is deposited in any local organ. When thus deposited, we regard it as an exudation from the capillary vessels, and this is confirmed by the fact, that tubercle when thus found is at first in a semi-fluid, transparent state, "confined exclusively to the interstices of the tissues—or, in other words, that it is an extravascular deposit, filling up the tissues and investing them as closely and firmly as the stones of a wall are by the solid mortar which has been applied between them."* Whatever retrograde metamorphosis may take place in the tissues is produced by this foreign matter, and it has been demonstrated beyond a doubt, that wherever tubercle is deposited in the tissues of an organ, it must, sooner or later, produce their dissolution: this is its general sequence.

—From a careful investigation of the nature of pulmonary tuberculosis, we think we are fully warranted in drawing the following conclusions:

1. That pulmonary tuberculosis is a specific disease depending upon a morbid condition of the blood, which leads to a discharge of some of its depraved constituents on the external surface of the air-cells, and under their basement membrane.

2. That this morbid matter is not capable of being assimilated into their texture, nor in any way contributing to their growth or maintenance, and ultimately leads to their dissolution and all its attendant phenomena.

3. That the tuberculous diathesis increases, and is attended with cachexia, which is often disproportionate to the local disorder, thus clearly proving its specific and constitutional origin. Tubercular disease may, however, sometimes cease in a part, yet if we look to its fearful mortality as an index of its natural course, we may see in it a law of increase like that exemplified in some of the more malignant disorders, such as cancer and the like. And such a law is not exemplified in ordinary local diseases, for they generally tend to subside with the lapse of time.

Proceedings of Societies.

Proceedings of the Cincinnati Academy of Medicine.

Reported by W. T. BROWN, M.D., Secretary.

HALL OF ACADEMY OF MEDICINE, Feb'y 10, 1862.

Dr. White, the President, in the chair.

There being no regular dissertation presented to the Academy this evening, the President announced that the reports of cases would be in order.

Inversion of the Uterus.—Dr. Comegys said that he observed in the last number of the *Lancet and Observer*, some reports and discussion in regard to inversion of the uterus. He desired to refer to a case that occurred in his practice eleven years ago, while the subject was under consideration, that it might go on the record with the statistics of that accident.

The woman was in labor for the first time, and it was very violent. When the child was born he applied his hand over the hypogastrium, and, from the hardness and roundness of the uterus, supposed it to be well contracted, and the placenta down in the vagina. The patient began bleeding, and upon examination, to his dismay, he found the uterus inverted and the placenta adherent; he peeled it off, and with his fingers, formed in the shape of a cone, he succeeded in effecting an immediate reduction. The patient had a good recovery.

Heart Disease, with Dropsy.—Dr. Taylor reported the following: There was at this time under his care a case of mitral disease of the heart, in which there was the usual œdematous condition of the areolar tissues in different parts of the body. A few days since, at about ten o'clock A. M., effusion began to take place in the areolar tissue, under the chin and over the larynx. By two o'clock P. M., at which time he was seen by the Doctor, the distension of the skin of the neck was so great that suffocation appeared imminent from the great constriction. Elaterium was ordered in doses of one-third grain every hour. At six o'clock P. M. the effusion was much reduced, and at nine P. M. the fluid was entirely absorbed, and the parts reduced to their normal condition.

Dr. Comegys inquired if the Doctor used the officinal extract or the alkaloid elaterin? Dr. Taylor replied, that he used the extract. Dr. Comegys said that he did not know whether gentlemen were generally in the habit of prescribing elaterin in diseases of the heart,

but he was in the habit himself of using this remedy in cases of this kind with great benefit. It was his custom to direct the elaterin in doses of one-twelfth to one-sixteenth of a grain, given in combination with the compound powder of jalap, or made into pill with the comp. ext. of colocynth. He ordered one such dose each day, giving it in the morning.

Obstetrical.—Dr. Comegys said he would like to ask the gentlemen present their experience in compressing the aorta as a means of controlling excessive uterine hæmorrhage. He stated that he had had occasion to resort to this method perhaps five or six times within the past ten years. There was no difficulty in compressing the aorta sufficiently to stop the beating of the femoral artery, and it had appeared to him that with this method there was no necessity for permitting a woman to bleed to death.

Dr. Johnson said that he had now under his care a woman who was in daily expectation of being confined — who was in the last stage of phthisis pulmonalis. The Doctor had never happened to see such a case, and wished to inquire of the members their experience as to what would probably be the effect of the approaching labor upon this patient.

Dr. Taylor said that, in reply to the inquiry of Dr. Johnson, he had recently attended a case of a like character; the labor was short, lasting only three or four hours, but she died in forty-eight hours after confinement.

Dr. Almy related a similar case occurring in his practice while residing in Buffalo. He was called in the night to attend a lady in her confinement. She was very much emaciated, though her pulse was good, and she had good courage; the child was born easy, and cried lustily; the mother was pleased, and all seemed to be doing well; but all at once the patient exclaimed: “How dark it is!” and, with one or two like exclamations, she was dead. There was nothing to account for her death except the tubercular disease; there was no hæmorrhage, no rupture of the uterus, or other uterine accident.

Opium Poisoning.—Dr. Johnson related a case of poisoning from morphia. The patient, a female, suffering from pain, had sent to the drug-store for a dose of morphia, and a dose containing five grains was sent, which she took at once. When he arrived, which was three or four hours after taking the morphia, her respiration was very slow, pupils contracted, skin cool, etc. He gave an emetic of sulph. zinc, without effect, and resorted to the usual means additionally, but she died in about an hour.

Dr. Comegys alluded to a case which he had formerly reported to this Academy, in which he thought he saved the life of the patient by resorting to artificial respiration, which he kept up for four hours.

Dr. Carroll gave a case attended by him several years ago. The patient took eighteen grains of morphia in nine hours, by mistake for quinine. He found him comatose ; breathing stertorous, skin cold. He stripped him, and sprinkled him with ice-water until he began to breathe more easily ; he then dried him off, and covered him up warm. As soon as he fell back into his first condition he repeated the ice-water ; this was kept up from two o'clock in the night until ten o'clock in the forenoon, and during this time he used a barrel of ice water. The patient waked up suddenly and recovered.

Dr. Comegys reminded the members that extract of belladonna had been highly spoken of in the treatment of opium narcotism ; in several cases which had been reported, the effects had seemed to be very satisfactory.

Extract of Belladonna in Sick Headache.—Dr. Comegys stated that he had used the extract of belladonna with very happy effects in relieving headache, in what was commonly styled sick headache and nervous headache. He gave from one-tenth to one-sixth grain, repeated every few hours. In the case of a young man, who was greatly exhausted by excessive venereal indulgence, and suffering with headache, he had prescribed ext. belladonna with very good effect.

Dr. White said that he was in the habit of prescribing the mur. of ammonia in large doses, not only in headache, but in cases of neuralgia, tic doloureux, etc.

Homœopathy in the Army: Medical Education, etc.—Dr. Carroll alluded to the proposition which has been made to introduce homœopathy in the army ; in the event of the success of this measure, he wished to know in what relation the regular profession of medicine ought to place themselves in their army association. If regular surgeons remain in the army, ought they in any way to recognize any form of quackery which may find its way into the service ?

Dr. Comegys wanted to know if the time would ever come when we should have an examining Medical Board for the State as they have for the army. He thought something should be done to protect an honest community from spurious doctors, quite as well as our soldiery. He thought there should be a Board of Medical Examiners, before whom men claiming a knowledge of medicine should come and have their claims investigated.

Dr. Carroll said he recollected the time when a quack could not col-

lect a bill by law. We had then a Board of Medical Censors, who examined candidates, who were required to have studied three years. For himself, he thought the best plan was to have no examinations at all, and not to grant any diplomas.

Dr. McIlvaine was in favor of examinations. He thought the legislature should organize a Medical Board, whose duty it should be to examine all candidates in the various branches of medicine and surgery; and in addition to this examination on the elements of study, he would require the candidate to go into the dissecting room, and upon the cadaver perform the various surgical operations; then he would have him conducted to the hospital, and be directed to give the diagnosis and treatment of such cases as should be presented to him; the candidate thus licensed to practice might very properly be entrusted thereafter to practice regular medicine, or any form of quackery he might fancy. He would have the Board of Censors paid, by the State, a regular salary, irrespective of the number who may pass this examination.

Dr. Almy stated that he should read a paper in two weeks from this evening.

Proceedings of the Eaton (Ohio) Medical Society.

Reported by R. WALLACE, M.D., Secretary.

The Eaton Medical Society met at West Alexandria, January 14th, 1862. After the meeting was called to order by the President, Dr. Wm. Lindsay, the following members answered to their names: Drs. Lindsay, Donnellan, Nisbet and Huggins, of West Alexandria; Dr. R. Wallace, of Lewisburg; Dr. Hill, of Lexington; Drs. Woody, Small and Ford, of Eaton; Dr. Matchett, of Ithaca, Darke Co., and Dr. Tobey, of West Baltimore.

On motion of Dr. Wallace, Rev. G. H. Webster, A.M., and I. S. Morris, A.M., of Eaton, were elected honorary members.

By motion of Dr. Lindsay, John T. Plummer, M.D., of Richmond, Indiana, was elected an honorary member.

We had an interesting debate on Dr. Woody's report on the causes of tubercular consumption, the question under consideration being whether consumption is hereditary or not. The report was well received by the society, and consequently the society directed Dr. Woody to forward a copy to you for publication.

[The reports of the other committees are to be forwarded to the *Lancet and Observer*, when finished.]

The report on quackery was well commented on and illustrated by several members of the society; all the members agreeing that if each member of the regular medical profession would do his duty in the society and out of it, "in season and out of season," quackery would soon be driven from the county.

The day being far spent, and the hour of adjournment at hand, the committee on improvement in medical science had not time to report. But Dr. Wallace gave notice that that report included the following subjects: discoveries in chemistry, physiology and pathology, improvements in surgery and surgical appliances, new remedies in materia medica, including eligibility of form.

Although the day was the coldest of the season and the roads bad, we had a very pleasant and profitable session.

The society adjourned to meet in Eaton on the 6th of May.

Editorial Translations.

A New Classification of the Morbid Growths.

Translated by C. A. HARTMANN, M.D.

A new classification of the morbid growths has been made by Dr. Billroth, (*Vierteljahrschr. f. prakt. Heilk.*, bd. lxvi., Anat., p. 7, from *Deutsche Klinik*, Nr. 40-43, 1859.) Retaining the prognostic principle, the inclination to reappear in all different degrees, as well as the usual names, the principal aim of the author has been to furnish a classification adapted to practical wants.

First Group.—Benignant tumors—*i. e.*, those which reappear but rarely after extirpation, although they spread often in great numbers over the entire surface of the body.

I. Simple cysts.

1. Containing a serous fluid; not recidive. On the neck, the spermatic cord, close to the typhoid gland, rarely in the ovaries and the broad uterine ligaments. Yield mostly to injections with iodine.

2. With mucous contents (colloid cysts) of a yellow or brownish color (meliceris.) On the neck, beneath the tongue (ranula), in the thyroid gland, in the ovaries; very rarely in the mammary gland. Iodine injections are unavailing: the tumor must be extirpated.

3. With pulpy or fatty contents, curdy and semi-fluid (atheroma), or concentrically lamellar (lamellar cholesteatoma, in the integument

of the skull and on the basis cranii), or whitish fluid, like an emulsion, (in the frontal and temporal bones, in the ovaries, on the neck; in their walls there are often cutis-like formations, hairs, sebaceous, or sudoriferous glands, bony structures, teeth, etc.;) rarely removable by iodine injections; extirpation, if possible.

4. Blood-tumors of rare occurrence. On the neck, chest, thighs; in the arm-pits.

II. Adipose tumors (lipomata.)

1. The well-defined form occurs frequently on the neck, back and abdominal integuments. The tumors are often of enormous size, and may number a hundred in one body. When carefully extirpated, they never return.

2. The diffuse form (*lipoma diffusum*) is less frequent, may be innate (on the extremities or in the face; *nævus maternus lipomatodes* of Walther.) Operations do not always remove it.

3. *Lipoma arborescens* of Mueller, a luxuriating adipose pseudoplasma of the synovial villi; is seldom of any surgical importance.

4. The fibrous lipoma, commencing in the fasciæ, spreads with many ramifications between the muscles and tendons; can on that account be extirpated entirely only with difficulty, and will grow again from some remaining branch.

Other combinations (with cellular or mucous tissue, medullary substance, etc.) depend on the combining tissue.

III. Fibrous tumors (fibromata.)

1. Soft fibroids, may be innate as hypertrophic cutis or pedunculated tumors (*Molluscum simplex*, *akrochordon cutis pendula**), sometimes in large masses. They present combinations with pigment, exuberant hairs, capillary ectasia, and adipose formations. If acquired, they are principally found on the labia, pedunculated, ragged. Cure: extirpation.

2. Hard fibroids, desmoids, fibroids proper. Most commonly in the womb, upon the periosteum of the tibia and clavícula, upon the fasciæ of the thigh, the integument of the abdomen and back, seldom in bones. No recidives after a radical operation, which, however, is difficult. They destroy the bones by pressure, may be dangerous by their location, but are mostly so on account of the hæmorrhage they

* Dr. Hartmann, of Cleveland, recently observed a singular occurrence of this. Delivering a German woman of her fifth child, a girl, he found a small pedunculated fibroid, about the size of a pea, on the second phalanx of the right little finger. The mother had given birth previously to four other children, two girls and two boys. Both the girls had been born with a similar excrescence, exactly on the same spot.—*Translator.*

cause, as they are always provided with small arteries. Combinations occur with sarcoma and blood-tumors.

IV. Enchondroma (chondroma). Commonly on the phalanges and metacarpal bones, where they increase tardily and without pain; seldom on the bones of the face. They exist often in great numbers; do not reëccur locally, but may generally; for instance, in the lungs. These tumors combine with cystoid and glandular growths and medullary fungus.

V. Exostosis.

1. Spongy exostosis with cartilaginous covering. Arises between epiphysis and diaphysis, up to the twenty-fourth year; tibia, fibula, humerus are usually affected. On account of the vicinity of the joint, all operations are dangerous.

2. Hard, ivory-like exostosis, (osteosclerosis, sclerosis ossium, exostosis,) commonly on the bones of the face and head, or on the scapula, only in youth. Radical cure by resection.

VI. Vascular tumors, angioplasmata.

1. Teleangiectasia, fungus hæmatodes. (Erectile-tumors, splenoids, etc.) Almost always innate, in the upper or lower layer of the cutis, often in both simultaneously. The most superficial form is best destroyed by nitric acid, the other with the knife. From any remaining particle the tumor is apt to rise again.

2. Cavernous blood-tumor, (Cephalæmatoma, tumor sanguineus). Dilated veins form capsular tumors, either intimately connected with larger veins, or circumscribed and nourished by very small vessels, or without distinct limits, or combined with fibrous tissue, lipoma, warts.

3. Cavernous lymph-tumor. Analogous to the preceding, but containing a lymph-like fluid. Occurs in the tongue and lips: makroglossia and makrochilia congenita. A complete extirpation removes them; but, left to themselves, these tumors acquire an enormous size, destroying all the neighboring tissues, even muscles and bones.

4. Nævus teleangiectodes, resembles the splenoid, but possesses a greater papillary development.

VII. Horny excrescences, formed by thickening of the epidermis and papillary layer. Callosities, corns and horns depend more on the former, warts on the latter.

Second Group.—Sarcomata; tumors which are apt to return locally, but attack internal organs only exceptionally.

I. Adenoids: partial hypertrophies of glandular organs. Their

occurrence in the testes and kidneys is doubtful, in the sudoriferous and sebaceous glands rare.

1. Mucous polypi of the nares, rectum, uterus, formed by new glandular structure of a simple character, (tubular or aciniform,) in combination with gelatinous cellular tissue.

2. Adenoids of the mammary gland, (adenocele of Birkett,) of a light reddish-yellow color, presenting, when cut, a pulpy mucous fluid. May be distinguished from carcinoma by its fissures and distinct limits.

Adenoids may pass into carcinoma. Those of a hard consistence, and existing in young individuals, allow a favorable prognosis.

II. Colloid tumors, (myxoma, collonema, mucous tumor, gelatinous lipoma, steatoma, etc.)

1. Homogeneous gelatinous sarcoma. Rarely uncombined, on fasciæ, in the mammary gland, parotis, and the superior maxilla.

2. Areolar gelatinous tumor, gelatinous chondroma or carcinoma.

III. Cystoids and cystosarcomata. The former only convoluted cysts, without contents or a common wall, occurring in the ovaries, testes, on the neck, and in the sacral region; they do not reappear after extirpation. The cystosarcoma is composed of cysts with a solid wall; the most frequent of its many combinations are: *a.* in the mammary gland: adenoid, colloid, cysts; *b.* in the testes: cartilaginous formations, medullary fungus, cysts; *c.* in the bones: sarcomatous substance with mucous cysts.

IV. Firm sarcomata. A structure is at present called sarcomatous, when presenting cellular tissue in different stages of development: granulating substance, Virchow's mucous tissue, with more or less intercellular substance, fibrous tissue, and tissue composed of long, slender cells without any intercellular substance, (the fibro-plastic tissue of Lebert,) or with such a substance of a gelatinous or fibroid character.

1. Firm but elastic sarcoma, yellowish-red where cut, and giving a little serum on pressure. Occurs in the cutis and subcutaneous cellular tissue, on the fasciæ of the abdomen, thigh, shoulder, and back; grows slowly, is very apt to bleed excessively. The central osteosarcoma of the lower jaw and other bones, (also the myeloid tumor of Cock and Wilkes,) and the epulis are varieties of this sarcoma. Resection or amputation removes it.

2. Scrofulous sarcoma (of Langenbeck) commences as hypertro-

phic swelling of the lymphatic glands, assumes not unfrequently vast dimensions; terminates usually in death. The extensive use of iodine only accelerates the process of softening and the fatal termination; still there is scarcely any other remedy known that might be applied.

3. Pulpy sarcoma: a reddish-gray, curdy pulp, contained in firm capsules of cellular tissue, presenting a rough surface and intimately connected with the neighboring tissues. Most of the tumors of the salivary glands are of this class; they occur also on the sheaths of tendons. They usually return.

4. Medullary sarcoma.

V. Soft papillary tumors, villous tumors, villous carcinomata, condylomata. The last-named mostly between skin and mucous membrane. Villous growths on the mucous membranes of the nose and urinary bladder, stomach; on the gums; the villi proceed from a swelled process or morbid tissue. The basis determines the prognosis. Usually the basis proves of a canceroid or medullary character. Recidives are common.

Third Group.—Carcinomatous tumors: return always locally, pass on to the next lymphatic glands, and finally to the internal organs.

I. Carcinoma simplex. Commonly in the mammary glands of females between the ages of thirty and sixty; rarely in the subcutaneous cellular tissue, in the superior maxilla and testis. The carcinoma reticulare of Mueller is the same with tubercular or fatty cellular masses, forming yellow ramifications on a cut surface. Duration: on the average, about two years; shorter in younger individuals, and with more developed softening. Secondary depositions in the liver, lungs, pleura and bones manifest themselves under the form of medullary fungus. Disposition hereditary, though less so than in tuberculosis. There being first intumescence, then formation of cancer-cells, followed by direct infection of the lymphatic system, it is all-important to remove the local affection as early as possible.

II. Cancroid, (cheloid, keloid of Alibert,) carcinoma epitheliale, cauliflower-excrecence. Usually on the head, neck, lower lip, mucous membrane of the mouth, gums, cheeks, jaw-bones, between the muscles of the neck, in the tongue, on the larynx, in the œsophagus, on the ears; less frequent on the skull-cap. Men between forty and sixty years are commonly the sufferers from it. No great inclination to attack the internal organs. Much exposed to it are the genitals, penis, scrotum, (the chimney-sweeper's cancer,) labia minora, clitoris,

vagina, portio-vaginalis uteri, (cauliflower excrescence,) rectum, (carcinomatous stricture). All these locations offer for the operation a favorable prognosis: recidives appear seldom, metastases almost never. Finally, canceroids occur in the integuments of the feet, hands and lower part of the thighs. This class presents a stage of incubation similar to that of simple carcinoma.

III. Scirrhus, fibrous or atrophying cancer. Occurs only in the skin and mammary gland. In the mildest form, it usually attacks lean females, from fifty to seventy years of age; can hardly be considered a tumor, being properly an induration with atrophy of the gland, which condition may exist for ten or twenty years. But this seldom remains uncombined; carcinoma is usually superadded, forming the cancer ligneux, lardacé, or en cuirasse of Velpeau. The scirrhus of the skin appears in old people as a spreading ulcer.

In every carcinoma or canceroid that can be extirpated, the operation ought to be insisted on. The removal of a scirrhus is allowed, when the patient is not too old or otherwise too much weakened.

Fourth Group.—Medullary and melanotic, or such tumors as reappear locally, mostly in a short time, and are not slow in spreading to internal organs.

I. Fungus medullaris, medullary fungus, or sarcoma, or carcinoma; (spongoid inflammation of J. Burns; fungus hæmatodes of Heyd and Wardrop; encephaloid of Laennec). Very soft tumors, in appearance similar to brain. The red color arises from a combination with vascular hypertrophy. There are essential differences between medullary and simple carcinoma. The former occurs in young individuals, between the first and fortieth year; also innate (tumores coccygei.) It is most frequently seated on the bones and periosteum, in the femur, tibia, knee-joint, less frequent in the hip- or ankle-joint, in the carpal and other bones of the feet and hands, (sometimes on the finger-joints,) the lower arm, shoulder-blade, superior maxilla, skull, in the fasciæ and sheaths of the muscles, the muscles themselves, the testes, mamma and vaginal portion of the womb. Commonly the tumor has a capsular covering, bearing in this respect a greater affinity to sarcoma than to carcinoma. The lymphatic glands are seldom affected, but may be so by recidives. Duration: from twelve to eighteen months. General infection may happen without affection of the lymphatics, pointing to a primary dyscrasia. Combinations occur in the most varied forms. All combined tumors of this kind have a tendency to quicker general infection.

II. Melanotic tumors ; Carcinoma melanodes, malignant melanosis, (degeneration noire, cancer melané, of Breschet). Rapid course. Persons beyond thirty years are usually attacked. The metastases are either melanotic or white, in innumerable small lumps.

Correspondence.

Another Letter from A. Growling, M.D.

CHROMATIC HILL, February, 1862.

Messrs. Editors : — In a recent number of an Eastern monthly medical journal, I read an announcement that two very estimable gentlemen were preparing a work on the new remedies that have been introduced into the therapeutical management of disease, since 1830. This is a wide field of labor and full of vexatious perplexities. As a means of advertising their readers of one source of trouble that they must encounter and overcome, to make the result of their effects practically valuable, I propose to the gentlemen to insert in the appropriate place in their new book the following

P R E F A C E :

Fashion has as much to do with methods of practice in medicine as it has in determining the cut and character of garments in the social world. The mode in the one case is almost as suitable as it is in the other, and changes are predicated upon like frivolous causes in both. While this is true, as a general proposition, it is more particularly apposite in relation to new remedies, and although the doctors who are led by these feeble strings are not the profound men of the profession, yet they are noisy and demonstrative, and attract attention by their activity.

In the social world the persons who are most vociferous in their admiration of the prevailing style of bodily adornment, are the first and loudest in its condemnation when a new style is satisfactorily introduced, and none are so sharp as they in detecting the first symptoms of waning in the old, or the most distant evidences of the coming of the new.

So with no inconsiderable proportion of medical men : while a new remedy is fashionable they fill the periodicals with cases proclaiming its almost miraculous powers, but as soon as some other remedy has got afloat upon the popular wave, they are equally demonstrative in its favor, and none more quick than they to sneer at the "old fogies," as they call all those who are not so whimsical and volatile as themselves.

This habit of exalting the worth of a medicine far above its real merits while on its first fashionable round, leads to another difficulty that must be

encountered by those who are seeking to give to each remedy its true position. The extravagant encomiums that are showered on the new candidate for favor, lead many confiding men to use it with the expectation of realizing the good that the reporters claim that it is doing in their hands. Great disappointment follows, and in their honest indignation these men are carried to the other extreme, and condemn the remedy as inert or baleful.

From such contradictions in relation to very many of the new remedies introduced within the last thirty years, we have endeavored to sift out the truth. It was no light task, but we hope the reader of our pages will find satisfactory evidence that we have not been altogether unsuccessful in our undertaking.

If the authors of the forthcoming work should make such a statement as the foregoing, it would be no more than a just exposition of some of our follies. Many of us do follow therapeutical fashions as abjectly as dandies do the fashions in the habiliments of the body. In obedience to social fashions, young gents have within a few years worn white hats and black hats, hard hats with very narrow brims, and soft hats with very wide brims. Fashionable doctors within a few years have treated consumption with cod-liver oil, with whisky, with the hypophosphates, and with the chlorate of potash.

Eugenie, in Paris, at an imperial ball, adorns her hair with golden wheat, and forthwith golden wheat is the proper hair ornament all over the civilized world. Dr. Bennett, in London, announces that cauterization of the cervix uteri is the grand catholicon for half the ills that wombs are heir to, and therefore all the *live* doctors throughout Christendom wander to and fro among their patients with a uterine speculum in one pocket and an armed porte-caustic in another.

In opposition to this subserviency to fashionable mutations, there is another irrationality epidemic in the profession, known under the cognomen of *routine*. The votaries of the former follies are distinguished by their proclivity to follow any new idea promulgated by some distant party, while those of the latter are characterized by a tendency to repeat their own acts seemingly without the exercise of any mental faculty but memory. One routinest always treats croup with alum emetics, another treats it with ice to the neck, a third with lobelia, a fourth with snuff to the chest, and a fifth with lard and molasses internally.

It is not necessary to inquire how these men fell into these modes of treating croup year after year, each after his own style, but it is of some interest to know that each continues his own peculiar plan, for no better reason than that it has long been his habit.

Absurd as all this looks, it has a value to practical men, and the lesson it teaches is this : most of the cases of croup treated under each

of these plans recover, while under each there is an occasional death ; but this must not be construed to imply that the several plans are equally good—it only signalizes that there is some therapeutic principle common to them all, which cures, or else that there is a like principle outside of them all that cures without being much influenced by any of them for good or evil.

The same instruction is to be drawn from the fashionable therapist. But little alteration is made in his bills of mortality, whatever the fashion that guides his practice. Most of his patients get well, and a few die this year under his management, as they have done for the last ten years, under at least ten different methods of treatment.

What, then, is it that cures the patient under these multifarious circumstances ? Let the intelligent reader answer the query for himself. Medicines may be divided into two great classes, specific and general remedies. Specific remedies may be subdivided properly into, first, such as cure disease by some unknown specific action ; and, second, such as produce some specific tangible physical effect. Quinine is the only representative of the former, and opium as a narcotic, ipecac as an emetic, and aloes as a cathartic, are examples of the latter. The profession are pretty unanimous as to the use of quinine for the relief of miasmatic disease ; but while there is little or no variety of opinion as to the direct effect of opium, ipecac or aloes, there is the widest possible diversity of views in relation to their therapeutical application.

General remedies are such as are supposed to cure disease without our knowing anything of the *modus operandi*, and it is in the use and value of these that the medical world presents the sad spectacle of chaos intensified. Here no two men will agree in every respect in relation to any one remedy, except in obedience to the *ipse dixit* of some leading spirit, or under the mandate of fickle fashion.

And yet, paradoxical as it may appear, it is this dissention that will ultimately lead to a proper unity. If all physicians agreed with Rasori, that every patient laboring under pneumonia should take twenty-four grains of tartarized antimony every twenty-four hours, we should never advance a step in the treatment of that disorder ; but because of doubt in the goodness of his method, we shall keep on trying other plans until we not only find out the real value of antimony in the treatment of pneumonia, but will some day determine the very best method of managing the disease in all its phases.

A. GROWLING, M.D.

Letter from the Twenty-Third Regiment, O.V., U.S.A.

CAMP UNION, FAYETTEVILLE, VA., Feb'y 10, 1862.

Dear Sir : — I have just taken from the office, and read, with pleasure, the *Lancet and Observer*. It was like meeting old friends, and, I assure you, I enjoyed its perusal hugely. I am sure that “the first families” were not aware that a “scientific journal,” — medical one at that—was passing through their country; otherwise they would have attacked the “animal” from behind some “safe place.” I had not read far, before I came to “A Confederate Surgeon in Trouble,” and ere I had finished reading the aforesaid unfortunate son of Esculapius, I was forcibly reminded of my promise made you before leaving the city.

If I mistake not, I promised to write to you of matters and things connected with this regiment medically, and if in so doing I should allude to “self,” don't think I intend blowing my own trumpet—you know “diffidence” is one of my failings. Neither do I wish you to deceive yourself, in supposing surgeons have little else to do than “correspond.” Our “confederate friend,” no doubt, has time for “mature” reflection, and I wish him much joy.

We are spending the winter at Fayetteville, once a beautiful little village, some fifteen miles beyond Gauley. Of course every one knows where Gauley is! It was here that General Floyd with his force contemplated spending the winter, but for prudential motives changed his mind, and passed on further South. With him most of the citizens of this place left, leaving their houses and gardens just as they were wont to be; many of them presenting a neat and tasty appearance. Here were the leading spirits of this rebellion in Western Virginia — but *one* Union man found in this place, and but few in the county. We are gradually converting them over from the error of their way. It's wonderful, the effect of “moral suasion,” particularly when backed by “moral bayonets.” The fact is, this is a miserable country, inhabited by miserable people. It would do one's very soul good to meet with one frank, generous, whole-souled individual amongst these members of the “first families.” I will be generous and not ask for too much. I will be satisfied to look upon one that presents the appearance of *ever having eaten one hearty meal of victuals*.

We feel very much as though we were isolated from the balance of mankind (particularly the female portion,) and do the best we can to

amuse ourselves. We are about as happy as mortals could be expected in this "under country." We have a very fine band connected with the regiment, besides glee clubs, etc. Neither are we entirely dependent on others for our music. We have "composers," whose chief merit, however, is "originality." Their last piece, a bright little gem, entitled, "Who Tied my Dog Loose," words by Lieut. B——, music by Adjutant A——, has met with much favor.

"Orders" are the order of the day. If this rebellion could have been put down by "orders," it would have perished long since. The Medical Headquarters issue orders. The wonder is, where they find subjects on which to issue so many orders. Of late certain "operations" are "ordered:" to-day you are ordered to perform this operation, to-morrow some other great man has charge of the order department, and he must change all previous orders, or you would not be impressed with his position.

I have just rendered my monthly report of sick and wounded, for January, and a few of the principal items may not prove uninteresting to your readers.

We have been located here since the middle of November. Our troops are all snugly housed, occupying all the houses left vacant by their owners; also, building many additional ones. Our hospital is a large frame building, admirably adapted for hospital purposes. We found it well supplied with all kinds of furniture, which, added to a large donation of hospital supplies from the ladies' "Soldiers Aid Society," of Cleveland, enabled us to make the wards very comfortable. Permit me, just here, to acknowledge the many obligations this regiment are under to the "Soldiers Aid Society," of Cleveland; but for them, the sick would have suffered much, not only for the lack of delicacies, but for the absolute necessities of a sick-room, viz: blankets, quilts, bed-ticks, sheets, pillows, etc., all of which, and an abundance of delicacies, have been furnished us by said society.

For the month of December one hundred and twenty-two cases were reported on the sick list, one-half of whom were subject to diarrhœa. Twenty cases of typhoid fever are reported. Now this shows a great falling off from the previous month of this class of cases; but what it lacked in number, made up in violence of the attack, presenting in all cases truly alarming symptoms — two cases terminating fatally. At the close of this month icterus (jaundice) made its appearance, and what is most remarkable, its advent among us appears to have eradicated all the different forms of fever, and since the 10th of January, just one month this day, not a single case of fever of any description

has made its appearance. For the month of January, twenty-five cases of "typhoid" are reported: nineteen are cases holding over from December, and six new cases, all occurring *prior* to the 10th of the month.

For the first time since we have been in Western Virginia, a little more than seven months, one whole month has passed without a case of camp fever occurring in our midst. Western Virginia has long been celebrated for its typhoid fever; it is, in fact, its chief production, only equaled by its bountiful crop of "bush-whackers," the one about as desirable as the other.

Now, I would not have you believe that with the decline of fever all other diseases left us. Far from it, for from a synopsis of January's report, you will see that more than double the number of cases are reported, divided as follows: Diarrhœa, seventy-five cases, icterus, sixty-two, catarrh, twenty-four, pneumonia, fourteen, etc., etc. The icterus was of a very mild type, yielding immediately to treatment; it was none the less distinct in its characteristics.

But here I must close, as I am ordered some miles in advance, to a town called Raleigh.

Respectfully yours,

J. T. WEBB,

Surgeon of Twenty-third Regiment O.V., U.S.A.

EDITORS LANCET AND OBSERVER—

Dear Sirs:—I awaited the appearance of your notice of the Transactions of our State Medical Society with considerable interest, hoping to find therein some criticisms very much needed. As the points in consideration were not alluded to, I very reluctantly attempt to supply the omission, at least by calling attention to them.

The first thing which needs attention, in future Transactions, is greater care in giving the names of the members correctly. The errors of this kind in the volume for 1861 are very numerous indeed. Names are incorrectly spelled, the same names are spelled in several different ways, initials are incorrect, and in some instances individuals with similar names are confounded.

I would ask also by what authority, or under what excuse, is the asterisk (*) omitted by the side of the names of deceased members? It is customary in all literary and scientific associations to retain on the roll the names of members who have passed away, marked with this symbol, both as a token of respect to the dead and encouragement to the living. Without it, the list has an incomplete and unsat-

isfactory appearance to any one accustomed to order and the observance of a general custom. Besides, the names of men are there who have been dead ten years, with nothing to indicate that they are not yet living; and this, for many reasons, is improper.

I should be glad were the evidences of careless or insufficient proof-reading confined to proper names. What shall be said—what *can* be said—of the formulæ on pages 101 and 103? Whether the author of the paper or the committee of publication are responsible for the Latin (?) of course I can not say, but there is no excuse for such gross errors as “ag. rosa” and “fl” gargarisma! Charity immediately suggested these as errors of the printer upon finding them in the first, but their repetition in the second, with the addition of “mel. despeismat,” will not allow of this escape. For humanity’s sake it is to be hoped, too, that no careless reader will send to a patient the gargle on page 103 with *eleven grains* of corrosive sublimate! This is an evident mistake of “ij.” for 11, and should have been corrected in the proof. I submit to you, also, if the addition of the period, the sign of abbreviation, after *cum* in “hyd. cum creta,” on pages 90 and 91, is a creditable evidence of Latin scholarship!

I have troubled you with these remarks because I feel an interest in our State Medical Society, and should like to see its honor sustained and its reputation increased, and because I am debarred the pleasure of aiding in doing this by sending copies of the *Transactions* to friends in other States, feeling justly ashamed of such unpardonable errors.

A MEMBER.

[We clip the following letter from the Cincinnati *Daily Gazette*, which, though not written by a medical man, will nevertheless prove of interest to the profession.—ED. L. & O.

Nine Hundred Sick Soldiers in the Hospital—Fruits of Winter Campaigning—Diseases—Honor to Ohio Surgeons—Deaths in the Cumberland Hospital, etc., etc.

CUMBERLAND, MD., February 4, 1862.

Hospital Arrangements.—There are now in the General Hospital, at this place, nine hundred sick soldiers, and such are some of the fruits of attempting the fall campaign in the dead of winter. General McClellan’s policy of delay may be successful in saving life on the battle-field, but many at least of the lives thus saved are only preserved to fall before the typhoid or pneumonia in the Hospital.

Adequate provision for hospital buildings has, as yet, been delayed. At first an old hotel was rented and for a time it furnished ample room for all the sick sent in from the regiments. Then as the exposure and bad weather increased the numbers, more buildings were successively

rented, till the sick now occupy two old hotels, a couple of large store rooms (with the upper stories also), a large commission warehouse, jutting out upon the canal, the country Court House, and two engine houses, and are even then far too much crowded.

Necessarily, these buildings are ill adapted for hospital purposes, are very deficient in the thorough ventilation required, and are scattered over the town at inconvenient distances from each other. It has been proposed to build a new hospital, large enough to accommodate some five or six hundred patients, but the authorities have hitherto shrunk from the expense, and the matter is still undecided. If the proposed building could be erected, the best only of those now occupied would need to be retained, and they would be used only for convalescents.

Sickness Increasing — Diseases.—Sickness seems yet increasing, rather than diminishing. Measles still haunt the camps, and perhaps more are sent up to the General Hospital with this than with any other disease. Colds, developing into pneumonia and other lung diseases, are necessary attendants on the mud and exposure to which the troops are subjected. The same sources are fruitful of rheumatisms, fever, inflammations, etc., etc. Every train from Patterson's Creek, or New Creek, brings in its load of recruits for the hospitals—poor, weary fellows, coughing away their strength, and in many cases requiring to be carried into the wards. Every day the Post Surgeon crowds up the bunks in the several rooms, and orders fresh ones made for the new comers; every night he is wondering where he will put to-morrow's accessions of patients, and how many more he will have to put on the floors, because he is absolutely without beds to furnish them.

Yet the friends of the poor sick will be glad to learn that every thing possible is done to make the provision for them, and that the Post Surgeon (Major Brelsford, of Col. Moody's 74th Ohio,) has thus far succeeded wonderfully in securing accommodations for them as fast as they come in. With a man of less energy and efficiency at the head, there might have been great needless suffering; under his management there has thus far been little or none. Gen. Lander also, and Dr. McAbee, Medical Director of the Western Division of the Army of the Potomac, have done all in their power, and they only now await permission from Washington to order the erection of the new hospital at once.

Scenes and Sights among the Sick.—I have seen every shape of horror on the battle-field, the gasping wounded, the horribly killed,

the poor maimed sufferers for life, the blood, the corpses, the fragments of shattered limbs lying in the thickening gore; but I confess that I still know nothing in war more saddening than these hospitals. Here, for example, is a poor fellow who, a few weeks ago, periled his life for his country, in the front of the fight at Blue's Gap. He was borne to his bunk here with a bullet through his thigh, and death only a question of a few weeks, more or less. Day by day he has grown thinner, the features have sharpened, the leg has swollen. He must know that all will soon be over; that as for him the highest sacrifice a citizen can make to the nation will be completed; and though he hears nothing of the nation's acknowledgment for the deed he has done, there he lies patiently on his pallet of straw, waiting for the coming of the end. "Ah! my fine fellow, you're looking comfortable this morning," cheerfully says the surgeon. You notice a convulsive quiver of the bed-clothes as he feebly smiles—nothing more. He knows that wearily watching in some distant nook of the mountain-district is the wife of his bosom, still distracted with the uncertainty of his fate, and only too unable to bear the truth that the kind surgeon himself would conceal.

And here is a flushed and fevered face over which the surgeon anxiously pauses. He had been very ill, had recovered so as to be discharged; the exposures of camp had in a day brought on a relapse, and—well, the nurse whispers, "I'm afraid he's getting worse very fast, sir." Why shouldn't he? There he has lain on his weary pallet, counting the minutes as they grew into hours, day by day; watching, as only the sick can watch, the gradually emaciating forms, and listening, with acute organs, to the still weaker tones of his three nearest companions. One by one they sank—there, before his eyes; he gazed upon their last dying agonies, and saw them borne gently out—to rest. Is it a wonder that he should be "getting worse very fast, sir"?

All along the sides of the room the rude wooden bunks are ranged, with the little tills at the head, holding the vials of medicine and the tins full of gruel. Here lies a Testament—some mother's gift—beside the physician's prescription; there is a miniature of some one whose features there needs no artificial aid to call up at a time like this. Here is a poor fellow swallowing his nauseous dose, and as he does it you see him slipping away a letter under the blankets. Some, with gaining strength, are trying to scrawl letters in return; some are even reading the newspapers, and others are whispering requests and directions to the hearty comrades who have come in "to see how fast the

boys are getting up again." Everywhere there is patience, wonderful patience, in suffering, but with some it is only the patience of despair. You have walked up and down one long aisle between the double rows of bunks. They are all alike, and you are glad to escape to the fresh, untainted air without.

"How many are likely to die?" you ask the surgeon. "In that room there are five that can not recover. If I had them at home, with such average care as my patients there receive, three out of those five might live! And that is about the way it runs."

A Hint to Captains.—Here is a brief conversation you catch in the dispensing room. Let me set it down for the benefit of those who make officers. "What are you here for?" asks the surgeon of a feeble convalescent. "You're not fit to be out of your bed yet, and you'll have to go home to get well."—"That's what I want; and I must go down to camp and get my furlough."—"Go down to camp? Indeed, you shan't! I should have you back here far worse than ever. You must send word to your captain, and he must get you your furlough."—"Ah, sir, my captain won't be bothered with such things. He's too busy playing cards; and if I don't go down myself, I won't get my papers at all!" I have heard of half a dozen such cases to-day!

Government Supplies and Public Charities.—Thanks to the active exertions of Dr. Brelsford, and of the excellent Sanitary Commissioner (Dr. Winslow), who has been here for some days, there has been little actual want for bed-ticks, coverlets, blankets or sheets. Yet on the other hand the demand has always been fully up to the supply. Why is it that our soldiers must depend on voluntary contributions for necessaries like these? Is it right that Government should leave such matters to the uncertain abundance of private charity? Would it not be more in accordance with its duties to its volunteers, if it supplied its hospitals with all the necessaries for a comfortable care of the sick, and left for the voluntary supply only those little luxuries which the people can so much better furnish?

How Ohio Surgeons Stand.—It is gratifying to an Ohioan to observe the uniform worth of our surgical staff. Without disparaging other States, it is, I believe, generally admitted that Ohio has called into the service the best class of medical men of any State in the West. Thanks to Governor Dennison for that, too, as well as for so many other things for which the State will yet learn to honor him. No surgeon has gained a position in an Ohio Regiment without passing successfully an examination more rigid and thorough than that of

almost any medical institution in the country, besides producing testimonials of years of successful practice. Elsewhere Surgeons have been appointed, not necessarily because they were fit for their places, but because they had, or made, interest with the appointing power.

This entire hospital is under the management of an Ohio surgeon, ably assisted by Ohio surgeons' mates; and with some knowledge of our military hospitals throughout the West, I may say it is surpassed by none, and equalled by very few of like extent.

Hospital Staff.—The following is at present the Cumberland Hospital Staff: Post-Surgeon, Major J. R. Brelsford, Seventy-fourth Ohio. Assistants—Capt. W. S. Moore, Sixty-first Ohio; Capt. W. H. Haynes, Sixty-ninth Ohio; Capt. R. A. Dwyer, Sixtieth Ohio; Capt. Ringler, Fifty-eighth Ohio.

Drs. J. Q. A. Banta of the Seventh Indiana, and John Potts of the Fourteenth Indiana, both regular practicing physicians, but without surgical position in the army, are also engaged as prescribing physicians for the present.

Reviews and Notices.

Notes on the Surgery of the War in the Crimea, with Remarks on the Treatment of Gunshot Wounds. By GEORGE H. B. MACLEOD, M.D., F.R.C.S., formerly Surgeon to the Civil Hospital at Smyrna, and to the General Hospital in Camp, before Sevastopol, etc., etc. Philadelphia: J. B. Lippincott & Co. London: John Churchill. 1862.

This little volume records the medical history of the famous campaign in the Crimea, and is already known familiarly to most army surgeons in this country. The publishing house of J. B. Lippincott & Co., however, have done a good service in issuing an American edition of "Macleod's notes," just at this time, thus placing it so convenient of access to the profession of the United States, almost every member of which is now in some way interested in all that pertains to army surgery.

In his preface, the author remarks that the work is given to the public under the conviction that some record of the surgical experience in the East is desirable, and he bases his own claim to a fair and impartial hearing simply on his having had the good fortune to see so much of the surgery of the war, first at Constantinople and Scutari, during the greater part of the early period, when the patients were

chiefly treated there, and, latterly, in the Crimea during the last year of the campaign, when few cases left camp unconcluded.

Examining the work more in detail, we find several of the first chapters are devoted to preliminary and introductory topics. Thus Chapter First is geographical, geological, and, to some extent, historical; being intended to give the reader an idea of the condition and character of the locality. Then we have very interesting discussions of camp drainage, water supply, food, fuel, clothing, etc., etc.; hospitals, the distribution of the sick, nursing. Chapter Third treats of the campaign in Bulgaria, and its effects on the subsequent health of the troops. Chapter Fourth treats of the distinction between surgery as practiced in the army and in civil life; also remarking upon soldiers as patients, and the character of the injuries to which they are liable. Chapter Five gives the "peculiarities" of the gunshot wounds, and their general treatment. Chapter Six, the use of chloroform in the Crimea, primary and secondary hæmorrhage from gunshot wounds, tetanus, gangrene, erysipelas, frost-bite. The remaining chapters treat of injuries of the head, wounds of the face and chest, gunshot wounds of the abdomen and bladder, compound fracture of the extremities, gunshot wounds of joints, excision of joints, amputations.

In the form of an appendix, our author has given some valuable notes upon the general topics embraced in the body of the book; embracing also a *résumé* of M. Scribe's work on the French losses in the Crimea, as well as a *résumé* of the government report on the surgery of the war in the Crimea. These last were not made public until after the body of Dr. Macleod's book had gone to press, and therefore, of course, no allusion could be made to them in the regular text. Altogether this is a very interesting as well as useful work, and will be sought for eagerly by the profession. For sale by Robert Clarke & Co. Price \$1.50.

A System of Surgery: Pathological, Diagnostic, Therapeutic and Operative. By SAMUEL D. GROSS, M.D., Prof. of Surgery in the Jefferson Medical College of Philadelphia; Surgeon to the Philadelphia Hospital; Member of the Imperial Royal Medical Society of Vienna, etc., etc. Illustrated by twelve hundred and twenty-seven Engravings. Second edition much enlarged and carefully revised. In two volumes. Philadelphia: Blanchard & Lea. 1862.

So short a time has elapsed since the appearance of the first edition of this *the* American work on surgery, that we deem it only necessary to announce this the second edition. Any work of praise, or expression of disapprobation, falls harmlessly by the side of the foreign

endorsement which this book has received. The mere statement that a translation of the work into the Dutch language, now being made, is sufficient to establish the reputation of the author as a writer, his ability as a surgeon, and his skill and success as a *clinician*. In the face of all this, and much as we are disposed to like the work, we must say that it is too large, even in the two large volumes. We imagine Dr. Gross will find, when he brings out another edition, that he will leave out much in the present one without injury to the work. We would instance the subject of syphilis, which has come to be a specialty, having its own literature, and which no more belongs to surgery than does the entire class of skin diseases. Some sixty-three pages of the first volume are devoted to syphilis, and although the discussion of the subject is unexceptionable, yet these sixty-three pages by no means do it justice. We should advise Dr. Gross to leave this subject to Bumstead, who has written the best English work on it. The same remarks apply to the ninety-eight pages devoted to the consideration of the eye. It is true, there is no ground for these remarks, when we remember the title of the book. For ourselves, we prefer to consult the literature, so full and rich, on certain special organs, and find little satisfaction from the comprehensive and yet meagre description, even in a work so clever as this. The first volume contains ten hundred and sixty-two pages, and the second eleven hundred and thirty-four. The printing, paper and binding are excellent. Some may object to the size of the type. The illustrations are admirably done, and in the most of cases bear comparison with foreign ones. All of our readers are familiar with the style of the author. We advise all who do not possess a copy of the work to buy it. For sale by Robert Clarke & Co. Price \$12.00.

Asylum Reports.

Twenty-third Annual Report of the Board of Trustees and Officers of the Central Ohio Lunatic Asylum to the Governor of the State of Ohio; for the year 1861.

Seventh Annual Report of the Board of Trustees and Officers of the Southern Ohio Lunatic Asylum to the Governor of the State of Ohio; for the year 1861.

Seventh Annual Report of the Board of Trustees and Officers of the Northern Ohio Lunatic Asylum to the Governor of the State of Ohio; for the year 1861.

Annual Report of the Board of Directors and Officers of Longview Asylum to the Governor of the State of Ohio; for the year 1861.

From the report of the Central Asylum we learn that four hundred and twenty-one patients have been treated during the last year. On the 1st of November, 1860, there were 123 males and 129 females in

the house. During the year 1861, 93 males and 76 females were admitted. The daily average number during the year was 262. Fifty-four males and fifty-three females were discharged well; seven males and seven females improved; fifteen males and eighteen females unimproved; eight males and seven females died, leaving 132 males and 120 females in the house at the date of the report, Nov. 1, 1861. Several tables, containing a summary of statistics of the Asylum from its opening in 1839 until the present time, are given, which contain much valuable and interesting details and facts. Three thousand, eight hundred and fifty-seven patients have been treated in the house since its opening; of these two thousand were cured, four hundred and twelve were improved, seven hundred and twenty-four were not improved, and four hundred and seventy died. A singular fact observable in the reports of all asylums is the small disproportion existing between the number of males and females. In the twenty-three years, 1,951 males were admitted, and 1,906 females; 1,819 males were discharged, and 1,786 females; while 987 males recovered, the number of females reaches 1,013.

In the table showing the percentage of recoveries and deaths in twenty-three years, we can not omit to mention the very interesting fact, well-known it is true, but suffering nothing from frequent repetition, that "on all cases recent when received," the average percentage of recoveries has been 71.32, while "on all cases chronic when received" the average has only been 24.30. Let it be proclaimed then from every house-top and around every hearthstone, that the sooner insane persons are removed to asylums, the greater the probability of a cure. As a parting notice of the statistics of this report, we can not omit to give the average of deaths for twenty-three years "on cases recent when received" the average percentage has only been 9.00, while "on cases chronic when received" the percentage has been 20.00. We quit these tables with reluctance, and will crowd our space by giving the very important fact that among the attributed causes in twenty-three years, ill health sent 907 persons to the asylum; puerperal troubles, 306; religious excitement, 363; domestic difficulties, 286. For the twenty-three years, 750 cases were admitted in which hereditary causes were given, or 21.60 per cent. of the whole number. As we have already said, there are many other points in this report worthy of notice, but we must pass on. The Superintendent estimates the expenses at \$43,000 for the present year. We believe Dr. Hill has proved himself equal to his position, and that the asylum is well conducted by him.

The Seventh Annual Report of the Southern Asylum is rather a meagre affair. We do not exactly understand why the Superintendent has been so brief in his tables, and, in one word, in his entire report. We are charitable enough to believe that he has not withheld from the public and the profession the large amount of statistical matter on account of criticisms made in this or other journals on his previous reports. Editors of medical journals, and those given to medico-legal studies, are generally kind-hearted men, and do not strike or write to wound. We hope the Superintendent of the Southern Asylum will not cabin, crib, or confine himself so much in his next report as he has done in the present one. We find two brief tables, from the first of which we learn 99 patients were admitted during the year, of which 45 were males and 54 females. On the 1st November, 1860, there were in the house 82 males and 75 females, making a total of 256 treated during the year. Of these, 30 males and 29 females were discharged recovered; 4 males and 4 females improved; 9 males and 12 females unimproved; 5 males and 3 females died. Thirty thousand, seven hundred dollars are demanded for the support of the house during the present year.

Dr. Kendrick still continues to be the Superintendent of the Northern Asylum. He gives so complete an abstract of the doings of the house, that we quote from his report:

Analysis of the General Table.—One hundred and thirty-five patients were remaining in the Asylum October 31, 1860. During the past year thirty of these have been discharged recovered; seven improved; thirty-seven unimproved; and one deceased, leaving sixty-seven persons, whose condition has been previously reported, in the house at this date.

To this number (135) there have been added during the year one hundred and thirty-one new cases; one hundred and five recent, and twenty-six chronic, (*i. e.*, of less or more than one year's duration,) making in the aggregate under treatment during the year two hundred and sixty-six.

Twenty-one of those admitted had before been inmates of this or some other asylum, varying from one to seven times; twenty-five were treated for the first attack; seven for the second; four for the third; five for the fourth; one for the fifth, and two for the seventh.

Sixty-seven of all under treatment were discharged recovered; eleven improved; forty-four unimproved; three deceased. Thirty-five of those remaining have a fair prospect for final recovery.

Of the discharged, one has been readmitted for recurrence of insanity; one, who, although improved, had been removed to make room for a younger member of the same family, upon the restoration of the latter, was again admitted, and two, who had previously been discharged as incurable, were readmitted for special reasons.

Thirty-two of the recovered had been insane less than three months previous to admission; thirteen, between three and six months; twelve, between six and twelve months; and ten, more than one year. Fourteen had resided in the Asylum less than three months; nineteen, between three and six months; twenty-six, between six and twelve months; five, between one and two years; and three, between two and three years.

Four of the eleven discharged as improved, were of the number of admitted this year. One eloped; one was removed by advice, and two contrary to the expressed opinion of the Superintendent, the friends of the latter mistaking apparent for real convalescence, and being governed in their removal by sympathetic impulses rather than by sound judgment.

Five of the improved had been insane previous to admission less than three months; one, between three and six months; two, between six and twelve months; one, between one and two years; two, between two and three years. One had resided in the Asylum less than three months; four, between three and six months; three, between six and twelve months; two, between one and two years; and one, between three and four years.

Seven of the unimproved were admitted this year; two were removed contrary to advice; one by "habeas corpus"; the remaining four were affected with such complications of bodily disease as precluded all hope of benefit from prolonged retention in the Asylum, and were discharged to make room for more recent and favorable cases. Of the unimproved, fourteen had been insane less than three months before admission; eight, between three and six months; eight, between six and twelve months; six, between one and two years; four, between two and three years; three, between three and four years; and one over ten years.

Five were residents of the Asylum less than three months; four, between three and six months; seven, between six and twelve months; eight, between one and two years; twelve, between two and three years; four, between three and four years; two, between four and five years; and two between five and six years.

During the year, three males have died; one had been insane eight months before admission, resided in the Asylum eleven months, and died of consumption; one had been insane previous to admission two years, was in the Asylum five and a half months, and died of epilepsy; one had been insane three months before admission, was a resident of the Asylum but two weeks, and died in an apoplectic fit. These cases all exhibited the maniacal form of insanity.

Hereditary predisposition existed in twenty-eight of those admitted during the year, and the suicidal propensity was evident in thirty-eight. A large number of the latter had attempted suicide in various ways previous to admission, and have only been kept from the execution of their fatal purposes since, by the vigilance of those in immediate attendance upon them.

Since the opening of this Institution, nine hundred and fifteen patients have been admitted. Four hundred and fifteen have been

discharged as recovered ; seventy-five as improved ; two hundred and fifty-five as unimproved ; thirty-four deceased ; four as not insane ; one non-resident : in all seven hundred and seventy-four.

The expenses for repairs and improvements of this and the Southern Asylum are very heavy. We sincerely believe that the Commissioners who had the charge of the erection of these two houses, either wholly neglected them during their election, or else they wilfully and knowingly suffered a swindle to be practised on the people of the State. We have noticed the reports for the last four years of these two houses, and it is the same complaint, repair, repair. It is to be hoped that they will be so repaired ere long, that we shall hear no more of it for at least a few years.

We come now to say something of the report of Longview Asylum, a county institution, and of which we can speak with a considerable degree of personal knowledge, in addition to that gained from the report. This is the first report of an entire year. There was in the house, at last report, 151 males and 183 females ; and 111 males and 76 females were admitted during the year, making a total of 521. Of these, 115 were discharged recovered, 19 improved, 4 not improved, and 26 died. Dr. Langdon calls attention to the large per cent. of recoveries of recent cases, and says " of those who had been laboring under the disease one year or more before being brought in, but little over one-fourth recovered." He dilates at some length on the urgent necessity of sending persons to the asylum as soon as mental disorder shows itself. Several very interesting statistical tables are given, of which we can not make any notice. The cost of each inmate per week, including all expenses, has been \$3.04½ ; excluding expenses for stock, furniture, and permanent improvements, \$2.57½. It is, by all odds, the cheapest managed institution in the State, and, with one or two exceptions, the cheapest in the country. The building is the largest, best ventilated, and best furnished in the State. Gov. Denison, in his message to the Legislature, speaks of it as a model State institution, for the economy of its management. From personal observation, we do not believe there is a better managed institution in the country. Dr. Langdon is ably seconded by Dr. W. H. McReynolds, a young gentleman of good medical education and sound judgment. The cost of conducting the institution for the year, amounted to \$56,050.20.

There is one duty which should be imposed on the superintendents of our asylums, and that is to require them to give didactic and clinical lectures twice or three times a week on insanity. Medical students,

after graduating, should be permitted to attend these lectures. We would make it obligatory on the directors of the several institutions, to appoint only those who had attended the clinical lectures to the positions of superintendent and assistant-superintendent. In this way the directors would find no difficulty in making good selections from men well qualified. It is about time that the profession should adopt the rule, that no man should be placed at the head of an asylum who has not had ample experience in a subordinate position in one, and that directors of these institutions should be made to enforce this rule. If the system of delivering clinical and didactic lectures shall be adopted, there will always be a considerable number in attendance qualifying themselves for positions in the asylums.

Fifth Annual Report of the Ohio State Asylum for the Education of Imbecile Youth, for the year 1861.

Dr. Patterson, having removed to Iowa to take charge of the lunatic asylum of that State, is succeeded in the control of our State Institution for the Education of Imbecile Youth by Dr. G. A. Doren.

We have watched the progress of this institution from its foundation with great interest, and we feel sincere gratification in being able to record its steady prosperity and success in the ends for which it was established. The Superintendent, Dr. Doren, reports that "the past year has been one of uninterrupted prosperity; there has been comparatively little sickness, and no deaths, since the date of the last report; indeed, there have been no deaths among the pupils since its organization, an immunity that is remarkable, considering the frequent physical as well as mental feebleness which characterizes this class of persons."

It appears that in the way of intellectual progress, there has been certainly an appreciable rate, as marked in a variety of ways: there is more control over disgusting and vicious habits; some have learned to read; some of the girls have learned to sew; and some of the boys perform light tasks about the garden.

It must not be expected that these results will be brought about rapidly, and such friends of the institution as have been disheartened, in view of the comparatively slow progress made, should reflect more considerably upon the material acted upon, and the results which can be reasonably expected.

The total disbursements for the year 1861 were about \$7,680.

The present number of pupils in the asylum is forty-seven—and during the year there have been fifty-four under instruction.

As there is still no very clear general notion of the intent and plan of this asylum, we remark that it is educational—not custodial; therefore, none are received except the age and circumstances of the case warrant the probability of improvement under tuition. Children who are idiotic or deficient in intellect, and who are between the ages of six and fifteen, may be admitted by the Superintendent, with the advice and counsel of the Executive Committee. Applications in behalf of others shall be referred to the action of the Board of Trustees.

For all particulars concerning compensation, clothing, and other details, application for information should be made to “Superintendent of State Asylum for Idiots,” Columbus, Ohio.

Braithwaite's Retrospect of Practical Medicine and Surgery; Part Forty-four. New York: W. A. Townsend, 39 Walker street.

We are glad to see that, despite the financial condition of the country, so destructive of all publication interests, this old republication holds on the even tenor of its way; and the present Part, for July, 1861, to January, 1862, is, as usual, full of rich and valuable matter in all the departments of “Practical Medicine and Surgery.”

We observe, as we have heretofore announced, that there is a slight advance in the price—single Parts are now \$1.25 each, instead of \$1, as heretofore.

Editor's Table.

Doings of Homœopathy in the Penitentiary.

“Pardons granted by the Governor of Ohio, from November 15, 1860, to November 15, 1861. Communicated to the Legislature in compliance with the requirements of the Constitution of the State.”

This very refreshing document fell into our hands a short time since. It has, to a medical man, peculiar significance and general interest. It is made up of the reasons which induced the Governor to pardon some eighty-six persons from the penitentiary. Among the officers of this institution, we believe there are three directors and one physician. The physician of the institution is a Homœopathic quack, appointed by the present Board of Directors. A great deal of complaint has been made against the directors for the gross injustice and outrage on the prisoners and scientific medical men in the appointment of this

homœo-quack. If any ground of justification was needed for this complaint, it is abundantly furnished in this report of the Governor. The strong point, too, is that it is furnished by the homœo-quack himself, and his consulting physicians, the Board of Directors. We beg our readers not to be astonished nor doubt our statement, when we say "consulting physicians," as applied to the directors, for we shall show from the document that they have been playing physicians to the poor convicts. This, however, is not astonishing, for wherever we find a man led astray and deceived by such empirical systems as Homœopathy, Eclecticism and Spiritualism, we very soon find him as wise as his masters—in one word, he soon begins to prescribe and to hold himself the equal, if not superior, of every physician. Let us, however, to the document :

In the case of Stadden Crusen, pardoned December 26, 1860, the Governor says : "The resident physician certifies that there is imminent danger of the death of said Crusen, and that his disease is tubercular consumption. *The warden, the two resident directors, and the chaplain, concur in this opinion, and ask the discharge of the prisoner.*" As the Governor does not give the reasons of the physician for his statement as to the nature of the disease of Crusen, we must believe that there were none given. "Tubercular consumption, and imminent danger of his death" ! and "the warden, two resident directors, and chaplain, concur in this opinion, and ask the discharge of the prisoner." The opinion, then, of the homœo-quack physician was not enough, but either he or the Governor calls on the *warden, two resident directors and chaplain*, to examine Crusen physically and rationally, and concur in the opinion. What a sight it must have been to see the warden, two resident directors and chaplain percussing and auscultating poor Crusen. They, no doubt, heard all the sounds on auscultation, and immediately concur *in the opinion* of the physician. We must imagine, aye, even believe that the pious chaplain said a prayer, asking for light and knowledge to be given him in the examination he made of Crusen. No, why do we forget they are all homœo-quacks, and with a copy of that erudite work, Pulte's *Practice*, before them, they read the exact symptoms of Crusen, and then concurred in the opinion of the so-called physician, and reported to the Governor, when poor Crusen was pardoned. What a farce ! what a disgrace on a great State ! to have *two resident directors and a chaplain* playing the part of consulting physicians to a quack in the case of a poor convict, where not only his own life is at stake, but where the ends of justice are in danger of suffering : it is a crying shame, a villain-

ous outrage, and an evil which stinks in the light of our civilization. It is the first time we ever learned that the trustees, directors and managers of an institution were appointed for their medical knowledge, or were expected to have any medical opinions of the inmates of an institution other than those they gained from the medical officers of the institution. Yet, in this report, the Governor quotes the warden, two resident directors, and chaplain, as concurring in the medical opinion of the physician. We do not feel like saying hard things of Governor Dennison, for he is a believer in scientific medicine, and it may be he wished to commit the *two resident directors* in the support of their appointee. We will take this view, or otherwise we should feel that he had been guilty of great wrong to the people of the State in pardoning men on such opinions.

But let us on. The Governor pardoned Sam. Balliett because "the resident physician certifies that there is imminent danger of the death of said Balliett, and that his disease is tubercular consumption. The two resident directors and the warden also concur in this opinion, and ask a pardon." The chaplain was away. It may be, examining some other poor convict, or he would have *concurred* also! What a physician this penitentiary one must be. He knows exactly when the danger is imminent—his prognosis is positive. We do not understand, however, why he permits any one to die in the prison, when his perception of the *imminent-danger* point of death is so certain. Prisoners, however, do die in the prison.

Again, Jas. Roarke is pardoned for the same reasons as Balliett. "The *two resident directors* and the *warden also concur.*"

If we had any doubt of the scientific ability of this homœo-quack, as manifested in his statement to the Governor in the above-named cases, it is all swept away in reading the case of Van R. Taylor. We quote: "In this case the physician of the penitentiary certifies that the prisoner is in a very infirm state of health; *there is atrophy and paralysis of the left arm; the right arm is afflicted in the same manner as the left was when the atrophy and paralysis supervened; the cause of all this is scrofula; if the disease continues to progress as rapidly as at present, he can not long survive.*" The wardens and all the directors concur. What can be said of this opinion? Scrofula—paralysis—atrophy! To a well-read physician further comment is unnecessary.

As we proceed the report grows on us. In the case of Madaline Reichert, sentenced to the prison for three years for manslaughter, "the physician of the penitentiary certifies that the prisoner" "*is in a delicate state of health; she is subject to violent attacks of illness, and,*

in my opinion, her life will be materially prolonged if suffered to go at large." The directors and warden concur. Can any one divine the nature of the "violent attacks of illness" from the above statement? Violent attacks of illness! Let us not forget that with the homœo-quacks every attack of illness is a violent one, and then we get some faint light as to the meaning of "violent attacks of illness." But we must hasten on. In the case of Nelson Winchell, sentenced for life for murder in the second degree, the Governor grants a pardon for the reason that "the physician certifies that there is imminent danger of his death; disease, dropsy of the heart." Again, in the case of Peter Doyle, the Governor grants a pardon on the certificate of the physician that he has *opacity* of the cornea and that it will result in total blindness unless he is released. As an eye-surgeon the homœo-quack is evidently, according to his own showing, weak. William H. Foster is pardoned on account of secondary and tertiary syphilis. He was "under treatment during the entire time of his confinement, all efforts to check its ravages have proved futile, and at no distant day will result in his death." In this case the physician either did not know the disease he was treating, or he did not know how to treat it. We are led to this opinion in the absence of the history, symptoms and previous treatment of the man, for, as is well-known, it is a very rare occurrence at this day to meet with a case of secondary and tertiary syphilis which proves rebellious to all treatment. We can not imagine any good reason why the disease should not, at least, have been mitigated by treatment in the hospital of the prison, if it had been adapted to the case. We find W. P. Van Gorder pardoned on the certificate of the homœo-quack for some incurable disease, the name of which is not given. We presume Homœopathic nosology was at fault, and so the physician simply calls it an "incurable disease." But we can not pass before our readers all the certificates of the prison physician, and will close by a passing word on the last case—that of W. T. Moore. "The physician certifies (in this case) that there is imminent danger of the death of the prisoner; disease, chronic inflammation of the stomach and organic disease of the kidneys." "The warden and directors concur in this opinion." This man was sentenced for life for murder in the second degree. Now what will our readers say, when we tell them on unimpeachable authority, that this same man, a few days after he got home, began to make clapboards, and stated to a gentleman that his health was better in the prison than at home. It is on the certificates of a homœo-quack physician, assisted by the valuable opinions of all

the directors in some cases, two directors and the warden in others, with the occasional advice of the good chaplain in a difficult case such as consumption, that our late Governor set free a large number of prisoners. Where is the scientific physician who can have any confidence in the medical certificates of the present physician of the prison. We hope Gov. Tod will believe it his imperative duty to appoint some new men in the place of the present directors, when their time shall have expired.

Before he appoints them we hope he will make diligent inquiries into their character and see to it that they shall place some member of the legitimate profession in charge of the prisoners. We know of nothing more outrageous than having a representative of such a miserable quack system of medical practice placed in charge of the poor unfortunate prisoners. We call on every true medical man in the State to move in this matter; so as to have these *two resident directors*, who have placed charlatanism in the prison, removed.

Amputation of the Cervix Uteri.—After a pleasant visit to some of the most prominent points on the Continent, we observe that Dr. Sims, of New York, has returned and entered vigorously upon the duties of his profession. We have before us a pamphlet, which is in part a reprint from the Transactions of the New York State Medical Society, giving the personal experience of Dr. Sims in the operation of amputation of the cervix uteri.

The class of cases which seem fitted for this operation are such as have an enlargement of the cervix—chronic inflammation and obstinate and profuse discharges of an albumino-purulent character. In all Dr. Sims reports the details of nine cases, the results being highly satisfactory in every respect.

Dr. Sims' plan in most, if not all these cases, was—first, putting the patient under chloroform—to split the neck laterally, and remove with the scissors each half separately. After the hæmorrhage is controlled, the two edges are drawn together with the silver suture, two on each side of the cervical opening. Only a few days are required to effect a cure.

To Readers and Subscribers.—Notwithstanding the seeming absurdity of the thing, occasionally somebody will return a number or numbers of the *Lancet and Observer* to this office as “refused,” or “dead,” or “discontinued,” but without the slightest clue to the person returning it. Sometimes there is simply a wrapper with the

direction to us, nothing else. Of course, this affords us no information: we do not know what name to erase. Sometimes the *name* of the subscriber, but without the address. These annoyances are among the vexations of a publisher's life, and could be avoided so easily that we can scarcely excuse the neglect.

Again, we desire to say that with the New Year we have made a *new mail book*, and it is probable we have made omissions, or other mistakes, which we trust our subscribers will overlook and promptly inform us, that we may correct.

New subscribers continue to come in slowly, and the prospect is, that, notwithstanding the times, we shall have a fair year of prosperity. We expect all our subscribers who feel friendly will materially aid us in our success.

The Late Battle at Fort Donelson — Sanitary Commission — Medical Men.—As soon as the news of the great battle at Fort Donelson reached the city, the Sanitary Commission, and especially the medical members, commenced the good work of preparing large quantities of hospital stores, beds and bedding, and obtaining permission from General Buell, chartered the steamer "Collier," to transport them to Fort Donelson and its vicinity. The following medical men and nurses of this city volunteered their services, and left on the "Collier" on the evening of February 17th:

SURGEONS.—Chief, Dr. Judkins; Dr. L. Hommedieu, Dr. W. B. Davis, Dr. C. A. Simpson, Dr. J. Graham, Dr. Ed. Mead, Dr. T. Wood, Dr. Geo. Mendenhall, Dr. C. G. Comegys, Dr. B. F. Richardson, Dr. Thomas (Covington.)

NURSES.—T. Buchanan Read, James Beard, J. C. Griggs, Rev. M. Chester, M. Fieldman, J. C. Beard, Frank Beard, Lewis Worthington, J. M. Johnston, J. Hauncks, T. H. Yeatman, R. Moore, C. J. Shipley, — Willoughby, H. C. Sargent, Jethro Mitchell, J. Webster, H. H. Woodruff, C. M. Preston, N. H. Fisher, W. Cretcher, J. E. Jones, C. M. Colton, J. R. Elstner.

On the same evening Surgeon-Gen. Weber passed through the city, under orders from Gov. Tod, en route for Fort Donelson, to adopt all necessary measures for the relief of Ohio troops.

We learn that the medical men of Indianapolis, Chicago and St. Louis, have not only volunteered in large numbers, but have taken with them large quantities of supplies for the sick and wounded. Shall we say another word to our readers, to be active in their respective neighborhoods, in urging every man and woman to send in their mite to the Sanitary Commission? The Commission sends aid

wherever it is wanted. It has already performed a good and great work. Its members serve without remuneration, and are faithfully and energetically devoted to the single object of sending supplies of clothing and bedding wherever they may be wanted. In addition to all this, the Commission has its Inspectors travelling from camp to camp, reporting the condition and wants of the soldiers.

Military Hospitals in Cincinnati.—In addition to the United States General (Marine) Hospital under the charge of Assistant-Surgeon Jno. Moore, U.S.A., assisted by Dr. E. Williams of this city, the Third Street Military Hospital under the charge of Dr. John A. Murphy, Dr. Moore, Medical Director of United States Hospitals in this city, has opened the large five story building on Fourth Street, between Main and Sycamore, for a government hospital. It will be known, we presume, as the Fourth Street Military Hospital, and has accommodation for two hundred and twenty-five patients.

At the present writing one hundred and thirty soldiers are being received in it, several of whom bear wounds obtained in the taking of Fort Donelson. We are happy to announce that there are but few with serious wounds. Drs. J. Bird Smith and F. Schmidt, of this city, have been appointed physicians to this hospital by Assistant-Surgeon Jno. Moore.

Prof. Deville, formerly of the Lind Medical College of Chicago, has been appointed Prof. of Anatomy and Surgery in the Manchester Royal School of Medicine and Surgery.

Acknowledgements.—Papers are received from Drs. Culbertson, Lindsay, Moody and Matchett, which will receive attention; but from the length of these articles their authors must exercise patience with us for their appearance.

Rush Medical College of Chicago.—This Institution held its nineteenth Annual Commencement, Feb. 5th. The Degree of Doctor of Medicine was conferred on thirty-five gentlemen. The valedictory address was delivered by Prof. J. W. Freer. It strikes us this is closing up a session very promptly—about three months.

A Location for the Practice of Medicine.—By the purchase of a moderate amount of village property, one of the most desirable locations in Indiana can be secured. Any one desiring particular information concerning the terms, locality or other matters, is at liberty to make inquiry of Dr. Stevens, one of the editors of this journal.

The Cincinnati College of Medicine and Surgery held its Annual Commencement on the evening of Feb. 12th. The degree of M.D. was conferred on thirty-one gentlemen, and the valedictory was delivered by Prof. Baker. We regret to be obliged to express our very hearty dissent from the irregular mode in which this School confers the degree of Doctorate. We are credibly informed that at least one of the graduating class had only been engaged in the study of medicine about *eighteen months!*

— The patent obtained and held by Dr. W. T. G. Morton for the exclusive use of ether in surgical operations has been declared by the United States District Court of New York to be “void, and the subject matter not patentable.” The decision was obtained as the result of a suit brought by Dr. Morton against the New York Eye Infirmary for infringement of his rights as patentee.

BOOKS AND PAMPHLETS RECEIVED.—*Border Lines of Knowledge.*—An Address Introductory to the Course of Lectures in Harvard Medical College, Boston. By Oliver W. Holmes, M.D.

A Report to the Secretary of War of the operations of the Sanitary Commission. No. 40.

Harper's Monthly Magazine for March is promptly on our table.

New York State Medical Society.—On the second and third days of the late session of this Society, several important matters were brought before the meetings. That relating to the appointment of Homœopathic surgeons in the army was referred to a committee consisting of Drs. Coates, Townsend, and Squibb, who subsequently reported that all unnecessary action that might be construed into persecution should be avoided, and their belief that the government was not disposed to introduce any forms of charlatanry into the army. Dr. S. D. Willard presented a paper containing a list of the surgeons and assistant-surgeons of the volunteer army of New York, with their ages, when and where graduated, what service seen, when appointed, and where promoted. Dr. Edmund Arnold, of Yonkers, read one on the medical provision for railroads—which subject, it was stated, was now before the legislature as a distinct feature in a general railroad measure. The Metropolitan Health bill, also before the legislature, was approved of, and a committee was appointed to draft a sanitary code for the whole State. A specimen of cirrhosis of the liver was presented—the patient vomiting before death large quantities of blood. The President's Annual Address—on the Dignity of the Profession—was delivered on Wednesday evening, and on Thursday the officers of the Society were chosen, as follows: President, Thomas Hun, of Albany; Vice-President, D. P. Bissell, of Utica; Secretary, S. D. Willard, of Albany;

Treasurer, J. V. Quackenbush, of Albany; Committee on Publications, Thomas Hun, S. D. Willard and Howard Townsend; Censors, Southern District, W. Govan, Joel Foster and E. Harris; Eastern District, B. P. Staats, J. W. Blatchford and P. McNaughton; Middle District, J. S. Sprague, C. B. Coventry and A. P. Doolittle; Western District, Alexander Thompson, H. W. Dean and E. Hall. A resolution was passed that hereafter the annual meetings of the Society be opened with prayer by some clergyman invited to act as chaplain.—*Boston Med. and Surg. Journ.*

New Jersey State Medical Society.—The annual meeting was held in New Brunswick on the 28th and 29th of January—being the *ninety-sixth* anniversary of the Society. It was more numerously attended, as stated in the *American Medical Times*; than any similar meeting for many years previous. Delegates were appointed to the American Medical Association, and to the Quarantine and Sanitary Convention—also corresponding delegates to the State Societies of New York, Pennsylvania, Connecticut and Massachusetts.—*Boston Med. and Surg. Journ.*

Army Medical Matters.

—Brigade-Surgeon Geo. C. Blackman has resigned his place in the army.

—Dr. John F. White, of this city, Surgeon of the Second Kentucky Regiment, has resigned on account of bad health.

—Dr. S. P. Bonner, late Assistant-Surgeon Second Kentucky Regiment, has been promoted, and appointed Surgeon of the Fiftieth Ohio Regiment.

—Dr. Elder, of Knightstown, Ind., has been employed by Assistant-Surgeon Jno. Moore to open and take charge of a hospital at Catlettsburg, Ky. This hospital is intended for the sick of Col. Garfield's command.

State Medical Board of Examiners.—This Board, composed of Drs. J. W. Russell, of Mt. Vernon, T. Woodbridge, of Youngstown, and John A. Murphy, of Cincinnati, appointed by Gov. Tod, met, by order of Surgeon-General Weber, in Columbus, February 11, to examine candidates for surgeon and assistant-surgeon. The following requirements were demanded: 1st. Graduation in some respectable medical school. 2d. Certificates of good standing in the profession, and temperate habits. 3d. That the candidates must be of good health. The examination consisted of written and oral questions. The Board confined itself strictly to practical questions.

The following named gentlemen were recommended as surgeons, in the order named: Dr. H. A. Langdon, Cincinnati; Dr. Colin McKen-

zie, Cleveland ; Dr. Joel Morse, Cleveland ; Dr. A. Zipperling, Akron. And the following as assistant-surgeons : Dr. B. Mosenmeier, Cincinnati ; Dr. B. H. Cheney, Columbus ; Dr. Lane B. Houtz, Bellefontaine ; Dr. J. B. Totten, Washington ; Dr. W. L. Peck, Circleville ; Dr. L. C. Brown, Cleveland ; Dr. T. J. Shanon, Youngstown.

— Dr. C. T. Simpson, of this city, has been appointed Surgeon to the Little Miami Railroad.

Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

PRACTICAL MEDICINE.

1. *Arsenic Smoking in Asthma.*—Dr. F. G. Julius mentions the case of a French lady, who had been subject to spasmodic asthma for twenty-five years, and, after having tried every species and form of medicine, obtained finally a lasting relief from smoking arsenious acid. At first she took a quarter of a grain three or four times daily in a cigarette, subsequently increasing the dose. The smoke is always swallowed. Swelling of the eyelids and slight pricking pains in the stomach, when she first commenced, were the only outward symptoms. Any threatening attack is at once checked by renewed smoking.—*London Lancet.*

2. *Aconite and Nux Vomica Antidotal to each other.*—In the case of a negro boy who had swallowed a destructive dose of the tincture of aconite and was rapidly sinking in spite of emetics and external irritants, Dr. D. D. Hanson administered three drops of the tincture of nux vomica. In a few minutes the heart's impulse returned with accelerated vigor, and the respirations were correspondingly improved in steadiness and depth. After a repeated dose, twenty minutes later, vigorous emesis followed the tickling of the fauces with a feather. The next morning the patient was fully recovered.—*Boston Med. and Surg. Journal.*

3. *Food in Typhoid Fever.*—Dr. Hérard confirms the opinion expressed some time ago on this continent as well as in England, that in the management of typhoid fever the all-important, the capital question is that of food ; prolonged abstinence leads to the most disastrous results. One lady patient was sinking steadily under a strictly enforced abstinence ; when the pulse numbered 120, nocturnal agitation with wandering delirium, vomiting and diarrhoea had set in, the effects of nutriment were tried. At first, only a few drops of iced beef-tea could be swallowed with the utmost difficulty ; by and by the food remained on the stomach, and in proportion to its increase, the

pulse fell, the delirium yielded and the patient recovered. Mr. Marotte has established that vomiting, diarrhoea and delirium, more especially the latter, are characteristic of starvation. Trousseau also lately pointed out the striking analogy existing between the more serious symptoms of typhoid fever and those of autophagy consequent upon protracted abstinence.—*Berkshire Med. Journ.*, from *Champonnière's Journal*.

4. *Curare in Epilepsy*.—Dr. Thiercelin has reported to the Academy of Sciences of Paris two cases of epilepsy, both of long standing and considered beyond relief, but considerably improved by the use of curare. One grain of the powdered substance was applied daily on a blistered surface. The gravity of the convulsions abated in a very notable manner, the intervals between them grew considerably longer and the general condition of the patients improved. As soon, however, as the supply of curare was exhausted, the paroxysms returned rapidly in both cases and with almost their former frequency.—*Paris Corresp. of the Berkshire Med. Journ.*

5. *Chloroform Correcting Bitterness*.—According to Mr. Grave (*Repertoire de Pharmacie*), chloroform has the property of modifying the taste of certain bitters, and when added to tincture of aloes, gentian, or to sulphate of quinine suspended in water, it nearly altogether removes the bitterness.—*Amer. Druggist's Circular*.

6. *Treatment of Diabetes*.—In a memoir presented to the French Academy, Mr. Demeaux announces that for many years he has treated diabetes mellitus by the extract of rhatany and burnt alum in equal quantities. Two cases of complete cure by this treatment are related, and the author promises to give all the details which the importance of the subject demands.—*Boston Med. and Surg. Journ.*

7. *New Test for Diabetes*.—Upon a clean slip of tinned iron place one or two drops of the suspected material, and hold it over a spirit lamp; the fluid will speedily evaporate, leaving, if the process be arrested at that point, scarcely a trace upon the metallic surface. Continue the application of heat; in a few moments after the desiccation is complete, a spot of an inch or so in diameter, over which the drops spread with the first ebullition, will gradually assume a rich reddish-brown color, with a brilliant lustre, as if coated with a film of Japan lacquer, resulting from the conversion of the saccharine element into caramel.—*London Pharm. Journ.*

8. *Quinine as a Prophylactic in Malarious Regions*.—In giving his experience with the free use of quinine, in saturating doses, as a precaution against the malarious diseases in tropical regions, Dr. J. King Merritt arrives at the following conclusions: No serious harm to the system ensues from the long continued and judicious use of quinine. Given as a prophylactic, it will certainly prevent the development of miasmatic disease and neutralize malaria already in the system. The amount of quinine required to maintain a status of health under malarious influences is much less when used as a prophylactic, than as a curative after development of miasmatic disease; at

the same time the amount required is more uniform. Quinine will not always restore health after repeated attacks of malarious disease, and frequently fails to prevent malarial cachexia, without removal from the miasmatic influence. Cold clear infusion of coffee is the preferable diluent for morning dose, whisky for the evening dose. Quinine dissolved in spiritus nitri dulcis produces very happy effects during paroxysms of malarial fever.—*Amer. Med. Times.*

9. *New Caustic for Toothache.*—Dr. Calvy, of Toulon, recommends to clean out the carious cavity and then to apply to its interior a piece of cotton, steeped in a solution of six grains of acetate of morphia in an ounce of nitric acid. As soon as the caustic penetrates into the carious tooth, the pain ceases. Afterwards the cavity should be filled with cotton steeped in the sedative solution of opium, and then permanently plugged.—*Gaz. des Hôp.; Brit. Med. Journ.*

10. *Acnometer, or Measurer of Hearing.*—Accurately to determine the amount of difficulty of hearing, Dr. Doenhoff, of Orsoy (*Prager Vierteljahrschr.*) uses a rod three feet high, attached to a circular piece of board one foot in diameter. The board is provided all around with a projecting edge, so that small bodies thrown on it can not roll off. The rod is graduated in inches, or still smaller divisions, from below upward. He also has three small balls, made respectively of wax, wood and lead, each measuring one line in diameter. To measure the difficulty of hearing, he commences with dropping the waxen ball on to the board from a height marked on the rod by the figure 5. If the patient does not hear the sound, he lets it fall from a higher mark, and he thus increases the height until the patient distinctly hears the ball strike the board. If this be, for instance, from a height of 28 inches or marks on the rod, he calls the patient's difficulty of hearing 28, waxen ball. But if the patient hears no sound, even if the ball falls from the highest mark on the rod, he tries the same experiment with the wooden ball, and if this also gives negative results, with the leaden one. If the patient hears the sound of the latter falling from the height of 5 marks, that patient's hearing is 5, leaden ball. For the severest cases of hard hearing a tin-covered board is employed with leaden balls of increasing size, some as large as musket-balls. By this apparatus, the amount of improvement, during and after treatment, can also be admirably watched and determined.—*Amer. Med. Monthly.*

11. *Diphtheria.*—Dr. J. J. Morgan, of Windham, Iowa, considers the exudation to be so characteristic, that he basis on it the diagnosis as well as prognosis. In over two hundred cases, death did not occur in any single instance, unless the false membrane extended to the larynx. The aggravated symptoms and alarming fatality seem to be due to a materies morbi, the result of an imperfect aëration of the blood consequent upon the obstruction offered to respiration by the local affection, and not to the original vitiated condition of the blood. Patients die from asphyxia, as the effect of local disease, and not from the virulence of a poison with which the blood is contaminated. It

seems that in certain epidemics the indications point to the constitution as the proper channel for interference, while in others to control the local affection offers the best chances of favorable results. Where the constitutional symptoms are of an aggravated character, the more formidable will be the local disease, the more rapid its descent to the air-passages. The constitutional treatment, however, is secondary in importance to the local applications; the latter alone do effectually arrest the disease when used before the air-passages are too seriously implicated. In mild cases, castor-oil with a few drops of turpentine may be given, and a solution of nitrate of silver, ten grains to the ounce, used as a gargle. If the disease is more aggravated, an emetic may be beneficial, followed in a few hours with some mild cathartic. Either immediately before the emetic, or soon after its operation, if the coating in the throat is very thick, lunar caustic should be applied in substance, finely pulverized, touching only the parts covered with exudation. If the coating is limited in extent and not very heavy, a solution varying from fifteen to thirty grains to the ounce may be used. Make these applications twice a day, until the false membrane ceases to be formed. Internally, from three to ten grains of the chlorate of potassa every three or four hours; between each dose from one to four grains of quinine. Vinegar-steam is a valuable adjuvant. A free use of nourishment should be allowed. After the violence of the symptoms has subsided, and the exudation ceases to be formed, it is a good plan to use some astringent gargle. Acetate of lead and tannin are probably among the best. Either of them may be used in the incipient stage of the disease with marked benefit, and where the onset is not too sudden and violent, may conduct the disease to a favorable issue.—*Chicago Medical Journal.*

SURGICAL.

12. *Stimulating Treatment of Burns.*—Dr. F. C. Skey, of St. Bartholomew's Hospital, advocates the application of nitrate of silver to burns, washing the affected surface with a solution of it (for children, and not very extensive injuries, six to eight, for adults, twelve to fifteen grains to the ounce,) and immediately covering up the part with a thick mass of cotton-wool. Should pain return, the solution may be advantageously resorted to again at an early stage of the treatment. *London Lancet.*

13. *Chronic Bursitis, or Housemaid's Knee.*—In a case reported to the Medical Society of the County of Kings, Dr. J. G. Johnson first punctured the bursa, which he says was as large as the foetal head at full term, and evacuated the contents as far as they were fluid. But the bursa soon refilling, the method recommended by Mr. Adams (*Dubl. Hosp. Gaz.*, May 1, 1846,) was adopted, namely: opening the bursa freely from above downward, evacuating the contents of the bursal sac, and then exciting inflammatory action by means of a pledget of lint introduced daily into the cavity. In this operation the bursal sac was found much thickened, containing cartilaginous bodies attached by a pedicle to the sides of the bursa. When suppurative

inflammation followed, the bursa was firmly compressed with straps every day. Two weeks from the time of the operation, the sides of the bursa were completely adherent, and the thickness of the sac had diminished materially.—*Amer. Med. Monthly*.

14. *Housemaid's Knee*.—Placing no reliance on blisters and iodine, Dr. Skey, of Bartholomew's Hospital, reduces the bursa to an abscess by passing a full-sized thread through the centre of the swelling. This thread is removed in five or six days, during which time suppuration ensues, and the case is then treated like any other abscess. The same treatment is applicable to ranula.—*London Lancet*.

15. *Sponge-Tents for Dilating Stricture of the Rectum*.—Dr. White explained, not long ago, before the Buffalo Medical Association, the great benefits he had derived from the use of sponge-tents in a case of stricture which had arisen from an operation for fistula in ano. From two to three days he inserted large and long tents, increasing them in diameter, and directed the patient to sit down in a warm bath until the tent had fully expanded. After the third application, a rectum bougie, having more than an inch in diameter, was furnished for frequent insertion, and the patient believed herself completely relieved of the local difficulty. Dr. Kempson, of Fort Erie, C. W., suggested a hollow elastic tube, filled with dry sponge, cut to the proper size, as a substitute for the tents.—*Buffalo Med. and Surg. Journ. and Rep.*

16. *Fractures of the Leg*.—A well-made flock pillow, says Dr. F. C. Skey, long enough to extend above the knee and some inches below the foot, is an efficient and most comfortable agent in the treatment of simple fractures of the leg, where the displacement is not great, nor the fracture very oblique. When bound on to the leg by means of four or five straps with buckles, which are drawn very tight, the pressure is diffused over the entire surface of the leg, and is unproductive of pain, or of such an amount of discomfort as to prevent sleep.—*London Lancet*.

17. *New Mode of Counter-Extension*.—Prof. E. Andrews, of Chicago, says: I cut three adhesive straps, each a yard and a half long, and two and a half inches wide. One of these, being warmed, is applied to the back, on the same side as the fracture, extending from the waist to the top of the shoulder, and then down the breast, on the same side, as far as the waist in front. At the top of the shoulder it is left loose for the attachment of a hook. The second strap extends from the top of the same shoulder, obliquely down the back and breast, towards the opposite side, until the ends cross each other on the side of the waist. The third strap is placed as a belt around the body, to confine the ends of the others. Next I take a Dessault's, or any other long splint, to which I have previously had attached, at its superior extremity, a bent iron, which, passing over the curve of the shoulder, is hooked into the loose part of the two adhesive straps, where they pass over the top of the shoulder. The lower extremity of the splint is attached to the leg and foot, as usual, by adhesive strap extension. My experience with this dressing is very happy. A little

experience will satisfy any one, that in fractures of the thigh, counter-extension from the top of the shoulder in this manner is by far the best way to fulfill a very troublesome and difficult indication.—*Chicago Med. Examiner.*

Obitunal Record.

Death of Dr. E. L. Dudley, of Kentucky.—We clip the following from one of our daily papers:

“DOCTOR ETHELBERT L. DUDLEY, whose death was noticed Saturday, who has so firmly stood up for unconditional Union for Kentucky—working with his great influence and energy for the support of the old flag—was a grandson of Colonel ISRAEL LUDLOW, who was one of the original proprietors of Cincinnati. He was reared in our city, and many of his boyhood friends here read of the death of one so noble, brave and generous—with talents of a high order, and a heart full of affection and kindness—with emotions of deep sorrow.

“He left our city to enter the office of his uncle, Dr. DUDLEY, of Lexington, Ky., who was at that time a physician of great fame throughout the West. He went afterwards for some years to Europe, and studied, with great profit, the mode of practice in the hospitals there. He was afterwards Professor in the Medical College in Louisville, and his name is well known to the more scientific of his profession both in France and at home.”

Brigade Surgeon Dr. LUTHER V. BELL died Feb. 11, 1862, in camp near Budd's Ferry, Md., being a member of Gen. Hooker's staff on the Lower Potomac. Thus is added still another name to the illustrious record of distinguished hero-martyrs who make up the dead of the great American rebellion. From the *Boston Med. and Surg. Journal* we gather the following particulars:

“Dr. Bell was the son of Gov. Bell, of N. H., and was born Dec. 10, 1806, in Francistown, N. H. He graduated with honor at Bowdoin College in the class of 1823, and shortly after commenced the practice of medicine in New York. It is, however, in connection with the McLean Lunatic Asylum, Mass., that Dr. Bell has chiefly established a wide-spread reputation. He was elected to the superintendency of this institution in the year 1836, occupying the position with great usefulness for twenty years, when he retired to private life.

“At the breaking out of the war he was among the first to offer his services to his country. He was first appointed surgeon to the Eleventh Mass. Regt., and in that capacity was present at the disastrous affray at Bull Run. He was soon afterward promoted to Brigade Surgeon, and attached to the staff of Gen. Hooker, whose division has for some time been stationed on the Lower Potomac. It was here, amid the privations and discomforts of camp, that his last sickness overtook him.

“Dr. Bell has been to a considerable extent a contributor to the medical and general literature of the day. In 1836 he received the Boylston prize for his essay on the diet best adapted to the laborers of New England. He was at one time President of the Mass. State Medical Society, and at different times has held offices of trust and honor in the State.

“He fell honorably in the service of his country; not amid the shock of battle, but as the Christian hero would wish to die, resting on his armor peacefully in his tent. The profession to which he belonged, the commonwealth he represented, the national army he served, will deeply feel his loss. His name and character will be held in sweet and sacred remembrance. Though dead, his example, and fidelity to duty, and loyalty to country will long live as an incentive to survivors to higher and nobler purposes of life.”

THE
CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

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ARTICLE I.

A Prosecution for Infanticide; with Remarks.

BY H. CULBERTSON, M.D., ZANESVILLE, OHIO.

STATE OF OHIO vs. VIRGINIA ANN DAN. Presiding Judge, L. P. MARSH, Esq. John Hanes, Esq., Dr. V. Hanes, for the State; John O'Neal, W. H. Ball, Esqs., for defense.

The prisoner was indicted for murder and infanticide. The defense set up the plea of insanity; also that the child might have been born while the mother was laboring under puerperal convulsions; that under the circumstances the woman might have been maniacal and in that state destroyed the child; that the sex of the child was not proven; and, as the mother, if she had the child, gave birth to it in the semi-standing position, that therefore the fall might have killed it.

The object we have in publishing this case is to consider several points: 1st. The true value of the hydrostatic test as an evidence of breathing; 2nd. The proper duty of the physician in investigating these or other medico-legal cases; 3d. To consider the legal doctrine of live birth; 4th. To consider the mental status of the prisoner.

In order to condense as much as possible, we will premise, that the State showed beyond a reasonable doubt this child was born in a certain woods, near to a specified lane, some sixty rods from a particular house; and that the defendant was at that house two or three days before her expected confinement, and afterwards,—and in the neighborhood some two days, after which she left and walked in all some six miles.

WITNESSES FOR THE STATE.

JANE S.—Saw prisoner on Sunday, the 15th of September, 1861, (some two days after the alleged infanticide had been committed,) at the end of a lane. When the prisoner saw her, she avoided, and on coming to her prisoner re-

marked, "I did not expect to meet you." When witness said, "I was going to Mr. —'s house," she replied, "You need not go up there, as they are not at home." Saw some hogs coming toward us in the lane, one of which had a child in its mouth; I got it from the hog, and placed it on the limb of a tree, and raised the alarm. Was a hole in child's throat; left arm off, and right leg; mouth wide open, and tongue drawn back; face bluish color, more so than body; no appearance of having been cared for. Saw prisoner the Wednesday week before 4th of September; appeared like a woman going to be confined. Saw the bed in which prisoner had laid; looked like a childbed.

Cross-examination.—When first saw prisoner she was fifty or sixty feet from me; she was coming out of lane into woods; woods were fenced on both sides. I spoke first and said, "I would as soon expect to meet one out of the grave," etc. Said "she had been at Mr. S.'s house two or three days." I thought she had been at the poor-house or with her brother; thought she would not be running around in her situation. Told me, when I saw her at my house, "she would have to leave from the talk there was about her." Did not see her after we first met in lane. Bed did not look as though a child had been born in it, but as though she had stayed there until near the last.

Re-examined.—On Sunday prisoner looked pale, death-looking; took no notice of her person. Was a male child.

SUSANNAH S.—Prisoner slept in room on porch next to the road. Thursday evening (Sept. 12, 1861,) we went to bed about 8 o'clock; she complained of headache and backache; looked quite bad; she blew out candle before she undressed. My sister, 12 years old, slept with her next night. I thought she got up Friday night (13th), for heard door shut; asked her if she was up; said she was. Friday noticed bed; it looked *pretty bad*. She got up about 10 o'clock Friday morning. On Friday, after got up, said "she would go out to orchard for peaches;" went in direction where they found child. Thought she stayed too long; went to look; could see peach-trees; she was in orchard by *lane fence*; she was gone about an hour. Was sewing for herself. No one else slept in *that bed* after Mrs. S. and me examined it.

Cross-examined.—Thursday she was up and ate her meals; after supper she was in sitting-room until bed-time, I in kitchen. Porch one step from ground; house on hill. When she came back from orchard, had sewing in her lap, but did not sew much; sat on carpet. Looked paler than day before; looked *very pale* on Friday. Bed was all bloody on Friday; did not change bed until next day. I did not want to sleep with her. Prisoner got up after me and ate breakfast. I told my sister to put clean sheet on bed, after she went away on Sunday.

THOMAS R. H.—Was one of the coroner's jury on Sept. 15th, 1861. Saw the child hanging in a dogwood-bush; head mashed into a jelly; one arm off at shoulder, the other at wrist, one leg at knee; head and face black; balance of it looked natural. Examined lane; found blood where child had been dragged by hogs. Saw where child had been placed inside R.'s rail-fence. In fence corner in woods there was blood; was blood in another fence-corner. Were leaves, blown or gathered together, which had been displaced, scratched away to the ground; blood was on ground where child lay. Sixty rods or more, by the road, from where I found the marks to Mr. —'s house. Know prisoner, and saw her on road Saturday before child was born; had suspicions, from her appearance, she was with child.

Cross-examined.—Found puddle of blood in one corner of fence; the two corners where blood was found were adjoining. Leaves had been pulled back into the woods from the fence; surface of ground scratched off.

Re-examined.—This surface not larger than hand; ground *soft* and *loose*. In the other corner of fence blood was *piled up*. The crack in fence between the first and second rail, next to pile of blood, was three inches wide. Scratch on fence as if done by hog. I traced back, to within three or four rods of where we found the blood in fence-corner, marks where the child had been dragged.

JOHN E. H.—Know prisoner; saw her on Sunday, 15th September, 1861; was on Coroner's Jury; said to her, "there has been a child found, and people think it is yours!" She replied: "It is not mine, as I have been on my feet every day," and roused up quick; looked pale.

Cross-examined.—She stayed Sunday night, and left Monday morning, after breakfast.

The testimony of several of the witnesses is here omitted, as it only corroborates that already stated.

DR. CULBERTSON.—Practiced eleven years; made post-mortem of child found near Adamsville, Ohio, September 17, 1861. Found child somewhat decomposed; lungs and abdominal organs undecomposed; some limbs gone; head injured and decayed; ancle bitten through; abdominal organs large and perfectly developed; lower bowel filled with meconium; peritoneum of a bright red color; stomach somewhat distended; liver large; bladder well developed. On opening chest, (there had been an opening made in left side of chest, probably bitten,) found lungs fully expanded, of a bright pink color, marbled; on edges of lung, immediately under breast bone, air-bubbles on the surface, limited, not general, or in the substance of lung. On incising the lung, frothy mucus, tinged with blood, exuded; lungs and heart together floated high on brook-water; separated from heart, still higher; small portions of lungs all floated; on pressing small pieces between linen and fingers until structure was destroyed, they still floated; heart nearly empty and not putrefied, and sank in water; a darkness over the neck and chest, and blueness over the abdominal surface; skin and all organs in perfect form, except head; umbilical cord two inches long, and withered. Examination enabled me to determine child had breathed; have no doubt respiration was complete; lungs may be inflated in part by a single respiration; would not expect complete respiration before birth; the child was fully developed, large-sized, was full-termed, and presented no congenital defect; breathing before birth mostly occurs in tedious or instrumental labors, or where the hand of the physician has been introduced.

Saw and examined the person of the prisoner on the 18th of September: Breasts much enlarged, showing tortuous veins, dark areola, enlarged nipples, and, on pressure, a drop or two of milk came out; external genital swollen and tender, vaginal rugæ effaced, vagina tender; os uteri open, and could have admitted two fingers; uterus three by four inches in size, and from it issued the same muco-purulent secretion, tinged with blood, as from the vagina; on abdominal surface were the usual marks of pregnancy, from ruptured veins, and lineæ albicantes; I believe she had given birth to a child; think, from the examination, five or six days before. She admitted to me that she had given birth to a child, that she heard the child breathe after it fell on the ground; also, that it was born near Mr. S——'s house, in a lane; also, that she had went to bed, had pains, but did not complain, got up, went out, was not out long until child was born; that she placed a rail as long as a bed on child's neck, and went into house. She stated that Mr. —— was father of child; that he had been with her on numerous occasions while living at his father's house; that she was induced by the father of this young man to make an affidavit that his son was not the father of the child; that she did this deed because she had no home, and did not know how she could take care of the child, as she had no means to do the same.

Cross-examination.—Post-mortem not made in house; made in day time, in presence of two other persons, one of which was the Prosecuting Attorney; was fifteen or twenty minutes in making examination; saw prisoner next morning, about 9 o'clock, at Mrs. A——'s, two miles from Adamsville, from whence she had walked two miles the previous day, having walked four miles to Adamsville, and then, resting all night, came to where I saw her; uncommon for child to breathe before birth; not uncommon for child to breathe and cry after head is born, and before the remainder of body is. A well-developed child

may die in birth by tedious labor. The hydrostatic test is what enabled me to determine that the child had breathed; the whole of the tests taken collectively together, are safe and positive proof of breathing. There may be cases in which the hydrostatic test is safe in itself. The whole symptoms and tests of the case have been considered in forming my opinion. In September last, putrefaction would commence in fifteen or twenty-four hours; was about an hour obtaining her consent to permit an examination, in making the same, and in persuading her to make a confession, and receiving same; Rachel A—— was there, Prosecuting Attorney and an old gentleman; told her if she was innocent, the examination would prove it; did not tell her if she was guilty it would disclose it; did not threaten her; used ordinary language; was taken to make these examinations at the instance of the Prosecuting Attorney, under the authority of the County Commissioners; she was taken from Rachel A——'s to Adamsville, thence to Zanesville; I next saw her in the jail; was sent for to attend her, as she was sick—had ovarietis.

I may here state, that in these examinations the genitals were not exposed, relying here on touch. So careful of exposure were we, that the bed-clothes were drawn up over her body, and her clothes beneath these before the former were folded down, to expose the surface of the abdomen. Her breasts were exposed but to a limited extent, sufficient to determine that they contained milk; also, that this confession was obtained at the suggestion of the Prosecuting Attorney, (and on reflection I deemed it my duty to obtain the same if I could,) not by threats or promise, but by stating I was confident she had recently had a child, and that it was useless for her to attempt to deceive me; by reciting the enormity of the crime, and urging her repeatedly to confess. The Prosecuting Attorney was present during the recital of a part of the confession, and she displayed a natural anxiety to know if it would be wrong for that gentleman to hear the confession, and on being told it would make no difference in the case, she hesitatingly and carefully continued to confess.

The Prosecuting Attorney, Rachel A—— and myself had to persuade her for a considerable length of time ere she would permit a physical examination; she averring that she could not have had a child, as she had been on her feet all the time, and therefore there could be no necessity for an examination. Finally, before consenting, she went out, took off her petticoat (which was very bloody), and returning, went into the room and hesitatingly permitted the examination. She did not wish to return to Adamsville, refusing to go at first, then reluctantly consenting. When she was told she must go to Zanesville, she shed tears, and said she did not want to "go to jail."

EVIDENCE FOR THE DEFENSE :

GEORGE W. W.—First knew prisoner in 1852; lived with my family six years; consider her quite deficient in intellect; could not teach her; could not give her instruction; children would make sport of her; could not teach her to put a guard on her tongue; could be persuaded to tell many things not

true; could keep no secrets; when we sent her for errands, had to rely on the honor of those with whom we dealt; could not tell price of anything; had to send notes and get bills; could not count money; could not tell if a *quarter* would or would not pay for fifteen cents worth.

Cross-examined.—Don't think she is insane; good girl to work when has some one to superintend; went two years to school; can read, but not cipher; don't know right from wrong in every instance; mean by deficiency of intellect, not a good mind; think she is not capable of taking care of herself; told my wife, on being asked the question, that a young man had intercourse with her; has been away from our house since 1858; rumors have reached me that her reputation and conduct have not been good, that she received the visits of men of low repute; think she can't tell the difference between a quarter and fifteen cents.

HENRY R.—Have known prisoner two years; never thought she was insane; thought she was a weak-minded girl; have had a little dealing with her (a merchant); thought she had a poor conception of money or the value of articles.

Cross-examined.—This is not an isolated case; would not consider *this* as a safe criterion of intellect; can't say she is incapable of taking care of herself; saw nothing wrong in her conduct in my store.

DR. —.—Have known prisoner five or six years, not sufficient to tell whether she is sane or insane; general report says she is of very inferior reputation.

Cross-examined.—Insanity a disease; weakness of intellect a disease also; general reputation is that she is insane; heard that she was pregnant and joined church; if she had sufficient intellect, she would have known Dr. Culbertson's examination would have exposed her guilt; judged was deficient from her physiognomy; is not very intellectual; never heard anything which would impeach her *good sense* or moral honesty until recently.

DR. —.—Have been practicing near thirty years; lung hydrostatic test not safe; mere proof that lungs have been inflated; decomposition may make lungs float; test not reliable of *live birth*; child may be born alive and not breathe; may die a few minutes or hours after birth from injuries received, or defects of constitution; women have convulsions from severe labor; may give birth in convulsions and not know it; various presentations, face presentations, child may breathe; can't say that air is received by infant without artificial aid; can not cry without air; may cry in womb; woman standing in labor, *fall* of child might kill it, or cord break, and child bleed to death; child's head will bear a great deal of compression; puerperal convulsions are generally of short duration, may get over them in few hours, generally requires a much longer time; head may be born, child breathe, and child die before body is born; would class her as idiotic, or partially so; every grade of intellect; she would be in a fair condition for puerperal convulsions.

DR. —.—Hydrostatic test decides that lungs have been inflated; not reliable test; if much decomposed may float, although uninflated with air; decomposition in twenty-four hours inwardly; cause of puerperal convulsions, mental emotion, congestion, etc.; result, memory commonly deficient in relation to child; may breathe and die before birth; child falling on its head, as narrated, might cause its death; torn umbilical cord not so likely to bleed; discoloration of face may be caused by hard labor, a fall on ground, or cord around child's neck; a slight sense of shame *might* produce insanity or monomania; a clergyman became insane from a typographical error; Geo. W. W.—'s testimony might affect prisoner's strength of intellect, but not as to her insanity; is not an idiot, but an imbecile; she would not come under the range of common sense.

Cross-examined.—Not imbecile because she does not know the value of money; because she did not keep approved company; nor because she had a tarnished character.

Re-examined.—A fence-rail, could it be placed on child's neck, would leave a mark; no complete inflation of lungs of child born dead.

THOMAS H.—Did not see fence-rail or part of one; leaves three or four inches thick where blood was found; known prisoner two or three years; "have seen people with no more intellect go through the world straight, and others, of more, have trouble."

Dr. —.—Hydrostatic test usually not reliable of itself, less as decomposition advances; cord around neck, and tedious labor may discolor face and neck of child; child may breathe before birth freely; puerperal convulsions obliterate memory a few hours, or for a much longer time; pressure on nerves during birth a cause; mental anxiety a predisposing cause.

Dr. —.—Have been practicing thirty years; may breathe before birth without artificial aid; hydrostatic test tolerably reliable; should not put much confidence in her mind; might be classed as idiotic.

MR. R.—Would consider her rather mentally deficient; in buying goods in my store, would give me half-dollar to pay twenty-five cents worth.

Cross-examined.—"Have known smart people to buy things to the amount of their money, and go in debt for more;" thought she made bad selections; on Tuesday evening, 17th September, bought candy; said she was going to Mr. W——'s, and wanted it for his children; think she could not distinguish between good and evil to the same extent as others; don't think she would know it was wrong to kill a person if left to herself.

JOHN E. H.—Prisoner lived at my house; has sufficient intellect to know right from wrong in the ordinary transactions of life; knows it is wrong to commit murder.

Dr. —.—Imbecility affects memory more than any other faculty; if prisoner was not acting under instruction, "she showed a fair intellect."

DR. CULBERTSON.—I attended prisoner two or three weeks while she was in jail; I do not think her a person of strong mind, but that she possesses a mind of medium capacity; I think she is not an imbecile; that she is capable of distinguishing right from wrong in the ordinary transactions of life, and of appreciating her daily duties, and have no doubt of her ability to determine that it is wrong to kill a human being.

Believing that in this condensation we have faithfully detailed the evidence in this case, so far as is necessary for our readers, we now ask attention to division —

I. What is the true value of the hydrostatic test as a proof of breathing?

The principal objections to this test are: (a.) That lungs may be artificially inflated; (b.) that they may be inflated by the gas of decomposition; (c.) that children may live for a time after birth without the intervention of apparent respiration; (d.) that emphysema may cause lungs to float; (e.) that hepatization and tuberculation of lungs are objections; (f.) that pneumonia is an objection; (g.) that atelectasis is an objection.

We will briefly consider these points:

(a.) It is now established beyond a doubt that lungs may be partially inflated while *in situ*, and float on water on removal from the body. That lungs may be partially inflated when removed from the

body, is too well known to need mentioning ; but that they may be fully expanded artificially when *in situ*, is disproved by the researches of the most modern and reliable writers. It is even, as is well known by nine physicians out of every ten, extremely difficult to restore a still-born child artificially, with all the skill that the practitioner may exercise, and the no-inconsiderable vitality of the recently born child. It seems, too, that artificial inflation may be confounded with partial natural respiration ; and here lies one of the greatest objections to the hydrostatic test. Imperfect respiration may be mistaken for artificial inflation, because by the latter the lungs are never fully expanded. But this source of error is fortunately removed by remembering the fact that even the partial inflation of lungs *in situ* requires great skill in its accomplishment ; and, furthermore, it is the height of improbability that in cases of infanticide restoration will be attempted, much less completed, by the suffering mother. On this point Taylor justly remarks : “ One might be led to suppose that every woman tried for child-murder had made the praiseworthy attempt to restore a still-born child, although circumstances may show that she cut its throat, severed its head, or strangled it while the circulation was going on.”

From these considerations we may then conclude that, if lungs are *fully expanded*, they are inflated from natural respiration, and have no fears of the objection of artificial inflation. But if lungs are partially inflated, we must look well to the condition of the child for other proof of live birth ; and if there are no marks of violence, and no suspicious important circumstances attending the case, we may with the assistance of the other lights of the case—as the color and marbled state of the lungs, the development of the child and amplitude of the mother, the place in which the birth occurred, the consideration of the social relation of the mother after the child shall have been born, and the absence of any congenital defect in the child—these will aid us in determining that artificial respiration was not performed, and the cause of the inflation. It, too, is improbable that any mother, good or bad, would think of restoring her child by artificial inflation, in her ignorance of such process, even if she desired most earnestly to preserve the life of the infant.

The next objection is — (*b.*) That decomposition of lung-structure which, producing a gas, may cause these organs to float on water, is a well known fact, and it is equally true that this is an objection to the hydrostatic test. As a natural consequence, when putrefaction is advanced in the lungs we can not depend upon this test. But if decay is merely upon the surface of the lung, especially if it is limited to a

few points upon the superficies, and does not extend to the substance of these organs, and if, added to this, the substance of the lung is yet of natural consistence, not softened, we may safely conclude that putrefaction will not interfere with the value of the hydrostatic test in the case. We may still further be assured this view is correct, if, on firm pressure between cloths and thin boards, or between the fingers and cloths, the gas can be so far removed, without destroying the substance of the lung, as to cause the portion to sink in water. For it has been found, by actual experiment, that the gas of putrefaction can be so far removed from the lung by compression as to cause it to sink in water, while the air of respiration can not be forced from the lung so as to make it sink by any pressure short of that which would completely break down its structure, and often not then. The reason for this is obvious. The gas of decomposition is outside of the air-cells, in the cellular structure of the lung, while the air of respiration is within the air-vesicles, and can not be forced out except through the bronchioli, which result is not probable, as the latter, too, are compressed in the experiment; or by rupture of the air-cells, which must be a rare result in an undecomposed lung. While the gas of decomposition being around, the air-cells can be readily compressed out, as the cells of the cellular tissue more or less communicate with each other, and these with the external air.

Again, the objection of decomposition is considerably removed by the fact that decay takes place with great tardiness in the lungs,—later than in any other organ, excepting the heart, uterus and bones. To illustrate this I may cite one of my own experiments:

Nov. 12, 1861.—A small pig was placed in a manure-pile, that decay might proceed as rapidly as possible. On the 15th, three days, it was half rotten. The lungs were not softened; the heart on surface showed some putrescent vessels. The lungs and heart together floated; on separating them, lungs sank (the animal never had breathed) and heart floated. On compressing the heart, it too sank.

This case not only illustrates how slowly decay progresses, but affords proof of the value of the hydrostatic test.

With these limitations and facts in view, we may consider the hydrostatic test safe, so far as limited decomposition is concerned; if decay be general through the lungs, the test is useless.

The next objection urged is—(c.) That life can long exist without respiration may well be doubted; that the new-born infant's heart may pulsate for a few moments, and there be no apparent respiration, is admitted as true. But what, we ask, have such cases to do with the true value of the hydrostatic test, since the pulsation of the heart

must be shown by the mother or by another to have taken place? It follows, therefore, that if some party does not prove it, the evidence of life can not be shown in the case, and, consequently, life *being proven*, the hydrostatic test is not needed in such a case. The question then turns, not on the point, *Did the child breathe?* but, *Why did it not breathe?* To determine this, the state of the lungs and other organs are generally competent. This head will be again considered under atelectasis.

The next point is—(*d.*) It is asserted by certain writers that emphysema of lungs may be an objection to this test, but more modern authority believe that it can not be, since those who consider it a source of error probably mistake the gas of putrefaction for the air of emphysema; and moreover it is difficult to imagine how we can have established the pathological condition of emphysema, without the lungs having been previously inflated with air. We may, then, with others, safely dismiss this objection.

Our next point is—(*e.*) That hepatization or tuberculation of lung is a well constituted negative objection to this test may be doubted, because either of these conditions can be detected and distinguished from those evidences denoting breathing. Hepatization is rarely general; and if partial, some portion of the lung will float if breathing has been performed. If it is general, the child could not have breathed and the *hydrostatic test is relieved*, as the child could live but for a moment with such lungs. Tuberculation of lung is a structural disease that in its very nature will prevent the new-born infant living but for a few moments, and may be easily distinguished after death on examination. And if it be not in proof, no man in his right mind would presume such child could have supported independent life. We may narrate a case in point: We were recently called to a case of miscarriage at the seventh month, a natural labor. The surface of the child's feet and hands were discolored, and the cuticle upon the sides of its feet and on the back of several of its fingers separated on being handled. The abdomen was tumid and the scrotum distended with gas. The face and surface generally were dusky in color; but further than this we observed no marks of putrefaction. Notwithstanding these evidences of decay, this child was seen to breathe, but was not heard to cry. It breathed several times (jerking respirations) without aid, and eight or nine times by blowing in its face. When the cord ceased to pulsate it was tied and divided, and the child enveloped in cotton, excepting its face, after which it breathed several times by blowing in its face, when death took place.

Post-Mortem.—Twelve hours after death. Lungs unexpanded, of a dark liver color, containing points of hard white tissue. On placing heart and lungs on water together, and separate, and also a number of small portions, all sank.

Microscopic examination of these hardened points showed oil globules, coelstrine, granules, epithelial cells, the surface of which were granulated, and tubercle corpuscles, which showed round nuclei with and without the aid of acetic acid.

Here then is a case in which a child was born and respiratory acts were observed, and yet the lungs showed no evidence of respiration, for the simple reason that they were so diseased as to obstruct the entrance of air into the air cells. It follows, therefore, that in strictness there was no respiration, and consequently the hydrostatic test can not settle the question of life. It is clear, too, that this infant had only negative, dependent life, and under the law would be ruled out as a case beyond its province. This subject will be indirectly referred to again under the head of atelectasis.

The next objection is—(f.) Pneumonia has also been urged as a negative objection to this test. It is well known, however, that this disease is extremely rare in new-born infants, and that when present in the very few exceptional cases, it can plainly be detected by its limitation and by the fact that portions of the lung are inflated. For my own part I have always believed that the use of an organ, as well as its disuse, may lead to corresponding diseases, and hence feel that the introduction of air into the lungs of the new-born infant may be a cause of disease, and consequently that the comparative state of rest of the intra-uterine lung is highly unfavorable to inflammatory disease of this structure before birth. We feel, therefore, that pneumonia is intimately associated with the presence of external air, and consequently doubt the accession of this disease without respiration having been established. We may, too, doubt its instantaneous production after birth, so speedily as to be a source of error in investigating cases of infanticide.

The next objection is—(g.) Atelectasis being simply a state of unexpanded lung, with no positive lung disease, we naturally conclude that the general system or some other organ of the infant must be at fault. It may be that the general powers of the infant's system are so weakened that the nervous influence is not sent down from the nervous centres with sufficient force to expand the chest, and therefore the lungs are not inflated; or it may result from a partial obstruction in the air passages. If this state result from partial obstruction, it may possibly

be removed by the acts of inspiration and expiration, but if it be from lack of nervous power, or other than lung organic vital defect, the difficulty can not be removed, and soon, a few hours at most, the child must die. It would seem, then, in these cases, that if on examining the air passages we find no obstructions, the possibility of such children assuming an independent state of existence is improbable. And if such can not assume independent life, we can not perceive how infanticide can be committed upon such infants, they being inevitably destined to perish for lack of respiration. It would be a misdemeanor to take the life of such cases, but not murder. But if the obstructions (as mucus) in the air passages were of such nature as to be removed by the effort of respiration, then infanticide could be inflicted on such infants, and it would seem that the criminal, if guilty, should be held strictly accountable in such cases for the death of the particular child.

It is a fact, I believe, that children with atelectasis never recover, and can it be that our law will condemn the culprit for the murder of that which has no independent existence, and is destined never to possess such independence? But we do not know that a child laboring under this disease ever recovered, and until we can prove that they may recover, we feel that when the presence of this disease is shown we are bound to conclude the child could not have lived.

What are the obstructive causes which may prevent the expansion of the lungs and simulate atelectasis? 1st, strangulation by various means; 2d, hanging; 3d, suffocation; 4th, drowning.

It must be determined whether these (except hanging) are accidental or homicidal, by a careful examination of each case and the attendant circumstances. Strangulation offers the greatest prospect of success, and suffocation next, for obvious reasons. The other means may be the homicidal measure.

The subject of atelectasis has lately been incidentally developed in the trial of Brock *vs.* Kellock, before Vice Chancellor Stewart (see January number of *London Lancet*, 1862), in the course of which trial Drs. Lee and Ramsbotham gave it as their opinion, that proof of respiration was, and Drs. Taylor and Tyler Smith that it was *not*, necessary to establish live birth; the last two gentlemen believing that circulation can, for a short time, proceed without respiration. Dr. Anstie, in commenting upon these opinions before one of the London medical societies, takes the still higher ground that *consciousness* in the infant commences with the process of respiration, and that until the infant has become *conscious* it can not be deemed to possess

an independent existence ; and that therefore consciousness should be one of the great evidences of independent life in the new-born child. That consciousness follows respiration is a fact which most physicians have observed. The child must breathe, then we hear the cry.

This doctrine we must believe is correct, but we doubt its practical application in these cases ; for who, but the mother, in many such cases could say whether or not the child had cried ? Yet if it be kept in view as a leading principle, it will certainly, so far as we can perceive, lead to truth.

The presence or absence of consciousness should be one of the tests in these cases, and the fact should be discovered if the *unconsciousness* could have been produced from other than lung disease, which may enable the inquirer to determine the probable viability of the child irrelative to respiration.

The doctrine of proof of respiration being required to substantiate live birth is, it seems to us, far more safe in law than the ordinary doctrine of live birth, and it merits the closest scrutiny of the medico-legal professions. The question must be closely considered in all its bearings. A large class of cases must prove beyond a reasonable doubt that so soon as respiration has been established, consciousness is a necessary sequence, before this doctrine can be adopted with safety. It, however, will not be correct to maintain because a new-born child is unconscious that it did not breathe, for other causes may render it unconscious. If such are not detectable on inspection, and if no proof can be afforded of respiration in the case, we are left without data, and should give the culprit the benefit of the uncertainty.

The condition of atelectasis may be readily detected on inspection, by the dark color and uninflated state of the lungs, by their sinking in water, and by being readily inflated after removal from the chest, when they will readily float on water, thereby showing no organic changes in the lung structure.

Under this head of our subject we conclude—

1st. If during the performance of the hydrostatic test the lungs float high, especially if they are large, marbled and of a bright pink color, and if decomposition is not, or but to a limited extent is, present on the surface of the lung, we may consider this test reliable of breathing ; and if of breathing, it is one thousand chances to one in favor of live birth.

2d. If decomposition is present in the substance of the lung, or over the entire surface, the hydrostatic test is useless.

3d. If the lungs are partially inflated and there is no lung decay,

the hydrostatic test may become useful in connection with the other phenomena of the case.

4th. That emphysema, pneumonia and lung tuberculosis can not be serious objections to the validity of *this test*.

It seems, then, that the hydrostatic test stands at the head of all of our means for detecting breathing in the new-born child; and that it has not lost its ancient value, but has rather increased in importance, by the efforts of able persons, whose object has been to qualify and show the true value of the objections to the test. I need hardly say that we can not generally depend on this test alone; but there are cases so palpable from this test alone, as to force the conviction of breathing. However, it is our duty as physicians to avail ourselves of every phenomenon of the case, considering this test as the most important, but remembering not to neglect any of the evidences.

It will be noticed that no use was made of the *static tests* in this case. This apparent neglect was not an oversight, but was omitted because we think but little dependence can be placed on either the positive or relative test. 1st. Because the weight of lungs before and after breathing differ largely in new-born infants; and 2d. Because the weight of the lungs to the body, before and after respiration is established, vary so intimately as to dictate the non-predication of any facts from this source.

By reference to the testimony in this case it will be seen that the physicians differed as to the value of the hydrostatic test. This may have been caused by some of these gentlemen understanding this test as simply referring to the fact of the lung floating on water; when in reality the test includes all those changes which are produced in the chest and lungs by respiration; as the enlargement of the chest, in depth and latterly, and of the lungs; the change in color and consistency of the latter, and the exudation of frothy mucus tinged with blood from incision of lung structure. The changes effected in the heart by respiration partially belong to this test; but the *static tests*, as they essentially differ in their nature from the *hydrostatic tests*, do not.

We now ask attention to the next division:

II. What is the proper duty of the physician in investigating these or other medico-legal cases? How far should he exert himself to obtain the truth relating to a particular case?

It must be evident that every sane man is interested in the maintenance of the public welfare, and therefore in furthering the ends of the law. No man can tell when he may need the protection of the law;

when he least expects it he may be obliged to call for its magisterial aid. Society is but a unity for the development of good and happiness, and in order that it shall progress in the true sense of the term, each member must aid in the establishment of truth. The physician as a member of society has special duties to perform, as well as those of the citizen, and under no circumstances should he avoid these, provided the act will not conflict with his duties elsewhere, and he is competent, and he believes it will confer a benefit upon the community of which he is a member. No one will deny that, for a time, the physician may lay off his professional robes to act as the citizen, and again resume them; and I do not think any candid man will deny that a physician making a post-mortem examination, for and in behalf of the State, may for a time leave his profession, to inquire into extra-medical matter pertaining to a case. Why? Because he is both citizen and physician. Community expect of him, as his profession has given him additional mental power and scope, that he will use the same for their protection against social evils. And is it possible that we have among us a single physician who would not ferret out crime in any of its hydra forms, with all the ability he may possess? Is there one of us, feeling our true position and our ability to act, that would shrink from aiding the law, from a fear that his motives might be questioned? Where, if not from the observing physician, would many legal cases derive their support in open court? The physician may be cognizant of *extra*-professional facts as well as professional, and shall he not observe and report such? And if he may observe such facts without the pale of his calling, is it not his duty also to follow up the case and make suspicious reality, if they are "worthy the name of reality?" Nay, more, is there a physician, seeing suspicious circumstances in connection with a case, that would *dare* to make no effort to discover if they were not reality? How could such a man balance his account with society, if, turning on his heel, he left such a case to be developed as it might be? There is no half-way: the physician either owes a full duty to society, to eradicate crime to the utmost of his ability, or he owes no duty at all. He is either a member of the social sphere, or he is not.

In the performance of these duties, if he should be obliged to resort to cunning means to obtain his information, is he not the better qualified for his duty? But, to particularize, if called upon as a physician to examine a case of alleged infanticide, after having made a post-mortem, would he not properly endeavor to obtain further light in the case, by obtaining a physical examination of the supposed mother,

that he might connect the one inquiry with the other; and if, after proceeding thus far, the thought of obtaining a confession should occur, or be suggested, should he not endeavor to obtain the same, not by threats or promises, but by persuasion? And when he saw by the manner and actions of the suspected party there was good prospect of obtaining such confession, he should continue his efforts, should he not be applauded as a faithful witness and honest citizen? Such then are the circumstances of this case, and these remarks show all that we have to say under this head.

The spirit of these conclusions may be found in Dean and Taylor's *Medical Jurisprudence*. And a still more rigid course is pursued in some of the German courts (see *North American Review*, late No.) in the search of criminality.

Our next division is—

III. A consideration of the legal doctrine of "live birth."

It will be perceived that none of the medical witnesses in this case testified that the hydrostatic test was an evidence of live birth in the legal sense.

Strange as it may appear, most legal authorities hold that the child must be entirely without the mother's parts to constitute birth, and this is qualified by some that the child must be capable of supporting an independent existence. One authority, we remember, holds that the child will be considered "born," although the cord may not have been divided after delivery. Physicians can not see the propriety of this definition. Doubtless it had its origin in a desire to be on the merciful side, ere punishment was inflicted, in a truly laudable attempt to give the prisoner the benefit of "*a doubt*." But this principle of justice, however meritorious it may be, has, we fear, remotely favored the production of infanticide, for it is a notorious fact that but *very* few criminals are convicted of this offense.

It is, too, a dangerous position, because a child may be born *in part*, and murdered, and no *adequate* law can reach the case. Even were it shown by the admission of the mother, or other party present, that at such a stage of the labor the child was murdered, it would constitute no *capital* offense against the law.

But, it is maintained, the law must set a fixed line where labor ceases and external infant life begins; and this her edicts say is when the child shall have been expelled from the mother entirely. But this fixation is objectionable, knowing that we can not determine the nature of the child's vitality, by showing the stage of the mother's

labor; but hoping rather to demonstrate the stage of labor by showing the *vital character* of the child.

It is proved beyond controversion, that a child may, in some few cases, breathe before it is born in the legal sense, but these cases are exceptional. In such we have evidently an independent life commenced, yet not fully protected by the law. Take a case: a child's head is born, and a blow on that part feloniously kills it; the child is murdered, yet the law can not punish for murder, because it is not born in law.

The question soon turns practically to the point, Was *the* particular child criminally destroyed, or did it die naturally after such partial birth? How can we determine this question? We answer, if with the respiratory signs present we have those of asphyxia, and there are no marks of violence on the child, and the history of the case evinces a tedious labor, and its circumstances show no homicidal intention, we can but say that in all probability the death was accidental, and no fears need be entertained of conviction in such a case. It is not to such cases of infanticide that we refer, but to those not fully born, in which the child evidently breathed, and was plainly murdered, and yet the legal definition of live birth will effectually prevent adequate punishment. But there is yet another class of these cases that dictate the removal of this definition, viz., those negative examples where the child has been entirely born, but respiration so imperfectly established as not to be perceptible during infant life, or proven after death, and where the circulation proceeds at a feeble rate. According to *this* definition such infants live, when in reality they have no *independent life whatever*. It is true that such cases generally are in proof by other parties than the mother, and that they mostly die; but examples may occur unwitnessed, and the physician be called to prove that this child never lived, which he can not do, for the legal definition of live birth stares him in the face; for he is aware that although he can discover no respiratory signs of life, the child may yet have been "born alive" in the legal sense. These defects would seem to dictate a change in the law on this point, and what should this be? With great deference to what may be the opinions of others on this point, we suggest we have already alluded to it under the head of atelectasis, there holding that no infant can be deemed responsible, or to possess independent life, until *consciousness* has been established; and as we know this is not shown until respiration has begun, therefore the presence or absence of respiration in these cases should be the great test of live birth.

This certainly is safe doctrine for the mother in this class of cases, because we can conceive of no cause which will arrest birth and destroy the child, which would not show in or about the mother or child after the birth. According to this view, if the child does not breathe, it can not require the protection of the law so far as infanticide is concerned; the question then turns to the crime of fœticide, which we are not considering. But to illustrate: If a child present with a wound upon its head, and the attendant circumstances show that in all probability the *mortal wound* could not have resulted from accident, and there are evidences of respiration having been established, and no congenital defects of the child which could produce *unconsciousness*, it is evident that consciousness following respiration was established, as this state is the known effect of respiration; and the criminal should be held responsible in such a case after it had been sifted in all its bearings.

In the fixation of this doctrine we have advanced in principle, yet it still remains to be shown in each case of alleged infanticide that the perils of labor may not have destroyed the child after consciousness was established, or that the want of consciousness may not have been produced from disease of the mother or child, or from accident. But these objectable cases are rare, and if their rarity be insisted upon by the defense, and the *non-existence* of such be not proven by the prosecution, the exception does not prove the incorrectness of the principle, but only that it was not useful in the particular case, or that the prosecution did not properly develop the case.

The law claims that any motion (and crying includes motion) of the child is an evidence of life; but if the child should move its head ere the body was born, and it was observed, it would be no evidence of independent life, although obviously it might have been born alive and was murdered. The law, however, does not hold that crying is any more than an infantile motion, showing life, and does not point to its denoting the establishment of consciousness, which act ninety-nine times in a hundred brings the conviction to us in the new-born infant of independent infantile life.

From these considerations we believe that consciousness should be the great test of the independent life of the child: prove this and the infant may be murdered and the criminal be responsible *for murder*; and if the principle is not established, we can not see how murder of an independent being can be inflicted. From this it follows that the removal of the old doctrine of "live birth," and the substitution of that of "independent vitality," and the keeping in view that *without*

respiration we can not have *independent* infantile life, would further the ends of justice, and be more safe, because more effectual, than the present law.

Our last head remains to be considered :

IV. Was the prisoner sane or insane ; and first of the evidences of insanity—

The fact that she allowed a physical examination and made a confession ; that a witness—Geo. W. W.—who had known her since 1852, and at whose house she had lived six years, thought her quite deficient in intellect : that she could not be taught to keep secrets ; to keep a guard on her tongue ; that witness could not give her instruction ; that she could be persuaded to tell many things not true ; that she could not tell the price of any thing ; that they had to send notes and get bills for things ; that she could not tell a quarter from fifteen cents ; that she told witness' wife, on being asked, that a young man had had intercourse with her ; that Henry R——, who had known her for two years, thought her insane, that she was a weak-minded girl, that she had a poor conception of the value of money, or of articles ; that G. W. S—— thought she never was a girl of very strong mind ; that Dr. —— thought she was deficient from her physiognomy ; that Dr. ——, who had never seen her, but judging from the evidence, thought she was idiotic or partially so ; that Dr. ——, who only saw her at the trial, thought she might be an imbecile, but not an idiot ; that Mr. R—— thought she would not know it was wrong to kill if left to herself, that she could not distinguish between good and evil to the same extent as others : I believe these are substantially the evidences of insanity. We ask attention to them for a short time. It will be noticed that the opinions of several non-professional witnesses are cited who thought her insane, weak-minded, etc., though it may well be doubted if they knew the import of the terms they used. It is not to be supposed that such persons' opinions can be of much value, but their reasons for so believing may be of great importance. We propose now to consider their reasons :

The fact that she allowed an examination and made a confession can not be considered evidence of insanity, for her actions and words in relation to these subjects convincingly develop a just sense of her guilt, and a desire to conceal her pregnancy and labor, and what took place subsequently, and to deceive every one in relation thereto. But as we shall consider this point under *sanity symptoms*, we need not now. Again, that it was stated by Geo. W. W. that she could not keep secrets, can not be considered an evidence of insanity, as but few

women can do this ; neither can a majority of men or women “ keep a guard on their tongue.” Or is it an evidence of insanity that “ she could be persuaded to tell many things not true ? ” for how many are there that can lie without persuasion ; neither is it a sign that because her instructors could not teach her to cipher, but could to read, that she was *non compos mentis*, for this may have arisen from a disinclination to study, and to figures in particular ; not from *a want*, but from an excess of love for other pursuits. Again, that they had to send notes and get bills for things may arise from the fact that her memory was not retentive ; but does it follow that because she could not remember such things as she was sent for, she would not know the nature of the crime of murder ? Again, it is said she did not know a quarter from fifteen cents. Perhaps the truth of this may be doubted, and from the hesitating manner of the witness and what I have seen of the prisoner, I can not believe but that the witness was mistaken. But, grant it to be true, it may be that the girl never had occasion to know the value of money, as she had so little of it, and it seems she knew that money would purchase goods and also candies for the children. That on being asked, she told a *certain wife*, who had partially raised her, and with whom she was intimate, that she had intercourse with a particular man, only went to show that she could not keep a secret, and that she was no more communicative on such subjects than such women generally are. But, however, she said nothing about her intercourse with other men, or her pregnancy. That Dr. — thought she was *deficient* from her physiognomy, and from her having confessed and allowed a vaginal examination, is softened by the fact that the Doctor only recently heard of her being thought insane, and his not being familiar with her face, and also by his uncertainty as to what constitutes insanity, and his assigning to her several different grades of insanity, and also by the fact that her actions while the confession and examination was being obtained, rather show intellect than a want of it. That Dr. —, who had never seen the prisoner, thought she was partially idiotic, is to be qualified by the fact that the Doctor had no opportunity of conversing with her, and during the hurry of business did not hear all the evidence, and had no time to reflect calmly on what he did hear. That Dr. — thought she might be an imbecile is qualified by his statement, that “ if the prisoner was not acting under instructions, she certainly showed a fair intellect.” That a Mr. R— thought she would not know it was wrong “ to kill,” is contradicted by the testimony of John E. H—, and is but the opinion of a man who

would not claim to be a judge in such matters, and is qualified by his statement that "she could not distinguish between good and evil to the *same extent* as others."

Secondly, What are the evidences of *sanity*?

That Jane S—— states, on the Sabbath morning the child was found in the lane, that the prisoner tried to avoid her, and on coming up to witness said "I did not expect to meet you," and when witness said she was going to Mr. S——'s house, the defendant replied, "You need not go up there, for they are not at home." This conversation on its face is sensible, and certainly thus viewed would not be evidence of insanity; but there is a deeper view to be taken of it. It will be remembered that the prisoner was coming out of the lane, and that *this witness* was going into it, to Mr. S——'s. It appears shortly that several pigs came running toward them, one with a child in its mouth. Now it appears reasonable that the prisoner knew of the child being in the possession of these pigs, being mutilated by them, and that she was at first surprised at the unexpected proximity of witness, and further, that she desired to prevent witness from going toward the pigs, fearing she might see the child, and hoping, too, that these animals might eat it up, as they probably had the after-birth, and certainly several of its limbs; and thus all traces of her crime be effaced. And this would seem to be corroborated by her shortly leaving the spot.

Again, she told the same witness some time previous to this Sunday, that "she would have to leave from the talk there was about her." Here she did not state the cause of this talk, keeping this to herself. Her remark indicates caution, a feeling of shame, and a perception of the opinions of others about her.

Again, Susannah S—— says: That on Thursday evening, on going to bed, prisoner complained of headache and backache, but said nothing about the cause of these pains, (and we know that women in labor are generally confiding to females as to the cause of their sufferings.) Before undressing, she blew out the light, no doubt for the express purpose of preventing her bed-mate discerning her condition; thus showing caution and design. On the next night she arose, said nothing about having arisen until questioned, and even then kept back for what purpose she was up, which beyond a reasonable doubt was to give birth to a child, in a secluded spot, where no one in the house could know of the birth. She then having destroyed the child, returned into the house, laid abed in the morning, does not eat, gives no reason for this, says nothing relating to the birth; and when she

arose, stated she would go out after peaches into the peach-orchard ; and when she had staid some time, was seen near the spot where the child was born. No doubt she was then secreting the child in the leaves, as well as obtaining peaches.

Again, after returning, she had sewing in her lap, but *she did not sew*, because her mind was absorbed with the nature of her crime. She therefore knew and was conscious of the criminal character of the act she had committed. These acts show determination, caution, and no low order of design.

Again, on the following Sunday, she being in the neighborhood at the house of John E. H——, made the following reply to his remark, “There has been a child found and people think it is yours.” *Startled* by the remark, she replied, “It is not mine, for I have been on my feet every day,” showing a logical design instituted to deceive.

Again, she stated to me that she made the affidavit as to the paternity of the child under the promise of a home, etc. This looks as though it might be an evidence of insanity ; but it must be remembered that her situation was desperate, and probably that she did not care what she swore to, provided she gained a home.

Again, while we were endeavoring to procure an examination, assisted by the several persons before mentioned, she assumed the most astonished air, and said “she was not the woman ; that it must be some other person ; that it could not have been her, as she had been on her feet all the time.” And a long and systematic course of persuasion and argument had to be entered into in order to obtain the physical examination ; and during that examination, in its various steps, we had still to urge her to allow the proceeding, for the reason she was fearful that it would detect that she had recently had a child ; and before she permitted the examination at all she went out and removed a bloody petticoat, that this might remove an evidence of suspicion. During her confession, which had to be obtained portion by portion, by well-directed inquiries, she exhibited the utmost hesitation and caution ; and when the Prosecuting Attorney wished to come into the room, she desired to know if that were proper,—and when he entered, it was still more difficult to get her to answer leading inquiries. It will be remembered that this confession was mostly obtained by the remark that it was useless for her to attempt to deceive me, as I knew she had recently had a child. When she was requested to go to Adamsville, she declined going, wished to see some one else first, and then consented to return when she saw it was no use to resist ; and at Adamsville, when told she must go to Zanesville, she

anticipated, shed tears, and said "she did not want to go to jail"—thus showing an appreciation of her crime and one of its effects, imprisonment.

During her sickness in jail I saw no signs, words or actions denoting insanity. She comprehended my medical inquiries, and answered them promptly; and her eye did not denote insanity. I also may state here that her counsel in open court consulted her, and she them; and at no time was her veil removed that the jury might see her face. One would think, too, that, were she insane, it would be a fixed condition, to be certainly observed by those about her immediately after the infant was found, or at least by some of those about her while she was imprisoned, but we do not hear of any such information. And finally, there is no testimony to show that the prisoner labored under any insane delusion, propensity or determination that could have produced such a dire result as the murder of a helpless infant.

As to the other pleas presented in this case, we can not believe it important to show that the prisoner had not at the time or shortly afterward puerperal convulsions; and as to the other, that the sex was not proven, the testimony of Jane S. shows that it was a male child.

The judge charged as follows:

The indictment charges the prisoner with the crime of murder in the first degree, but under this indictment you may find the prisoner not guilty, guilty of murder in the first degree, guilty of murder in the second degree, or guilty of manslaughter. You must say in your verdict which of these you find. . . . The prisoner is *not guilty* of any crime charged in this indictment unless the child was *born alive*. Whether it was, or not, is a question of fact for you. By "born alive" is meant that the child must have been withdrawn from the mother having an existence, a life, freed from and wholly independent of the life of the mother. To constitute such life, the child must breathe, and must have a circulation of its blood propelled by its own organs. . . . Had the child such life? did it breathe? All this, as I have said, is a question of fact for you.

Something is said of insanity, of imbecility, etc., various terms being used and applied to the condition of the prisoner's mind, from which it is claimed she is not responsible for her acts, whatever they were. If the prisoner did what is charged, whatever may have been the strength of her intellect or the state of her moral culture,—if she comprehended this much, and realized it at the time, that it was wrong, she is guilty, however much she may be wrought upon by others, or by a sense of shame and degradation at the condition in which she found herself. The law only measures her intellect to the extent of ascertaining this fact: did she know and realize at the time that the act was wrong in itself? . . .

She is charged with the three degrees of homicide already named. Murder in the first degree is a homicide where the killing was done *purposely* and of *deliberate* and *premeditated malice*. The concurrence of all these elements is necessary. . . . *Purposely*: She must have intended to take life; that must have been an object which she sought to accomplish. . . . *Deliberate and premeditated malice*: "Malice" is not here used in the restricted, limited sense in which it is ordinarily applied. She may not have had any ill will towards the infant: if she was regardless of social and moral obligations, and fatally bent upon mischief, her act was malicious. If she purposely killed the child, the

law presumes the malice. By "deliberation" and "premeditation" it is meant that the act done was first thought upon, revolved in the mind, and the malice fostered with the thinking. To accomplish this implies time: no given length of time is requisite; it is sufficient if this is done, though done while in the commission of the act itself and before its final consummation.

Murder in the second degree differs from murder in the first degree only in this, that it lacks the deliberation and the premeditation. . . .

Manslaughter is . . .

Did the prisoner *purposely* kill—did she intend to take life? In the absence of any declarations of hers as to her intentions, you will look to her acts, — what she did; and the law is, that one is *presumed to intend* what are the natural consequences of his act. . . .

Her guilt must be proved beyond a reasonable doubt; that is, the evidence must remove such doubts as are *reasonable*,— not captious doubts, but such doubts as ordinarily induce men to act or to refrain from acting; or, in other words, the proofs in the case must be inconsistent with any other hypothesis than that of her guilt. . . .

The jury returned the verdict of "not guilty."

ARTICLE II.

An Improved Apparatus for the Treatment of Fractures of the Femur.

BY JOHN DAVIS, M.D., CINCINNATI.

I propose to present an improvement of apparatuses of the form of the double-inclined plane, used in the treatment of fractures of the thigh, that shall enable us to secure as effective counter-extension with them as we can command with the straight splint. Before doing this, however, it will be well to refer to a sketch of the straight splint, and afterwards to one of the form of the double-inclined plane.

The following exhibits Mr. Liston's :

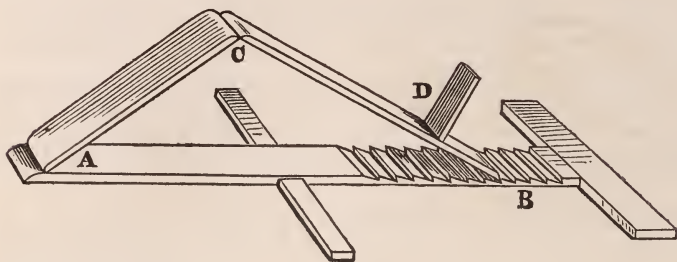


Extension is effected by fastening the foot to the notches at *B*; and counter-extension is accomplished by means of a perineal band, the extremities of which are tied at *A*.

Under this plan shortening of the limb can hardly occur. But if the injury is in the upper third of the bone, the contraction of the iliacus internus and psoas magnus muscles will tilt up the lower end of the upper fragment to such an extent, that perfect apposition of the two parts can not be secured except by means that will keep the knee

in an elevated position. This can be most readily done by the use of the double-inclined plane.

The following represents a contrivance of this kind — one not so convenient for some purposes as Mr. Amesbury's, or some others, but as good as any for my object :



The angle at *A* is intended to reach to the posterior part of the tuberosity of the ischium, while the popliteal flexure is rested on *C*. The plane *C, D* is for the leg and foot. There may be arrangements of the thigh and leg planes that will permit of their being lengthened or shortened, so that they may be adapted to limbs of different length. There are hinges at *A* and *C*, connecting the different planes.

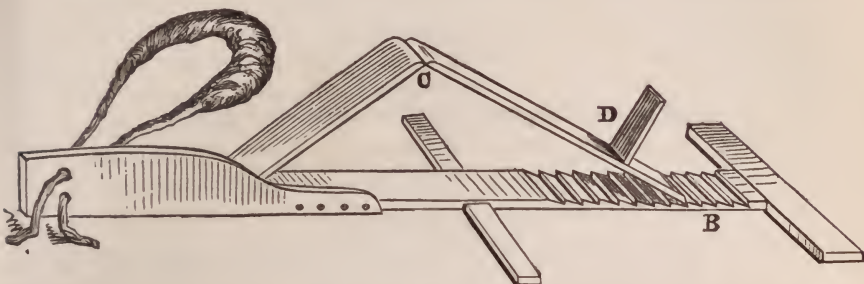
Extension is made by fastening the foot to the lower end of *C, D* ; and also by the fixedness of the bend of the knee at *C*.

The thigh may be placed at almost any angle with the body, by simply moving the lower extremity of *C, D*, to the desired notch in the serrated surface of the horizontal plane. This is all well ; but we have only the weight of the pelvis for a counter-extending force, which can not exert much influence for this purpose, except when the knee is much raised, and the cushion on which the patient rests the lower end of his trunk is not too high. Even under the most careful management this method will sometimes fail to prevent shortening. When the surgeon adopts the double-inclined planes, he feels that his counter-extension must be uncertain as compared with that which he easily secures when he uses the straight splint.

To show how this objection may be removed—to furnish a plan by which the double-inclined plane may have a perineal strap attached to it as readily as to Mr. Liston's straight board—is the intention of this paper.

It is accomplished thus : Let a piece of wood, of proper thickness for strength, four to six inches in width, and twenty-four to thirty in length, be screwed to the outer edge of the upper part of the hori-

zontal plane *A, B*, in the cut above ; and let the added piece have its upper end extended so much above the upper end of *A, B*, as to reach at least as high as the crest of the ilium of any patient that may be placed on the apparatus. With this addition, the contrivance assumes the following form :



The counter-extending band is applied just as when the straight splint is employed. Its two ends, after it has been passed over the thigh and under the perineum, are passed through the holes in the addition, and fastened either by tying or buckling.

With adequate counter-extension being thus secured for the double-inclined plane, it becomes a means preferable to any other for the management of fractures of the femur. The patient is allowed more motion of his limbs and body than with any other. He may sit erect whenever he chooses, and may spend part of his time in reading or writing. The weeks of confinement to his bed are made to pass more pleasantly. Besides, when released, he will experience less weakness and stiffness than if his limb, and perhaps his body, had been kept in the straight position.

If in any case it be thought best to fix both sides of the pelvis, the planes of the apparatus may be made a little wider than the body, and a counter-extending perineal band be placed on each side. The addition of a horizontal plane to Amesbury's splint, or any other of the kind, will be all that will be requisite for the attachment of the board for the perineal band.

In this I have not intended to imply that I do not think anything else than I have described is needed for the treatment of fractures of the thigh. Bandages and pieces of pasteboard or wood, fitted to the forms of the thigh and leg, may be also used with advantage. Moreover, particular care must be exercised to protect the heel from pressure. The part of the inclined plane under it should be cut away.

If no splints fitted to the form of the limb are used, the two inclined planes should be covered with three or four thicknesses of blanketing, or with two or three layers of cotton-wadding. If from the action of the glutæus maximus there is disposition of the upper fragment to turn outwards, the apparatus may be placed in a corresponding direction, with a view to more certainly secure coaptation.

ARTICLE III.

Compound and Comminuted Fracture of the Humerus,

AND COMMINUTED AND IMPACTED FRACTURE OF THE HEAD OF THE TIBIA,

Under the Care of Drs. A. & D. P. Smedley, Carthage, Ohio.

BY D. P. SMEDLEY, M.D.

B. F., aged thirty-five, German laborer, temperate habits, and in apparent good health, was engaged in turning a hand-car on the C. H. and D. R. R., when, owing to one of the cog-wheels breaking, he was thrown forward and his arm caught in the machinery. At the time we were called to see him, 7½ A. M., half an hour after the accident, we found him lying on the car perfectly sensible, but faint. With a little assistance, he was enabled to walk some twenty-five or thirty feet to the house, and then up a flight of stairs to bed.

There was a wound of the right arm, commencing at the outer edge of the biceps muscle, and extending around the arm to the coracobrachialis, completely severing the bone and soft parts, with the exception of the two muscles above mentioned. The principal blood-vessels and nerves were visible, but appeared to be uninjured. Pulsation at the wrist good. The humerus was fractured just below the insertion of the deltoid muscle; the superior fragment was drawn upwards and outwards, and protruded through his flannel and check shirts; the inferior fragment was protruded through his shirts also—to this several spicula of bone were attached. Pulse 45.

After stating the serious nature of his wounds to his friends, we requested a consultation. Dr. W. H. Mussey was called, and arrived at 10 A. M. After a full explanation to the patient of the difficulties and dangers of the case, he chose to have an attempt made to save the arm. He would not listen to an amputation at this time.

10½ A. M.—Pulse 78. Chloroform being administered, Dr. Mussey proceeded to operate by dissecting up the periosteum on the superior fragment about three-quarters of an inch, and removing with the saw about one-half inch of the bone. The inferior fragment was treated in

the same manner. The two ends were then placed in apposition and wired together. The periosteum was then brought over the wire and retained by sutures; the ragged muscles trimmed; the soft parts, thoroughly cleansed, were brought together with sutures; splints and water-dressings applied. After he recovered from the effects of the chloroform, he complained of pain in the right knee. There was a slight abrasion of the skin behind the inner condyle of the femur, together with some swelling; a partial dislocation of the head of the tibia backwards was detected and reduced. In this condition he had walked to the house and up stairs. We were unable to detect any fracture at this point. . . . 6½ P. M.—Pulse 80; appears cheerful; temperature of the hand natural; circulation good at the wrist; complains of a little pain in the arm, and severe pain in the knee, which appears more swollen; external appearance of knee normal in color. *R* Morphiæ sulphas, grs ss., every four hours.

May 12th, 7 A. M.—Pulse 100; tongue slightly coated; arm considerably swollen; hand warm; pulsation at the wrist good; complains of severe pain in the knee; the swelling has increased; feels doughy to the touch; superficial veins below the knee full and prominent. To continue the morphia. . . . 5½ P. M.—Pulse 120; small and weak; tongue coated; talks incoherently at times, but is able to distinguish persons; countenance anxious; arm discolored and swelling increased; upon pressure a small amount of gas escaped from the wound; circulation at the wrist scarcely perceptible; the swelling in the knee has increased; the veins still full and prominent. His friends now say that he had intermittent seven or eight days ago.

R Pillule hydrarg., grs. iij., every four hours.

R Quiniæ sulphas, grs. xij.
Opii pulv., grs. ij. M.

Fiat chart. in numero viij. One every two hours.

May 13th, 2 A. M.—Died.

Post-Mortem.—It was with great reluctance that the friends consented to a post-mortem: when they did, we were compelled to ask and show them where and how we wished to cut. The knee was very much swollen; dissection showed the superficial and deep-seated veins distended, hard and tortuous. The soft parts presented a jelly-like appearance posteriorly, and were infiltrated with blood. There was a laceration of the internal lateral ligament, with rupture of the synovial membrane. The joint and popliteal space contained not less than one pint of liquid and coagulated blood. The patella and femur were sound. The head of the tibia occupied its proper position, but between

the internal and external tuberosities of the tibia, and directly under the patella, there was an impacted fracture, presenting a depression about six lines in depth and twelve lines in width, extending backwards as far as the spine of the tibia. From the surface, articulating with the internal condyle, two fragments were broken, one extending from the inner edge of the impacted fracture, one-half the distance around the articulation, and extending into the articulation about four lines; the other fragment was situated internal to the first, and in shape resembled a triangle; it extended back into the articulation about twelve lines. There was no displacement of the fragments until they were macerated. The anterior half of the articulation was then completely destroyed. After securing the specimen, I was compelled to stop, as the friends would not consent to a further examination.

At the time we first saw him none of the men that were with him could tell how his knee was injured. After the post-mortem, we were led to the conclusion that his leg had been caught in the wheel and carried forwards. Upon asking them how far his leg was through the wheel, they then remembered it was there, and from the position they say it occupied, it must have been carried forward almost to a right angle. The friends would not consent to an examination of the arm.

Proceedings of Societies.

Proceedings of the Cincinnati Academy of Medicine.

Reported by W. T. BROWN, M.D., Secretary.

HALL OF ACADEMY OF MEDICINE, February 17, 1862.

The Academy having been called to order by the President, the minutes of the last meeting were read and approved.

The President then announced that, as there was no essay presented, the reports of cases were in order.

Dr. White was sorry Dr. Almy was not present, but in his absence he would report the following case treated by him: He was called to see a patient who had swallowed half an ounce of laudanum. He at once adopted the Carroll treatment, and the case resulted favorably.

Dr. J. B. Smith said he wished to say one word in regard to the use of the stomach-pump in such cases; it was this, that it was one of the grandest humbugs. You are rarely called until after the pa-

tient has taken the poison some time, and probably it is out of the stomach ; and when the patient is narcotized, there is a great deal of difficulty in introducing the stomach-pump — you are liable to pass it into the larynx. Believed the stomach-pump in one case caused the death of the patient.

Dr. Smith related the following in corroboration of statements made by Dr. Simpson :

He was called in consultation in a labor case — breech presentation ; sacrum of the child was turned to the mother's sacrum. He requested the patient to make no expulsive efforts, believing the child's face would rotate into the hollow of the sacrum without any assistance ; and as soon as the first shoulder was expelled, nature accomplished the turning process.

Case II. — Two weeks since he was called to a woman in labor. She had been in labor twenty-six hours, pulse 126, and she was vomiting ; os uteri not more than half dilated, but was dilatable ; occiput to the left. He introduced the long forceps and delivered. This was the second case in which he used the long forceps, when the uterus was only half dilated. He thinks this practice is preferable, when you can introduce the forceps and adjust them, to perforating, although this practice is contrary to Baudelocque, Ramsbotham and others.

Case III.—Yesterday he was called by a friend to see a woman in labor. She had been in labor for three days, under the care of an irregular physician. Occiput anterior and to the left. He delivered her with the forceps.

The Doctor said he was aware that many physicians were opposed to the use of the forceps, but he believed the bad results were due more to the delay in the use of the forceps from waiting until the patient's powers are far spent, and they can not react. American physicians are coming to the conclusion that the forceps are a child-saving instrument, and he believed if the forceps were used earlier, we would save more children and more women.

Prof. Baker said he was very much surprised at the remarks of our clear-headed and very judicious friend, in regard to the use of the stomach-pump. He said he had introduced the stomach-pump repeatedly, and without any difficulty. He had introduced the œsophagus forceps three times : once in the case of his own son, who had swallowed a quarter of a dollar, and once he removed an old-fashioned copper from the œsophagus. He was not satisfied that the stomach-pump was a humbug in reference to removing laudanum from the

stomach. The Doctor said he would concur with Dr. Smith in regard to the use of the forceps ; but when he commenced practice he was opposed to their use, and did not use them for three years. The first time he applied them was in a patient confined with an illegitimate child, and also the second case. He had used the forceps five times since the first of December, and in all without injury to the mother or child, and he thought many a mother and child might be saved by their early use.

Dr. Smith contended, and believed he was right, that we could not determine whether the stomach-pump ever did any good ; and we are very liable, when the patient is narcotized, to introduce it into the air-passages.

Dr. Baker said a great many physicians took the position that it was impossible to pass a tube into the larynx, and he had heard a distinguished anatomist say, that it could not be done in the dead subject.

Dr. Murphy said he had three cases of pthisis under treatment. One was a young man who had been in the drug business for five or six years. Five or six months ago he began to cough early in the morning. Soon he began to cough a great deal and at all times. He was 27 years of age, and of what he would call a nervo-phlegmatic temperament. He had been under the care of a physician here in the city, who had pustulated his chest ; he first used croton-oil, and then, he supposed, the mercurial ointment. When this patient first came to him he was ptyalized. The Doctor said he never had seen any case where one symptom was so distressing as in this man. He would cough for thirty-five or forty minutes without ceasing — it was a hollow, brazen cough. He thought there was a diffuse tubercularization at the apex of both lungs. Since he began to treat him, he has acquired night sweats, and oxide of zinc in doses of ten grains has signally failed to arrest them. He could not lay on one side from the severe pain ; a narcotic liniment relieved him. He gave him expectorants and wine of tar at first, but experienced no benefit ; then prescribed whisky, cod-liver oil and the glycerole of hypophosphites, and used belladonna freely for his cough. His bronchia were exceedingly irritable.

Case II.—A woman, the mother of three children. She had dumb ague last summer. He gave her thirty grains of quinia, but still it persisted ; he then gave her Fowler's solution, and broke it up. She went to the country about the middle of November, but was sick all the time. She came home with a terrible cough, and had a return of the chills. This was the first time he detected the true nature of her

disease, though he had repeatedly examined her lungs. She has a very troublesome cough and night-sweats; during inspiration there is a wavy sound. He has been giving her the hypophosphites, cream, expectorants, etc., and oxide of zinc for the night-sweats. She is one of those patients who can not take whisky, and asked him not to give her cod-liver oil. He thought she would die.

Case III.—A man, a turner in woods. He is taking the glycerole of hypophosphites, whisky, iodide of iron, etc. He has gained one pound in a week.

Dr. Smith said he thought that there was more virtue in cod-liver oil and whisky, and out-door exercise, than in the hypophosphites, and he has found gallic acid, \mathfrak{zj} . to the $\mathfrak{3j}$., the best remedy in night-sweats.

Dr. McIlvaine said we were gravitating back to the whisky treatment in pthisis. Churchill claimed that it was a defect of the phosphorus in the blood that caused the tuberculization. No gentleman had demonstrated to him the benefit of whisky in pthisis proper, any more than cod-liver oil. It is still an open question, as to the treatment of pthisis.

Dr. Murphy said he had been treating a man for the last six months who had laryngeal pthisis. When he came to him he weighed 110 pounds. He gave him $\mathfrak{3}$ ss. of cod-liver-oil, $\mathfrak{3j}$. of whisky, and thirty drops of the syrup iodide of iron, three times a day; directed him to drink cream, and forbade him the use of tobacco, and also directed him to sponge his chest daily with whisky. He now weighs 137 pounds. The Doctor remarked, if a man could take whisky and cod-liver-oil, and keep his nutrition, he has six chances in ten.

Dr. Gans said he had not found any special benefit from the use of hypophosphites in pthisis; he placed more confidence in iodide of iron, and he was glad to give cod-liver oil in all scrofulous diseases. He has also given the tinct. verat. viride with advantage; and in a patient confined to the house with heart disease, distressing cough, with purulent expectoration, quick pulse, etc., he applied wet cups to the chest, and used some other antiphlogistic remedies, and then passed on to the use of veratrum viride. It controlled the pulse, and the patient is now walking about. For night-sweats, he has found the best results from having the chest rubbed all over with whisky and a rough towel. He was not so much in the habit of prescribing whisky as ale and lager-beer.

Dr. Smith said he could corroborate the remark made by Dr. Foote during the debate on cod-liver oil, that babies would cry for it. He

was called to see a little child with the diarrhœa and vomiting. He prescribed cod-liver oil in one teaspoonful doses with benefit. He said he scarcely ever continued it two weeks without the patient bearing it well. Theophilus Thomson says it increases the red corpuscles. The Doctor remarked that he used it in children with more success than any other remedy.

Adjourned.

HALL OF ACADEMY OF MEDICINE, February 24, 1862.

The President and Vice-President being absent, Dr. Carroll was called to the chair.

The minutes of the previous meeting were read and approved.

Dr. Almy, the regular essayist for the evening, being absent, the reports of cases were in order.

Dr. Murphy said, within the last three or four weeks he had treated three or four cases of erysipelas of the face and neck. He prescribed nothing but simple purgatives, and collodion as a local application. In idiopathic erysipelas he had long since ceased to use either tinct. of iodine or nitr. of silver; collodion is cooling, and causes contraction of the extreme capillaries to a much greater degree. Some physicians used cyanide of potassium, but he preferred collodion—it is a safer remedy. If he should see traumatic erysipelas, he thought he should use nitrate of silver to wall it in.

Dr. Gans said, since he had returned to the city he had had several cases of idiopathic erysipelas of the face. He used the nitrate of silver locally, with great benefit; it never failed in arresting and cutting short the disease; internally he prescribed the muriated tincture of iron. He used the nitrate of silver in all kinds of inflammation: for paronychia, furuncles, and in inflammation of the mamma, with the highest benefit; he tries to apply it so that it will not blister.

Dr. J. B. Smith said he had an interesting case, probably traumatic: The patient received an injury of the head, but did not send for him until several days afterwards. When he saw him he had erysipelas of the face and head; he had his hair cut off, and used simply warm milk and water as a local application. He got well, but had a subsequent attack in a week, with chills. Quinia failed to arrest them, but sulphate of cinchona broke them up. He has not used nitrate of silver for five years; thinks collodion far better; of late years he has not attempted to arrest the extent of the disease; idiopathic erysipelas is not a local disease, but constitutional.

Dr. W. P. Thornton said he had had four or five cases in the last

eighteen months. He found cloths dipped in cold water the best local application. Prof. Hebra, of Vienna, makes no other application; in the great majority of cases the tendency is to cure; collodion is a very uncomfortable application.

Dr. Murphy said he introduced this subject because no disease is more common than this one, and because we are still laboring under the pathology of Higginbottom, and it is very difficult for many people to forego the traditions. It is a rare thing to find a man with erysipelas dying from metastasis, except in broken-down persons; it is more to gratify an innocent prejudice that we make any local application in this disease. It is well for us to make one step forward.

Dr. McIlvaine said as long as we don't know the pathology, the treatment must be empirical. The great Louis said the tendency is to cure itself. He would suppose common lard just as good as any application. If we understood the pathology, we would not be groping, like Lot's neighbors, in the dark.

Dr. Fries said he was glad this subject had been introduced here to-night. From the number of cases he has had recently, he thought the disease was epidemic. He has been in the habit of treating it in various ways. Many years ago he used the mild mercurial ointment locally, and he did not know but his success was as good then as now. He has used muriated tincture of iron largely as a local remedy, and with good results. Tincture of iodine he used but little, never having derived any benefit from it. In all his cases lately, he has used a strong solution of sulphate of iron, three drachms to the pint, and they have terminated favorably. As regards the pathology of erysipelas, he said he was with everybody else, in the dark. He was of the opinion, however, that it was due in part to a deranged portal circulation and torpidity of the liver. He prescribed small alterative doses of calomel with antimony, and when this condition was corrected, the local difficulty subsided; then he gave muriated tincture of iron, but never relied on it entirely.

Dr. Carroll said he saw a lady, fifteen years ago, very much marked in the face. She had had erysipelas, and her physician used a strong solution of nitrate of silver, one drachm to the ounce. She was completely ruined by it. He has tried almost every kind of local application: in his early practice he used rye-meal, then the use of the mild mercurial ointment and blistering was brought into notice; he had used both on the same patient—one on each side of the face, but likes the blister best. When effusion has taken place, nitrate of silver, ten grains to the ounce, is beneficial; then cloths dipped in warm

water. He believed cold applications were injurious — that they favored the progress of the disease from the face to the neck. Of all local applications, leeches are the best; ten to twenty on the face will soon relieve the patient; when in the country he used cups; there is more of a disposition to inflammatory action in this than in any other disease. Antimony internally is the best remedy; calomel, except to act on the liver, is of no use; he usually prescribed one grain of antimony and twenty of ipecac; then purges the patient freely; purgatives of the saline kind are the best. When the patient has intense headache, a blister to the forehead or back of the neck will be beneficial; if the patient is very stout, bleeding would be proper, then leeching and purging.

Dr. Murphy was glad that his venerable friend had advanced, and he congratulated him that he absolutely treats one disease without calomel; but his friend here on the left, who talks about the portal circulation in this disease, was away behind.

Dr. Johnson said, from the remarks of gentlemen here to-night he would think the local treatment amounts to just nothing at all. The treatment is diametrically opposed; one gets up and says some agent to contract the extreme capillaries is the best application, another gets up and says something that will produce a relaxation is the best. The Doctor said he would depend on constitutional treatment only — would first use cathartics, bleeding and other antiphlogistic remedies.

Dr. Thornton said a patient came to him some time ago with a large ulcer on the glutei muscles; it was five or six inches in diameter, and he had been suffering from it for four or five years. He prescribed nitrate of silver, twenty grains to the ounce, and he got well.

Dr. Fries said he would relate a case, if the members were all through, that they might enjoy a laugh at his expense. On the evening of the 22nd he was called down to Fifth-street, to see the son of a baker. He found Dr. Walker and his brother there. The patient, a young lad, had received an injury from the explosion of a small cannon. The wound was in the palm of the hand, running obliquely across to the pisiform bone, tearing all the tissues in the hand; there was a great deal of hæmorrhage; thought from the position of the arm, that the ulna was thrown out of place; it was obliquely across the arm; the olecranon process was very prominent; there was no wound on the back of the hand or arm, except an old cut. He put the boy under the influence of chloroform, and made extension and counter-extension, but could not remove the deformity. First thought the olecranon process was broken off, then that there was some mal-

formation; but the parents said they never had observed anything wrong. While standing over the boy and looking at the arm, he began to wish for further consultation; but he looked at it again and again, wondering what in the name of God to do, when the younger Walker asked what kind of a ramrod had been used, the old man, a German, exclaiming, "Mein Gott, it looks like the ramrod!" He made an incision over the prominent point at the elbow, and drew out an iron ramrod, eight inches long, looking very much like the ulna; the large end was next the elbow. It passed in just underneath the skin, and diagonally across the back of the arm.

Dr. Fries said that he had operated for the removal of an ovarian tumor. There was very great effusion in the abdominal cavity. The case proved fatal in forty-three hours after the operation. The patient was forty-four years of age.

Editorial Translations.

By C. A. HARTMANN, M.D., Cleveland.

1. *Trismus and Tetanus of Newly-born Children.*—According to Dr. J. Bierbaum, of Dorsten, the premonitory symptoms — restlessness, sudden starting during sleep, smiling while asleep — are of little diagnostic value, unless they return frequently. More important is a peculiar sudden attempt at squalling, with hoarseness of the voice; and highly significant is a dislike of the breast, which is either entirely refused or only taken for a moment. Usually, but not always, the power of sucking is suppressed, and sometimes attempted swallowing gives rise to symptoms of suffocation. Diarrhœa, vomiting and jaundice occur as complications, but not constantly. Convulsions are developed with the progress of the disease, which is mainly characterized by immovability of the lower jaw and rigidity of the body. Three or four days is the usual duration. Sometimes death occurs in the first fit; at others, a more or less protracted course is observed. Suffocation, apoplexy or paralysis of the heart are the conditions inducing death.

Trismus may be designated as an affection of the medulla oblongata, and tetanus as a disease of the spinal marrow; both conjoined (as usually appearing) have rather a peculiar nervous than an inflammatory character. The hyperæmia found in the membranes of the brain is secondary. Our etiological knowledge so far is more negative than positive. Many circumstances are accused which may be met a thou-

sand times without producing the disease. The occurrence of it generally happens within a short time after birth, most frequently between the third and fifth, rarely on the first day of life. Neither individual constitution nor the seasons of the year manifest any special influence. Among the occasional causes there are also many the effect of which can not be demonstrated; tight dresses, for instance. The smoke of green wood, said by James Clarke to be a frequent cause of tetanus among the negroes of America, does not prove so in Westphalia, under exactly the same circumstances. Inflammation of the umbilical vein from the ligature of the cord sometimes induces convulsions, but not tetanus. Suppression of the function of the skin is perhaps the most frequent direct cause, and there seems to be, also, some mysterious telluric influence.

Death is the rule, recovery the exception. We have neither reliable preventive, nor good curative agents. We should try to preserve the infant from all damaging influences, such as cold, retention of the meconium, injuries of the umbilical cord, impure air, etc. The premonitory symptoms require a warm bath, the oxyd of zinc internally, and embrocations with the infused oil of hyoscyamus. The same remedies are serviceable at a later period. If congestion to the brain is present, calomel may be added and a few leeches applied in the nape of the neck. The tincture of Indian hemp, recently recommended, promises well. Five drops of it may be given every hour the first day, increased to ten on the next, and so on, until sleep follows.—*Journal fuer Kinderkrankheiten.*

2. *The Weight and Length of Newly-Born Children.*—By Prof. E. von Tiebold.—It may become an important diagnostic question, whether a child increases in weight soon after birth or not. To give a correct answer, we must first know the normal circumstances.

The comparison of three thousand mature and healthy newly-born children shows an average weight, immediately after birth, of from six to eight pounds. This corresponds with the observations of others. Under seven pounds the girls furnish the greatest number; beyond that, the boys. The lowest weight was four pounds (one child in thousand), the highest eleven pounds (only one instance in three thousand). All the reports of children weighing 18, 16, 17, 20, 23, 25 pounds are undoubtedly exaggerated.

Out of 49 children, 35 lost in weight during the first days from one-fourth to one-half a pound; up to the fourth or sixth day no change was noticed, but on the fifth or seventh usually the weight

again equalled that at birth. In some children there is no decrease in the first week, but afterwards an evident increase. This decrease, or at least prevented increase, seems to be due to the aperient quality of the first milk, to the unwonted influence of the atmosphere, and to an insufficient desire to take nourishment.

From a number of statistical tables, the average increase in weight up to the ninth day of life seems to be one-fourth of a pound; between the ninth, and fourteenth, half a pound; in the third and fourth week, the same; from the fifth week upwards, one pound.

The length of newly-born children is not liable to so many variations as the weight: more than one-half were found to be eighteen, more than one-fifth seventeen inches, so that these two measures give the average length. Only one in a thousand infants is born with fifteen or twenty-one inches, so that the reports of 23, 24, 27, 28 inches must be considered very doubtful. The sex shows the same relation to length as to weight: up to seventeen inches, the girls preponderate; beyond eighteen, the boys.—*Monatsschrift f. Geburtsk. u. Frauenkrankh.*

3. *The Origin of the so-called Uterine Murmur in Tumors of the Abdominal Cavity.*—By Prof. Gernice, of Gripswald.

Veit and Martin have proved that the placental or uterine murmur noticed during pregnancy, arises from the larger arteries in the lateral portions of the womb. A similar murmur is occasionally associated with abdominal tumors. Its origin has not been satisfactorily explained. It is certainly not the consequence of compression of the pelvic veins or arteries, or of the descending aorta, but seems to originate in the vessels of the tumor. The correctness of this hypothesis is confirmed by an observation, where the murmur could be suppressed by pressure on a superficial artery of the tumor.—*Ibid.*

4. *The Relation of Abortion to Fibrous Uterine Polypi.*—By Prof. Rokitansky.

Observations.—(1.) Woman aged twenty-two. Death from peritonitis. Womb oval, three inches in length, two of which belong to the dilated neck. Walls of the fundus and body six inches thick, thinner below. An ovule without embryo, of about the size of a pigeon's egg, suspended by elongated uterine glands from the anterior part of the fundus and body, resting upon the cervical part and reaching nearly to the external os. Deciduous membranes, containing extravasate, lining the inner surface of the womb and surrounding the basis of the ovule like a sheath.

(2.) Woman aged seventeen. Death from typhoid pneumonia. Condition of the womb nearly corresponding to the one described, except that the ovule formed a round, fluctuating, reddish-blue bladder; the deciduous membrane surrounding the pedicle as a circular fold, beyond which the membrane was mortified. Coagulated blood in the chorion, a small embryo in the amnion.

Deductions.—The ovules, already enveloped in the reflected deciduous membrane, had in some way reached the cervical canal, where they continued to grow, remaining in connection with their point of insertion in the uterine cavity by means of exuberant development of the true deciduous membrane (prolongation of uterine glands.) This change of location was probably due to contractions in the upper portions of the womb; the results are an increased inclination to abortion, and a hyperæmic condition of the parts involved, finally leading to hæmorrhages (extravasates, gangrene). Abortion ensues, as soon as the pedicle of the ovum is torn in consequence of the uterine contractions; but a considerable portion of the membranes and the pedicle are left in the womb, and these, in conjunction with the effused blood, furnish an excellent basis for a fibrous polypus.—*Zeitschr. d. Gesellsch. d. Aerzte zu Wien.*

5. *The Formation of Uterine Glands in Sarcoma of the Womb and Ovaries.*—By Prof. C. Rokitansky.

Fibrous polypi of the womb, the continuous growths of Paget—to be distinguished from fibroid tumors—sometimes contain glandular canals, which are either elongated glands of the uterine mucous membrane, or detached parts of them, or new formations. In the latter case, the polypus is to be called *adenoid uterine sarcoma*.

Such newly-formed glands are always found in the substance of the tumor, at some distance from the mucous membranes. Similar formations occur in sarcomatous tumors of the ovaries. They degenerate into cysts in the same way as detached portions of uterine glands in the decomposing mucous membrane or in a cellular polypus of the womb, then forming the *adenoid uterine cystisarcoma*.

The interior of these cysts is filled by the substance of the tumor in the form of papillary excrescences; hence the granular appearance of the cut surface of such tumors.

The mucous membrane covering this kind of polypi is modified in its texture exactly in the same manner as in chronic catarrh: it may be of areolar structure, or form a thick spongy layer, interspersed with small mucous cysts.—*Ibid.*

6. *The Influence of Mercury on the Animal Body.*—By Dr. R. Overbeck, of Hohenhausen in Lippe-Detmold.—From experiments on rabbits, cats and dogs the following results have been obtained :

a. Metallic mercury penetrates epidermis and corium, and is sometimes found in a microscopical form in the kidneys, intestines, liver, salivary glands, or blood. Not a trace of it may be present, even though the cachexia be well marked.

b. The metal can not be detected under any form in the bones and lymphatic glands.

c. The mercurial cachexia is characterized by inflammation of the mucous membrane of the mouth, fauces, stomach and intestines, resulting occasionally in gangrenous ulceration ; there may be hyperæmia of the liver, and inflammation or ulceration of the skin. Other alterations less constant. Ulceration always of a gangrenous character.

d. The osseous system shows no abnormalities, nor is there ever a consistent or plastic deposit in the organic tissues.

e. Blood always dark and thick in the higher forms, with enormous coagulations of fibrin. Occasionally great anæmia. Mercury seems, therefore, to affect principally the excretory organs, and generally only the soft parts of the body, while the bones remain intact. Hydrargyrosis differs from syphilis in not inducing any plastic process. There is no mercurial disease of the bones, except perhaps the necrosis of the maxillary bones in consequence of stomatitis.—*Wiener Medizinische Wochenschrift.*

Correspondence.

Messrs. Editors :

CHROMATIC HILL, March, 1862.

“Hitherto it has been imagined that the chief, if not the only method of obtaining skill in art, is by practising it ; that is, obtaining experience. In medicine this is proverbial, and every practitioner is more apt to boast of his experience than his knowledge.”

This sentiment is extracted from a recent work on practical medicine by a very practical man, and I quote it to serve as a text for some comments upon the nature, use and value of experience.

Correct therapeutics is the goal sought for by all cultivators of medical science, and experience is the test by which everything in therapeutics is to be adjudged, the scale in which all remedial measures are to be weighed and their value ascertained. But to accomplish these ends it must be intelligent, truthful, comprehensive experience, founded

upon a careful observation of *all* the phenomena developed in the premises under investigation, and these phenomena must be accurately and fully recorded at the time of observation.

The great worth of such experience as this has led the incompetent and dishonest to substitute for it a bastard experience that in no wise goes to establish the true, but, on the contrary, for a season gives to error the comely appearance of truth. No pompous originator of a new "system" of medicine, no brazen charlatan who proclaims the virtues of his specific, but parades the experience of himself and his dupes as testimony of the verity of all he asserts. This is bastard experience, but looks like and occupies the place of the genuine until the latter is obtained, and by its mere existence demonstrates the baseness of the former.

I do not propose to trouble you with recounting the fallaciousness of the experience relied upon, and heralded to the world by the various irregular practitioners of medicine, and the makers or venders of nostrums, to sustain their reputations, or to sell their wares, but I do desire to call your attention to some of the sources of bastard experience among us who style ourselves, by way of superiority, regular practitioners of medicine.

It happened to me once to hear the treatment of delirium tremens discussed in a large meeting of medical men. This, of course, brought out the experience of many physicians present.

Dr. A. had treated delirium tremens in various ways in early life, but for many years had followed the uniform practice of giving one grain of opium every two hours until the hallucinations ceased, and restorative sleep supervened. His success had been something astonishing, even to himself. He rarely had a case to continue over three days, and but two deaths in a large number of cases.

Dr. B. had formerly followed the opium treatment in such cases, but if God would forgive him for the sin of such practice in the past, he would err no more in the same channel. He had never known a death of delirium tremens where the victim had not taken opium. If brandy or other alcoholic stimulants were administered in small quantities and at short intervals, he had the most irrefragible evidence that no cases of uncomplicated delirium tremens would destroy life. For five years he had followed this plan and had not witnessed a single death.

Dr. C. thought that delirium tremens might be cured with either opium or brandy — indeed, he had often witnessed that result by such means, — but a long experience had taught him that small doses of tartar emetic were much more reliable than either, but even antimony was

not without its failures, for he had known deaths to occur after each of the plans mentioned had been fairly and faithfully tried.

Dr. D. said there were two pathological conditions in delirium tremens, one of which demanded opium for its cure, and the other tartar emetic. He gave the signs by which these states were recognized respectively, and declared that to give opium when the antimony was indicated was but little short of homicide, and on the contrary it was just as bad to give antimony when the symptoms call for opium. He had practiced for years upon these rules, and found them infallible.

The discussion was a long one, and many physicians, old and young, gave their opinions and detailed their experience, but the above suffices for our present purpose. Now these men did not intend to state anything but the truth, each honestly giving the conclusions drawn from no inconsiderable experience. But the palpable contradictions showed that some of them, at least, were giving us bastard experience.

To have made the experience of any one of these gentlemen available as a basis for a correct conclusion, we should have been furnished with the number of cases treated by him, and each case accompanied by so much explanatory narrative as would have served to mark its individuality. This much from each of the gentlemen would have been due to a settlement of the relative merits of the four plans of treatment set forth by the parties; but for final accurate determination of the question of treatment of delirium tremens, it would be necessary to go yet further and ascertain precisely what would be the result in an equal number of like cases treated by other methods, as well as to learn what course the disease would take when left without any treatment at all. And such narrative of facts should be from a written record made at the time such facts first presented themselves. No one can safely trust himself to sustain or establish an important point in practice, by relying upon his memory after the lapse of time has thrown a hazy cloud over the events to which he refers. This declaration does not impeach or reflect upon the narrator's truthfulness; for he honestly details all the facts he remembers, and as honestly thinks he remembers all the facts there were, but by a well recognized law of mental association his memory calls up only such points in the past as are related to the present predominant idea. Here, then, in the discussion cited is bastard experience, such as looms up largely in every discussion of medical subjects, dependent, in the first place, upon defective knowledge, and sustained by inadequate observation and imperfect memory.

There is yet another kind of bastard experience, and in our everyday intercourse with practising physicians it is the kind of experience

they refer to for the substantiation of any opinion they may advance or the settlement of any doubt that may be expressed ; and indeed the experience upon which many of the confident assertions of our text-books are made, have no better foundation than this, viz. : a medical man has an opinion about a certain disease and the means of curing it, no matter whether derived from books, the result of his own deductions, or stumbled upon accidentally, which he cherishes as fixed matters, landmarks in medical science. Such is the imperfection of his nature, that, without being aware of it, he treasures up every incident that goes to sustain his position, and passes as unimportant or accidental all those which militate against his preformed opinion, albeit they outnumber the sustaining incidents three to one. Such bastard experience is not only of no avail for good in medical science, but is a positive stumbling-block in the way of its advancement.

It is the cumbering of our journals, our books, and our teaching with bastard experience that gives such erroneous value to drugs, and makes such a wide chasm between the theory of medicine and its practical results ; causing the conscientious young practitioner so many heartaches before he learns what is, and what is not, within the power of medicine to accomplish, blunders upon some original conclusions, or else falls into the habits of his immediate ancestors by regarding all successes as evidence of the truth of what he has been taught, and overlooking the more numerous failures, or regarding them as anomalies that can not be classified into scientific regularity.

In this latter category are found many of our advanced physicians, honest and good men they are too, but deplorably deceived, and the bastard experience they give bolster up many a venerable error that without such support would totter and fall at the first penetrating glance of common sense. What such men know and inculcate is never knowledge, except by accident.

Bastard experience has heretofore been the lawgiver in medical science, and has not only permitted, but actually required, its mutations and mistakes, and even yet rules largely in all medical affairs ; but its illegitimacy is already recognized by good men all over the world, and emboldened by a conviction of right, and urged by a sense of duty to humanity, they are raising their voices in all parts of the civilized earth, demanding that bastard experience be abased and that intelligent, truthful, and comprehensive experience alone shall henceforth be monitor in medical science ; and good doctors everywhere are hearing these voices, and the sick and the suffering are the recipients of benefits consequent upon the partial yielding to their demands.

Our profession is already possessed of so much that is true and useful, enabling its votaries to accomplish such extensive good, that it gives birth to acute grief to see the bastard experience leading the unwary astray, clouding their vision so as to obscure their view of truth, and causing them to do error with a vigorous hand when it were so much wiser to do nothing.

But the present is pregnant with better things for the future. A more precise knowledge of histology, a clearer insight into the laws of biology in both its physiological and pathological departments, is giving us much broader views of what we may expect to accomplish by the administration of drugs; the good results that will follow their proper exhibition, the evils that will flow from their injudicious use; the importance of regimen independent of drugs, and the best method of turning telluric and atmospheric influences to good account in the prevention of disease and the healing of the sick. With the good experience of the past to guide us in following these intricate channels, and the good experience of the present and future to chasten our efforts — confirming the right and repressing the wrong — we may well cry out in our joy, “there’s a good time coming.” Let all who see its “shadow” sing hallelujah, and lend their influence to hasten its coming.

A. GROWLING, M.D.

BOSTON, MASS., March 10, 1862.

MESSRS. EDITORS: — From the reports of Drs. Shaw and Tyler upon the Massachusetts General Hospital and McLean Insane Asylum, for 1861, I find some facts worthy of note. The institutions continue to maintain their high reputation in their respective departments. The productive property of the corporation amounts to \$307,166; together with the Hospital and Asylum estates increases the sum to \$622,059. The expenses of the hospital department for the year were \$38,954, and of the asylum \$63,311.87, making a total of \$102,266. The income amounted to \$95,996, leaving a deficit of \$6,210. The cost of free beds at the hospital was \$33,269; while the income for this purpose was only \$14,377, leaving the balance to be charged to the general fund. The debt of the corporation on December 31st, 1861, was \$63,000. During the year there were admitted to the hospital 1416 patients: 849 males, and 567 females; 297 were admitted on account of accidents. The whole number treated during the year, 1552. The average weekly cost of each patient, including repairs, was \$5.35, excluding repairs \$5.20½. The number of patients admitted was larger than any previous year. Among them were many of our volunteer soldiers. No

case suitable for treatment has been rejected, whether the applicant was able to pay or not. Chronic and incurable cases, and contagious diseases, requiring isolation, numbering 262, were the only ones refused admission. 931 patients — males 499, females 332 — were discharged well; 80 males, 50 females, much relieved; 101 males, 87 females, relieved; 46 males, 33 females, not relieved; 26 males and 31 females, not treated; 73 males and 26 females died; while some few eloped or were dismissed. Dec. 31st, 80 males and 60 females remained under treatment. Proportion of deaths to the whole number of results, 7 per cent.; $45\frac{1}{2}$ per cent. of deaths were among medical patients; $54\frac{1}{2}$ per cent. among surgical ones. 28 per cent. of the free patients were female domestics; 17 per cent. were laborers, and 22 per cent. were mechanics. The average time of paying patients was four weeks; and that of free patients, $5\frac{1}{2}$ weeks. There were 4,775 out-patients: 3,219 medical, and 1,556 surgical: 1,798 were Americans, and 2,977 foreigners. The Treadwell Library contains 2577 volumes.

The report of Dr. Tyler, the Superintendent of the Asylum, shows 298 patients have been under treatment during the last year, of whom 146 were males, and 152 females. 187 were in the house Jan. 1st, 1861 — 91 males, and 96 females. 111 were admitted — 55 males and 56 females — during the year; 110 persons were discharged — 60 males, and 50 females; of these, 31 males and 23 females were considered "recovered." Sixteen, then, of each sex were "much improved." Eleven males and five females were "improved." Six males and five females were "not improved." Nine males and fourteen females have died. 188 patients remained. Eight died from chronic insanity; five from *paralysie générale*; three from typhomania; two from chronic disease of the liver; two from phthisis; two from epilepsy, and one from apoplexy.

The average number of patients (193) under treatment was larger than for some years past. The usual variety of recreation, and the celebration of the holidays have been kept up for the benefit of the patients. Dr. Tyler, after reviewing the state of affairs growing out of the civil war now going on, says that he can find nothing in the history of the year which should necessarily cause an increase of insanity; but, on the contrary, recognizes many decided preventives favorable to mental health; although some few cases are liable to the existing influences of the day. Of the future, the report says:

"All effects of the present war upon mental health are more likely to be seen when hostilities are over; when soldiers again become citizens and released from the strictness of military discipline are only subjec

to civil law, and are, as it were, sent out afresh into the world to care for themselves — many without occupation, and certain to meet with and to cause much privation and anxiety before settling into a permanent business or trade.”

The whole report contains much of interest to the medical reader. Hon. Wm. Appleton, who died a few weeks ago, made another donation, in January, to the Mass. General Hospital, of \$10,000, to be added to a fund commenced by him many years ago, for the purpose of enabling “such patients as would otherwise be compelled to leave imperfectly cured, to remain until a thorough reestablishment of health might be effected.”

At the first annual meeting of the corporation for the *Home for Aged Men*, recently held, it appears that during the year there were eighteen applications for admission. Eight were entirely supported by the institution. The average age of the occupants was 69 years.

The death of Pres. Felton has been officially noticed by several scientific societies and associations. At a meeting of the Medical Faculty of Harvard University, on the 5th inst., the following resolves were passed :

“*Resolved*, That in the death of the late President Felton, the University and the Medical School, which is one of its departments, have lost a zealous, faithful and enlightened guide and counselor, who under the grave responsibilities and amidst the engrossing labors of his high office, never forgot the interests of any province of instruction, and whose frequent presence has been a chief honor and ornament of our meetings.

“That, in common with all lovers of learning, and all who regard the interests of education and the progress of the community so closely connected with it, we deplore the loss of one whose intellect was capacious enough to embrace the claims of science and of art as well as of letters, and whose heart always prompted him to every good work in behalf of pupils and of teachers who became pupils in his presence.

“That we would tender our respectful assurance of profound sympathy to the family of the deceased President, in whose affliction we, with all who reverence exalted principle, vast erudition, and the happiest union of them with endearing social qualities, must bear our part.”

At present Massachusetts has in the field, with the three years troops, 54 surgeons, while there are several on contract for a longer or shorter time. There is also a full quota of Brigade Surgeons from this state, and quite a number are in the naval service.

The Annual Commencement, for the conferring of medical degrees in the Harvard school, will take place on the 12th inst. I learn that there are thirty-four graduates at this time, while in July some others will receive the honors of the college. The exercises will consist of

reading of several theses by the students, and the conferring of the degrees by Prof. O. W. Holmes, and an address by Prof. John Bacon.

The two Female Medical Schools in this city sent forth last week their usual number of *crinoline* M.D.s, the one four graduates and the other five. So far as I can observe, this class of Esculapian devotees do not make much progress in convincing the community that it is *decidedly vulgar* to employ medical gentlemen in obstetrical and other practice peculiar to females.

I witnessed, Saturday, among other operations at the hospital, the removal of a bifurcated horn, of about eight years growth, from the left face of a man, apparently twenty-five years old. This horn was attached to the skin and cellular tissue, over the ramus of the inferior maxillary. It was an inch in diameter at the base, and two and a half inches in length. It was semi-hard, and presented an irregular surface, with the color of a buck's horn.

B.

CAMP CHASE, VA., February 18, 1862.

EDITORS LANCET:—I met with a case in the skirmish at the Bloomery on the 13th inst., which may be of interest to your readers.

A rebel officer was in the act of making his escape when a cavalryman fired his pistol at him. The shot brought him to the ground, but in a few moments he was able to arise. Upon making an examination, I found the ball had taken effect immediately over the spinous process of the (5th) fifth cervical vertebra. The probe indicated that the ball had glanced from that process to the sinister side, passing on anteriorly, making almost the entire circuit of the neck under the skin, and lodging between the sterno-cleido-mastoid and longus-coli muscles, about two and a half inches from the point of entrance. It was found, upon removal, to be a conical ball, the conoidal extremity presenting towards the initiatory wound. The patient when last seen was doing well.

Yours respectfully,

S. SEXTON,

Assistant-Surgeon, Eighth Regiment, O.V., U.S.A.

BELLEFONTAINE, O., March 7, 1862.

DEAR DOCTOR:—I observed, several months ago, a discussion reported in the *Lancet and Observer*, which involved two points: first, What is the best remedy for excessive vomiting during pregnancy? and, second, What is the cause of such excessive vomiting?

In a patient of mine, who was suffering to an extent that threatened death, with vomiting, I found the vomiting completely arrested by

cannabis indica, given in repeated doses of three grains every four hours, until several doses were taken. The *oxalate of cerium* had failed entirely, as had many other remedies, including counter-irritation to the spine and the cold bath. The preparations of opium greatly aggravated the emesis. In consequence of *lameness* in one of the limbs, together with great pain and failing health, the membranes were ruptured about the fifth month. The placenta was found to be so adherent as to require considerable force to detach it; while its structure was so deteriorated as to present, in about one-third of its substance, the appearance of very white and glistening cellular tissue.

This case bears upon each of the questions discussed in the report. It proves that a new agent may be brought to bear in relieving the anguish of sickness from pregnancy; and it is one fact in support of the opinion that the excessive sympathy in the stomach in the pregnant state is aroused by the extraordinary and diseased condition of some of the structures concerned in gestation.

Respectfully yours, T. L. WRIGHT, M.D.

Reviews and Notices.

A Treatise on Gunshot Wounds. By J. LONGMORE, Esq., Deputy Inspector, General of Hospitals, Professor of Military Surgery at Fort Pitt, Chatham. Philadelphia: J. B. Lippincott & Co. 1862. Pp. 132. Price 75 cents. For sale by Robert Clarke & Co., Fourth-street.

Although the fact is not stated in the title-page, we presume that this is a reprint. At any rate, it is a very valuable little book for all surgeons who are in the army, and may be read with great profit by those about entering the army. Like all works of English surgeons, it is plain, pointed and practical. While Mr. Longmore conclusively shows that he is a good surgeon, he affords stronger proofs of being a good internal pathologist. This is the charm of modern surgery in our estimation. There are two classes of men who profess surgery—the one whose forte is operative, and the other clinical. While the former are expert, daring operators, they are poor bedside surgeons; and the latter, though not brilliant operators, are sound, careful bedside practitioners. The author belongs, in our opinion, to the latter class. The therapeutics of the book are very sound and practical.

The contents of the book are divided into gunshot wounds in general, in which is discussed the definition of the term, and the

history of the surgery of gunshot wounds. We then have the varieties of gunshot wounds explained and the treatment given. Then follows the symptoms of gunshot wounds. We have, following this chapter, the treatment of gunshot wounds in special regions of the body, as of the head, spine, face, chest, neck, abdomen, perineum and genito-urinary organs, and the extremities. The discussion of amputation, secondary hæmorrhage, wounds of the nerves, tetanus, hospital gangrene, pyemia, anæsthesia in gunshot wounds and after-fulness of wounded soldiers closes the volume.

We should like to make quotations from several pages in the book, but space forbids. The treatment of penetrating gunshot wounds of the chest is a great step forward. He well says, "the extensive bleedings formerly recommended in all penetrating gunshot wounds of the chest are now practiced with much greater limitation—indeed, should never be employed simply with a view to prevent mischief from arising. Venesection carried to a great extent does harm by lessening the restorative powers of the frame." This book with *McLeod's Notes*, and the last edition of *Guthrie*, will prove of great value to the military surgeon.

Commentaries on the Surgery of the War in Portugal, Spain, France, and the Netherlands, from the battle of Rolicca in 1808 to that of Waterloo in 1815: With additions relating to those in the Crimea in 1854, 1855, etc., etc., etc. Revised to October, 1855. By G. J. GUTHRIE, F.R.S. Sixth edition. Philadelphia: J. B. Lippincott & Co. 1862.

This is another of those valuable little works the re-publication of which is called forth by the exigencies of the times. Its title to a good degree, and in very brief words, is a fair indication of the scope of the volume. To give it a fair analysis would require a more critical examination than as yet we have taken time to give it. We observe, however, the volume consists of *thirty lectures*, to which is placed an addenda, embracing the "reports from the Crimea." These thirty lectures include the consideration of almost every variety of surgical accident which may be supposed incident to modern warfare: and their discussion is conducted with all the authority which attaches to the name of Guthrie. A large number of illustrative cases give interest to the work, but these are only incidental and serve to give force to the general principles which the author is continually expressing. The important points in the book are numbered successively up to over four hundred, which embrace the general precepts which are the result of his long experience. The chief value of the reports from the Crimea consist in the verification afforded to the precepts that constitute the body of the book. For sale by R. Clarke & Co. Price \$2.25.

Clinical Lectures on the Diseases of Women and Children. By GUNNING S. BEDFORD, A.M., M.D., Professor of Obstetrics, etc., in the University of New York; author of "The Principles and Practice of Obstetrics." Seventh edition, carefully revised. New York: William Wood. 1862.

In October of the year 1850, Professor Bedford, of the University of New York, established in connection with that Institution an *obstetric clinic* for the practical study of the diseases incident to women and children. One of the fruits of that clinic was the publication, in the year 1855, of the first edition of the work whose title is given above, and which has now in its rapid tide of prosperity already reached its seventh edition. We presume no American medical book has ever known the popularity of Dr. Bedford's *Clinical Lectures*. No work that we know of has been so cordially greeted, and criticised with so friendly a regard, as this. We care to say but little more than announce this new edition, for we believe we have had the pleasure of announcing the appearance regularly of each successive edition as it came from the press, and one or two of those editions will be found to be noticed at considerable length.

In conclusion, we will express our gratification in being able to speak of the high appreciation this work has received abroad, as we notice that already it has received the honor of a translation into the French and German languages.

For sale by all the bookstores. Price \$3.25.

Editor's Table.

Additional Surgeons to Ohio Regiments.—A bill has been introduced into the Legislature giving power to the Governor to appoint an additional Assistant-Surgeon to each of the regiments from the State. That two medical men are wholly unable to render the service necessary to a thousand men while engaged in such a campaign as our Western army now finds itself, needs no proof. If any is necessary, it is to be had from many medical and lay gentlemen returning daily from the army on the Cumberland and Tennessee rivers. Dr. Brown, of Morrow Co., a highly reputable physician, passed through our city a few days since, *en route* from Pittsburgh and Nashville on the Cumberland. He informed us that the Surgeons and Assistant-Surgeons of many regiments were worn out. In some cases, the Surgeon was sick, leaving all the work to the Assistant, who was wholly unable for

the half of it. In other cases, both of the medical officers were sick; and in still another, let us add with sorrow, the medical officers were inefficient and incompetent. The larger part of the army now operating on the Tennessee river is composed of Ohio regiments. There is an amount of sickness and suffering entirely unknown, except to those there present. There is the greatest urgency for an increase of medical men. It is said that the troops are in the service of the General Government, and should be therefore cared for by it. We know this is the idea of several members of the Legislature. It is a cruelly erroneous one. These troops are citizens of the State, and, suffering, should be succored. We hope our readers in the State will urge on their representatives in the Legislature the crying necessity of increasing the medical staff. Before the General Government can do it, hundreds will have fallen from neglect.

At the battle of Fort Donelson, many wounded men lay on the field for twenty-four hours. In a battle with modern arms the number of wounded is three-fold to what it was with the old style of arms. At the battle of Solferino, eleven thousand Austrians, eight thousand French and five thousand Sardinians were put *hors de combat* in twenty-four hours from gunshot wounds. We have as yet no figures, but from estimates by competent persons, it is safe to say that three thousand were wounded at the late battle of Fort Donelson.

We know there is the greatest need for additional medical aid. Dr. Murray, Medical Director of Gen. Buell's army, has telegraphed for some twenty medical men for immediate service in Nashville and vicinity. Let us say here in passing, that the soldiers do not need a style of men calling themselves surgeons, who are well armed with the finest instruments, who run over battle-fields looking for operations, but good, honest, practical physicians, who know the labor and drudgery to be done, and are willing to do it. There is too much of this surgical qualification in the army to the exclusion of sound, practical therapeutics. As a gentleman, a physician recently from the Western army, said to us, the soldiers are sick with typhoid fever and pneumonia, diarrhœa, dysentery, erysipelas, and are in need of a great many more good, practical physicians than surgeons. Gov. Tod has been appealed to by several medical men conversant with the state of our troops, and is anxious and willing to do all he can if the Legislature will give him the power. Surgeon-General Weber passed through the city a few days since, under orders from the Governor to investigate the complaints made, and inspect the hospitals in which Ohio troops are now lying sick. We may anticipate a careful and truthful

report from Dr. Weber, for he is eminently well-qualified for, as he is devoted to, the performance of the duty.

Strong representations and instructions have been sent to the Hamilton County Delegation by the Cincinnati Academy of Medicine and the Sanitary Commission, to vote for the bill now before the legislature. We hope it will be passed.

The American Medical Association.—We were amongst those who advocated the postponement of the meeting of the American Medical Association in Chicago in 1861, on account of the unhappy and distracted state of the country. The question is now raised by our exchanges, by the profession, by the medical men of Chicago, Shall the adjourned session be convened in June of 1862? We respond, Yes—most certainly. Let the committee of arrangements issue the call at once, and we doubt not the profession of the country is ready to respond, as we do now, heartily, to its propriety. Some of our most esteemed cotemporaries disagree with us, but in all candor and frankness we believe this course is the wise one. Many of our physicians are abroad in the service of the country. Many others are thus more arduously engaged in home duties; but the country has passed its first shock of the rude alarm and preparation for civil war, and the profession has for the most part settled down to the new order of things, and there is a great impropriety in suffering a great hiatus to be established in our national assemblages. We trust, too, that when June shall dawn upon us, our country will already have become so far restored toward its ancient unity, that we shall be able to greet delegates from a large majority of the States of the American Union.

Medical College of Ohio.—The annual commencement exercises of this Institution were held in the amphitheatre of the College Building on Monday evening, March 4th. The President of the Board of Trustees, Flamen Ball, Esqr., delivered the diplomas to the following gentlemen, composing the graduating class, accompanying their delivery with an address of considerable length:

Frank M. Agnew, Illinois; Thaddeus Williams, Kentucky; Charles M. Colton, Virginia; William McCulley, Ohio; Cyrus M. Finch, Ohio; George S. Courtright, Ohio; Allen T. Quinn, Ohio; Richard H. Moore, Ohio; P. N. McFarland, Illinois; E. Jennings, Ohio; John S. Vestal, Indiana; George Mitchell, Ohio; D. B. Adams, Ohio; S. J. Wade, Indiana; Jacob R. Conner, Ohio; C. A. Miller, Ohio; R. G. Bell, Indiana; Samuel A. Simpson, Ohio; Harrison

McFadden, Ohio; H. F. Mendenhall, Ohio; W. C. Jacobs, Ohio; Nathan H. Fisher, Ohio; J. B. Owsley, Ohio; A. B. Agnew, Illinois; John Corson, Ohio; Edward Miller, Kentucky; George M. War-moth, Kentucky; J. R. Elstun, Illinois; William Cretcher, Ohio.

The exercises concluded with an appropriate valedictory address by Prof. L. M. Lawson.

Surgeons of Ohio Regiments.—The following, compiled from the official records, is a complete list of the Surgeons and Assistant-Surgeons connected with Ohio Regiments.

Reg.	SURGEONS.	ASSISTANT-SURGEONS.	Reg.	SURGEONS.	ASSISTANT-SURGEONS.
1	Robert Fletcher,	A. Wilson,	48	M. T. Carey,	A. T. Johnson,
2	B. F. Miller,	— — — Shanon,	49	R. W. Thrift,	W. H. Park,
3	R. R. McMeens,	H. H. Seyes,	50	†	John Hill,
4	H. H. McAbee,	A. Longville,	51	M. C. Woodwirth,	M. Hagan,
5	Alfred Ball,	C. J. Bellews,	52	Abr'm McMahon,	M. Hoge,
6	A. H. Stephens,	F. W. Ames,	53	W. M. Cake,	J. P. Bing,
7	F. Salter,	C. E. Denig,	54	C. P. Brent,	Thos. L. Harper,
8	F. McEbright,	S. Sexton,	55	Jas. T. Kling,	H. R. Spooner,
9	Chas. E. Boyle,	Conrad Soelheim,	56	W. N. King,	W. C. Payne,
10	C. S. Muscroft,	H. C. Shaw,	57	J. P. Haggott,	L. Woodruff,
11	J. F. Gabriel,	H. Z. Gill,	58	K. Schallern,	Eugene Ringler,
12	W. H. Holmes,	W. T. Ridenour,	59	A. C. McChesney,	Chas. T. Wilbur,
13	S. D. Turney,	E. Y. Chase,	60	David Noble,	R. A. Dwyer,
14	W. C. Daniels,	Geo. E. Scat,	61	Enoch Pearce,	W. S. Moore,
15	O. Ferris,	Geo. Leggett,	62	Chas. H. Hood,	Thos. J. Haynes,
16	B. B. Brashear,	B. S. Chase,	63	J. L. Crane,	A. B. Monahan,
17	W. L. Schenck,	Henry J. Herrick,	64	H. O. Mack,	H. P. Anderson,
18	W. P. Johnson,	W. W. Mills,	65	Jno. G. Kyle,	Jno. C. Gill,
19	Fred. T. Hurxthal,	B. M. Failer,	66	T. B. Bond,	J. W. Brock,
20	E. L. Hill,	J. G. Purple,	67	S. F. Forbes,	Jas. Westfall,
21	Wm. M. Eams,	D. S. Young,	68	E. B. Harrison,	B. F. Berkley,
22	*		69	L. Slusser,	M. H. Haynes,
23	Jos. T. Webb,	Jno. McCurdy,	70	Chas. H. Swain,	Thos. J. Farrell,
24	G. R. Weeks,	J. M. Cooke,	71	C. N. Hoagland,	Wm. W. Crane,
25	L. G. Meyer,	E. S. Andrews,	72	J. B. Rice,	Wm. M. Kaul,
26	M M Stimmel,	Andrew Sabine,	73	Jonas T. Safford,	Isaac N. Hines,
27	W. R. Thrall,	J. C. Denise,	74	J. R. Brelsford,	E. W. Steele,
28	†		75	Samuel Hart,	C. L. Wilson,
29	A. K. Fifield,	S. S. Burroughs,	76	C. R. Pierce,	Thos. B. Hood,
30	J. B. Potter,	C. B. Richard,	77	J. W. Warfield,	P. Cooke,
31	J. R. Arter,	J. L. Mounds,	78	Jas. S. Reeves,	S. C. Mendenhall,
32	J. G. Buchanan,	A. H. Bundige,	79	†	
33	F. B. Mussey,	A. W. Phelps,	80	E. P. Buel,	Samuel W. Lee,
34	W. R. S. Clark,	J. H. Ayres,	81	W. H. Lamme,	R. G. McLean,
35	P. A. Gordon,	Francis D. Morris,	82	J. Y. Cantwell,	W. B. Shaffer.
36	J. H. Whitford,	Colin Mackenzie,			
37	C. Schenck,	J. C. Schcnck,		CAVALRY.	
38	J. A. Coons,	Jas. Haller,	1	R. Wirth,	John Cannan,
39	O. W. Nixon,	Thos. W. McArthur.	2	Alfred Taylor,	J. T. Smith,
40	A. McBride,	J. C. Kalt,	3	M. C. Cuykendall,	S. F. Shelby,
41	Thos. G. Cleveland,	A. G. Hart,	4	Lucien A. James,	Thos. McMillan,
42	Joel Pomeroyne,	J. W. Harmon,	5	Chas. Thornton,	George Sprague,
43	Clarke McDermont,	F. M. Rose,	6	W. B. Regner,	J. C. Marr.
44	H. K. Steele,	Jno. H. Rodgers,			
45	†			ARTILLERY.	
46	Thos. McFadden,	J. C. Norton,	1	A. C. Swartzwelder,	Byron Stanton.
47	Geo. A. Spies,	Augustus Hoeltge,			

* This regiment accidentally served by Homœopaths.

† These regiments are consolidated.

— The distinguished M. Brettoneau, of France, is dead. He was the preceptor of Velpau and Trousseau.

Ohio State Medical Society.—We have already urged the members of the State Society to facilitate the labors of the special committees, that they may be able to prepare full reports. Dr. Wallace, of Lewisburg, Preble Co., is appointed on the Committee on Medical Societies, and is anxious to make a full report of the condition of all the working auxiliaries in the State, and requests the Secretaries of all our Medical Societies to communicate with him every thing that may be of interest concerning the condition and prosperity of their organizations.

Resident Physicians at the Commercial Hospital.—Drs. George S. Courtright and N. H. Fisher, both of the graduating class of the Medical College of Ohio, were appointed resident physicians to the Commercial Hospital for the ensuing year. We learn there were several applicants for these appointments, who were severally subjected to a very thorough ordeal, consisting of a full general examination the first day, followed upon the next by a clinical examination in the wards at the bedside. Under the circumstances, the appointments may be regarded as a handsome compliment to the successful competitors.

Academy of Medicine.—At the meeting of the Cincinnati Academy of Medicine for Monday evening, March 4th, the following officers were elected for the year 1862: President, Dr. R. R. McIlvaine; First Vice President, Dr. J. H. Tate; Second Vice President, Dr. C. T. Simpson; Recording Secretary, Dr. W. T. Brown; Corresponding Secretary, Dr. E. B. Stevens; Treasurer, Dr. W. H. Taylor.

Two Dollars in Advance, or by the First of April.—To accommodate ourselves to the supposed pecuniary embarrassments of the country, we announced a uniform rate of *two dollars* for the *Lancet and Observer*, if paid in advance. It was an experiment, but one that we believe will work to the advantage of publisher and subscriber, if faithfully carried out. We depend on our subscribers now for this. A large number have promptly entered into the spirit of the measure. Very many seem to act indifferent to it, and yet we fear these indifferent ones will still expect to claim our *advance* rates, be they ever so dilatory. Should this be so, the experiment becomes a failure, and hereafter we must fall back to our old rates. So many, however, have recognized the correctness of our proposition, that we have concluded to *extend the time* until our next issue. Our friends, therefore, will please “take notice and let it be done.”

Another Military Hospital.—Since our last issue, Dr. John Moore, U.S.A., Assistant-Medical Director of hospitals in this city, has opened and furnished the large school-house at the foot of George-Street, for a military hospital. Drs. David Judkins and W. B. Davis are the physicians in charge of it. It is known as the West-End Military Hospital, and has accommodations for one hundred and fifty patients.

Army Matters.—From the Reports to the Surgeon-General of Ohio we are kindly permitted to make use of the regimental returns, some of which will be read with interest.

Eighty-First Regiment, O. V., U.S.A.

The Eighty-First Regiment, O. V. Infantry, is composed in the greater part of young and vigorous men, a large proportion of them being from the rural districts of Ohio. They soon become inured to the hardships of camp-life. If proper circumspection was observed in passing recruits, and all refused who were either over or under age, the average of our sick and deaths would be greatly diminished in our volunteer army. As it now is, that class find their way into the hospitals after a few months of active service, never again to regain their wonted health. A majority of those who die in hospital, or are discharged from the service, are of this class. They ought never to have been taken into the service. If company officers could always be made conscious of the fact, it would be to the interest of the service, as well as an act of humanity, to discharge all such, besides freeing the army of a positive incumbrance. It is to be hoped that our authorities will insist upon the abatement of this evil.

This command comprises about five hundred and twenty men, inclusive of officers. It was stationed at Hermann, Mo., during the months of November and part of December. It was not until the latter part of November that the surgeons joined the regiment. Prior to this time they had to depend upon other regiments for medical aid. Hermann is situated among beautiful limestone hills. The water is good. Our encampment was upon an elevated piece of ground, and was perfectly dry during all kinds of weather and at all seasons. I will mention here to the credit of the men, that they kept their quarters clean. The surgeons were accustomed to visit the quarters and see that this police regulation was strictly observed. The result, we are happy to say, is most gratifying. There is not a company, so far as known, who are *inflicted* with "vermin," or *afflicted* with "scabies."

While at Hermann, the rubeola prevailed extensively: one peculiarity was in many having it who had had it before. The only serious complication was lung affections, which supervened in many cases. No deaths occurred. The rubeola was followed by parotitis, which prevailed extensively. Quite an unusual number of cases of orchitis followed. No deaths took place. All have permanently recovered.

The regiment was ordered into active service in the latter part of December. They took up the line of march in a severe storm. The weather was remarkably warm and pleasant up to this period. The men endured many hardships and privations during this forced march of some weeks. Making rapid marches all day, and bivouacing on the ground at night, with but scanty covering, and frequently without food for twelve hours, was productive of considerable sickness. We were quartered for a few weeks at Montgomery City. From that place we were sent to this. Danville is in the midst of a broken country. The hills are covered with trees, and limestone abounds. Water good. The hospital accommodations are pretty good at this place. Pneumonia has been the prevailing disease; three cases have proved fatal. The regiment is now scattered, hence the difficulty of ascertaining the sanitary condition of the regiment. This much can be said in general terms, that there is no sickness comparatively. The clothing, food, etc., furnished by our government is sufficient, not only in quality, but in quantity, to keep our men comfortable and healthy, and any suffering there may be, arises from their own improvidence in the use of them.

W. H. LAMME,

DANVILLE, March 1st, 1862.

Surgeon Eighty-First Regiment, O. V., U. S. A.

Sixteenth Regiment, O. V., U. S. A.

The Sixteenth Regiment, O. V., was encamped near Wooster, Wayne County, during its organization. The encampment was in the woods, on rolling ground. The first recruits were quartered there about the 20th of September, and the regiment left there on the 27th of November. During this time there was some severe winter weather. The men were insufficiently clothed. They had no overcoats, and their blankets were of inferior quality. The water in the locality of the encampment is very "hard." Urinary affections are quite prevalent in that region, according to the testimony of resident physicians. The men were subsisted under private or civil contract. The rations of pork were mostly inferior and sometimes deleterious, and those of coffee were from two-thirds to three-fourths adulterated with inert substances. The general habits of the men were good, except in some cases there was inattention to personal cleanliness.

On the 28th of November, the regiment arrived at Camp Dennison, and was quartered in unfinished barracks. Some of them were not roofed. Their walls and floor were covered with ice. There were no stoves in them. The weather was severe and bleak. The men still were not supplied with overcoats. Straw was not furnished for beds. The regimental hospital was not roofed. (For a few days the weather was too cold for the roofers to work.) The general hospital was nearly full, and at the same time was undergoing enlargement and repairs. Common continued fever became epidemic, decimating the number of men fit for duty. The erection of a new regimental hospital was undertaken, and on the eve of its completion the regiment was ordered to Kentucky. We arrived in Lexington on the 18th of December.

At Lexington, we had a large sick list from previous exposure in

Ohio. We found it difficult to procure hospital accommodations there. For several days we occupied the Court House. I then procured the free use of the Dormitory at Transylvania University for hospital purposes, through the benevolence of the patriotic trustees of that institution. There our sick, with the generous help of the Lexington Ladies' Soldiers' Aid Society, were made comparatively comfortable. Catarrhal affections were prevailing in Lexington, while we were there. Diphtheria appeared in our hospital, the results of which will be noticed in the first quarterly report for the current year.

B. B. BRASHEAR,

Surgeon Sixteenth Regiment, O. V., U.S.A.

CAMP CUMBERLAND, KNOX Co., KY., February 25th, 1862.

Unusual Generosity.—In the last issue of the *San Francisco Medical Press*, Dr. Cooper gives a full list of all the regular medical journals in the United States, including the reprints, and makes the following proposition—To any person who is or shall become a subscriber to any of these named publications, he will send the *Press* for \$1.00 (*i. e.*, half price); to any one becoming a subscriber to two he will send the *Press* for 50 cents, and free of charge to all who are or shall become subscribers to three. This proposition most assuredly conveys an earnest and sincere desire for the general diffusion of medical periodicals on the Pacific coast. It is as free from any taint of selfishness as it is high-toned and thoughtful.

Death of Hon. Wm. Pennington, of New Jersey.—We recently noticed the death of this prominent statesman, as amongst the sad events of the day. We are still more pained to learn, as we have subsequently, that his death was the result of very gross carelessness on the part of an apothecary. Mr. Pennington had been suffering with fever, and was ordered by his physician to take eight grains of quinine. By mistake the apothecary put up and sent him instead *eight grains of morphine*, which the patient took at a single dose. Every effort was made to save him, but in vain.

This sad and terrible lesson will not, probably, be lost on the apothecary who dispensed the fatal dose, but will it come as any special warning to the trade, whereby some careful system may be introduced which shall render such mistakes impossible?

— Since writing the above we find the following paragraph in the *Philadelphia Reporter* :

“ A correspondent informs us that the quantity of morphia taken by Governor Pennington was *two* grains, and not *eight*, as stated in our issue of March 1st, and that the drug was given in two portions of one grain each, at an interval of an hour. His death took place

about seventeen hours after the first dose, whether from the morphia or disease is not certain, as a mortal issue was anticipated by both physicians before the drug was taken. We make the correction with pleasure."

Albany (New York) Medical College.—The number of students in attendance for the session of 1861 was 68, the number of graduates, 21.

New York Medical College.—The twelfth annual Commencement of this school was held March 5th. Eleven gentlemen received the degree of M.D.

Massachusetts Medical College.—At the annual Commencement of Harvard Medical College, on the 12th of March, the degree of M.D. was conferred on thirty-eight gentlemen. The address to the graduates was by Prof. Bacon.

The Medical Department of New York University conferred the degree upon sixty-five graduates. The valedictory by Prof. Van Buren. The distribution of a number of medals and prizes formed a feature in the exercises of the evening.

Medical Department of the University of Buffalo.—The annual Commencement of this institution took place on the evening of February 25th ult. The degree of M.D. was conferred by the Hon. Millard Fillmore, Chancellor of the University, on twenty-eight gentlemen.

Harper's Monthly Magazine for April contains the usual abundant bill of fare. The article on "caricatures" is a capital remedy for dyspepsia. Buy it and read it, as the quack nostrums would say. On sale at Robert Clarke's, Fourth-street.

Eaton (Ohio) Medical Society.—By the courtesy of Dr. Wallace, the secretary, we have received a pamphlet containing the "Charter, Constitution, Bye-Laws and Fee-Bill of the Society," to which is very properly appended the code of ethics of the American Med. Association.

Medical Department of Lind University, Chicago.—The exercises of the public Commencement of this institution were held on the evening of March 4th. The graduating class numbered sixteen, and the honorary degree was conferred on Dr. Payne, of Marshall, Illinois. The prize for the best thesis was awarded to George W. Jones, of Indiana, and that for the second best to E. H. Neyman, of Iowa. The valedictory address was delivered by Prof. J. H. Hollister.

University of Pennsylvania.—From the *Phil. Reporter* we learn that the number of students in attendance on this school the past session was 309, of which 218 were from Pennsylvania. The number of graduates is not given. Prof. Leidy delivered the valedictory.

An Editorial Change.—After a long quiet, we have at length received a number of the *Pacific Medical and Surgical Journal*, in which we learn that Prof. J. Blake has assumed its editorial supervision. Dr. Blake is not unknown in the medical world. At one time he was Prof. of Anatomy in the University of St. Louis. We welcome Dr. Blake to the editorial fraternity.

Prof. H. W. Baxley, of Baltimore.—As we learn from the January number of the *San Francisco Medical Press*, Dr. Baxley, of Baltimore—at one time connected with the Medical College of Ohio—has been enjoying the pleasure of a visit to the Pacific coast. We infer that the visit was a sort of “prospecting”—as we have from time to time seen notices in the journals of a contemplated removal to San Francisco.

Jefferson Medical College.—The closing lectures for the late winter course of this institution took place the first of March. Dr. Meigs, who has been connected with the school for twenty-five years, bade farewell to the class and to the active duties of the profession at the same time, as we learn from the *Phil. Reporter*. A year or two ago Prof. Meigs resigned his position as Prof. of Obstetrics, and was made Emeritus Professor, Dr. Keating being selected as his successor; but the health of Dr. Keating failing, Dr. Meigs has filled the duties of the chair during the past winter.

— In the city of Paris 1729 physicians and surgeons were registered as practicing the art during the year 1861.

— “To the true physician there is an inexpressible sanctity in the sick chamber. At its threshold the more humane passions quit their hold on his heart. Love there would be profanation. Even the grief permitted to others he must put aside. He must enter that room—a calm Intelligence. He is disabled for his mission, if he suffer aught to obscure the keen, quiet glance of his Science. Age or youth, beauty or deformity, innocence or guilt, merge their distinctions in one common attribute—human suffering appealing to human skill. Woe to the households in which the trusted Healer feels not on his conscience the solemn obligations of his glorious art.”—*A Strange Story, by Bulwer.*

Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

PRACTICAL MEDICINE.

1. *Quinine as a Prophylactic against Malarious Influence.*—A committee of the U. S. Sanitary Commission say in their report: It may be fairly assumed, that the power of quinine as a preventive of miasmatic disease is fully established, and that it can be employed not only with entire safety, but with the greatest advantage, even to the saving of life, by healthy persons exposed to malarial influences.—*Amer. Med. Monthly.*

2. *Hysteria.*—Among other valuable information from his extensive experience at St. Bartholomew's Hospital, Dr. F. C. Skey alludes to the great prevalence of hysteria in young women. It is quite remarkable, he says, how general is its presence and how frequently it is interwoven with the symptoms of real disease, reputed affections of the spine and of the knee-joint more especially. He would go so far as to assert that its presence, in some degree or other, is almost universal.—*London Lancet.*

3. *Sulphuric Acid in Asiatic Cholera.*—Dr. McCormac, of Belfast, believes he has established on the sure basis of experience, that the exhibition to each individual of one drachm of dilute sulphuric acid every morning in some aromatic vehicle, coupled with the observance of ordinary sanitary rules, will avert the outbreak, or, if existent, arrest the further propagation of Asiatic cholera.—*Amer. Med. Monthly, from Dublin Med. Press.*

4. *Cainca Root in Dropsy.*—Of all remedies applicable in dropsy, Dr. Genoves y Tio (*El Siglo Medico*) awards the first rank to the cainca-root as being powerfully diuretic, slightly purgative and always tonic. The powdered root may be given daily, in the dose of a drachm or more. A wine of the root has also tonic, but no diuretic and cathartic properties.—*Amer. Med. Monthly.*

5. *Treatment of Phthisis.*—In a communication to the French Academy of Medicine, Dr. Piarry presents the following summary of conclusions. Pulmonary phthisis is a collection of numerous morbid phenomena, and not a morbid unit. There does not exist, nor can there be, a special or specific remedy to destroy a unit which has no existence; consequently neither iodine and tincture of iodine, nor chlorine, salt and tar can be considered as anti-phthisical. For the proper treatment of phthisical persons it is necessary to appreciate, to specify the particular organic affections which they present, and to meet them with appropriate remedies. Hygienic precautions, intelligently advised, may prevent the development of tubercle. By proceeding in this way, by combatting the particular affections which

occur together or succeed each other, we have a rational treatment of phthisis, which can show a fair number of perfect cures, and a very large number of palliated cases.—*Boston Med. and Surg. Journ.*

6. *Bromide and Iodide of Potassium in Epilepsy.*—Dr. Wilks has found the bromide and iodide of potassium to be singularly efficacious in those cases of epilepsy which are due to a local affection, arising either from syphilis or injury, as where epileptiform fits arise from lead-poisoning. The dose employed was usually three grains three times daily. Of thirteen cases thus treated, two are considered as definitely cured, six as improved, and five as giving no satisfactory results.—*Amer. Med. Monthly, from Med. Times and Gaz.*

7. *Tincture of Ergot in Delirium Tremens.*—In a discussion before the Medical Society of the County of Kings, Dr. O. H. Smith stated that he once gave, by mistake, half a teaspoonful of the strong tincture of ergot every two hours for delirium tremens, with the effect of putting the patient to sleep. In the next case he administered the ergot intentionally, with the same effect; has since often used it, and looks upon it almost as a specific for mania-a-potu.—*Amer. Med. Monthly.*

8. *Sulphate of Aniline in Chorea.*—Dr. Turnbull, of Liverpool, read a paper before the British Association for the Advancement of Science, in which he stated that he had administered sulphate of aniline in cases of nervous disorders, and had treated six cases of chorea successfully with this new remedy, some of them having not derived the slightest benefit from the usual treatment. The sulphate appears to act directly on the nervous system. It produces a transient alteration in the color of the skin and lips.—*Amer. Drugg. Circ.*

9. *Syringe for Diphtheria.*—Dr. Aldis, of London, England, has suggested an instrument for gargling in diphtheria and other affections of the throat. It differs from an ordinary syringe only in having a curved pipe with a closed end. It has two rows of apertures, one for directing the jets of fluid horizontally, the other for sending them obliquely upward, so that the posterior fauces may be well cleansed. The piston is made to work easily, and can be readily stopped when sufficient fluid has been injected.—*Med. and Surg. Rep.*

10. *Scarlatina.*—In a discussion before the New York Academy of Medicine, Dr. J. L. Smith declared scarlet-fever to be both an epidemic and contagious disease, communicable not only from person to person, but also through the medium of a third person, and by clothing. Inflammation of the throat occurs in all cases, in severe ones a pseudo-membranous deposit forms on the fauces with ulceration underneath. Under the microscope this deposit shows distinct fibrillation, and is sometimes covered with a confervoid growth consisting of branches and sporules. Dr. Worster, finding in every grade of scarlatina evidence of exhaustion, begins early to stimulate his patients; much treatment is, in his opinion, injurious. Dr. Blumenthal considers the disease to be asthenic and thinks the treatment should be passive as long as possible: we should only interfere

when absolutely necessary, the grand principle of treatment being to sustain the patient. Stimulants are the best remedies, but frictions also important. Dr. J. G. Sewall says we are to guard, if possible, against the retrocession of the eruption. Inunctions are of great importance. Tinct. ferri muriat., chlorate of potash, beef-tea, milk-punch are among his means of treatment. When suffocation is imminent, nitrate of silver to the throat. Salt-pork over the glandular swelling. Warm baths are good in all stages of the disease. Dr. Bachelder thinks highly of chlorate of potash, especially for relief of the throat affection, and is inclined to have confidence in the prophylactic properties of belladonna. From our want of knowledge of the pathology, says Dr. Kennedy, our treatment must be for the most part empirical: we should follow as nearly as possible the indications of nature, give the patient plenty of fresh air and water, sponge the surface with diluents, etc. Has tried everything for the throat affection without benefit; applies salt pork to the glandular swellings, and treats adults with tonics and stimulants, the best of the latter being with him "brown stout;" also uses yeast. Dr. Hubbard treats the anasarca following scarlatina with belladonna and colchicum. Dr. J. E. Taylor has no great confidence in the prophylactic power of belladonna, but can not reject it; Dr. J. Wood also gives it, although his experience is adverse to the opinion that it possesses preventive powers.—*Amer. Med. Times.*

11. *Chloroform in Catalepsy.*—In the case of a young lady, suffering from daily paroxysms which increased in severity under the use of iron, guaiac, cimicifuga, racemosa, quinine and other remedies, Dr. Ashbel Woodward, of Franklin, Conn., gave at first 20 drops of chloroform, in a wine-glass of water, three times at intervals of an hour, shortly before the time of the expected attack. There being no improvement, the dose was increased to 25 drops, five doses being given in intervals of thirty minutes. On the third day the paroxysm did not appear, and from that time onward the general health of the patient gradually improved.—*Chicago Med. Examiner.*

12. *Benzoate of Ammonia in Albuminuria.*—A correspondent of the *London Lancet* uses the following remedy in cases of anasarca with albuminuria following scarlatina. The draught is intended for a child six years old, the patient's strength to be afterwards recruited by the ammonia-citrate of iron. Benzoate of ammonia, five grains; spirit of nitrous ether, fifteen minims; syrup of Tolu, one drachm; camphor mixture, q. s. to one ounce. To be taken three times a day.—*Boston Med. and Surg. Journ.*

13. *Ægophony as an Indication of Pleuritic Effusion.*—Mr. Landouzy, of Rheims, remarks that in some cases, during the operation of tapping the chest, ægophony augments during the escape of the fluid and remains well marked for several days after its evacuation; but in others the sound diminishes as the chest collapses, and ceases entirely at the conclusion of the operation. Ægophony, therefore, indicates neither the presence of effusion, nor its abundance, nor its

limits, but purely and solely a particular condensation of the lung, due to the compression of the organ by the liquid as poured out in the first place, and occasionally persisting after its withdrawal. The effusion is only an indirect cause of the abnormal sound, which may be abolished by the evacuation of the fluid, when no false membranes exist. Where false membranes of a solid and unyielding character have been formed, the expansion of the organ is impeded and ægophony will persist. External compression produces ægophony in pleurisy, and so long as the condensation of the lung continues, so long does the sound continue to be heard.—*Corresp. London Lancet.*

DISEASES OF WOMEN AND CHILDREN.

14. *Stomatitis Materna.*—The following prescription has been used with great success by Dr. J. N. Gibson, of Bowling Green, Mo. Take: sulphate of zinc, two drachms; tannic acid, one drachm; rose-water, two fluid ounces; spirit of turpentine, thirty drops. Mix and use as a gargle three times a day. Chlorate of potash may be given besides, in doses of ten grains three times a day, with occasionally a laxative either of rhubarb, magnesia or castor-oil.—*St. Louis Medical and Surgical Journal.*

15. *Clover Hay in Whooping-Cough.*—Mr. Foster has used the common clover hay as a remedy in about fifty cases of whooping-cough, and found it to fail only in three or four. While other symptoms are to be met with emetics, aperients, salines and tonics, it relieves the cough of its spasmodic character in a few days. He says it acts best when given so as to slightly affect the bowels. The hay should be sweet and leafy.

℞. *Trifolii in fœno*, two ounces; aqu. bullient., one pint; macerate for four hours and strain. A child five years old may take a table-spoonful three times a day.

A syrup is prepared as follows: Take *Trifol. in fœno*, two and a half ounces; sacch. cand., two ounces; aqu. bullient., one pint; macerate the hay in the water for an hour with gentle heat, then boil down to proper consistence. A child five years old may take two tea-spoonfuls four times a day.

A fluid extract is also prepared.—*Med. Times and Gaz.*

16. *Opium in Diseases of Children.*—As an addition to his valuable "Report on the Clinique for Diseases of Children, held in New York Medical College, 1860-61," Prof. A. Jacobi gives some observations on the materia medica of the infantile age, claiming for therapeutics the same right of special investigation, in their reference to children, that has been accorded long ago to physiology and pathology. The administration of narcotic remedies to children is objected to by a number of medical authorities, and they have, indeed, sometimes been used to great disadvantage, even to the destruction of patients. Many cases are on record, where opium, or some of its preparations, have proved fatal to children in proportionately small doses. This proves that there is some uncertainty in the administration of opium to children, and there is undoubtedly danger from even small doses,

but such only as will occur with any powerful remedy. It ought to render us cautious, while it is far from counter-indicating the use of the narcotic. We ought to stop the administration as soon as contraction of the pupil takes place, and paleness of the face and somnolence set in; nor ought we to commence by large doses. The rules laid down, in this report, by the late Professor Schoepf Merei, are very proper: Opium should be prescribed very rarely to the newly-born; medium dose from the second to the third week, the hundred and twentieth of a grain; from three to six weeks, one-hundredth; from six to eight weeks, one-seventieth; from two to four months, one-fortieth of a grain. These doses may be repeated every three hours. In this way, Jacobi never has met with any untoward accident, while Schoepf Merei, repeating the doses only in five or six hours, saw two cases of death from opium. Wherever this, or any other medicine, is really indicated, the same is tolerated in large doses. In peritonitis of children we may at once resort to large doses of opium. In gastro-intestinal catarrh, etc., careful doses have no effect; an immense quantity of the drug can be given daily for weeks. This is a fact of much practical value, although no explanation of it can be given.

The affections of the infantile age, in which Jacobi has administered opium, are, besides those already alluded to —

1. Cerebral irritation. A number of the cerebral affections occurring in the course of diseases of other organs, are but the results of cerebral irritation, and do not require, or even counter-indicate, the use of antiphlogistics. Without a correct diagnosis, opiates are not advisable; but where irritation of the brain is evidently present, without intense anatomical alteration, small doses of sulphate or acetate of morphia, or codeinum, may be relied on. Dissolve five drops of Magendie's solution of morphia in one ounce of water, and give, three or four times a day, half a teaspoonful to a child of half a year, or a year of age. * Or dissolve one grain of codeine in one ounce and a half of water, and give half a teaspoonful or more three or four times a day.

2. Catarrh of the stomach and intestines. Opium is the remedy for almost all cases, whether acute or chronic. It may be given in the form of Dover's powder, with calomel, subnitrate of bismuth, tannic acid or subacetate of lead. *R.* Calomel, from four to six grains, (or subnitrate of bismuth, from eight to twelve grains;) Dover's powder, three grains; prepared chalk, half a drachm. Mix, and divide into twelve powders, one of which is given every two hours to a child from six months to a year.

As a general rule, tannic acid and subacetate of lead are only to be used in chronic catarrh of the intestine, and in children a little older. In such the dose of the opium has to be increased according to circumstances. *R.* Tannic acid, or subacetate of lead, eight grains; opium, one grain; prepared chalk, two scruples. Mix, and divide into sixteen equal parts. One powder every three hours to a child of three or four years.

In fresh cases of gastro-intestinal catarrh, which have got well

after the treatment mentioned, a simple opiate is usually required to counteract the remaining irritation: mix, for instance, ten drops of Sydenham's laudanum with two ounces and a half of the mucilage of gum-Arabic, and order a teaspoonful every two or three hours to a child of eight months or a year.

The local application of opium to the intestinal canal requires the utmost caution and but small doses, not larger than for internal use. It is preferable to repeat injection frequently with small doses of laudanum, and to watch the effect, rather than to use large doses at once.

In catarrh of the stomach, the administration of carbonates, or muriatic acid, or bismuth, will usually suffice. But in cases of incessant vomiting, sedatives are necessary. Here codeinum or codeïa acts admirably in daily doses of half a grain to a grain, according to age.

3. Laryngeal catarrh. While the sudden attack of dyspnœa calls for an emetic, the irritation and spasm are best relieved by a dose of opium, given at bed-time, say two grains and a half of Dover's powder to a child of three years of age.

Counter-indications to the use of opiates in infantile practice are: uncertain diagnosis, hyperæmia of the brain and meninges, exhaustion and collapse; complication of intestinal catarrh with a pulmonary affection, particularly broncho-pneumonia. Only in the last named case, an occasional dose of opium is admissibile, and then but for the purpose of procuring rest.—*Amer. Med. Monthly.*

20. *Discharge of the Ovum after Menstruation.*—A correspondent of the *Med. and Surg. Reporter*, from Brooklyn, N. Y., mentions the case of a seamstress, about twenty-one years of age, who has regularly menstruated every thirty-five days since her sixteenth year. Upon the fourth or fifth day after the cessation of the menstrual flow, the discharge of the ovum is invariably attended with a discharge similar in appearance to the menstrual blood, continuing from four to five hours. Once only the ovum was discharged about twelve hours after the menstrual period.

Obitua! Record.

DIED, on the 3d of March, 1862, Dr. JOSEPH N. GRAHAM, of Chicago, aged 40 years. His disease was tubercular phthisis.

At Paris, 15th January, 1862, of arteritis, F. J. MOREAU, senior professor at the Faculty of Medicine of Paris, and one of the most highly respected accoucheurs of that city, aged 72 years.

On the 25th of February, 1862, of typhoid fever, Dr. J. S. VESTAL, of Sulphur Springs, Ind. Dr. Vestal was in attendance on the lectures of the Medical College of Ohio during the past winter. He was taken ill a few days before the close of the term, was examined for his degree, and went home; but before the public announcement of his graduation on the Commencement occasion, he had already gone to that "undiscovered land," his earthly labors being all complete.

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ARTICLE I.

A Report on some of the Causes of Tuberculosis,

WITH SOME REMARKS IN REGARD TO THE PROPER HYGIENE OF THE SAME.

[Read before the Eaton Medical Society, January 15, 1862.]

BY ROBERT WOODY, M.D., EATON, OHIO.

The increased number of cases, and desolating march of consumption throughout the civilized world, call on the humane and benevolent everywhere for the investigation of its causes. The question is frequently asked, *What are the causes?* Why are *we* more subject to this *fell*-destroyer than were our forefathers? It does seem that this disease is *fearfully* on the increase, as its victims are numbered *annually* by *tens* of thousands. With these facts and considerations before us, would it not be well for us to pause, and endeavor to find out what the causes really are, and in what manner they have been introduced into the domestic and home circle, to invade our peaceful and happy homes, and make *void* and sad hearts in the same? The question is often asked, Are not the causes of consumption somehow or other connected with the progress of civilization and refinement, as it has been shown by statistics that the disease is *scarcely known* in the savage state? And it seems to me, that those of us that can recollect from forty to fifty years back, know at that time, and for a number of years later, that it *was* a very rare disease in the western part of this State, and the eastern part of Indiana. Now this seems a little remarkable, when we reflect that our forefathers were much more *exposed* to the *inclemencies of the weather*, and suffered more from hardships and privations; and all this without the comfortable cloth-

ing, warm houses, and the various improvements and conveniences of the present time. Without developing the disease in them, they certainly were exposed to many of the causes which we now regard as capable of developing the disease. What, then, but the *effeminency*, which is the natural result of the refinement and luxurious ease of our day, in dress, diet, etc., the early development of the brain and nervous system, by stimulating diet, drinks, and the free use of narcotics, thereby prematurely exciting the brain and nervous system, which in the end becomes debilitated without sufficient nerve force to drive on the vital organism in the performance of their proper functions? Is it not reasonable to suppose that indigestion, followed by deficient nutrition, would so debilitate the whole machinery and impair the constituents of the blood, as to predispose to scrofula and tuberculosis? Those with large lungs and a good share of vitality would become scrofulous; while those with small lungs and but little vitality would become consumptive.

In reference to our mode of living — being a prolific source of this disease — a recent writer says: “Consumption of the lungs is the most *general evidence* and the most *fatal result* of the *artificial* and *enervating* habits of civilized society.”

In the city of New York about two thousand die annually of this disease; and in Boston, Philadelphia, Baltimore, and a majority of the other cities of the United States, the mortality from this source bears nearly the same relation to the population. In most other countries in which civilization has made equal progress, the disease has committed equal ravages. Dr. Young has calculated that it destroys prematurely one-fourth of the inhabitants of Europe.

Prominently among the causes that have elicited a great deal of attention and research, is that of hereditary descent or transmission. While it can not be denied that this acts as a powerful predisposing cause, it must be admitted, on the other hand, that very many cases occur, and probably a majority of the cases that we are called on to treat, where all the children of a family die of this disease, when the parents for several generations have been free from pulmonary consumption. Dr. Clark informs us, that instances have come under his observation where whole families have fallen victims to tubercular consumption, while the parents themselves enjoyed good health to advanced age, and when he was unable to trace the existence of the disease in their families for generations back. How are we to account for facts like these, if we assume the position that the disease has been “transmitted?” Consumption had a beginning somewhere, and

originated, doubtless, in consequence of man's physical transgressions. We can not believe that a wise and benevolent Creator would bring upon man so dreadful a disease through causes which are not, as a general principle, under his control. True, a child may inherit the disease from its parents, and so be unable to ward it off; still its parents were accountable for the disease, so that we have in this matter of hereditary transmission an illustration of the principle, that the "iniquities of the fathers are visited upon their children unto the third and fourth generation."

It is almost a universal opinion that the human race is degenerating, and that their moral as well as physical natures have been for years approximating a lower standard. Sir Humphrey Davy, in speaking of this tendency in the human race to degenerate, and the means that an Allwise Providence has seen fit to employ for their degeneration, says: "You saw in the decline of the Roman empire a people enfeebled by luxury, worn out by excesses, overrun by rude warriors; you saw the giants of the North and East, mixing with the *pigmies* of the South and West. An empire was destroyed, but the seeds of moral and physical improvement in the new race was sown; the new population resulting from the alliances of the men of the North with the women of the South, was more vigorous, more full of physical power, and more capable of intellectual exertion than their apparently ill-suited progenitors; and the moral effects are final causes of the migration of races; the plans of conquest and ambition, which have led to revolutions and changes of kingdoms, designed by man for such different objects, have been the same in their ultimate results—that of improving by mixture the different races of men. An Alaric or an Atilla, who marched with legions of barbarians for some gross view of plunder or ambition, is an instrument of Divine power to effect a purpose of which he is wholly unconscious; he is carrying a strong race to improve a weak one, and giving *energy* to a debilitated population; and the deserts he makes in this passage will become, in another age, cultivated fields; and the solitude he produces will be succeeded by a *powerful* and *healthy* population."

If persons of consumptive tendency marry at all, the opposite party should, by all means, be as free as possible from all predisposition to this complaint; and the healthier and more hardy in other respects the better. That the Mosaic law, relating to marriage of relatives, was founded in wisdom, *facts* abundantly prove. I have no doubt the intermarriage of near relatives is a fruitful source of consumption and scrofula. In the report of the cases just cited, as being the legiti-

maté result of improper marriages, three-fourths of the offspring were affected with scrofula, which is regarded by many physicians as being allied to, or identical with tuberculosis. "Consumption," says Dr. Griscom, "is very often, if not always, a symptom of a disease which assumes different forms, and is known by the generic term *scrofula*."

I would be very much pleased, gentlemen, if you would report to this society the cases that may come under your care, where a number of the children die of healthy parents; the character of the disease or diseases, their respective ages, and the temperaments of the parents as near as may be. This plan might possibly lead to some useful data, in reference to some of the diseases that have for ages been attributed to a "mysterious providence."

It is the opinion of quite a number of physicians of learning and investigation, that an abnormal peculiarity has been for many years creeping into the constitutions of existing humanity. That physiological laws, which hitherto were supposed to have been settled, avail nothing now as pathological or therapeutical guides; and hence, physicians are frequently called to see forms of disease, which, though presenting no indications of danger or difficulty, yet baffle the skill of learning and experience; and some of them openly and frankly declare that children of some parents, when they become sick, will die in "spite of everything." Some of our clergy, too, have become impressed with the notion that an *alarming* condition of the existing mind of our race is becoming manifest. If it be true, as many physicians have suggested, that a physiological change is becoming manifest in our existing humanity, it would be safe to infer that it is attended by a corresponding mental change. Every individual who has contemplated these things with reference to their true cause, must be convinced that, living as we do in open violation of the physical laws of our being, we must inevitably, sooner or later, incur the just penalty attached to such transgressions. There is no principle in philosophy or science, that is based on a more certain and sure foundation than this one: "Although hand joined in hand, the *guilty* (those who violate law) *shall not go unpunished*."

Are we not guilty of living in open violation of the physical and organic laws of our being? Consumption is as much the penalty that has been attached to violated laws as is the rope of the hangman.

In addition to what has already been said of the predisposing causes of consumption, the influence of some of the trades are said to exercise a deleterious influence, such as confine the operatives indoors, when the muscles of the chest and arms are subject to constant motion,

while the body is maintained in a bent position : such as scribes, jewellers, tailors, shoemakers, lace-makers, cutters, and grinders of crystals, needle-grinders, seamstresses, etc. The exclusion of light, and the constant and habitual confinement in damp air, or that which may be charged with impurities, that will act on the mucous membrane of the trachea or bronchial tubes, as irritants or caustics, may act as exciting causes of consumptions in those cases where there is already a predisposition to the disease ; so that the same causes may act in some cases as predisposing, and in others as exciting. When I come to speak of the pathology of tuberculosis, I may again refer to the predisposing causes of this disease.

Of the exciting causes of consumption, cold has at all times been regarded by the early writers on this disease as developing the initial stage in a larger majority of cases than all other causes put together, so that when an individual took cold, with hoarseness, cough, and pain in the side, a great deal of anxiety was felt by the friends and relatives lest consumption should be developed.

Of all the supposed causes of consumption, the theory of "blood-poison" has been the most generally received and accredited. So likewise the doctrine of a deteriorated condition of the vital fluid is probably more generally believed at the present time, as being the immediate and remote cause of the disease, than any other theory that has been so generally spoken of as this one. But thus far all researches into what this deteriorated condition consists, has baffled all chemical analysis, research and investigation, and has also eluded the vision of the microscopist. In all the examinations made of this subject by men of science and skill, so far as I am informed, nothing satisfactory has been clearly made out, as they have failed to establish any particular and never-varying change from the normal condition and constituents of the blood, as a condition peculiar to tuberculosis. Dr. Madden, of England, is a strong advocate for the doctrine of blood-poison as the cause of consumption, although he admits that its agency or presence can not be demonstrated. His notions in this respect are similar to that of many physicians in this country and Europe, in reference to the agency that miasmata has in the causation of fever, the existence of which has never been demonstrated in any other way than this. People take what is called miasmatic fever, which can not be traced to any other cause. The Doctor argues that many of the known poisons produce disease similar to phthisis ; that syphilis and glanders produce changes of structure, and a vitiated condition of the fluids, and that hectic fever, emaciation

and death are the results of the absorption of various poisons. Mr. Ancell, and a majority of the physicians of the present day, believe that a change in the blood has something to do in developing the disease, and many of them have attempted to show, by chemical and microscopical examinations, in what this change consisted. Mr. Ancell thinks the following facts are pretty well established: 1st, an increase of water; 2nd, an increase of fibrine; 3rd, diminution of the red corpuscles; 4th, increase of albumen; 5th, diminution of iron. Others, again, have it that there is a lack of carbon, and, according to Dr. Churchill, of phosphorus; hence the treatment founded on these theories consisted of iron, wood-naptha, cod-liver oil, and the hypophosphites, to supply those *fancied* deficiencies in the normal elements of the fluids and tissues; with what success I will leave you to draw your own deductions at your leisure.

In speaking of the causes of consumption, I will endeavor, as well as I can, to confine my remarks to those causes that appear to bring into active operation the *germs* of tubercular disease. I have not much faith in the doctrine of hereditary transmission, as being the sole cause of phthisis, as the combined causes that may induce the disease in the *most susceptible*, may by their long continued action bring successively under their influence a whole family. General observation has established the fact that consumption may originate in persons who, to all appearance, are free from hereditary taint. Dr. Clark, Laennec and others have cited examples to prove that the disease does not depend on hereditary causes for its existence. To enumerate all of the causes that are named, and have been supposed to be the cause of this disease, to say the least of it, would be a work of supererogation; but those that I conceive to be real causes have already been named, with the exception of one or two more, which I shall name presently. When general causes operate independent of a tuberculous predisposition, it usually requires a long continued application of them to establish the disease; but when this diathesis already exists, those causes act much more speedily and certainly. Hence, persons predisposed to consumption would be liable to suffer from causes which would not disturb the health of those free from such a predisposition. In considering these accidental causes, we can not fail to perceive that the two classes of persons will be differently affected. In those predisposed to the disease, those influences act as exciting causes; while in those where there is no predisposition to the disease, those causes may act as predisposing and exciting. But whether the changes in the blood before spoken of arise from a

diminution of the red corpuscles and increased fibrine, I shall not pretend to say, but somehow it appears that the blood loses the power to stimulate and sustain sufficient nervous power for the performance of normal vital action.

Dr. Anderson, of Kentucky, in a well written article on consumption, published in the *Medical and Surgical News*, for June and July, takes the position that the disease is caused by deficient nerve-power. There can be no doubt but this condition is present in all cases where the disease has made much progress; but reasoning *a priori*, it would be just as rational to attribute the want of nerve-force to deficient nutrition, which alone can give force of any kind to the system. As soon as the vital fluid loses its elements of life, the functions of the brain and nervous system become impaired, consequently the stimulus necessary to keep up a sufficient amount of vital action is lost.

I would place at the head of the *causes* of consumption those influences in our lives that inevitably produce effeminacy: such as naturally result from the fashionable mode of living. The nervous exhaustion that follows in the train of indolence, the use of warm relaxing drinks, such as coffee, tea, etc., the use of tobacco and other narcotics, that make heavy draughts on the brain, the sleeping on feather beds in close seven-by-nine rooms, and sexual excesses, constitute, I think, nine-tenths of the exciting causes of this disease.

In the young, of both sexes, I regard masturbation as the great predisposing and exciting cause, that exceeds all other causes put together. There is nothing that so soon robs the brain of its nervous power. I can as truly tell a worshiper at the shrine of Venus, and they are as indelibly marked as any that worship at the font of Bacchus. Richerand, in his *Physiology*, gives an interesting case of a shepherd who had practiced this solitary vice until his case presented the most revolting character. This case would seem to prove that this habit, long continued, will end in consumption. His avocation, that of tending flocks, was one that would be well calculated to prevent this disease, under ordinary circumstances, as those who live most in the open air are less subject to the disease than those whose occupation keep them within doors.

In a practice of more than twenty-five years, I have met with but few cases in young persons, where I could get into their confidence, but what many of them would candidly confess that they had been more or less addicted to this vile and soul-destroying habit. Let any person investigate the extent of the infatuation that this practice leads to, and the extent of the evil itself, and they will be perfectly astonished.

Many persons with weakened physical and intellectual powers, have strong or perverted sexuality, and I have frequently thought that such persons were worse than those possessing large amativeness, if it was associated with strong physical powers. Sexual excesses are not, by any means, confined to the young and unmarried. There are thousands living in the conjugal relation that are "onans," not so much from the fear of raising up seed to their brethren as numerous other reasons that might be named. All physiologists that have examined this subject, are unanimous in their testimony, that there is no vice that so *surely* and *speedily* saps the very foundation of life as this one. For Onan the penalty was *death!* "For the thing which he did displeased the Lord, and he slew him." As proof of its powerful exhausting nature, the male of some classes of animals die immediately after copulation. Dr. Adam Clarke says, "The sin of self-pollution is one of the most destructive evils ever practiced by fallen man; in many respects it is several degrees worse than common whoredom, and has in its train more awful consequences. It excites the powers of nature to undue action, and violent secretions, which necessarily and speedily exhaust the vital principle and energy; hence the muscles become flaccid and feeble, the tone and natural action of the nerves relaxed and impaired, the understanding confused, the memory oblivious, the judgment perverted, the will indeterminate and wholly without energy to resist. The eyes appear languishing and without expression, and the countenance vacant; appetite ceases, for the stomach is incapable of performing its functions, nutrition fails, tremors, fears and terrors are generated; and thus the wretched victim drags out a miserable existence, till, superannuated even before he has had time to arrive to man's estate, with a mind often debilitated even to a state of idiotism, his worthless body tumbles into the grave."

Gentlemen, if I had the power to present all the cases of consumption in one vast congregation, that has resulted solely from this vile habit, you would, methinks, agree at once that its name should be *legion*.

With the pathology of the disease, I will not occupy much of your time in detail. The opinion seems to be generally received as true, that tubercular matter is a product possessing a very low degree of vitality, resulting from a deficiency of healthy plasma, just as the same occurrence hastens the disintegration of lymph, and the conversion of the plastic into the aplastic, by exalting chemical affinities in a material which has none of that vital power of resistance by which living tissues maintain their integrity and normal composition. It is said that tubercle is frequently deposited at first in the yellow opaque

state ; this circumstance, then, indicates the still more degraded condition of the nutritive function. In rapid phthisis, when resulting from acute inflammation in a scrofulous subject, yellow tubercle generally forms a large portion of the deposit. Practically considered, I think it makes but little difference whether the miliary, semi-transparent, gray, opaque, or yellow tubercles are the first to be formed in the morbid process which results in their deposition ; as a prior change in the healthy constituents of the blood must have had an anterior existence — whether it is a change in the corpuscles and cell-formation is a difficult matter to determine, as those appearances differ in each case, owing to the various influences and constitutional peculiarities—the influence that diet and treatment has had must make an endless variety in the constituents of the blood, as well as post-mortem appearances. Many pathologists have contended that the deposit of tubercular matter was the result of inflammatory action ; others deny that inflammation is necessary, or a frequent attendant on this morbid process. Dr. Williams says : “ But tubercular deposit is not always preceded by inflammation. In many cases tubercles are found so extensively disseminated through different textures, after few or no symptoms of inflammation, that it is quite impossible to regard them otherwise than as the result of modified textural nutrition.” (See *Principles of Medicine*, page 386.)

When the diathesis peculiar or favorable to the development of this disease already exists in the system, then irritation of the air-cells and bronchial mucous membrane may invite the blood in greater quantities to their surface, and the parenchymatous substance of the lungs, which, being charged with the cacoplastic elements of tubercular formation, in the same manner that plasma is carried through the blood for the purpose of repairing injuries. This process has, I believe, been termed by Dr. Hunter “ healthy inflammation.” Tuberculosis, then, is the result of the deposit in the lungs of matter that has lost in some degree its pristine vitality before it has been deposited by the blood, and constitutes this peculiar deteriorated and debilitated condition, arising from some of the causes previously named.

Of the symptoms of the disease, I will not detain you by their recapitulation, as they can not be mistaken by the tyro in the profession, although he might not be able to give all the physical signs laid down by Louis or Laennec.

What I shall have to say with reference to the treatment, will be in regard to the management of incipient consumption, which will consist in proper hygienic influences, that will tend to promote and

perpetuate the most healthy condition of all the organs to the latest period. I assume the ground, that under good hygienic influences the tendency of the vital powers is to preserve health, and also to restore it when lost. Strict obedience to the physical laws of our being is the only guaranty that we can have of continued health.

The means that I think best calculated to secure these ends, are proper exercise in the open air, the regulation of the diet on the principle of "eating to live," instead of "living to eat," the sleeping on straw or mattresses in large well-ventilated rooms, together with the regulation of the passional influences. The exercises of the young should be of such a character as to develop and strengthen the lungs and respiratory muscles, and such, too, as would amuse and interest the intellectual powers. Dr. Wood places exercise at the head of all measures for giving tone, strength and endurance to the system. The best exercise for strengthening the pectoral and respiratory muscles is swinging, by supporting the body with the hands, and full inspirations, so as to produce expansion of the air-cells of the lungs. Speaking, reading, and singing loud are also good to invite the vital fluid to those parts, and the blood, in flowing more freely through the parts, deposits material of growth and size, being a measure of power, everything else being equal. Let any man try the experiment of using one arm, and letting the other remain quiescent, and he will soon find that the arm used is the largest, and consequently the strongest. The blacksmith's arm is stronger than the tailor's, and the gastrocnemii muscles better developed in the dancing-master than in the man of sedentary habits. Walking and practicing with the "dumb-bells" is very good, and where the patient is inclined to be "utilitarian," sawing wood is excellent. I can not agree with Prof. Lawson, that organization has nothing to do with consumption, as I regard the capacity of an organ to perform its function, and also to ward off disease, just in proportion to its power to do so; and as stated above, *size is a measure of power*, I would say to those with small lungs, I am in the habit of having my patients practice frequently the expansion of the lungs to their utmost capacity — say from fifteen minutes to half an hour—several times a day. This soon becomes a habit, and is, I think, attended with much benefit in many cases; but all these things, like every other measure, must be varied to suit the various idiosyncrasies that we meet in practice. Another advantage, probably, of the expansion of the air-cells by full-breathing, is that there is a greater quantity of oxygen mixed with the blood. Dr. Wood in his late work on the practice of medicine, says: "So far as we under-

stand the tubercular diathesis, it consists in a depreciation of the general tone and vigor of the system, and of the character of the blood. Our object must, therefore, be to restore due vigor to the solids, and a healthy state to the circulating fluids. The remedy best adapted to these ends is exercise in the open air. To be effective, this must be vigorous and long continued. It is not sufficient to take a short walk now and then, when the weather is pleasant. Such exercise is altogether inadequate to the end in view, of changing the constitution of the patient. It must be sustained daily, and as far as possible unremittingly for months, and even for years."

In exercising, the patient should be very careful never to carry it to the point of great fatigue, as this would have a tendency to exhaust instead of strengthening the vital powers. Many persons when told to take exercise, entirely overdo the matter at the very start, and find themselves sore, stiff, and exhausted, and come to the conclusion that exercise don't agree with them. When the weather is unfit for outdoor exercise, sawing wood, dancing, practice with the dumb-bells, and posturing may be substituted. That kind of exercise that will be the most interesting to the patient, should be directed. Those of an innocent or beneficial character should be preferred. No exercise or amusement should be proposed that would offend the religious or moral sentiment of the patient. The exercise and amusement should be frequently varied under the restrictions named.

In the successful management of this disease, a great deal will depend on proper dietetic regulations. Indigestion, being one of the most troublesome and fatal concomitants of consumption, should by all means be avoided, if possible. But it is frequently engendered by the anxiety of the physician and nurse; in their anxiety to prevent debility, they cram the debilitated stomach with rich and concentrated food, which overtax the already debilitated organ—this food being of more difficult digestion than the coarser and less concentrated. When too much food is given, portions are not digested, and in this state pass into the duodenum and bowels, producing irritation of the mucous membrane, obstruction of bile and other fluid, so that perfect chylification and proper assimilation is thereby prevented, and increased debility the consequence. And if the quantity of such food is lessened, so as to meet the exact wants of the system, the bulk is not sufficient to distend the stomach for it to perform its function properly, and loss of function is the consequence.

Prof. R. D. Mussey used to relate some experiments in feeding a horse with fine flour. The horse lost flesh, and drooped more and

more every day, until some fine shavings were mixed with the flour, when the horse commenced improving, and gained flesh rapidly. Magendie tried the experiment of feeding dogs on sugar, butter, olive oil, and other rich and highly concentrated food. After commencing this kind of food, the dogs commenced drooping and losing their appetite, followed by emaciation, ulcers, etc., and *invariably* died in the course of four or five weeks.

I think I have seen quite a number of cases where the vital powers were exhausted, and death took place much earlier than it would, had the patient been fed on proper food. The diet should be moderately nutritious, and of that kind that will be easily digested. For most persons, bread made of wheat meal will be preferable to white bread; the brown bread or Graham cracker will be the best. Good bread is a very important item in the dietary of the consumptive; in fact, of all invalids, and of those, also, that do not wish to become such. As a general rule, the fruits and farinacea will furnish the most appropriate diet. Hominy, cracked wheat, rice, baked potato, baked apples, and most of the stewed sub-acid fruits in moderation, will be good. If flesh is used, it should be lean and tender, and either boiled or broiled, and eaten for dinner. But where there is much debility of the stomach, two meals a day is all that should be allowed, so as to give the stomach time to perform its function and have some rest to recuperate its energies. It is ridiculous to suppose that a debilitated stomach can perform more work than a healthy one. The use of coffee, tea, and condiments had better be left out of the list of diet. The use of tobacco in any shape should be forbidden, as this filthy narcotic makes heavy draughts on the nervous system. In reference to bathing, I urge the importance (where the patient is able) of a daily ablution of the whole body. The temperature of the bath must be regulated by the feelings of the patient. Nervous females should never use cold water, as their reactive powers will not admit of it. The best time to take a bath is on rising from bed, when the night-clothes are changed. Every person should change their clothes night and morning, and bed-rooms should be well-ventilated through the day. Some object to bathing on account of time; five or ten minutes at furthest is ample time to take a bath and dress. In winter, the following plan I have found to be very good: Place water on a stove at night, and wood at hand; arise in the morning, start the fire, and then retire to bed again; and when the room is comfortable, you will have warm water to temper the bath to your feelings. You may put two gallons in a common tub and sit down in it, and with a towel or

sponge wash the whole body quickly ; then wipe dry, and use friction with the hands until there is a glow on the skin, when you may dress and take exercise. The thing is done quicker than I can describe it. I think the hand is much better to rub the skin with than the flesh-brush, as the latter irritates and bruises the mouths of the exhalent vessels, and a thickening of the cutis vera is the consequence.

As the depressing passions have a tendency to destroy appetite, retard digestion and assimilation, hope and bouyancy of spirits tends, on the other hand, to assist them. Therefore, changes of scenery, agreeable companions, and all other means that can be made available for these ends, may be used.

These means, properly applied, will assist digestion and assimilation, and in consequence thereof the individual who begins to feel the influences of returning health begins to breathe more freely, the nervous powers are strengthened, all objects begin to put on a more pleasing aspect, and the whole world, which seemed so gloomy and uninviting, begins to look beautiful, and life is no longer a burden, but is enjoyed as a real blessing, and the disenthralled patient looks around in gratitude to what seems to him a new creation, a new heaven, and a new earth.

ARTICLE II.

An Inaugural Address.

[Read before the Eaton (Ohio) Medical Society, November 10th, 1861.]

BY W. LINDSAY, M.D., WEST ALEXANDRIA, OHIO.

In the resuscitation of our Medical Society the signs of the times portend favorably, and look hopeful for its permanency and usefulness, and the membership have only to determine that it shall be so, and most assuredly it will be so. Let each member determine faithfully and diligently to act well his part and contribute his mite of knowledge, and the future must be bright, hopeful and remunerative. In coming together here we may make some sacrifices ; however, I trust we shall be amply rewarded for any attendant loss of time on account of professional and other engagements, in the pleasant intellectual and social enjoyment which shall be reciprocal ; and in the mutual interchange of thought, and the presentation of such facts and matters of interest as may have been treasured up during past years of practice and professional life.

Medicine is a progressive science, has been, and must continue to

be, for various reasons, to the end of time; unless man shall arrive at a state of perfection in science which to our comprehension and intellectuality can never be reached. Diseases change in character, are influenced by location, climate, idiosyncrasy or peculiarity of constitution and temperament. To enable us in a good degree to meet these difficulties and perplexities, we look to the gradual advancement of medical science, as new and more efficient remedies, judging from the past, shall from time to time be brought to light. The vegetable and mineral kingdoms will continue to furnish medical wealth, and other remedies of acknowledged powers in the treatment of disease be added to our *Materia Medica*.

Among the most prominent and urgent considerations for the organization of medical societies, we would claim that of *self-protection* and the general good. When we commenced reading medicine, in 1817, Ohio and Indiana gave greater protection to the regular physician than at the present time. At the period of which we speak we had in these States stringent enactments against quackery; while the well-read physician was amply protected by legislative enactment and chartered provisions in our district medical societies. Then, as a common thing, the regular physician, the licentiate and the graduate, was a member of his district medical society; and the public then had some assurance in this of skill, reliability, and of honest, faithful treatment. We read medicine in Ohio; but since we engaged in the active duties of the profession we have spent several years in Indiana, consequently have had opportunity practically to be somewhat posted in the history of the past in these States. If we may be indulged in a little retrospective history of a general character, we would allude to the statistics of the country, found here in this section of the western country, when we came from the South in 1814, and as compared with the general improvements and developments since.

When we came to the West, these States were then comparatively in their infancy, presenting a very different state of things as seen now by the present generation on the stage of action. The now flourishing inland city of Dayton, which may be given as a sample of other towns similarly situated, in its population would say did not number over five or six hundred. The now great metropolitan Queen City of the West—Cincinnati—with its 200,000 and upward, then should think did not contain over 5,000 or 6,000. The great agricultural thrift and commercial prosperity which we have everywhere seen for the many past years, was then only in a state of embryo. Development has been onward, and in a state of constant progression.

General education has kept pace with the general improvements of the country. Colleges and medical schools have been organized and endowed. The latter, it is to be feared, are now more numerous than can be well-sustained, or the wants of the country yet demand. At the period we commenced reading medicine—1817—there was but one medical school in the west of the Alleghany Mountains, viz.: the Transylvania University of Lexington, Ky. This for many years was a flourishing literary and medical institution, well-endowed, and had the confidence of the country. Prominent of its medical faculty was the great and successful lithotomist, Prof. Benjamin Dudley, Caldwell, and others, among whom was for a brief period, we think, Ohio's own talented erudite, Dr. Daniel Drake. In a few years subsequently, the Medical College of Ohio came into being, with Drake, Jesse Smith, Elijah Slack, of its Faculty. At a later period, the Louisville School. In order of time, if we mistake not, the Cleveland School next; and a few years subsequently, the Starling Medical College of Columbus, under a new organization, having previously been established under a different one at another locality of our State. And in a few years after this period, the School of Medicine and Surgery of Cincinnati. All of which, we think, have been, and continue to be, creditably sustained, considering the great number of medical schools in the West. The Lexington School having years ago merged in the Louisville School.

At the period of our studential probation, three years reading under the tuition of a regular and respectable practitioner of medicine, and vouchers of good moral character, were generally enjoined as eligibility to application for the Licentiate Degree, when the student of medicine was not a graduatè of some respectable medical college. The charlatan and medical pretender could not legally collect his charges or fees for medical services; and, as a general thing, the public failed to have confidence outside the pale of medical organization. But, strange as it may appear, it deserves to be noticed here in the history of the times in the progress of medical science in the West, a few years after the organization of medical societies by legislative enactment, a "change came over the spirit of her dreams," and the heretofore long-established truism, that there was no royal road to the Temple of Science, was wont to be disproved and falsified. Young America was now exultant over the success of Robert Fulton and his associates in the application of steam to navigation. The steamboat was a complete success, and like a thing of life was seen triumphantly and majestically ascending against the current of our

numerous navigable rivers, as well as over the broad expanse of our great western lakes. All were proud of this success—the civilized world was proud of it, and had a right to be so, for it was truly a grand accomplishment, and the introduction of a new era in the world's commerce. But steam must have other application and other mission in the world's history. It must be made the grand instrument in curing disease of whatever character frail humanity is heir to. It is undoubtedly true that fame sometimes seeks instruments of her ambition in the by-ways and humble walks of life—no doubt, that her triumphs may be the more conspicuous and triumphant. It would seem to have been so in the present case, in which a new epoch was to mark the introduction of a grand remedial agent in the treatment of disease, as above intimated.

As must be recollected by many now living—and whose time of life dates back some thirty-five or forty years in the past—away in Yankeedom an illiterate individual by the name of Thomson comes upon the stage of public notoriety, and makes a bold push to revolutionize the practice of medicine through the application of the claimed virtues of steam, in connection with the administration of some six formulas—of which lobelia (Indian tobacco) and cayenne pepper are the most prominent constituents. Anatomy, physiology, pathology materia medica, pharmacy, chemistry, therapeutics, theory and practice, obstetrics, surgery, etc., with all the kindred sciences, are all so simplified and condensed, and so easily understood, a little book, the size of a child's first reader—a mere *primus liber*—contains all that was necessary to be known: all, all is contained in a nut-shell. Thomson having learned as death approaches the individual becomes cold, and that during life a good degree of animal heat pervades the system, hence his theory that “heat is life, and cold is death.” Thomson obtained letters-patent for his book and system of practice. Rather a remarkable stretch of liberality and munificence, one would think, in our government and the powers that be. But Thomson claimed to be a great benefactor, and must needs be liberally rewarded and protected, financially, for his great discovery (?). And in a matter of such vast sanitary import where should the public look, or where investigation of merit in a matter of such deep responsibility rest, other than with a commissioner of the Patent Office? The simple, ignorant, and frequently well-meaning are fond of the marvelous, and willing to be hoaxed, if it can be done right decently and well sugar-coated. And this new light must needs be hailed with great favor; inasmuch as it proposes to endow its possessor with the title of

Doctor of Medicine, with only merely a title of reading and study, and comparatively at so little expense. And surely the title must be valid which is so easily obtained, as it is backed by a high functionary and officary of the General Government!

Thomson for several years drove an extensive business, selling personally, and through agents as illiterate and ignorant as himself, charging \$20, think it was, for his little book and the patent-right to practice on this his new system. As education was uncalled for, and the routine of administration was soon learned, numerous unprincipled tyros, as well as simple, well-meaning farmers, engaged in the new practice, assuming all the grave and fearful responsibilities involved. And no doubt great were the many cures performed and effected in a Dr. Hornbook sense! It may be stated in this connection, as the fact may not be known or now recollected, especially by the younger members of the profession, so great had the popularity of this system of practice reached in a few years, and so numerous had its friends and advocates become, that they were enabled to carry such influence into the halls of legislation, that the heretofore statutory protection thrown around the regularly-educated physician was repealed. The legislature in its wisdom having come to the same conclusion, it was contrary to the spirit of our free institutions that the regular physician, as a class, should be shielded by any exclusive privileges.

A grave consideration here presents itself—one embracing all the weight and responsibility of moral ethics; a consideration in which health and well being are all involved. Health and life are of such immense value, we would claim that all the safeguards possible should be placed around every member of community; and that as a sanitary consideration the matter deserves and demands legislative protection. Perhaps there is nothing so difficult for the uneducated and commonality of mankind to determine and discriminate and judge of correctly, as that of medical qualification. And such being the fact, the general good of society demands that the well-read and deserving physician should be protected, and that none other should, under severe penalties, be permitted to assume the grave and weighty responsibilities of the profession. Thorough qualification of the physician embraces years of patient and laborious study, and this, too, after years spent in preparatory education. As already intimated, medicine is not claimed to rank as does mathematics—that of one the exact sciences: its development has ever been progressive. And after the long years of patient and faithful study and qualification and knowledge within our reach and in libraries and in the schools, the

honest physician will admit, even those of long experience, that difficulties frequently present themselves, and after able counsel in isolated and individual cases, that uncertainty and doubt may still surround his pathway. Then what great temerity and presumption must it be for the uneducated pretender to assume medical responsibility and the cares of the profession, and thus tamper with the health and life of his fellow-being. It will, undoubtedly, be admitted that the statesman is a valuable member of society and of the commonwealth, if he be a man of moral worth, and that his health, life and well-being have strong claims upon his government for protection inasmuch as wise legislation and wholesome laws are important to the well-being of the commonwealth; and inasmuch as numerical strength is the bone and sinew of the country in a national point of view—we mean the yeomanry and the soldiery—consequently, the health, life and well-being of the most humble citizen who in his sphere and proper place has, equally with the statesman, an important destiny to fill, he, too, has as strong claims on his government for sympathy and protection as the statesman and legislator in all these immunities affecting his health, life and well-being.

Our government has been liberal in making provision for the education of our youth. This is right and praiseworthy. Then we would put the proposition in all candor and ask if the education of our children is a matter of such importance as to require that it should be made a matter of common cause, and that in addition to national provision of a portion of the lands once the property of the national and public domain, as well as state and other appropriation for the organization of free schools and education, in which the poor as well as the rich share its blessings; and as we would claim that the education of the physician is a matter of equal importance with the education of our youth, why not have State and national medical schools all free, in which our young men of marked talent and moral worth shall have access, and where the best talent of the country shall be had at the public expense as professors and teachers of medicine? We claim this would be progress, and this, too, in the proper direction. We would suggest that our National Medical School be located in conjunction and connection with our Military School at West Point, or our National Capital.

We would have our National Medical School as a nursery to furnish the army and navy with surgeons and physicians. What a dreadful thing it is even to think of, and how much greater the reality, that a poor wounded soldier should bleed and die on the battle-field, for the

want of proper medical and surgical aid ! We wish not to be understood as detracting from, or intimating that our medical and surgical department are greatly deficient. But that such is the fact to some extent from the very nature of things must undoubtedly be true. The present civil war was unexpectedly sprung upon the country, and during our many past years of peace it was not the policy of our government to keep a large standing army and navy. Now we have an immense army and navy, and shall continue to have, in all probability, for years to come.

In conclusion, we would suggest that our young men, surgeons and physicians, educated in our proposed National Medical School, after graduation, visit London, Paris and Edinburgh, attending a course of lectures in each, or at least spend some considerable time in these great medical institutions, visiting the various departments of medicine and surgery, with their clinics and mammoth hospitals found in connection with them. And after a few years thus spent, returning home well posted in medicine and surgery and their collateral branches, these young men would be amply and ably qualified for professors in our National and State Medical Colleges, as well as army and navy surgeons, an honor to themselves and our government which so ably and liberally educated them.

ARTICLE III.

Case of Fracture of the Skull, extending to the Base.

BY J. R. BLACK, M.D., HEBRON, OHIO.

In looking over a file of the *Lancet and Observer*, my eye alighted upon an article by Dr. Hutchinson, on "The Indications for Trephining in cases of Injury to the Head," in which the following sentence occurs : " From all the sources of knowledge within my reach the conclusion is unavoidable, that trephining can be of no value in a case where the base of the skull is involved in fracture, but, on the contrary, must tend to hasten the fatal termination by adding a new source of irritation and consequent inflammation to the injured brain. And hence the plea that the murdered man might have lived had trephining been practiced, is worse than no plea."—Vol. ii., p. 711. The Doctor goes on to quote authorities showing the almost invariably fatal nature of this lesion, and the consequent futility of an operation. He quotes Lente's statistics for twelve years in the New York Hospital, showing forty-five cases of fracture of the skull involving the base, not one of

which recovered. Robert, who investigated the phenomenon frequently attendant upon fractures of the base—*i. e.*, a discharge of a thin, watery fluid from the interior of the cranium,—says they are always fatal. Prof. Erichsen, however, says this is an error, for at least one patient in the University College Hospital, London, recovered, though a large quantity was discharged from the ear.—*Surgery*, p. 278. The Professor does not state whether the patient had been operated upon or not; but even without an operation, cases of recovery, we may safely infer, are extremely rare.

In the face of such testimony it does appear almost foolhardy to trephine the patient; yet the safety of deviating from fixed rules laid down by our best authorities is fully exemplified in the following case.

On the 16th of February, 1862, I was called in consultation with Drs. Stewart and Brady, of Linnville, to see W. McMullen, aged about 22 years, of good constitution, but rather irregular habits. Had had an altercation with a man the previous afternoon, who threw at him, with great violence, a four-pound weight, striking about an inch above the ear, two layers of a thick felt hat being interposed. Consciousness was suspended, and blood flowed from his nose and ear. In about half an hour he became sensible. Was examined by Dr. A., who pronounced the bone uninjured. Rode in a large wagon some eight miles, when his condition, as shown from the notes kindly furnished me by Dr. Stewart, was as follows: Semi-comatose, yet readily roused, and answers questions intelligibly; pulse 72, intermittent, and much depressed. Found a fracture above the ear two inches in length by one and a half inches in breadth; copious hæmorrhage from the ear. This was at 7 P. M. At 12, reaction having come on, took about eight ounces of blood from the arm. At this amount the pulse flagged. Administered a cathartic of hydr. submur. et rhei; cold to the head.—On the next day (16th) I saw him. In a deep sleep, though easily roused; looks a little wild, yet answers rationally: blood oozing from the right ear. An inch above the tip of the helix scalp much swollen; firm pressure over fracture causes an increased sanguineous discharge from the ear (Dr. Stewart had previously observed the same thing); pulse 80, rather full and hard; no local impairment of motion or sensation. Bowels not having responded to previous medicine, croton-oil ordered, to be followed by tartarized antimony and calomel each in small doses, alternately, every two hours. Ice-water to the head.

17th.—Pulse 82; bowels acting too freely. Pulv. doveri added to check them. . . 4 P. M.—Pulse rising in strength and frequency. Venesection, ten ounces. Treatment continued.

18th.—Met Drs. Stewart and Brady in consultation. Pulse 85 rather full ; bowels moved without cathartic ; still slightly comatose. The discharge of blood from the ear has given place to that of a thin serous one ; the concha of the ear generally full of it ; if wiped away, soon refills ; patient more restless, and language not always rational. Treatment continued.

19th.—Pulse 83, full, hard, and intermittent ; more stupid and drowsy ; between 4 and 5 P. M. had three convulsions, each ten or fifteen minutes in duration ; at 11 P. M. had one lasting more than half an hour, immediately succeeded by wild delirium, uttering piercing shrieks, and requiring four or five men to keep him in bed. Venesection, eight ounces. Treatment as before.

20th, 2 A. M.—Met in consultation as above. Patient having a convulsion regularly every four or five hours ; delirious for some time after each one, then sinks into a deep sleep ; on being aroused, is then perfectly rational. Is not willing to be trephined. Concluded, with the concurrence of Dr. Barras, to administer chloroform and operate, *volens volens*, and give him the only remaining chance for life. Patient consented to operation, before the arrival of Dr. B., without chloroform. On laying back the pericranium, found a fracture, with a regular deep depression, extending from the postero-superior border of the os squamosum backwards and upwards into the parietal bone. More than usual force was necessary to raise the squamous portions of the temporal bone, as it had got within and below the superior border of the intact portion : otherwise the operation was that usual in such cases. The patient bore the operation well, though he had a slight convulsion during its performance. Dr. Barras arrived during the operation, and gave important assistance.

The subsequent history of the case I can not better give than in the language of Dr. Stewart :

“ At 9 P. M. on the day of operation, had a convulsion. Pulse 90, full and intermittent still ; great delirium, requiring restraint to keep him in bed. At 12 P. M. had another convulsion, with considerable collapse, which lasted until 2 A. M.

“ 21st.—Pulse 108, full and strong ; bowels moved through the night ; delirium increased during the day. Antimony et potas. tart. given in increased doses ; cold to the head continued. The gums showing a mercurial impression, calomel was discontinued.

“ 22nd, 9 A. M.—Pulse 103, face much flushed ; surface hot and dry. Continued same treatment. . . . 4 P. M.—Pulse 100, more soft and not so distinctly intermittent ; urinates freely, but high colored ; bowels not acting. Ordered mag. sulph. in infusion of senna. . . . About 9 P. M. became wild and delirious, tossing about, throwing the

clothes away, picking at the bedclothes, and apparently hunting for something. Increased the antimony et potas. tart. Ice-water to head.

“23d.—Bowels acted well; more rational; pulse 96; surface more cool; takes some food, tastes natural; wants to sit up. Treatment continued.

“24th.—Pulse 75, soft and natural; bowels moved; rational; takes food with a relish.

“From this time until the 27th, continued to improve; pulse ranging from 70 to 75; sits up two or three hours at a time. On the 27th the tart. antimony was discontinued. The serous discharge from the ear continued at intervals for two or three weeks after going about. He has, also, occasionally severe headache, with noise in his ear.”

Otherwise, I have been informed, the patient is in perfect health, and has gone to the State of Illinois.

That the fracture in this case extended into the petrous portion of the temporal bone there seems to be no reason to doubt. The hæmorrhage from the ear, increased upon pressure of the depressed bone, and the discharge of a thin, watery serum in the ear subsequently—which Prof. Erichsen thinks pathognomonic of this injury,—show that the base of the skull was involved in the fracture.

The very great fatality of this injury without an operation, and the recovery of this man after an operation, not very flattering in its results even under the most favorable auspices, place this case as an anomaly in the annals of surgery, and impress one to the belief that the excellent old Roman aphorism, as applicable to the body politic, (peculiarly so to us at this juncture,) is as fully applicable to the chirurgery of the human body,—viz., “Never despair of the Republic.”

Proceedings of Societies.

Proceedings of the Hebron (Ohio) Medical Society.

Reported by J. R. BLACK, M.D., Secretary.

The thirteenth session of the Hebron Medical Society, pursuant to adjournment, convened in Hebron, Tuesday, April 1, 1862. Notwithstanding the inclemency of the weather, the attendance was respectable, Drs. Watkins, Thrall, Vanatta, Ewing, Black, Stewart, Spencer, Sinnet, Cutting, Rissler, and Whitehead answering to their names.

After prayer by Rev. Mr. Manley, the election of officers for the ensuing year was had, which resulted in the election of Dr. Vanatta for President, Dr. Sinnet for Vice President, and Dr. Black permanent

Secretary and Treasurer. The regular essayist, Dr. Reamy, being absent, reports of cases were called for.

Dr. Thrall gave a rather unique case of dyspepsia, in which a patient had voluntarily used quite freely of pulv. rhei for her gastric distresses, which under his observation seemed rather to aggravate than alleviate her sufferings. Deeming it proper to empty her stomach, he administered an emetic, whereupon with other contents she threw up a globular concretion of rhubarb, the size of a large marble. The patient was better for some time after.

Drs. Spencer and Sinnet each read papers upon diphtheria. That of the former was more suggestive than didactic, and gave the history of two cases in which death took place by the extension of the disease into the larynx. The treatment was that usual to the profession. He thought that the main point to determine was whether diphtheria was an inflammatory disease or not; and, decided affirmatively, as he thought it must be, was it sthenic or asthenic? The former impels to the use of antiphlogistics, the latter to tonics. For his part, he adopted, without hesitation, the latter course.

The elaborate paper of Dr. Sinnet gave the history of the affection; maintained that the disease was by no means a new one; drew the distinctions between it and scarlatina anginosa; spoke of its insidious advance, etc. He thought that when this disease kills, it does so "by poison — animal poison, absorbed by the raw and granular surface, from which, and in intimate contact with it, the exudation is melting away." The disease, he thought, was a blood poison, closely allied to that received in dissection wounds. In addition to the usual treatment, he found great benefit from warm bathing, and the use of a cold compress, saturated with a solution of chlorate of soda, to the throat. He expressed surprise at the diverse treatment recommended by practitioners in this affection. One uses calomel, another quinia,— both claiming invariable success.

In the discussion that ensued, Dr. Ewing thought that the very strong solutions of nitrate of silver applied to the fauces were very injurious to the throats of the young and tender; and so far as the chlorate of potassa was concerned, he had discarded it for the chlorate of soda. When the peculiar exudation of diphtheria extended into the trachea, he relied upon the administration of calomel as a defibrinating agent. In the latest stages of the disease he relied upon quinia.

Dr. Black wholly discarded the use of calomel, or any other potent antiphlogistic, in the treatment of diphtheria. Contrary to the idea of Dr. Sinnet, he was struck with the unanimity of the profession in the

use of certain remedials for this affection. In Europe and America the value of the chlorates, of the ferruginous preparations, and nitrate of silver locally, were denied only by a few. Tonics and stimulants were very generally concurred in, even at an early stage of the disease. Death came on in two ways : First, and usually at an early stage, by invasion of the larynx, the symptoms precisely resembling croup ; and secondly, at a greater interval from the period of invasion, by toxemia of the blood.

Dr. Spencer said that it was perfectly inexplicable, how any one — admitting the disease to be asthenic — could employ in its treatment calomel or antimony. Why not extend the principle, and practice venesection ?

Dr. Ewing explained that it was only in certain cases that he used calomel, and then simply as a solvent for the effused fibrin.

Dr. Watkins reported a case of that rare disease, *rheumatism of the uterus*. In brief, the symptoms were pain in the iliac and hypogastric regions, increased on pressure ; slight acidulous perspiration, pulse compressed and remarkably slow, tongue moist and furred, leucorrhœa profuse ; uterus enlarged from engorgement ; pain dull during the day, but excruciating during the night. Treated her at first for irritation and inflammation of the womb, with very unsatisfactory results. At the expiration of ten or twelve days, he felt completely baffled in affording even temporary relief. He employed antiphlogistics, and almost every anodyne he could think of, but still the suffering abated not a whit. His attention being called to the condition of the urine, it immediately occurred to him that the case must be rheumatic in its nature. Accordingly he put her upon the following, which, by the way, the Doctor thinks one of the happiest combinations extant in the treatment of rheumatism : ℞ Potass. iod., ʒ j., vin. colch., ʒ ss., sulph. morph., grs. ij., aqua, ʒ v. ; dose, a dessert teaspoonful every six hours. The relief afforded was prompt and decided, though for some time afterward she suffered from metastatic pains in the back, shoulders, etc. The Doctor called attention to the exceedingly meagre references to this affection in our standard works, and even in them it is only regarding the uterine pains while in an impregnated condition.

Dr. Vanatta read a paper on the pathology of inflammation, which with due reference to perspicuity can not be synoptically arranged.

Dr. Black reported a case of cerebritis, designed more especially to discuss and illustrate the effects of opiates in its treatment. He had met with men of years and long experience, who did not hesitate to administer them in every form of insomnia, without reference to patho-

logical states. With due deference to their grey hairs, he could not subscribe to the treatment.

Dr. Thrall thought that the grey-hair argument was a poor one. Whenever he had to point to this, as a reason for this or that practice, by implication or otherwise, he thought it high time to abandon the profession. He professed to be ready—and if not so, he asked no one to adopt his views—to give a reason for this or that practice. Not a mere “I have found this,” or “I have found that,” but a reason based upon cause and effect, and sustained by the teachings of our best authorities.

On motion, it was resolved, that the Secretary prepare a synopsis of the Society’s proceedings, and send the same to the *Lancet and Observer*, for publication.

A resolution making it the duty of each member to report at the regular sessions the name, number, and the result of the diseases placed under their care, in classified order, also the average time that a specified disease required treatment, was laid over until next meeting.

On motion, adjourned to meet in Newark on the first Tuesday of July, 1862.

Proceedings of the Cincinnati Academy of Medicine.

Reported by W. T. BROWN, M.D., Secretary.

HALL OF ACADEMY OF MEDICINE, March 17, 1862.

The President, Dr. McIlvaine, in the chair.

Diphtheria.—Dr. B. F. Richardson reported the following case of diphtheria :

January 28, 1862.—At 10 o’clock A. M., was called to see the son of Mr. F., a stout boy, four years old, usually enjoying good health. He was running about the room, and there seemed but little the matter with him. For some ten days had not appeared as well as usual. Tongue slightly coated ; pulse but little accelerated ; occasional cough ; some complaint to chest, but none as to the throat. Prescribed : \mathcal{R} Pill. hydrarg., grs. vj., pulv. ipecac, grs. iij., divided into eight powders, one to be given every three hours.

The next day, at 1 o’clock P. M., was sent for. Found him breathing with great difficulty, and so loud as to be heard in next room. There was frequent recurrence of that muffled, croupy, suffocating cough so peculiar to the exudative stage of diphtheria after laryngeal involvement. There was pallor, coolness of surface, clammy perspiration, face puffy, eyes turned up, lids half closed, aphonia, tongue heavily coated, and great physical and mental lassitude ; pulse small, chorded, and very irregular. On examination of the fauces, (no examina-

tion had been made at previous visit,) the proximate surface of each tonsil exhibited the pale, ash-colored diphtheritic exudation, extending down latterly as far as could be seen. I was informed that the croupy cough supervened a few hours after my visit of the day before; that croupous respiration soon followed—at first interruptedly, soon becoming continuous. Never having seen a case of recovery after the full establishment of croupous breathing, I informed the parents of his extreme danger, and expressed my earnest regret at not being informed of the change in his case the day before. The following course was adopted: ℞ Chlorate potassa, ʒ ij., citrate ferri, ʒ j., syrup simplex, ʒ ss., aq. distil., ʒ j.; teaspoonful every hour. . . . Saw the patient at 7 p. m. Breathing less difficult, cough less urgent, pulse fuller, softer and more regular. Had taken four doses of the medicine—that is, forty grains of chlorate potassa and twenty grains of citrate ferri. Prescribed the following: Tinct. ferri muriat., ʒ ss., quinia sulph., ʒ ss., syr. aurant. cort., ʒ ss., Jackson's cough syrup, ʒ ij., aq. distil., ʒ ss.; teaspoonful, undiluted, every three hours. Previous medicine to be given immediately. . . . 11 o'clock same evening.—Still improving. Continued treatment.

Thursday, 30th, 8 o'clock a. m.—Marked improvement. Pulse much slower, respiration less frequent, less distinct; cough less harrassing, but still suffocative; aphonia less complete—can be understood, but disinclined to talk; tongue cleaning, less perspiration; slept tolerably well through the night, and seems cheerful; exudation still remains, with appearance of separation at edges. Bowels moved three times—semi-consistent, greenish black color. Had vomited two or three times during the night. Some desire for food. Was ordered rich beef tea. Last prescription continued in half-teaspoonful doses every six hours. The following to be given intermediately: Citrate ferri, ʒ j., chlorate potassa, ʒ j., aq. distil., ʒ j., syr. aurant. cort., ʒ ss.; dose, teaspoonful and a half. . . . 2 o'clock p. m.—Still improving. . . . 9 o'clock same evening.—Respiratory movement normal, pulse nearly so; cough croupy, but not so suffocative; no sound in breathing except when sleeping soundly; exudation detached in spots. Treatment continued.

Friday, 31st.—Slept well during the night. Perspires but little. Bowels move every five or six hours—same appearance. Coughs but little; voice improving; good appetite; tongue cleaning rapidly; pulse normal in tone and frequency. The exudation has entirely disappeared from the tonsils and as far down as can be seen. Faucial membrane not near so deep-colored, except where exudation existed. Walks about the floor. Same treatment continued, doses reduced one-half.

Saturday, Feb. 1, 8 o'clock a. m.—Continued improvement in every respect. Was ordered to take only the last prescription (cit. ferri and chlor. potas. mixture), in teaspoonful doses every six hours, and have nourishing food.

Did not see him the following day (Sunday). Called to see him next day (Monday), and examined him carefully. Fauces almost normal in appearance—not the slightest sign of exudation. Pulse and respiration normal in frequency and character; but little cough, and unaccompanied with croupy sound. Voice distinct, but some-

what feeble, and seeming to require some effort. Appetite very good, bowels open; sleeps well, and gaining strength rapidly. As before, the room to be properly ventilated, and moderate temperature to be secured. Medicine to be continued three times a day, as prophylactic against consecutive paralysis. Reported the case thus far to the Academy of Medicine on that evening, expressing the opinion that he was safe and would recover.

The next day (Tuesday) I did not see him. The day following (Wednesday) I incidentally called to see him about 10 o'clock A. M., and was astonished at finding him in about the same condition as on my second visit just one week before, with the exception that there was no exudation on any part of the throat within sight, nor was there tumefaction nor undue redness of tonsils or mucous membrane. Otherwise, his condition presented no deviation from that of the Wednesday before. The following was prescribed: Quinia, grs. xij., tinct. ferri muriat., ʒ ss., syrup, ʒj.; teaspoonful every hour. Four hours after there was no improvement. Thinking it might be spasmodic in character—auscultation affording no clue to the difficulty—I prescribed antispasmodics, without any benefit, however, as the boy grew worse. The former prescription was again administered, half a teaspoonful every two hours.

Thursday, 8 o'clock A. M.—Passed a very restless, bad night. Continued through the day gradually growing worse, and by evening was nearly pulseless—the extremities cold and clammy. He died about 8 o'clock that evening.

To myself this case is entirely novel. Why did he relapse, after having for several days presented unmistakable evidences of a complete subsidence of the disease, both constitutionally and locally? What pathological conditions were reproduced, productive of the fatal termination? I can not satisfactorily answer these questions.

The Doctor also reported the following: "Last summer a patient was brought to him from the country with sore throat. He at first had some doubts about its being diphtheria, but he put him on full doses of chlorate of potash. In two or three weeks he had some difficulty in articulation and in walking—there was a general curvature of the spine backwards. He again prescribed full doses of chlorate of potash and citrate of iron, and continued this treatment for four weeks. His recovery was gradual."

Dr. Thornton said that he had recently met with a case that was interesting to him; it was a case of paralysis following diphtheria. This was the first well-marked case of diphtheria that he had seen in Cincinnati, presenting the peculiar characteristic exudation. He used, locally, first the solid nitrate of silver, then the solution; administering, internally, first mercurials, then tonics. The first symptom of paralysis was difficulty of vision, then of articulation, followed by an unsteadiness in her gait. He prescribed chlorate of potash, and

then iron for the paralysis. Partial paralysis continued six weeks. Dr. Mendenhall inquiring if there was any tenderness over the spine, Dr. Thornton replied that there was none.

Dr. Williams had seen a patient some time ago with Dr. Foster. She had diphtheria, followed by difficulty of vision; her pupils were dilated and very slightly movable. The Doctor said he supposed the difficulty of vision was due to paralysis of the retina. He had also seen a case of paralysis of the muscles of the larynx. He prescribed quinine, iron, ale, and a nourishing diet.

Dr. Mendenhall said he had seen a case attended by almost complete paralysis of the entire body. There was an enlargement at the junction of the cervical and dorsal vertebra, and tenderness on pressure; there was difficulty in articulation. The patient recovered on the use of tonics and iodine locally.

At several successive meetings of the Academy, the President has announced the following committees; they are all grouped together for convenience of reference:

On Admission.—Drs. J. B. Smith, W. P. Thornton and J. A. Thacker.

Legislative.—Drs. Murphy, Baker and Graham.

Finances.—Drs. Gans, Woodward and Carroll.

Executive.—Drs. E. H. Johnson, Almy and White.

Publication.—Drs. Baker, Stevens and Richardson.

On Obstetrics.—Drs. Tate, Smith and Woodward.

Puerperal Fever.—Drs. Richardson, Mendenhall and Stevens.

Ophthalmic Surgery.—Drs. Williams, Schmidt and Wood.

Surgery.—Drs. Baker, Fries and Simpson.

Practice of Medicine and New Remedies.—Drs. Murphy, Gans and Comegys.

Fever, Intermittent and Typhoid.—Drs. Carroll, Thornton and Almy.

Camp Diseases during the Summer and Autumn of 1861.—Dr. J. F. White.

Proceedings of the New Castle (Ind.) Medical Society.

Reported by JOHN REA, M.D., Secretary.

NEW CASTLE, HENRY CO., IND., April 14th, 1862.

The New Castle Medical Society met pursuant to an adjournment. President in the chair.

Members present: Drs. S. Ferris, J. Mendenhall, Resener, Boor, Comstock, Millikan and Rea. Absent: Dr. John Darr.

Minutes of the previous meeting were read and approved.

Charges were preferred against Dr. John Darr by Dr. J. Mendenhall, for the non-payment of dues, non-attendance at the regular meetings of the society, and for the violation of the third and fourth para-

graphs of Article 1st of the code, Medical Ethics of the American Medical Association, under the head of "Duties for the Support of Professional Character," by publishing in the *New Castle Courier* a secret form of treatment for diphtheria; the disposal of which was referred to the afternoon session, and Dr. Boor appointed to notify Dr. Darr of the charges.

The regular order of business was suspended for the purpose of receiving members. Dr. H. M. Minesinger was admitted a member.

Drs. Comstock, Resener, Mendenhall and Millikan reported the number of cases treated during the last year.

Drs. Ferris and Rea, not having their reports ready, were laid over to report next meeting.

AFTERNOON.—The President (Dr. Ferris) being called away, Dr. Comstock was appointed President pro-tem.

Dr. Boor reported that Dr. Darr refused to attend and answer to the charges preferred against him. Whereupon a vote was taken, upon a motion for expulsion, which was unanimously adopted, and a resolution to have that part of the proceedings of the Society, in relation to the expulsion of Dr. Darr, published in the *New Castle Courier*.

Drs. Millikan and Rea were appointed a committee to draft resolutions relative to the death of Dr. B. D. Leavell, member of this Society, who died in the army.

Adjourned.

Editorial Translations.

By C. A. HARTMANN, M.D., Cleveland.

The Laryngitis of Children and its Treatment—In the opinion of Dr. Luscinsky, director of the children's hospital *Mariahilf*, at Vienna, hyperæmia, catarrhal, croupy and diphtheritic inflammation of the larynx can not be accurately distinguished from each other, for they offer the same symptoms, and all of them present as a prominent feature tumefaction of the vocal cords, with more or less narrowing of the glottis. The diagnosis of laryngeal croup, based upon the presence of pseudo-membranes, is not reliable and frequently too late. In patients apparently dying with croup, often nothing is found beyond simple hyperæmia of the laryngeal mucous membrane, with infiltration of the glottis. Where fibrinous exudation occurs, it is always surrounded by catarrhal inflammation and simple hyperæmia. Stasis

arising from the last-named condition, even when alone present, produces exudation, which is characterized by young cells, either in a fluid substance, or between coagulated fibrine, as in croup and diphtheria. The diphtheritic exudation infiltrates again the mucous membrane, and, decaying, changes into a dark-colored crust, during which process fungi are frequently developed. Exudations of this kind occur either primarily or secondarily, as in exanthematous diseases, typhus, pneumonia. The croupal exudation is more superficial, though intimately adherent. It changes into a corroding fluid or a mortified discolored mass, also presenting fungi. It may likewise occur independently or follow in the train of typhus, cholera, pyæmia. Both forms sometimes mix or change into each other.

Sudden attacks of croup are exceptions, it being usually preceded by catarrh. The greater irritability and vascularity of the membranes render children so apt to suffer from it. All inflammations of the larynx, and croupy ones especially, have a fixed course and termination. On the third, fifth or seventh day after its appearance the exudation is detached, or destroyed and thrown out. This would, undoubtedly, be oftener the case in croup but for the suffocation arising from closure of the glottis.

The therapeutical indications are: to suppress the hyperæmia, stasis and exudative process, and to remove the products of the latter. In slight cases, rest, somewhat increased function of the skin by the warmth of the bed, a sinapism over the chest, and some narcotic are sufficient. Hoarseness, barking-cough, dyspncea and fever require a more powerful treatment. Cold applications must be avoided, where an inclination exists to hyperæmia of the lungs or bronchial tubes; otherwise they are of good service. The same effect, contraction of the blood-vessels, is obtained by zinc, alum, and more particularly nitrate of silver. Their application to the larynx, however, is difficult and dangerous. These two methods proving insufficient, counter-irritation remains as a last resource, and it forms in fact an all-important point in the treatment of croup. A blister of sufficient size may be applied in the neighborhood of the larynx, and the blistered surface kept secreting by means of D'Albespeyres' blistering tissue, until all dangerous symptoms disappear.

In croup, the quantity of fibrine in the blood is increased. To remedy this, mercury has been properly given. But the same advantages, without the many injurious effects of calomel, may be obtained by exhibiting the alkalis, particularly potassa and soda, in combination with carbonic acid. They not only dissolve the fibrinous exuda-

tion, but prevent the development of too much fibrin in the blood. Large doses should be given—from one half to two drachms a day—and continued as long as there is any inclination to exudation. Spasmodic contraction of the glottis in croup indicates the use of belladonna or morphia in small doses. At a later stage, an emetic may be necessary, and in such a case sulphate of copper is preferable. Dissolve from four to eight grains of it in one ounce of water, and give a teaspoonful every fifteen minutes. This should be the last remedy. It is certainly of as little avail as tracheotomy, when the blood is already poisoned with carbonic acid.—*Wiener Medizinische Wochenschrift.*

Correspondence.

CROMATIC HILL, April, 1862.

MESSRS. EDITORS:—If one studies the institutions and history of any people, the understanding of them is never complete until the people themselves have been brought under observation; or if one is examining the creed and tenets of a particular class of persons, the picture will never be perfect until the persons professing are in some way introduced. How could we understand the valor, the philosophy, the government and the cultivation of the Greeks without observations upon the characters of Xenophon and Leonidas, Socrates and Plato, Lycurgus and Solon, and Democritus and Demosthenes as representatives of their classes; how could we understand the religion and social status of the Latter-Day Saints without the introduction of Joe Smith and Brigham Young as exemplars of the Mormon fraternity?

So in taking a pragmatic view of the science of medicine the portraiture will always be faulty until the personality of the disciples of Esculapius are fairly presented. We might meet this demand for the earlier period of medicine by the presentation of Galen and Avicenna, Paré and Paracelsus, Harvey and Bœrhave; but for the study of our cotemporaries we can not select any half dozen men who shall represent the whole, and it is still less possible to examine in detail the tens of thousands of men who now compose the medical profession. No way is left for us, then, but to follow the plan so usefully adopted in the prosecution of every department of natural science, to wit, classification. This method of handling the subject, if fully carried out, will satisfy our intelligent wants, bringing out the bright character

in its brightest aspect, and the dull character would escape impertinent prominence by being whelmed in the obscurity of numbers.

In this epistle, however, I can not go farther than to indicate the primary divisions into which the profession should be separated as the first step toward an adequate classification. There should be five, and if one were to follow the law of learned nomenclature, should be named, viz. : Sclerocephale, Cacocephale, Calocephale, Malacocephale and Oncephale ; but I shall confine myself to the expressive English titles, viz. : Hardhead, Badhead, Goodhead, Softhead and Nohead.

Hardheads are those doctors who, having learned something during the time they were students, are still in possession of the same knowledge, without abatement or enlargement. Their diplomas had the effect of a mordant to fix whatever they had in their minds and keep it henceforth unchangeable. Their mental organization has a physical analogue in certain aqueous rocks, which being once in a plastic condition, received the footprints of beasts, birds and reptiles into its yielding surface, then hardening into perfect stone, preserves the pedal impressions intact until the rock itself is destroyed. Just so with our Hardheads : the tablets of their minds were in a plastic condition while they were undergoing the metamorphosis from respectable young men into rigid young doctors. During this period they take perfect casts of the doctrines and practices of the books they read and the teachers they attend, then the green-room hardens up the faculties as the chemistry of nature petrifies the terrene surface, and henceforth for all time that doctor's professional ideas are a record of his undergraduate studies, presented with as much accuracy and fidelity as any rock impressions present the reptilian gambole of an ante-diluvian epoch.

Our present race of recognized Hardheads are men over forty years old and physicians of many years standing, and are sound and undeviating disciples of Cullen, Gregory, Good or Eberle, as the case may be. Not that we have no young Hardheads, but that their notions being recently impressed do not make sufficient contrast with current ideas to permit a ready diagnosis ; a few years hence the Hardheads of the order of Wood, Watson and Bennett will be as prominent and interesting as any we have now.

Badheads differ from the preceding branch in that they do not have their educational notions indelibly fixed in their minds, and cease all efforts at progress with the reception of their diplomas. Their first essays at practice convince them that medicine is not an exact science, and they set about at once to improve it, not by laborious investiga-

tion, patient toil and philosophical reasoning, but by seizing upon any prominent, plausible feature that may arise before them, and by far-fetched incidents, overstrained facts and sophisticated arguments, endeavor to sustain some self-established theory, that in its inception and progress is at war with common sense and all real science. They always discard the plain and simple for the intricate and abstruse. If one cools the hot skin of a fever patient by laving it with rain water, they insist that the refrigerating effect was produced by the carbonic acid, which the water obtained from the atmosphere, being taken into the circulation, through the cutaneous absorbents, and there arresting the calorific processes of the body.

There is nothing in medicine, however occult, that the Badheads can not understand for themselves and explain to others according to their own notions. They are ever ready to "rush in where angels fear to tread." Such talk and actions make these gentlemen seem real Wiseheads to themselves and other foolish and illiterate people.

Goodheads are those who acquire their professional education with the understanding that while they are not to receive the doctrines of the teachers as the perfection of knowledge, yet neither are they to discard them for some less substantial creation of their own brain, or the groundless conclusion of others who theorize without the necessary facts. They are never drawn from their rational course by any new doctrine or practice, however brilliant, unless it presents indubitable evidence of resting upon a basis of truth; nor, on the other hand, are they deterred from embracing any real improvement in the art or the science of medicine, because it is not venerable with age, does not originate with a professor, or has not received the sanction of a College. They analyze and sift out old observations, make new ones, and arrange and compare them; whatever is demonstrated true they retain and use, whatever is demonstrated false they discard, and whatever they can not understand with their present light, they leave for future examination. Goodheads are the salt of the profession.

Softheads are the doctors whose mental apparatus always remains in that yielding and pliant condition, that, having received an impression from any source, retains only until another is made. There is no stability pertaining to anything they profess or believe. They drift with the breeze, let it come from whatever point of the compass. The last book they read is a transcript of their opinions upon whatever subjects it treats; the medical journal they examine in the morning will, likely, determine the treatment of all their patients for that day; a conversation with a professional brother may shape their views of pathology

for a week. Change, unmeaning, senseless change, is the only tangible characteristic feature of their lives, except, perhaps, that they deem themselves the most enlightened and consistent practitioners in the profession.

Noheads amount to just nothing at all when left to themselves, yet are very powerful machines when once put in motion, but, like a locomotive, they require an engineer to put on the steam and keep them on the track. Thus furnished, they, like the locomotive, fly over plains, rush through tunnels, climb up mountains, dart down valleys, penetrate forests, thunder over rivers, and finally arrive safely at the destined point, or smash up by the way, according to the skill of the engineer or the luck of the trip. This, at first sight, may look like an impossible Doctor, but I dare say every one of your readers can pick out more than one such within the circle of his professional acquaintance.

Into one or another of these five branches we can place every one of our professional brethren, and with very considerable certainty determine the particular branch to which a given individual belongs, if we but exercise patience and common acumen in separating the essential from the adventitious elements of his character. Not that these branches are separated by a clear line of demarkation, like that between pine trees and sugar maple, for the extremes of two divisions may have so many points in common that a blunderer in classification might err in his conclusions; but so it is with the classification of the animal kingdom, some naturalists place certain animals among the mollusks that others associate with the articulata. An acute observer, however, like Agassiz, would easily grasp the essentials of their plan of development, and consort them with their kind. So, then, the indistinctness along the border lines of the divisions mentioned can not in the least militate against the propriety of establishing the divisions themselves, which are clearly marked and readily recognized by their typical individuals.

The whole number of doctors is quite unequally divided among these five branches. A far larger portion of them belong to the Badheads than to either of the other divisions; next, perhaps, come the Hardheads, then the Softheads, in the fourth place the Goodheads, and finally the Noheads.

The Badheads are, really, very numerous; they are the gentlemen who talk long and loud, are wonderfully exercised about the dignity of their calling, terribly severe on irregular practitioners, insist that they would suffer martyrdom for the good of the profession, quarrel

and wrangle among themselves and with others who do not mete out to them their meed of merit according to their own measure, follow the professional fashions, and fill the ears of all listeners with the extent and importance of their experience, which, by the way, is universally of the bastard variety.

Hardheads are numerous, are generally quiet, dignified gentlemen, who perform their duties with punctuality and method, and refer all controverted points to the arbitrament of their archetypes.

The other branches require no further mention, but the thoughtful reader will easily select examples of each from the profession around him. All these styles and grades of doctors are practising physicians, visiting patients, and prescribing drugs and regimen for them every day. Of course, there is no more uniformity in their practice than there is in their characters, and yet no one branch can be pointed out as preëminent for the number of victims it relieves from the grasp of death. Possibly the per-cent. of fatal cases may be greater under the management of one branch than under that of another, but the difference is not wide enough to be discerned without the aid of a statistical record. But it does not follow from this that all are equally valuable members of the healing art, because to prevent, or ameliorate suffering is a good service as well as to ward off death.

Now the valuable and remarkable lesson we draw from the preceding observations is, that through all this great diversity of medical management of the sick there runs a common principle of conservation that relieves the ailing, and turns back, for the time being, the messenger of death, or else that there is, outside of the whole of it, a preserving force not easily overcome, even by the combined power of disease and bad treatment.

A. GROWLING, M.D.

CHARITON, IOWA, March 9th, 1862.

EDITORS LANCET AND OBSERVER.

Dear Sirs:—An instance of unpardonable quackery occurred near this place recently, which came near proving fatal to the patient. I send you a statement of the case, which may not be uninteresting to the readers of the *Lancet and Observer*.

On the morning of the 1st inst. I was called in haste to assist Dr. D., of the village of N., in “cutting a boy open.” On inquiring if the boy was dead, the messenger informed me that he was not, but that Dr. D. had said that one of the boy’s testes was seriously diseased, had “gathered,” and would require lancing, and probably extirpation.

I went in as much haste as possible, taking with me such instruments as I supposed would be needed. On my arrival I found Dr. D. waiting, quite seriously impressed with the prospect of having to witness an operation of so much magnitude as the extirpation of a testicle. On examining the patient, a little to my surprise, I found him laboring under strangulated inguinal hernia of several days' standing. It was a plain, well marked case, not to be mistaken by any physician who had ever seen or read of the disease.

The lad had suffered intensely, and consequently was much prostrated. His bowels were obstinently constipated, having had no motion for eight days. For the three days prior to my visit he had been vomiting fæces, which the attendants stated were so offensive as to almost drive them from the house. After an hour's application of poultices over the back with a view to relaxing the muscles, I had the patient put upon a table, with shoulders and knees raised. After the administration of chloroform, I proceeded to reduce by taxis, which proved successful without much difficulty. The patient being replaced in bed, I ordered five grains hydr. ch. nit. to be given, and to use enema of warm water and castor-oil every half hour until the bowels were freely moved. This had the desired effect in about two hours. The patient is now convalescent.

Dr. D. had treated the case at first for "fever," as the friends said, and finally when they directed his attention to the swelling near the groin, he pronounced it disease of the testicle, as above stated. At his last visit before I was called, he proposed to lance it, and would have done so, but the father of the child would not consent until counsel was called.

H. W. JAY.

Reviews and Notices.

The Principles and Practice of Obstetrics. By GUNNING S. BEDFORD, A.M., M.D., Prof. of Obstetrics, etc., in the University of New York, author of "Clinical Lectures on the Diseases of Women and Children." Illustrated by four colored lithographic plates, and ninety-nine wood-engravings. *Multum restat adhuc operis, multumque restabit, nec ulli nato, post mille sæcula, præcluder occasio aliqua adjiciendi.*—Seneca, Lib. I., Epist. XIV. Second edition, carefully revised. New York: William Wood, 61 Walker street. 1862.

When we remember that it is now only four months since the first edition of Bedford on the Principles and Practice of Obstetrics was reviewed in this journal, we are astonished to find the second edition

already on our table. No American medical book has passed through such a rapid succession of editions as Dr. Bedford's *Clinical Lectures on the Diseases of Women and Children*, and we did not doubt that his more mature and worthier effort would likewise command the hearty approval of the profession. We are gratified to see that our anticipations are so abundantly realized.

In presenting this new edition to the notice of our readers, we have but little to say: we refer our readers to our full critique, last December. We do not observe many changes in the volume before us; the general body of the text is the same. The author, however, claims that a large number of typographical and other minor errors, overlooked in the first edition, have been corrected in this.

We regard this as one of the most agreeable text-books on midwifery that we know of, and most heartily commend it to our readers.

For sale by all the bookstores. Price \$4.50.

Anatomy, Descriptive and Surgical. By HENRY GRAY, F.R.S., Fellow of the Royal College of Surgeons; and Lecturer on Anatomy at Saint George's Hospital and Medical School. The drawings by H. V. CARTER, M.D., late Demonstrator of Anatomy at St. George's Hospital. The dissections jointly by the author and Dr. Carter. Second American from the revised and enlarged London edition, with three hundred and ninety-five engravings on wood. Philadelphia: Blanchard & Lea. 1862. Large octavo, pp. 816.

Take it all in all, Gray's *Anatomy* is one of the best that the general practitioner can have in his library. The descriptive text is, perhaps, no clearer than that of Wilson, which, for a hand-book, is one of the best; but the illustrations of Gray are as fine and distinct as fresh dissections — indeed, we scarcely see how they could be much better; each structure and part delineated has its name given — not in a footnote, but on the structure itself; so that with the plates of Gray before you, the student reads off his dissection with the same ease as if an accomplished demonstrator were at his side all the time. With these excellencies we are at no loss to understand why a second edition was so soon called for at home, and so soon requires repeating in this country.

The number of engravings in this second edition is increased by thirty-two, these new ones for the most part being original and valuable. More attention is also given in this edition to minute anatomy, which was mainly passed over in the first edition.

We presume the preparation of this second edition for the press was about the last literary work ever performed by the author. About the time it went to the press, Dr. Gray died of small-pox, aged only

thirty-six. It is safe to say, that few men have done so much for science at so early an age. The author dies lamented, but his works will live after him—his fit monument.

For sale by G. S. Blanchard. Price—leather, \$7.00 ; cloth, \$6.25.

Rankings' Half-Yearly Abstracts of the Medical Sciences. No. 34. July, 1861, to January, 1862. Philadelphia: Lindsay & Blakiston.

This valuable serial is so well known and appreciated amongst the profession that it is scarcely necessary to call attention to it. Somehow it has not appeared on our table for a year past until now, and we observe in that time a new arrangement is effected, by which the American publisher affords to his subscribers the veritable English edition. The shape is slightly different, of course ; otherwise it is the same. The present number is rich in the usual cream of medical journalism. On sale by Rickey & Carroll. Price \$2.00 per annum.

Editor's Table.

American Medical Association — Further Postponement.—The last number of the *Chicago Medical Examiner* comes to us with the following announcement, to which we call the attention of our readers :

“We, the undersigned, Committee of Arrangements of the American Medical Association, after free consultation with officers and members in each important section of the country, accessible to the Committee, feel constrained to give notice to the Profession that the regular annual meeting of the Association is further postponed until the first Tuesday in June, 1863.

N. S. DAVIS,	H. W. JONES,	} Committee.”
J. BLOODGOOD,	E. ANDREWS,	
J. W. FREER,	D. LASKIE MILLER,	
	THOMAS BEVAN,	

“Chicago, March 20, 1862.”

Individually, we had advocated a different course ; but we cheerfully acquiesce in the decision of the Committee, based as it appears to have been upon a general interchange of opinion ; and we fervently trust that another year will find the Great Rebellion crushed, our entire Union restored to its former strength and glory, and the country ready to respond to a truly national meeting of our beloved profession.

A Literary Curiosity.—Some friend has kindly forwarded to us a copy of the *Thomsonian Recorder*, for September, 1834, published in Columbus, Ohio, by J. Pike & Co. In looking over the venerable document, however, we really don't see anything that will serve “to

point a moral or adorn a tale." Indeed, to tell the truth, we have no idea what useful purpose this ancient serial ever could have accomplished. As this was about the time of the terrible invasion of Asiatic cholera in this country, we are not surprised to find a portion of the issue devoted to that matter. Dr. Cartright, then of Natches, and the late Dr. N. Crookshank, formerly of this county, come in for a share of elegant criticism. We notice, too, that Mr. John McMillan, of Chesterfield, District South Carolina, had just been cured of consumption by the use of the Thomsonian remedies; and in a communication of some length he tells how, after passing through hectic fever, cold sweats, and an approach to putrefaction, he sent to a "patent doctor, bought a right, and got medicine, which he commenced taking." "It relieved the cough, and in the space of two or three weeks cleansed all the putrid matter out of the system, and the cough ceased." Verily, this is better than cod-liver oil and the hypophosphites. It is to be regretted that such valuable remedial agents have become so far forgotten; and, after all, our venerable relict becomes interesting with study.

Homœopathic Appointment in the Army.—A member of the Second Regiment Ohio Cavalry, writing from Fort Scott to the Daily Cleveland *Herald*, divulges a pretty state of things out there in the Far West. The Colonel of the regiment is acting as a Brigadier; in the staff selected by him we find "Surgeon Beebee, of Chicago, Brigade-Surgeon," on which the aforesaid correspondent remarks as follows: "In Surgeon Beebee the brigade has secured a prize, for he is unceasing in his efforts for ameliorating the condition of the sick. Dr. Beebee is a Homœopathist; they are very scarce in the army; I wish there were more of them." If that wish was to be gratified, the Second Regiment Ohio Cavalry would soon be nowhere, for it appears from the further statements of the same writer, that they are dropping off rather rapidly under the direction of this prized Homœoquack. Hear the report: We have had a few more deaths. February 17, one from pneumonia; February 18, one from pneumonia; February 20, three from pneumonia; February 22, two from pneumonia, one killed in action; February 23, one from pneumonia; March 1, one from pneumonia. Ten deaths in twelve days, and only one of them in consequence of actual warfare! Nine men in one regiment perishing with pneumonia in scarcely more than as many days, and that without exposition to any unusual hardship! We will not be inquisitive and ask how a "Homœopathist" of Chicago happens to turn up in

Kansas as the appointee of an Ohio Colonel to Ohio troops; that ought to be investigated by the proper authorities, after the satisfactory settlement of another question, to-wit: When and how has a Colonel acting as Brigadier obtained permission to appoint his Brigade-Surgeon without any reference to the Examining Committee in Washington? Are there no safeguards against such illegal proceedings, by means of which quacks of every description may be smuggled into the army, and not only the deservedly high standing of our surgeons be dishonored, but the lives of our noble volunteers put wantonly into jeopardy? We hope those that are near the powers that be, will call the attention of the Medical Department to these things so as to have them ameliorated without delay, and the army purged of Beebees.

The Wounded and Sick from the Battle of Shiloh.—Since the great battle of Shiloh about fifteen hundred patients have been brought to this city. We have no correct list, but do not think we are far wrong in this statement. A great number are wounded, many very severely. In addition to the four military hospitals in this city, Assistant-Surgeon John Moore, U.S.A., and Medical Director of hospitals in this city, opened a hospital in Covington, Ky., opposite the city. This house has about two hundred and fifty patients. All of the patients who could be transported safely to Camp Dennison, have been sent there. We learn that there are over seven hundred at the present writing. We are sorry to have it to say that almost all those on whom operations were performed, are in a bad condition. Pyemia and sloughing have already carried off many, and many more will die. The question of primary and secondary operations will receive some striking illumination which will leave it no longer in doubt, so far as the surgery of this war in the West is concerned. All of the secondary amputations will die, with but few exceptions. Among the wounded are many singular and interesting cases, which we hope at some future period to detail in this journal.

“*Valedictory Address to the Graduating Class of the Cincinnati College of Medicine and Surgery.* By A. H. Baker, M.D., etc., etc.” To write an address of the introductory or valedictory order, is no easy task. The topics proper to the occasion are all threadbare long since. Dr. Baker has selected for his theme, on the occasion of the above address, some reflections on Medical Ethics. The theme is trite, but always proper to instill into the minds of young men just entering upon the profession of medicine.

Desirable Locations.—In our March number we called the attention of our readers to a very desirable location in Indiana, for the practice of medicine, for sale. Several letters of inquiry have been made respecting it, and we are authorized to say that it is still for disposal, and is all that we have represented it. Also,

Another Location for Sale.—A physician at another point in Indiana, wishing to remove West, desires to dispose of his property to some good physician. The property embraces three and a half acres ground, fruit trees, etc.; four miles from railroad, a good practice, etc., etc. Price for the property, \$2,000, in payments. Refer to Dr. Stevens for particulars.

The Country Practitioner.—From an *Annual Address*, by the late Dr. D. T. Jones, President of the New York State Medical Society, for 1861, we copy these extracts, concerning a class whom he, himself, was a shining exemplar—a class, illy paid, over-worked and under-rated—the *Country Practitioner* :

A French philosopher is reported to have said that, at the end of a century, the newspaper will be the only book possible. So far as medical literature is concerned, we are nearing that point very rapidly. Already do periodicals furnish the busy practitioner with the larger share of professional reading; in them he finds a living panorama of the daily improvements in his chosen profession. Necessity, in the country, prompts to this. Your city physician is always near to help in any extremity—the best council, the best books, and time to search them. Does it ever occur to the inhabitants of our small towns and villages, of the extra importance to them of their family physician? Do they understand that, in more senses than one, he holds their thread of fate? You, or some of your family, may be suddenly struck down, past all hope, but by a surgeon's skill. Then how important that he be equal to the emergency. He goes alone, unaided. Anxiously have they awaited his arrival. How searchingly the glance, that seems to look into the inmost soul, as they ask, "Doctor, can you save me?" How the blood rushes back to their pallid cheeks at his assuring answer, "I can."

My hearers of the laity, if any are present, should a young man come into your neighborhood to practice his profession of medicine and surgery, examine him well, weigh his claim to your confidence, especially as to education, sobriety, morality, and good common sense. If you find such an one among you, cherish and encourage him, remembering that every moment spent in his studies is for your advantage; the idea he gets to-day, may save to you a darling life, or prevent issuing, in your own case, the sentence, "This night thou shalt surely die."

It will cost you but little. His aspirations for this world's goods are limited, or he is destined to be disappointed. He will have little

need to use the prayer of Agur, "Give me neither poverty nor riches," for country fees give a bare support, nothing more.

* * * They who write of the "currents and counter-currents of medicine" would seem to know but little of country practice, or country practitioners.

The man who is his own apothecary, who measures, weighs, compounds and doses his own medicine, will seldom be found giving too much or too many kinds. His materia medica will be very simple, but very certain. His weapons are not shot-guns, loaded and fired under his direction, but Minie rifles, aimed by no eye except his own. No ignorant or dishonest apothecary comes between him and his patient.

Military Hospitals in Philadelphia.—In this city there are six Military Hospitals, with accommodations for about 1,400 patients in the aggregate, though the number is constantly changing by the constant arrivals and departures of sick and wounded. These hospitals are served by twenty-one surgeons and assistant-surgeons.

Surgeon-General Finlay has been relieved from duty, and by order of the Secretary of War is ordered to repair to Boston and await orders. Surgeon R. C. Wood, U.S.A., takes charge of the Surgeon-General's office. There are various rumors afloat as to the cause of this change, but none are officially assigned.

At the Medical College of Ohio, in attendance on the lectures of the extra session of that institution, there are between thirty and forty students. A portion of the Faculty, and almost the entire class, were amongst those who went down to Pittsburg Landing to assist in the care of the wounded, the students being assigned positions as nurses.

British and Foreign Medico-Chirur. Review.—The American reprint of this valuable quarterly, issued for many years by the Messrs. Wood, of New York, is suspended for the present, owing to the state of the country materially influencing the financial condition of the publication. In the meantime, Lindsay & Blakiston, of Philadelphia, are furnishing subscribers with the original English edition at \$5 per annum.

To Correspondents.—Our thanks are due to various valued contributors whose articles are still on file. We shall be glad to avail ourselves of them as fast as our necessities for copy will permit.

Age of the Professors of the Faculty of Medicine, Paris.—M. Moreau, recently deceased, 72; Cruveilhier, 71; Rostan, 71; Piorry, 67; Paul Dubois, 66; Velpeau, 66; Andral, 64; Bouillaud, 64; Langier, 63; Jobert de Lamballe, 62; Trousseau, 60; Guillot, 59; Moquin-Tandon, 57; Malgaigne, 55; Nelaton, 54; Denonvilliers, 53; Gavarrat, 52; Bouchardat, 51; Grissolle, 50; Longet, 50; Tardieu, 45; Wurtz, 44; Gosselin, 43; Jargavay, 42; Regnault, 37.

Surgeons to Ohio Regiments.—A bill has passed the Ohio Senate throwing aside all restrictions as to "schools" of medicine in the appointing of surgeons to our forces. We trust there is still good sense enough left in the other House to throttle this measure. Our poor fellows have enough to contend with without exposing them to the merciless attacks and masked batteries of all shades and grades of quackery.

— M. Bouillaud was elected President of the Academy of Medicine of Paris, unanimously.

— Dr. Jas. D. Webb, of this city, has been ordered to report for duty to the Fiftieth Ohio Regiment, as Assistant-Surgeon.

— The Ohio legislature has passed a bill giving the Governor power to appoint a second Assistant-Surgeon to every regiment requiring additional medical aid.

— Since our last issue, Dr. Murray, Medical Director of General Buell's department, telegraphed to the Sanitary Commission to send twenty physicians to Nashville. Dr. Moore, U.S.A., appointed Drs. Geo. Mendenhall, E. Williams and John A. Murphy as a board to examine candidates. Twenty gentlemen, approved by the board, were forwarded to Nashville, and placed in hospitals. Several were also sent to General Grant's Army.

— Dr. Richard Gundry, Assistant-Superintendent of the Southern Lunatic Asylum, Dayton, Ohio, has been elected Superintendent, vice Dr. McIlhenray. We congratulate Dr. Gundry on his promotion, and the Directors of the Asylum in appointing one so highly qualified for the place of Superintendent. It is not saying too much when we state our opinion that Dr. Gundry has no superior in his specialty in the West, and but few in the country at large. We wish him—what he will certainly achieve—great success and popularity in the management of the Southern Asylum.

Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

PRACTICAL MEDICINE.

1. *Nitric Acid and Opium in Diarrhœa and Dysentery.*—Dr Hynes recommends the following formula as one he has found very beneficial in the autumnal forms of diarrhœa and dysentery. Take: compound infusion of gentian, eight ounces; tincture of opium, a drachm to a drachm and a half; nitric acid, twenty minims. One ounce to be taken after every liquid stool or painful alvine evacuation. A mustard plaster applied to the epigastrium, and drinking sparingly of ice-cold mint-tea, relieve the sickness and thirst that frequently accompany the severe forms of these diseases.

Another formula is given by Mr. Hope, of Chatham: Nitric acid, two drachms; opium, two grains; water, two ounces. A spoonful to be taken in any vehicle three or four times daily.—*London Lancet.*

2. *Calomel in Dysentery.*—Dr. W. G. Bruce, of Barnstable, Mass., asserts that calomel is the only remedy for dysentery that has proved satisfactory in his hands, and he found it of uniform value in all stages. He commonly uses it as follows: calomel, one scruple; powdered opium, three grains; mix and divide into six powders, one of which is to be taken every three or four hours.—*Boston Med. and Surg. Journal.*

This statement fully agrees with my own experience. After a fair trial with other cathartics, I have fallen back upon calomel for the treatment of dysentery, no matter in what stage. In acute cases, I am in the habit of giving ten or twenty grain doses every hour, until the pain and tenesmus cease, which they do in a short time, the discharges also losing their bloody appearance. A few doses of an opiate—the powdered drug or Dover's powder—generally complete the cure. There are few cases that require astringents. Wherever the calomel is allowed time for a fair operation, the disease will be generally found very manageable, without much further medication.—C. A. H.

3. *Metallic Armatures against the Cramps of Cholera.*—For a number of years Dr. Bury has produced some astonishing effects in the removal of cramps, particularly those associated with cholera, but not less such as are connected with hysterics, etc. His apparatus consists of simple copper bands, iron-wire, or anything else made of an alloy of copper; simple copper kitchen utensils may be used, when nothing else is at hand. The bracelets of iron-wire, or whatever constitutes the armature, is simply applied for some time to the part affected. In a case of cholera, where he found the remaining cramps very troublesome and unmanageable, the editor of the *Gazette des Hôpitaux* availed himself of this metallotherapy by placing under the legs of the patient a large copper covercle, on which the two calves, which were the principal

seat of the cramps, rested. In a few moments the cramps began to decrease, then ceased completely, and did not return when, half an hour afterwards, the covercle was removed.—*Amer. Med. Times.*

4. *Thoughts on Hydrophobia.*—Considering excessive sexual excitement one of the greatest of all causes of this terrible disease, Dr. J. B. Somers, of Somers' Point, N. J., is inclined to believe that castration, enforced by the authorities, so as to save a certain proportion only for propagation, should be the first step to remove the exciting cause. As a remedy for the disease in man he proposes nitrate of silver, given for a short period in large doses, and then for some weeks in protracted doses. The slightest appearance of discoloration would be evidence of the sufficiency of its administration. As the disease seems to terminate in paralysis, large doses of strychnine would commend themselves as the next best agent, in case the nitrate had not time to act, or where it had failed.—*Med. and Surg. Reporter.*

Attention has been called by Dr. A. Arendt, in the *Medizinische Zeitung Russlands*, Nos. 35-37, 1860, to what he pronounces and proves by a number of detailed cases to be a successful treatment of hydrophobia. Take white arsenic, three grains; carbonate of potassa, six grains; boil in a glass-vessel with distilled water enough to make eight fluid ounces. With this solution the wounds are washed out, and then covered with Hellmund's arsenical ointment, which is renewed daily for four or five days, when basilicon ointment is substituted for five days, then the first again for two, the basilicon for five days, and so on two months long. Internally once a day after dinner, one-sixteenth of a grain of arseniate of ammonia with ten grains of sugar.

5. *New Method of Giving Chloroform.*—At a recent meeting of the Obstetrical Society, Dr. Simpson stated that he now preferred to administer chloroform by laying a single layer of handkerchief over the face and letting the chloroform fall on it drop by drop. The advantages are said to be: that there is less danger to the patient from the smaller quantity applied at a time; that anæsthesia is more speedily produced, and that the quantity of chloroform required is less. Various gentlemen confirmed the value of this process, and Dr. Young in particular stated that he had kept a patient narcotized for ten hours with two ounces and a half of chloroform.—*Brit. Med Journ.*; *Amer. Med. Times.*

6. *Inhalation of Iodized Chloroform in Ozæna, etc.*—Among the clinical remarks of Prof. Wm. H. Byford, at the Chicago Medical and Surgical Dispensary, a solution of ten grains of iodine in one ounce of chloroform has been mentioned as a successful remedy for most cases of ozæna. An open vial, containing this solution, is held to one nostril, while the other is closed with the finger, so as to prevent the air from entering. As much of the vapor is inhaled, in this way, as can be taken with the inspired air, until the patient is conscious of a slight effect from the chloroform. He should now desist for ten minutes, and then inhale through the opposite nostril in the same way, and to the same extent. This should be repeated two or three times a day, persistently, for a length of time. The secretion of the Schnei-

derian membrane is modified almost immediately upon the beginning of this inhalation. If the inflammation has not extended deep enough to destroy the integrity and function of the periosteum, the salutary effect wrought upon the membrane is sufficient to inaugurate the healing process in very many cases; while, should caries have already begun, it favorably influences the disease. In specific conditions of the inflammation, specific constitutional remedies must accompany the use of the local. After a use of several weeks, the effects of the inhalation are often less perceptibly beneficial and the case comes to a stand-still or retrogrades somewhat. Then we should increase the proportion of iodine to fifteen grains or more.

Cases illustrating the good effects of this method have been given in a paper of Dr. Reilly, "on the use of inhalations in the treatment of inflammations of the nasal passages and their appendages," read at the October meeting of the Chicago Medical Society. Some five or six years since, Prof. N. S. Davis commenced the use of iodine in this manner in tuberculosis, accompanied by harassing cough, in tubercular laryngitis, and in inflammations involving the fauces and Schneiderian membrane, and with a good deal of success.—*Chicago Medical Examiner*.

7. *Remedy for Smallpox*.—An old Indian woman near Halifax is said to have stayed the ravages of variola among the Indians of Nova Scotia with infallible effect. In the case of an individual suspected to be under the influence of the disease, but with no distinct eruption, a large wine-glassful of the infusion of the root of *sarracenia purpurea*, pitcher plant, is to be taken. This brings out the eruption. A second or third dose, given at intervals of four or six hours, causes the pustules to subside, apparently losing their vitality. If the patient be already covered with the eruption, in the early stage, a dose or two will dissipate the pustules and subdue the febrile symptoms. The urine, from being scanty and high colored, becomes pale and abundant. In three or four days the prominent symptoms of constitutional disturbances subside and no marks of the eruption are left upon the skin. In the camps when the remedy is used, a weak infusion of the plant is taken as a preventive.—*Med. and Surg. Rep.*

8. *Vaccination through Cow's Milk*.—Having vaccinated the teats of a cow and obtained two fine vesicles, Mr. Soubie, of Libourne in France, gave the milk of this cow to two children, one six months old and being brought up by hand, the other fourteen months and weaned. The first took this milk for two days, on the fifth and sixth days of the vaccination of the cow; the second drank it only one day, on the eighth of the vaccination. This latter consumed about ten ozs. of milk, the first nearly double that quantity. One month later the two children were vaccinated in the usual manner, but with a negative result, whilst the same lymph used with them acted very fully upon another child vaccinated at the same time. Mr. Soubie was induced to try this indirect mode of vaccination by a case in which a mother who was suckling an infant, and who was attacked with smallpox, continued to nurse her child, the latter becoming affected with slight fever

without eruption. At two and five and sixteen years of age this child was vaccinated without result, and it is inferred that it had been protected by the milk of the mother.—*Boston Med. and Surg. Journal*, from *Gazette des Hôpitaux*.

This statement requires a little more explanation, as the analogous effect of cowpox and smallpox is not probable in the manner above stated. It looks rather as if there had been a mistake somewhere.—
C. A. H.

SURGICAL.

9. *A new Splint for Morbus Coxarius*.—By simplifying the mechanical contrivance connected with the now generally preferred extension apparatus, Dr. J. H. Vedder, of Flushing, Rhode Island, claims to have constructed an instrument which commends itself for simplicity, lightness, and moderate cost. It consists of a strip of black walnut, maple or cherry wood, one and a half inches in width, and three-eighths of an inch in thickness, extending from the crest of the ilium to the malleolus externus, and perforated at the upper extremity for the passage of a cord attached to the perineal band. At a point midway between the knee and the ankle, on the external surface of the splint, is placed a brass pulley, one inch in diameter, and one-fourth of an inch in thickness, revolving on a pivot with a square head, to which is adapted an ordinary clock key. This pulley is secured to the splint by means of a box of the same material; its outer edge is smooth, the inner one ratcheted. A catch and spring are placed contiguously to fix the pulley at any desired point. By means of a perforation through the outer surface of the pulley, one end of a catgut cord — D, violin — is attached, while the other end plays over the groove and through the splint, over a small roller, placed near its lower extremity. Retentive straps are secured to the splint by means of wire loops placed along its edges. In certain cases it will be found necessary to curve, or bend by means of steam, the femoral portion of the wood to the outline of the limb, to prevent pressure when extension is made. Before applying the apparatus, a wide strip of adhesive plaster, extending from the trochanter to a point one-third the distance below the knee, and secured by cross-strips, is placed on the outer aspect of the limb; a loop of tape is secured to the lower end of the plaster, and a bandage is rolled around the whole leg. The perineal strap is now adjusted and secured by a cord to the upper extremity of the splint, the lower catgut string is tied to the loop referred to, and the whole splint held in position by the retentive straps. Extension to any degree is now effected by means of the pulley. The knee-cap should be made from firm linen, covered with chamois, buckskin or other soft material.—*Amer. Med. Times*.

10. *A new Plaster of Paris Splint*.—Dr. J. L. Little, resident surgeon to the New York Hospital, speaks in very high terms of the latest innovation in this line, introduced by Maisonneuve of Paris. Slightly modified, this kind of splint was found to answer the purpose so admirably, that it has almost entirely supplanted the starch-bandage,

and in many cases the side-splints. The mode of application to the leg is as follows : The limb is first shaved and slightly oiled ; a piece of old coarse washed muslin is next selected, of a size so that when folded about four thicknesses it is wide enough to envelop more than half of the circumference of the limb, and long enough to extend from a little below the under surface of the knee to about five inches below the heel. The solution of plaster is then to be prepared. Fine, well-dried white plaster had better be selected, and before using, a small portion should be mixed with water in a spoon and allowed "to set," with a view of ascertaining the length of time requisite for that process. If it is over five minutes, a small quantity of common salt had better be dissolved in the water before adding the plaster. The more salt added, the sooner will the plaster "set;" if delay be necessary, add a few drops of carpenter's glue or mucilage. Equal parts of water and plaster are the best proportions. The plaster is sprinkled in the water and gradually mixed with it. The cloth, unfolded, is then immersed in the solution and well saturated ; it is then to be quickly folded as before arranged, laid on a board or table, smoothed over once or twice with the hand, and then, with the help of an assistant, applied to the posterior surface of the limb. The portion extending below the heel is turned up on the sole of the foot, the sides folded over the dorsum, a fold made at the ankle on either side, and a roller bandage applied pretty firmly over all. The limb is then to be held in a proper position (extension being made if necessary), until the plaster becomes hard. The time required for the whole dressing need not exceed fifteen minutes. After the plaster is firm and the bandage removed, there is a solid case partially enveloping the limb, leaving a portion of its anterior surface exposed to view. If necessary, an anterior splint, made of the same material, can be applied, both bound together with adhesive plaster, and if desirable a roller bandage over all. If the anterior splint is not used, two or three strips of adhesive plaster, one inch wide, or bands of any kind, may be applied around the casing.

This mode of dressing may be applied with great advantage in most cases of fractures of the tibia and fibula. In oblique fractures of the tibia, with projection of the superior fragment, the results with this splint have been all that could be desired. A strip of two or three thicknesses of muslin, about three inches wide, and saturated with the plaster, may be applied transversely over the upper fragment so as to bind it down in position. The dressing is not applicable to fracture of the fibula with rupture of the internal lateral ligament, or with a chipping off of a portion of the internal malleolus and turning of the foot outward. Only after the deformity has been overcome by steady pressure, by means of properly arranged pads and side-splints, the plaster-apparatus may be applied with advantage. In cases of fracture of the fibula, without any displacement of the foot, it may be applied early in the treatment. Upon the entire subsidence of the swelling it will become necessary to apply a new dressing, but this will, in most cases, be sufficient for the remaining treatment. In fractures about the knee-joint, and in cases of synovitis, where a posterior splint or

knee-cap is needed, this kind of splint answers better than the gutta-percha. In fractures of the tarsal bones it may likewise be used with advantage. Here it should be long enough to envelop the foot as far up as the toes. For fractures of the lower jaw it can be made use of to construct a splint in the usual manner: also in fractures of the neck of the humerus, where a shoulder splint is necessary, and in fractures of the shaft of the same bone. Here it should be long enough to extend from the shoulder to the hand, and applied to the outside of the limb, which is to be flexed at a right angle, and extension to be made so as to keep the fragments in position, until the plaster "sets." If necessary, a smaller splint made of the same material can be applied to the inner side of the arm, and both bound together with a bandage. The limb, of course, is to be placed in a sling. For fractures at the base of the condyles, and other fractures in the vicinity of and involving the elbow-joint, which require the arm to be kept in a flexed position, this is decidedly the best mode of dressing. For club-foot, no better shoe could be constructed, and none which would fulfil more indications after tenotomy has been performed.—*Amer. Med. Times.*

11. *Needle in the Trachea.*—In a letter to Dr. Green, of New York, Dr. L. B. Bostford, surgeon of the Marine Hospital of St. Johns, New Brunswick, describes the case of a sailor who had been using a large-sized tailor's needle, threaded, and whilst holding it in his mouth and coughing, the needle entered the throat. The thread extended about three inches beyond the mouth; looking into the fauces, no needle could be seen. To ascertain its whereabouts, Dr. Bostford took a gum catheter, cut off the end, passed a thread through, attached it to the thread connected with the needle, and passed the catheter in until it evidently followed the thread down to the eye of the needle. The catheter passed down about seven inches and induced violent coughing, such as follows the application of caustic solutions with the sponge. The probang was next passed into the œsophagus, but produced no disturbance. Light force applied to the throat caused the man to cough. It was then concluded to open the trachea. Under a further examination of the throat, to ascertain where pain might show the probable position of the needle, the man pointed to the neighborhood of the cricoid cartilage, and suddenly exclaimed: "I think I feel it!" By pressing upon the space between the cartilages, there appeared to be the point of a foreign substance, and by cutting down through the integuments into the crico-thyroid space, the point of the needle was made bare. It was seized with a forceps and the needle drawn out, the thread disappearing down the throat as it followed through the opening. The needle was about two inches long. This case presents two peculiarities: the absence of cough, unless the thread was pulled, and the power of speaking, without inducing spasm of the glottis.—*Amer. Med. Monthly.*

12. *Radical Cure of Umbilical Hernia.*—Mr. Barwell has devised a new operation, and has performed it in five cases with complete success. The hernia having been returned, and a careful examination showing that absolutely no abdominal protrusion remained, an assist-

ant held his finger over the opening. The skin of the naval and surrounding part being pinched into a transverse fold, a bistoury was thrust through, so as to make a longitudinal incision over or even into the sac, which was then freely opened; the tough remains of the umbilical vein turned upward and the ring exposed. For the purpose of keeping the bowels back, the spoon end of an ordinary-grooved director was passed through the naval and then held against the inner part of the opening, *i. e.*, against the inside of the belly, stopping the hole internally. Three silver sutures were then placed across the gap, the precaution being taken to seize each edge with forceps and turn it forward, so as absolutely to see the point of the needle safely beyond all chance of wounding the bowel. When the sutures were all placed, the director was withdrawn, the wires twisted and the opening satisfactorily closed. The external wound was also secured with silver sutures. In no case was there any inflammatory symptom following the operation.—*London Lancet*; *Amer. Med. Monthly*.

13. *Pott's Disease: Wood's Apparatus*.—Dr. C. H. Spring, of Boston, published the details of several cases, confirming the efficiency of Dr. J. A. Wood's apparatus in curing the disease, in the earlier stages, without curvature, and reducing even a considerable degree of already existing curvature. The apparatus is constructed after the manner of ordinary corsets, with tempered brass-wire, bent in serpentine windings, in the place of strings, and was described in the *New York Journal of Medicine* a few years since.—*Boston Med. and Surg. Journal*.

Dr. Wood gives a new description, with plates and cases, in the *American Medical Times* for February 8, 1862.

14. *A New Amygdalotome*.—M. Chassagny, of Lyons, has proposed an ingeniously constructed amygdalotome, resembling Fahnestock's instrument. The straight fork is replaced by horizontal hooks, which draw the hypertrophied gland into the ring of the guillotine. That it is now and then very difficult to get the tonsil into the ring every operating surgeon knows.—*Med. and Surg. Reporter*.

15. *Varieties and Treatment of Whitlow*.—By the term whitlow, says Dr. L. Laurel, Marine Surgeon, is meant a phlegmonous inflammation of the fingers. Pricks, contusions and burns are the most common causes; sometimes, however, the disease appears to be spontaneously developed. It is more common in winter than in summer, and in cold than in warm countries. There are countries where the disease is endemic, but more frequently it appears in an epidemic form. On board of vessels this epidemic is frequently coincident with one of furunculi. A deranged condition of the *primæ viæ* is a companion of whitlow: the administration of an emetico-cathartic ameliorates almost always the local inflammation.

The symptoms vary according to circumstances, and especially to the tissues of the hand and fingers where the inflammation originates. The division into four varieties (whitlow between the skin and epidermis, of the cellular tissue under the skin of the tendinus sheaths, and

of the periosteum) is not only anatomical, but founded on clinical observation. The first two varieties remain ordinarily limited to the part attacked, and are not attended with any immediate danger; whilst the third may extend, by following the sheaths of the tendons, to the arm and fore-arm, and the periosteal variety may be followed by caries or necrosis of the phalanges. Inflammation of the periosteum and synovial sheaths may exist without inflammation of the cellular tissue.

Erysipelatous whitlow is the form developed beneath the epidermis, on the surface of the dermis. It consists in redness and slight swelling of that portion of the dermis which surrounds the root of the nails, with a pulsative pain and rapid formation, in a few hours, of pus or purulent serosity between the skin and epidermis. It is ordinarily necessary only to excise the epidermis and apply an emollient cataplasm to obtain a rapid cure, followed sometimes by the loss of a nail. The symptoms are not so light with carpenters, blacksmiths, sailors and others whose epidermis is thickened. It is in such cases very difficult, at first, to tell if we have to do with an erysipelatous or phlegmonous whitlow. Indeed, erysipelatous inflammation is not always limited to the circumference of the nail. It may begin at any other point of the finger, or, commencing near the nail, extend to all the surface of the finger and even to the hand, with more or less swelling, very great throbbing pain, sleeplessness and great jactitation, the same as in the phlegmonous forms of the disease. At the commencement of the trouble it is difficult, if not impossible, to recognize fluctuation, although there is at this time pus formed. An incision down to the dermis ends these disorders. Where the whole circumference of a finger is affected, all the epidermis must be detached with the scissors or bistoury; wherever pain is experienced, it must be thinned.

Erysipelatous and phlegmonous whitlow occur frequently isolated, but are found sometimes united, the inflammation commencing in the dermis, and extending to the cellular tissue, or the reverse taking place. The symptoms of this form are similar to those we have described, only more intense. A painful tension comes on in the pulp or palmar region of the fingers, and extends sometimes to their dorsal aspect; the bright red of the commencement becomes deeper; the pain is acute, frequently excessive; the collateral vessels are strongly pulsative; pus is formed very early, and is distinguishable by an increase of pain and a change in the color of the part, which is softer, and sometimes fluctuation. If the disease extends to the tendinous sheaths, the tension is extreme, the pain lancinating and intolerable; the swelling gains rapidly on the neighboring parts, sometimes even up to the arms. Swelling of the axillary glands is constant. General symptoms appear, such as fever, vomiting, delirium, convulsions, agitation, want of sleep. Abscesses are formed in all the parts affected, with considerable destruction of tissues; they are sometimes followed by gangrene, exfoliation of tendons, etc. Lastly caries and necrosis may supervene.

Under the name whitlow is also included phlegmon of the hand. It affects only the palmar surface. When pus is formed on its dorsal

aspect, it is almost always by the extension of the disease from another part. This form is sometimes primitive, sometimes consecutive like that of the fingers; it may be erysipelatous, phlegmonous, fibrous or periosteal, but it usually presents the characteristics of true phlegmon. In this case the pus forms rapidly and makes its way to the commissure of the fingers on their dorsal side. When this phlegmon attacks the sheaths of the tendon and the deep tissues, all the disastrous consequences mentioned for whitlow of the fingers, may take place in a very short time.

All the asserted abortive methods of treatment are almost always useless. Those which can be relied on are the local antiphlogistics and cataplasms of mercurial ointment. They will at least moderate and limit the suppuration. The only really abortive treatment which can arrest the progress of the disease, is by early incisions, made where the pain is most severe, extended through the length of the inflamed part and deep in proportion to the gravity of the disease. When suppuration has commenced, incisions are indispensable. The bistoury is plunged down to the pus, to the tendinous sheaths or the periosteum, if they are implicated, and the tumor divided in its whole length. If the pain returns, it must be followed up with the bistoury, wherever it appears. After the incision, the hand should be kept for some time in warm water, or a poultice be applied; the wound is afterwards dressed with lint and cerate. Constitutional symptoms should be treated by diet and emollient drinks. Emetics and purgatives are indicated by symptoms of gastric or intestinal disturbance, and would also be useful as revulsives. Complications and sequelæ must be treated by appropriate measures.—*Boston Med. and Surg. Jour.*, from *Traité de Chirurgie Navale*.

MATERIA MEDICA.

16. *Action of Arsenic*.—In a paper read before the Royal Medical and Chirurgical Society of London, Prof. G. Harley, speaking of his experiments in reference to slow or chronic poisoning, gave the following conclusions in regard to the direct action of arsenic on the blood. Arsenic has a specific action on the digestive canal, and this action is manifested irrespectively of the mode of administration. The direct contact-action with the mucous membrane is slight in comparison to the influence exerted through the blood. The symptoms manifested during life, as well as the morbid changes found after death, differ very materially in the acute and chronic forms of poisoning. While in the former the morbid changes are most marked at the cardiac end of the stomach, in the chronic form they are most visible toward the pyloric extremity. The more gradual the poisoning, the more manifest is the action of the poison on the intestines, and the less visible are its effects on the stomach. Death may occur from arsenic so rapidly that no apparent structural change has time to take place. The immunity from symptoms of poisoning enjoyed by arsenic-eaters most probably arises from their taking the substance in a solid form, so that but a very small portion of what is swallowed enters the circulation. The

beneficial effects of small doses of arsenic are due to the power it possesses of diminishing tissue-change by its peculiar action on the blood. The prejudicial effects of arsenic, when taken in excess, are due to its destroying the property possessed by the constituents of the blood of combining with oxygen and thereby becoming fitted for the purposes of nutrition.—*Boston Med. and Surg. Journal*.

17. *Hydrargyrum cum Creta*.—From a "Historical and Analytical Report" on this preparation, read to the Berkshire District Medical Society, by Dr. S. Duncan, of Williamstown, we extract the following corollaries: When the preparation is exposed to the light, especially during the summer, a portion of the sub-oxide which it contains is decomposed into the metal and red oxide (protoxide), which, in sufficient quantity, always acts as a violent, instant poison. The older the preparation and longer the exposure to light, the less the mercury and greater the amount of the oxide. In order to have a perfectly reliable article, it should be made of pure material, kept in a cool place, and excluded from the light. Freshly-made and light-colored specimens are best, and those of a deep color should be rejected. The preparation is unstable, tending to separation by the volubility of its mercury, and the superior mobility and gravity of its particles. Mercury exerts no influence on the system in its metallic state, but must first be converted into an oxide, and this oxide must be basic to a soluble compound. The amount of sub-oxide in hydrargyrum cum creta is not at all injurious, provided it remains as such; when the preparation proves an irritant in itself, it is due to a higher degree of oxidation.—*Berkshire Med. Journal*.

18. *On Some Effects of Cubebs*.—Aside from the known effect of cubebs upon the genito-urinary mucous membrane, M. Debout claims for them:

(a.) A locally stimulant effect upon the gastric mucous membrane, in consequence of which the secretion of the gastric juice is increased and the other functions of the stomach called into greater activity. Hence cubebs are useful in dyspepsia with flatulency, in consequence of gastric atony as well as when, in cases of gonorrhœa, balsam of copaiva no longer agrees. To increase the effect, one gramme of nitrate of bismuth may be given with every dose of the cubebs.

(b.) In small doses—two grammes three or four times daily—a decidedly sedative influence on the cerebro-spinal nervous system, which renders the article useful in cases of dizziness and weakness of memory, also in chronic inflammation of the neck of the bladder and deep parts of the urethra. The cubebs must be freshly powdered.—*Amer. Med. Monthly, from Bull. de Thérap.*

19. *On Chloroform*.—M. Bouchut has ascertained by experiment that chloroform dissolves biliary calculi better than ether, and ought therefore not only to be substituted for the latter in the preparation of Durande's mixture, but might also be used in aqueous solution, or in the form of elixir, in hepatic colics due to biliary calculi. In one case thus treated the disease gave for seven months no sign of its existence.

In a little work just published, M. Bouchut states further, that chloroform is not dissolved by glycerine, but dissolves very well in alcohol, to the proportion of one part for eight. With this solution, a syrup, a wine and a water may be prepared, to be used internally as a drink or injection, in chorea, epilepsy and neuralgia. Of four cases of chorea thus treated for a few days, one has derived marked advantage; of three cases of epilepsy, one has momentarily lost the symptoms of the disease; in several cases of neuralgia there has been a complete cure. The following are M. Bouchut's preparations:

Chloroform Ptisane: Chloroform, fifteen grains; alcohol, 105 grs.; water, one pint, fifteen ounces, one drachm and forty-three minims, (why not two pints?) To take by glassful in twenty-four hours, against hepatic colics, chorea, hysteria, epilepsy and nervous diseases.

Vichy Water with Chloroform.—The quantities of chloroform and alcohol before indicated mixed with one bottle of Vichy water. Against hepatic colic.

Syrup of Chloroform.—Chloroform, two drachms and a half; alcohol, two ounces and five drachms; simple syrup, one pound. Dose: A tablespoonful, from three to six times in twenty-four hours, in hepatic colics and nervous diseases.

Chloroform Mixture.—Chloroform, from fifteen to thirty grs.; alcohol, half an ounce; gummy julep, four ounces. To take in twenty-four hours, in the same cases as above.—*Amer. Med. Times*.

20. *Citro-Ammoniacal Pyrophosphate of Iron*.—In an elaborate article on the history, preparation and therapeutical uses of this rather new remedy, Prof. E. N. Chapman, of the Long Island College Hospital, gives the formula of Robiquet, the first discoverer, as follows: Dissolve by heat in a neutral solution of the citrate of ammonia a determinated proportion of the pyrophosphate of iron; when this becomes clear, allow it to boil for a few minutes, filter and add sugar. But in order to obtain, in this way, a "syrup of a straw color, with a slightly greenish cast, and devoid of taste," as it should be, the pyrophosphate must be obtained in the form of a gelatinous precipitate from the reaction between pyrophosphate of soda and tersulphate of iron in solution. A given proportion of citric-acid in solution is neutralized by liquor ammoniæ, then the pyrophosphate added and the liquid boiled until the salt is dissolved. From this solution the solid citro-ammoniacal pyrophosphate may be obtained by evaporating to a thick consistency and then spreading the product on large plates of glass. The salt has a slightly saline taste; appears in the form of lamellæ, yellowish-green when thin, of a duller and deeper green when more massive; somewhat resinous. It may be made into pills, or dissolved in water in any proportion, by the aid of heat. Syrup completely conceals the iron and renders the preparation tasteless. From three to five grains of the pyrophosphate may be given three or four times a day. The remedy is friendly to the stomach and does not cause irritation of the gastric surfaces, being on all these accounts preferable to the other preparations of iron. Besides this, the compound adds new virtues to the iron, arising from the pyrophosphoric

acid : phosphorus as well as iron are readily set free in the blood and assimilated. The efficiency of cod-liver oil seems to be due to the same circumstance, though its action is far less stimulating than that of the pyrophosphate, on account of the smaller quantities of phosphoric acid and phosphorus contained in the oil. "The citro-ammoniacal pyrophosphate of iron has consequently been employed, with the most marked and gratifying results, in the following conditions : 1. Where the blood becomes thin and watery, causing a number of troublesome symptoms in consequence of deficient nerve-power, or those cases usually treated with wine and iron simultaneously ; 2. In persons overworked by mental application and prostrated by disquietude and care, or who have a shattered nerve-power from some constant source of bodily suffering, presenting wakefulness, trembling, spasmodic movements, palpitations and other anomalous symptoms ; 3. In all functional disorders of the nerve-power, where, during the temporary stimulation resulting from the pyrophosphate, we can rectify the states on which they are dependent, as is particularly the case in anæmia and chorea united ; 4. Against palpitation of the heart, especially when due to anæmia ; paralysis agitans from deficient nervous influence ; angina pectoris, etc. ; 5. The pyrophosphate also appears to possess a tonic power, restoring the appetite and digestion after the failure of bitters, quinine, wine, etc., often in extreme cases of anæmia, amenorrhœa and chlorosis.—*Boston Med. and Surg. Journ.*

21. *Extracts of the Bark of Pomegranate Root.*—Dr. H. R. Tilton, U.S.A., states that a druggist in San Antonia, Texas, prepares a solid extract under the name of "Extractum Granati." It is a black tasteless powder, sold for \$7 (\$5 to the army) an ounce, and very effectual against tape-worm. Mr. A. Stubb, the hospital steward at Key West Barracks, found a fluid extract just as efficient. He macerates two ounces of the bark in one pint of very strong alcohol for fourteen days, filters and evaporates the alcohol so as to leave from four to six fluid ounces, according to the strength of the alcohol. The patient takes a purge in the afternoon, either castor-oil, salts, or whatever the physician may select ; he abstains from supper and breakfast, and then begins with the fluid extract, taking one-third of the whole quantity at a dose, and repeating this every hour and a half or two hours. This generally acts upon the bowels within a short time after the third dose is taken, bringing away the entire worm ; if it should not act before midnight, a purge is to be given.—*Med. and Surg. Reporter.*

22. *Experiments with Kerosolene.*—From a report of Dr. A. Horr, of Dubuque, Iowa, it appears that the inhalation of two drachms from a napkin results in effects nearly similar to those of chloroform, but with a greater feeling of buoyancy and less thrilling noise in the head, leaving no nausea nor giddiness. The effect, however, passes off in a few minutes. By a continued slow administration, a state of semi-consciousness was kept up for two hours in a case of miscarriage with morbid tenderness of the uterus. The contractions went on regularly and efficiently. In some cases, slight convulsions and trismus preceded the anæsthesia. Used to the extent of maintaining partial

anæsthesia for one hour and a half, and to the fullest practicable degree during the last half hour, in a case of natural labor, kerosolene acted kindly, promptly, and without the least unpleasant symptom either during labor or afterwards. Mixed with chloroform, partly in the proportion of one or more parts to five, but mostly in equal quantities, kerosolene was given in five other obstetrical and fifteen minor surgical cases, with uniformly happy and satisfactory results. With this compound there is less disturbance of the stomach, fuller circulation in the capillaries, and less irritation in the air-passages than with chloroform alone.—*Amer. Med. Times.*

DISEASES OF WOMEN AND CHILDREN.

23. *Acute fatty Degeneration of the New-born.*—Drs. C. Hecker and L. Buhl describe (*Obstetrical Clinic*) under this name a large number of interesting anomalies in the bodies of the new-born. They are usually observed in well-developed infants; a majority of whom are born in an asphyctic condition. Beside some diarrhœic liquids, they soon evacuate blood through the anus or bring it up through the stomach; become icteric after three or six days, and are frequently attacked with an irrepressible hæmorrhage from the umbilicus, generally on the fifth day. There are extravasations in the conjunctiva, mucous membrane of the mouth and nose, in the external ear, the mucous membrane of the uterus, and, as purpura, in the cutis. Sometimes there is also anasarca. Many of the infants perish with the symptoms of cyanosis, within a very few hours; very few survive the second week; the longer they live, however, the more they suffer from anæmia and jaundice. There is no anomaly in the brain or its membranes, no congenital disease of the heart or respiratory organs, by which cyanosis and asphyxia could be explained, nor is there any obstruction in the biliary ducts to account for the jaundice, nor a morbid change in the umbilical vessels to explain the hæmorrhage. Grandidier has proved already that umbilical hæmorrhages have no connection with hæmophilia. Therefore, the explanation is sought in some dissolution of the blood, this being frequently found uncoagulated and of a livid color. Besides all these, the authors have found the following anomalies: Extravasations in a large number of internal organs, cerebral membranes, pleura, connective tissue of mediastinum, thymus, pericardium, peritoneum, omentum, the majority of mucous membranes and muscles. Brain soft, and unless anæmic from constant hæmorrhages, hyperæmic and of a livid, or, when there was icterus, of a yellowish color. More or less voluminous apoplectic spots in the lungs; blood or bloody (brown or yellow) mucus in the bronchi. Pulmonary œdema to some extent. The microscopical examination revealed fat-globules in the epithelial cells and a large number of myeline corpuscles. A large number of punctate extravasations in the endo and pericardium; heart-muscle, in recent cases, rigid and dark-red, in older ones softer and paler, always more fragile, with fatty degeneration in many, most or almost all the primitive muscular fibres. Endocardium and inner membrane of the blood-

vessels livid in cyanosis, yellow in icterus. Liver more fragile, hyperæmic, of normal size and shape in recent cases; anæmic and icteric, enlarged and with less sharp margins in older ones. Cells of liver more or less filled with fat-globules, and the coloring matter of bile. Spleen enlarged and very soft. The walls of the stomach and intestines thickened and swelled by serum; blood in the stomach and small intestines, sometimes down to the ileo-cæcal valve and the colon; moreover, masses of pale, water-like, or bile-colored liquids and epithelium. The intestine, especially the smaller and villi, infiltrated; the latter containing fat-globules. The kidneys, unless the patient died on the first day, or lived a considerable time, always showed a copious infarction of uric acid; extravasations were found in the mucus membranes of the venal pelvis, ureter and urinary bladder, even in the tissue of the kidneys. The papillæ, and also the cortical substance, were swelled, either hyperæmic or anæmic, according to the duration of the case; in older cases, the canals contained not only urate of ammonia, but also biliary pigment. The epithelia of the Bellinian canals had undergone complete fatty degeneration, the contents of the cells consisting of nothing but fat-globules. Thus all the local anomalies appear to be but part of a general disorder in the nutrition of the system, which is congenital, and the origin of which dates from the last days of utero-gestation. It is very acute and shows itself especially in the heart, liver and kidneys, less in the stomach and intestines, by the acute transformation of the cellular contents into fat, and some albuminate. That is to say, it is the second stage of parenchymatous inflammation, viz., acute fatty degeneration. Death results from hæmorrhage, the change in the condition of the blood, and the general deficiency in nutrition. Something similar is sometimes found in adults: myocarditis with either pulmonary œdema or apoplexy, or Bright's disease with anasarca and albuminuria, or jaundice dependent on acute atrophy of the liver with intestinal affections, especially hæmorrhages.—*Amer. Med. Monthly.*

24. *Leeches in Uterine Inflammation.*—Dr. Tilt advocates the application of leeches directly to the vaginal portion of the womb, by means of the speculum, in order to reduce inflammation, to reduce congestion and promote absorption, or to increase congestion and determine menstruation. Each of these effects is obtained in some proportion to the number of leeches employed. To relieve inflammation, we should apply a sufficient number; otherwise we shall congest rather than relieve the womb. The number should also correspond to the size of the speculum; six for a large, four for a middle-sized, two for a small one. As an emmenagogue, leeches should be applied in small number—two or three—when menstruation is due, and repeated every month. Leeches are not to be used in inflammation of the neck from uterine catarrh, but are advisable in deep-seated ulceration on a hard or soft hypertrophic basis, where seven or eight of them may be applied and repeated several times just before or after menstruation. In internal metritis, which is frequently the cause of dysmenorrhœa, Dr. Tilt advises to leech the womb just before and, if

necessary, just after the menstrual flow, the number to be determined more by the degree of inflammation than by the strength of the patient. In hæmatocele or hæmatic collections in the pelvis, reabsorption is greatly promoted by two or three applications at three or four days' interval, and also at the first sign of menstruation. In very acute metritis or vaginitis, leeches are first to be applied to the inner part of the thighs, while emollient injections thrown into the vagina. They should not be used in cancerous or syphilitic affections of the womb, nor in diphtheritic inflammation.—*London Lancet*; *American Medical Times*.

25. *Hyperæsthesia Vaginæ*.—This condition, says E. Pegan, of Paw Paw, Ind., is in almost every case accompanied by leucorrhœa, if not caused by it. Sometimes there are very grave complications, such as partial atresia, prolapsus uteri, ulcerations of the mouth and neck of the uterus, with various other forms of chronic diseases. The principal remedy is an ointment of extract of belladonna, half a drachm, and lard, half an ounce. Internally, a proper cathartic, calomel, Dover's powder, quinine, according to indications.—*Cin. Med. and Surg. News*.

26. *Kolpoluter*.—As described by Dr. Spengler, of Ems, (*Balneologische Zeitung*,) this is a vaginal speculum, the walls of which consist of wire bars running parallel with each other and leaving a space between each two. Below, three bars are fastened at a right angle to a zinc plate, easily bent, and thus adaptable to the pelvic axis and vagina. The plate is provided, front and back, with small rings, by means of which the apparatus can be secured in place by being tied to an abdominal bandage, thus allowing the patient freely to move about in a bath without displacing the instrument. Above, the wire-bars, cut off obliquely, terminate in a ring which is to receive the vaginal portion of the uterus. To prevent the pinching or falling in of the mucous membrane between the bars, an obturator, entirely filling the speculum, is used in introducing it. The object for which the instrument is proposed is to combine with the general bath a local one of the mucous membrane of the vagina and of the lower portion of the uterus, and to allow a free admission of the liquid to these parts.—*Amer. Med. Monthly*.

27. *Bebeerine in Menorrhagia*.—This article, the active principle of the Bebeeru tree, is gaining some celebrity in the treatment of menorrhagia.

℞. Sulphate of bebeerine, twelve grains; powdered cinnamon, eighteen grains; powder of iron, six grains. Mix and divide into twelve powders. One to be taken every other day during the interval between the menstrual terms. During the flow, especially if it be profuse, the remedy should be given oftener and in larger doses.—*Med. and Surg. Rep.*

28. *Bicarbonate of Potassa in Croup*.—Since Dr. Luscinsky, of Vienna, has recommended the bicarbonate of soda, Dr. Kellogg has succeeded in establishing the claims of the bicarbonate of potassa, used by himself and others for a long time with decided success.

After giving an emetic, he prescribes : Bicarbonate of potassa, half a drachm ; fennel water, five ounces ; syrup of senega, one ounce. A teaspoonful every half hour. In very severe cases he augments the dose to a grain and a half of the salt every quarter or half hour, and sometimes repeats the emetic.—*Amer. Drugg. Circ. and Chem. Gaz.*

29. *Treatment of Cholera Infantum.*—In an essay read before the Erie County Medical Society, Dr. H. Nichell lays down in extenso the rules for the treatment of this complaint. As he himself acknowledges that he offers nothing new, we copy only the principal points.

Attention to the morbid causes producing the disease. Removal to the country, if possible, or frequent exposure to pure air. The utmost care in keeping the apartments perfectly dry, clean and well-ventilated. Clothing to be in accordance with the temperature of the air. The patient should rest on a mattrass, with a light and loose covering. Daily immersion in a warm or tepid bath, followed by frictions all over the body with a soft and dry cloth, as long as prostration has not commenced. Strict diet. For infants the mother's milk, as long as not deteriorated ; regularity in nursing. As a substitute, fresh cow's milk, largely diluted with water ; gelatine may be added. Where milk will not be retained in the stomach, abstain from its use for twelve or twenty-four hours and substitute toast-water and mutton-tea. The first-named, cold, should be given from the commencement in small quantities every ten minutes as a drink. Any degree of exhaustion or prostration indicates diffusible stimulants : half a teaspoonful of brandy with toast-water, every hour or oftener ; chicken or mutton tea. If the patient appears eager for animal food, a piece of chicken-flesh, or dried salted beef or ham may be granted. No vegetable articles. To arrest the vomiting, lime-water and fresh cow's milk, half a teaspoonful of each, mixed, every half hour or oftener. In addition to this, Dr. Nichell prescribes : ℞ Calomel, two grains ; powdered opium, powdered ipecac, of each one grain ; carbonate of magnesia, twelve grains. Divide into twelve parts for a child of two years. One powder every two, three, four, six, eight hours, according to the frequency of the alvine discharges. In violent and frequent vomiting, creosote is a very reliable remedy : add two drops of it to a fluid ounce of lime-water and give half a teaspoonful every one or two hours, or after each vomiting, with some milk. At the same time apply a large sinapism over the abdomen. Where creosote fails to control the vomiting, we may succeed with the solution of the acetate of lead, or with subcarbonate of bismuth, in from three to five grain doses every two hours for a day or two, by which also the discharges from the bowels become altered and less frequent. Should vomiting still persist, while exhaustion and rapid collapse are threatening, very small pieces of ice should be placed on the patient's tongue every eight or ten minutes, brandy with toast-water be given from time to time in teaspoon quantities, and stimulating injections be used, containing a teaspoonful of brandy. Warm poultices over the abdomen for a day or two appear preferable to leeches. Acetate

of lead is a most important remedy, especially where watery dejections are copious and frequent. As soon as the discharges lose their watery character, it should be suspended and chalk mixture with tannin or tincture of opium, or the gallic acid, employed for some time. In the more advanced stages, with prostration and emaciation, use astringents with tonics, as tannin with quinine, etc. In chronic cases, with inodorous discharges of mucus and watery fluid, the spirit of turpentine frequently proves valuable, when perseveringly employed. Against very obstinate diarrhœa, without pains in the bowels, the liquor of persesquinitrate of iron may be given, five drops three times daily, and gradually increased to fifteen, to a child of two years.—*Buffalo Med. and Surg. Journ. and Rep.*

SOME NEW FORMULÆ.

30. *Electuary of Guaiac for Chronic Rheumatism.*—By Dr. A. Fernandez. ℞. Guaiac, fifteen grammes; rhubarb in powder, ten grammes; cream of tartar, twenty-five grammes; sulphur in powder, fifty grammes; white honey, 350 grammes. Take two spoonfuls morning and evening.—*Journ. Materia Medica, from Rev. Généralé de Thérap.*

31. *Phosphuretted Oil in Itch.*—Dr. Metzel recommends to put eight grammes of phosphorus in five hundred grammes of olive oil. Close the bottle and heat it to 212° in a water bath. Keep the bottle well corked. Rub the patient three or four times with the oil and give three baths afterwards.—*Wiener Mediz. Wochenschr.*

32. *Tartro-Citrate of Soda.*—A suitable formula for this purgative salt is proposed by E. Parrish, (*The Druggist*,) i. 12.

Rec. Tartaric acid, four drachms; bicarbonate of soda, five and a half drachms, or q. s.; water, ten and a half ounces. Dissolve the acid in the water and add the soda salt till it is nearly neutral, then filter and add: Simple syrup, one ounce and a half; tincture of fresh lemon-peel, half a drachm; citric acid and bicarbonate of soda, of each one drachm. Cork and tie over securely. Dose: one bottle as a cathartic.

33. *Compound Syrup of Prunus Virginiana.*—Dr. H. Bradford, of Rock Bluffs, Nebraska, applies this name to a compound he found very beneficial during an epidemic influenza characterized by a profuse secretion of mucus and considerable spasmodic action, in some cases simulating whooping-cough. Rec. Syrup prun. virg., four ounces; vin. ipecac. and vin. antim., of each half a drachm; tinct. cannab. ind., one drachm; gallic acid, half a drachm. Mix. Dose, a teaspoonful every three or four hours.—*Druggist's Circular.*

34. *Syrupus cum phosphoro* is the name applied by Mr. Hager (*Commentary on several pharmacopœias*, vol. ii., p. 567) to finely powdered phosphorus, suspended in syrup. One part of phosphorus and three parts of simple syrup are put into a strong bottle, so that the

syrup covers the phosphorus entirely; the bottle is then plunged into water which is heated to about 140° Fahr. After the phosphorus is melted, the well-corked bottle is wrapped in a piece of cloth and shaken until it is cold. This mixture keeps very well in a closely-stoppered bottle. Whenever it is wanted for use, it must be shaken, and the old cork replaced by a new one.—*The Druggist*, April, 1860.

35. *Depilatory Compound*, by Félix Bondet.—Rec. Sulphuret of sodium, or hydrosulphate of soda, crystallized, three parts; quick lime, in powder, ten parts; starch, ten parts. Mix. Apply with a little water and remove the powder again, in a minute or two, by means of a wooden knife. The removal of the hair by this process is so simple, rapid and safe an operation, that it will probably supersede the use of the razor in many cases (?). The compound may be applied to parts the most delicate as well as irregular, and to surfaces either limited or extended, and it is only after several days that the hair begins to reappear.—*The Druggist*, i., 5, from *Journ. de Pharm.*

36. *Calamus Cordial*.—From experiments made by G. E. Hayes, the following formula appears to be the most available and pleasant: R. Fluid extract of calamus, two fluid ounces; tincture of cinnamon, two fluid ounces; syrup of orange peel, seven fluid ounces; French brandy, seven and a half fluid ounces. Mix. A tablespoonful represents nearly four grains of the root.

37. *Trochisci Calami*.—A very agreeable preparation for cases of flatulency and dyspepsia. Rec.: White sugar, six ounces; fluid extract of calamus, one fluid ounce; oil of fennel and oil of aniseed, of each twenty minims. Rub them together and with mucilage of tragacanth form a mass which is to be divided into 160 lozenges.

38. *Calamus Tooth Powder*.—Successfully employed by Dr. Pitschaft in scorbutic or ulcerated affections of the gums and carious teeth. Rec.: Calamus root, half an ounce; charcoal, one drachm; castile soap, one drachm; oil of cloves, twenty minims. Rub them together into a very fine powder.—*Amer. Journ. of Pharm.*

39. *Red Drops*, by Leconte.—Rec.: Camomile, sixty grains; opium, eight grains; saffron, two grains; cannella, one grain; cloves, one grain; alcohol, three hundred grains. Macerate for eight days; express and filter. Dose: from five to twenty drops on sugar, several times a day, in gastralgia, diarrhœa, etc.—*Journ. Mat. Med.*, Jan., 1860, from *Répert. de Pharm.*

40. *Opiate Belladonna Plaster* of Dr. Trousseau, employed by him in arthritis, simple or puerperal, threatening to pass into the chronic state. In order to be useful, the plaster must envelope the articulation. Rec.: Bread, 750 grammes; camphorated alcohol, 100 grammes. Dip the bread, in pieces, in water, until it is perfectly moistened; press strongly, and put into a saucepan on a water-bath, and then add, little by little, the alcohol. The whole mass, when cooled, must be perfectly homogeneous and preserve the form of the vessel. Spread this plaster upon a broad piece of tile; then apply the opiate bella-

donna mixture, made as follows : Extract of belladonna, ten grammes ; extract of opium, five grammes ; powdered camphor, ten grammes. Add to the two extracts sufficient water to render them semi-liquid, and incorporate the pulverized camphor. Spread this mixture as evenly as possible on the plaster, having a little more on the middle. The edges are covered with glycerine to prevent adhering to the skin. After having moulded it upon the articulation, and covered it with gummed taffeta, bound on with long flannel bands, place the leg in an extension apparatus. Change only every eight days.—*The Druggist, from Journ. de Chim. Med.*

41. *Boutigny's Antilymphatic Wine*.—Rec. Sacch. naturtii, alcohol. rectific. (36°), cinchon. cin. dedolatæ, aa. grana quatuor. Add the phosphate of lime arising from the decomposition of sixteen grains of chloride of calcium dissolved in water and poured drop by drop into a solution of twenty-four grains of neutral phosphate of soda. Then add further : Cort. aurant., drachmam unam et semis ; vini albi gall., oct. duos. Macerate for a week, with frequent agitation, and filter.—*Répert. de Pharm.*

42. *Saccharated Lime*, strongly recommended as a tonic and antacid by Dr. J. Cleland.—*Edinb. Med. Journ.*, August, 1859.

Slake eight ounces of quick lime ; rub up with it five ounces of white sugar ; add one pint of water ; stir some time, till the hard stiff masses that are formed are as much as possible dissolved ; then filter. Dose : twenty, thirty, sixty minims or more, in a glass of water, two or three times a day. According to Dr. Cleland, this is probably the best antacid we have, possessing, at the same time, a powerful tonic action. Its most important use is as a tonic in obstinate dyspepsia : it is suitable for cases with too little, as well as those with too great, secretion of gastric juice. It seems particularly serviceable in gouty constitutions, but of no great use in the dyspepsia of hysterical and anæmic patients. The best time for taking it is immediately after meals. It proves also valuable in overcoming gradually the chronic constipation so frequently accompanying dyspepsia, and it will check the diarrhœa consequent upon disordered digestion.—*Amer. Journ. Med. Science*, Jan., 1860.

OPHTHALMOLOGY.

43. *Poisoning by Strychnia applied to the Functio Lachrymalis*.—Dr. C. Schuler relates the following experiment made by M. Langenbeck, of Hanover. About six milligrammes of pure strychnia were introduced at different times into the eye of a man 50 years of age, who had long labored under amaurosis of both eyes. The powder was placed at the bottom of the small pocket between the lower lid and the eyeball. It produced no effect upon the patient's system. Having observed that the efficacy of many agents is increased when they have been caused to enter the lachrymal canals, Langenbeck then introduced one-twelfth of a grain (less than five milligrammes) of pure strychnia by means of an ear-pick into the inferior lachrymal point of the left

eye. As a portion of the powder fell upon the ground, there remained only about three milligrammes.

In three or four minutes after the application, the patient's face assumed a livid paleness, spasmodic yawnings and vertigo came on and he fell upon a chair. The windows and door of the room were thrown open; the portion of the powder still adherent to the lachrymal point was wiped off, the patient's face and back were sprinkled with cold water, and enemata administered. In spite of these measures, more serious symptoms supervened: loss of speech, cessation of the pulse, laborious and interrupted respiration, violent tetanic convulsions. The spasms were ten or twelve in number; their violence increased up to the fifth, after which they gradually abated. In a short time, though death seemed inevitable, the patient was somewhat improved; he now felt a painful distention of the bladder and rectum, which was followed by copious evacuations. In less than half an hour he was perfectly restored.

The most important point in this case is its bearing upon medical jurisprudence, because it shows that from five to fifteen centigrammes either of pure strychnia or one of its very soluble salts, placed in the internal angle of the eye of a sleeping man, would be sufficient to destroy life speedily and silently. The detection of the poison would be extremely difficult, if not impossible, it even being uncertain that experiments upon vertebrate animals would furnish some method of ascertaining the presence of the poison in the lachrymal canals or in the blood.—*Amer. Med. Monthly.*

44. *New Cure of Cataract.*—Prof. Sperino cures cataract by gradual evacuation of the aqueous humor. In consequence of this, he says, the lens gradually recovers its translucency. When the cure is not perfect, there is always amelioration.—*Brit. Med. Jour.*

45. *Asthenopia: its Cause and Treatment.*—From articles and lectures of the two great ophthalmologists, Profs. Donders and Von Graefe, Dr. Hasket Derby, of Boston, furnishes a description of this affection. The eye presents a perfectly normal appearance; its movements are unrestricted; convergence of the axes of vision takes place without difficulty; the perception of objects is generally as perfect as ever; and yet reading, writing, or any other employment requiring near objects to be viewed, induces fatigue, objects become confused and indistinct, and a sense of tension is felt above the eyes. After resting a few moments, vision becomes again distinct, but the same symptoms develop themselves again sooner than before, and stronger too: the pain in the forehead grows more intense, the eyes become red and tears flow freely, but the eyes themselves are rarely painful. Has too persistent an effort been made, all work on near objects must be given up for a considerable period. This condition was at first regarded as a species of amblyopia, and called *hebetudo visus, amblyopie presbytique*, etc. Its real nature, however, remained a mystery. An abnormal structure of the eye is the principal cause. The agent of accommodation is the crystalline lens, which varies its convexity without changing its position. Rays which may be regarded as parallel, are brought

to a focus on the retina without any accommodative effort ; the nearer the object emitting the rays approaches the eye, the greater will be the strain of the accommodation. While the far point, or limit of distinct vision, of a normal eye may thus be said to lie in infinity (rays coming from an infinite distance being parallel), the near point of such eye—*i. e.*, the nearest point for which it can accommodate—progressively recedes with advancing age, constituting presbyopia when it has increased its distance from the eye so much as to cause inconvenience. Relatively few eyes, however, correspond to the ideal, with the farthest point in infinity. Parallel rays, entering some eyes adapted for their farthest point, are brought to a union *before* the retina, so that only divergent rays, proceeding from objects relatively near, can form perfect images on its surface. And parallel rays, entering other eyes whose accommodative power is similarly relaxed, find their point of union *behind* the retina, to form perfect pictures on which the rays should enter the eye converging. Both of these conditions depend on a defect in structure. The first defines myopia ; for the second, Donders proposes the name of hypermetropia ; presbyopia may exist in connection with either. The first requires a concave, the second a convex glass in order to see distinctly in the distance. Hypermetropia has been recognized since 1853 as an abnormal condition of the eye, but Donders first pointed out the fact that it occurred in a moderate degree quite commonly, being at the bottom of the difficulty called asthenopia, kopiopia, lassitude oculaire, amblyopia presbytique, weak-sightedness, morbid sensibility of the retina, etc. Having, in 1858, first enunciated the doctrine, that the great majority of cases of asthenopia was associated with hypermetropia, he, in 1860, almost denied the possibility of the one condition existing independently of the other. The researches of others have confirmed the presence of hypermetropia in at least twenty-nine out of every thirty cases of asthenopia. The cause of the asthenopic symptoms is a want of proportion between the convergence of the axes of vision and the amount of relative accommodation required. The treatment has to relieve the accommodation of an unnatural strain, and to restore the proper harmony between it and the convergence of the axes of visions. The strongest convex lens with which the patient sees distinctly in the distance, is the one he wants for constant use. Should he possess only a limited power of accommodation, a stronger lens will be needed for work on near objects, and a simple mathematical process enables us to compute the glass with which he shall be able to work in a given distance. (The degree of the hypermetropia, or myopia, present in a given case, is expressed by the focal distance of the convex or concave lens which reduce the affected eye to a normal one, *viz.*: the strongest convex or weakest concave glass, through which the patient sees distinctly in the distance. The degree of presbyopia is expressed by that convex lens which brings the near point of the eye back to eight inches. Supposing, for instance, this point to have advanced to twelve inches, the presbyopia is $\frac{1}{12} - \frac{1}{8} = \frac{1}{24}$, and a positive glass of twenty-four inches focus brings the near point back to about eight inches.)—*Boston Medical and Surgical Journal.*

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ARTICLE I.

Cantharides as a Therapeutical Agent, Internally Administered in Large Doses. Its Mode of Operation.

BY ALEX. MCBRIDE, M.D., SURGEON O.V., U.S.A.

The profession do not seem to be aware that they have in cantharides an agent the most powerful to rekindle the waning spark of vitality — an agent which in many cases of disease at an almost hopeless stage, will rally the scattered and almost dissipated vital forces, concentrate and generalize their action and reestablish that series of atomic changes upon which vital action depends.

Cantharides has been used for a long time chiefly as a vesicatory, and for a few specialties, such as the treatment of leucorrhœa and incontinence of urine, some hopeless cases of dropsy, involuntary seminal emission, etc. ; but I am not aware that it has ever been used in every-day practice, to accomplish those changes of pathological condition which we every day seek to effect by alteratives, tonics, stimulants and vesicatories.

Old authors, and perhaps some recent ones, have spoken of the "blistering stage" of disease, and insisted on it as something definite ; and I have no doubt many have understood it practically ; but it does not appear to have ever become generally understood so clearly as to be made matter of every-day observation in practice. Neither has the *modus operandi* of the action of a blister ever been, so far as I have read, clearly explained. Dr. R. Trask, of Strongville, O., a shrewd, practitioner of much experience, remarked to me, several years ago that he had no recollection of any case doing badly where blistering

produced strangury. Since that time my observation, which has been considerable, justifies his remark, that strangury in blistering is a good symptom. What shall we say, then, to those writers who have proposed means to prevent this effect of epipastics ?

In the autumn of 1854 typhoid fever and common continued fever prevailed to considerable extent in some of the northern portions of Ohio. During that season I was called in frequently to see patients in whom congestion of the lungs had supervened at an advanced stage of the fever. In those cases, where any hopes from remedial agents remained, I ordered the application of emplastr. canthar., with the view of producing revulsive and derivative action. The success was excellent in many cases ; and it was at this time I made what has since appeared to me an important observation, which was this : In those cases which were at all remediable, the abatement of bad symptoms began within thirty minutes after the application of the plasters. When I first observed this in a single case, I naturally suspected it might be a coincidence ; but further observation satisfied me that the same resulted in every case where blistering was imperatively demanded, and where the amount of plaster applied was large. Now what did this prove ? Certainly not that vesication was the cause of the improvement or change of pathological condition, for vesication with the best of plaster seldom occurs under four hours in adults,—even redness is not induced in much less time than three hours. Then it must prove that the effect either results from the plaster acting as a poultice to warm and shield the air from a part, or from absorption of the ingredients of the plaster. And what ingredient would more probably produce the effect than the cantharides ?

The hint was sufficient, and I resolved to try the effect of cantharides administered generally, instead of topically, in certain cases which might present themselves. However, I did not put this resolution in practice till more than two years afterwards ; for I was in poor health and much out of practice for that length of time. I will mention now a few cases from memory, as they occur to me.

The first case in which I made the trial direct was a feeble woman, aged about fifty. She at this time had had obscure remittent fever nearly two months, which had resisted all remedies ; she was quite delicate, and could endure but little medicine of any kind ; she had enlarged spleen, and every few days had a “sinking” chill, each one reducing her lower than the preceding. On the occasion of the last recurrence of chill, which really prostrated her very low, I was called in during the chill. Pulse small, frequent and feeble. Gave M. xl.

tinct. cantharides (this for her was a large dose, for she could not endure much medicine of any kind generally.) In about fifteen minutes she was quite rallied. Improved rapidly, and recovered from that day without another chill.

Capt. J. P., aged 54, slim man, who had used much mercury years before. He now followed the trade of a tinner; troubled much with constipation and numbness of one leg. On the —— day of October, felt chilly about 10 o'clock; about the same hour received news of the death of a son absent from home; about noon was seized with unconsciousness, and a persistent loquacity or jabbering, in which condition I found him about 1 P. M. He lay on the bed without moving hands or feet, face red, eyes natural, pulse moderately frequent, and constantly talking in a natural tone, but forming no complete words, and quite unconscious of all that was said to him. It was not clear whether this was the paroxysm of an intermittent, or a shock to the nervous system, occasioned by the sad intelligence, or both; but whether either or both, it seemed to bode evil to an individual who had for a long time had partial palsy and constipation. Ordered: \mathcal{R} Tinct. cantharides, aqua camph., $\text{aa fl}\overline{\text{z}}$ j. M. Dose, three drachms at once, and repeat two drachms every hour.

After he had taken the third dose, the anomalous symptoms entirely abated, and he took no more of the medicine. In the evening, gave a dose of camph. and carb. ammoniæ, after which he vomited freely; slept good, and next day was quite well, and continued as well as usual thereafter. There was no strangury in either of these cases.

In February, 1859, was called to see a boy aged 15; had been ailing several days; seemed unconscious, or at least to have no volition or speech; tongue white and slimy, pupils dilated, pulse irregular, from 80 to 90; voided scantily heavy urine, took no food or drink, and submitted passively to whatever was done to or for him. Practiced scarifying and cupping, on this and the following day, to the nape of the neck. Prescription: \mathcal{R} Tinct. cantharides, q. s. Dose M. xl. every four hours. Also, \mathcal{R} Iod. potass., grs. iv.—this dose every four hours: the two medicines to be given every two hours alternately. These doses were continued four days, though on the fourth the dose of cantharides was reduced to about twenty-five drops. The urine on the second day was copious and dark, and continued so, gradually growing of a lighter quality, till on the fifth it was full light, healthy color, when the cantharides was discontinued entirely. The boy was now quite rational, pupils natural, pulse regular, 72. In this case there was very slight sensation with urinating.

I now refer the readers of the *Lancet* to a case mentioned in an article contributed by myself, entitled "Quinine in Pneumonia," and published in the August number of 1861, in which three large fly plasters were applied at once, and a fluid drachm of tinct. cantharides administered at the same time, and repeated in a forty-minim dose an hour afterwards, and half-drachm doses continued thereafter, at longer intervals,—all this with the happiest results, in an extreme state of typhoid pneumonia. There was no strangury in this case.

In a case of gangrenous erysipelas, where the life seemed to hang upon a thread, as the lungs were becoming engorged, a fluid drachm was given, and half-drachm doses continued for four days thereafter, with happy results, and no strangury. Other medicines were given in this case, such as quinine and tinct. ferri chlorid. ; but no medicine made the visible impression at every dose as did the tinct. cantharides.

A case of animal-poisoning in the month of August, 1861 : A stout German laborer, aged about 40, had skinned a cow, which died of some kind of epidemic, about five days previous to my visit. Felt poorly the next day after the skinning, and on the third day was quite unwell and employed a disciple of Hahnemann, who attended him up to the time of my being called. Both arms were swollen and doughy, with numerous large, hard and prominent bluish vesications, from the size of a dime-piece to that of the palm of the hand nearly, dispersed on the fingers and arms, and the axillary glands swollen very much. There was at this time an anxious expression of countenance and difficulty of breathing, the skin dusky, and the rales in the lungs indicated a rapidly maturing congestion. It did not appear in this case that the specific (as I have sometimes thought it to be) for animal poison—caustic ammonia—would be sufficient to ward off the termination which appeared so imminent ; the case demanded some remedy to act at once on the almost paralyzed capillaries, to restore their tone and rapidly eliminate effete matter. And what should that remedy be to turn the tide of ebbing life at this critical moment ? Cantharides ? Yes. I gave the tincture in flʒ iss. doses, in conjunction with a suitable quantity of aqua ammonia. This quantity of cantharides was not repeated more than three times in the space of three or four hours. It was afterwards given in smaller doses and at longer intervals ; quinine was also given after the full action of the cantharides was effected. I never saw what appeared to be a fatal tendency of disease more quickly and completely averted. I mean to say, the rapidly progressing congestion and death by sedative action were averted, and a case which appeared hopeless transformed to a hopeful one. Recovery was rapid

under the use of ammonia and quinine, and iodine locally. There was no strangury in this case.

Now some may say it was the caustic ammonia that did the business in this case. I have no doubt that caustic ammonia did as much in this case as it will in any case where there is so much to be done; but I by no means believe that the few drops of that medicine revolutionized the tendency of the accumulated evils, for the evolution was so precisely like what I have seen result from the administration of cantharides in so many instances.

—The following case will illustrate the anodyne or sedative effect of cantharides :

Dr. R. Trask, of Strongsville, Ohio, to whom I had communicated my views of cantharides, was called in the night, about the 1st of last May, to see a young woman, about sixteen years old. This girl was quite reduced in strength by hard labor, and had her spirits prostrated by family reverses; she had had leucorrhœa badly. At this time her appearance was quite alarming, her respiration was 75 per minute, and the pulse very frequent, but not in proportion to the frequency of respiration. The Doctor considered the case hysterical, in which, I have no doubt, he was right, and gave her some of the usual remedies, and lay down and slept three hours; when, on rising, he found his patient quite unchanged; he then gave her tinct. canth. flʒ j., and ordered M. xl. to be given in about two hours in case there was no improvement. When he saw her again at the end of four hours, the frequency of respiration was reduced to below 50 per minute. The medicine was continued in a smaller dose for some days afterward, in conjunction with iron. There was no strangury until the diminished dose was continued, as is usually done in leucorrhœa.

In the summer of 1860, A. C., an Irish laborer, of spare habit of body, and rather fond of whisky, had been sick a week with bilious fever, and was comatose—medicine having produced but little effect upon him. A friend called to see him on very important business, and tried for half an hour to arouse his attention, but failed to elicit recognition, although the business was very important. I gave the patient at this stage, pulv. camph., grs. iv., tinct. canth., flʒ j. In twenty minutes patient aroused without solicitation, recognized his friend, extended his hand and spoke to him, and was able to converse sensibly.

I might quote many more cases, but let these suffice. I have given it in large doses in low stages of typhoid fever, in engorgement of the lungs, and, as will be seen above, in congestion or dropsy of the

brain; in spasmodic diseases, and in very atonic cases of intermittent. I have also given it in cholera, of which I treated some cases in 1860, or cases which were no way distinguishable from cholera. One of these cases particularly went through the severe stages of cholera with the characteristic purging and vomiting, cramps and blue surface, with parboiled hands. In this extreme condition I gave him largely of the tinct. canth., and no other active medicine. Of course I applied external warmth and gave warm drinks. Improvement was speedy after the medicine. No strangury.*

The reader is, no doubt, impatient to ask, "Why does not strangury result?" I might ask in reply, "Why should it?" I know that in cases where its peculiar action is plainly and clearly indicated the large doses may be given without strangury, and with the most happy results. In cases where it is not indicated strangury will result from one fluid drachm, generally.

When is cantharides indicated in the large dose? It is indicated at that very stage of disease which authors have pointed out as the "blistering stage." This will be the indication for it generally, and if the stage is properly marked it will seldom fail of doing good, which will generally be perceived in fifteen to twenty minutes after the dose is taken.

I by no means wish it understood that I disparage blistering. I have no argument against the revulsive or derivative action of vesication. I have seen much good result from the counter-irritation of epispastics and sinapisms. It will be seen by the context that I have used both the external and internal application of the fly in urgent cases. But there are some extreme cases of disease in which, if we should wait for the absorption of the cantharidin through the skin, when vitality and blood have almost forsaken the surface, the patient would sink beyond our reach. It is in this condition of lost vitality of the surface that the internal large dose of the fly displays its power to the most advantage.

I have on several occasions during my service in the army laid on large blister plasters, for the purpose of securing a large amount of absorption of the fly, when I had not at hand preparations for internal use. The result was similar, but slower; but in some cases where the skin had lost much of its function the absorption was too feeble to benefit.

It is also indicated in several other states of disease in which blis-

*I use the officinal tincture, and have it carefully prepared under my own inspection. I prefer this to the powder, as being more active.

tering has not generally been looked to as important, viz.: A patient laboring under a disease of the heart, by a mistake in a prescription, had taken mercury till he was profusely salivated, with immense swelling of the tongue and whole region of the mouth. Alarming prostration ensued, and death by syncope or anæsthesia seemed imminent; he was unable to speak, and insensible. Tinct. cantharides was given in drachm doses and repeated often; he soon rallied, and in a few hours (five or six) the swelling had disappeared and the tissues were restored to their elasticity—by which I mean that the prostration was reversed and followed by a tonic condition. This was a striking illustration; for in the morning the man was a disfigured and dying mass, and before the evening his features were quite natural and but little swollen.

But there should be established a general indication for giving so potent a remedy, and I think the following is the true one:

When in atonic, asthenic or adynamic disease it is a desideratum, from whatever cause, to produce general or local capillary tonicity, the internal use of cantharides will be indicated, and in quantity proportioned to the urgency of the demand.

As an easy rule for the indication of catharides, it may be stated thus: When turpentine is indicated to produce general action, cantharides is also still more indicated, if the indication is urgent; but they should not both be given.

One fluid drachm will generally be sufficient for a dose, but I would not hesitate to double this quantity in extreme cases; but, of course, these large doses need not be often repeated. I have seldom given over ℥ʒ iss. at a dose, with repetition of smaller doses from one to two hours after. The effect will be manifest in twenty minutes or less from the time of administration. The repetition of such doses should not be trusted to other judgments than those of the prescriber; for it is too potent a medicine to trifle with, and no more should be given than sufficient to accomplish the object, which will be definitely manifest by the improvement of the general symptoms and the lowered frequency of pulse.*

I have no doubt this medicine is as potent for mischief as for good, if given too largely, or in very large doses on improper or false indications. In one respect it is like mercury—it will not fail to accomplish something, given in however large or small a dose. I have sug-

* I here advise whoever prescribes this medicine upon such indication as that pointed out above, to give the full dose, for it is the large dose, from forty minims to two drachms, that performs the great evolutions that I have described.

gested that it acts by reëstablishing the series of atomic changes upon which vital action depends ; it is important that the atomic changes be not urged beyond a point of endurance, for then the tendency would be to destroy.

I have more than once seen life rekindled when the spark had almost gone out—when the Rubicon was passed ; and the machinery kept in motion and reason upon her throne for many hours, and in a few cases for several days, by the action of this medicine, establishing an artificial life by continuing the atomic changes from which vital force is derived.

It appears to me that the cantharides acts primarily upon the capillaries by inducing tonicity, and in congestion diminishing their calibre, whereby the congestion is relieved ; also vigorous absorption and secretion is promoted thereby. I am not certain whether there is any direct action of cantharides upon the kidneys. It appears that by the action of cantharides upon the general constituents of the entire organism a large amount of nitrogenized effete matter is thrown into the circulation which the kidneys rapidly elaborate into urine, whereby the quantity of dense urine is increased. This view is strengthened by the fact that as long as the urine continues to be dense or much colored, there will be no strangury, and no symptoms of irritation or excitement produced by the medicine ; but when the urine becomes pale, the quantity grows less, and if the medicine is then continued, erethism results, also strangury. Hence we derive this rule : *Cantharides may be given in free doses (in cases where indicated) as long as the urine continues of a darker color than pale amber.*

I can not state how the urine is effeted, or how the kidneys are acted upon, in those cases where it is given purely as a diuretic in ascites and anasarca, not having had experience in prescribing it for such cases ; but I am well convinced that if it could be borne in large dose in anasarca without exciting strangury, it would give a tonicity to the capillaries sufficient to discharge the fluids rapidly.

Besides this general action of cantharides, it seems to have a local action, as its effect in leucorrhœa, gleet, involuntary seminal emission and incontinence of urine is well known. But whether it really has this supposed local action, or operates by a general restoration of the capillary system, I am uncertain, notwithstanding I have successfully treated these various affections with it.

From the fact that strangury is not excited so long as the urine is copious and heavy, and that the quantity discharged is diminished after the color has disappeared—that is, after the proper effete atoms

of the systems are discharged,— it appears not improbable that the irritation of the urinary passages is excited by crude and imperfectly decomposed atoms of the tissues of the body, or detritus which is not ready for elaboration into urine, brought in contact with their surfaces by the powerful decomposing action of the medicine. In confirmation of this view I submit the analogous fact that the liver and the other glands become unduly excited after the full and proper action of mercury on the tissues and blood at large ; and when there is not much nascent effete matter in the system these glands become excited the sooner.

Of its supposed aphrodisiac action I have seen no evidence whatever, notwithstanding I have watched closely for it. If it ever does excite any such action, it must be on persons laboring under no particular disease, or by a restoration of the lost tone in the worn-out lecher. As it spends its force upon the effete atoms of the azotized constituents of the body, I can readily conceive the erethism which might be produced by it, in large doses, on an organism not having any such material for it to operate upon.

Now, in conclusion, I wish to say that I have written the foregoing facts because they are true, and ought to be known to the profession ; and for the few conjectures submitted I ask your indulgence till they are further considered.

ARTICLE II.

On the Use of the Seeds of the Cucurbita Pepo, or Pumpkin, in Tænia, with Reports of Cases.

BY G. R. PATTON, M.D., CINCINNATI, OHIO.

Thomas Weightman,— nativity, England,— æt. 25, residence 22 Park street. He first observed fragments of the *Bothriocephalus latus* in his evacuations in the spring of 1855, while serving in the British army of the Crimea. He had been much exposed at night in the trenches ; had been poorly clad, and served with inferior rations—the meat often eaten raw, and even sometimes in a partly putrid state. From that time until his final treatment joints of the worm had dropped from him, either involuntarily while at work, or in bed at night ; while fragments varying from several inches to thirty-one feet were voided, from time to time, under the use of anthelmintic remedies—the longest period of their absence from his evacuations being seven weeks. The most strongly marked symptoms were nervous

sensations in the epigastrium, with colic and nausea; appetite voracious, or entirely wanting; itching about the anus, and at the end of the nose; headache, vertigo, and great emaciation, upwards of fifty pounds in weight having been lost by the patient.

On inquiring as to the means resorted to for relief, I was forcibly struck with the long list of practitioners under whose care he had been, without obtaining permanent respite from his distressing complaint. At Scutari, afterward in the London Hospital; in the Military Hospital, Glasgow, Scotland; and again in the United States in 1857, similar treatment was attended with the same negative results.

Coming under my care May 3, 1858, I gave him, *seriatim*, pomegranate root, the kooso twice, oil of male fern twice, and $\frac{3}{4}$ ss. of kamala, in divided doses. He objected to the turpentine, having become disgusted with its frequent repetition. It was, however, used for one week, in small doses. The small doses not proving successful, he urged its administration in a quantity large enough to kill the monster at once. Acquiescing in his heroism, I ordered *eight ounces* to be taken at one draught, fasting. No unpleasant effect supervened, except severe and long continued purgation. It was thought the *desideratum* had been reached, as an undivided fragment thirty-one feet long was expelled; but in seven weeks joints were again dejected per rectum.

My patient was discouraged, and I lost sight of him for thirteen months. He came for advice again August, 1859. Not yet having tried the pumpkin seeds, four ounces were prescribed, as recommended by Mr. Richard Soule, in the *Boston Med. and Surg. Journal* (Oct. 8, 1851, p. 201). He passed fragments in the aggregate twelve feet. Four weeks later, pieces again appearing, he consented to another trial on a more extensive scale. Two quarts of seeds were hulled, and made into an emulsion with two quarts of water. A light diet was enjoined the day preceding, and continued throughout the treatment. The bowels being free, from a dose of oil the evening previous, a large tumblerful of the emulsion was ordered upon rising, at noon, and at bedtime. The emulsion was exhausted on the third day, without apparent effect, except slight catharsis. He wishing to discontinue the "truck," I furnished him another bottle, and on the fifth day of treatment thirty-seven feet of the *entozoon* was voided, including the *head*. Each evacuation was passed in a separate vessel of water, to facilitate the search for the head. Mr. W. rapidly regained his former health, and retains it at the present writing.

It will be observed that this is not the variety of tape-worm ordinarily met with in the United States. The *Bothriocephalus latus* is never met with, it is stated, in Great Britain or this country, unless in individuals who have contracted it abroad. Hence the anomaly of this case. The broad variety is, however, common in southern Russia, and the *tania solium*, on the other hand, is unknown. The time required for expulsion in this case would seem to indicate in the *Bothriocephalus* a greater tenacity, or power to maintain itself, in the intestinal canal, than exists in the ordinary tape-worm.

—Edward Williams, æt. 28, farmer, residing near Cheviot, Ohio. Joints of the long-worm began passing from him in December, 1857. The symptoms resulting from intestinal irritation were manifested in a marked degree. The usual remedies did not afford him relief. He began the treatment, as previously recommended, March 3^d, 1860. Fifty-one hours later a large mass of worms—the *tania solium* with *lumbrici*—were passed; to quote his own words, “a basin-full of tape-worms, mixed up with other worms.” No head could be discovered, though carefully searched after. Continued the treatment two days longer, without any more fragments being observed. One year after the treatment, he pronounced himself cured.

—John Albridge, æt. 28, Englishman, employed in Swift’s rolling-mill, Newport, Ky. Had been annoyed with *tania solium* more than three years, all remedial efforts proving futile. The emulsion was administered Dec. 11th, 1861. On the third day after he dejected twenty-two feet of the worm, varying from one line to half an inch in width. The head, unfortunately, was broken off and lost. He continued the treatment another day, but passed no more fragments. He has since gained thirteen pounds in weight, and enjoys robust health.

—G. W. Randall, æt 36,—nativity, England,—a plumber, residence 278 Cutter street. He had tape-worm nearly two years. Never experienced from it either local or sympathetic symptoms. Previous to instituting the treatment, he had taken oil of turpentine; also, the ethereal extract (oil) of the male shield fern, without any decided effect. Commenced treatment with the emulsion, April 30th, 1862. During the afternoon of the next day, he passed a single tapering fragment, over five feet in length, terminating with the head; the entire detached portion gradually narrowing in width, from one-half an inch (broad extremity) to three-fourths of a line (the head).

REMARKS.—Of all the anthelmintics proposed for the extermination of *tania*, the seed of the ordinary pumpkin claims our first attention. It is innocuous, inexpensive, readily procured, and by far the least

disagreeable of all the vermifuge medicines. Its power to dislodge large fragments of these *entozoa* has never been questioned; but it has not succeeded, in every instance, in destroying them. This results evidently from discontinuing the remedy too soon. By maintaining the treatment from four to six days (unless the head be discovered with the fragments first passed,) success would, doubtless, result in all cases.

The administration of castor-oil during its use is not to be recommended. The emulsion itself is sufficiently laxative in large doses, if a light diet be strictly enforced. By purgation we might defeat our end, by interfering with that intimate contact of the remedy with the head of the parasite, necessary to the production of its full toxicological effect.

The specimens of these *tæniæ* are in my possession.

ARTICLE III.

Puerperal Convulsions.—A Case.

BY T. J. PEARCE, M.D., MECHANICSBURG, O.

Miss B., an unmarried female, about 19 years of age, suddenly arrested the attention of the family where she was temporarily stopping, by "taking a fit," and falling to the floor of the kitchen, as she was passing through the house on her way to the rear of the buildings. At this alarming juncture I was called in. I reached the patient before she had fully recovered her consciousness. All I could learn in relation to the history of the case was, that she had been employed by the family a few weeks as chamber and house servant; had come alone from the East; was a good, trusty girl to work; but from her *personal appearance*, the lady of the house had suspected all was not right. But, on being approached on the subject, the young lady had always given a stout denial. After her lethargy passed off, a few inquiries and slight observation fully betrayed to me the "story of her sorrows."

After hastily placing her upon a trundle-bed, (which was most convenient,) and making a per vaginam examination, I found she had been in labor for some time—the os tinæ being well dilated, and the head already advanced low in cavity of pelvis. This was 1 o'clock P. M., and from evidences elicited, she had been in labor the principal part of the night previous, and all the forepart of the day, up to the time at which I was called in. How many convulsions she had, we

could not learn ; but from some bruises upon her body, and pieces of broken furniture in her room, she must have had quite a number. Her convulsions now became frequent and violent, remaining lethargic and unconscious from one paroxysm until the next. The uterine contractions became inefficient and almost ceased, and the indications for artificial delivery were imminent. Without any further delay, I proceeded to adjust the forceps, which with some difficulty I succeeded in accomplishing—the difficulty owing to the violent contortions of body during the convulsions, which were now as often as every five or eight minutes. The child was well delivered, and the patient arranged upon the bed with the hope that the convulsions would now cease. But in this we were disappointed. They continued despite all our efforts to suppress them with the ordinary routine of treatment ; such as venesection, turpentine, enemas, chloroform, etc., until late in the evening of the next day, when they gradually ceased ; her consciousness returned, and she had a tedious but safe return to health.

In the treatment of this case, I think the use of chloroform did more than any other one agent to abate the violence of the convulsions. Although the coma attending the intervals, and the strong cerebral congestion indicated as present during the paroxysms, would seem to contra-indicate its use. But my experience in the management of such cases (this being the fourth or fifth case of the kind which I have attended,) is in favor of a speedy delivery as being the sheet-anchor of hope. This I would advise, even at the sacrifice of the life of the infant, by the perforator and crotchet, if no other method can accomplish the object—a speedy delivery.

Proceedings of Societies.

Proceedings of the Cincinnati Academy of Medicine.

Reported by W. T. BROWN, M.D., Secretary.

HALL OF ACADEMY OF MEDICINE, April 28, 1862.

The President, Dr. McIlvaine, in the chair.

Obstetrical.—Dr. Tate related the following :

Case of Spontaneous Evolution.—Was called on the 17th of April to see Mrs. A., the mother of three children, and now pregnant. She did not expect to be confined for two months. The amniotic sac had ruptured, and a considerable quantity of liquor been discharged. The os was undilated. Had slight pains now and again in her back.

These entirely subsided, and she went two days without their return. On a resumption of the pains I was again sent for. I found the os fully dilated, and the right elbow presenting. Wishing to assure myself of the character of the presentation, I brought down the hand. A strong pain pushed out the right shoulder immediately under the symphysis pubis, the head remaining above it. The woman then experienced some three or four very strong pains, which forced the side and hips down into the pelvis; so that the back and lower extremities were soon delivered—the shoulder all the while resting behind the symphysis, and the head coming out last. The woman was a native, of medium size; the child *was dead*, but not decomposed; and would weigh, I suppose, about six and a half pounds.

Dr. Tate also reported the following case, and asked Dr. Woodward to give his views in regard to the treatment pursued. He was called to a woman, aged 33 years, in labor with her first child; the membranes ruptured before the os uteri dilated, and it was fully forty-eight hours before she had any efficient pain. At 9 P. M. of the second day he could not pass his finger into the os. At 2 A. M. it was dilated to the size of a dollar, still not soft and dilatable. He concluded to try dilating the os with his finger, and at 3 A. M. he left her delivered. By pressing the os from side to side it stimulated the uterus to active pains and the child was forced down. He considered this a very useful manœuvre—that it assists very materially in dilating the womb, and promoting efficient pains.

Dr. Woodward said cases of this kind were familiar to him in his long practice: he had tried the same kind of irritation, thus causing a more speedy dilatation. He would not try it in a sharp rigid os uteri, but in a soft distensible one he considered it a safe practice. He believed he had increased the pains and facilitated the uterine contractile power by pressing on the posterior wall of the vagina and on the sacral nerves; but still these manœuvres are to be pursued with great discretion, and he would not recommend them to be attempted by young, inexperienced accoucheurs.

Acute Purpura.—Dr. Stevens reported the following case, which had been under his care for the past ten days, and which had appeared to him as rather an unusual form of eruptive disease. The patient was a little girl, 7 years old. The first group of symptoms had every appearance of an ordinary attack of hives, confined to the surface of the lower extremities; both limbs being covered with an eruption like thick welts. Very soon, however, the elevated tissue subsided, leaving only a discolored blotch, first of a bright hue, gradually fading away within the course of twenty-four hours to purple and then to a faint bruised tint. This process, however, being continually repeated,

so that after a day or two had progressed, every stage of the eruption was at times visible. With this peculiar eruption there was also a rheumatic condition of the system, the ankle, knee and wrist-joints at times being swollen and painful. There was also an evident intermittent or paroxysmal feature in the case. All the symptoms, especially the painful, rheumatic condition, being aggravated at particular periods of the twenty-four hours. At the onset of the case he had treated it with mild aperients, followed by colchicum, alkalies, tartrate of iron and potash, etc., without producing any favorable impression. Within the past three days he had placed the patient on citrate of iron in wine, and sulph. quinine, and under this treatment she was rapidly recovering, and to-day appeared convalescent.

Dr. Tate said that in reference to the case just related, it might be of some interest to state that Prof. Rogers, of Louisville, was at his house a short time since, and after describing a form of disease with precisely such features as had just been detailed by Dr. Stevens, he raised the inquiry whether it was prevailing in our city. He said such a disease had prevailed to considerable extent in Louisville, and physicians there had styled it *acute purpura*. At first it was treated there on the antiphlogistic plan, and all the patients died; subsequently tonics were substituted with good results.

Lupus.—Dr. Almy presented a case of his before the Academy with lupus. The disease commenced two years ago, first attacking his hand, then the left leg between the knee and ankle. He was confined to the house and to his bed for the greater part of the time for one year. His leg ulcerated, and for a long time presented a fungous appearance, from which the hæmorrhage was at times very profuse. The external malleolus was gradually absorbed, and the whole ulcerated surface healed with a white cicatrix, and over the malleolus there was a very distinct depression. The disease next manifested itself upon the left side of his face, extending from the eye to the margin of the mouth, and down to the chin and as far back as the ear. The entire irritated surface was surrounded by a ridge as large as his little finger.

He prescribed tonics generally, sometimes alteratives; recently he had been using, at the suggestion of Dr. John Davis, the mur. tinct. of iron, in teaspoonful doses, repeated three times a day, and locally a solution of the persulphate of iron to the raised ridge. Improving under this treatment, he had lessened the dose of the mur. tinct. one half. The patient had constantly assured him there was no syphilitic taint in his system.

Dr. Woodward reported the following case. He was called to see a

young man, aged 21 years, of intemperate habits, a currier by trade. A short time before he bruised his thigh with a piece of iron, but continued his work until three days ago. When he saw him, he had decided trismus. He gave calomel and opium, of the latter twenty-five grains in twenty-four hours,—also stimulated him; but he succumbed to the disease.

Delirium Tremens.—Dr. Almy said he was called to see a man aged 40, very fond of his ale, and occasionally of his whisky, but still not regarded as an intemperate man. The family told him he had been suffering from rheumatism; that it first attacked his ankle, then his knees and hips, then his shoulders, next his stomach, and finally his brain, when the family concluded to send for the doctor. The doctor first prescribed: ℞ Syr. morph. comp., ℥j., vin. colch. sem., ℥j.; give a teaspoonful three times a day. Failing to produce any soothing or anodyne effect, he next ordered Dover powder; but still his patient did not sleep, and he saw strange things, but yet he was not quite prepared to say he had delirium tremens, but he prescribed a favorite remedy in such cases, viz., the ant. et potas. tart., of which he gave five grains a day without nausea or vomiting. The second night the ugly visitors disappeared and he slept for eight hours. He gradually recovered.

HALL OF ACADEMY OF MEDICINE, May 17, 1862.

The President, Dr. McIlvaine, called the Academy to order at 8 P. M.

The minutes of the previous meeting were read and approved.

The question of general depletion was declared to be the subject of discussion for the evening.

Dr. Fries said he wished to make some remarks in reply to his friend Dr. Murphy, but preferred to wait until he arrived. At the suggestion of the President, the discussion of depletion was postponed until the arrival of the gentlemen who place themselves in opposition to this practice.

The reports of cases were then in order.

The President called on Dr. Gans, as he had been in Tennessee to aid our sick soldiers, to make some remarks in regard to the diseases in our army. And also called on Dr. Thornton, as he had been on a similar mission some time previous.

Dr. Thornton said bowel affections were the prevailing disease, and that all of the sick, so far as his observation extended, were exceedingly anxious for potatoes; that they had been fed on salt pork and dry crackers until disease was produced. He thought if our soldiers could

have plenty of potatoes provided for them that there would not be so much sickness. And he also thought it would be well to allow our soldiers alcoholic stimulants every day.

Dr. Gans said he agreed with Dr. Thornton, and particularly in regard to his last remark. He was perfectly convinced that stimulants were necessary to promote digestion. The second great cause of so much sickness in our army was the prolonged rainy season. The Doctor said he doubted the propriety of allowing potatoes at this season of the year. In regard to gunshot wounds, surgical authors advise us not to dilate the wound. This is very well in fleshy parts, where the ball has passed through, but in the side, the blood collects and putrefies. He thought it much better to dilate the wound; even if the ball is not found, it allows the coagulated, putrefied blood to escape, and counter openings also tend to relieve the pressure. The Doctor mentioned some cases, as they occurred under his observation, corroborative of the statements he made. It has been observed by all military surgeons how soon gunshot wounds take on gangrene, and how soon pyæmia results. He also observed this during his absence.

Dr. Fries said this subject interested him very much. He considered the non-dilatation of gunshot wounds erroneous, and reported the following case. The man was wounded in the battle at Pittsburgh. The ball passed behind the femoral artery and behind the femur, but not through the thigh. However, he examined the wound carefully for the ball, but did not find it, and also to give exit to the pus; and also made a counter opening which allowed the free escape of the accumulated pus. The patient is improving. In regard to stimulants in army diarrhoeas, he thought their judicious administration and the use of other remedial agents would be beneficial. The Doctor also reported the following case. A week ago yesterday, a woman was shot in the side, just above the second or third short rib. He tried to find an opening to trace out the direction of the ball. After searching for half an hour, and not succeeding, he concluded the ball, after entering the cellular tissue, had rebounded and was lost. The next day he found her feverish, and with considerable pain over her bowels. Still he could not find the ball, and she was in the same condition the following day. In the course of a week he found considerable hardness, circumscribed, over the abdomen. Yesterday he thought fluctuation, deep-seated; and to-day he made a careful incision through the linea alba, and found an abscess just on the symphysis pubis, which discharged a large amount of pus, and close down on the peritoneal lining of the abdomen he found the ball. He believed not dilat-

ing the wound in the course of the ball, was in many cases bad practice.

Dr. Woodward asked the gentlemen who had been in Tennessee and had seen a good many typhoid features, if any of the phenomena, such as the rose spots or sudamina, had been observed.

Dr. Smith asked if the gentleman considered such phenomena essential to characterize the disease. He had not observed these signs but in two cases in the Military Hospital, and there was a remarkable absence of tympanitis in most of the cases.

Dr. Woodward said he did not consider the phenomena he mentioned essential, but in his practice he had observed the sudamina much more frequently than the rose spots.

Erysipelas.—Dr. Smith said he had treated some twelve or fifteen cases of erysipelas recently, without any local applications. He gave internally muriate tincture of iron, in one teaspoonful doses every two hours, wine and beef tea. He had not lost a case.

Dr. Graham said he had been in the habit of prescribing muriate tincture of iron internally and externally for many years, and fully concurred with Dr. Smith in the propriety of the treatment in broken down subjects; but in the country where we have not the broken down condition of the system, this treatment would fail.

Dr. Johnson reported having treated in the last month two cases of erysipelas, and his treatment was just the opposite. They occurred in a mother and her child. The mother was a strong, healthy, Irish woman, thirty years of age. He found her with a pulse 120, bowels constipated. The disease extended over the face and partly over the scalp. He first prescribed ten grains of calomel and twenty of jalap. Next day, gave nothing. The next day, a seidlitz powder, then spirits of nitre and the neutral mixture. His patient recovered. The doctor remarked that he would reject any treatment when he could not understand the philosophy of it.

Dr. Thornton thought we knew very little about the essential nature of erysipelas, and knew no specifics for the disease. Local applications he considered of no benefit. The discussion was continued for some time by Drs. Graham, Smith, Thornton and Johnson.

[At a subsequent meeting, Dr. Smith related the following case: Was called to see a lady in private practice, with erysipelas making its appearance over the face. She stated that some years previously she had a similar attack, and that in the treatment she had been bled by her physician, and the disease was only arrested at the breast by the application of the solid nitrate of silver. She assured Dr. Smith

she could not recover unless he bled her and applied the nitrate of silver. Dr. Smith made no local application except cloths dipped in water applied occasionally, and administered internally the mur. tinct. of iron in doses of half a teaspoonful every hour for the first twenty-four hours—the second day every two hours—afterwards every three hours. The disease was arrested in four days. Her previous attack had lasted twelve or fourteen days, and the recovery was not so pleasant, and her skin was now in a more healthy and natural condition.]

Adjourned.

Proceedings of the Eaton (Ohio) Medical Society.

Reported by R. WALLACE, M.D., Secretary.

The annual meeting of the Eaton Medical Society was held in the Eaton Court House on the 6th of May. The meeting was called to order by the President at 10 o'clock A. M.

The following members answered to their names: Drs. Crume, Lindsay, Wallace, Woody, Matchett, Donnellan, Tobey, Hill, Small and Huggins.

The society elected for officers this year—Dr. Lindsay, President; Dr. Crume, Vice President; Dr. R. Wallace, Recording Secretary; Dr. Woody, Treasurer; Dr. Small, Corresponding Secretary. Censors: Drs. Crume, Matchett and Donnellan.

The society elected Drs. Wallace and Crume delegates to the Ohio State Medical Society; and as alternates, Drs. Matchett and Tobey.

The society mourns the loss of their last Vice-President, Dr. Haggott, who was surgeon to the Fifty-Seventh Regiment, O.V.M., and Dr. Nesbit, one of our number. Death has removed them from us, but we hope our loss is their eternal gain. These medical brethren will long be remembered by us. They have left behind them that pleasant and dear remembrance which is better than fame, and if their epitaphs are cut lightly in stone, they are written at full length on living tablets in a thousand homes, to which they carried their ever welcome aid and sympathy. The society left on their record the following resolutions concerning these gentlemen:

Resolved, That by the death of Dr. J. P. Haggott, Eaton has lost an excellent citizen, the medical profession an ornament to its ranks, and the Fifty-Seventh Regiment, O.V., U.S.A., a well-qualified and faithful surgeon.

Resolved, That in the death of Dr. R. P. Nesbit, this society has lost one of its most respected members—one who seldom, if ever,

absented himself from the society's meetings, and one who was a high-minded gentleman and an honorable practitioner.

Resolved, That our sympathies are extended to the relatives of the deceased.

Thus our annual meeting has taught us, at least, one lesson—that the science whose province it is to heal and save, can not protect its own ranks from the inroads of disease and the waste of the destroyer.

“Leaves have their time to fall,
And flowers to wither at the North wind's breath,
And stars to set; but all,
Thou hast all seasons for thine own, O death!”

2 o'clock P. M.—The society was entertained by Drs. Crume and Wallace on the Improvements in Medical Science, (reports of committees being in order.)

The following committees were appointed by the President to report at the next meeting: On Improvements in Medical Science—Drs. Crume and Wallace. On Collateral Science—Drs. Wallace and Matchett. On Quackery—Drs. Crume and Woody. Dr. Matchett was appointed to write a dissertation.

The following resolution was adopted by the society:

Resolved, That the thanks of this society are due, and are hereby tendered, to Dr. Woody and lady, for the hospitable and sumptuous entertainment given by them to this society.

The society adjourned to meet at Eaton at 10 o'clock A. M., on the 16th of October, 1862.

Correspondence.

Letter from Meridith Hospital, Nashville.

MERIDITH HOSPITAL, NASHVILLE, TENN., April 26, 1862.

Editors Lancet and Observer:—Having had no correspondence with you since I went “a soldiering,” and fearful that a longer silence might blot me forever from your memory—a contemplation that has often filled me “full of grief” in many a wayside retrospection,—and as I have for once, and for a time at least, found a fixed locality and a place, I hasten to remind you that I am still in *esse*, in *statu quo*, and *comatibus*.

One whole year, “big with events,” has rolled around since I forsook the “paths of peace” for the “fields of strife.” The demands

of the service, and the requirements of the sick, will not allow me the leisure to elaborate any professional communication. I shall therefore only undertake to give you a rambling and rapid sketch of my first year's campaign. I was appointed Surgeon to the Third Regiment Ohio Volunteers on the 19th of April, 1861, and was ordered to join them at Camp Dennison on the 27th of that month. Here I had a foretaste of the mud and water, and other miseries, that have followed us throughout the most of our subsequent wanderings. The prevailing diseases we encountered here were rubeola, parotitis, pneumonia and diarrhœa. Many of the cases of rubeola were very severe, and their sequences pervading and protracted in character. I have ever had an abiding faith in Eberle's mixture of muriate of ammonia as a deobstruent and expectorant, in that and kindred affections of the lungs, and accordingly this, in conjunction with diaphoretic ptisans, constituted the chief treatment with me. No deaths (so far as my memory serves me) from that disease occurred. The pneumonia usually presented an active and open character, and not a few a purely typhoid type; and was combatted with the *veratrum viride* as the remedy *par excellence*, assisted, when required, by blistering. Functional disturbances of any kind were corrected as individually indicated; calomel, opium and ipecac, quinine and spirits nit. dulc., or Doveri, fulfilling mostly all such objects. The decoction of senega usually sufficed for after treatment. In the inflammatory cases, the lancet was applied in several with decided benefit. The influence of temperature, and that of confined and pure air, was prominently displayed by the relative situation of a number of the patients laboring under this disease. The majority of the cases were attended in a large, open *barn*, hastily converted into a hospital, and provided with bunks filled with straw, and supplied with the meagre diet, poorly prepared by soldiers; while a number were removed by their friends to the neighboring farmhouses, and surrounded with all the comforts of home. Of the latter, several died, or had slow and lingering recoveries; while of the host treated in the barn but three terminated fatally, and worse cases than were presented among them I have never witnessed. In the early part of June diarrhœa and dysentery became quite prevalent, presenting the usual forms, indigenous to the country, and was invariably amenable to the ordinary remedies.

On the 21st day of June we left the camp for the field, and from that time to the present date the regiment have lived exclusively out of doors, and known no shelter, sick or well, but the soldier's tent, beyond the few that were left at the General Hospitals on the

transit from Western Virginia to Kentucky. From Camp Dennison we were transported by rail to Clarksburg, Va., but from that to the summit of Cheat Mountain, they tramped it all on foot, and afterwards made many a weary march over its lofty ridges, among its rocky passes, and through its dark laurel thickets and cold rushing torrents. Soon after leaving Clarksburg the effects of soldier's fare, the fatigue of march, and the weight of knapsack, haversack, musket, canteen and forty rounds, began to test the endurance of the men. The number of cases of physical disability that had escaped the hasty inspection made at the time of enlistment were truly astonishing: cases of chronic, and even double hernia, deformities resulting from fractures, structural lesions, and cicatrices from wounds, epilepsy, and general impairment of nervous force, from dissipation, disease or dissolute habits. The measles and mumps followed us for some time, but gradually diminished, and at Elkwater disappeared entirely. Soon after we had permanently taken the field, the disorders incident to camps and camp-life began to manifest themselves. Diarrhœas and dysentery in different forms and degrees became the prevailing diseases—especially during the months of July, August and September. These were obviously, in the large majority of cases, the result of exposure to rain on the road, and sleeping in damp clothing or on wet ground, and to the improperly prepared food of the mess. Volunteer troops, from being unacquainted with the precautions necessary to insure health in the field, and undisciplined in habits, as well as indisposed to personal care and cleanliness, contract many diseases in consequence. But the greatest source of disease, in my opinion, is the system of cooking adopted by the majority of our regiments. Every soldier in a company is detailed as cook, by regular rotation, for the term of three days each; of course, the largest number are totally ignorant of all culinary knowledge or experience, and the duty to most distasteful in the extreme, and accordingly no pains taken to render it palatable or proper in quality. These camp diseases invariably increased when detained for any length of time in one locality, and decreased with as much certainty when the regiment was *en route*. The catarrhal forms of both diarrhœa and dysentery constituted the prevailing type. The season was remarkably wet and cold, especially at Cheat Mountain Pass and Elkwater. To such a degree was this the fact, that it was universally affirmed to be the rainspout of all creation. The pathological condition and disposition of the above disorders apparently consisted in a hyperæmic congestion of the capillaries of all the mucous surfaces. Catarrhal bronchitis was also

very prevalent, and often coëxistent with the affections of the bowels. For the treatment of the dysentery, the sulph. magnesia and tart. antimony—as recommended by Surgeon Tripler, of the U.S.A.,—became the most favorite remedy, particularly when prescribed in the earlier stages, and before any secondary complications were induced. The diarrhœa was of a peculiarly fermentative character, as exhibited by acidity of stomach, tympanitis of abdomen, and the nature of the dejections. The best combination I found for these cases was hydrarg. cum creta, opii, camphor and ipecac, in the proper proportions, to constitute an alterative anodyne and astringent compound.

During the months of September, October and November, typhoid remittent and intermittent fevers became quite numerous. There were about forty cases of typhoid fever in our regiment in the last two months above mentioned; a number of which were exceedingly intense in type, but all of which eventually recovered, notwithstanding they had no accommodations or comforts beyond the rudely constructed hospital tents, filled with straw or hemlock boughs—the only articles applicable to that purpose that could be obtained in that desolate and benighted region. The treatment of this disease was chiefly confined to the emulsion of turpentine and Hope's mixture, and gentle corroborants as borne or indicated. Owing to the innumerable cold mountain streams our scouts were compelled to cross, in their explorations as skirmishers, many were seized with a most severe and peculiar *rheumatgia* of the lower extremities, mostly in the gastrocnemii muscles, preventing any repose at night, and often depriving them of any effort of locomotion. The means of relief consisted in mustard pediluvium, stimulating embrocations, and quinine and whisky.

On the 6th of July we had the first cases of gunshot wounds in our regiment. They were received in the skirmish at Middle-Fork Bridge, near Buckhanon. There were five in all: three of considerable gravity, and two of especial interest.

Joseph High, of Co. A, was shot through the ankle and foot, the ball passing from above downwards, and lodging in the sole of his shoe. He was carried in a country wagon a distance of twelve miles, through the darkness of a starless night, over an almost impassable by-road, before reaching camp, and suffered the most intolerable pain on the way, and producing delirium from the succession of shocks he had to endure. On his arrival at camp, it was placed in proper position, cold-water dressings applied, and a dose of morphine administered for the night, with the effect, in due time, of securing him several hours of refreshing sleep, and completely dissipating the de-

lirium. The next morning he was sent to the General Hospital, at Buckhanon, and passed from my hands. I was, however, informed that he did well, and was conveyed to his home in Ohio, and that since he had suffered from secondary results, but still promised a permanent recovery.

Nicholas Black, of Co. G, was struck with a large buckshot on the forehead, which was firmly impacted in the frontal sinus. He fell instantly, but immediately got upon his feet, highly incensed at the indignity done him, and deliberately loaded his gun and fired upon the foe, and then leisurely left the field. It was impossible to either discover or move the ball at the time. He was left at the same hospital; but on learning that the regiment was on the march, he managed to escape, and joined us on the road, took his place in rank, and performed every part of his duty—on march and on picket, in storm and in sunshine, without complaint until in September, at Elkwater, when he was seized with severe paroxysms of cephalalgia, which continued to increase despite all measures attempted for his relief. I procured him a furlough, and sent him to his home in Cincinnati, where he was operated upon by Prof. Blackman, and the ball extracted. He again returned to duty about the first of December, and remained for three weeks, when his paroxysms of pain returned with redoubled force, and attended with dimness and distortion of vision, and I accordingly discharged him from service.

Another interesting case of gunshot wound occurred at Elkwater. John Hasket, Co. I, was struck by a pistol ball, at a distance of two paces. It penetrated the neck, grazing the anterior border of the sterno-cleido-mastoidens about its middle, and passed deeply and obliquely to the opposite side, producing an extreme shock to the nervous system, and partial paralysis of the tongue and opposite arm. No exploration of the wound was made on account of the important parts involved, nor did I believe, from the pallor of countenance, that he would survive his conveyance to camp. But he did so, and reaction was readily established, the wound simply dressed, and quiet enjoined, and in ten days thereafter he was walking about. I sent him home on a furlough of thirty days, at the expiration of which he returned to the regiment, and has fulfilled all the duties of a soldier since, without an unpleasant symptom or an excuse from duty.

The Third Regiment was remarkably fortunate as respects mortality, as compared with some others contiguous to it. The sum total of casualties and deaths in the field for the first six months was five killed, seventeen wounded, and one death from disease. Three others,

after being discharged or returned home on furlough, convalescent, died, as I have been informed.

During my campaign in Western Virginia, however, I had an opportunity of witnessing many interesting cases of gunshot wounds both at Rich Mountain, Cheat Mountain and Elkwater, but will mention only one, in which I felt an especial interest. A sergeant of the Fifteenth Indiana was shot in a skirmish through the ankle-joint. I was invited by Surgeon Bond to consult with him as to the propriety of immediate amputation. One of the articular arteries had been severed, and spouted blood to such a degree as to make it difficult to determine if it was not the posterior tibial. But the temperature of the foot, and the readiness with which it was controlled, convinced us that it must be one of less calibre. The synovial fluid had escaped, and was still trickling from the wound. Position and cold-water dressings were applied, and general treatment as required, and the external dressings changed to an opposite character, when indicated by the suppuration, and the system sustained by tonics as demanded. He eventually completely recovered, with only the infirmity arising from ankylosis, and not to a degree to particularly interfere with locomotion, and he is at the present doing duty in the field as Quartermaster of the regiment.

The Third Regiment was ordered from Elkwater to Kentucky during the latter part of November. The march was a most severe and terrible one, and one man died from sheer exhaustion. The regiment during this time was in the care of Assistant-Surgeon H. H. says: "I had been ordered to precede them with the sick and wounded, by another route; at which time I made a flying visit to Sandusky, and spent a few days at home, and 'gala-days they were,' and for the first time in full five months slept beneath a roof, or lay upon a furnished bed." I rejoined the regiment at Cincinnati, where we embarked for Louisville, and went into camp six miles south of that city, in a most miserable mud-hole, euphoniously dubbed Camp Jenkins. Here one of our soldiers suddenly died, from apoplexy, obviously induced from carbonization of blood, produced by sleeping in a smoky tent. From here we marched to Elizabethtown, and remained about ten days, and from thence to Bacon Creek, where we lay in camp about two months. The location of this camp was most insalubrious, the water bad and inconvenient, and the season most inclement. We lost one man here, from congestive chill, after standing guard through a boisterous night; and one from small pox, contracted in Louisville. From here, we made rapid and heavy marches to Bowling Green, through mud and

rain, through snow and sleet, and disease ran riot in the ranks of our men, and soon began to show the havoc of its power, in the constantly increasing numbers of stragglers, and the many panting forms that lay along the wayside. At Bowling Green the soldiers crossed the river, upon a frail footpath thrown over the stream. The next day or two it rained constantly, and it was found impossible to ferry any teams or baggage across the swollen banks, and soon we received orders to provide rations for five days, for a forced march to Nashville, a distance of seventy miles. My horse, my trunk, my medicine, were all across the impassable river, and there was nothing left me but to shoulder my haversack and trudge along, or be left behind. Away I started, full of resolution, and sanguine of success, but wished myself back more than once. My feet became blistered, my clothing became saturated from the rain without and the perspiration within, and my muscles became too sore and stiff at night to allow of any sleep. A blanket was all the best could boast for bedding, a fire of fence rails; and the rough roadside was our only resting-place. But we at length reached Nashville, the majority still full of vigor, but many sadly broken down. The last day's march was twenty-eight miles. We remained opposite Nashville two days, unable to cross for want of boats, until Nelson's fleet came up the river. On the 20th day of February I crossed to the city, and with Surgeon Swift, of the U. S. Army, the Assistant-Medical-Director, and Surgeon Marks, of the Tenth Wisconsin, visited the several hospitals still occupied or being abandoned by the Confederates. The surgeons had decamped with the army, and the city surgeons and physicians yet remaining were in attendance, and earnestly devoted to the work. Among them I met with Drs. Bowling and Lindsley, well known to the profession everywhere. There were still great numbers sick in the hospitals.

In the Gordon Hospital, under the charge of Dr. Wharton, a low form of epidemic erysipelas was prevailing with great fatality. The wounded from both armies, that had been brought here from Fort Donelson, were in the Female Academy, under the care of Dr. Jones, who was indefatigable in his care and attention. Dr. Lindsley had charge of the University buildings, and Dr. Bowling of the City Hospital, where all the Confederate sick were subsequently concentrated. These gentlemen gave us a cordial reception, and all the information desired for the professional purposes we had in view. We found the Meredith Building in the possession of the populace, which they were pillaging at will. This they had fitted up at considerable expense and care, but was already badly damaged by the mob. I was

ordered by Surgeon Swift to procure a guard and take possession, and prepare it for the reception of patients. Before much could be effected, the sick were crowded upon me, to great excess. On several nights I bunked, floored and fed quite four hundred. But as soon as other buildings could be produced, I was measurably relieved, and this was very speedily and efficiently effected, through the energetic and excellent management of Surgeons Murray and Swift of the army, and I assure you it was no small task to supply and provide for the incessant demands made upon them ;—and two more competent men for the position, in my opinion, could not well be obtained. The weather became exceedingly inclement immediately upon our advent into the city, and the troops being compelled to bivouac in the open fields, unprovided with tents, suffered extremely from the effects of such exposure. The prevailing diseases in the hospital under my care have been typhoid fever, typhoid pneumonia, bronchitis, rheumatism, jaundice, diarrhœa, erysipelas, with the usual proportion of complicated cases of indefinable and general disease met with in such an institution. The typhoid fever and pneumonia presented an exceedingly intense and intractable type, many cases being almost moribund upon admission. In a majority of cases the external appearance of the patients, as well as the degree of physical and mental depression, denoted a very impoverished and contaminated condition of the fluids of the body. Up to this date, there have been eleven hundred admissions and sixty-two deaths. The number of patients are rapidly decreasing, and soon many of the hospitals will doubtless be abandoned.

I shall forego giving you any further details of the internal history of the Institution at present, having received an order to report to my regiment at Tuscomb, Alabama, but will promise to resume the subject at the earliest opportunity. Dr. Hassett, of Cincinnati, who has been associated with me for some time, and serving on contract, relieved me of the charge, a gentleman in every way responsible for the position. Dr. Davidson and Dr. Jacobs, also on contract, remain with him, both of whom have been of invaluable assistance to me during their attachment to the institution. The first two medical gentlemen detailed from the army as Assistants were taken ill. Assistant-Surgeon Hart was sent home on furlough, and Assistant-Surgeon Ames, soon after his recovery, was ordered to New Albany, to open a hospital at that place. My duty in preparing, organizing and disciplining the house, has been one of the most arduous of any I have yet encountered in the service, and my health has suffered accordingly. I therefore hail my return to the tented field, with all its discomforts and dangers,

with feelings of unaffected joy, where I hope to soon let you hear of me again, and furnish you something more satisfactory. This has been my first day of idleness for a long time, and the result of illness, unfitting me for any other duty. The last year I have undergone an amount of exposure and fatigue, on horseback and on foot, that I could never have believed to be possible before the trial. I could have done better, had I been less patriotic, and later in the offer of my services. For all who first rushed so eagerly to the field have learned that they were soon forgotten, and that length of service and devotion to duty was no recommendation for promotion by the "powers that be," and that favors are only secured by personal importunity and influence at home.

With great respect and esteem,

I remain your friend in the field,

R. R. McMEENS,

Surgeon Third Regiment, O.V., U.S.A.

Letter from A. Growling, M.D.

CHROMATIC HILL, May, 1862.

MESSRS. EDITORS:—Dr. Budd, in his work on Diseases of the Liver, says there is no organ in the human body whose diseases are so important, about the ailments of which we know so little, in the detection and diagnosis of which there is so much difficulty and uncertainty, and in the treatment of which we have so few trustworthy guides.

Indeed! London must be a very benighted part of the medical vineyard, or Dr. Budd must be a very unobservant dweller therein. I can show him a large proportion of my medical brethren, and a moiety of my patients, who know all about the liver, its diseases and their remedies. Dr. A. has a patient with constipation dependent upon an inactive liver; Dr. B. has a patient with diarrhoea—stools light color—dependent upon inaction of the liver; Dr. C. has a patient with hypnotism, no pain, but dozes all day and snores all night, caused by an inactive liver; Dr. D. has a patient who suffers with soreness in his chest, pains in his shoulder and aches in his head, who growls while awake and fidgets while asleep, all caused by an inactive liver. Mrs. W. came to me with loss of appetite which she knew came of a disordered liver; Mrs. X. had a cough which she knew came of a disordered liver; Mrs. Y. had a pain between her shoulders, and Miss Z. had yellowish spots upon her skin, and each knew that

her affliction came of a disordered liver. Why, bless me, Dr. Budd, what an inveterate recluse, or incredulous scientist, you must be, that you are willing to assert that there is any obscurity whatever in any thing pertaining to the liver.

But, badinage apart, I would ask in all seriousness, if there is any one organ in the whole system which is so constantly declared to be diseased as the liver, and so persistently dosed at, upon such unreliable and unsatisfactory data.

Most of the popular notions on the subject, both in the profession and out of it, appear to be relics of the old-time humoral philosophy, which gave yellow bile and black bile as two of the four elements which were the sole constituents of the human body.

These notions have been but little, if at all, modified by the comparatively recent advances made in our knowledge of the histology and physiology of the liver. Failure of improvement from these sources attaches not only to that class of physicians who make no investigations for themselves, but in good part, also, to those who have made such a specialty of the study of hepatology as to become writers and teachers in relation thereto. Dr. Budd asserts that the bile is the natural stimulant of the peristaltic motion of the intestinal canal, notwithstanding that of the two cases he details where the common duct was occluded, forbidding the least bile from entering the bowels for months, a troublesome feature of one of them throughout was unmanageable diarrhœa. Dr. Budd also declares that "one of the purposes of the liver in secreting bile, perhaps one of the most important purposes, is to purify the blood," and he yet, nevertheless, takes great pains to convince us that the bile is reabsorbed from the intestinal canal into the portal circulation and goes directly back to the liver.

Let us inquire, briefly, what we know of the structure and physiology of the liver, and see how it comports with the popular professional views of its diseases and their therapeutics.

The liver is a dual gland, and performs two apparently quite distinct functions—1st, making sugar; 2d, making bile. Embryologists inform us that it has a double origin: one part of it budding out from the external aspect of the intestinal canal, is developed around the umbilical, which afterwards becomes the portal vein; and the other part budding out from the internal aspect of the intestinal canal, grows through into the first part and is developed with it, accompanied by the hepatic artery and the hepatic duct. When completed, the organ is a great mass of cells, interspersed in a very methodic manner by blood vessels, bile ducts, lymphatics and nerves, the whole compactly

bound together by connected tissue. A part of these cells make sugar, which goes directly into the circulation and is lost before getting through the lungs, without our knowing much about it; the balance of the cells make about three pints of bile every twenty-four hours, (in a man weighing 150 lbs), which is passed into the duodenum, is decomposed within, and absorbed from, the small intestines, but what purpose it serves in the intestines, or ultimately, is not yet made known. It is not essential to digestion, as that service is quite well performed in its absence, and yet in experiments where it was drained from the system (of dogs, etc.) as it was formed, the animals generally died after a few weeks, of emaciation and debility, with great borborygmi, the bowels being filled with fœtid flatus.

What is there in all this that looks like bile being the "natural purgative" that it is claimed to be, or what that goes to satisfy us that the liver is a blood depurating organ. With the facts before us, a more rational hypothesis would be that the duality of the liver is but a form of structure for a gland having a single function to perform, but that function so complicated as to require separate apartments for its perfect success; that that function is the preparation of sugar; that the part of the organ developed from the internal aspect of the intestinal canal and accompanied by the hepatic artery and duct draws certain materials from the arterial blood which it forms into bile as the first step in the elaboration of sugar; that the bile is passed into the intestines for the purpose of certain changes there effected; and that then the resultant material is taken through the portal circulation to that part of the gland developed from the external aspect of the intestinal wall, and formed around the portal vein, and here the final steps of the sugar-making duty are taken.

Many of the current ideas about biliousness as a state of disease are kept alive by the supposed action of the medicines administered to correct the evil, and the evacuation of bilious stools is the event relied upon to show positively that the drug exhibited has acted as a cholagogue—that is, has caused the liver to secrete more bile than it would have done without the use of medicine. The color and consistence of the stools are the points examined to determine that they are bilious; but no one will contend that the consistence alone affords any testimony in the premises, and no great reliance need be placed upon color since the investigations of Bird. But let us concede the assumption, that the stools are bilious, to be the fact: does it follow that the medicine has acted as a cholagogue? By no means. Let us see. The liver of a man of average size normally secretes at least three pints of bile

daily. Now who has seen three pints of bile discharged from the anus in twenty-four hours? One would suppose that three pints of bile would be more than sufficient to give to three gallons of bowel contents a deeper color than that belonging to so-called bilious dejections. The most that can be predicated upon the facts in our possession is that the medicines used as cholagogues render a part of the bile normally thrown into the intestines unfit for absorption, and cause it to be evacuated with the fæces, instead of being taken back into the circulation. Whether this is a valuable result for our patients must, of course, be determined by clinical observation alone.

Drs. Bidder, Naase, Handfield Jones and others have made experiments to ascertain the direct effects of mercury, taraxacum, acids, aloes, etc., etc., upon the secretion of bile, but so far as I am acquainted with them they teach nothing incompatible with the inference announced above.

Clinical observers are not unanimous in support of the proposition that active cholagogues, so called, are necessary for the successful management of those abnormal conditions of the system where the bile is supposed to be deficient or vitiated, either as an idiopathic derangement or in connection with diseases of other parts of the system. Many good physicians omit to take any notice whatever of the liver, in the treatment of our malarial fevers, or indeed any other disease where the liver is supposed to be only functionally deranged. And such men appear to be quite as successful practitioners as those who are always finding something hepatically wrong, and make great efforts, long-continued, to get the bilious secretion right.

Even those doctors who insist upon continually doing something for the unhappy liver, differ widely in their estimate of the particular difficulty the gland labors under, and also of the medicine or form of medicine that will bring the errant organ to healthful action.

The truth is, too many of us make the liver a scape-goat to carry off our ignorance or our indolence. We find a patient out of health, and the particular seat of the disorder not apparent. Now, if we lack either the industry or the ability to search out the real nature of the disease or the organ most at fault, we attempt to save our reputation with the patient by assuring him that his liver is in bad condition. And so long has this been done that patients are fully educated up to believing it, and many of them will, of their own motion, take a few blue pills for any ill defined unwellness, before consulting a physician.

Moreover, it appears to me sometimes as if some of my medical acquaintances have followed this dodge so long that they have come to

be actually self-deluded into the belief that the liver is diseased in all cases where they do not readily discover any other location for the ailment present.

The application of this sermon is this : the service of the bile is unknown, the evidence of functional hepatic disease is obscure, and the action of so-called cholagogue medicines is uncertain,—and if it were not, the indications for their use are altogether hypothetical ; therefore, we should abandon the use of all drugs addressed to the liver, whose immediate operation is of a perturbing character, or whose ultimate effect may be to create any kind of dyscrasy, or aggravate one already existing.

A. GROWLING, M.D.

Advanced Stages of Parturition.

LEAVENWORTH CITY, KANSAS.

Editors Lancet and Observer : — In a report of the proceedings of the Cincinnati Academy of Medicine, contained in the March number of your journal, a member calls for the experience of those present, regarding the influence of advanced phthisis upon parturition. Allow me briefly to contribute the following case towards the formation of a statistical table on the subject.

Mrs. Frank P., a German lady, aged about thirty-two, and mother of four children, was taken, nearly two years since, with a slight hacking cough, which was not particularly noticed until several months after, when a sudden hæmorrhage from the lungs admonished her of its import, and caused her to call for medical advice. Her hereditary antecedents were inquired after, and it was found that consumption was an infliction of the maternal stock. A physical exploration having been instituted at the proper time, the right lung was found infiltrated with a tuberculous deposition. Active measures were resorted to, but without success to arrest the disease. The hæmorrhage from the lungs continued to recur at intervals for several months, when she became pregnant ; after which event she had but one or two attacks, and those very slight. During the period of her pregnancy, the disease, instead of being arrested, marched on through its several stages with fearful rapidity. At six months she became so weak that she was compelled to take to her bed and stay there. At seven months, she was emaciated almost to the last degree. Cough of the most harrassing character, purulent expectoration, hectic fever, night-sweats, and the long train of symptoms which of themselves

serve to distinguish this terrible malady from all others, were present. Auscultation showed but too plainly the magnitude of the excavations in the right lung.

At seven and one-half months, (March 26, 1862,) she was taken in the night with a sense of uneasiness in the uterine region, and the husband was despatched for me at 3 o'clock in the morning. Being away from home, he returned to consult her as to the best course to pursue, and found, upon his arrival, that the child was born. As she appeared to be doing pretty well, no other physician was sent for; but word was left at my house to call upon my return and see her. I saw her at 10 A. M. She was much prostrated, and appeared to be gradually sinking. The labor was described as having been of a remarkably easy character—indeed, almost without pain. There had been the usual discharge of blood and water at the time of the expulsion of the child, but the uterus was pretty well contracted, and the after-discharge almost absent. She continued sinking in spite of all the remedies that could be brought to bear, until 2 P. M., when she died—about ten and one-half hours after delivery. The premature child fortunately survived its mother but a short time. The family had been prepared for weeks before the labor, as to its probable issue.

The every-day experiences of our profession teach us the danger of withdrawing any considerable quantity of fluid from the body, in the exhausted condition of those in the latter stages of all diseases affecting the nutritive functions; and surely in this disease, which may be considered the type of them all, we could hardly expect other than a fatal issue, resulting from the discharge of so great a quantity of fluid, including, of course, a considerable portion of blood itself.

There are several instances on record of almost immediate death following the withdrawal of dropsical effusions from the abdomen, in the latter stages of phthisis.

I think that the probabilities of a favorable or unfavorable issue in such cases may be fairly estimated by the stage of the disease at which the labor may occur, and the consequent ability or inability of the patient to withstand such a severe drain upon the system.

Respectfully yours,

C. A. LOGAN, M.D.

Small-Pox in Spite of Vaccination.—Dr. T. C. Wallace, Assistant-Surgeon Ninety-Third Regiment, N.Y.V., reports the case of a private in that regiment, aged 35, who was attacked severely by confluent small-pox, although he had been successfully vaccinated three times previously and all the scars were still very distinct.—*Amer. Med. Times.*

Reviews and Notices.

On Bandaging and other Operations of Minor Surgery. By F. W. SARGENT, M.D., member of the College of Physicians of Philadelphia, etc., etc. New edition, with an additional chapter on Military Surgery. By W. F. ATLEE, M.D. With one hundred and eighty-seven illustrations. Philadelphia: Blanchard & Lea. 1862.

We have by oversight neglected to notice this new edition of *Sargent's Minor Surgery*, which has been on our table for some time. It is, however, an old and well-known hand-book in the profession; and, we are pleased to say, one amongst the most useful of its class. The convenient size of this little volume and its practical character render it a very useful manual for the field and hospital. Styles of dressing, and various minor operations, bandages, splints, etc., are placed in such shape as to be of most convenient access.

Chapter IX. of the edition before us is devoted to the consideration of gunshot wounds, and is the special addition by Dr. Atlee. It is a brief review of the subject, but is scarcely full enough for a very satisfactory guide to the treatment of this class of accidents. So far as it goes, however, the hints and suggestions are excellent and to the purpose. Take the book for all, it is a handy volume for everyday reference, and the busy practitioner will not go amiss in its purchase.

For sale by Geo. S. Blanchard. Price \$1.50.

The Christian Physician: Or reasons why the Physician should be a follower of Christ. By WALCOTT RICHARDS, M.D. Published by the American Tract Society, 150 Nassau street, N. Y.

The little volume before us—the title of which is given above—is of a very different character from the books which usually find their way to the table of the editor of a medical journal; and yet it is addressed to the physician, and is such a book as every physician ought to find pleasure and comfort in perusing. Its character is sufficiently indicated in the title, but as we have not time at present to write a full notice, we may with propriety give the topics of the six chapters or letters of which it is composed: The legitimate influence of medical studies in leading the mind to God; The importance of religion to the medical man in his encounters with sickness, sorrow and death; His need of divine support in his professional trials; His obligation to be a Christian because of his opportunities to lead others to Christ.

The necessity of a Christian hope to sustain him in the hour of sickness and death, which come alike to physician and patient ; The obstacles and temptations he has to contend with in leading a religious life.

The author of these letters has been, until recently, one of the oldest and most highly esteemed physicians of our city, and whatever he writes upon any subject, will be read with attention and sincere respect for the author. His style is pleasant and familiar, and at the same time manifests thought and genuine Christian feeling. When he delineates the trials peculiar to the physician's life, he exhibits not only acute observation; but the best feelings of a manly heart. Take, for instance, the following paragraph taken at random :

“ But the physician has another trial which few suspect, but which often cuts deep into his soul, namely, the failure of others to appreciate his feelings. Few seem to have any adequate conception of the threefold suffering he endures in his sympathy with afflicted friends, in his sense of responsibility, and often in his personal loss, perhaps of one to whom he had become strongly attached. Most gratefully do I record one exceptional case. I had attended the young daughter of Mrs. B., and had given the case my best attention, but was not aware of manifesting more than usual solicitude. It so happened that I was at the bedside at the dying hour, and when it was announced that all was over, the young mother laid her hand upon my shoulder, and said in a tone of tenderest sympathy, ‘I am sorry for you, doctor.’ She then left the room, and gave vent to the agony of her own bursting heart. No one but a physician can fully appreciate so generous, so unselfish an act. Nearly twenty years have elapsed since the occurrence, but those kind words linger like the strains of sweet music in my memory.”

This extract indicates the style of this readable tract, and the delicate feeling and appreciativeness of its author. The spirit with which it is written is seen also very well in the preface :

“ Having, during an arduous and extensive practice of more than thirty years, done almost nothing by means of the press to advance the interests of medical science, I desire to make some slight amends for past delinquencies, by addressing a few thoughts to my professional brethren upon a topic of far greater interest than any human science.”

We thank Dr. Richards for the pleasure we have experienced in reading this little book, and commend it to the attention of our readers, for their reading, when care-worn and weary with the trials and petty annoyances of professional life.

Editor's Table.

Meeting of the State Medical Board.—In accordance with instructions from Surgeon-General G. C. E. Weber, this Board, composed of Drs. J. P. Kirtland, of Cleveland, J. W. Russell, of Mt. Vernon, and John A. Murphy, of Cincinnati, met in Columbus May 8th, and after an examination, recommended the following medical gentlemen to the Governor for commission :

For Surgeon : Dr. C. M. Finch and Dr. John C. Hubbard.

Assistant-Surgeon : Drs. W. H. Fisher, A. C. Messenger, W. V. Cowan, O. C. Miller, D. C. Rathburn, John E. Darby, S. G. Eaton, Fred. S. Wingley, Rudolph Weber, — Sweeney, S. R. Crawford, J. E. Barrett, J. W. Tedrow, W. J. Kelley, S. Hudson, W. F. Graham, S. W. Wetmore, D. E. McMillen, D. B. Wrenn, G. F. Hackenberg, — Duff, A. H. Sowers, Z. A. Northway, E. Y. Hurd, S. E. Sheldon, E. Vail, W. B. Hyatt.

The larger number of these gentlemen have been assigned to duty as second assistant or State surgeons to the different regiments ; the legislature, our readers are aware, having passed a law giving the Governor power to appoint an assistant to each regiment, at the expense of the State.

Surgeon-General of the U. S. Army.—We have already noticed the removal of Surgeon-General Finley ; we have now to record the appointment by the President of Dr. Wm. A. Hammond to that important position. This is a very wise appointment, and shows the good sense and judgment of the President, and we may safely add that no selection could have been made that would have so fully commanded the confidence and esteem of the profession of the country. Dr. Hammond is well known as an active and enthusiastic worker in the profession. For many years he has been one of the most able and constant contributors to our leading medical periodicals, by which he is not only familiar to the American profession, but favorably known abroad.

Although long a resident of Pennsylvania, Dr. Hammond is a native of the State of Maryland. He entered the army as Assistant-Surgeon in the year 1849, where he remained until 1860, when he resigned his commission, and about the same time accepted the chair of anatomy and physiology in the University Medical College at Balti-

more. He was also an associate editor of the *Baltimore Medical Journal* during the existence of that periodical. When the present wicked rebellion broke out, Dr. Hammond exhibited his sympathy for his country, and for its success in its dark hour of trial, by again entering the regular medical staff. We repeat our gratification in his promotion to the head of the medical department of the army of the United States.

Meeting of the Ohio State Medical Society.—We learn that every arrangement will be made by the proprietors of the Ohio White Sulphur Springs, to render the visit to our annual meeting as agreeable as heretofore. Messrs. Warden and Emery, of the American Hotel of Columbus, have leased the establishment for the ensuing season, and we are assured these gentlemen know how to sustain the reputation given the Springs by that prince of landlords, W. A. Wilson, Esq., and that is saying enough for them.

The following is the card of the Secretaries :

Ohio State Medical Society.—The next meeting of the Ohio State Medical Society will be held at the Ohio White Sulphur Springs on the third Tuesday (the 17th) of June, 1862.

J. B. WILLIAMS,
W. W. DAWSON.

Dr. John P. Haggott.—We notice with feelings of sadness the recent death of Dr. Haggott, Surgeon to the Fifty-Seventh Regiment, O.V., at or near St. Louis, Mo. Dr. Haggott has been for many years an active and well known practitioner in this Miami Valley, and at the time of his entering his regiment had his residence at Eaton, Preble Co. He had a large circle of ardent friends, who will hear of his decease with sincere mourning. For many years his health has been seriously impaired, and the propriety of his entering the army service was strongly questioned by his friends. Its labors have proved too arduous for him, and he has closed up his final work, going, we doubt not, from labor to reward. We find the following notice in the *Eaton Register* :

Biography.—John Pearl Haggott was born in Portland, Maine, May 20th, 1804. His father emigrated with his family to Ohio in 1816, and settled in Butler County.

When but a youth he chose the profession of medicine as his pursuit in life, and pursued his studies with Dr. Otho Evans, of Franklin, Ohio, with whom he afterwards became associated in the practice of medicine, and continued to practice in Franklin seventeen years. The whole period of his professional life exceeded thirty-five years.

He was married in Franklin in 1837. He united with the Presbyterian Church in Franklin, under the ministry of Rev. W. Hudson, in

1842. He entered the army in Oct., 1861, as Surgeon of the Fifty-Seventh Regiment, O.V.—Colonel Mungen commanding. He died of disease contracted in camp, at St. Louis, April 30th, 1862, aged fifty-eight years.

This Issue Delayed.—Our subscribers will be kind enough to accept our apology and regrets for the delay in the issue of the present number. By an oversight our supply of paper was exhausted in the midst of working off the number, and we found it impossible to renew it, except with this lapse of several days.

Indiana State Medical Society.—The meeting of this body is postponed until 1863, by order of its executive committee.

M. Briquet on American Statistics.—Quite an amusing discussion has been going on lately in the Academy of Medicine of France, on Hospital Statistics. It appears that comparisons were made between the statistics of the French and English hospitals very unfavorable to the latter, which brought forth a large amount of patriotism, and as the easiest way of satisfying their vanity, some of the speakers got over the difficulty by denying the truthfulness of the English statistics, which they denounced as utterly unreliable. Among others, M. Briquet was particularly patriotic, and having settled the English after this fashion, he did the Americans the honor of noticing their statistics. We take the following report of Mr. B.'s remarks on this subject from a letter by the Paris correspondent of the *London Med. Times and Gazette* (March 29th, 1862.)

“American statistics, he said, were altogether absurd. M. Malgaigne had quoted the results of surgical practice obtained in the Massachusetts Hospital; but he (M. Briquet) had taken the greatest possible pains to ascertain whether such a place as Massachusetts actually existed, and he had found out that it did not. After having pronounced this tremendous discovery, which was listened to by the Academy with a mixture of amazement and indignation at having been thus taken in by the cunning of Yankees, M. Briquet went on to say that there was, indeed, a State of the name of Massachusetts, with Boston for its capital. (The members of the Academy breathed more freely.) In that country there were several so-called Massachusetts Hospitals; but there was not one special hospital, exclusively distinguished by that name. M. Malgaigne had, therefore, been altogether wrong in his assertions. It is surely very hard for the Physicians and Surgeons of the ‘Massachusetts General Hospital’ to see the very existence of their institution thus flatly denied; but M. Briquet has, unfortunately for them, never been in America, and he is, therefore, according to his own premises, quite justified in doubting anything said to exist in a country which has by nature been denied the happiness to belong to the French Empire.”

To Subscribers making Payments.—It is our custom to forward a receipt for payments to this journal in the next issue succeeding the payment; and when a subscriber fails to receive such receipted bill, we shall be greatly obliged if he will advise us immediately. This enables us to make any proper correction while the matter is fresh. Besides, we sometimes fail to receive a remittance, and after a lapse of several months we receive its first intimation in the shape of a letter of inquiry. Of course, after so long a time, we have scarcely the possibility of getting any trace of the missing letter.

Desirable Locations.—In our March number we called the attention of our readers to a very desirable location in Indiana, for the practice of medicine, for sale. Several letters of inquiry have been made respecting it, and we are authorized to say that it is still for disposal, and is all that we have represented it. Also

Another Location for Sale.—A physician at another point in Indiana, wishing to remove West, desires to dispose of his property to some good physician. The property embraces three and a half acres ground, fruit trees, etc.; four miles from railroad, a good practice, etc., etc. Price for the property, \$2,000, in payments. Refer to Dr. Stevens for particulars.

The Health of Cincinnati continues thus far in the season remarkably good. There is no disease prevailing as an epidemic, and but little necessity for doctors.

LITERARY PERIODICALS.—The *Atlantic Monthly* for June is on our table, and contains articles from Whittier, Lowell, Thoreau, Agassiz, Frothingham, and quite a list of other literary celebrities. The publishers of the *Monthly* courteously placed us on their exchange list some time since, but by some mistake or accident this is the first number that has found its way to our sanctum. We have in times past had occasion to incidentally speak of this publication as the highest toned journal of art, politics and letters now published in this country; and we now express our conviction that it has no superior in the English language. In typographical execution it is very fine and creditable. Although we do not recognize anything from him in this month's issue, it is well known that the accomplished and eccentric Prof. Holmes is one of the regular contributors to the *Atlantic*. Published by Ticknor & Fields, Boston, and for sale by all booksellers. Price, \$3.00 per year.

Harper's New Monthly Magazine.—The June number of this popular magazine continues Thackeray's story of Philip—has critical notices of George Bancroft the historian, of Burr's conspiracy—together with the usual abundance of illustrated articles and readable miscellany. For sale everywhere. \$3.00 per year.

Godey's Lady's Book still sustains itself as most complete in its department of catering to the ladies. Of its kind we do not imagine it has its equal. The June number has a fine steel engraving, plans for model cottages, fashions, patterns, music, etc., etc. Price, \$3.00 per year.

The Ladies' Repository, published in Cincinnati by the Methodist Book Concern, and edited by Rev. Dr. D. W. Clark, is a chaste and elegant literary magazine, which is worthy of a place in any family, and is a credit to the denomination which controls it. Price, \$2.00 per year.

New Hall of the Philadelphia College of Physicians.—In our number for February, 1859, p. 29, we announced the agreement entered into between the Philadelphia College of Physicians and the late Dr. T. D. Mütter, in accordance with which Dr. M. liberally conveyed to the college his pathological cabinet, and placed in trust the sum of thirty thousand dollars, the interest of which is to be paid to the college for the maintenance and increase of the museum, the payment of a curator, and the endowment of a lectureship on surgical pathology; the college, on their part, covenanting to erect within five years a fire-proof building of sufficient dimensions to accommodate the museum, and to adopt certain measures for carrying into effect the design of Dr. Mütter.

The College of Physicians have now commenced to carry out their part in this agreement. A lot was purchased some time since at the northeast corner of Locust and Thirteenth Streets, extending to Centre Street, and having fronts on Locust and Centre Streets of sixty feet, and a front on Thirteenth Street of 110 feet. Upon this they have commenced the erection of a two-story fire-proof building. This will contain on the first floor a hall and stairway, with two large rooms for the Mütter Museum, a curator's room, a janitor's room, and commodious apartments for a janitor's family.

The second story will contain a spacious lecture-room, a small room adjoining for the use of the lecturer; two fine rooms for the accommodation of the library and for the meetings of the college, a committee room, and a librarian's room.

The library of the college is at present a large and valuable one, and very extensive and important additions are promised so soon as the new building is completed. In a few years it will probably be one of the most extensive and valuable medical libraries in the country.

The Mütter pathological museum, by the judicious expenditure of the

considerable sum which will annually be appropriated for its increase, must in a few years become extensive and useful; and we can not but believe that this valuable library and museum will tend to maintain for Philadelphia the preëminence she has so long enjoyed for the opportunities here afforded for instruction in medical science.—*Phil. Med. News.*

— At a meeting of the students of the Ohio Medical College regularly called, the following resolutions were offered and unanimously adopted:

1st. *Resolved*, That the thanks of the students now in attendance at the Ohio Medical College are due and hereby tendered to Dr. Hewitt, Medical-Director, U.S.A., for his very interesting and valuable lectures upon Military Surgery, delivered before the class in the absence of Prof. Blackman.

2d. *Resolved*, That a copy of these resolutions be signed by the President and Secretary of this meeting, and that the same be delivered to Dr. Hewitt by a committee appointed for that purpose, and that a copy be sent to the *Lancet and Observer*, with the request that it be published.

Cincinnati, May 29th, 1862.

J. SYKES ELY, President,

GEO. E. SMITH, Secretary.

Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

PRACTICAL MEDICINE.

1. *Koussou as a Remedy against Tapeworm.*—In the case of a young lady, Dr. H. L. Horton, of Morrisiana, N. Y., succeeded in expelling an entire *tænia solium*, sixteen feet long, by the use of two drachms of koussou-flowers infused in half a pint of boiling water, the whole taken in half an hour, and followed by one drachm of the oil of turpentine with an ounce and a half of castor-oil.—*Med. & Surg. Rep.*

2. *Cure of Tape-Worm.*—In his clinique at the Queen's Hospital, Dr. Fleming has made comparative trials of male fern, kamala, koussou, spigelia, and other vermicides. He found them all to be useful, but the first the most efficient and the safest, giving at bedtime one drachm of the oil of the male fern in half an ounce of gum Arabic mixture, with an ounce and a half of sweet milk. The patient must omit the dinner and evening meal of that day. Kamala is often very efficacious as a worm-killer, but less so than the male fern, while its action on the bowels and secondary depression of the system are often unduly severe.—*Med. Times and Gaz.; Med. and Surg. Rep.*

3. *Podophyllin in Syphilis.*—Dr. W. M. Fleming, of Rochester, N. Y., cured one case of well-developed secondary syphilis, and a

symphilitic bubo in the wife of that patient, by the following treatment: First mercurial ointment, then Lugol's solution to the swollen glands; an active purgative of calomel; half a grain of podophyllin in pills three times a day; the latter from the sixth day only in the morning and evening, in connection with small doses of iodide of potassium and occasional cathartic. A rapid recovery followed in both cases.—*Med. and Surg. Rep.*

4. *Delirium Tremens Treated by the Iced Bath.*—In communicating a case of Dr. Orsamus Smith, resident physician in the Workhouse on Blackwell's Island, Dr. L. A. Sayre mentions a second one, in both of which the ice-bath, suggested some two years since by Dr. Bauer, of Brooklyn, was used with the most happy effect. Sleep followed, in either case, almost immediately, and a slight recurrence of delirium was speedily suppressed by a repetition of the bath.—*Amer. Med. Times.*

5. *Remark on Chlorosis.*—Trousseau is now strongly of opinion that in cases of chlorosis with tendency to tubercular disease of the lungs, preparations of iron, administered for some length of time, favor and hasten the development of the tubercles. It is, therefore, of importance in treatment to distinguish between true chlorosis and what he calls pseudo-chlorosis.—*Amer. Med. Times*, from *British Medical Journal*.

6. *Mercurial Suppositories.*—At a meeting of the Pathological Society, Dr. O'Connor mentioned the use, every night or oftener, of a suppository made of mercurial ointment, as a successful remedy for constitutional syphilis. By this plan, it is said, mercury is more readily taken up into the system, does not produce irritability of the mucous membrane of the stomach and bowels, and the disagreeableness of mercurial inunction is avoided.—*Med. Times and Gaz.*

7. *Podophyllin in Syphilis and Gonorrhœa.*—Dr. Brown, of Hampton, N. J., saw a patient who had chancre and had been under treatment for some weeks. He had also the peculiar copper-colored eruption upon the whole body, and his hair was falling off. Podophyllin was prescribed in half-grain doses, combined with carbonate of soda, to prevent nausea. A local application of precipitated chalk, calomel and nut-galls in equal parts, reduced to an impalpable powder. Complete cure in two weeks. Given in the same manner, podophyllin cured a case of gonorrhœa in six days, without the aid of any other remedy.—*Med. and Surg. Rep.*

8. *How to Estimate the Quantity of Sugar in Diabetic Urine.*—Dr. W. Roberts, physician to the Manchester Royal Infirmary, advises (*Edinb. Med. Journ.*) a new and simple proceeding. Four ounces of urine are placed in a twelve-ounce phial, with a lump of German yeast in it, about the size of a walnut. This is loosely corked, or covered with a slip of glass, and placed in a warm place to ferment. Another phial, filled with four ounces of the same fluid, is tightly corked and placed beside the fermenting bottle. In about twenty-two hours, when

fermentation has ceased, the two bottles are removed and placed in some cooler part of the room. Two hours after, twenty-four hours after the commencement of the experiment, the contents of the phials are separately poured into cylindrical glasses, and the density of each measured with the urinometer. The difference between the two densities being thus ascertained, every degree of "density lost" indicates one grain, per fluid ounce, of sugar in the urine.—*Amer. Med. Monthly.*

9. *Diphtheria*.—Dr. S. J. Parker, of Ithaca, N. Y., writes that at least some cases of diphtheria commence in the tonsils; then follow bags of water on the uvula, and last the fatal membrane in the trachea. In one case, where he was about to announce a hopeless prognosis, the favorable position of the tonsil induced him to lance it through and through a half dozen times, with a bistoury, cutting, also, the bags of water on the palate. Next morning the laborious suffocating breathing was gone, and the patient recovered rapidly. Several other cases confirm Dr. Parker in the through and through lancing of the tonsil, one or both as required. He has no faith in the iron preparations. His main hope is in excessive doses of quinine and nitrate of potash. He thinks belladonna more valuable than the chloride of iron.—*Med. and Surg. Rep.*

10. *Prophylaxis of Diphtheria*.—Mr. Loiseau states from twenty years' experience that tannaging the throat is a very successful method to prevent diphtheritic accidents and croup. When diphtheria is epidemic, all adults, on feeling the slightest *mal de gorge*, should immediately gargle with an aqueous solution of tannin every fifteen minutes, occasionally swallowing a few drops. If in twenty-four hours no amelioration is perceptible, an alcoholic solution of the same substance may be used. The trouble not yet receding, add to the above six or eight grammes of tannin, one or two grammes of chloroform and eight grammes of alcohol. If this fails, have recourse to the ethereal solution of tannin. Children, not old enough to gargle, should be made to drink very little quantities of one of the above solutions, and at the same time some powdered tannin may be blown into the throat. The strength of the ethereal and alcoholic solutions must, of course, be in keeping with the age and susceptibilities of the patient.—*Journ. de Méd. et de Chir.; Amer. Med. Times.*

11. *Diphtheria*.—E. Lynch, of Lancaster, Ohio, found in all the patients he treated for this disease an efflorescence showing itself about the fifth day, most commonly on the epigastrium and along the sternum and trachea. This eruption infallibly denoted the approach of a favorable crisis. In some cases, unsuccessfully treated, it did not appear during life, but scarcely was the vital spark extinguished, when a profuse eruption made its appearance on various portions of the body, of a confluent nature, a dark purple hue and a fætid odor. Hence diphtheria is thought to be an eruptive fever, somewhat analogous to erysipelas. Among the remedies used are the following formulæ:

℞. Calcined magnesia, three drachms; syrup of saffron, half a fluid,

ounce; simple syrup, two fluid ounces; oil of peppermint, five drops. Mix. A tablespoonful to be taken every hour until it affects the bowels.

R. Cochineal and saffron, of each half a drachm. To be properly triturated in a mortar and dissolved in two ounces of boiling water. Then add half a drachm of quinine, one drachm of tincture of hyoscyamus, two grains of iodine, two grains of iodide of potassium, and two ounces of simple syrup. A teaspoonful to be taken four times a day.

R. Iodide of potassium, iodine, of each four grains; tincture of hyoscyamus, two fluid drachms; rain water, two ounces. Mix. To be used as a gargle, four times a day, as long as any trace of the disease remains.

When the patient becomes convalescent, he should take a wineglassful of the compound decoction of sarsaparilla, U. S. Ph., three times a day, for at least twelve days, with the addition of one ounce of lime water to each pint of the decoction.—*Med. and Surg. Rep.*

12. *Treatment of Diphtheria.*—In a letter from Fort Pickens, Dr. C. Powers, Assistant-Surgeon Seventy-fifth Regiment, N.Y.V., mentions a peculiar mode of treatment employed with great success by Dr. Benedict, the Surgeon of the same regiment. On the first appearance of the exudation, or as soon thereafter as the case is seen, a thorough emetic of sulphate of zinc is administered. In a few hours after the emesis, the morbid growth begins to disappear, and convalescence rapidly succeeds. Little after treatment seems to be needed, though in the worst cases sometimes chlorate of potash and quinine are administered.—*Boston Med. and Surg. Journ.*

13. *Constipation and its Treatment.*—During a discussion before the Chicago Medical Society the following remarks were made in reference to this subject. Regarding want of action in the muscular coat of the intestine as the essential cause of constipation, Dr. G. Paoli thought the proper remedies were such as would increase the contractility of that structure. His favorite remedy is strychnia dissolved in water, one grain to the ounce, of which he gives from five to ten drops twice a day. Dr. Hatch had met with a species of constipation, frequently in children and sometimes in adults, accompanied by profuse vomiting of a thin, acrid and sour fluid, and often by soreness of the mouth. He had pretty uniformly succeeded in relieving this state by dissolving sixteen grains of argenti nitras and twenty-four grains of iodide of potassium in four ounces of water, giving a teaspoonful after each meal until the vomiting ceased. Then he substitutes a cold infusion of hydrastis canadensis, until the regularity of the bowels is established. The same treatment he had found very effectual in relieving nursing sore mouth. Dr. Waite thinks that in nineteen out of twenty cases constipation arises from erroneous habits. He therefore relies in the treatment mostly upon the correction of errors in habits, diet and quality of food, advises patients to exercise actively and to live largely upon vegetables and coarse bread, especially that made of unbolted flour. If medicine becomes absolutely necessary, he uses a pill

composed of blue mass, two grains, ipecac, two grains, aloes, one grain, to be given every night until a healthy action is established. Dr. Peterson considered constipation to be not a disease, but only a symptom: Hence we must always inquire after the cause, and apply the remedies to its removal. Dr. Hineckley is in the habit of giving black mustard-seed, in doses of a teaspoonful daily, with very satisfactory results. Dr. Davis regarded constipation as arising either from deficient contractility of the intestinal muscular coat, or from deficient secretory action in the mucous membrane, or from deficient secretion from the liver. The first may be produced by all causes that debilitate the nervous and muscular structures, such as sedentary habits, confined and impure air, insufficient supply of air from confinement of the chest by bad modes of dress, refusal to attend to the calls for defæcation when they exist, etc. The second may arise from any causes that are capable of diminishing secretory action, and often exist in connection with the first. The third may arise from any pathological state which prevents the bile from passing into the duodenum, although absence of bile not always produces constipation. In the treatment, attention should be given to a removal of all such causes as may have contributed to produce it. The patient should practice going to stool at a given time each day; all errors in dress, diet and exercise should be corrected. Among the best remedies to restore a healthy peristaltic action, is the following: Extract of hyoscyamus, sulphate of iron, of each thirty grains; powdered aloes, extract of nux vomica, of each ten grains; mix and divide into thirty pills, one of which may be given before each meal. In the constipation of chlorotic females and anæmic persons generally, Dr. Davis advises one drachm of citrate of iron with one grain of strychnine, to be made into thirty pills, used as before. When the constipation arises principally from want of proper secretory action, he has used with much advantage, before each meal, small doses of a solution of sulphate of magnesia, acidulated with aromatic sulphuric acid.—*Chicago Medical Examiner*.

14. *Treatment of Dysentery*.—Dr. A. Bandon treated (*Bull. Gén. de Thérap.*) a dozen very severe cases of dysentery with the solution of perchloride of iron, from twelve to thirty drops in twenty-four hours, in water and syrup; at the same time administering two or three warm water enemata, daily, containing from twelve to twenty-five drops of the solution, with the addition of laudanum when much pain existed. Five of the cases were children from one to ten years of age, four women and three men. All of them recovered in from four to eight days. Mr. Gros employed (*ibid.*) in eight cases of dysentery the nitrate of silver, chiefly in injections, and with the best effect. Whenever the injections did not at once produce the desired result, the nitrate was administered by mouth, in the form of pills. Where pain, tenderness, etc., were about the sigmoid flexure and rectum, the injections were most efficacious; but when the lesions were situated higher up, in the transverse or ascending colon, or near the ileo-cæcal valve, the administration of the pill proved most satisfac-

tory. When the entire colon and rectum appeared to be involved, the two means were combined. In a report on an epidemic of dysentery in Paris (*Gaz. de Hôp.*), where depression and prostration were very prominent, Dr. Empis states that he also resorted to the use of the nitrate in pills, first in two patients sinking into an adynamic condition presaging early death, then in two other cases, and lastly whenever bloody evacuations appeared. He gave ten centigrammes every four hours. The results were most satisfactory.—*Amer. Med. Monthly.*

15. *Pimclorrhœa* or *Fatty Diarrhœa*.—M. Bouchardat describes, under this name, a symptom of diabetes. Sometimes, after the quantity of urine has been reduced even to the normal standard, the general health of the patient continues impaired, and though the appetite and the food be apparently good, there are irregular, frequent and abundant alvine evacuations, containing a large quantity of fatty matter. This is somewhat remedied by reducing the supplies both of fat and of starchy matters in the food and by regular energetic exercise. M. Bouchardat believes that this fatty diarrhœa results from the exaggerated transformation of the starchy materials into fat, and that it is only a transformation of glycosuria.—*Bull Gén de Thérap.*; *Brit. Med. Journ.*

16. *Albumen in Jaundice*.—Dr. R. Gieseler, of Göttingen, calls attention (*Zeitschr. f. Ration. Med.*) to the employment of the albumen of hens' eggs in certain forms of jaundice. The experiments of Bernard, showing that this substance is assimilable only through the intervention of the hepatic function, suggest the idea that albumen may be an adequate excitant of the liver, and capable of stimulating that organ to increased activity when in a torpid condition. The establishment of these results by experience would give to albumen the preëminence over all other cholagogue. Charles White, in his work on the "Treatment of Pregnant and Puerperal Women," states that he used albumen successfully as a remedy for jaundice in himself as well as others. Some old works recommended the yolk of the egg for the same purpose.—*Amer. Drugg. Circ. and Chem. Gaz.*

17. *Treatment of Variola*.—Forty-five negroes, of every age, all suffering from small-pox, being suddenly thrown into the New Castle County Almshouse at Wilmington, Del., Dr. G. P. Norris adopted the following treatment. The mild cases were separated, as soon as possible, from the others, put to bed, and thorough ventilation of the apartments insisted upon. A strict diet, together with light clothing, and proper doses of Minderer's spirit and neutral mixture proved sufficient to bring all these safely through. To several whose bowels were not easily kept in a soluble condition, the following mixture was directed. *R.* Sulphate of magnesia, half an ounce; water, three ounces; tartar emetic, one grain; spirit of nitric ether, four drachms; lemon syrup, one ounce; mix. A tablespoonful every four hours.

To the confluent cases, five-grain doses of the compound calomel pill were directed, followed in the morning by drachm doses of sulphate of magnesia to those whose liver appeared in a torpid condition. The others were gently purged with the compound cathartic pill. The

neutral mixture, but especially the effervescent draught made with lemon-juice, was particularly grateful to those whose stomachs were irritable. Cold applications to the head and warmth to the feet, applied by hot bricks, gave much comfort. An occasional sponging of vinegar and water was directed, where the eruption was not yet developed, and five-grain doses of Dover's powder, repeated if necessary, administered to those who were restless. With several, in whom the eruption about the face threatened to be excessive, warm pediluvia and mustard-poultices produced marked effects.

After full development of the eruption, the treatment was restricted to the refrigerant diaphoretics, cooling acidulous drinks, light clothing, and chlorate of potash.

Rec. Chlorate of potash, white sugar, of each two drachms; cinnamon water, six ounces; mix. A tablespoonful three times daily.

On the occurrence of the secondary fever especial care was taken to guard the strength of the patient. Throughout the disease as great an amount of cleanliness as possible was enforced. Five deaths occurred. Of these, one was brought in comatose; two were pregnant, between four and six months, being among the worst cases, so that no hope of either was had from the first. Of the other two, one died from a combination of laryngeal and pneumonic inflammation, the other from the prostrating effects of the suppuration. Another, whose death was expected, rallied upon the timely administration of moderate and repeated doses of brandy-punch. During the latter stages benefit was derived from tonics, especially quinine, port wine and brandy. In one patient, suffering much from pain and diarrhoea, the following formula was resorted to with good effects:

Rec. Sulphate of morphia, one grain; powdered camphor, half a drachm; oil of caraway, ten drops; honey, q. s. to make sixteen pills. One every two hours, until pain or diarrhoea is relieved.

No patient died in whom the eruption was prominent. Where death occurred, the system seemed to lack vitality sufficient to give the poek a marked expression, and it remained depressed and flat.—*Med. and Surg. Rep.*

18. *Pityriasis Versicolor*.—In a paper read before the Boston Society for Medical Observation, Dr. J. C. White points out some important facts in regard to this affection, paying particular attention to the generally over-looked difference between it and chloasma. The latter name is properly applied to patches of the skin, which are discolored by an abnormal deposition of pigment in the rete mucosum and not elevated above the surrounding skin. The epidermis which covers them is firm, and can be no more easily scratched up than that elsewhere, nor is it continually falling off in minute patches. There is no itching. The patches are isolated and do not spread peripherically or rapidly. They are sometimes congenital, occur in childhood, and more frequently on woman than on man. *Pityriasis versicolor* is characterized by the formation of yellow or buff-colored spots upon the surface of the skin, which are slightly elevated, covered with fine scales, and produce great itching. They chiefly affect the front chest

and shoulders, but may extend over nearly the whole body. They vary in size from minute points to confluent, irregularly outlined patches, sometimes of sufficient extent to cover half the chest or abdomen. The disease is seldom, if ever, seen upon such portions of the skin as are unprotected by clothing, as a certain degree of warmth and perhaps darkness seems essential to its growth. It seldom occurs on women, and never on children. When once it has established itself upon the skin, it seldom dies out entirely, but spreads more or less rapidly, uninfluenced by any changes going on within the organism of its host, and quite as indifferent to any attempt upon its existence directed through that channel. Should any doubt arise as to the real nature of the disease in any particular instance, we have only to remove a little of the easily detached epidermis, and the microscope decides the matter at once; it is then, however, necessary to add a drop of a solution of potash to the epidermal matter. Where pityriasis is present, there will be found lying between the upper layers of epidermal cells countless numbers of spores of the *Microsporon furfur* (which is the sole cause of the affection), and beneath these filaments of mycelium, running in a net-work of endless intricacy. The spores are round, 0.006-7 m. in diameter, possess a great refractive power, and seem to contain a kernel looking much like a minute oil-globule. The filaments are cylindrical, of a pale yellow color, branching, and are divided occasionally into cells. When the patches are situated about the hair follicles, we find the parasite running deeply down into the opening, but avoiding the sebaceous and sweat canals. The color, so characteristic of the disease, is imparted by and wholly belongs to the microsporon. The origin of pityriasis versicolor is, at present, a complete mystery. It is of frequent occurrence in Europe, and is quite as often met with here. It is certainly communicable from one person to another, though not so easily as the *Trycophyton tonsurans*, nor is it often possible to trace any particular case to its source. Like most other fungi, this one seems to thrive best in summer, and to be stimulated to instantaneous action by artificial heat. Its growth is entirely independent of and unconnected with the condition of the health of the individual it infests, nor does it exert any injurious effects upon the same, save the itching it occasions and the consequent results. It can only be cured by bringing in direct contact with the plant itself such substances as are fatal to its vitality, and to effect this we must remove the thickened epidermis, so as to allow such thorough penetration that every spore or stray filament may be reached. In the German green (black) soap, "*Schmierseife*," we have a simple and sure remedy. The patient takes a warm bath at night, and while in it rubs the affected parts thoroughly with a piece of coarse flannel cloth smeared with the soap. This process is repeated every night, and in addition to it the soap is applied in the morning also, and washed off with cold water, until all traces of the affection have disappeared.—*Boston Med. and Surg. Journ.*

19. *Oxalate of Cerium in the Vomiting of Phthisis.*—In a case of phthisis pulmonalis, first stage, with obstinate vomiting, Dr. Cholme-

ley tried the oxalate of cerium. The remedy itself was kept down, but did not make the stomach more tolerant of anything else. In another case of obstinate vomiting attending amenorrhœa, the oxalate proved most valuable, always at once stopping the sickness and enabling the patient to take all necessary medicines and food without discomfort.—*Med. Times and Gaz.*; *Amer. Drugg. Circ.*

SURGICAL.

20. *Dr. Monroe's Fracture Bench.*—At the request of Dr. B. E. Cotting, Dr. A. LeB. Monroe, of Medway, President of the Norfolk (Mass.) District Medical Society, has furnished the following description: Take a common four-legged wash-bench, or make a similar structure from such materials as may be procured, the top of which should be, for a full-sized man, about four feet long and two feet wide, for other patients in due proportion. The legs may be passed through holes or firmly nailed to the sides of the top. Those at the head of the bench should project backward, to prevent tipping. Let the height be about that of a common bed. Connect the legs together on either side by strips of board, two or three inches wide. Make in the upper end of the top a slit or opening, beveled from above downward, about three inches wide and fifteen in length. The piece removed may serve as a sliding cover to close the opening. This slit, with the cover, and a vessel placed upon a shelf laid across the slips, constitute the latrine. Next, to the upper end of the bench, a board, or movable back-piece, about three feet long and of the same width as the bench, should be attached by hinges (old shoe-soles will answer) so as to be raised or lowered at pleasure. It is a good plan to attach the back-board to a cleat, and then to batten the cleat upon the bench. To keep the back-board in any desired position, two arms should be attached to its edge near the top, and secured by pins in the edges of the bench, near the foot. Lastly a foot-piece, reaching half across the width of the bench, may be placed on the foot end, to rest the sound limb against. The back-board should be padded with folded blankets or similar substances, and thin, firm cushions should be secured on either side of the latrinal opening, to receive the nates of the patient, and so as to leave no chance of displacement. The latrinal slide may also be cushioned up to the same level. Pillows, pads and other supports may, of course, be used for the limbs, as occasion or change requires, with such splints and extending apparatus or other appliances as the medical attendant thinks advisable. Dr. Monroe usually places the patient in a half-sitting posture, always thus in fractures of the thigh, never dropping the back very low in any case. Should it be found desirable to place the patient horizontally, or nearly so, an additional leg or prop may be attached to the back-board near the top. This bench is well adapted to the treatment of some stages of synovitis, when affecting the longer limbs, or any other disease of them requiring long and close confinement to bed; but it is particularly useful in the treatment of fractured thighs, and sometimes of the legs, be the fracture simple or compound.—*Boston Med. and Surg. Journ.*

21. *Incurved Toe Nail*.—Mr. Foucher, of the Hôtel Dieu, practises the following method of local anæsthesia. A ligature is tightly applied around the second phalanx of the great toe, and then lint soaked in chloroform is laid upon the nail for two or three minutes before the operation is performed. Two patients thus operated upon felt no pain, but only a slight tickling.—*British Med. Journal*; *Amer. Med. Times*.

22. *Preserving the Periosteum in Amputations*.—The experience of Mr. Foureus on the development of the bones and functions of the periosteum, as well as the observations of Ollier, Demarquay, Langenbeck, etc., on the success of subperiosteal resections, gave rise to the idea of making use of the periosteum to cover the ends of bones after amputation—an idea which, according to Dr. J. F. Heyfelder (*Med. Circ. and Gen. Med. Advert.*), has been put in practice by himself and Dr. Symbolid, at the Workman's Hospital and at the Chief Military Hospital at St. Petersburg, in thirteen cases. After formation of the usual flaps, an incision is made into the periosteum, the same carefully detached by means of the back of the knife and used to cover the sawn end of the bone. Two of those operated on died from pyæmia; the rest recovered in four or six weeks. Rapidity of cure is one of the peculiarities of this method. Amputation by the circular method does not prevent preservation of the periosteum, although by the flap operation it is more easily retained in the position in which it is placed after the operation. It is difficult to detach the periosteum when in a healthy state, and it is not always done without laceration. To avoid this inconvenience, a semicircular incision should be first made in the periosteum, and it then be detached from the bone by means of a scraper. A slight laceration does not prevent the application over the bone, nor in any way impede the cure.—*Amer. Med. Monthly*.

23. *Dressing for Cut-Off Fingers*.—A correspondent of the *Boston Medical and Surgical Journal* recommends a collodion bandage, which he first tried with great success on his own person. When the inflammation and swelling have subsided under the ordinary treatment, a linen bandage, about an inch and a half wide, and of sufficient length to form half a dozen turns round the finger, is applied so as not to obstruct the second joint, and to project beyond the stump half an inch. It is then saturated with collodion. When dry, it forms a complete case, adhering firmly to the finger and impervious to water. The end being left open, permits the easy application of a small pledget of lint armed with cerate, which is to be daily renewed and the wound cleansed with soap and water.

24. *Trephining in Epilepsy*.—A case described by Dr. A. G. Walter, of Pittsburg, Pa., presents some highly interesting points. The patient was a scrofulous but strong boy, aged twelve years. About four years ago he received a blow on the back part of the head, prostrating him senseless and causing a severe wound; no unpleasant symptom, however, followed. A year later he was again struck with

a shinny-block on the left side of the head and knocked down, but recovered, after a few days. Two years afterward indications of disease of the brain appeared, such as spasmodic distortion of the face, staring eyes and twitching of the eyelids. At first recurring only every two or three weeks, and of but momentary duration, in course of time these fits became more frequent, more severe and lasting longer, until he had two or three seizures in a day, though more generally but two in a week, with convulsion of the whole body, limbs stretched, stiff and jerking, teeth set, mouth foaming, etc. Examination of the head revealed a marked depression of the left parietal bone at its summit, the part originally struck some years ago, with exquisite tenderness under the pressure of the finger. Color of face florid, conjunctiva freely injected, action of right carotid unusually strong. During the operation of trephining, the diploe, bleeding considerably, was found highly injected and in large quantity between the two tables, thus increasing the diameter of the skull to an unusual size; but there was no injury on the inner plate, it exhibiting only deep sulci, produced by the enlarged and tortuous vessels of the dura mater. The outer plate, too, was free of indentation. Dura mater highly injected, adhering closely to the skull, bulging outward in violent throbbing motion through the cranial opening. In spite of a very strict antiphlogistic treatment, under which the wound closed and the system generally soon returned to a normal condition, the fits were only somewhat mitigated, but returned regular and violent enough to preclude all hope of ever yielding to the influence which was expected from trephining. The only permanent benefit was the removal of the congestion in the dura mater, and with it the cessation of a protracted headache. Ascribing the continuance of the fits to incarceration of the still expanding brain in a hypertrophied skull, there is, in Dr. Walter's opinion, no other relief but a more extensive removal of the skull by the trephine, so as to give expansion and rest from irritation to a larger surface of the brain.—*Med. and Surg. Rep.*

25. *Relief in Cancer of the Tongue.*—Mr. Hilton once, in 1850, practised division of the gustatory nerve, in a patient suffering from cancer of the tongue, because irritation of the fifth nerve could be assigned as occasioning the pain of so much of the tumor as was in front of the fauces, the tenderness of the ulcer, the pain in the regions of the parotid, ear, temple and crown of the head, and the excessive secretion of saliva. Mr. Moore has revived the operation. He cuts through all the soft structures on the inside of the ramus of the jaw, by an incision commencing immediately behind the last molar tooth, and extending three-quarters of an inch toward the angle of the jaw. It is advisable to operate with a curved knife, as the alveolar ridge might shield the nerve from the edge of a straight one, and also to cut outward quite to the bone. Five cases are reported. Soreness of the wound, with swellings, remained for some days; after that the patients took food, swallowed, spoke with comparative ease and improved in general health. Salivation as well as the pains and tenderness of the tongue, and the reflected irritation of the fifth nerve,

ceased with the operation. The tongue in each case was absolutely insensitve on the side operated on, from the anterior pillar of the fauces forward, and no rapid substances aroused taste in that part of it. When the disease invaded the area of the glosso-pharyngeal nerve, new pain arose. In one case, where extirpation was unsuitable, the lingual artery was tied on the side of the disease, two days after division of the gustatory nerve. The ulcer became paler, but neither sloughed nor healed; in five weeks the whole tumor was perceptibly smaller. From that time the tumor increased again, but the patient objected to the intended tying of the other lingual artery.—*London Med. Times; Med. and Surg. Rep.*

26. *Chloroaceticization*.—This remedy was applied by Dr. Fournie, Paris, to a new way of producing local anæsthesia, which he describes in a communication to the French Academy of Science. If in an apartment, he says, the temperature of which marks more than 17° Centigr. (63° Fahr.), the orifice of a thin glass phial, containing a quantity of pure crystallizable acetic acid equal to one-fourth of its capacity, and an equal quantity of chloroform, be exactly applied to a healthy and clear skin, not deprived of its epidermis, and if this phial be constantly maintained at the temperature of the hand, a complete insensibility of that part, and some of the deeper ones, will be obtained in five minutes, at the cost of a very slight sensation of pain. The vapors of acetic acid and chloroform mixed together and applied with a glass retort to a part which it is intended to render insensible, the adjoining parts being protected by diachylon plaster from the action of these vapors, may be employed as anæsthetics in all operations of low surgery and in many of the higher branches, when general anæsthesia is considered dangerous or declined by the patient.—*Med. and Surgical Reporter*.

MATERIA MEDICA.

27. *Use of Triticum Repens*.—An infusion from one ounce of the dried and cut root, in a pint of boiling water, has been employed by H. Thompson, in quantities varying from twelve ounces to a pint in twenty-four hours, with remarkably good effects against the following affections: vesical irritability from inflammation of the prostate and neck of the bladder; severe gonorrhœa, especially when the inflammation extends backward; the pain and spasm caused by calculus or by aggravated stricture of the urethra; some obscure diseases of the bladder; prostatic enlargement in elderly patients, and renal calculus. Wherever micturition is very frequent or painful, depending on hypersensibility of any part of the urinary passages from acute or subacute inflammation, the symptoms are mostly relieved and the urine becomes clearer. If improvement follows, it generally does soon after commencing the medicine; if none can be observed in four or five days, it is not worthy to be continued. It is important to gather the plant in the spring, shortly before the leaves appear, to dry the stem slowly without artificial heat, and to cut it into short lengths for use.—*Dublin Med. Press; Amer. Med. Monthly*.

28. *Anarcotine*.—This is a new name for narcotine, one of the crystalline constituents of opium, obtained by extracting the aqueous extract with ether, which upon evaporation leaves it nearly pure. It consists of white, silky, flexible acicular crystals, without taste or smell, insoluble in cold water and alkaline solutions, slightly soluble in boiling water and cold alcohol, more readily in hot alcohol, ether, diluted acids, volatile and fixed oils. With dilute mineral acids it forms salts of a bitter taste, and is generally administered in the form of a sulphate. In doses of half a grain or a grain it acts as a tonic, increasing the appetite and giving general tone to the system; by larger doses the action of the heart is increased, the pulsations become more frequent and fuller; in still larger doses—from five to ten grains—it produces increased warmth of the surface and diaphoresis, but occasionally also nausea, giddiness and vomiting. Some claim, however, to have given it in doses of twenty, thirty and even sixty grains with entire impunity. Dr. Roots, of England, and Dr. O'Shaughnessy, of Calcutta, have employed it as an antiperiodic in intermittent fever, and with the happiest results. Dr. A. Garden, of Ghazepore, now reports (*Indian Annals of Medical Science*, Sept., 1861,) 684 cases of intermittent fever treated by this remedy. The percentage of failures is only 3.6, or one in 27.71. In nearly one-fourth of all the cases the first dose checked the fever for ever, and in nearly two-thirds it was cured after the return of the second paroxysm. The doses used were from a grain and a half to three grains. The treatment must be commenced with a cathartic, and later a mild laxative is occasionally required, as the remedy has a tendency to constipate.

From the facts adduced, anarcotine seems entitled, as an antiperiodic, to the next rank after quinine.—*Amer. Med. Times*.

29. *Magnetic Phosphate of Iron*.—Under this name, Mr. J. Lightfoot, Jr., of London, England, has made an article which is readily dissolvable in citric acid, and has proved quite effectual in the cure of albuminuria, diabetes and various forms of heart-disease. It is given in solution, does not precipitate with the syrup of orange-peel, and forms an agreeable chalybeate tonic. A laborer, 56 years of age, had for many years been afflicted with valvular disease and hypertrophy of the heart, had suffered at times most frightfully from palpitation, and had not been able to do any work for three and a half years, the least exertion producing the most distressing effects. He took five minims of the magnetic phosphate of iron, three times a day, and in a month he was able to resume his work. A female had for nine months suffered more or less from severe pain in each renal region, œdem a of the lower extremities, and general debility. The specific gravity of her urine was 1008; it was perfectly coagulable at a temperature of 200° Fahr. She took, three times a day, solution of the magnetic phosphate of iron, six minims; iodide of potassium, one grain; water, one drachm. In eight days the albumen was diminished one-half; in seven days more not a trace of it could be found; specific gravity of urine, 1021; œdema of the limbs fast disappearing. The patient re-

gained her appetite, and in three weeks was convalescent. The formula for the preparation of this phosphate is not given.—*Med. and Surg. Reporter.*

SOME NEW FORMULÆ.

30. *Acetum Ipecacuanhæ*.—Mr. G. Johnson proposes to macerate two and a half ounces of ipecacuanha, finely bruised, for twelve hours in five fluid ounces of acetic acid, to add then thirty-five ounces of water, and continue the maceration for twenty-four hours longer, with frequent shaking. The solution is then filtered and the residuum strongly pressed. It is nearly double the strength of well-made ipecacuanha wine, and has been tried with good effect as an expectorant and emetic. The claimed advantages are that this preparation is cheap, can be made of uniform strength, and will keep for a long time.—*London Pharm. Journ.*

31. *Formula for Syphilitic Sore Throat*, by Dr. Coulson. Rec. Water, 240 grammes; bichlor. of mercury, 30 centigrammes; hydrochloric acid, 12 drops; syrup, 30 grammes. Wash the throat with it three times a day.—*Journ. Mat. Med.*, from *Gaz. Méd. de Lyons*.

32. *Ointment of the Benzoated Oxyd of Zinc*.—Prepared by mixing ten grains of the best and most fragrant gum benzoin in tears, comminuted, to one ounce of good fresh lard, digesting the whole in a water-bath for about forty-eight hours, straining and mixing the whole thoroughly with ten grains of white oxyd of zinc. Dr. Erasmus Wilson pronounces this ointment, properly prepared, the most perfect local application for all chronic inflammations of the skin that is known.—*The Druggist.*

33. *Sedative Pills*.—The *Moniteur des Hôpitaux* gives the following formula as most efficacious against sleeplessness in hysteria, mania, hypochondria, etc., as well as for the relief of the dry cough to which nervous women with irregular menstruation are liable.

℞. Assafoetida, one drachm; sulphate of morphia, three grains. To be divided into thirty pills. One or two at bed-time.—*Nashville Journ. of Med. and Surg.*

34. *Arnica Hair Wash*.—Take: elder water, half a pint; sherry wine, half a pint; tincture of arnica, half an ounce; alcoholic ammonia, one drachm. Mix in a lotion bottle, and apply to the head every night with a sponge. Wash the head with warm water twice a week. This will be found of great service, when the hair is falling off and becoming thin from the too frequent use of castor, macassar oil, etc., or when premature baldness arises from illness.—*The Druggist.*

35. *Embrocation for Inflamed Mammæ*.—By Dr. E. M. Hale. Take: fluid extract of aconite, one and a half ounce; fluid extract of phytolacca, one ounce; iodide of potassium, one drachm; warm water, one pint. Wet linen compresses, and apply constantly. Even if suppuration has taken place, this application resolves the indurations and relieves the pain.—*Med. and Surg. Rep.*

36. *Hodgson's Chloroformic Solution of Gutta Percha.*—Take : gutta percha, in small slices, an ounce and a half ; chloroform, twelve fluid ounces ; carbonate of lead, in fine powder, two ounces.

To eight fluid ounces of the chloroform contained in a bottle, add the gutta percha, and shake occasionally, till it is dissolved ; then add the carbonate of lead, previously mixed smoothly with the remainder of the chloroform, and having shaken the whole thoroughly together, several times, at intervals of half an hour, set the mixture aside and let it stand for ten days, or until the insoluble matter has subsided. Lastly, decant and keep the solution in a glass-stopped bottle. Mr. Hodgson introduced this solution, some years ago, as an application for abraided surfaces, in lieu of court plaster.—*American Journal of Pharmacy.*

37. *Plasma Plumbi.*—In a paper read before the Maryland College of Pharmacy, C. S. Tilyard pointed to a composition under this name, as a substitute for Gaulard's cerate. Take : glycerine, two fluid ounces ; sol. subacet. of lead, three fluid drachms ; camphor, ten grains ; Bermuda arrow-root, one and a half drachms.

Rub the arrow-root into a fine powder, and having mixed the glycerine and extract of lead, stir it into the mixture. Pour the whole into a capsule and heat over a spirit lamp *cautiously, constantly stirring*, until it becomes transparent, and assumes the consistence of paste. Having powdered the camphor by means of a few drops of alcohol, rub a little of the plasma with it in a mortar until well incorporated, then add the remainder and stir a few minutes.—*Journ. and Trans. Maryland College Pharm.*

38. *Pommatum for Erysipelas.*—By M. Jobert de Lamballe. Nitrate of silver, ten grammes ; lard, forty grammes.—*Abeille Méd. ; Journ. Mat. Méd.*

39. *Wine of Citrate of Iron and Quinia.*—By Sam. Campbell. Take : sulphate of quinine, 140 grains ; citric acid, 120 grains ; citrate of iron, 600 grains ; diluted sulphuric acid, 3 fluid drachms ; liquid ammonia, distilled water, of each q. s.

Rub the quinia salt until perfectly miscible with four ounces of distilled water ; then add the diluted acid, pour the whole into a decanting vessel and add the solution of ammonia, until it ceases to form a precipitate, being careful not to have the alkaline solution in too great an excess. The precipitate is to be carefully washed with distilled water until the washings cease to evince any further evidence of alkaline reaction upon litmus-paper previously reddened with an acid. The hydrated quinia is then incorporated with the citric acid and citrate of iron, previously dissolved in three ounces of boiling distilled water. When completely dissolved, add sufficient distilled water to make the whole measure thirteen fluid ounces. Eight fluid drachms of this solution contains eight grains of the double salt. By mixing two fluid drachms with six of pure sherry-wine, a solution is obtained containing in each teaspoonful two grains of the salt.—*Amer. Journ. of Pharmacy.*

40. *Panix Laxans ; Laxative Cake*.—Paint the underside of small biscuits with an alcoholic solution of jalap-resin (two grains of the latter to each cake) and cover the place with a thin mixture of beaten albumen, sugar and tragacanth. Two or three cakes form a mild laxative for a grown person, one for a child from 6 to 8 years, etc.—*Amer. Journ. of Pharm.*, from *Pharmac. Centralhalle*.

41. *Creosotum Chloroformatum*.—The following or a similar mixture has long been used in France. Creosote, one part, chloroform and alcohol, of each two parts, by weight.—*Pharmac. Centralhalle ; Amer. Journ. Pharm.*

DISEASES OF WOMEN AND CHILDREN.

42. *New Classification of Croup*.—Dr. E. Whittle, senior surgeon to the South Dispensary, Liverpool, enumerates seven varieties, which, though strictly speaking they can not all be called croup, yet are all affections of the larynx, attended with constriction of the glottis, and are often confounded together under the name of croup.

1. *Cynanche trachealis* of Cullen, the true croup. Treatment: warm bath and an emetic, followed, if the symptoms persist, by small doses of Dover's powder and nitrate of potash. If the tongue is foul, or the bowels loaded, a dose or two of calomel accompanies the first doses of Dover's powder. Should the disease progress, tracheotomy is to be resorted to early, before the strength is too much reduced, or the false membrane is deposited far down the trachea.

2. *Angina stridula* of Bretonneau, acute asthma of Millar. Spasm of the glottis, excited by the inflamed and thickened condition of the mucous membrane of the larynx and trachea, without formation of false membrane. Treatment same as before.

3. *Diphtheria* extending into the larynx. The only treatment is tracheotomy.

4. *Symptomatic croup*, sometimes met with in the early stages of exanthematous diseases. If treated like true croup, the rash will generally make its appearance and the croup subside.

5. *Croup* from an ulcerated condition of the larynx, either syphilitic, or following the ulcerated throat of scarlatina or variola. The immediate cause of the croupy breathing is spasm, excited by the irritation of the ulcers, and may often be treated successfully by tracheotomy. These cases require the topical application of a solution of nitrate of silver to the larynx.

6. *Mechanical croup*, from œdema of the larynx, etc., can only be relieved by a timely operation.

7. *Nervous croup*, *laryngismus stridulus*, purely a nervous affection, generally a complication of dentition, and mostly met with in families of a strumous diathesis. It comes on suddenly, with a convulsion of more or less severity, followed by a shrill, gasping inspiration, something like a whoop after a paroxysm of whooping-cough. The attack may be short, but repeated once or twice in the same night, and it sometimes happens that the child is suffocated at the very outset. Treatment: dashing cold water on the child's face, plunging his

feet into hot water, or anything which will give a sudden shock to the system, and in the intervals strengthening the child by the use of tonics, and by having it almost constantly in the open air.—*Dubl. Quart. Journal of Med. Science.*

43. *Whooping Cough and its Treatment.*—During a discussion before the New York Academy of Medicine, Dr. Gardner declared pertussis to be a contagious disease; for the first three or ten days of an inflammatory, then of a spasmodic character. The cough is neither characteristic of the disease, nor dependent upon any trouble in the brain. Those who vomit easily, have the disease generally in a mild form. Complications are: dentition, diarrhœa, pneumonia, hydrocephalus, convulsions. The treatment is to be modified according to the complications. In the simple form, and during the continuance of the inflammatory symptoms, tolu, ipecac or tartar emetic. Counter-irritation is unnecessary, unless the inflammation be excessive. During the spasmodic stages antispasmodics should be used, hydrocyanic acid in particular, one drop every three or four hours. It can be combined with belladonna, for anæmic children, with bark. In other cases, the ferro-cyanuret of potassium may be prescribed; half an ounce in two ounces of cinnamon-water; from six to ten drops to be taken three times a day.

Dr. Jacobi referred to the vagus and recurrent nerves as the parts affected in the disease, and stated that the symptoms were, in the main, of a variable character.

In the opinion of Dr. Barker, the intensity of the poison modifies the effect of remedies, although in the early stages it makes very little difference which of the usual remedies are used. Hydrocyanic acid had often failed in his hands. The topical treatment with nitrate of silver is very alarming in children. Belladonna is uncertain, chloroform valuable, especially in cases with a tendency to cerebral plethora. Generally something like the following plan of treatment may be followed: In the first stage, the tincture of aconite root, with rubefacients over the upper part of the chest, anteriorly and posteriorly. After the inflammatory symptoms had passed, the nitric acid lemonade, made by adding fifty or sixty drops of the dilute acid to a tumblerful of water—or this mixture: syrup of lactucarium, one drachm; extract of belladonna, one-eighth of a grain; sulphate of quinia, half a grain—to be taken three or four times a day.

Dr. Shanks considered the inflammatory condition a secondary effect of the disease. Treatment: in the early stage, gentle emetics and cathartics; afterwards, three or four grains of carbonate of iron several times a day. The inhalation of the impalpable powder of nitrate silver, as proposed by Dr. Brown, of Baltimore, may be proper.

Dr. Barry treated a bad case with assafoetida and belladonna. He had often seen magical effects from the salts of tartar.

Dr. Sewall considered change of locality of more therapeutical importance than anything else, though he had seen a great deal of benefit from Dr. Meig's combination of alum and belladonna.

Dr. Garrish has been using an assafoetida plaster over the chest and

epigastium ; also Roche's embrocation, and a liniment of oil of succin, olive-oil, and oil of cloves. His internal remedies are extract of belladonna, minute doses of mucilage, valerianate of zinc, extract of hyoscyamus.

Dr. J. Foster had found the following to act favorably : sulphuret of potassium, ten grains ; syrup of acacia, two ounces ; one drachm three times a day. Dr. P. Van Buren was in favor of the carbonate of potash, cochineal and belladonna plaster. Dr. Taylor assigned the disease to the laryngeal recurrent ; hence the applicability of belladonna and chloroform. Dr. Underhill had often obtained a cure in five or six days by giving the hydrocyanic acid dissolved in syrup.—*Amer. Med. Times.*

44. *Infantile Therapeutics.*—We copy a few more of the statements of Prof. A. Jacobi, of New York, touching the remedies adapted to diseases of children. He says he has administered the root and alcoholic extract of belladonna in many hundred cases, and found them eminently successful in whooping-cough and incontinence of both urine and fæces, when given in sufficient doses. Infants of six or eight months, affected with whooping-cough, require a sixth of a grain of either the root or the alcoholic extract three times a day ; children of three or four years tolerate three doses, each of half a grain. The erythematous and flushed appearance of the face and neck, seldom observed in adults, is one of the first belladonna symptoms appearing in children, and must be produced by every dose, in order to obtain a cure in whooping-cough. The remedy may be given in powder, with sugar (from two to six grains of either the root or extract, half a drachm of common or milk sugar, for twelve powders,) or the extract dissolved in water, six grains in half an ounce, and sweetened according to circumstances. The complication of whooping-cough with catarrhal or inflammatory affections of the respiratory organs requires the combination of ipecacuanha, or of the oxysulphuret of antimony with the belladonna. Incontinence of urine yields in almost every instance to the same agent, in doses of the same strength, or a little less than those given in whooping-cough. Against incontinence of fæces belladonna has also proved quite efficient.

Hyoscyamus has the general effects of the narcotics, with less influence on the cerebral functions than either opium or belladonna. Larger doses of it are, therefore, not only tolerated, but required. It may be given in severe colic pains, added to other remedies, and acts well when added to medicines intended to relieve catarrhal affections of the respiratory organs, for it relieves pain without producing sopor, and irritation of the mucous membrane without interfering with its secretion. It is also a good agent to counteract the irritating effect of other remedies, particularly veratria, which should always be prescribed, in infantile practice, with extract of hyoscyamus ; six grains of the latter, twenty drops of the tincture of veratrum, three drachms of water ; give ten drops every two or three hours to children of a year. Extract of hyoscyamus is frequently added by Prof. Jacobi to expectorants, in powders or mixtures containing ipecacuanha, oxy-

sulphuret of antimony, squill, succinate or muriate of ammonia. He also often orders it alone, in the irritation and colic following gastro-intestinal catarrh, and in laryngeal catarrh, in place of opium. Dose, to newly-born infants, from a grain to a grain and a half a day; to children of two or four years, from two and a half to four and five grains.—*Amer. Med. Monthly.*

OBSTETRICAL.

45. *Sore Nipples.*—In a clinical lecture on puerperal convalescence, Prof. B. F. Parker, of New York, made the following remarks :

The term includes a variety of pathological conditions, each of which requires a different treatment.

Erosion—or, when more extensive, excoriation of the nipple—is a superficial wound of the skin, in which the derm is laid bare by the removal of the epidermis by nursing. Sometimes it produces little vesicles, which are broken by sucking, and the scabs form, which are again pulled off: chapped nipples. From this results entire destruction of the derm: ulceration of the nipple. The surface is then of a bright red color, granulated, frequently swollen and grooved in fissures. Nursing produces intolerable suffering. In the early stage, as soon as the child leaves the nipple, this should be very carefully wiped dry with a soft piece of linen, and then painted over, by means of a camel-hair brush, with the compound tincture of benzoes, so as to form a kind of artificial cuticle. If possible, the child should nurse through a nipple shield. If the ulcerative process has commenced, nursing from the affected nipple must be suspended for at least twenty-four or thirty-six hours, and the breast emptied by gentle rubbing. Then paint over the ulcerated surface, twice a day, a solution of nitrate of silver (ten grains in one ounce of distilled water), and keep the surface covered with calomel or carbonate of magnesia.

Fissures or cracks at the base of the nipple require to be cauterized with a very fine point of the solid stick of nitrate of silver, and then covered with collodion.

Inflammation of the nipple is sometimes a cause, at others a consequence of the preceding conditions. The nipple is conical, red, swollen, and excessively painful. Apply a soft bread and milk poultice for a few hours, and then keep it covered with one or two thicknesses of linen, wet with this solution: diluted liquor of the diacetate of lead, one ounce; rose water, three ounces. After the inflammation has so far subsided that nursing can be borne without much pain, substitute for the lead-water: of rose-water and glycerine, each two ounces; tannic acid, two drachms.

When either two or all of these forms are associated, the treatment is to be modified or combined, according to indications.

Eczema of the nipple is quite rarely met with. Velpeau's prescription, which he has never known to fail, is the following ointment: carbonate of magnesia, two scruples; calomel, one drachm; ointment of rose-water, one ounce; rubbed up very thoroughly.—*American Medical Times.*

46. *Belladonna in Mammary Inflammation*.—Dr. J. J. Lescher, of Mount Carmel, Ill., confirms the value of a watery solution of the extract of belladonna as a local application to inflamed breasts. Since his first trial of it he had repeated opportunities of confirming his good opinion of this agent. With but one or two exceptions, entire success followed its application. In several cases its timely use saved lancings and counter-openings, whilst in prior confinements the patients had endured all the tortures of abscess.—*Chicago Medical Examiner*.

47. *Management of Placenta Prævia*.—Dr. Charles Clay, of Manchester, proclaims, in the *Glasgow Medical Journal*, the most preferable method to be the simple detachment of the placenta from the os by the fore-finger, leaving the rest to nature. In an experience of forty years he never witnessed any bad consequences from this practice, and adds that there is infinitely less violence done, the danger much reduced, future difficulties are of less importance, and the results far more favorable. With version and immediate delivery, the fatality to the mothers has been one in three, and to the child one in two, while with simple detachment of the placenta it appears from the reports of Prof. Simpson, Dr. Radford and Dr. Clay, that only one mother died of forty-four, and one child in five cases.—*Amer. Med. Times*.

48. *Treatment of Puerperal Fever*.—In a case detailed by Dr. G. H. W. Herrick, of Billerica, Mass., the treatment consisted of opium in pills, one grain every two hours; at first with two grains of calomel, but from the second day onward in conjunction with one or two grains of the sulphate of quinine. Cold to the head, hop fomentations to the abdomen. On the sixth day the opium was discontinued, the hop fomentations on the seventh; beef-tea and chicken-broth given with the quinine; wine-whey and brandy in tablespoonfuls every three hours. Complete recovery in less than four weeks.—*Boston Med. and Surg. Journ.*

49. *Treatment of Puerperal Fever*.—In an epidemic of this disease, Professor Von Ritgen adopted, in his obstetrical clinique, the following treatment. One-eighth of a grain of morphia two, three or four times a day, according to the violence of the abdominal pain. An hour after the dose of morphia, a spoonful of a mixture of camphor was administered, consisting of: camphor, half a scruple; gum arabic, one drachm; chamomile water, three ounces; solution of acetate of ammonia, one ounce; white sugar, one ounce. An hour after this the patients took one grain of quinine, then another dose of morphia, and so on, until the symptoms decreased, which was the case with all patients hitherto treated in this manner.—*Med. Times and Gaz.*

50. *Singular Case*.—Dr. M. M. Eaton, of Peoria, describes the case of a woman who had a large family, the youngest child being five years old. She was regular from the time she weaned her last babe till the last of December, 1860, when her catamenia ceased. For four months now following she had morning sickness, after which flooding came on and continued in a slight degree all summer. October 13th,

1861, Dr. Eaton found her in bed, looking anæmic, pulse 100 ; complaining of flooding and pains like those of labor, although she thought not to be in the family way. Blood was flowing freely from the vagina, the os uteri dilated to the size of a quarter of a dollar, and through this an inferior member of a fœtus protruded. On slight traction, a dead fœtus came away, apparently about four months old, somewhat shriveled, but well formed. The funis was broken, but did not bleed. The placenta being retained, and hæmorrhage still going on, wine of ergot was administered to bring on uterine contractions. After the expulsion of the after-birth, no hæmorrhage of account occurred. Half the placenta was shriveled up, and of a dark brown color ; the remainder as well as the cord so soft that it could be easily torn to pieces with the fingers. No offensive odor was emitted.—*Chic. Med. Journ.*

51. *Early Discharge of the Liquor Amnii.*—In a case reported by Dr. W. T. Davis, a negro woman, supposed to be in labor, was found with the os dilated to the size of a dime, the liquor amnii escaping freely, and she complaining of pains and uneasiness in the back. Her bowels were evacuated by a dose of castor-oil, the pains ceased, and the patient enjoyed usual health. Ten days and three hours (243 hours) later she was delivered of a living child.—*Cin. Med. and Surg. News.*

There is too little attention paid to occurrences of this kind. It not unfrequently happens that the waters escape several days before delivery, without injury to mother and child. Sometimes an unusual thinness of the membranes seems to prevail among pregnant women. Several years ago there was a case in Cleveland where the discharge of the waters took place full eight days previous to the birth of a living child. Occasionally mistakes may happen from the discharge of so-called false waters ; but we believe, on the whole, evidence enough could be adduced to overthrow the old opinion, that the discharge of the liquor amnii several days before the actual time of delivery must result in the death of a viable fœtus.

C. A. H.

52. *Face Presentations.*—Dr. J. Martin, of New York, maintains that lateral uterine obliquity, at the beginning of labor, is the cause of face presentations, the manner in which the head enters the superior strait depending upon the position of the uterus and the mechanism of such labors upon fixed mechanical principles. The chin is not at any time fully extended, and the occiput passes over the perinæum before the chin merges from under the pubic arch. As to the treatment, the chin and vertex ought to be restored to their normal positions by bringing down the occiput with the hand, the vertex or one blade of the forceps. The uterus will then assume its central position, and the labor terminate with a vertex presentation. During the process of rotation and descent, no artificial means to hasten delivery ought to be resorted to, except in extreme cases. During the last stage there should also be no interference, unless the head be large and the pelvis small, when the blades of the forceps can be easily passed over the ears. Traction must be made in the direction of the long

axis of the uterus. In presentation terminating with the chin passing over the perinæum, the mechanism of labor is the same, the termini of the cranial diameters being only reversed, and from the success of external manipulation in one case of this description (one hand slowly forcing the occiput downward, while the other pressed the uterus towards the median line of the abdomen,) we may safely infer that the presentation may be corrected by a similar treatment.—*Amer. Med. Times.*

53. *Ricinus Communis* as a *Galactagogue*.—In the case of a healthy vigorous woman, whose breasts did not secrete after two accouchements, although all the ordinary remedies were diligently applied, Dr. Wm. Gilfillan, of Brooklyn, N. Y., resorted, on the fifth day after the second delivery, to the leaves of the castor-oil plant, for the purpose of bringing out the secretion. A poultice, made by pouring boiling water on the coarsely powdered leaves, was applied to each breast, and a teaspoonful of Cushman's fluid extract of the leaves ordered three times a day. On the next day there was a moderate flow of milk, and it soon came pretty freely. The poultice had to be discontinued, the supply of the leaves being exhausted, but the extract was taken in the same dose for two days more. On the second day of its use the secretion became quite abundant and remained so, the child thriving remarkably well.—*Amer. Med. Times.*

54. *Hermaphroditism*.—Under this ill-used name, Dr. J. W. Bragg, U. S. N., describes the case of a native of Ireland, twenty-two years of age. His voice, hands, arms, shoulders, breasts, and other parts are feminine. The genital organs resemble those of a female, with a greatly-enlarged clitoris; the apparent external labia, however, consist of two folds of a diminutive scrotum, placed in apposition to each other; the raphe is distinctly marked; the testicles of about the size of a large pea, are situated high up in the region of the external rings, a little in front and beneath them; the penis is about one inch and a half in length, with corresponding circumference, the prepuce adhering to the glans. He represents that he is capable of coition with females, and that his feelings sometimes prompt him to indulge. His penis is capable of erection, and, he states, of emission of semen.—*Boston Med. and Surg. Journ.*

OPHTHALMOLOGY.

55. *New Operation for Obstinate Strabismus*.—For those cases of strabismus which are usually considered incurable, Prof. E. Andrews, of Lind University, proposes a new proceeding. In one case the external rectus muscle had been ruptured, allowing the cornea to turn toward the internal canthus so far as to be quite out of the reach of vision. Some surgeon had made an ineffectual operation on the old plan, producing a cicatrix which glued the eye more firmly into its faulty position. Having administered ether and chloroform, Prof. Andrews commenced, as in ordinary operations for strabismus, by cutting the conjunctiva on the inner side of the eye with the scissors; then, with a blunt hook, he picked up successively every band of

cicatrix, tendon or fibrous tissue which interfered with the motion, and cut them off with the scissors until the globe could be freely turned outward, by seizing it with forceps and making traction. Then pinching up the conjunctiva on the outer side of the globe with the rat-tooth forceps, he cut it perpendicularly with the scissors, two lines from the cornea, and dissected off the conjunctiva from the slit outward quite to the lining of the lids at the external angle, denuding the inside and edge of the external canthus at the same time. He then took a silver ligature, bent in the form of a staple, and passed the two ends, first through the strip of conjunctiva remaining next to the cornea, and then through between the eyeball and external canthus, bringing them out through the skin at two points near the external border of the orbit. By drawing upon them, he rolled the eye well out, so as to press the cut edge of the conjunctiva against the denuded canthus, and then fastened the wire by a lead button. In this way the eye was secured firmly in a correct position. Some inflammation followed, but was readily held in check by cold-water dressings. On the sixth day the suture was taken out, when the eye was found to maintain its correct position, and the operation proved a complete success.—*Chicago Medical Examiner.*

56. *Paralysis of the Ciliary Muscle.*—Some good remarks, further elucidating the defects of accommodation in the human eye, are contained in an essay read before the Boston Society for Medical Observation, by Dr. F. P. Sprague. Helmholtz has demonstrated that, when near objects are viewed, the shape of the lens is affected, it becoming much more arched anteriorly, slightly more posteriorly, and consequently thicker. Hence it refracts the rays more powerfully and brings them sooner to a focus. This change in the lens is produced by the contraction of the ciliary muscle, assisted by these pr The change itself, if not the only one in the eye, is sufficient at all events to account for the amount of the accommodating power possessed. In precisely what manner the contracting power of the ciliary muscle is brought to bear upon the lens, has not been fully demonstrated. From the facts given it follows that, if the accommodating power be lost, the eye is in a condition to perceive objects only at a certain distance, all nearer objects being indistinct. Such an affection must be of comparatively rare occurrence, as the books give but little information respecting it. Mackenzie has seen, in children, an inability to distinguish near objects succeed influenza and tonsillitis; Lawrence, in his work on the eye, does not mention having seen it himself, but quotes five cases from the practice of others of what he calls "sudden presbyopia in the young subject." In two instances a blow had been received in the vicinity of the eye some days before; in the other three, no cause is assigned. The *Lancet* for May, 1861, contained a report of four cases of paralysis of the ciliary muscle, by G. Lawson, three of which occurred in children, after illness, the other in an officer from the Crimea, much debilitated by dysentery. (For the particulars of a further case, observed by the author, we must refer to the essay itself.) It seems that the affection may follow illness, blows in the vicinity of

the eye, and perhaps over-application, though, in the latter case, asthenopia is more likely to arise. On examination, the eyes appear normal; the only thing to attract attention being some sluggishness in the motion of the irides. The ophthalmoscope discloses no cause for the defective sight. Reading through convex glasses improves the vision immediately for the time being. The recovery in all the cases reported suggests a favorable prognosis, and it is probable that the tendency, at least after illness, is toward recovery, with repose of the eye and returning vigor of the system. The treatment so far employed has been varying; tonics, with local stimuli, and perhaps purgatives, seem to be serviceable. The efficacy of bleeding is doubtful, except where an injury has been received near the eye. Glasses should be forbidden, as our object is not to provide a substitute for the action of the muscle, but to endeavor to stimulate it to resume its functions. An opposite condition of the eye is when it becomes adapted for near objects only, the power of seeing (discerning) objects at a distance being suddenly lost. This has also received the name of paralysis, but Graefe terms it cramp of the ciliary muscles. He observed two cases, one of which, in a child, was restored by repeated local bleeding; the other, in a girl of eighteen, was much improved by the use of belladonna.—*Boston Med. and Surg. Journ.*

57. *Iridectomy in Glaucoma.*—Dr. J. H. Dix, of Boston, performed this operation on both eyes of a seamstress, on account of chronic glaucoma, excising about one-fifth of the iris. The severe pains in the globes, over the orbits and in the head, were speedily relieved and the eye-sight improved in the course of several weeks. Performance of the operation at an earlier period might have resulted in a full restoration of vision.—*Boston Med. and Surg. Journ.*

58. *Amaurosis from Injury of the Supra-Orbital Nerve.*—Dr. H. D. Noyes specifies the case of a physician, who, in the delirium accompanying an attack of erysipelas of the face, struck his forehead against the wall. The next day there was pain and swelling in the integument about the right eyebrow, and some time subsequently, when the eyelids could again be opened, the right eye was found to be totally blind. Three years later, no external marks of the injury remained, nor did the most scrupulous examination with the ophthalmoscope reveal any abnormal condition within the eye-ball, although the eye had not the least perception of light. This seems to prove that there is a direct, although occult, connection between injury of the supra-orbital nerve and the function of the retina.—*Amer. Med. Times.*

59. *Glycerine Collyria.*—Dr. Foucher gives the following proportions for preparing the principal collyria used in ophthalmia with glycerine instead of water. With thirty grammes of pure glycerine, mix: borax, 2 to 4 grammes; or sulphate of zinc, 1 to 3 grammes; or sulphate of copper, 1 to 4 grammes; or tinct. of iodine, 4 to 8 grammes; or perchloride of iron, 1 to 4 grammes; or tannin, 1 to 4 grammes; or calomel, 2 to 4 grammes; or laudanum, 2 to 4 grammes.—*Bull. Gén. de Thérap.; Med. and Surg. Rep.*

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Original Communications.

ARTICLE I.

Observations on the Effect of the Preparations of Iron.

TRANSLATED FROM THE GERMAN

BY D. S. GANS, M.D., CINCINNATI, OHIO.

Dr. Pakrowsky, of St. Petersburg, had opportunity to observe several patients in the hospital there, who for various diseases took iron; and he directed his particular attention to the effect of that remedy on the tissue-change. To that end he measured daily in all the patients the temperature of the body, the quantity of the consumed food, the quantity of the excrements; of the urine, the specific gravity of the same, and the quantity of the chlorides and urea in the same.

After giving the histories of the cases, he comes to the following conclusions:

1. The temperature of the body is positively heightened by the use of these preparations.

2. This increase results in some cases very soon; in one case it occurred after five hours; in others slower, and in one case after a long interval and after a large dose.

3. The temperature, the morbidly lowered as well as normal one, is increased; and if it ceases to rise after reaching a certain height, having taken a certain quantity of the iron, the temperature will rise more by increase of the dose.

4. Several days after using it the pulse rises also, although not in all cases.

5. Very soon, and consequent upon the increase of the temperature, the daily amount of urea in the urine increases.

6. The use of iron increases the weight of the body.

7. Every preparation of iron produces the same effect, and a change in the different preparation in the same patient does not alter the result.

8. The diuretic effect of citrate of iron was very distinct in two cases, but was wanting in three under the same conditions.

9. In all cases where iron was used no constipation of the bowels took place, except a slight one after iodide and lactate of iron. It was borne well, and in large doses, by the digestive apparatus (nine grains pyrophosphate of iron, and fifteen grains ferrum hydragenio reductum.)

10. Dropsical transudations in the subcutaneous cellular tissue were resorbed by the use of iron, even in patients with insufficiency of the mitral valve, and reappeared after stopping with the remedy.

11. The increase of the heart's impulse and the dyspnœa in patients with organic cardiac diseases disappeared even in cases in which digitalis had done nothing.

12. After the normal temperature of the body had been raised by the use of iron, it lasted a considerable time after stopping with its use before returning to its normal condition; whilst the morbid lowered temperature rose quickly by the use of iron, it fell just as quickly by stopping with its use — at least, where the other pathological symptoms continued, and where consequently the cause of the low temperature was not cured.

Referring to these facts, the Doctor lays down the following maxims: Taking into consideration that the temperature of the body and the quantity of urea in the urine is increased by the use of iron, that the œdematous condition disappears and the weight of the body is augmented, we are fully justified in ascribing to the iron a nutritive power. The increase of temperature indicates a stronger tissue-change, for this is constant, and accompanied by other symptoms indicating a heightened nutrition. How this is brought about it is difficult to say. Increase of the blood quantum or of the blood corpuscles can not be the cause; both increase very slowly, whilst the change of tissue augments very quickly. Neither can the increase of the pulse explain the elevated temperature, as the first succeeds the latter. The respiration is not altered by the iron, hence can not have an influence upon the temperature.

According to Dr. Pakrowsky, we have, therefore, to look for the effect of iron in the finest arterial and capillary system, one of the most important places of nutrition, and the growth of the tissue and organs, and so much more, as the disappearance of dropsical

transudations in the subcutaneous cellular tissue after the use of iron, points to that system. The most probable is the supposition that the iron acts upon the contractile elements of the finest arterial branches, which must have, without doubt, a high and important influence upon the capillary circulation, and, namely, upon the degree of the tonics, *i. e.*, the degree of tension of the walls of these ramifications. The iron must consequently alter the conditions of the diffusion of the elements composing the tissue and organs. Only in this way does it seem possible to explain the quick effect of iron upon nutrition and the resorption and the œdematous transudations.—*Virchow's Archiv*, xxii., 1861.

ARTICLE II.

A Novel Case.

BY A. H. PINKERTON, M.D., PIQUA, OHIO.

On the evening of the 14th of June, 1861, Dr. Walton, of this place, called on me, and requested me to extract a pencil from a lady's bladder, when he gave me the following history of the case: On the evening of the 12th he was called to visit the young lady, and found her suffering severe tenesmic pains, with a constant desire to void her urine. He prescribed the usual remedies, and left after seeing her restored to tolerable comfort. He visited her again the next day; found her better, but, on examination, discovered considerable tenderness in the uterine region. On the 14th he was summoned in haste, and found her suffering excruciating pain, with high fever. She then informed him that nearly six weeks before she had been exploring the vagina with a cedar-cased pencil, which she held by the point—it had passed up the urethra, and passed into the bladder, escaping from her fingers. She had called on several physicians, but received no benefit, although she had informed them that the pencil was there. The Doctor made an examination *per vaginam*, and could (he said) distinctly feel it. He told her that he wished to call me in to operate, to which she readily consented. It was late when he called, and I proposed to meet him at 8 o'clock next morning and remove it.

On the following morning, at the appointed time, we repaired to the place where the patient was stopping, (she did not reside here, but had come here for the purpose of having it removed). I examined by *vagina*, and found the pencil laying across, within the cyst, the point

to the right iliac. I placed her on her back, administered chloroform, and then introduced the dilator—for I determined to extract it without cutting, if possible; but anticipating a large calcareous formation on the pencil, I had some doubt about succeeding in this way. I, however, dilated the urethra so that I could introduce the index finger. I then grasped the pencil in the forceps and attempted to dislodge it, but it was so firmly fixed in position by the contraction of the cyst, from inflammation, that I had great difficulty in changing its position. We finally succeeded in forcing one end upwards, by using considerable force. I then grasped the other end and brought it down, and with little difficulty extracted it. The pencil was three and one-half inches in length, about one-half of which was covered with a calculus half an inch thick.

The patient recovered rapidly, and in two weeks was able to return home and resume her duties as a teacher, which has been her occupation for several years.

ARTICLE III.

Vinegar as an Anti-Scorbutic.

BY ALEX. MCBRIDE, M.D., U.S.A.

Gentlemen of the Sanitary Committee :—I address to you this communication as the most direct channel through which the facts herein stated may be useful to the country. Vegetables, vegetable acids and vegetable acidifying substances are well known to the profession of medicine to be a desideratum for the prevention and cure of scurvy. The circumstances under which *camp-fever* presents itself are almost, if not quite, identical with those under which scurvy is seen. In *camp-fever* we do not often see all those symptoms which are described in books as symptoms of scurvy; but to one who has seen and treated scurvy, as has been my fortune, there are symptoms enough apparent in *camp-fever* and *camp-debility*, to show clearly that the proximate cause of scurvy is operative.

These symptoms I saw abundantly in the soldiers of the Eighteenth Brigade, at Camps Buell and Brownlow, Ky., in the months of January, February and March, 1862.

My field of duty was chiefly with the Fortieth Regiment, O.V.I. In January, and the first days of February, the regiment was encamped at Camp Buell; a muddier, wetter and gloomier place than

which probably never existed. When I found that to procure potatoes, cabbage, citric acid, etc., was impossible, while the exciting causes and the primary symptoms of scorbutus were rampant, the prospect before me was *horrible* for the suffering and death which must follow. In this emergency it occurred to me that good *vinegar* did not differ much from citric acid, and that acetic acid was a common product of the fermentation of most vegetable substances, and that anti-scorbutics, when considered hygenically, were catalytics and not necessary elements of nutrition: I say, when I reflected on all this, it occurred to me that vinegar must answer the purpose of vegetables and vegetable acids in general. I therefore made an examination of the vinegar, of which there was abundance in the commissary department, and found it to be of good quality. I immediately recommended and urged its free and abundant use, and found that it was well relished by every man, both those on the sick list and those on duty. The men were surprised to find themselves so fond of vinegar. I made free use of it, diluted with water, as a common drink in the hospital in *all cases of disease* where the patient had a relish for it, as well in diarrhœa and dysentery as in common continued fever and debility. The constant thirst which had been such a harrassing difficulty, disappeared, and dry and parched mouths were by no means so common afterwards. The diarrhœa so difficult to control was improved in every case. The indication in every case for giving the vinegar, was the *relish* for it. Thus had I a remedy, and from this time forth the diathesis changed, although there was no other change in the quality of the rations.

About a month later, it became my duty to prescribe in other regiments of the brigade, whose circumstances had been identical with those of the Fortieth, except the vinegar. The difference of their health was striking: the Fortieth had about fifty per cent. more men fit for duty than either of the other regiments. I procured what vegetables I could, but the quantity was insignificant most of the time.

Supplement.—It makes but little difference how the vinegar is got into the stomach, whether as a drink, diluted with water, with or without sugar, or mixed with various articles of food. I directed our men to add it to their bean-soup and to their boiled hominy; also, to sop their bread in it, sweetened or not, according to taste or notion. Sugar is not injurious, but, I think, rather beneficial to its effect. A very nice pie can be made by soaking broken bits of cracker in vinegar, then adding sugar and spices, precisely as in making apple

pie. This is as easy made as apple pie, and eaten in the dark, would pass anywhere for a fruit pie.

Another form : I sweeten good vinegar to taste ; then stir in flour or common starch in small quantity, and bake as a custard or pumpkin pie.

Respectfully,

ALEX. McBRIDE,
Surgeon Fortieth Regiment, O. V. I.

ARTICLE IV.

On Quackery.

[A Paper read before the Preble Co. Medical Society, January, 1862.]

BY W. H. MATCHETT, M.D., ITHACA, O.

In the early part of the year 1825 the light of the sun first beamed upon the head of our friend Quidnunc, the character we will introduce to you (as the novel writers say) as the hero of the following pages.

Poor Quid was an unfortunate child, for his earliest recollections were of misery and sufferings from all manner of infantile diseases, such as measles, mumps, whooping cough, etc., which followed each other in quick succession. Then the various prescriptions the poor boy was compelled to take for his many ailments, caused him to wonder where all the knowledge came from to find out all about the virtue of the many things used by the old granny woman, who was his constant medical attendant.

Granny E. was a very useful personage in the neighborhood. She attended all the births, and eased the pains in all the deaths ; neither event could be well attended to without her—at least so thought the citizens of the village. If any mishap occurred, the cry was, “ Run for Granny E. ; ” and she was always on hand, bearing on her arm a large basket, in which she carried her many remedies. The village children were in constant fear of the old lady, and if they saw her coming, they scampered off and hid themselves. They all knew her as far as they could see. She rode a poor, old gray horse, bearing upon her arm the veritable medicine basket. She wore a blue calico dress, with a shirstring waist ; a white handkerchief, that was crossed upon her breast and pinned down to the waist on each side ; a large leghorn hat, or bonnet, the crown about eight inches deep, and the front at least twelve inches high, at an angle of about forty-five degrees to the crown.

Quid's first attack was the measles. Granny E. was sent for. She dosed him with various teas to "fetch them out," but to no effect; after some hours' trial, she shook her head in a knowing way, and said, "I must try my never-failing tea." So she off to the sheep pasture, and procured what she, in her technicalities, styled "sheep nannie," of which she made a strong decoction, and forced it down the unwilling gullet of the patient, then covered him up close and warm, and hung quilts around the bed to keep off the cool air. After some twenty-four hours, she had a fine crop of measles on Quid's skin, which was alone attributed to the mysterious virtues of the "sheep nannie tea."

Shortly after, Quid took the mumps. Granny E. was again in requisition, whereupon she recommended and prepared a poultice, procured in the pig-sty (*Stercus Porcinia*), fried in lard, and applied it to the boy's throat; and to prevent the mumps from "going down," as she said, she applied a tight belt to the waist, made of flax straw, taken in the rough. This was the principal treatment, and upon it Quid did well; and recovered only to be attacked with the whooping-cough. Dr. Granny's great remedy in that was a teaspoonful three times daily of virgin's water (*Urina Virgineus*). Upon this treatment, after some weeks, poor Quid was restored to moderate health. He had all the while, for weeks after, a tightness of breath and a wheezing, that was called by his medical attendant Phthisic (*Asthma*). For this, her potent remedy was peculiar. She took Quid from his bed before sunrise, on the first day of May, and proceeded to the forest, without speaking a word; and upon the *north* side of an oak tree, just as high as the boy's head, she bored a hole, and taking a lock of hair, as near the crown as may be, she pegged it fast in the hole with a cedar plug, leaving the patient tiptoeing it until sunrise, when she severed the hair, and left it sticking in the hole, with the promise to the boy that his malady would leave as soon as the hair rotted and the hole grew up.

Quid's distemper still increased, until he was nigh suffocating for the want of breath; when old Granny E. was again sent for, who, after a close examination, came to the sage conclusion that he was "*liver-grown*," and had the "*go-backs*."

First, she cured for the "*go-backs*," by measuring with a hemp string, three times the length of the patient; then put said string under the hinge of the gate, on the *north* side of the house. The cure was to be completed as soon as the swinging of the gate wore out the string. And for the "*liver-grown*," Quid was stripped to the skin,

greased all over with lard, laid upon the table and kneaded as a baker kneads his dough—frequently pressing her knuckles and finger ends under the ribs with such force as to make him squall for dear life, and beg to be let alone to die some other way. But no let up; Granny knew what was best, and she must proceed until the operation was complete, which was as often as the patient was years old; then take him by the heels, and give him as many shakes, with the head downwards. This whole process was repeated seven successive days, because there are seven years of plenty and seven of famine; also, seven *sabbatical days* spoken of in the Bible.

In the year 1831, Quid having attained his sixth year, and passed through the application and administration of such a variety of “never-failing” cures, without losing his life, his parents removed from the little village of M—, and settled in a new district, or settlement, in the backwoods of Ohio. Here the population was much scattered; so much so, that a distance of five miles in circuit was taken in the same neighborhood, and every one in the neighborhood knew what was transacting in the settlement—also, what was the condition of the people. Quid soon became an object of interest and solicitation to all the knowing and marvelous ones, who recommended their various cures. All were duly applied, for the anxious and fond mother was very solicitous for her poor invalid boy.

In this *new* country the place of a physician was supplied (as in the village) by an old granny, until the joyful news spread through the settlement that one of the settlers had been off on a visit, and came across the celebrated Dr. Thomson, of whom he bought a *patent*, and had actually set up shop as a “*patent doctor*.”

This was hailed as a God-send; and all eyes were turned upon Quid as the first patient of *patent* Dr. K. After strong solicitation by the neighbors, the mother at last consented, and the Doctor was sent for. He came, and began to prepare his “stuff and fixtures,” when the mother suggested to the Doctor to examine the patient, and see what was the matter. Dr. K. answered: “Oh, no matter, madam; no matter what the disease is. We *patent* doctors do all things by a reg’lar rule; we put ’em through a course of medicines—that is, we pukes ’em, and purges ’em; then we steams ’em, and sweats ’em. This brings on the alarming symptoms; and, if they gets through that, the disease is broke, no matter what it is. Now, madam, get me three tin cups; put on a kettle of water; and we will put him through a course of medicine.”

In one cup he made a decoction of lobelia; in another a solution of

salæratuſ; in another a decoction of May apple (*Podophyllum Peltatum*). About one-half pint of the lobelia was given poor Quid, followed by a like amount of the solution of salæratuſ; then, after taking a quantity of warm, ſalty water, the order of nature was reversed, and the contents of Quid's ſtomach was brought forth. After repeating this proceſs to the ſatisfaction of the "*patent doctor*," who would exclaim at each emeſis, "*what wicious ſtuff! what wicious ſtuff!*" he adminiſtered the May apple to turn it downwards—which had the deſired effect in time to ſuit the Doctor's notion. He then prepared for the laſt part of the courſe, which was the ſteaming operation. This was accompliſhed by means of long tin tubes, extending from a veſſel of boiling water in the fireplace to the bed—the ſteam pouring under the bed-clothes, and coming ſo hot on the patient as to remove the ſkin with which it came in contact. It did not take long, after the previous *gentle* uſage, to bring on the *alarm*; and ſo fearful was it, that all in the houſe, even the Doctor himſelf, thought the boy dying. The Doctor gathered up his traps, and had preſſing buſineſs elſewhere. He rode faſt and faſter, no doubt feeling better as he placed diſtance between him and the victim of his patent treatment. Quid's mother, more firm than the reſt, maintained her ſelf-poſſeſſion; and by her tender, motherly care—chafing the palms, and ſponging the limbs, etc.—ſucceeded, at laſt, in reſuſcitating her child. She was a woman of ſome ſenſe, and declared that "no more *up-start* doctors or conjuring old women ſhould try any more of their *cures*, or *put 'em through* any more *courſes* of their treatment."

After this, Quid was ſubjected to no more *patent doctoring*. Yet his malady was none the better; but by a careful regimen, the paroxyſms diminished in frequency, until, at about the age of twelve, they ceaſed entirely.

Quid had an inquiring, quizzical turn of mind; and being diſeaſed, was not able to do much fatiguing labor. He ſpent much time with books. The laws of nature, and the natural ſciences as taught in the nurſery books, and alſo in books for more mature years, as Comſtock's Philoſophy and Chemistry, Lincoln's Botany, Cutter's Anatomy and Phyſiology, etc., were his conſtant companions.

It was his mother's deſire to educate him for the miniſtry; but the natural bent of the boy's mind cauſed him to chooſe—after arriving at a ſuitable age, and having paſſed through an academic courſe of ſtudy—that profeſſion for life that would comport with his taſte for the phyſical ſciences. Hence, he choſe medicine. Not medicine as taught and underſtood by the patent doctors; nor medicine fenced in

by any one sectional idea ; but that broad, comprehensive profession of medicine that includes, and even demands of its votaries, investigation in all departments of the natural sciences, from the chemical combinations and atomic unions of the *universe*—including the animal, mineral, and vegetable economy—even to the topographic and hydrographic knowledge of the earth.

For five years, under the direction of a preceptor who quizzed him closely, Quid pored over the large volumes on anatomy, physiology, chemistry, botany, therapeutics, surgery, obstetrics, etc., etc., when he was considered by his preceptor far enough advanced to attend a course of lectures ; which he did, in one of the best schools in the State. The next winter he attended another school, where he paid especial attention to dissections, making preparations for his cabinet. In the spring, the faculty graduated him an M.D. He returned to his preceptor, with whom he did business, under instruction, for one year, before he established himself, or thought he was qualified to assume the responsibilities of a practitioner of medicine.

Being located in practice, he was brought in contact with various men and minds in the profession. But what puzzled him most was to know how any one possessing *any degree* of morality could leave the plow in the field, or the bench in the shops, and start out as a medical man, without making any preparation as to study—simply buying a *patent*, or an old rejected book of receipts, or falling heir to some old medical library, etc. Yet such is the fact, and Quid had to contend with a nest of just such pups. For instance : on a certain day, a fellow who a short time before exchanged the shoe-bench for a pair of pill-bags, came after Quid to go with him to see one of his patients. Quid asked what the matter was. The would-be doctor said : “ In the first place, it was a case of heavy constipation, with spasmodic fits ; ” for this he gave him medicine which “ acted like a charm.” Went to see him the next day, and “ found him entirely well all over, except the left ear was stiff.” For this, he had made a “ compound concoction of sixteen different articles in a gallon of whisky, and gave him that ; ” “ this limbered his ear, but now the blood is pouring from his nose.” “ Epistaxis,” suggested Quid. “ I don’t know whether it is *epicactus*, or what the d—l it is ; but I do know he will die, and that shortly, if there is not something done more than I can do to stop the blood.”

One night, about midnight, Quid was called to make great haste to a patient supposed to be dying. After he arrived, he ascertained that a fellow who a short time before was employed as ostler in a city liv-

ery stable, but who, becoming tired of his occupation, bought a *patent*, or what is the same, the tickets of a certain Eclectic medical college, and set up for “doctoring” — had attempted to vomit her for a cold; but failing to produce the emetic action, the lobelia had produced the narcotic effect, “*brought on the alarm*,” as Thomson would say. The doctor was at work manfully, with a large eight-ounce syringe, throwing water into the bowels! He said he had given her sixteen injections, but he “could not made it stick long enough to work off the puke.”

Quid was attending a patient who had the erysipelas of the face and throat. The case assuming a serious form, a celebrated doctor from a distance must be called in counsel. He came, and after examining the patient, came to the sage conclusion that “the man had sore throat, because the palate of his mouth and the almonds of the ear was down!” The counsel assumed all responsibility; and instituted treatment by tying up a lock of hair on the top, or crown, of the head, passed a stick between the knot and skin, and twisted the lock of hair tightly; and at every turn of the stick, would strike a smart blow on the head, in front of the twist, to jar the dislocated organs in place again! This failed to give relief; and on the next day he used the same means, assisted by a lever down the throat, to *pry* them back to place. This was more than the patient could stand, and the counsel was dismissed, and the patient left in Quid’s care.

Again: an aged lady was taken very badly with what proved to be her last illness; must have the counsel of a very celebrated magnetic doctor, who lived a distance of some thirty miles. He came; found all manner of fault with Quid’s treatment, and instituted a different. Assuming great and mysterious power, he assured the friends the patient would be well enough the next day; that all that ailed her, the magnetic equilibrium was disturbed by Quid’s calomel. He “would fetch it all right.”

Taking a horse-shoe magnet, he marched three times around the room, striking the walls with it at the corners; then stroking the magnet down from the chin to the toes, in contact with the patient’s skin, repeated three times; then making some mysterious gyrations in the air over the patient, the cure was completed. After receiving his fee of twenty-five dollars, he departed, still firmly declaring “the patient will be well by morning.” Well, so she was, for she died that night.

A lady, *enciente*, near ninth month, had continence, or retention of urine; sent for a *patent doctor* (or, as he styles himself, an Eclectic—the same thing as a patent intensified) to relieve her. He attempted

to pass the catheter by the sense of touch, but failed ; he exposed his patient, and tried again by the aid of sight, but with no better success. He then administered an emetic of lobelia, and at every effort at vomiting, as might be expected, the urine was voided uncontrollably in the bed. The doctor boasted his acumen in the management of the case ; but, unfortunately for him, she needed the aid of a physician again in a few days, and she sent for—some one else.

Quid's near neighbor, who was celebrated as a conjurer, or cancer-curer by words, frequently received letters from patients at a distance, and as he could not read them himself, would get Quid to read for him. By this, he learned the great method of cure was to learn the exact name and age of the patient ; then take little sticks of some peculiar kind of green wood, in number corresponding to the number of letters and figures in the name and age ; and upon a certain morning, before sunrise, to deposit said sticks in a spring of running water—the cure to be completed when the sticks returned to dust. It was astonishing to see what droves of people, and from what distance, would resort to this illiterate old person for cures. If you attempted to reason with them about it, they would refer to cases cured by this mysterious process. Of the same class are the hosts of blood-stoppers and fire-blowers. Relics yet of the age of witchcraft !

Not only the ignorant, who play upon the caprices and marvelousness of the world, but intelligence and refinement, not scrupulously honest, will do the same. For instance : a celebrated, intelligent man of Quid's acquaintance has made a fortune by staying in his office, keeping it well adorned with curiosities of art and nature, and entertaining his numerous visitors with music. He assumes an air of great mystery, and prescribes for all diseases, no matter what, drops No. 1 and drops No. 2, alternately, followed by pills of assafœtida. The prescription lasts about four weeks. Quid remonstrated with him about his course ; his answer was : "The world will be humbugged, and I may as well do it as any other person."

It is this mysterious or marvelous condition of the public mind that gives support to that nonsensical idea of Homœopathy. No thinking, reasoning mind can see anything but nonsense in it. The same idea that old Granny E. advanced, in her stated number of shakes and greasings to cure *liver-grown*. In Homœopathy they have a stated number of shakes and triturations, to increase the power and add potency to remedies ! Granny E.'s nonsensical idea intensified ; a last struggling effort of fanatics and charlatans to put a scientific dress on some old mysterious ideas that were rife in the days of the Salem

witchcraft! Add spiritual potency and power to drugs by shakes, triturations, and dilutions!! What folly; but not more so than that oft-repeated "*Similia similibus curantur.*" Stick your hand in the fire to cure a burn; or swallow lead to cure colica pictonum!!

Quid was an incog. observer of a serio-comical occurrence that exposed the ignorance of one, and the keen retort of another, of these would-be wise doctors. A certain drunken, rowdy fellow got into a difficulty with his neighbor, who threw a sharp stone and hit him on the temple, severing a small artery. A *patent* doctor was called to dress the wound. He piled on wet cloths to the thickness of two inches, to arrest the bleeding, but to no effect. The friends became alarmed; went for another *doctor*, who, seeing the nature of the cut, made pressure on the proximal extremity of the bleeding vessel, and, of course, stopped the hæmorrhage immediately. The first doctor, astonished at the quick work, asked, "Did you say some words, Doctor?" "Yes," was the response. "Will you tell me what they are?" "Presently, I will." They dressed the wound and prepared to leave, when doctor No. 1 asked again what those words were. "I said, if you were not such a fool, you could stop blood as well as any one," replied doctor No. 2. Quid thought it, under the circumstances, a cutting but well-timed rebuke.

In contemplating the standing and qualifications of the *country* practitioners, Quid came to the conclusion that at least one-fourth of them began practice, even among those who claim to be Allopathic, without making suitable preparation as to study, and after entering the field of practice, they quit study altogether. Some, he found, after investigating their precedents, had failed in business of another character; got a few medical books; read from four to six months; perhaps spent a winter at some second-rate school, and established themselves as finished doctors; and to make the public think they knew something, use the pronoun *I* with great emphasis in speaking of operations they *saw* performed in the clinics, as though they took part in them. Some even go so far as to claim to have been *hospital* physicians, when indeed and in truth they were only permitted, by virtue of a ticket, to spend two hours a week, as a spectator, in the lecture room of said institution. Such fellows assume to know much; make use of a great many technicalities in describing any thing, solely for the purpose of bamboozling the public in the support of their arrant humbuggery.

The mind that has spent but a *few* months with the text books of medicine can not appreciate or even comprehend one-half of what is

said in a course of lectures, for it is not sufficiently drilled to understand the technicalities made use of. Consequently, a course of lectures to a mind unprepared by previous study is thrown away; and to give such a one credit for a good knowledge of his profession is the same as giving the school-boy credit for a perfect knowledge of the alphabet, when he has only learned the *alpha* and *omega* of the same; or for a complete knowledge of all the lessons in his school-reader, when he has read only the first and last.

It is a rare thing for a man not drilled to study during a lengthened pupilage, to study much after locating for practice. They spend most of their time on the corners, or in shops and public places, at their usual business of "gasing" about the great deeds done and great cures performed. They are much like Longfellow's "Iago," in the Song of Hiawatha:

"Never heard he an adventure,
But himself had met a greater;
Never any deed of daring,
But himself had done a bolder;
Never any marvelous story,
But himself could tell a stranger."

Now, gentlemen, let us dismiss our friend Quid—we know he but tells the experience of us all,—and contemplate for a time what we conceive to be the best method to get rid of this growing evil. I say *growing*, for assuredly it is not diminishing. What was a short lifetime ago confined to a few old ignorant women, is now seized upon by men who claim respectability and learning, and have clothed the humbug in a glowing dress of high-sounding names, as Homœopathy, Hydrophobia, Uriscopy, Eclecticism, etc.

I, as an individual, claim, and charge it upon the profession generally, that the success of these evils is chargeable to ourselves. We are not bold enough in denouncing impostors, for fear the public will charge us with jealousy—fearful of injuring our popularity. Many of us will even counsel with them; and as long as we do so, we are recognizing them as equals—not raising them to a standard of respectability, by any means, but lowering our character and the dignity of the profession to an equality with arrant humbuggery.

The statistics of our country show the longevity of this nation is diminishing, while in other countries, where sanitary regulations and medical practice is governed by law, it is increasing—the average duration of human life is longer.

This certainly is not attributable to our climate, for it is conceded by philosophers of all countries to be mild and healthy. It can not

be attributed to the water or food, for indeed we have both in abundance, and for purity the world knows not better. Then it must be chargeable alone to our loose sanitary regulations, or rather to the want of any regulations at all.

We, as a nation, are very particular indeed as to the mental culture of our children. In every county town there is a board of examiners who must first give a certificate of *qualification* before any one is permitted to teach in our public schools—administer to the mental training of the child. *This is the law*, and it is right. Yet any charlatan or mountebank is permitted to administer to the physical wants, upon which the mental power depends, and the law does not know anything about *his* qualification to do so. This is not as it should be; the public demands as much, yea, more protection in its physical than in its mental training, and we, as the guardians of the public health, should “cry aloud and cease not” until legislators make the necessary arrangements to accomplish the object.

The first step in this direction would be to have an institution endowed by the State for the support of the professors, as in the University of Michigan, so that the faculty will not have to depend upon the number of students and sale of tickets for a support. Then let *merit* or *qualification* alone be the price of matriculation, and let all candidates for graduation pass examination by a board of censors, also appointed by the State. A certificate of qualification should be obtained from this board by *all* who locate to practice medicine, irrespective of school, class, sect or kind, or suffer a penalty.

Secondly. A physician should not assume the position of preceptor until he is satisfied, from personal examination or otherwise, that the applicant has at least a good English education. I will not contend that a student *must* be a linguist, yet it would be greatly to his advantage, and facilitate his study of medicine, to be able to read Latin, at least. The preceptor should require a written obligation from the student that he would not attempt to practice until he had spent at least *three* years in the office, or under instruction, and attended one full course of lectures in a respectable school of medicine; and if it were extended to graduation, it would still be better.

Thirdly. Let all physicians of a country or district unite in a medical society, and take cognizance of the actions of the members; and frown upon, or punish by censure or penalty, all departure from the rules thereof, or of the American Medical Association; and it will be but a few years until such a thing as a six-month doctor or impostor—among regular physicians, at least—will be unknown.

ARTICLE V.

Reduction of Dislocated Femur of Thirty-Eight Days Standing.

BY W. T. BROWN, M.D., CHESTERVILLE, OHIO.

Was called to a neighboring town, in April last, to see John F. McGready, laborer, æt. 67, weight 150 pounds, muscular, who had been thrown from a loaded wagon into the wheel, which, with other injuries, produced a dislocation of the hip-joint into the ischiotic notch. Found much tenderness and pain on motion, limb shortened, with the great toe resting on the opposite ankle, knee turned inwards, etc. Applied Jarvis's adjustor, with a sheet in the perineum, tied and thrown over an assistant's shoulder, with his heel resting against the posterior part of the head of the bone. Used chloroform; and on the first trial, tore loose the adhesions. After a short rest, brought the head of the bone to the acetabulum, but could not get it to enter. After another short rest, brought the head of bone a little forward of the torn capsule; and with a simultaneous relaxation and sudden twining of the limb outwards, the bone came into place with an audible snap.

When I last saw the patient he was about his ordinary business, feeling no uneasiness whatever, except some lameness at the knee-joint from the severe extension necessary to tear up the old adhesion at the hip.

Proceedings of Societies.

Sixteenth Annual Session of the Ohio State Medical Society.

Reported by E. B. STEVENS, M. D., Secretary.

OHIO WHITE SULPHUR SPRINGS, June 17, 1862. 10 o'clock A. M.

The Ohio State Medical Society met in the public hall, prepared for the use of the Society on this occasion, and was called to order by the President, Dr. M. B. Wright, of Cincinnati.

Neither of the Secretaries being present, Dr. E. B. Stevens, of Cincinnati, was appointed Secretary *pro tem*.

The President called for the report of the Executive Committee, but none of that committee being present, it was, on motion, agreed to adopt the order of business of last year.

On motion, the reading of the minutes of last year was omitted.

On motion of Dr. Kincaid, the President was directed to appoint a committee of five to nominate officers for the ensuing year. Drs. Kincaid, Reamy, Gans, Reisinger, and Gordon were appointed that committee.

The Committee on Admissions reported favorably on the names of Drs. J. T. Wood, of Williamstown; J. W. Brady, of Linnville; Roland Cadwallader, of Springfield; Chas. C. Cooke, of Youngstown; Henry W. Owen, of Mt. Vernon; Wm. Hays, of Milfordton; Alex. McBride, of Berea; A. F. Joseph, of Cumminsville; and P. J. Beverly, of Frankfort,—all of whom were duly elected.

The Committee on Nominations made their report, and the Society proceeded to ballot, with the following result:

President . . . J. W. RUSSELL, M.D., of Mt. Vernon.

Vice Presidents.

G. C. Blackman, M.D., of Cincinnati, J. M. Southard, M.D., of Marysville,
G. W. Boerstler, M.D., of Lancaster, B. S. Brown, M.D., of Bellefontaine.

Secretaries.

E. B. Stevens, M.D., of Cincinnati, T. B. Williams, M.D., of Delaware.

Treasurer . . . John Thompson, M.D., of Columbus.

Librarian . . . R. Thompson, M.D., of Columbus.

Committee on Admissions . . Drs. Kincaid, Reamy, Gans, Gordon and Reisinger.

Drs. M. Dawson and Patterson were appointed a committee to wait upon the President elect, and escort him to the chair.

Upon taking his seat the President made a few appropriate remarks, acknowledging the compliment paid by the State Society in selecting him to preside over its deliberations for the ensuing year.

On motion of Dr. Kincaid, the address of the retiring President was made the special order for to-morrow afternoon, at 2 o'clock.

The President called the standing committees.

Dr. Boerstler, chairman of the Committee on Uterine Diseases, apologized for inability to make a full report; and, on motion, the committee was continued for another year.

Several committees announced their presence, and readiness to report during the session.

Dr. Wright made a statement concerning the condition of his report on Obstetrical Surgery; and, on motion of Dr. Landon, discretion was granted Dr. Wright to report at the present session, or be allowed another year.

The Society took a recess until 2 P. M.

2 o'clock P. M.—The President, Dr. Russell, in the chair.

The Committee on Admissions presented the names of Drs. S. O. Almy and George Fries, of Cincinnati, who were elected.

On motion of Dr. Landon, the making of Dr. Wright's address the special order for 2 o'clock Wednesday, was reconsidered and set for 10½ o'clock forenoon.

The Treasurer, Dr. Thompson, made his annual report, which, on motion, was referred to the Committee on Finance.

Dr. Armor, from the Committee on Medical Literature, proceeded to read the report of that committee, which had been prepared by Dr. Reeve. On motion, the report was referred to the Committee on Publication. Pending the reference the report was briefly discussed by Drs. Kincaid, Reamy, and others.

Dr. Wright, from the Committee on Prize Essays, stated that but one essay had been submitted to the committee, which would be reported on at an early hour.

On motion, adjourned until 9 o'clock to-morrow.

Second Day.

WEDNESDAY, June 18, 1862.

The Society met, the President, Dr. Russell, in the chair.

The minutes of yesterday were read and approved.

The Committee on Admissions presented the names of Drs. T. P. Gruwell, of Damascoville; F. M. Andrews, of Dayton; W. H. Matchett, of Ithaca; E. Hyatt, of Delaware; A. H. Thompson, of Circleville; P. H. Clark, of Ashland,—all of whom were duly elected.

Dr. Kincaid, from the Committee on Finance, presented the following report:

To the Ohio State Medical Society.

The Committee on Finance, to whom was referred the report and vouchers of the Treasurer, (Dr. John B. Thompson,) respectfully report that we have carefully examined the same, and find his accounts correct as reported to the Society; and the entire indebtedness of the Society is \$45.81.

Your committee would recommend the assessment on each member, for the present year, of *one dollar*, to pay its present indebtedness and defray its annual expenses.

Respectfully submitted,
W. P. KINCAID,
G. W. BOESTLER,
C. P. LANDON.

Drs. W. H. Matchett, of Darke County, and C. Falconer, of Butler County, presented their certificates as delegates from their respective societies, and took their seats.

Dr. M. B. Wright, from the Committee on Prize Essays, reported that in the absence of Dr. Rogers, of Springfield, a member of that

committee, Dr. Reisinger was appointed to fill the vacancy; and that only one essay had been submitted to the committee, but upon its examination the committee regarded it as well worthy of the prize medal which had been offered by the Society,—and they accordingly so recommend. Upon breaking the seal of the accompanying note, it appeared the author was Dr. H. Culbertson, of Zanesville.

On motion, the Committee on Prize Essays was requested to have a gold medal prepared in accordance with the original resolution, to be presented to Dr. Culbertson at the meeting of 1863.

Dr. Landon offered the following resolution:

Resolved, That it be the duty of each member of this Society, upon the death of any member of the Association in his community, to forward to the Committee on Obituaries such facts and information as will enable said committee to prepare a just and proper notice.

Dr. Blackman read a synopsis of his report on surgery, which, on motion, was laid on the table for the present.

The following letter was read, from Dr. Dodge, chairman of the Committee on Ethics:

The Committee on Ethics beg leave to report that but one case of professional delinquency has been brought to their notice the past year.

The Montgomery County Medical Society notified the committee at the last annual meeting, that Dr. Oliver Crook had been expelled for unprofessional conduct. The committee informed Dr. Crook, by letter, that his case would be acted on at the ensuing annual meeting. Respectfully submitted,

I. S. DODGE, Chairman of Committee on Ethics.

The communication was laid on the table.

The hour having arrived for the address of the retiring President, on motion, Drs. M. Dawson, Weber and Sweney were appointed a committee to wait upon the ladies and invite them to be present.

Dr. Wright proceeded to deliver his valedictory, announcing as his topic "The Idolatry of our People; or, The Rebellion in its Medical Aspects."

The delivery of the address was followed by considerable discussion, participated in by Drs. Murphy, Kincaid, Reamy, Jno. Dawson, Wright, and Falconer. Finally, on motion of Dr. Gordon, the address was referred to the Committee on Publication, and, as amended by Dr. Thompson, with instructions to publish.

Dr. W. W. Dawson, of the Committee on Publication, presented the following report:

The Publication Committee would make the following report: Two hundred and thirty-five copies of the Transactions of the Society have been published, at an expense of \$149.61.

W. W. DAWSON, Chairman.

On motion, report accepted.

Society took a recess until 2 o'clock P. M.

AFTERNOON SESSION.—Vice-President Blackman in the chair.

Dr. Gordon read a volunteer paper giving an account of a case of hydatids of the uterus and disease of the left ovary.

On motion of Dr. Weber, the paper was referred to the Publication Committee, with instructions to print.

Dr. Jno. Dawson offered the following resolutions :

1st. *Resolved*, By the Ohio State Medical Society now convened at the White Sulphur Springs, that the President of the United States be requested to avail himself of the first opportunity to effect an exchange of prisoners of war.

2d. *Resolved*, That this Society fully appreciate the wisdom and humanity of the recent agreement of the authorities North and South, of regarding surgeons in service as non-combatants.

After considerable discussion, on motion, the first resolution was laid on the table, and the second adopted.

Dr. Plympton offered the following :

Resolved, That the publication of any address, prize essay, or other paper by this Society, is no evidence of its endorsement of the sentiments therein contained; and that this resolution be prefixed to the introductory page of each future volume of Transactions.

On motion, adopted.

Dr. Landon offered the following :

Resolved, That when this Society adjourn, it adjourn to meet at the Ohio White Sulphur Springs on the third Tuesday in June, 1863.

Adopted.

Dr. Weber offered the following :

Whereas, The history of wars of all nations has proven that the dangers surrounding a surgeon on duty are far greater than those encompassing the soldier with a weapon of destruction in his hand—the mortality of surgeons being far greater in proportion than the mortality of officers on duty in the different grades of the army; and,

Whereas, That same history furnishes as noble examples of heroism of medical men on the bloody field of battle as ever the lives of true and great heroes can show; and,

Whereas, The fields where now the battles for our liberty and independence are being fought, daily witness the heroic conduct of our professional brethren, now surgeons in the grand army of the Republic, truly worthy of Parè, Larry or Strohmeier; therefore,

Resolved, That a committee of three be appointed to draw up a memorial to the Governor of Ohio, asking him to use all his influence with the proper authorities, to place the medical man in the army on the same footing with officers of the same grade, as to brevets and marks of distinction for gallant conduct in the performance of his duty.

Resolved, That a copy of the above preamble and resolution be furnished to the Presidents and Secretaries of the different State Medical Societies of our country, with the request of coöperation.

The preamble and resolution were discussed at length by Drs. Weber, Wright, Boerstler, John Dawson, Johnson and Dorsey.

Dr. Dorsey offered the following substitute for the resolutions of Dr. Weber :

Resolved, By the Ohio State Medical Society, that the Governor of the State be, and he is hereby, requested to use all his power and influence with the proper department, to give such efficiency to the corps of surgeons in our armies, both in respect to numbers and authority, as may enable them to perform their duties in caring for the health, and relieving the casualties of the soldier.

Adopted.

Dr. Weber then asked permission of the Society to withdraw the preamble presented by him. Granted.

Dr. Landon offered the following :

Resolved, That the Secretaries prepare a correct list of the names of members in attendance, and the same be published in connection with the Transactions.

Adopted.

On motion, Dr. Blackman's report was taken from the table and referred to the Committee on Publication, with instructions to publish.

Dr. Kincaid offered the following :

Resolved, That the thanks of this Society be, and are hereby, tendered to the retiring officers, for the able, dignified and courteous discharge of their several duties.

Adopted.

On motion of Dr. Davis, the report of the Committee on Ethics was taken from the table, and a committee, consisting of Drs. Davis, Armor and Reeve, were appointed to prepare charges against Dr. Crook by the next meeting of this Society.

On motion of Dr. Landon, it was—

Resolved, That the thanks of this Society be, and are hereby, tendered to the proprietors of the Ohio White Sulphur Springs, for the use of the fine and commodious hall prepared for the sittings of the Association, and for the kind and gentlemanly attentions received during our stay with them.

The President announced the following committees for the ensuing year :

STANDING COMMITTEES.

Executive.—T. A. Reamy, M. Dawson, T. B. Williams, P. Beaman, J. Davis.

Finance.—C. P. Landon, W. W. Dawson, J. S. Reisinger, E. L. Plympton, B. Raymond.

Publication.—E. B. Stevens, T. B. Williams, D. S. Gans, J. Helmick, S. O. Almy.

Medical Ethics.—T. W. Gordon, R. Gundry, W. P. Kincaid, G. W. Boerstler, B. S. Brown.

Medical Societies.—R. Wallace, J. M. Snodgrass, T. A. Reamy, E. Gaston, M. Dawson.

SPECIAL COMMITTEES.

Surgery.—G. C. E. Weber, George Fries, J. W. Hamilton, M. Dalton.

Medical Literature.—H. Culbertson, T. A. Reamy, T. B. Williams.

Obstetrics.—D. S. Gans.

Microscope.—G. C. E. Weber.

Uterine Diseases.—G. W. Boerstler, W. H. Reeve.

Obstetrical Surgery.—M. B. Wright, A. Wilson.

Practice of Medicine.—John A. Murphy, C. P. Landon, W. H. Matchett.

Obituaries.—C. P. Landon, J. Davis, T. W. Gordon.

New Remedies.—E. B. Stevens.

Legal Duties and Privileges of Medical Witnesses.—R. Gundry.

Insanity.—R. Gundry.

Asthma.—T. A. Reamy.

Delegates to the Indiana State Medical Society.—Blackman, Stevens, Beaman.

Delegates to the Kentucky State Medical Society.—Kincaid, Gordon.

On motion, adjourned to meet at the White Sulphur Springs on the third Tuesday in June, 1863.

JNO W. RUSSELL, President.

E. B. STEVENS, }
T. B. WILLIAMS, } Secretaries.

Proceedings of the Clermont County Medical Society.

Reported by N. J. BARBER, Secretary pro tem.

HOPKINS HOUSE, AMELIA, May 14, 1862.

The Clermont County Medical Society convened at the Hopkins House, in Amelia, at 1 o'clock P. M., May 14th, 1862.

The meeting was called to order by the President, Dr. Scoville.

Present: Drs. Scoville, McCasky, Kennedy, McLain, Ellsberry and Barber.

The Secretary being absent, on motion of Dr. Scoville, Dr. Barber was appointed Secretary pro tem.

This was the regular meeting for the election of officers, but owing to the few members present, it was postponed.

The regular essayist was absent. Prof. James Graham, of Cincinnati, being present, was invited to address the meeting, which he did in a very able and instructive manner. His remarks upon the diagnosis and treatment of typhoid fever were very valuable.

Drs. Ellsberry reported a case of cerebro-spinal meningitis, treated with morphine and ipecac, irritation to the spine, and active cathartics. Patient died.

Prof. Graham thought that cupping over the spine, along with active cathartics, was good treatment, and offered the best chance of success.

Dr. Ellsberry inquired of Prof. Graham if he had seen any camp-rheumatism, and what was the best method of treating it.

Prof. Graham thought the alkaline treatment the best; would not resort to blood-letting.

Quite a lengthy discussion followed upon the subject of diphtheria, in which most of the members present participated.

On motion of Dr. McCasky, the society extended a vote of thanks to Prof. Graham for his elegant address ; and also extended to him the invitation to address this society at its next regular meeting.

On motion, society adjourned to meet in this place on the second Tuesday in October next.

Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane.

The sixteenth annual meeting of the Association of Medical Superintendents of American Institutions for the Insane convened at the City Hotel, Providence, R. I., on Tuesday, June 10, 1862.

The following members were present :

- Dr. W. H. Rockwell, Vermont Asylum for the Insane, Brattleboro, Vt.
- Dr. J. H. Worthington, Friends' Asylum for the Insane, Frankford, Philadelphia, Pa.
- Dr. J. S. Butler, Retreat for the Insane, Hartford, Conn.
- Dr. Isaac Ray, Butler Hospital, Providence, R. I.
- Dr. John E. Tyler, McLean Asylum for the Insane, Somerville, Mass.
- Dr. George C. S. Choate, Taunton Lunatic Hospital, Taunton, Mass.
- Dr. John P. Gray, New York State Lunatic Asylum, Utica, N. Y.
- Dr. R. Hills, Central Ohio Lunatic Asylum, Columbus, Ohio.
- Dr. Henry M. Harlow, Maine Insane Asylum, Augusta, Me.
- Merrick Bemis, State Lunatic Hospital, Worcester, Mass.
- Dr. Joseph A. Reed, Western Pennsylvania Hospital for the Insane, Pittsburgh, Pa.
- Dr. Oliver M. Langdon, Longview Asylum, Cincinnati, Ohio.
- Dr. E. H. Van Dusen, Michigan Asylum for the Insane, Kalamazoo, Mich.
- Dr. Andrew Fisher, Malden Lunatic Asylum, Canada West.
- Dr. H. A. Buttolph, of the New Jersey State Lunatic Asylum, Trenton.
- Dr. John Curwen, Pennsylvania State Lunatic Asylum, Harrisburg, Pa.
- Dr. T. S. Kirkbride, Pennsylvania Hospital, Philadelphia.

The Convention was called to order at 10 o'clock by the Secretary, Dr. John Curwen, of Pennsylvania.

In the absence of the President, Dr. Andrew McFarland, of Illinois, Dr. W. H. Rockwell, Brattleboro, Vt., was chosen President pro tem.

The Secretary read the minutes of the fifteenth annual meeting held in Philadelphia, in 1860, and also a record in reference to the postponement of the meeting appointed for last year "on account of the excited state of the public mind caused by the violent efforts to overthrow the established government." Both the above were approved and accepted as the records of the Association.

Dr. Ray, of Providence, then moved that the President appoint a committee to nominate officers of the Association. That committee

consisted of Drs. John E. Tyler, of Mass., John P. Gray, of New York, and R. Hills, of Ohio.

The committee rendered its report, which was adopted, and the following elections accordingly were made: President, Dr. T. S. Kirkbride, of Philadelphia, Penn.; Vice-President, Dr. John S. Butler, of Hartford, Conn.; Treasurer, O. M. Langdon, of Cincinnati.

The following committees were appointed by the President :

On Business—Drs. J. S. Butler, I. Ray, J. H. Worthington.

On Resolutions—Drs. G. C. S. Choate, J. P. Gray, A. Fisher.

On the Place of the next Meeting—Drs. M. Bemis, E. H. Van Dusen, J. A. Reed.

Dr. John E. Tyler made some remarks of a eulogistic character upon Dr. Luther B. Bell, a former President of the Association, who has died since the last meeting. Dr. Tyler also introduced a series of resolutions in relation to the decease of Dr. Bell, which were adopted after remarks by the President and by Dr. Ray.

An elaborate biographical sketch of Dr. Bell was also read by Dr. Ray.

An invitation to visit the library and gallery of Brown University, at 5 o'clock this afternoon, was received from President Sears, and referred to the business committee.

The Association then adjourned till 8 o'clock this evening.

After the adjournment yesterday morning, the members of the Association, under the guidance of Dr. Ray, visited the American Screw Company's Works and other institutions, and returned to the City Hotel to dinner. In the afternoon the Association visited, by invitation, the Providence Reform School, the Library and Museum of Brown University, the Cabinet of the R. I. Historical Society and the rooms of the Providence Athenæum. The Association also visited the beautiful residence and the elegantly arranged grounds of Alexander Duncan, Esq., and partook of his sumptuous hospitality.

TUESDAY EVENING, JUNE 10.

The Association was called to order at 8 o'clock P. M. by Dr. Butler, Vice-President.

Dr. J. Workman, of the Provincial Lunatic Asylum, Canada West, Dr. J. P. Bancroft, of the New Hampshire Asylum for the Insane, Concord, N. H., and Dr. J. H. Woodburn, of the Indiana Hospital for the Insane, Indianapolis, Ind., appeared and took their seats.

Dr. Ray resumed and concluded reading his memoir of Dr. Bell.

WEDNESDAY, June 11.

The members of the Association spent last evening socially with Dr. Mauran, of Providence.

The Association met at 9 o'clock this morning, Dr. Butler in the chair.

A valuable paper on *Latent Phthisis in the Insane* was then read by Dr. Joseph Workman, of Toronto, C. W. The essayist considered pulmonary and tubercular phthisis as one of the most extensive and fatal of all the morbid complications of incurable insanity. Taking the returns given by six institutions contiguous to Canada, we find thirty-three deaths from pulmonary consumption in a total of one hundred and twenty eight. But the New York City Asylum shows forty-eight deaths from consumption in a total of one hundred and eighteen, which is double the rate per cent. of the average of the other six. The explanation of this disparity is the fact that in the seventh institution the records of mortality have been based on *post-mortem* evidence rather than on *ante-mortem* suppositions. Without the revelations of the dissecting knife the most amazing errors of diagnosis in the diseases of the insane are quite inevitable. If, on extended autopsical research, we should demonstrate that the incurably insane are very largely affected with incurable bodily diseases, it will follow that the prognosis of insanity must depend more on the presence or absence of formidable bodily disease than upon all other circumstances. Elevate our insane hospitals to as high a point of excellence as we may, and impress on the public mind as strongly as we should the great importance of early submission to asylum treatment: lapse of time will show that not in a high increase of the number of the cured will the result be traceable, but rather in the greater comfort and quietude, and the better habits of the uncured; and surely an establishment that secures the latter blessing is the very best for securing the former.

The interesting points raised by the essayist were very thoroughly elucidated in an extended and animated discussion, which was participated in by Drs. Rockwell, Fisher, Worthington, Tyler, Choate, Bemis, Harlow, Bancroft, Ray, Langdon, Gray and Workman.

The next paper was read by Dr. Henry M. Harlow, of Maine.

Treatment of Dysentery. — A correspondent of the *Boston Med. and Surg. Journal* suggests in the place of the disgusting sulphate of magnesia the use of a scruple of bitartrate of potash to an ounce of syrup of orange-peel or tolu, as a cathartic in the earlier stage of dysentery, particularly in children.

Correspondence.

Letter from an Army Surgeon at Shiloh.

FRIEND MURPHY :—As I promised when last we parted, I now proceed to give you a few lines from the field of Shiloh.

I was placed in charge of the only general field hospital, which gave me opportunities for investigation that other and older surgeons had not. I have just learned that many newspaper correspondents have made this hospital and the scenes it presented a text, by which to excite the imagination of their readers. And I suppose to any but an old soldier they were sufficient to bring vividly to the mind all the horrors of bloody war! This state of affairs occurred principally from the totally unprepared condition of the medical department for the proper care of the wounded. This would not have been the case had our commanders had the slightest idea of a battle occurring at this point. The consequence was that over five thousand wounded men were to be cared for, for whom not a tent had been pitched until Sunday afternoon! Between fifteen hundred and two thousand wounded soldiers were carried to this house in the short space of forty-eight hours! And from the very great state of excitement that prevailed among the soldiers it was almost impossible to procure attendants from any source whatever; therefore the wants of many were not properly supplied. By Wednesday I had forty dead on my hands; these for want of room were carried off—left outside of the house, and I did not succeed in getting them buried until some of the corpses gave not very pleasant evidences of decay. I could get no more buried until many of the mangled corpses were far gone in putrefaction, and the alternate rain and sunshine, with the great moving crowd around the house, caused many bodies to be sunk or covered partly or entirely in the mud, which with the mangled and severed limbs scattered promiscuously, gave a picture not overly pleasing to the seeker after anything but the marvellous!!! From the many cases here presented I was soon convinced of the great fallacy that exists in the minds of most surgeons, as well as my own, in regard to the great fatality of hæmorrhage from gunshot wounds. When I inform you that out of the many hundreds of severed arteries that occurred only four required ligating, you will probably be as much surprised as was I, although I suppose many, if not all, cases would die on the

field immediately after having a Minie cut either the carotid or subclavian. I had one case in which the profunda femoral was cut, and yet the hæmorrhage ceased spontaneously!

Many very interesting cases presented themselves. One man was carried in on Monday. I could learn nothing of his case save that he had been found on the field insensible. He was perfectly comatose. On examination, I found an opening through the scalp and cranium, into which I introduced my finger full length. Finding the cavity filled with fractured bone, coagula, etc., I enlarged the opening of scalp to the extent of two or three inches, and removed a portion of the lower border of parietal and a larger part of mastoid process of temporal bone, then introduced the forceps and removed an ounce Minie, which had buried itself about two inches within the brain; but in removing the ball about three ounces of brain matter escaped. I replaced the integuments and dressed the wound as well as the case would admit, and placed the patient in his bunk to die; but in twenty-four hours his coma had quite left him, and he was rationally and loudly calling for water and indulging in many soldierly expletives to all who did not instantly attend to his wants! At the expiration of seven days, when he was placed on board of a boat to be transferred to a hospital, he had every appearance of a perfect recovery without the slightest relic of paralysis, and he informed me confidentially, that in four or five weeks he would return to "crack the d—d butternut that hurt his head."

In the requiem which old time will sing of the brave spirits that quit their earthly tabernacle on that eventful 6th or 7th of April, one note at least will tell of the heroic and gallant efforts of members of our profession, who so fearlessly faced death that they might relieve the sufferings of the many who were calling in dying tones for assistance. I know an instance of a Surgeon (a Southerner at that,) who remained all night on the field, carrying water a half mile in a single canteen during the drenching rain—while our gun-boat was throwing a shell every ten minutes into the ravine in which he was located—when he knew that by remaining he would most certainly be a prisoner in the morning. And yet he did remain and was made prisoner rather than allow those wounded men to suffer. And when we know that ten out of the thirteen wounded men were his enemies, you will appreciate the sacrifice this man made to the cause of humanity.

As very much has been said in the papers of late in regard to the inhumanity of our profession, I think the mention of a case occasionally as a kind of "*counter-irritant*," excusable. Let us hope that

the cause of humanity is "on the march," and that these sectional jealousies that have led such a cruel and bloody life, will soon go down in a bright glow of national love! So mote it be!

May 5th, 1862.

A. H. STEPHENS,

Surgeon Sixth Regiment, O. V. M.

Letter from A. Growling, M.D.

CHROMATIC HILL, June, 1862.

MESSRS. EDITORS :—An epitaph on the tomb of a Spaniard is said to read: "I was well, I would be better—took physic and here I lie." Whether or not so intended, there is a lesson in the inscription for physicians, and if they will but give it proper heed it may prove the good seed bringing forth fruit of value to the people under their professional care.

The state of health called *well* is a relative condition, not an absolute one; and it is not only different in different individuals, but varies widely in the same person at different ages and under different circumstances. There is no universal standard to which all persons can be brought irrespective of their own peculiarities, no common measure which shall be the gauge of every one's capacity for attainable health, independent of his individuality in form, mental endowment and idiosyncrasy, whether these be congenital or acquired. A few words will illustrate. A young man at twenty years of age would not regard himself as well, if he had to use the same exertion and caution in rising from a chair that a man of sixty habitually exerts, and had the same stiffness and difficulty in locomotion, though in the old man the want of nimbleness is not esteemed a want of health,—it is merely the concomitant of increasing years in a man of his condition and habits.

I am acquainted with a man who has had a daily recurring prolapsus ani for twenty-five years. When he can replace the prolapsed part without unusual suffering, he is well—*i. e.*, in the best health his condition is susceptible of. So the loss of an eye or a limb renders the body imperfect and incapable of the highest enjoyment of life, but when the maimed part has passed through its several changes and reached its permanent condition, it is not an element taken into the estimate of the party's state of health.

Every one, therefore, has a standard of health peculiar to himself, changing continually with the advance of years and the accidents of

life. When he is up to this standard he is "well," and to take "physic" to make him "better" is only to help him on to the quiet position where an epitaph is the appropriate memorial.

When a patient is treated by a good physician and recuperates to his standard of health, no heroic effort is made to bring him to some imaginary perfection of feeling, or to make him as well as his neighbor, but he is left there as the best condition he is capable of attaining. When a man with one eye has conjunctivitis, no doctor thinks of continuing the use of antiphlogistics or other medicines after the subsidence of the inflammation, with the view of restoring the lost member. When a person, having had a foot amputated, is affected with an ulcer of the leg, and it heals, no doctor ever persists with any kind of dressing in the hope of reproducing the foot. When the old man's prolapsed rectum becomes partially strangulated, inflamed and painful, he lies down on his back and makes certain applications for its relief; but when this aggravated condition is remedied, he has long since learned the futility of persevering in his curative measures for the purpose of preventing a future prolapse.

In such plain and palpable cases we have no difficulty in knowing when our restorative efforts should cease; but generally the standard of health of our patients is not so visible, and yet every one has such a standard beyond which it is impossible to place him by the direct power of drugs; and the attempt to do so with such as have any potency, whether the effort is made in ignorance or in overweening wisdom, is quite certain to carry him down instead of up.

There is, therefore, a prime necessity for us to ascertain the standard of health of our patients, and the obligation is the more imperative because in our assumed wisdom we daringly take the direction of the vital forces into our own hands so far as we can, and attempt to control all action for the purpose we have in view. Whatever instinctive desire or natural taste may not be perverted by disease, is apt to be disregarded by the attending doctor, who deems himself wiser than nature, and feels no hesitancy in assuming the responsibility of setting her indications aside.

Great difficulty will sometimes be experienced in fixing the limit beyond which it were worse than simple folly to try to improve our patients; but the greatness of the difficulty should be no bar to our bringing all our faculties in their best condition to bear upon the investigation, and continuing the pursuit until success crowns the effort, or we see clearly that the point aimed at is above our ability, and then, in every instance, the invariable rule should be to give the case

over to nature when we are not certain, positively, that drugs will prove beneficial ; or, in other words, where, in the management of patients, doubts arise as to the value of drugs, give nature the benefit of the doubt and withhold drugs.

A. GROWLING, M.D.

Reviews and Notices.

A Manual of Medical Diagnosis : Being an Analysis of the Signs and Symptoms of Disease. By A. W. BARCLAY, M.D., Fellow of the Royal College of Physicians, etc., etc. Second American from the second and revised London edition. Philadelphia: Blanchard & Lea. 1862.

It is only about five years since the first English edition of Dr. Barclay's most capital book made its appearance. The present is an American from the second English edition. Dr. Barclay remarks that "when, in 1847, the duties of medical registrar were intrusted to me by the Governors of St. George's Hospital, a large field of study in this department was opened to me. By the kindness and courtesy of the physicians, I was always assisted in deciding on the nature of an obscure case ; while the examinations after death, so constantly practiced, either ratified or corrected the opinion that had been formed. During the period that I held the office, more than twelve thousand patients came under my notice, and the construction of a new register of disease, classified on the plan adopted in this volume, led to a more earnest attention to methods of diagnosis.

"In offering to those now engaged in study the observations here embodied, I have only committed to writing the system of investigation which it became my habit to pursue."

We quote these remarks from our author, to indicate in some sort the process of elaboration, of which the result is the volume before us.

Of course the great value of such a work as this consists in the guide it affords the diligent student in grasping the true nature of each individual case subjected to his observation. In a word, it is a series of studies in the *nature*, without very special reference to the *therapeutics* of disease. By such studies we relieve medicine of its empiricism, and more and more reduce it to a rational system. Dr. Barclay very well remarks upon this very point, in his introductory chapter, when he proceeds to fix the domain of his subject :

"The ultimate object of study in all departments of medicine—the object which must ever be kept in view alike by teacher and pupil —

is the relief of the patient by the successful treatment of disease. To this end the properties of various remedial agents are taught in materia medica, as they possess the power of neutralizing or eliminating poisons, of counteracting morbid action in its progress, or modifying its results, and of aiding and sustaining the powers of life, when those wonderful laws of our economy come into operation, by which the destructive agency of noxious influences is combatted, and the useless and effete or injured tissues are extruded from the body. To the same end the student must acquire a knowledge of the various structures of the body and the functions of its organs in health, as well as the pathological changes in solids and fluids, which become the subjects of anatomical research, and the perversions of healthy function which may be traced at the bedside in the progress of disease—these belong to the domain of physiology and pathology. The theory of disease, again, combines, by the aid of experience, the perversion of function with the change of structure, deducing the symptoms observed as a necessary sequence from the disturbance of the laws of health to which such changes must give rise; but it also teaches us that there are other and more hidden elements of disease stamped in their operation on the human frame, with characters no less marked and distinct, which have yet evaded our most diligent search. This department divides itself into two branches: it points out the alliances and differences between various forms of disease, and the prominent features by which they are characterized, and to this the name of nosology has been applied; while under the name of semeiology it especially treats of the symptoms of diseased action, which each organ or region of the body is capable of manifesting. It is the province of diagnosis to combine together these various lessons, and by the application of the symptomatology of disease in general to any particular case, to arrive at a just conclusion regarding its true nature and pathology; and though it does not enter directly on the question of treatment, it has regard to all those indications on which it ought to be based."

Chapters I., II. and III. are introductory in their topics, though none the less important: they discuss the method of diagnosis, the duration and sequence of phenomena, the general condition of the patient; after which the various groups of diseased action are taken up in convenient order. Thus Chapter IV. is devoted to febrile diseases, which, according to Dr. Barclay, are arranged in three sub-groups, viz.: first, fevers proper, or such as take for their type continued fever; second, eruptive fevers; and third, intermittent fevers; and thus our author proceeds to treat of rheumatism, gout, diseases of

adventitious origin, various diseases which may be classed under the head of chronic blood ailments, etc.

Chapter IX. is one of great practical interest and value ; our author has under consideration depraved constitutional states. Thus those conditions of the system known as scrofula and tubercles make one important division of the subject, and they are discussed fully and carefully. It is, perhaps, an objection to the teachings of this part of the work that our author, while he does not say so in as many words, yet leaves the inference that scrofula and tabes mesenterica are properly diseases of childhood, while tubercle is a disease of mature age. There is one excellent point in the arrangement of these chapters we must not, however, fail to notice. The subjects of scrofula and tubercle are discussed here as abstract questions, and their more or less frequent seats are subordinated. Subsequent chapters enter fully into physical diagnosis—the examination of the chest, and diseases of the respiratory organs. This disjoining of topics has the good effect to render them better individualized in our associations, and we are less liable to think and speak of tubercle, for instance, as *necessarily* a pulmonary product. Greatest in frequency is the pulmonary tubercle, of course, but only second in importance is tubercle as developed in the peritoneum ; and though still less frequent, yet of terrible import, we have tubercle as developed in the brain. Morbid growths, simple tumors, cancerous disease, and osseous growths, form an interesting division of this same chapter. Considerable comparative space is devoted to the semeiology and diseases of the brain and spinal cord.

We will not occupy further space in following up in detail the contents of this book. It will be sufficient to say that the whole range of practical medicine is explored carefully, methodically, and with a rare discrimination.

Take, for instance, Chapter XXIII., which treats of diseases of the uterus : we have very judiciously considered side-by-side, first, amenorrhœa as contrasted with chlorosis, and in the same way we have menorrhagia as distinguished from hæmorrhage, and leucorrhœa as distinguished from vaginitis or gonorrhœa. Dr. Barclay does not lose sight of the grave nature of the various diseases of the sexual organism, but at the same time he evidently distrusts the propriety of placing all these affections in the hands of a *specialité*, and very bravely disputes the “needlessly minute investigations” which it has become the mania to make in this day of speculums and uterus burning. It will not be amiss to close this analysis with a quotation on this point from the chapter before us : “In the very fact of a *specialité* there is

tendency to abuse, and, unfortunately, persons are always to be found who will use any pretext to extend their own fame, and to enrich themselves without any feeling of honor, without any sense of morality or propriety. A professional sect has grown up in England in consequence of the minute—the needlessly minute—investigations of the accoucheurs of France, which, impelled by such motives, assumes to itself, under the guise of this *specialité* the management of all the diseases of the female sex; rightly or wrongly, with reason or without reason, referring them all to changes in the uterus. Diseases are spoken of as of frequent or constant occurrence which we search for in vain, except in a very few instances, in the dead body. In reality small as is our list of local maladies connected with the uterus and vagina, even these are mainly due to constitutional causes, and are best met by constitutional remedies.”

The book is a valuable one. We wish every physician would study it; then with a careful therapia we should have medicine truly marching forward in its legitimate vocation. This is the highest commendation we can give, but we deem it well deserved.

For sale by Rickey & Carroll. Price \$2.25.

Advice to a Mother on the Management of her Offspring. By PYE HENRY CHAVASSE, Fellow of the Royal College of Surgeons of England, etc., etc. Reprinted from the sixth London edition. New York: Baillière Brothers. 1862.

This little reprint is semi-professional; rather intended for the mother than the medical attendant. It is arranged in the form of questions and answers. It contains the well established principles recognized by the profession in the management of children, and if many of the maxims of this little book could reach and control the nurseries of the land, it would doubtless save many a life, that is ruthlessly sacrificed to pride, carelessness, or terribly false notions of hygiene and disease. The contents have reference to infancy, childhood and youth, and we find the best maxims of authors on the diseases and management of children have been carefully incorporated in the brief pages of this little volume. Ablation, diet, clothing, exercise, amusements, sleep, etc., etc., are duly considered; education, household work for girls, choice of profession or trade, are all proper topics and sufficiently elaborated.

With only time for a superficial examination of this book, we can commend it to mothers as a safe guide, but to the profession as scarcely worth a place in a professional library.

Hand-Book of Surgical Observations. By STEPHEN SMITH, M.D., Surgeon to Bellevue Hospital. New York: Baillière Brothers.

The state of our country during the past year has called out a new department of professional literature, of which this book before us is an example: books bearing upon the wants of the surgeon in actual service in field and camp. For its purpose perhaps none of these hand-books for the army surgeon are more practically valuable than this contribution of Dr. Smith.

It is divided into six chapters, as follows: I. Minor surgery, including instruments, dressings, blood-letting, counter-irritants, vaccination, and anæsthetics; II. On arteries, their wounds and ligations; III. On veins; IV. On amputations; V. On resections; VI. On gunshot wounds. Of course this is a condensed compilation—it makes no pretense to anything else; but it is well compiled, well condensed, and well digested; the whole is in very convenient shape for reference and immediate use in emergency,—and this need of the surgeon on duty we suppose is exactly what Dr. Smith intended and desired to fill. An excellent feature increasing its value consists in the copious illustrations throughout the entire volume. Every point and description of any importance is clearly and well illustrated with the accompanying wood-cut. It is bound in flexible cover, and will carry conveniently in the pocket, or pack in very small compass in the camp-chest.

For sale by Robert Clarke & Co. Price \$1.75.

Editor's Table.

The Ohio State Medical Society.—This body convened again this year at the White Sulphur Springs. There are some inconveniences in this location—the means of access especially are something of a drawback; but otherwise there seems to be a strong disposition on the part of the Society to make their meetings a fixture at the White Sulphur. It is central, and when once there the place is so delightful, there is so little to distract the sessions of the Society, and withal so much to gratify the taste and feelings of visitors, that every one goes away feeling pleasant, and with a sort of mental determination to be present another year. The lively interest manifested by the proprietors—especially the constant and persevering attentions of Mr. Wilson—materially increase the comfort each doctor is made to feel during his

stay. Doctors, too, are generally rather limited in their purse, and the terms charged at this watering-place make it a matter of economy to visit the Springs rather than stay at home.

Elsewhere we publish in full the transactions of the Society. It will be seen that the reports and papers were meagre in quantity, though, when published, they will prove well worth reading. We think we can vouch that the larger number of those appointed on special committees for next year will report, so that the prospect is that we shall have an unusually attractive and interesting meeting. We shall hope to realize that it will be an unusually full meeting.

The prize of \$50 offered two years ago for the best essay on *Anaesthetics in Obstetrics*, was awarded to Dr. Culbertson, of Zanesville. One of the features of the next session will be the public presentation of the gold medal in accordance with this award.

There was a very respectable attendance of the profession of the State at this meeting. We had the pleasure of greeting quite a number of old faces of those who have been for a number of years the active working members of the Society, but we had to regret the absence of others who for years have been features of the Society. Some of these are absent on duty as surgeons in our regiments; some, perhaps, are growing infirm with the progress of years. None, we hope, were detained by indifference after their years of devotion. But some, alas! have given us their last annual greeting. We shall meet them no more, till we greet in the eternal world.

We trust that on the morning of Tuesday, the 18th of June, 1863, mine host of the White Sulphur will be taxed to his utmost capacity to accommodate the crowd of eager, good-natured doctors, who shall for a few days have laid aside their weary, treadmill vocation, and come up to the great feast of Esculapius, bringing with them their wives and daughters, equally deserving of a season of recreation.

Meeting of the State Medical Board.—At the meeting of this Board held in Columbus, June 5th, the following gentlemen, having been examined, were recommended to the Governor as surgeons: Dr. J. W. Thompson, Upper Sandusky; Dr. John Hill, Senecaville. And as assistant surgeons: Dr. C. A. Barlow, Gallipolis; Dr. C. P. Hard, Bellebrook; Dr. D. Luce, Urbana; Dr. R. W. Hale, Fostoria; Dr. George Cassaday, Cleves; Dr. F. Jaeger, Woodville; Dr. J. Turney, Wyandotte; Dr. J. A. Willis, Ostrander; Dr. A. L. Williams, Unionville Center; Dr. John Dickinson, Cleveland.

The Board held an adjourned meeting, June 17th, at White Sulphur

Springs, when the following gentlemen were recommended to the Governor: For surgeon: Dr. T. H. Kearney, of Cincinnati. For assistant surgeons: Dr. Parker Yates, Green Springs; Dr. P. H. Clarke, Ashland; Dr. P. G. Barrett, Kingsville; Dr. W. Hayes, Jr., Mt. Vernon; Dr. H. W. Owen, Mt. Vernon; Dr. P. F. Beverly, Frankfort; Dr. Henry Besse, Porter; Dr. W. S. Bell, Nelsonville; Dr. J. M. Mosgrove, Urbana; Dr. S. A. Simpson, Clayton P. O.; Dr. J. C. Brown, Urbana; Dr. E. D. Wing, Mt. Vernon; Dr. Chas. Myers, Mt. Vernon.

The Military Hospitals of Cincinnati.—In the absence of any recent battle in the south-west, there is a falling off in the number of wounded soldiers sent to this city. Still there is a good deal of work to do in the hospitals; a great many transient sick find their natural stopping-place in the hospitals of this city. Soldiers on their return from furlough also stop here for transportation; others, having exhausted their furloughs, are here temporarily, not quite fit for duty. Upon all these points the wise men of our daily newspapers (the same who have displayed so much ability in the generalship of this war) have, of course, a great deal of foolish advice to give; but then it is fortunately not necessary to adopt all the suggestions given. There are at present in the Marine Hospital about fifty-five sick; this hospital is under the charge of Drs. E. Williams and W. T. Brown; in the Third Street Hospital, under charge of Drs. John A. Murphy and A. E. Heighway, fifty-two; the Fourth Street Hospital, Drs. J. B. Smith, F. Schmidt, O. D. Norton, and E. B. Stevens, one hundred and sixty; West End Hospital, Drs. D. Judkins and W. B. Davis, fifty-seven; at Camp Dennison, four hundred and eighty. Dr. Moore, the live Post Surgeon at this point, has just had the old Orphan Asylum building, on Elm street, fitted up for hospital purposes. It supercedes the Fourth Street Hospital, and will be known as the Washington Park Military Hospital. It is furnished with everything that can contribute to the welfare and comfort of the sick soldier, and in all respects we consider it everything that could be desired in a military hospital.

Podophyllin in certain cases of Infantile Constipation.—Dr. Chadwick, of Liberty Mills, Ind., writes as follows:

“I would call your attention to the fact that I have used the podophyllin in those cases of obstinate constipation of infants which have been attributed by writers, of late, to a want of intestinal secretion. Such cases have been treated, I believe, by cathartics, without much

benefit ; but by reference to the *Lancet* I find that sarsaparilla and corrosive sublimate have been relied upon. I do not propose to theorize upon the pathology of the disease, or the *modus operandi* of the medicine ; but this I know, that the treatment was followed by the happiest effect. I had an opportunity of observing it, perhaps more closely than I otherwise could, in my own family. Our babe would have no motion from its bowels for several days, without aid. We gave it castor oil, rhubarb, magnesia, and other mild laxatives, without any permanent benefit. I then directed the use of the podophyllin, in doses of one-thirty-second grain, rubbed with a sufficient quantity of sugar, every night. In a few days this was followed by a motion the next morning ; and by continuing this treatment, its bowels moved twice daily. I then ordered the powders every other night, and shortly afterwards discontinued them altogether. The child is now well and thriving, and has a regular and healthy action of the bowels. I should have said that I commenced the treatment when the child was about two weeks old. I have treated others on the same principle."

Indiana State Medical Society.—The regular annual meeting of this body was postponed by order of the Executive Committee. We are authorized to say that a special meeting will be called in Indianapolis on the 18th of October. Such arrangements will be made as will secure an unusual degree of interest to the session, in the way of papers and reports, and we have a whisper that we are not permitted to repeat aloud, that the social features of the gathering will be such as to make this special meeting of the Indiana State Medical Society an event in its history. We presume the profession of Indiana will find it to their pleasure and interest to be in attendance. At its late session, the Ohio State Medical Society appointed Drs. Blackman and Stevens, of Cincinnati, and Dr. Beaman, of Sidney, to represent Ohio at the next meeting of the Indiana Society.

NEW PUBLICATIONS.—We have received from the American publishers, the Messrs. Baillièrè, a little book on Military and Camp Hospitals and the Health of Troops in the Field. By L. Baudens, Inspector and Member of the Council of Health of the French armies, etc., etc. We shall take time to notice it at an early day.

The American Journal of Ophthalmology.—The first number of this new journal, edited by Dr. Homberger of New York, and published by Messrs. Baillièrè, has reached us. We are pleased with its appearance, and extend a cordial greeting to Dr. Homberger to the editorial fraternity, and we have no doubt from the tone of his salutation that the *American Journal of Ophthalmology* will do good service in this specialitè.

Cleveland Medical College.—At the annual commencement of this Institution an able address was delivered by Rev. Henry L. Hitchcock, D.D., President of the Western Reserve College, and the degree of M.D. was conferred on fifteen gentlemen.

The proceedings of the evening ended in a social and pleasant manner with an entertainment given by the Faculty to the graduates. This was in the College Library, and after passing an agreeable hour together the party broke up.

This is rather a late notice, but it was furnished us in good time and mislaid.

Rich.—A druggist in Cleveland recently received the following order, to be filled for a physician (?) in Erie, Pa. We take the liberty of correcting the grammatical errors, which are rather abundant in the original, leaving only the scientific names as we find them :

“1. Essentia Dulzis, or Essence Dulziam; Essendia Dulzis; Essenc Dulzi, of a fine light brown color, with beautiful gold pearls on the surface. With that I have cured as follows: Epelepria, Apostema, Rebetucto, Arthritis, Chiragra, Gonagra, protagra, Morbi, pavitj, Hebetuto, Visus, Nubecuta, Nixvi, oculorum, and Maculx Sufosio, œnl. Calculus Sufaculio, Unterina, Furor, Uterinus, till 15 and 16; Nimin's Hamorrhidis, Nimix, Dysecia, Vomitus, Cruentus, Currtarthus, Suffocalious, Dinitus, Aurium and Susurrus, Apostma, Incupus and Aljs Parazelzis paratis, Tremor, from 16 till 25; and Vertigo, Mania, Apniglis, Vagee, Mahlum, ischiaticum, Nephrolis, Ophthalmia, Hypopium, Octalgia, pleuritis, Supria, Op Structio, and jimminutio (Mensium), Octontalgia.

“2. pulfis Nitale; also, pulfis Nitatis.

“3. pulfer. Bezoretics and peroretiro.

“4. Essendia Antipyppoctiraca.

“5. Essendia Ammara.

“6. pillulis polychrestis; self-make.

“7. Olei pulferis, against acidity.

“8. Magisterium Diaphoreticum.

“9. palsamus, palsamo, Mineralj.

“10. powder for tænia. *R.*: Rat, fiticis, Mar (Dr.) j.; Jalapœ, Cumuj., gutt. j.; pulv. Cart. beneticj. Epur, Usti, aa Dr. Semis, M. F. pulfis, divicte, indres partis, Aquales, (S,——”

Arrangements have been made to prepare for publication a “Medical and Surgical History of the War.” The medical portion has been committed to Asst. Surg. J. J. Woodward, U.S.A., and the surgical part to Brigade-Surg. John H. Brinton, U.S.V. All medical officers are requested by the Surgeon-General to coöperate in the undertaking by forwarding to his office such reports, etc., as may be of value for the work.—*Boston Med. and Surg. Journal.*

Brigade Surgeon in the Army.—The entire Medical Department of the army has been so thoroughly remodeled by recent congressional enactments that it requires the attentive brain to keep regularly the run of things. A recent act, however, has at one swoop abolished the entire rank of Brigade Surgeon; and this class of medical officers are now subject to the same rules which govern surgeons—*i. e.*, they cease to exercise a purveyorship, and are liable to active duty as surgeons proper. We notice, too, that we have occupying to some extent the position of Brigade Surgeons, Medical Inspectors. Many of these new appointees are taken from the old corps of Brigade Surgeons, though we do not understand this to be necessarily so. Among the recent appointments we are pleased to notice that Dr. W. H. Mussey of our city, late a Brigade Surgeon, is made a Medical Inspector in General Halleck's Department. The corps of surgeons is also to be enlarged by the appointment of one hundred and sixty more for the war, forty being full surgeons, and the remainder assistant surgeons.

We alluded, last week, to the necessity of some reform in the Medical Department of the army, and the steps that had already been taken to meet such a necessity, by which greater efficiency would be had in the care of the sick and wounded, for whose welfare the Government is alone responsible. We are glad to see that measures are also on foot by which the entire control of the sick, who have before been provided for to a greater or less extent by the respective State authorities, is to be transferred to the United States Government. This is certainly another most important movement in the right direction, the beneficial results of which, we hope, will soon be apparent. It is obvious that, apart from certain considerations of minor importance, it is the duty of the Government carrying on the war, and under whose authority alone the armies are called into the field, to leave no want unsupplied that may contribute to the well-being of those upon whom it depends for its existence. It is for the United States to see that the medical officers appointed both to the field and the hospitals be competent, and that there be a sufficiency of such officers to meet every demand. That much has been accomplished, and important and material aid has been furnished by the various States towards lightening the burden pressing heavily on the General Government, there can be no question. Every one at all conversant with the history of the war very well knows how largely indebted is the United States to the respective States for their promptness and zeal in ministering to the wants of those who have gone forth from their borders to fight the battles of the country. But the time seems to have come when a change is called for, and the recent report to the Secretary of War, asking for some modification, more especially of the present arrangement by which the States take charge of their own wounded, has already, we see, been acted upon in Pennsylvania, the Governor of

that State having instructed the Surgeon-General to transfer the hospitals under his charge to the United States authorities. It is proposed that arrangements be made for a similar transfer of all the State hospitals for wounded soldiers, together with the medical officers attached thereto. This consolidation, so essential to the efficiency of a government at all times, we regard as especially so in a crisis like the present, and in a department upon which rests so great a responsibility.—*Boston Med. and Surg. Journ.*

Common Colds.—Dr. J. Blackmer, of Somerville, Mass., in a communication to the *Boston Medical and Surgical Journal* of June, 1862, writes as follows :

“*Messrs. Editors:* Every one is practically familiar with common colds. The chilliness and shivering, the dullness and languor, the soreness of throat, pain in the head, stuffed nostril, and still worse, the irritability of temper and general discomfort, have not only been experienced by every one at some time, but it has been the misfortune of most people to pass through this unpleasant ordeal repeatedly and frequently.

“It is certainly quite unnecessary for us to prepare an article upon the symptoms of a common cold, and although a consideration of the pathology and means of cure of this complaint might be interesting and profitable, I only propose, at present, to indicate what my own observation and experience appear to teach is a valuable and efficient preventive of this disorder. It is simply sulphuric ether. It should be taken by inhalation. A very little of the remedy will answer the entire purpose. The patient should not make an approach to etherization, but only apply the nose to a bottle containing the liquid, and make a few inspirations. This must be done, in order to be completely effectual, when the first symptoms of the cold manifest themselves. The result is an almost immediate and complete removal of all the symptoms, and no unpleasant effect ensues.”

Medical Responsibility.—Action for Malpraxis.—The question of medical responsibility has been stated with some precision in a judgment delivered by the Tribunal of the Seine in an action for malpraxis in which the damages were laid at 10,000 francs ; being, in fact, a cross action in reply to one on the part of the doctor for payment of his fees. The nature of the case is not detailed in the report, the fact of the patient remaining lame after treatment being alone stated. The judgment affirms that medical practitioners must not be rendered responsible on account of the manner in which they have thought proper to operate, the mode or system of treatment they have adopted, or the external applications which they have in certain cases had recourse to—all these questions coming within the domain of practice and science. The *experts* (MM. Velpeau, Michon and Boys de Loury,) while admitting the reality of the infirmity complained of, declared that it was caused by no fault of the practitioner ; and the bill of 500 francs was ordered to be paid, together with all expenses. The *L'Union Medicale*

points out how important it is in the appointment of *experts* that they should be instructed to apply the above principle, which would require the proof of gross want of skill, to insure the conviction of a practitioner. Too often it happens that the *experts* are only instructed to inquire whether he has committed a fault, and if they disagree with him on some point of treatment, that, in their eyes, constitutes a fault.

—*Amer. Med. Monthly.*

New Chairs at the Paris Faculty of Medicine.—“As a specimen of how even good actions are sometimes done by the French Government in the most repulsive because the most despotic manner, we may note the establishment of two new chairs at the Faculty of Medicine. No member of the Faculty was consulted, and no intimation given to that body until the decree was published in the *Moniteur*, establishing chairs of Comparative Medicine and Histology, and nominating the first occupants, viz., M. Rayer for the former, and M. Robin for the latter. This last nomination must call for unanimous approval, fallen as it has upon one of the most distinguished microscopists, who has done much to retrieve the backward condition of histology in France. As to M. Rayer, with a large practice, and advanced in years as he is, it has excited some surprise that he has taken the post, especially as he has also been appointed to the onerous office of Dean of the Faculty, (by the same absolute decree,) in place of M. Paul Dubois, resigned. The sudden surprise of the Faculty at the appointment has given rise to the witticism that his body has been struck by a *coup de cannon rayé* (rifled).”—*London Medical Times and Gazette.*

Ligature of the Internal Iliac.—Some time since, it may be recollected, we called attention to an error in the last English edition of “Samuel Cooper’s Dictionary of Surgery.”

In the *British Medical Journal* of April 12th, Mr. J. E. Erichsen, the distinguished surgeon of London, published the following satisfactory explanation:

“SIR: In the last number of the *Journal*, under the heading of ‘A Slight Error,’ it is stated that I have, in the last edition of *Cooper’s Surgical Dictionary*, attributed to ‘Mr. Hudson, of New York,’ instead of to ‘Dr. S. P. White, formerly of Hudson, in the State of New York,’ the merit of having first tied the internal iliac artery in the United States of America. The error is not mine, but Mr. Cooper’s. It occurs in the edition of 1838, from which the new issue of the *Dictionary* has been compiled, etc.

“I am, etc.,

JOHN E. ERICHSEN.

“6 Cavendish Place, April 8, 1862.

We avail ourselves of this opportunity to correct a few other errors in relation to this important and difficult operation. Mons. Velpeau, the celebrated surgeon of Paris, in his valuable and elaborate work on surgery, attributes the operation in one place to Samuel White, and in another to M. P. White. Dr. Mott, in his notes, gives it correctly to Dr. S. P. White. Lecturers in our Medical Colleges, when alluding to the subject, have often spoken of it as the ligature to the common iliac artery instead of the internal iliac artery. It is very

curious that the error should have lain uncorrected for twenty-four years in *Cooper's Surgical Dictionary*, and it can only be accounted for on the ground that the American edition is principally used in the United States. It is strange, also, that the *British Journal* should denominate it a 'slight error.' It ought not certainly to be considered in that light by the gentleman who really performed the operation."—*American Medical Times*.

As stated in the article on *Aneurism* in *Cooper's Surgical Dictionary*, "the Emperor Alexander conferred a pension on an English surgeon in the Russian Army, as a reward for his skill and dexterity, in successfully performing this operation upon one of his subjects." If our Government should be disposed to show the same grateful liberality,—and such governmental recognition is well deserved by the operator,—it would indeed be more than a "slight error" if it should be granted to any "Mr. Hudson." We may add, that it is now about thirty-four years since Dr. White performed this operation upon an aged soldier of the Revolutionary War, and saved his life from impending death by hæmorrhage. He attended the man with great assiduity, and at a distance from his residence; and the only pension or remuneration he ever received was (considerable, to be sure,) *the satisfaction of curing his patient.*—*Amer. Med. Monthly*.

The Ophthalmoscope.—We learn from a letter in the *American Medical Times*, that the ophthalmoscope is now in quite general use in English hospitals. We quote the following extract:

"I am very glad to find that in the ophthalmic hospitals of London and the provinces, as well as in the military hospitals, and at Chatham, the ophthalmoscope is in general use and highly appreciated. In no branch of our art have I seen such decided improvement within the last twelve years, since I was here, as in ophthalmic surgery; and much of this progress is owing to our being able to explore the deep textures of the eye by the ophthalmoscope. This admirable instrument was nearly perfect when introduced a few years ago by Helmholtz; and now there is but one opinion as to its effectiveness, and to its immense importance in enabling us to investigate diseases, especially of an obscure nature, in this delicate organ. And what surprises me, is to see the degree of tolerance of such examinations, in almost every kind of ophthalmic disease; a result we certainly should not have looked for *a priori*. Temporary dimness of vision may in some cases be induced by its use; but by a proper regulation of the quantity of light admitted into the eye, we may employ it with advantage in acute glaucoma, or even in retinitis. A metallic speculum is now preferred for the instrument instead of glass, as it is more portable and less brittle, has a small, thin-edged sight-hole, and but one reflecting surface. Besides, a metal reflector always gives a clearer and better defined image than a glass one. It is true that some experience is necessary to enable one to derive all the advantages from this instrument of which it is capable; but the same may be said of the stethoscope or any other instrument. *The division of the ciliary muscle of*

the eye for glaucoma, opacity of the cornea, etc., may also be mentioned, as evidence of progress in the treatment of this class of diseases. This operation I saw performed several times, and very skillfully, by Mr. Hancock, of the 'Royal Westminster Ophthalmic Hospital,' and with decided benefit. Thus, out of 511 principal operations performed at this institution during the last year, I find that this operation has been resorted to in 118 cases. Of a variety of affections, about 1000 patients are here annually treated, and there is no better place for students to study this class of diseases."

The Summary Dismissal of Surgeon Hayes.—It was reported on Sunday that Surgeon David S. Hayes, of the Sixteenth Pennsylvania Regiment, who had charge of the wounded soldiers brought here on that day from Port Republic, had treated them in the most humane manner, and done everything in his power to alleviate their sufferings. This statement has since appeared to be totally false, as the following scene, which, it is stated, took place in the War Department yesterday afternoon, fully proves :

Secretary Stanton was transacting business with various parties, in his usual rapid, vigorous style, when a Surgeon entered, and, giving his name, said, "I understand that some charges have been preferred against me."

Mr. Stanton (selecting a document from a pile on his table) : "Yes, sir ; you are here charged with shamefully neglecting a detachment of sick and wounded soldiers, sent to this city under your charge."

Surgeon (reading) : "Partly so, sir ; the time of my arrival is incorrectly stated."

Stanton : "Is it true that on your arrival you went to a hotel and got your supper, leaving the wounded men in the cars ?"

Surgeon : "It is, sir."

Stanton : "Then, sir, you are dismissed from the service ;" and adding some other words expressive of his detestation of such acts of neglect of suffering soldiers, on the part of those delegated to care for them, the Secretary turned to a clerk and ordered the dismissal to be at once written out, and the Surgeon, crushed and humbled, left the room.

The friends of Dr. Hayes think that he has been most hastily judged. They say that he telegraphed the War Department that the train would reach here at 9 o'clock Saturday night ; that the dispatch, from some cause, never reached its destination ; that he arrived in the middle of a storm, at midnight, and found that no provision had been made for the sick and wounded ; that he endeavored to find the proper officer, but on account of the lateness of the hour, was unable to do so ; that he left the wounded in charge of the surgeons who accompanied him ; that he was completely exhausted from the duties which had devolved upon him for the previous three days, and could not help taking some repose before he started out on Sunday morning to seek the Surgeon-General. There is much sympathy manifested for him, and he claims to be able fully to vindicate himself from censure.—*Cor. Phil. Inquirer.*

Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

PRACTICAL MEDICINE.

1. *Recovery from Drowning by Electricity.*—An athletic seaman fell into the water of Boston Harbor one cold morning and remained under water some twenty or thirty minutes. When taken out, the body was cold, rigid and apparently lifeless. Dr. A. C. Garratt had the body, face downwards, carried to a convenient room near by, removed the clothing, washed away the mud from his head and face, and commenced a lively rubbing, alternating with tilting the body from side to side. The stomach was relieved of a large amount of water by the aid of the pump. Then electricity was applied, first the direct current, over the muscles of the chest, changing back and forth every minute, and also using the current now direct, now inverse, over the course of the pneumogastric nerve, the brachial plexus, etc. No symptoms of life appearing in one hour of persevering work, the machine running all the while at the highest possible speed and strength, the current was directed through the chest by applying the poles to the nipples. A short, sighing inspiration followed. The application of the one electrode to the neck, the other to the Schneiderian membrane, proved still more successful, without, however, securing much progress for the next half hour. Dr. Garratt next resorted to electro-puncture, and directing the electric current through the diaphragm, he finally succeeded in reëstablishing respiration and circulation after four hours of unceasing hard work. At the end of ten hours the man became sensible, could speak, see and take nourishment.—*Boston Med. and Surg. Journal.*

2. *Camp Dysentery.*—Dr. C. D. Griswold declares this disease to be of malarious origin, and places it in one group with intermittent, remittent and yellow fever. The difference between these affections is, according to him, only the result of different organs being attacked. The treatment found preëminently successful is laid down as follows: Rhubarb, two grains; opium and ipecac, of each half a grain; mix thoroughly and make into powder with a little white sugar. When there is indication of acetous fermentation in the stomach and bowels, add a little subcarbonate of soda; when there is obstinate constipation, increase the rhubarb; if the bowels are relaxed, lessen it. If fever runs high, increase the ipecac, until nausea is produced. The rhubarb will work its way through the bowels and carry the opium to the seat of the disease, preventing the formation of scybala, and the necessity of other cathartics. When there is no fever at the commencement, four grains of quinine should be given to the adult, alternating with the above powder, every third hour. When there is well-marked pyrexia, wait until a distinct remission before giving the

quinine. It should be continued until sixteen or twenty grains are taken, or cinchonism is produced. With this treatment, commenced early, the great majority of cases will be cut short within forty-eight hours.—*Ibid.*

3. *Treatment of Dysentery.*—In an elaborate report of Surgeon-Major A. Blacklock, Physician to the Madras General Hospital, (*Madras Quart. Journ. of Med. Science,*) some further evidence is furnished in regard to the efficacy of ipecacuanha in acute dysentery. The disease can seldom be successfully treated by any one remedy; but nothing will so soon bring the system into a condition favorable to the restoration of healthful function to the diseased intestine, and so surely obviate the necessity of blood-letting, as large doses of ipecacuanha, if administered in the first stage of the disease. Venesection is objectionable, and local depletion only valuable as such, when from the anus. The use of ipecacuanha should be continued until the sthenic stage is produced, and no longer. Green feculent discharges always indicate a low condition of the vital powers, and are best treated by some astringent salt of iron, wine and nourishing diet. After the acute stage is subdued, the tincture of the sesquichloride of iron should be given in sufficient doses to serve as a tonic to the heart, as a restorer of hæmatin, as a consequent stimulant to the pulmonary respiration, and as a depurator by its action on the kidneys. Real amendment never begins till free diuresis is established. Therefore a diuretic is prescribed at the same time, composed of compound tincture of camphor, tincture of opium, nitric acid, squill and tincture of Spanish flies, to be taken at night. Quinine is necessary when the fever becomes remittent. The diet should be more liberal than is usually allowed in acute dysentery.—*Amer. Med. Times.*

4. *Poisoning by Chloroform.*—Dr. W. Marcet offers some practical observations on this subject. When chloroform is inhaled, it passes rapidly into the blood and thence to the brain. The administration being suspended, the chloroform is eliminated from the body by the respiration, each inspiration displacing most of the vapor contained in the blood exposed by the lungs to the action of air during that inspiration. If the air inspired be pure, the displacement of chloroform will be great; if the air contains chloroform, the displacement will be less. When a patient begins to inhale chloroform, a portion is absorbed by the blood, the remainder expired; but shortly afterwards, in addition to the expiration of that part of the chloroform which has not been taken up by the blood, a certain quantity of that which has been absorbed is also ejected, being displaced by the air mixed with the chloroform inhaled. At this stage, however, there is still an accumulation of the anæsthetic agent in the blood, more being taken into the circulation than given out; gradually complete insensibility is produced. As soon as the handkerchief is removed, the patient begins ridding himself rapidly of the chloroform and recovers consciousness, unless more of the anæsthetic agent be exhibited. When the state of insensibility is thus kept up, the accumulation of the vapor in the blood obviously takes place no longer, otherwise it would inva-

riably produce death ; there must consequently be an equilibrium between the quantity of chloroform absorbed and that which is eliminated by respiration. If, during this stage of insensibility, from any cause whatever, the power of absorption of the blood for chloroform be suddenly increased, or its property of giving it out to the air inspired be diminished, then death will take place from an accumulation of the vapor in the blood. The absorbing power of the blood can not well be increased, but elimination may be impaired by the administration of the chloroform vapor in too concentrated a condition. An excess of chloroform in the air prevents or interferes with the exit of that already existing in the blood ; while the blood goes on taking up chloroform, it gives out less than a quantity equal to that absorbed ; at the same time the evil may be increased by a few deep inspirations taken unconsciously, although apparently with the view of ejecting the poison, and life is suddenly extinguished. In drunkards, the delicate membrane of the air-cells becomes thickened, and this acts at first more or less as an obstacle to the admission of chloroform into the blood, while it afterwards again checks the elimination of the vapor absorbed ; the result is an excessive accumulation of chloroform in the blood.

Conclusions : (a.) Chloroform must be administered cautiously, and its effects watched with particular attention, if, although the vapor be freely inhaled, the patient does not become insensible within the usual time.

(b.) As soon as the state of insensibility is obtained, the vapor must be exhibited diluted as much as possible with pure air, and air free from the anæsthetic agent ought to be allowed frequently into the lungs.

(c.) Great attention should be paid to the state of the respiration, which ought to guide the exhibition of the anæsthetic agent still more than the condition of the pulse. If the inspirations become less deep and respiration appears failing, air free from chloroform ought to be immediately allowed into the lungs.

(d.) When a patient has sunk under the effects of chloroform, the only means of restoring animation is by artificial respiration, introducing as much air as possible into the lungs, and at the same time stimulating the action of the heart.—*Med. Times and Gaz.*

5. *Nature and Treatment of Erysipelas.*—Dr. J. S. Whitmire, of Metamora, Ill., views erysipelas as not only a constitutional disease, but dependent, in some degree, upon epidemic influence and an animal poison for its propagation. It may be developed without contact, but it is nevertheless a disease of infection by contact, though probably not to the same extent as many other contagious diseases. The tendency, in every form of erysipelas, is debility of the capillaries, swelling from the atomic congestion of these vessels, and hence the peculiar inflammation. The difference between the several varieties or forms is simply in degree, being modified by constitutional predisposition, idiosyncrasy, or the virulence of the original cause. The true remedy is iodine, for it acts not only as an antidote to the poison,

but also as an alterative and tonic. First purge the patient by giving, to adults, fifteen grains of calomel, followed in three hours with an infusion of salts and senna. Then employ these prescriptions :

(a.) Sulphate of quinia, powdered camphor, of each one scruple ; chlorate of potash, one drachm ; powdered ipecacuanha, five grains ; veratrum viride, in powder, ten grains ; sulphate of morphia, one grain. Mix and divide into ten powders, one of which is to be taken every three hours at first, every four or five hours at a later period.

(b.) Iodide of potassium, two drachms ; tincture of veratrum viride, thirty grains ; sweet spirit of nitre, one fluid ounce ; water, three fluid ounces. A tablespoonful mixed with a tumbler-full of water to be taken between the powders.

(c.) Iodine, thirty grains ; iodide of potassium, ten grains ; alcohol, half a fluid ounce. Rub together in a porcelain mortar, till the iodine is thoroughly dissolved, then add three and a half fluid drachms of castor-oil and triturate till thoroughly mixed. With this ointment the diseased surface and two or three inches beyond are to be kept well lubricated by three, four or five applications per day.

Fifteen drops of the muriated tincture of iron may be added to each dose of the mixture, the veratrum viride left out, if not indicated, and the morphine and quinine prescribed in smaller quantities, or opium substituted for the morphine. During convalescence, the amount of iodine is to be decreased and finally the iron tincture ordered alone for several days, while the affected surface is kept soft with castor-oil, until the skin is sound and natural. During the whole course of the treatment, animal broth is allowed freely and even urged upon the patient ; as a change, milk porridge thickened with corn-starch. Circumstances may arise or complications exist for which the treatment must be varied, but the general indications are always the same, and the iodide of potassium, with the iodine ointment and the other auxiliaries, is the remedy. A speedy recovery will always follow.—*Chicago Medical Journal*.

6. *Cause of Milk Sickness*—G. Fisher, a farmer of Morris, Grundy Co., Ill., in a letter to Dr. R. Kennicott, ascribes milk-sickness to the cows' milk being poisoned by cicuta. In all localities where the "trembles" in cattle and milk-sickness in men prevailed, he found springs running over large pieces of wild uncultivated land, where little else but the cicuta grew. The roots, tramped off by the feet of the cattle, decay and impart their poisonous substance to the water. In proportion as the cicuta disappears in a region, so do milk-sickness and trembles.—*Chic. Med. Exam.*

7. *Treatment of Erysipelas*.—Although satisfied that this disease can not be cut short by any known agency, that it must run a definite course, etc., Dr. William Pirrie, Jr., found the perchloride of iron to have a decidedly beneficial effect, relieving the febrile condition, reducing the frequency of the pulse, upholding the powers of the system generally, and even mitigating headache and sensorial disturbance. Fifteen or twenty drops were given every two and a half or three hours, till convalescence was fairly established, when, with greatly

reduced doses of the iron, a drachm and a half or two drachm doses of liquor ammoniæ acetatis were ordered to be taken three or four times a day. In the course of any attack of erysipelas, powerful stimulants may be imperatively called for. The exact form of them, whether wine, brandy or other spirit, must be determined by the particular situation of each individual case, and the previous habits of the patient. Delirium and coma accompanying erysipelas are most successfully treated by the cautious use of stimulants; but where the symptoms of genuine phrenitis appear, some form of local depletion may be employed. The bronchitic attacks are to be treated by mustard cataplasms, blisters, or turpentine stupes to the chest. Should the attack supervene when the system is very low, stimulants must be given; if during convalescence, some simple stimulating expectorant, in addition to the counter-irritation, generally suffices. If symptoms of œdematous effusion into the submucous tissue of the glottis and epiglottis arise, the speedy performance of tracheotomy affords almost the only chance of saving life. Of all local applications, the most serviceable, under all states of the skin, are flannels wrung out of hot water.—*Edinb. Med. Journ.*; *Amer. Med. Monthly*.

8. *Ex-ophthalmic Goitre*.—In a case presenting prominence of the eyes, elongation and induration of the thyroid gland, very tumultuous action of the heart, great dyspnœa, frequent night-sweats, swelling of the feet and ankles, diarrhœa, excessive expectoration, etc., Dr. R. C. Hamill procured relief of the most prominent symptoms by ordering: veratrum viride, two drachms; syrup of squills, two ounces; acetate of morphine, four grains; a teaspoonful every six hours. The cough almost disappeared in one week, the difficulty in breathing grew less, but the looseness of the bowels and inordinate appetite remained the same. This was somewhat remedied by extract of hyoscyamus, one drachm; nitrate of silver, ten grains; subnitrate of bismuth, two scruples; to be made into forty pills, one to be taken three times a day. An intervening catarrh yielded to teaspoon-doses, every four hours, of syrup of morphine and compound tincture of benzoin, equal parts. Instead of the pills and veratrum, strychnine was now resorted to, half a grain in two drachms of dilute sulphuric acid and two ounces of mint-water: a teaspoonful three times daily. Great improvement in every particular followed: the woman was soon entirely free from cough, had no difficulty of breathing, no night-sweats, a good tongue, etc.; the thyroid grew less and softer; the eyes became less prominent, the pulse regular. Although the irregularity of the heart's action continued, the patient was enabled, about ten weeks after the commencement of the treatment, to undertake a journey of nearly a thousand miles. Strychnia has been used with great success in similar cases by Dr. Murney of Ireland, and Dr. C. Hanfield Jones of England.—*Chicago Med. Journ.*

9. *Treatment of Gonorrhœa*.—Assistant-Surgeon Miles recommends, particularly for military hospitals, the following plan. After establishing a soluble condition of the bowels, a blister, six inches by four, is placed very high up toward the anterior and inner aspect of each

thigh, and confined in place by a broad strip of adhesive plaster at each end. The patient is then ordered to take every four hours an ounce of the following mixture: sulphate of magnesia, two ounces; carbonate of magnesia, four drachms; potassio-tartrate of antimony, two grains; tincture of hyoseyamus, two drachms; peppermint-water, sixteen ounces. He is placed on a spoon-diet, with rice-pudding for dinner and a pint of imperial drink should he be thirsty. During the day he is directed to inject now and then a syringeful of cold or lukewarm water, according to the temperature and season of the year. The blistered surface to be dressed with lint dipped in castor-oil. In some cases the discharge is increased, with more scalding; in others, it is less, but thicker; in still others it ceases at once. The usual result is an aggravation of the symptoms for the first twenty-four hours, but this rapidly subsides. The saline purgative is continued and a solution of gum arabic in water given as a drink, when required, besides the imperial drink. On the fifth day an injection of nitrate of silver, six grains to the ounce, is used at night. On the seventh day, no trace of the disease remains. In quite recent cases, all that may be required are rest, low diet, the purgative mixture, and a small blister to the under surface of the penis.—*London Lancet*.

A longitudinal blister over the penis was proposed by Milton some ten years ago for the cure of gonorrhœa, but is a rather impracticable and very painful proceeding, of questionable efficacy.

10. *Treatment of Scabies*.—The principle to be kept in view, says Dr. T. McCall Anderson, is to make such applications to the skin as will not irritate it too much, but will reach the parasite and kill it. The secondary eruptions generally disappear without treatment; in some cases, however, especially when large ecchymatous pustules have been developed in abundance, it is necessary to allay them before applying a parasiticide. This is done by antiphlogistics, warm and emollient baths (prepared by putting a couple of handfuls of potato-starch into a warm bath) and cataplasms locally, while opium (internally) is sometimes necessary to allay the itching for a time, and the desire to scratch the skin consequent upon it. The preparation to be used, and the manner of its employment, must vary according to the degree of delicacy of the skin in the patient. In healthy adults, the treatment recommended by Hardy, the most rapid and the most effective in killing the acari, may be put into practice. The whole body of the patient is first of all thoroughly scrubbed with good black soap, and this process should be continued for half an hour. He is then put into a warm bath and kept there for half an hour also, after which the whole body is rubbed over with the following modification of the pomade of Helmerich: Subcarbonate of potassa, one drachm; sulphur, two drachms; lard, twelve drachms. The next morning the patient takes a warm bath to remove the pomade, and the cure is complete as regards the destruction of the acari, while the secondary eruptions soon disappear. In children, females and men with delicate skins we must use milder means, although the destruction of the parasite is a slower process. The patient should clean himself thoroughly in a

warm bath with ordinary soap, and then the lotion of Vlemineckz should be applied : lime, half an ounce ; sulphur, one ounce ; water, eight ounces ; boil and stir constantly till a homogeneous mixture is produced, then pass it through a sieve. This quantity is more than sufficient for one person. Some of it is rubbed into the skin every night for several days. Hebra's modification of Wilcinson's ointment is a very good one, especially when the person affected is predisposed to eczematous eruptions, or where the scratching has already brought them out. It is the following : sulphur, beech-oil, of each six ounces ; green soap and hog's lard, of each one pound ; chalk, four ounces. This ointment should be well rubbed in, after the skin has been prepared for it by cleaning the body with common soap in a warm bath. The patient may either wash off the ointment soon afterwards, or may leave it on over night and wash it off in the morning, in which latter case the cure is more rapid. In either case, however, more than one repetition of the above process is generally necessary to effect a cure. Females and others with delicate skin may scrub the body every night with sulphur-soap, in a warm bath. This is the mildest of all the methods of treatment and requires to be frequently repeated to effect a cure. Or the ordinary sulphur ointment may be used, adding to it an aromatic oil, as that of lavender, caraway or cinnamon, a scruple to an ounce of ointment. Whatever preparation is used, it must be rubbed into the skin of the whole body, with the exception of the head. The insects and eggs attached to the clothes are killed by exposure to hot air for some time, or by putting them into water which is nearly boiling.—*Med. Times and Gazette.*

11. *To Prevent Pitting in Small-Pox.*—Dr. Bell recommends to dip in lime-water liniment masses of cotton-wool, answering in size and shape to the parts to which the dressing is to be used, and to apply them in such a manner as to completely cover the face and neck, leaving apertures for the eyes, nostrils and mouth. The cotton should be closely matted together, so as to allow no crevice to exist, and a large handkerchief should be tied over all, having holes cut in it so as to correspond with the apertures over eyes, nostrils and the mouth. The dressing should be allowed to remain until convalescence, and if it becomes accidentally detached at any part, it should be immediately renewed.—*Glasgow Medical Journal.*

12. *Snake Bites and Bibron's Antidote.*—Dr. L. S. Ham, of South Bend, Indiana, reports the case of a man who was bitten by a large rattlesnake, of the *Massasaugus* variety, both fangs entering to the depth of half an inch the triangular fleshy portion between the thumb and index finger of the right hand. The snake had to be shaken from its hold. Three and one-half hours later the hand and arm were much swollen, nearly up to the elbow, dark and mottled. The patient had walked five miles. Pulse 116 ; repeated vomiting ; indistinct vision. Under the use of brandy and valerianate of morphia internally, tincture of iodine topically, the swelling increased and extended nearly to the shoulder. Five and a half hours after the bite ten-drop doses of Bibron's antidote were ordered every two hours. The swelling was

arrested by the first dose. Next day, however, the stomach rejected the remedy, and valerianate of morphia with camphor and calomel was substituted. Soon the swelling increased again with fearful rapidity. Its progress was again arrested by five-drop doses of the antidote. On the third day the scenes of the second were repeated; the whole trunk and neck enormously swollen; patient comatose; pulse 140. A strychnine mixture settled the stomach again, so that the antidote could be resumed. The swelling ceased to increase a third time under its influence; diminished on the following day. A tonic mixture completed the cure.—*Buffalo Med. and Surg. Journ.*

13. *Renal Parasites*.—An elderly man, aged 55 years, consulted Dr. H. L. Kimberlin, of Funnleton, Indiana, for “a very queer back ache,” which he had three years, gradually getting worse. The main and only characteristic symptom was a heavy, distressing fulness in the lumbar region. Thirty drops of oil of turpentine were ordered every four hours. After the second dose, copious and frequent diuresis followed. With the urine a very large number of worms came away, from one-sixteenth to one-eighth of an inch in length, the size of a very fine thread, with head and tail pointed, of a whitish color, very active, moving by a serpentine motion, and living for some hours. The verminous discharge gradually decreased on the second day, and the patient enjoyed the pleasures of a perfect cure. The habitation of the animals must have been the pelves of the kidneys.—*Cin. Med. and Surg. News.*

Dr. Kimberlin adds to this report: “All the medical authorities that I have examined are entirely silent in regard to renal parasites. I conclude, therefore, that to them, as well as myself, it must remain a mysterious anomaly.” Not quite so. Parasites of the human kidney are known and described in the books, but they have never been found so numerous, “not only both hundreds and thousands, but a million of worms,” as reported in the above case. A more minute examination would have been desirable. The “serpentine motion” indicates a species of *Strongylus*, of which there seems to have been quite a colony, the parent animal probably remaining, dead, in the system.

C. A. H.

SURGICAL.

14. *Treatment of Vascular Tumor*.—Dr. Rochester reported to the Buffalo Medical Association the case of a lady who, in 1857, was thrown from a carriage and received an injury on the back of the head, which confined her for some weeks to her bed. About six weeks after the accident, she discovered a slight swelling at the seat of the injury, to which she paid little attention, until she wounded it combing her hair, causing a profuse hæmorrhage. Cold, styptics and pressure failing to control the bleeding, the occipital artery was taken up, and pressure with a metallic disc continued. This arrested the hæmorrhage, and for some months the growth of the tumor. Afterwards it increased again, though slowly. In June, 1861, it was

wounded a second time with a comb, and another severe hæmorrhage ensued, which, however, pressure sufficed to arrest. In August, 1861, the tumor was found a little above the occipital protuberance, about an inch and a half in diameter, and estimated three-quarters of an inch in thickness. It had an elastic feeling, and pulsed strongly, especially on its lower and left margin. Scalp not discolored. It was regarded as a traumatic aneurism, and proposed to inject it with persulphate of iron. A hypodermic syringe was half filled with equal parts of Squibb's solution of the persulphate and water; the needle was passed into the centre of the tumor, its point moved about freely, and the syringe then discharged of all its contents. The patient immediately complained of very severe pain in the tumor and in a portion of the forehead, the pain in the latter corresponding with a vein, now very prominent, but not before observed. The needle was withdrawn and no blood escaped except a few drops from the integument. The tumor instantly became hard and swollen, and the skin over it red and tense. Pulsation could no longer be detected. The pain continued so severe that after some hours it required a full dose of morphine to allay it. At the end of a week, the tumor remained hard; the swelling had subsided; slight pulsation, however, could be detected at several points. The operation was repeated as before, except that the solution of iron was undiluted. Very severe pain and swelling of the vein again followed. At the expiration of the second week the tumor was hard, contracted, painless and pulseless. On the twentieth day after the first injection, and the twelfth after all pulsation had ceased, the tumor was laid open with a scalpel. Instead of the hard clot expected, spouted profuse arterial hæmorrhage. A free crucial incision down to the bone was instantly made and a sponge inserted, saturated with solution of persulphate of iron. Over this a firm compress was placed, and the whole secured by a very tight bandage. A good deal of blood was lost, in spite of firm and skillful digital compression. No more hæmorrhage ensued after the adjustment of the compress. This being removed on the 26th of August, the sponge was seen hard, dry, black, and firmly imbedded in the incision. It remained *in situ* for nearly a month, then came away, and with it the tumor had disappeared.—*Buffalo Med. Journ. and Rep.*

15. *Injuries of the Head.*—Drs. D. B. St. John Rosa and J. L. Little, resident surgeons of the New York Hospital, classify these injuries as follows: scalp wounds; concussion and contusion of the brain; fractures of the vault of the skull; gunshot wounds of the head.

In scalp wounds, the occasion for surgical interference which oftenest presents itself is the hæmorrhage, and this may be profuse, sometimes quite weakening the patient before he is seen. The only reliable as well as the quickest method of arresting this is by direct pressure, by means of a compress, graduated, perhaps, and over it a skull-cap bandage. In twelve hours the compress may be removed and the wound treated with cold water dressings, until suppuration is freely established, when stimulating ointments—*e. g.*, the Peruvian balsam or ointment—are employed. Occasionally these wounds close

by first intention, but this is very rare in hospitals. Suppuration may be so great as to endanger life. Other dangers are: erysipelas, death of exposed bone, pyæmia and tetanus.

Concussion of the brain is the diagnosis in many cases where no lesion is detected by a post-mortem. Mr. Hewett, of St. George's Hospital, doubting the occurrence of death from simple concussion, supposes a contusion of the brain substance to exist in addition. The same may be true, where insanity follows what seems to be concussion. Usual treatment: daily purging, bleeding cups to the temples.

Fractures of the base are usually fatal. In them, as well as in compound fractures of the vault of the cranium, the prognosis is necessarily grave, although there are many in which the surgeon will hesitate long before he diagnosticates between fractures of the base, contusion, compression or concussion. Fractures of the vault, simple and compound, seem to be rare, unless accompanied by depression. The rule is to wait for symptoms of compression before operating.

Gunshot wounds of the head are deserving a separate classification. Treatment is of little avail, beyond securing a free opening, if, perchance, the foreign bodies which can not be followed into the cavity form an exit. Abscess of the brain is one of the common results of these injuries.—*Amer. Med. Times.*

16. *Removal of the Clitoris for Masturbation.*—Prof. E. S. Cooper, of San Francisco, performed this operation in two girls, aged thirteen and ten years, in whom the deleterious habit could not be checked by any other means, and indications of approaching insanity were already present. The operation consisted in grasping the clitoris, back of the glans, with a pair of forceps, drawing it forward so as to place the ereciores clitoridis and the corpus spongiosum upon the stretch, when the whole mass was cut away by the scalpel, with small portions of the nymphæ. Very little hæmorrhage occurred in either case, and the patients were quite comfortable the next day. In both cases the habit was broken up and the mental faculties improved. If necessary, Prof. Cooper would remove the entire nymphæ.—*San Francisco Med. Press.*

17. *Oiled Paper*—This article, invented by Dr. McGhie, Superintendent of the Glasgow Royal Infirmary, is used in that institution as a substitute for oiled silk in surgical dressings, and possesses many advantages besides that of being economical. One quart of boiled linseed oil is reboiled for an hour or longer with one ounce of sulphate of zinc. A little beeswax and turpentine may be added, while the oil is hot. With this compound, good tissue paper is saturated and then dried in a moderately warm place. When dry, each sheet may be dusted over with French chalk, which will prevent them from adhering.—*Boston Med. and Surg. Journ.*

18. *Stricture of the Urethra.*—Seven years ago, Mr. Holt, of the Westminster Hospital, brought to the notice of the profession a new "stricture dilator," by means of which dilatation was effected by graduated tubes passed between the blades of the instrument. This method being attended more or less by "stricture fever," he determined to split the stricture by passing the largest sized tube at once, thus enabling the

urethra to receive its full sized catheter. The instrument he now describes (*Med. Times and Gaz.*) consists of two grooved blades fixed in a divided handle, and containing between them a wire welded to their points. On this wire a tube (which, when introduced between the blades, corresponds to the natural capacity of the urethra) is quickly passed, and thus ruptures or splits the obstruction. After the operation the water is drawn off and the catheter not again applied for two days, when one of the same diameter as the one first used is passed, and its use continued, at first on alternate days, and afterwards at longer intervals. The general treatment naturally varies according to the kind of obstruction, the number of strictures and the existing complications. ¶A great many advantages are claimed for this method, which is said, in short, to be facile, speedy, prompt in effects and free from every danger, immediate or remote. Chr. Heath, surgeon to the West London Hospital, reports in the *London Lancet* some cases of stricture treated by this method. He declares it to be rapid and effectual, and thinks it has not attracted that attention in the profession which the exceedingly favorable results would justify.—*Amer. Med. Times.*

19. *Otitis Interna*.—Dr. L. Turnbull, aural surgeon to the Howard Hospital, Philadelphia, reports three cases of this disease, representing three different forms. Besides leeching, suppuratives, etc., the treatment was different in each case. In the first, simple division of the periosteum of the mastoid process, with the subsequent application of a blister, proved sufficient. The second case required enlargement of the first opening and breaking down of the bone by the application of nitrate of silver. In the third case a large number of the larger cells of the mastoid process was involved, requiring free perforation of the bone and its removal in a diseased state. The sequestered piece measured six-tenths of an inch in length and three-tenths in width. *This is the first operation of the kind performed in the United States.* It has been performed but eight times in Europe. Dr. Von Troeltsch, of Wurzburg, recommends this perforation of the mastoid process in internal otitis. If the bony layer is very thin and fragile, an ordinary buttoned probe will answer the purpose; if such is not the case, a hollow chisel ought to be used. Dr. Von Troeltsch says an incision about an inch long, behind the ear and parallel with the concha, ought to precede the perforation of the bone, as laid down by Dr. Wilde, of Dublin. Such an incision always produces a favorable result, the bleeding being considerable. The chisel should then be inserted in the middle of the incision, at an equal height with the opening of the ear, and carried horizontally and a little forward. The incision itself had better be made three or four lines behind the insertion of the concha. The instruments must of course be used very gently and with interruptions, in order to allow of cleaning the wound and probing, just as during trepanning, and also to avoid a sudden piercing of bone. Should the surgeon not assist in the removal of the affected bone, more especially after childhood, he will frequently find his patient dying from extension of the inflammation or irritation to the brain, before the dead bone is discharged.—*Med. and Surg. Reporter.*

MATERIA MEDICA.

20. *Solidified Creosote*.—With special reference to its employment in caries of the teeth, Mr. St. Martin has mixed fifteen parts by weight of creosote with ten of collodion, obtaining a mixture of the consistence of jelly, which is used just as if the collodion had not been added.—*Bullet. Gén. de Thérap. etc.; Amer. Med. Monthly.*

21. *Glycerine a Sudorific*.—Dr. J. Jones, of the London Metropolitan Free Hospital, regards glycerine, employed externally, as inducing free and gentle perspiration. He sponges the whole surface of the body with equal parts of glycerine and water, night and morning; thinks it not only softens the cuticle and removes obstructions from the orifices of the sweat-ducts, but possibly induces the escape of fluid by exosmosis. Good results followed the application in several cases of acute dropsy with albuminuria after scarlatina.—*London Lancet; Amer. Med. Monthly.*

22. *Iodide and Oxydo-Iodide of Antimony*.—In a paper read before the "Société des Sciences Médicales de Bruxelles" (*Bullet. Gén. de Thérap.*), Dr. Van den Corput, Chief Physician to the Hospital St. Pierre, considers the oxyiodide (or basic iodohydrate or oxydo-iodide) of antimony one of the most active antimonials. The iodide of antimony is inappropriate for internal use, but may externally be employed like stibiated tartar, as a revulsive. The oxydo-iodide, administered internally, resembles in its therapeutic action, as in its composition, kermes mineral prepared in the wet way, only that it produces much more powerful special resolutive effects. It acts as an expectorant and energetic alterant. In doses of about one to four grains, it easily provokes nausea and vomiting, or frequent and copious stools. Tolerance seems to be established as for tartar-emetic, in doses raised from twenty to fifty or seventy centigrammes, (nearly 4 to $9\frac{1}{2}$ or 13.3 grains) in twenty-four hours, given in an emulsion. Generally a severe diaphoresis is first established, which is soon followed by a less frequent and depressed pulse, diminished frequency of inspirations, and profound muscular enfeeblement. Hence this medicament is of service in inflammation of the parenchyma of the lungs, in the second stage of pleuro-pneumonia, in suffocative catarrh, subacute bronchitis and pulmonary œdema.—*Amer. Med. Monthly.*

23. *Arseniate of Caffèine; Tanno-Arsenious Acid*.—These two new arsenical compounds have been presented, in a perfect state of crystallization, to the Egyptian Institute, by Prof. Gastinel, of the Medical School of Cairo, who proposes them as substitutes for quinine. Dr. Schlapp of Alexandria, appointed to report on their therapeutic power, had already used the tanno-arsenious acid in several cases with remarkable success, in the daily dose of twenty centigrammes (3.8 grains) in twenty spoonfuls of water, every quarter of an hour a spoonful.—*Gaz. des Hôp.: Amer. Med. Monthly.*

24. *Veratrum Viride*.—In a paper on this drug Dr. S. W. Abbot, of Woburn, gives as well marked characteristics of its action: a reduc-

tion in the frequency of the pulse, some diminution in the frequency of respiration; under a large or frequent dose, a sense of faintness or vertigo ensues, with nausea, vomiting and general prostration; the secretions are somewhat stimulated. The diseases in which the plant proves valuable, are: pneumonia, pleurisy, puerperal peritonitis (combined with opium and wine), acute rheumatism, organic and functional diseases of the circulatory organs, among them aneurism more particularly. All this applies to the tincture of the root. A substance resembling veratria, if not identical with it, can be obtained from the tincture by subjecting it to the processes for the preparation of veratria.—*Boston Med. and Surg. Journ.*

DISEASES OF WOMEN AND CHILDREN.

25. *Menorrhagia.* Before the Buffalo Medical Association, Dr. Gay spoke of the use of the solution of persulphate of iron in menorrhagia. He had long been in the habit of using an acid solution of sulphate of iron. Recently he treated an anæmic, debilitated patient who menstruated every two weeks. Ordinary remedies were of no use; when twelve drops of the solution of the persulphate were given three times a day, the patient commenced to improve, became perfectly regular, and better than for many years. Dr. Gould has found the best remedy to be one drachm of quinine in one ounce of elixir of vitriol, fifteen drops three times daily.—*Buffalo Med. and Surg. Journal and Reporter.*

26. *Simple Urethritis.*—This disease, remarks Prof. Trousseau, is tolerably frequent in young girls, but more in married women. It is characterized by a frequent desire to make water, with severe smarting during micturition, and vesical tenesmus lasting some minutes afterwards. Patients may be obliged to go to the water-closet ten or fifteen times an hour, and after passing a few drops of urine, go on straining for a minute or more. In some cases the inflammation appears to be propagated to the mucous membrane of the bladder. The disease never assumes a serious form, and is seldom accompanied with fever; but there are often pains in the loins and hypogastrium, analogous to those observed in cystitis and urethritis. Urethritis is rather common after lying-in, after miscarriage, at the period of menstruation, and in some cases it appears to be connected with an herpetic diathesis. Whatever may be the form of the disease, cubebæ removes it. In general, the powder may be prescribed, from one-half to one drachm twice a day, at meals, and continued for several days, or as long as the symptoms last; then only once a day for a week; and in the following week, if the improvement continues, once every second day.—*Bull. Gén. de Thérap.; Brit. and For. Med. and Chir. Rev.*

27. *Uterine Ulceration.*—In his gynecological record of the Long Island College Hospital for November, 1861, Prof. E. N. Chapman says: Our observation proves that the additional aid afforded by general remedies to the resources of nature are totally inadequate for the removal of an ulceration of any standing. It is a rare occurrence

for any physician to observe the commencement either of inflammation or ulceration of the uterine neck. Invariably the disorder has long assumed a chronic type before advice is sought, when we must employ both general and local medication. Every patient should be examined by the speculum. After many experiments the following practice has been found to effect a permanent cure—usually in six or eight weeks, often in a less period of time: The ulceration is scarified freely the first two or three visits. Frequently the patients then express themselves as feeling perfectly well, and wonder very much when told that there is little change in the ulceration. Sometimes, however, all of the ulceration visible is removed by this proceeding. In either case, whenever the disease is on the lips of the os uteri, we now introduce the nitrate of silver into the cavity of the uterine neck, as far as the os internum. The solid caustic may be employed, or a strong solution applied by a bit of sponge attached to a flexible piece of whalebone. We have often thus used the caustic at the first visit, and then immediately scarified the ulceration within reach. Severe cases of some years' duration have been cured by this means in four weeks.—*Boston Med. and Surg. Journ.*

28. *Inoculation for Scarlatina.*—In a thesis submitted to the faculty of Starling Medical College, Dr. S. Hudson, of Whittlesey, Medina county, Ohio, narrates the following facts: In the winter of 1854, while small-pox was raging in Medina village, a gentleman attacked by scarlatina requested Dr. Hudson to vaccinate all his family, which was done. From the scabs from the arms of two little boys, received about three weeks subsequently, some thirty children were vaccinated; and twenty-three of them were taken down simultaneously with scarlatina, on the fifth or sixth day afterwards. The two little boys, after being vaccinated, had come down with scarlatina, though light, so that no physician was called in; after which their vaccination operated effectually. The other children, thus infected, all did well; and in every case the attack of scarlatina terminated, without any unpleasant symptoms, within ten or twelve days from vaccination. No sooner had scarlatina subsided, than a nice little pustule began to form on the arm, in every case, and all the symptoms attending vaccination became manifest. From one girl thus vaccinated, two little brothers, not vaccinated, contracted scarlatina in its most malignant form, and finally died. In several other families those who were vaccinated had the disease very mild and light, while those who took it in the natural way had it in the most malignant form. It is hence suggested that in an epidemic of scarlatina, immediately some vaccine matter be procured and put in the arm of some person just exposed to or coming down with scarlatina. As soon as the patient has had scarlatina, vaccina will come on, provided the patient has never been vaccinated before. In this manner the disease may be essentially modified, rendered comparatively safe and harmless.—*Ohio Med. and Surg. Journ.*

That may be a very important innovation as far as it goes, but can evidently do no good in those protected by vaccina, or during the hot season, when successful vaccination is impracticable. Many other

thoughts suggest themselves in connection with this proceeding. Before we can arrive at anything resembling a satisfactory conclusion, we must know a great deal more about the relations existing between small-pox and other exanthematous diseases. A modification of scarlatina in the manner referred to, may perhaps be obtained by inoculating directly with some fluid impregnated with the morbid matter of scarlatina itself, which would certainly be preferable to exposing the organism to the effects of two combined morbid influences. Experiments in that direction have, we think, been made with the blood; but many more are needed to settle this highly important question, and as they can only be instituted with the greatest caution, even when chances are plenty, it may be a long time before any reliable conclusions are had.

C. A. H.

29. *Opium in Hysteria, etc.*—According to Dr. L. Meyer, opium is of especial use in hysterical alienation, which in its acutest and most aggravated form exhibits itself as ecstasy, always associated with religious or erotic mania, most often with both. Under the influence of opium the paroxysms cease. The indication for its use thus oftenest occurs in the female sex; but a complete condition of hysterismus may also be induced in man by masturbation and other debilitating influences. Opium is also of utility after the debilitating conditions of the puerperal state, and after uterine hæmorrhage—the mental disturbance and the hæmorrhage being only regarded as coördinate symptoms of hysteria. It is of service in other conditions of debility, although its influence is not exerted against the cause of such debility. Contra-indications are acute idiopathic cerebral irritation, and an inflammatory character of the disease. Dr. Meyer commences with two grains, repeated in two hours. If repose and sleep are obtained, it is discontinued. At all events, after four such doses, there must be a pause of from six to twelve hours, when the opium is repeated as before, if still required. Sometimes it seems to be absorbed only to a slight extent, and obstinate diarrhœa is rather to be feared than constipation. In very urgent cases, the first dose may be raised to three or four grains; while in great gastric sensibility and inclination to vomit, it may be diminished to one grain, and repeated hourly. Opium enemata are not recommended, but the injection of a solution of morphia into the cellular tissue is useful. In the more chronic cases of hysterical alienation, more moderate doses are to be used, as from one to three grains one hour before bedtime.—*Schmidt's Jahrb.*; *Amer. Journ. of Insanity*.

OPHTHALMOLOGY.

30. *New Operation for Entropion.* It has lately been proposed to divide the tensor tarsi muscle between the superior punctum lacrymal and the caruncle, and much benefit is reported to have followed the treatment.—*Dublin Med. Press*; *Amer. Med. Monthly*.

31. *Secondary Capsular Cataract.*—Dr. Mirault, of Angiers, advises, in *L'Union Medicale*, medical rather than surgical treatment.

After extraction, we should be on the watch, and if any opacity presents itself, it should be immediately combatted by severe antiphlogistic remedies, general and local bleeding, internal and external revulsives, belladonna, and mercurial frictions. This treatment is said to have been successful in many cases in less than eleven days.—*Amer. Med. Monthly.*

32. *Phacuidoscope.*—This is a new instrument for demonstrating the increase of convexity of the crystalline lens, in accommodation for the near. It depends in principle on the catoptric test, formerly employed for the detection of commencing cataract. The following account of it has been furnished by Dr. H. Derby: The eye is placed at one end of a brass tube, at the opposite end of which a light is stationed, and its rays concentrated on the eye by means of a double convex lens. This tube is placed obliquely with regard to the patient, so that the rays of light are conducted to his eye from the side rather than the front: and the portion of the tube that is thus brought opposite his eye is furnished with a narrow slit, through which the eye can see and be seen. Opposite this slit the observer is stationed, and regards the eye of the patient through a magnifying glass. When the observed eye is regarding a distant object through the transverse slit, the three reflected (catoptric) images of the lamp at the other end of the tube are clearly seen by the observer. The patient is now told, without moving his eye, to regard an object that is held up in his axis of vision, and close to the slit; in other words, to accommodate for the near. An immediate change is noticed in the images: that proceeding from the anterior capsule becomes smaller, sharper, and approaches the corneal image, thus proving the increased convexity of the anterior face of the lens.—*Boston Med. and Surg. Journal.*

33. *Myopia.*—According to Dr. Van Roosbroeck (*Bullet. Gén. de Thérap., etc.*) this disease is generally the consequence of an elongation of the axis of the eye, produced by posterior staphyloma. This results from posterior sclero-choroiditis, which softens and atrophies the parts; as the walls become thin, the vitreous humor presses them outward posteriorly. The tumor, after having acquired a certain size, may remain stationary; but if it is located around the optic nerve, it progresses, causing destruction of the choroid, separation of the retina, and consequent incurable blindness. Myopia progresses in proportion to the posterior staphyloma. It occurs before puberty, and may go on gradually till the age of thirty, then become stationary; or it continues to progress even to an advanced age, in which case it augurs unfavorably. The sclero-choroiditis, if recognized early, is amenable to treatment. The staphyloma can be easily recognized with the ophthalmoscope, and its early recognition enables us to act with certainty at a moment which, if passed, may lead to amaurosis.

The most common cause is over-use of the eye. Treatment: absolute repose, derivatives to relieve the congestion, cooling applications to the eye and temple, frequent application of a weak solution of atropine, leeches, or by cups to the temples. Where the disease has pro-

gressed beyond the age of thirty, proper glasses, neither too strong nor too weak, will enable the patient to use the eye for ordinary business. Generally, one pair is required for near objects, another for distant ones. If there is much amblyopia, great caution must be exercised in using the eyes; if used at all, intervals of rest should be frequently allowed; and at night the brilliancy of the light should be modified by colored shades.—*Amer. Med. Monthly.*

34. *Hemeralopia*.—According to M. Laurel's "Traité de la Chirurgie Navale," this affection is a neurosis of vision, to a certain degree peculiar to sailors. The causes are numerous; but most probably it is attributable to the influence of reflected light upon the retina, all the other causes assigned to it being predisposing. Gray or blue eyes, lymphatic and chlorotic temperament, seem to furnish a particular predisposition. Scurvy is frequently combined with it, and a variety of hemeralopia ought to be called scorbutic, because it is symptomatic or congeneric of scurvy. Sometimes the affection is complicated with gastric or intestinal disturbance, or congestion of the brain.

Among the numerous methods of treatment recommended, there are very few which have any real efficiency. If symptoms of gastric disturbance present themselves, an emetic is indicated; if there is constipation, purgatives; in prostration and anæmia, tonics and iron; in complication with scurvy, the measures proper to attack the latter. Bloodletting is generally contra-indicated; however, if there is at the same time excessive sensibility of the retina, or symptoms of ocular or cerebral congestion, it would be well to apply leeches to the margin of the orbit, or behind the ears. Lotions with cold water, two or three times a day, or exposing the eyes to the vapors of either, or to those of an ox liver boiled in water, are measures which can be used without inconvenience. But the most efficient treatment, without which all other is useless, is to withdraw the patient from the influence of the causes which produced the disease. To prevent relapses, the patient should afterwards wear a green or blue shade over the eyes.—*Boston Medical and Surgical Journal.*

SOME NEW FORMULÆ.

35. *Tinctura Ignatæ Composita. Bitter Drops. Gouttes Amères*.—Take: Spirit of wormwood, one thousand parts; beans of St. Ignatius, five hundred parts; solution of carbonate of potassa, fifteen parts; pure soot, five parts. Digest during fifteen days and filter. Dose: one to eight drops in a bitter infusion, for flatulent colics. The spirit of wormwood is made by distilling together one thousand parts of leaves and tops of wormwood, one thousand parts of infusion of wormwood, and three thousand parts of alcohol of eighty per cent., until two thousand five hundred parts of distillate are obtained.—*Amer. Journal of Pharmacy.*

36. *Mixture for Facial Neuralgia*.—℞. Ol. terebinth, spir. lavend. comp., of each four drachms; spir. ether. nitr., half an ounce. Dose: a tablespoonful three times a day.—*Amer. Druggist's Circ.*

37. *Tate's Antimiastmatic Pills*.—Chinoidine, twenty grains; compound extract of colocynth, capsicum, powdered gum arabic, of each three grains; socotrine aloes, five grains. Mix and divide into twelve pills. In ordinary cases of intermittent fever two of these pills should be given every two hours.—*Amer. Drugg. Circ. and Chem. Gaz.*

38. *Emulsion of Wax*. By Mr. Alliot.—℞. Gum arabic, forty-eight grammes; yellow bees-wax, forty-eight grammes; simple syrup, three hundred and eighty-four grammes; water, five hundred grammes.

Melt the wax in a small round dish over a lamp, while the gum is being dissolved in a mortar in one-half the quantity of syrup, which is then added to the melted wax with brisk trituration, the dish remaining over the lamp in the meantime, until the mixture is well incorporated, when the heat is removed, the rest of syrup added, and finally the water, in portions at a time.—*Amer. Druggist's Circ.*, from *Repert. de Pharm.*

39. *Pills for Gout and Rheumatism*. By Dr. Bourgeois de Faverdaz.—℞. Guaiac, ten grammes; gamboge, squills in powder, digitalis, sulphate of quinia, colchicum seed, aconite seed, opium, of each two grammes; honey, q. s. to make two hundred pills. They are to be silvered. Dose: from two to eight pills per day.—*American Druggist's Circular*.

40. *Corn Plaster*.—One ounce of powdered galbanum and ten grains of turpentine are softened at a moderate heat, eight grains finely powdered sal-ammoniac added, and the mass rolled out without employing oil or water. The plaster is to be kept in wax paper or bladder. After taking a foot bath, the plaster, spread upon soft leather, is applied and renewed every other day.—*Müller's Ph. Zeit.*; *Amer. Journ. of Pharmacy*.

41. *Sulphurous Powder, for Artificial Sulphurous Water*. By M. Pouillet.—Take equal parts of sulphuret of calcium, sulphate of potash, bicarbonate of soda, sulphate of soda, gum and tartaric acid; dry, reduce to powder and mix thoroughly. Seven grains of the compound, dissolved in one quart of cold water and allowed to settle for a quarter of an hour, gives a sulphurous water which can not be distinguished, by the taste, from the natural water.—*Répert. de Pharm.*; *Amer. Journ. of Pharm.*

42. *Diuretic Mixture of Dr. Hiard*.—℞. Tincture of digitalis, fifteen drops; tincture of castoreum, twenty-five drops; camphor, thirty or forty grammes; orange-flower water, peppermint water, of each thirty grammes; orgeat syrup, sixty grammes. Three or four tablespoonfuls to be taken every hour.—*Bull. de Thérap.*; *Amer. Druggist's Circular*.

43. *De Bregne's Pills for Chorea*.—Camphor, assafoetida, of each one hundred and eighty grains; extract of belladonna, one drachm; extract of opium, fifteen grains; syrup of acacia, q. s. Make one hundred and twenty pills. One, gradually increasing to four, to be given daily.—*Boston Med. and Surg. Journ.*; from *Presse Med. Belge*.

44. *Effervescent Carbonate of Iron*.—In a communication to the *Dublin Medical Press*, Dr. T. Skinner recommends: tartaric acid, three ounces; bicarbonate of soda, five ounces; sulphate of iron, ten drachms; powdered sugar, one ounce and six drachms; citric acid, two drachms. Mix the sulphate of iron with the sugar and part of the tartaric acid, the citric acid with the remainder of the last-named and the bicarbonate of soda. Add the mixtures and thoroughly incorporate them by sifting. The whole is then thrown into a metallic pan set in a water-bath; in a few minutes it will separate, when it should be rapidly stirred until granules are formed. If preferred, it may then be flavored with oil of lemon. Every drachm and a half contains ten grains of sulphate of iron, which, with a complement of bicarbonate of soda, is certain to produce, in a state of solution, four grains of nascent protocarbonate of iron.—*London Pharm. Journ.*

45. *Ointment for Hemorrhoids* — Rec.: Acetate of lead, fifteen grains; burnt cork, half an ounce; fresh butter, two ounces. Triturate well together.—*Amer. Druggist's Circular*.

46. *Emmenagogue Pills*.—Dried sulphate of iron, one scruple; powdered aloes, two scruples; powdered cloves, five grains; Venice turpentine, q. s. to make a mass. Divide into twenty pills, one of which is to be taken three times a day.—*Ibid.*

47. *New Formula for Sinapisms*.—Mr. Grimault mixes three and a half drachms of pure glycerine with five drachms of starch and twenty drops of the volatile oil of mustard. Mr. Chevallier takes for what he terms *Plastic Sinapisms* volatile oil of mustard, twenty drops; white pitch, fifteen drachms. Having melted the pitch, remove it from the fire, stir in the volatile oil and spread on leather. By the addition of ten per cent. of resinous oil, the mass can be spread on linen like ordinary adhesive plaster. For use, a piece of any desired size can be cut off. The effect is very speedy, and the proportions of the active principle may be varied.—*Journ. de Chimie Méd., Med. Times and Gazette*.

48. *Tasteless Quinine Mixture*.—R. Sulphate of quinine, twenty grains; tannic acid, twenty grains; simple syrup and water, of each two ounces; essence of cinnamon and essence of peppermint, of each half a drachm.—*Amer. Druggist's Circ.*

49. *Methauer's Aperient Solution*.—Take: Socotrine aloes, two and a half ounces; supercarbonate of soda, six ounces; water, four pints; compound sp. lavender, two ounces.

After digesting fourteen days, the clear liquor may be either decanted or allowed to remain. Age is said to improve both the powers and taste of the solution. The common dose is a drachm, which may be increased, if necessary, to an ounce. It is recommended as a valuable remedy in most forms of constipation, taken soon after meals.—*Ibid.*

50. *Recipe for the Radical Cure of Asthma*.—Rec.: Iodid. potassi, half a drachm; extr. fluid lobelia, one ounce; aqu. fontana, fifteen ounces. Mix. A tablespoonful four times a day.—*Ibid.*

51. *Emulsion of Coal-Tar.* By M. Demaux.—Take : Coal-tar, soap and alcohol, of each two pounds ; heat in a water-bath until the solution is complete. Mix with water for use.—*Rev. Gén. de Thérap. ; Journ. Mat. Méd.*

52. *Compound Fluid Extract of Buchu.* By Parrish.—Take : Buchu, in coarse powder, twelve ounces ; alcohol, three pints ; water, six pints or q. s.

Treat the leaves by maceration and displacement, first with a portion of the alcohol, and then with the remainder mixed with the water. Evaporate the resulting liquid with a gentle heat to three pints, and add two and a half pounds of sugar. Continue the heat till it is dissolved, and after removing from the fire, add : Oil of cubeb, oil of juniper, of each one fluid drachm ; spirit of nitric ether, twelve fluid ounces, previously mixed. Stir together.—*Amer. Druggist's Circular.*

53. *Concentrated Bitter Almond Water.*—Dissolve forty minims of ethereal oil of bitter almonds in one ounce (Troy) of 60 p. c. alcohol, add six and a half drachms of dilute hydrocyanic acid (U. St. Ph.) and ten ounces and one drachm (Troy) of distilled water.

Artificial Cherry Laurel Water.—Dissolve twelve minims of oil of cherry-laurel leaves and twenty-four minims of ethereal oil of bitter almonds in the same quantity of alcohol and make the same additions as before.—*Ibid.*; from *Oestr. Zeitschr. of Pharm.*

54. *Buisson's Syrup of Sesqui-Chloride of Iron.*—One part of the liquor of the sesqui-chloride of iron (containing thirty-five p. c. of dry, or fifty-two p. c. of crystallized salt) mixed with twenty-four parts of simple syrup.—*Ibid.*

55. *Glycerine Pomade of Iodide of Potassium.* By M. Thirault.—Rec. : Glycerine, (sp. gr. 25·30), one thousand grammes ; animal soap, powdered, fifty grammes ; iodide of potassium, powdered, one hundred and thirty grammes. Dissolve in a water-bath, pour immediately into a warm marble mortar and triturate briskly for a quarter of an hour. Then aromatize with two grammes of the essence of bitter almonds.—*Répert. de Pharm. ; Journ. and Trans. Maryl. Coll. Pharm.*

56. *Syrup of Nitrate of Protoxide of Iron.* By H. Johnson.—R. Precipitated carbonate of lime, two hundred grains ; water, one ounce ; nitric acid, q. s. to saturate and make three hundred and twenty-eight grains of nitrate of lime. Filter the solution and add five hundred and fifty-six grains of sulphate of iron, dissolved in two ounces of water. Let it stand till the precipitate has subsided ; then filter through a glass funnel on eight ounces of powdered sugar ; wash the filter with about one ounce of water, till the whole measures eight fluid ounces with the sugar ; stir with a glass rod until dissolved. Dose, one teaspoonful for an adult.—*Amer. Druggist's Circ.*

57. *Valerian Injection in Dysentery.*—Rec. : Alum, two or three drachms ; extract of valerian, one drachm ; laudanum, sixteen drops ; starch, one ounce ; decoction of althea, one pint. For two injections within twenty-four hours.—*Ibid.*

58. *Hair Wash.* By Luther M. Bush.—℞. Ol. ricini, four ounces ; sp. vini, six ounces ; lac sulphur, one ounce ; tinct. cantharid., tinct. capsici, ol. crot. tigllii, aqu. ammon., sacch. saturni, of each half a drachm ; tinct. lavend., one ounce ; aquæ puræ, two and a half ounces. Mix. Rub the scalp with it two or three times a day.—*Amer. Drug-gist's Circular.*

59. *McLean's Neuralgic Liniment.*—Extract of belladonna, four grains ; liquid ammonia, six fluid ounces ; oil of turpentine and olive oil, of each half an ounce ; tincture of opium, two ounces. Mix and apply during the paroxysms.—*Ibid.*

60. *Medicated Cigarets.*—There are three methods of manufacturing them : One is to roll narcotic or other vegetable substances with tobacco leaves into ordinary cigars ; another, to make cigarettes out of the paper used for the common kind, saturated with a very dilute solution of nitre, and after drying again, with a solution of medicinal substances, such as arsenious acid, extract of opium, etc. Both are to be smoked in the usual manner. A third kind, to be smoked cold, is made of cylinders of waxed paper or quills, filled with some volatile substance, such as camphor, or with cotton saturated with some aromatic oil. The following are some of the recipes.

Cigarette Antasthmaticæ.—Ph. Belg. Dried leaves of belladonna, sixty parts ; same of hyoscyamus and stramonium, of each thirty parts ; seeds of water-fennel, ten parts ; extract of opium, three parts ; cherry-laurel water, q. s. Digest the leaves and seeds with about twice their bulk of the cherry-laurel water for twelve hours ; then express forcibly. In the liquor dissolve the extract of opium, saturate with it a sufficient quantity of blotting paper, dry well and prepare with it the cigarettes.

Cigarette Benzoniæ, Cigarettes Balsamiques de Golfin.—Dissolve one part of nitrate of potassa in sixteen parts of water. With this solution saturate cigaret-paper (fifteen centimetres wide), and after removing from the liquor, dry and then immerse into a solution of one part of benzoic acid in eight parts of tincture of benzoe. Afterwards dry again and cut into strips, ten centimetres long.

Cigarette Camphorate.—Small pieces of camphor, of the size of coriander seed, are enclosed in a cylindrical roll of thin (tissue) paper, this closed at both ends, and then folded in a conical tube of waxed paper with open ends.

Cigarets of Narcotic and other Herbs (stramonium, aconite, lobelia, etc).—Moisten sixty parts of the finely cut herb with a dilute spirituous solution of one part of nitre, dry and enclose them in nitrated paper, so as to form cigarettes.

Cigarette Muriales.—Dissolve one part of corrosive sublimate with two parts of nitrate of potassa in twenty-four parts of distilled water. The paper moistened with this is to be rolled while still moist, and then dried.

Cigarette Opii.—For one cigaret take : opium, from one and a half to two grains ; nitrate of potassa, two grains ; alcohol and distilled water, of each thirty grains.—*Ibid.*

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ARTICLE I.

A Case of Membranous Croup.—Recovery.

BY W. M. FLETCHER, M.D., INDIANAPOLIS, IND.

On the 22d of April last, I was called to visit a little girl, four years old, suffering with membranous croup. She was a remarkably bright and intelligent child, and of such winsome ways, that she was attractive to all ; and, as is frequently found in connection with such characteristics, she had her hereditary taint of scrofula, several of her mother's relatives having fallen victims to scrofulous or tubercular disease. Only a few weeks prior to this attack of croup, her brother, some two years her senior, had died from disease of the vertebræ ; nor had she herself much more than fairly recovered from scarlatina before this attack. Superadded to the naturally feeble condition of constitution, and the recent recovery from scarlet fever, was the fact that the disease now wrestling with her enfeebled life-powers had already been some four or five days in progress, with no treatment save the ordinary domestic remedies for croup—and these had been plied most assiduously,—and that false membrane had formed in the fauces and larynx ; and it may be imagined how hopeless I was of a favorable termination.

Upon my first visit I found the patient sitting on her father's knee, her face turned upward, with an expression of anxiety ; breathing somewhat hurried and irregular, neck slightly swelled, a little flush on the cheek, and the eyes unnaturally prominent. She was very averse to speaking, and answered my questions principally by signs. The occasional cough was distressing to herself and those who heard it ; her voice farred and whispering. A thirty-grain solution of nitrate of

silver was at once applied by a small probang to all the parts that could be reached ; powdered alum in a teaspoonful dose was given every ten minutes until vomiting resulted ; tincture of iodine applied to the throat and upper part of the chest, and a warm bath ordered whenever the paroxysms of coughing and dyspnoea occurred. The nitrate of silver was applied in the evening also.

23d.—No change for the better — nay, the patient is worse ; more anxious look ; the flush on the cheek is purplish ; respiration more difficult and hurried ; greater restlessness ; she occasionally expectorates shreds of membrane, and a flapping sound is heard during expiration, and patches come away on the sponge. In addition to the treatment previously indicated, beef-essence was directed, and also inhalation of vapor of warm water, and stimulating expectorants, senega and carbonate of ammonia. On the 24th the membrane had disappeared from the fauces, save a small patch upon the right tonsil ; the voice is more whispering, and there is still occasional expectoration of small pieces of false membrane. The treatment pursued at the previous visit was still continued. On the 26th she was expectorating freely and breathing easily. A portion of the expectorated membrane showed under the microscope the fibres of the membrane, entangling in their meshes well-formed pus corpuscles.

[I may here mention that it was my design, in publishing this article, to have with it engravings showing the microscopic characters of this false membrane on successive days of the disease, but the work could not be completed in time, and I must reserve the cuts for a future number of the *Lancet* presenting therein the brief explanation of them.]

My patient seemed to be recovering rapidly until the afternoon of the 28th, when, about 4 o'clock, she had a severe attack of dyspnoea, struggling for a few minutes, and then fell asleep. The next day at the same time a similar event occurred. On the third day quinia was given freely, and the paroxysm was mitigated, but not arrested. On the next day also the anti-periodic was given with entire success. There was no return of the attack.

I am not a blind believer in the efficacy of medicines, but I feel satisfied that the treatment in this case saved life ; and it will be an encouragement to me—I trust it may be to some other of my fellow-practitioners—if I should ever be called to another patient in apparently so hopeless a condition as I found this one, the history of whose disease I have detailed.

The value of nitrate of silver in pseudo-membranous effusion is already well recognized by the profession, and I would especial-

ly insist upon the use, also, in such cases of croup, of the warm or hot bath, the stimulating expectorant, and inhalation of the vapor of warm water.

I can not believe, as some medical writers have averred themselves to do, in the special value of quinine in croup; and, yet, in this case there occurred a time when it proved of great value. Only in such or similar circumstances should I regard it as important. Finally, let us not be unmindful of the value of the microscope in this disease, in regard to prognosis, for coincident with the first general indication of improvement was the appearance of pus cells in the membrane, and these increased in number as the case progressed toward recovery.

ARTICLE II.

The Mind : Its Influence in Producing Pulmonary Tuberculosis.

BY A. P. DUTCHER, M.D.

Enon Valley, Lawrence County, Pennsylvania.

How wonderful, how complicated is the human mind! Who can portray the magnificence of its power or the vastness of its comprehension? Think for a moment of its capabilities and the grandeur of its achievement! Man has but to will, and in an instant his mind is soaring with a velocity which leaves the flashing light of heaven far beyond its speed. At will it mounts to the starry heavens, and gazes on the sparkling gems of night wrapt in wonder and admiration. At will it soars beyond the azure vault, which limits its earthly vision to those regions where every star we see lights up other systems of worlds, which roll in other circuits; or to those still more distant orbs whose rays, though traveling since the birth-time of creation, have never fallen upon mortal eye, and there descries new planets and the "seed-bed of future worlds." Wonderful to contemplate! By his reflective and mathematical faculties, time has been computed, space measured, the celestial motions recognized and represented, the heavens and the earth compared, and man has not merely executed, but executed with the utmost accuracy, the apparently impracticable task assigned him by the poet:

"Go, wondrous creature! mount where science guides,
Weigh air, measure earth, and calculate the tides."

By the stupendous powers of the human intellect mountains have been overcome, and seas have been traversed; the pilot pursuing his course on the ocean with as much certainty as if it had been traced

for him by engineers, and finding at each moment the exact point of the globe on which he is, by means of astronomical tables. Thus nations have been united, and new worlds opened up for the unfettered energies of our race, that the senses are confused, the mind dazzled, and judgment and calculation almost suspended by the grandeur and brightness of the glorious and interminable prospect.

Nearly the whole face of the earth exhibits the works of human power, which, though subordinate to that of nature, often exceeds, at least so wonderfully seconds, her operations, that by the aid of man her amazing resources have been unfolded, and she has gradually arrived at that point of perfection and magnificence in which we now behold her. In all these points of view man stands alone—in his mental faculties and what he has accomplished, he is alone without a rival. Lord of the lower creation, nearly allied to his divine original, inherently weak—

“Midway from nothing to the Deity!
A beam ethereal sull'd and absorpt!
Though sull'd and dishonored, still divine.
Dim miniature of greatness absolute!
An heir of glory! a frail child of dust!
A worm! a God.” —YOUNG.

PART FIRST.

The Union between the Body and the Mind.

Between the body and the mind there is a most intimate union. As to the manner in which they are connected, we know nothing. This much, however, we do know—that the mind in this world depends upon the brain for its existence and manifestation, and it is only through it that it can act. Although we know nothing in regard to the mysterious connection between the mind and the body, the link that joins us to another world, we can yet perceive and appreciate their effects upon each other, and the manner in which their influence is wrought. They are the subject of constant observation. We behold them daily in the strong play of the passions. Observe the stormy circulation, the convulsive muscular motion, the foaming mouth, and the glancing eye, so instantaneously produced by a fit of anger. Grief makes its insidious entrance to the very citadel of life, weakens its forces one after another, until by slow degrees they lie prostrated before its paralyzing energies. Extreme joy may destroy life. The passion of fear diminishes the action of the heart, empties the blood-vessels of the skin, and robs the muscular system of all its

powers. The most trifling derangement of the liver or stomach have been known to generate a moping melancholy or delirium, that has continued through life.

On the other hand, the mental operations are constantly modified by the varying conditions of the body—by hunger and thirst, by immoderate nourishment; even by the slightest change of air. The energies of the stomach are suspended by intense application of the mind. How is the memory impaired, the judgment weakened, and the imagination diseased by the slightest disorder of the digestive organs! The experience of every observer has taught him that the judgment is less clear after a full meal than before. What remarkable differences in the character of mind, temper and dispositions are invariably connected with the different temperaments of the body! Who does not know, for example, the influence of the liver upon the temperaments? Its preponderance over the other organs throw over the external habits, the functions, the passions, the character itself, a peculiar cast, remarked by the ancients, and fully confirmed by modern observation. Differences equally remarkable are uniformly true of the sanguineous and other temperaments.

We might cite other examples, to show the wonderful union which exists between the body and the mind. But those that have been presented are amply sufficient to introduce us to the influence which may be exerted by the mind in producing pulmonary tuberculosis. That it sometimes is a means in causing this malady, I am fully convinced. My experience leads me to believe that the abuse of the propensities, the depression of the moral sentiments, and the overworking of the intellectual faculties, and the incidental infractions of the physiological laws which attend their habitual abuse, will, in individuals who inherit the tubercular diathesis, soon produce the fell disease.

PART SECOND.

The Propensities: Their Abuse a Cause of Phtisis.

According to the mental philosophy, which we take as our textbook, the various elements that constitute the human mind are classed under three heads—viz., propensities, sentiments, and intellectual faculties. The propensities relate more particularly to man's physical being. They never form ideas; their sole function is to produce feelings of a specific kind, such as sexual love, the love of offspring, love of home, and physical courage. They are the attributes of mentality which constitute man a social being, and are the bases

of the married relation, the propagation of the race and its defence. When properly directed by the moral and intellectual faculties, they give a healthy and vigorous tone to the mind, impelling it to the performance of high and noble duties. But when diverted from their legitimate use, they sometimes produce the most fearful wreck of mind and body which falls to our lot to contemplate. The propensities are blind. As a general thing, they seek their own gratification ; hence all those hideous vices that pollute the heart and blight the fair prospects of the race. Take, for an example, those propensities the abuse of which leads to sexual excess and self-abuse. What a dreadful amount of misery do they inflict upon their deluded votaries ! Oh ! how many beautiful forms and brilliant intellects have been shrouded in the gloom of eternal night by these hateful vices.

Every physician who has been in the habit of observing the human countenance as an index to health and disease of the body, must have been often impressed with the conviction that some great and extensively operating cause is at work, depressing the physical and mental energies of an immense number of young men and women, who, by continuing their daily avocation, give little or no indication of disease. Yet there is a want of physical energy and mental vivacity, which points to some debilitating cause which is sapping the fountain of life, and consigning to a premature grave vast numbers of our race. This secret enemy is very often found to be sexual excess and self-abuse. The reason for this will be readily seen when we reflect that it is between the sixteenth and twenty-fifth year that nature has occasion for the highest activity of all her forces, in order to form a frame, fit not only to endure the trials of life and vicissitudes of climate, but transmit health to offspring ; that any very extensive failure to attain this result at once arrests the attention, and leads us to ask, Why is this ? Has nature willed it to be so ? We think not. It is man's folly. It is man's wicked violation of heaven's constituted law. That law he can not break without subjecting himself to the direst penalty. To expect the reverse would be to look for a miracle.

Where nature's laws are strictly followed, as is the case with the inferior animal, we see no violations of this kind. We find that they produce their species at the time of life and season of the year best suited to the intentions of nature ; there is no such thing as early sexual desire, provoked by many errors of early life in the human family, and actual instruction by impure associates. It is true that animals reach maturity at different periods in the same genus ; but this will always be found to depend upon circumstances, either favor-

able or otherwise, to early or late development. The mind and nervous system furnish the powerful means of too early development of the sexual desire in man, which frequently results in that great bane of the human family, *onanism*.

This is a most consuming vice ; it throws into shade nearly every other means of cutting short human life ; it rivals intemperance, war, pestilence and famine. That it should be a fruitful source of phthisis is not to be wondered at, for its very tendency is to impair the vital forces, and cause a low degree of nutrition, which produces the deposit of tubercular matter in the lungs. And from some inquiries that I have made on this subject, I am perfectly satisfied that in nearly two cases out of five, where pulmonary tuberculosis occurs under thirty years, it may be ranked among one of the chief predisposing causes.

Where phthisis attacks individuals who are addicted to this vice, they are the most hopeless cases that come under our care — indeed, I have never known one to recover. It has always appeared to me that the victims of this habit were bound in fetters stronger than steel, and that nothing short of omnipotent power could break their bonds and emancipate them from their servitude. In managing patients of this description, we can accomplish but very little by medical treatment. The moral pharmacopœia furnishes us with the most reliable agents to overcome this vice.

Although this vice is a secret one, yet I have never found much difficulty in detecting it. False delicacy is a great barrier in the way of some physicians from eliciting all the facts in the case. This should never be allowed to stand in the way of our duty, especially when life is the prize for which we contend. I have never thought it derogatory to the dignity of my profession to employ every moral consideration which Christianity presents, to relieve the sufferings and maladies of mankind. And I envy not that physician who would ignore the principles of Christianity in their practical application to his own personal actions, or the correction of wicked and profane habits in others.

PART THIRD.

The Sentiments: Their Abuse a Cause of Phthisis.

The sentiments constitute man a moral and religious being. They remind him of his duty to his Maker and his fellow-man. They also cheer him in adversity with the genial rays of hope, and present to his view a brighter and more glorious existence in eternity. The

abuse of the sentiments give rise to several passions, such as blind, religious zeal, disappointed hope and grief. When these passions are in excess they prostrate nervous energy, upon which the normal activity and strength of the system depend. This depression of the vital forces, if long continued, may, in individuals predisposed to tubercular disease, lead to its immediate development. This has been frequently noticed by writers on phthisis.

Laennec was of the opinion that the depressing passions were, in many instances that fell under his notice, the chief cause of this malady. In his work on the Chest, he tells us that he had under his observation, during a period of ten years, a marked exemplification of the effect of the depressing passions in producing phthisis, in the case of a religious association of women, of recent formation, and which never obtained from ecclesiastical authority any other than a provisional toleration, on account of the extreme severity of its rules.

The diet of these persons, he says, was very austere, yet it was by no means beyond what nature could bear. But the ascetic spirit which regulated their minds was such as to give rise to consequences no less serious than surprising. Not only was the attention of the deluded victims of this society habitually fixed on the most terrible truths of religion, but it was the constant practice to try them by every kind of contrariety and opposition, in order to bring them as soon as possible to an entire renunciation of their own will. The consequences of this discipline were the same in all: after being one or two months in the establishment, the catamenia became suppressed, and in the course of two or three months after, phthisis declared itself. As no vows were taken in this society, Laennec advised his patients to leave the house as soon as symptoms of phthisis began to appear, and nearly all those who followed his advice recovered their wonted health. During the period that he was physician of this association, he witnessed its entire evacuation and renovation three times, owing to the successive loss of all its members, with the exception of a small number, consisting chiefly of those who had the business management of the establishment.

This is a very extraordinary history, and the author of it would have conferred a great favor upon the profession if he had been more particular in his details. But a moment's reflection on the physiological laws that preside in the case can not fail to satisfy the most skeptical in regard to its truth. It is an incontrovertible fact that the passions, through the medium of the nervous system and circu-

lation, operate most powerfully upon the functions of organic life ; and when they are greatly depressed, they are very liable to terminate in tubercular disease of the lungs or softening of the heart. The observation of every physician must teach him that it is impossible to maintain the physical forces of the system in a natural and vigorous condition, if the mind be in a state of suffering. Every one must have observed the altered appearance of persons who have sustained calamity. A misfortune that struck to the heart happened to a person a year ago : observe him some time after—he is wasted, worn—the miserable shadow of himself ; inquire about him at the distance of a few months—he is no more !

Examples of this kind lay scattered all through my medical experience. Take a case of disappointed love. See that delicate and emaciated female ; she is on the brink of the grave. I knew her when the rose of health bloomed upon her cheek, and hope danced before her captivated vision in the sunshine of coming prosperity, and joyous anticipation painted in glowing colors the veil of futurity. Of excellent parentage, she was the pride of her friends, the boast of her relatives, and the centre around which revolved the affections of all who had the honor of her acquaintance. If this earth ever gave birth to an angelic spirit, it was she. But in an unlucky moment she received a blow, from which she has never recovered. Disappointed love has crushed her heart. At the very moment expectation stood on tiptoe, the ideal of her soul eluded her grasp. The blow was too severe : her physical powers gave way under the crushing weight of her mental anguish : phthisis is now consuming her vital forces, and death is waiting for his victim.

This is no fancy sketch. It is a brief description of a living reality. Every city and town has its prototype. This world of ours is full of broken hearts and crushed affections ; and who witnesses more of it than the physician ? From the very nature of his calling he is brought into immediate contact with it. The chamber of disease and death is the legitimate sphere of his action. While other men cull the sweets of creation in the perfect state of action and repose, and while they enjoy the delights of general society, the attention of the physician is occupied with her melancholy condition of disease and decay ; and instead of the music of the festive hall, he listens to the sighs of suffering anguish with a heart yearning for its relief. And thrice happy is that individual who, when smitten with affliction, is so fortunate as to fall into the hands of a scientific, conscientious and sympathizing physician. He is a friend, indeed, who can relieve our

physical suffering, bind up the broken heart, and restore peace to a soul tossed on a sea of trouble.

Take another example of the depressing passions in producing pulmonary tuberculosis. Let it be grief. Morton a long time ago treated of its influence in producing this disease; and nearly every physician of extensive experience must have met with instances of it. I had a very striking case in my practice a short time since. It was that of Mrs. A., aged thirty-five, whose husband had been dead some eight months. Mr. A. was a young man of wealth. His mind had been well cultivated in his youth, and he delighted in literary pursuits. His temper was mild; his manners retiring, and he spent the most of his time in the duties and enjoyments of his happy home. He unfortunately inherited the tubercular temperament, his father and mother having both died with phthisis. Mrs. A. was a woman of fine mental powers, very orderly in her manners, very affectionate in her disposition, and greatly attached to her home. Here was an earthly paradise, where congenial and pure spirits delighted to meet and hold sweet converse. But it was of short duration. The health of Mr. A. commenced gradually to decline, and before he was aware of his true condition, he was beyond the skill of the physician. By degrees he gently passed away, exchanging the cares and sorrows of a transient life for the joys and felicities of one that is incorruptible, eternal, and that fadeth not away.

He left many friends to mourn over his untimely departure. But none grieved so bitterly as his bosom companion. His death overwhelmed her in the deepest sorrow. Her grief was tearless. She felt that the last link which bound her to earth was broken, and she coveted death as a boon to assuage all her woes. Her anguish was so great that her nights became sleepless and her days wretched and miserable. Her appetite and strength failed, and day by day she withered under the blighting influence of her mental depression. The consoling powers of friendship and religion furnished but a temporary mitigation for deep despondency. Threatening symptoms of pulmonary tuberculosis soon manifested themselves, and by degrees ripened into certainty. Hæmoptysis and hectic speedily supervened, and she fell a victim to the disease in one year and three months after the death of her husband. So far as I could learn, she had no hereditary proclivity to tubercular disease, her family being free from its taint. Grief was evidently the moving cause of the malady in this case, for it induced all those circumstances which are favorable for its development.

PART FOURTH.

The Intellectual Faculties: Their Abuse a Cause of Phthisis.

Deranged health is a never varying effect of an overworked brain. The history of literature in all ages presents melancholy instances of superior minds over which the grave has prematurely closed; of genius formed to take long and adventurous flights, and talent whose beginning gave the promise of enduring fame, suddenly extinguished. Nor do our times fail to swell out the melancholy list. The path of science is beset with many dangers. It is presented to our eye nearly every day in the pallid look, the dull eye, the weary gait, and the emaciated forms of many of our most promising youths who throng our various institutions of learning.

The age in which we live is one of progress and improvement. The march of mind is upward and onward, and intellectual excellency and superiority is the golden crown for which many of our youths are striving. This desire for intellectual improvement has aroused a spirit of ambition, which to a certain class of mind is full of danger. We do not, however, wish it to be understood that we consider intellectual pursuits detrimental to health. Far from it. The frequent failures that come under our observation, especially among the young, are to be attributed to many causes. It is the unfavorable circumstances under which this kind of labor is performed. It is crowded rooms, improper hours, transgressing upon the period of sleep, positions unfavorable to the freedom of the corporeal organs, with unnatural repose of others, and protracting the labors of the mind long after the changing countenance has uttered the warning voice that nature demands repose.

There is very much in our present improved system of education, as we sometimes call it, which is destined to be very injurious to the young and rising race, unless it be speedily corrected. In every department of learning there is an urgent necessity for a more rigid application of those laws which lay at the very foundation of man's physical being. Where these laws are habitually transgressed, health can never be enjoyed. In our judgment, every parent and teacher should be intimately acquainted with the science of physiology, that they may be able more efficiently to train up the youth of this land in the way that nature designed they should go. I feel quite satisfied that if more attention was bestowed upon the physical and intellectual training of children, the mortality from pulmonary tuberculosis would be greatly reduced.

It is a generally prevalent notion among those who are ignorant of the principles of physiology, that a superior intellect is incompatible with a vigorous and healthy body, that strong powers of mind are necessarily lodged in weak and delicate frames; or, in other words, it requires but little strength of constitution to be a student, acquire massive learning, and be an intellectual giant. The origin of this opinion is probably to be traced to the fact that there are and have been men of great mental powers, who had very feeble constitutions and were always in delicate health; but there is every reason to believe, if their constitutions had been vigorous and their health robust, that their mental powers would have been still stronger, and their intellectual achievements more grand and glorious.

In accordance with this popular error, children of the most feeble constitutions are selected to be made scholars; and although many victims have been annually sacrificed, the mistake is likely to be perpetuated. There is, however, not the least doubt that a boy in delicate health might, with proper care, obtain a thorough education and attain to eminence; but, on account of his feebleness, it is evident that he can not perform so great an amount of labor as he could were he more robust. A man of good constitution and in high health can endure labor and privations without fatigue or inconvenience, and resist the cause of disease longer than one of an opposite condition. Mental labor, of all others, produces the greatest degree of wear and tear of life, and causes the most sad inroads upon health. Who, then, can best endure it, the robust or the weak?

When a parent estimates the talent of his child, he does it with a parent's fondness and parent's prejudice; ill health in childhood excites his compassion, and the most delicate boy is selected for one of the learned professions. Great mistakes are thus made — the boy is compelled to study a profession because he is sickly, and not because he has talent or relish for the occupation in which he is forced. He is thus sacrificed, and the cause of science and the welfare of the community entirely overlooked by an erring, misguided father. Exercise and active employment in the open air give health and strength; a sedentary, studious life, and confinement within doors, tend directly to undermine the strength and destroy health. Therefore, let the feeble pursue the former, and the more robust the latter course, and we will hear far less about the ravages of pulmonary tuberculosis among the youth of our land.

ARTICLE III.

Cases in Ophthalmic Practice.

BY E. WILLIAMS, M.D., CINCINNATI, OHIO.

CASE I.—*Vesicles on the Cornea.*—Mrs. S., æt. forty, consulted me, some twelve months ago, about a painful affection of her right eye. She stated that the eye first became blind from cataract, about three years previously, and soon after that she began to suffer from attacks of pain and inflammation, which had returned at intervals ever since. When I first saw her the eye was free from pain and injection. There was a yellowish white, shrunken, chalky looking cataract, with several points of synechia posterior; a marked dirty-greenish discoloration of the iris, with a nebulous condition of the lower half of the cornea. Some weeks afterwards she was seized with severe pain in the eye and circumorbital region, and sent for me again, when I found her laboring under a paroxysm of intercurrent irido-choroiditis, with hæmorrhage into the anterior chamber.

Under the use of leeches, purgatives, anodynes internally, and the frequent application of a strong solution of sulphate of atropia, the symptoms subsided. The attacks of inflammation, however, recurred again and again with increasing intensity and diminution in the intervals, attended each time by the escape of blood into the anterior chamber. At length the synechia became total, the iris bulged forward towards the cornea, and the sufferings of the patient were so great that I resolved to perform iridectomy. I made the operation externally, but did not succeed in removing as much of the iris as I desired. The eye soon recovered from the effects of the operation, and seemed better for several weeks, but the paroxysms returned again, and continued to appear at intervals of a few weeks, till I finally removed the cataract, some ten months ago. I made a superior flap, but could not divide the thickened, tough capsule with the cystotome, and the cataract would not escape by the usual pressure. I then entered with a small forceps, seized the capsule in the middle of the pupil, and extracted it with the lens enclosed.

After this the case progressed favorably, and she has not since had any trouble till two weeks ago, when she came to me complaining of a feeling of something foreign in the eye, which caused a rubbing sensation every time she winked. The eye was slightly injected and somewhat sensitive to the light. On close inspection I discovered a raised transparent vesicle of the size of a large pin's head in

the centre of the cornea. It was but imperfectly filled with a clear serum, so that by pressing the edge of the lower lid upwards against it, I could flatten a part of the vesicle and cause the upper portion to bag out more conspicuously before the margin of the lid. Between this time and the next day the vesicle ruptured and the rubbing feeling subsided. It filled again, however, in the course of the following twenty-four hours, with renewal of the photophobia and scratching sensation. I then punctured the little bladder with a cataract needle. It collapsed immediately, and after a few hours the eye was again comfortable. Two days afterwards another vesicle of larger size formed in a new place, just below the seat of the first one, and the same uneasiness was experienced. This ruptured and refilled several times in the following two or three days. On the 12th of this month I found the bladder collapsed and the epithelial layer of the cornea movable, by pressure through the medium of the lid, to the extent of the two blisters, which seemed to have become confluent. I then separated the lids and pinched up the loose membrane with a fine-toothed forceps, and tore it away shred by shred. The patch thus denuded was of an oval shape, about an eighth of an inch in width, and extending from the centre of the cornea to the inferior limbus conjunctivæ. As I drew away the lowest portion, there escaped a little blood from the injected vessels of the limbus which were lacerated. A smarting pain followed this little manœuvre, but it abated after a few hours under the use of ice-water compresses to the eye, and instillation of atropin. Since then she is quite comfortable. To-day the injection of the eye has much diminished, and there is only a diffused, very slight cloudiness of the cornea where deprived of its epithelial covering. From present appearances the patient will be permanently relieved as soon as the epithelial layer is restored, as it will be very rapidly.

Before removing the detached layer I had used atropin, a three-grain solution of nitrate of silver and calomel, introduced into the eye one after another, on successive days, but all without any apparent benefit.

The formation of these vesicles upon the cornea in the course of a diffused parenchymatous keratitis has been observed by Graefe, of Berlin, and described by him in the *Archiv für Ophthalmologie*, vol. ii., part I., page 206. He says they occur in the progress of diffused cornetitis — sometimes several in number, and isolated from one another by intervening healthy strips of cornea, and covering altogether as much as one-fourth, or even one-third, of that organ.

At other times they run into each other, and thus produce larger vesicles. They rupture and sometimes refill by closure of the little rent, to burst again in a larger extent. The elevated portion, if not removed, sloughs away and is gradually reproduced, and on the spot where it has gone through this process no new vesicles are ever seen to form, but they may occur at other points in succession. The disease is annoying and tedious, and most certainly relieved by the removal of the detached portion or portions of epithelium, with fine forceps and scissors, or with forceps alone.

The disease of which I am speaking is readily distinguished from the elevated patches of exudation in phlyctenular keratitis, by the transparency of the vesicles, their flabby appearance, and the subsidence of the liquid to the lowest point, as in a common blister. Besides, there are no blood-vessels traversing the cornea to the diseased spot, as in phlyctenulæ. While phlyctenular keratitis is a very frequent disease, and occurs far most commonly in children, the vesicles which I have described are very rarely seen, and nearly always in persons somewhat advanced in life. Graefe saw the disease, during the year previous to his description, in only four patients out of five thousand. Three of these patients had them on both eyes, the other in only one.

He describes one case only of a central group of isolated vesicles, fifteen to twenty in number, occupying altogether a portion of the cornea of about the size of the ordinary pupil, and very much resembling a patch of *herpes*. They were seen in an old woman with chronic conjunctivitis palpebralis, and disappeared in three or four days.

A microscopical examination of a portion of the elevated membrane removed from one of his cases, revealed that it was composed of three layers: 1st, the epithelium; 2nd, Bowman's membrane; 3rd, a superficial, very thin lamella, of proper corneal tissue.

The case which I have detailed presents other points of interest besides the presence of those rare vesicles. It would seem that the irido-choroiditis was caused by the presence of the calcareous lens, as it did not yield to the usual treatment, neither to iridectomy, but subsided as soon as the lens was removed from the eye.

The sight was but imperfectly restored by the extraction of the cataract, on account of the previous injury to the eye resulting from the long continued inflammation, but more especially in consequence of an extensive opacity of the lower half of the cornea. Indeed, my object in operating was not so much to restore sight as to relieve

pain. Still the patient can see large objects and count fingers at the distance of eighteen inches.

The recent attack of superficial keratitis with vesicular formations was not attended by either iritis or choroiditis, and the pain which the patient experienced was altogether different.

The left eye of the patient also presents one point of very peculiar interest, which I think worthy of mention. It had been operated upon for cataract when the patient was a little girl, by solution through the sclerotic, as well as I can judge by appearances and the patient's own account of the operation. But imperfect sight was restored because of a secondary cataract, which followed the absorption of the lens. For the last few years, since the right eye became so gravely affected, this has been her only useful eye. She can read large print, such as No. 14 of Jaeger's scale, with great difficulty, and only for a few moments at a time, with a convex lens of two inches focus. The pupil is round and active, but there is a distinct irregular opacity caused by the presence of an opaque capsule, between which and the iris there are adhesions. The eye in other respects appears healthy; and when this false membrane is lacerated, as I propose to do at some future time, she will probably see much better.

Extending perpendicularly from the capsule, near the inner edge of the pupil, when it is of medium size, through the anterior chamber to the concave surface of the cornea, is a delicate filament, not larger than a very fine human hair, and resembling in its white silky appearance a minute thread of spun glass. It is probably the elongated remains of an adhesion which formed between the capsule of the lens and the cornea when the two were in contact from swelling of the lens after the operation. As the cataract was absorbed and the anterior chamber reestablished, the tenacious substance of the adhesion was drawn out into this peculiar form, and has for some reason withstood the dissolving properties of the aqueous humor. Central perforation of the cornea, with escape of the aqueous humor, especially in cases of perforating ulcers, is often attended by agglutination of the capsule of the lens with the cornea, where they come into contact through the pupil. When the opening in the cornea closes, the aqueous fluid being retained, it separates these two surfaces by its gradual accumulation. With the reformation of the anterior chamber the adhesion is lacerated, leaving a conical patch of lymph on the capsule, corresponding to an opaque spot in the cornea. This is the so-called *cataracta pyramidalis*. I have never seen a case in which

the adhesion failed to lacerate and was drawn out into a filament, that remained as a permanent bond of union between the capsule and the cornea. It is only where synechia anterior and posterior have been left behind by a perforating ulcer or puncture, that the capsule and cornea are bound together permanently. In the eye above described, the thread of communication between the capsule and the cornea is very long, in consequence of its central situation and the increased depth of the anterior chamber, resulting from the absorption of the lens. It is, therefore, the more remarkable that it did not rupture.

CASE II.—*Separation of the Retina.*—J. W., a laborer, æt. twenty-five years, came to see me about the first of last month, in regard to a defect in the vision of his right eye. Some six weeks previously he discovered, by accident, that the sight was very deficient, a fact of which he had had no premonitions whatever. On closing the left eye, he found that all objects *above* the level of his face were entirely invisible, while those below were seen but indistinctly. From that time till he called on me the vision of this eye had remained just the same. On causing him to fix a point on the wall a few feet away, with the deceased organ, the other being closed, and then directing him to observe a white-handled knife, carried successively from that fixed point in different directions, I ascertained that the upper half of the field of vision was a blank, while central vision was very imperfect, also that of the lower part of the field. The pupil was unnaturally large, but responded moderately to changes in the degree of light. The general appearance of the eye was healthy. I dilated his pupil with atropia, and could then discover a wavy appearance in the lower and back part of the eye, as of some semi-opaque body that was agitated by the least movement of the globe.

By the use of the ophthalmoscope, I could readily see a bluish-white globular bag projecting up into the vitreous humor from below, which was thrown into undulations every time the eye was rotated. It was of the size of a filbert, and extended from the ora serrata to within a few lines of the optic papilla. Mounting up over its surface from behind, I could discover the vessels of the retina, and trace them sometimes as dark red, at others as almost black lines, forwards over the wavy sac. There could be no doubt about the diagnosis. A large portion of the retina was detached from the choroid by a collection of serum, a condition that is sometimes called *hydrops retinae*. As the lower portion of the membrane was thus affected, of course the defect in the field of vision was above.

I presented the case at a meeting of the Academy of Medicine, and there was but one opinion about the correctness of the diagnosis. I did not prescribe for the patient, and have not since seen him, to know whether the appearance has altered. The sight of his left eye was perfect.

Whether the elevation of the retina was of recent occurrence or not, I could not ascertain ; likewise as to the question of the original seat of the collection, I was unable from my examination to determine. It may have formed where it is now, or it may have subsided by mere gravitation from its original position above. These collections of fluid between the retina and choroid, whether composed of blood or serum, may either escape through a rent in the retina into the vitreous humor, giving rise to diffused turbidness and floating corpuscles in that fluid ; or it may subside to a lower point, if formed first above ; or, finally, the collection may remain the same in size and position.

In a very large proportion of the cases of this disease, which is very common in amaurotic affections, the collection is found at the time of examination in the inferior half of the retina. Dr. Graefe says that this is the fact in 95 per cent. But he and others have seen patients where the separation was at first situated above, with defect in the lower portion of the field of vision, and in which, in course of time, the field cleared up below, and became simultaneously deficient above—the collection of fluid having changed position from the upper to the lower hemisphere of the eye, as ascertained by the ophthalmoscopic examinations. From this it is inferred that the comparative frequency of the collection in the most dependent part of the eye, when examined, as these cases usually are, at a late period in the history of the disease, may be a post phenomenon, resulting from subsidence of the fluid from its primitive situation, in obedience to the law of gravitation.

In a prognostic point of view, it seems that if the fluid in a recent case of *hydrops retinae* is absorbed, so that the retina subsides to its natural level, the detached portion may again resume its functions. The sight in the corresponding part of the field of vision may then be restored. But in long standing cases this appears impossible. The persistence of the *natural transparency* of the detached retina is, perhaps, as Graefe remarks, a *conditio sine qua non*, in the question of restoration of vision.

The prognosis in retinal detachments is, however, always unfavorable ; for even if the fluid disappears and the vision is partly or com-

pletely reëstablished, there is a strong tendency to a recurrence of the difficulty at some future period. In the past seven years I have seen a considerable number of patients with this lesion, none of whom have yet improved in their powers of vision. For very interesting observations on this subject, I refer the reader especially to an article from Dr. A. Von Graefe, in the fourth volume of the *Archiv für Ophthalmologie*, part II., page 235 ; also to one from the pen of Dr. Liebreich, in vol. v., part II., page 251, of the same periodical.

Hospital Reports.

Commercial Hospital.—DR. THOMAS CARROLL, Attending Physician. (Reported by Dr. GEORGE S. COURTRIGHT, Resident Physician.)

Hepaticization of Right Lung, with Congestion of the Left.—Mary Ann H., æt. 22, Scotch, admitted April 11th, 1862.

History : Patient is eniente, and became an inmate of the hospital to await delivery ; is small and has a delicate appearance, but says she has always enjoyed good health ; legs and feet very much swollen, œdematous and painful. Gave small doses of potass. acetat., and used anodyne embrocations to legs and feet with decided relief.

On evening of April 22d, was taken with a rigor, which was followed immediately with pain in the right side of chest, of a sharp, lancinating character, which was greatly aggravated by coughing, or on taking a full inspiration. This was soon followed by thirst, hot and dry skin ; the dyspnœa was intense, and the local pain excruciating ; respiration frequent ; pulse frequent, quick and wiry ; tongue furred ; bowels constipated. On percussion, found dullness over various portions of the chest ; but more marked over lower lobe of right lung. On auscultation, vesicular murmur obliterated ; respiration tubal, mingled with the sibilant and mucous rales ; cough frequent and suppressive, with a copious expectoration of a mucopurulent sputa—at times slightly tinged with blood. Was placed under the following treatment : Blood-letting, bath, local and general, to the amount of about ℥xvi. ; the compound infusion of senna, ℥iv., every three hours, till bowels moved, followed by—℞. Hydrarg. submuriat., grs. viij., morph. sulph., grs. ij. M. Fiat chart. No. iv. Sig. one every four hours.

April 24th.—The dyspnoea and pain has greatly diminished; the febrile symptoms have almost disappeared; pulse not so frequent, but fuller and more compressible. Applied a blister five inches square over right side, and gave—℞. Pulv. ipecac et opii, grs. viij., every four hours.

April 25th.—Patient much improved; respiration much fuller, sibilant, rales disappearing; expectoration continues copious; sputa same in character.

April 26th.—Patient *in statu quo*.

May 5th.—Patient has progressed slowly and is now convalescent. After patient was quite well, from some cause took a relapse; was dry cupped, and gave small doses of vin. antimonii and pulv. opii et ipecac. Is now free from pain; can take a full inspiration without any inconvenience. For some days gave small doses of potass. acetas and an occasional anodyne, on account of legs and feet being painful.

On the evening of May 26th, about 6 P. M., labor pains came on, but not very expulsive. Breathing soon became labored and difficult; membranes ruptured about half past 1 o'clock A. M., and labor pains soon became periodical and expulsive. Child was born in about two hours; uterus contracted readily, and placenta was delivered in about five minutes. Breathing continued laborious, and dyspnoea intense; auscultation revealed tubular respiration, mingled with the mucous rales; dullness on percussion, over greater part of right lung. Was placed under the following treatment: ℞. Ant. et pot. tart., gr. one-tenth every two hours, with hot embrocations of spt. terebinth over chest; but dyspnoea became more and more intense, and patient expired at 5 P. M.

Post Mortem.—Twenty-two hours after death: Body shows ordinary fullness of flesh, except arms, which are thin, and legs and feet, which are œdematous; face livid and somewhat swollen; thoracic organs occupy their natural positions; strong adhesions at apex of left lung anteriorly, none on right side; right lung hepatized, except in portions near apex; left lung very much congested throughout; heart and valves normal in substance. Found quite a large, white, fibrinous clot in right auricle; similar one extended into pulmonary artery; large recent clot in left auricle; firm adhesions between liver and diaphragm; liver otherwise normal. All the other organs healthy in every respect, except an unnatural paleness of the uterus.

Proceedings of Societies.

Proceedings of the Union Medical Association, Knightstown, Ind.

Reported by JOHN LEWIS, M.D., Secretary.

The society met agreeably to adjournment. The President in the chair called the meeting to order.

Members present—Drs. Cochran, Coffin, Canaday, Rawlins, Lewis and Newby.

After disposing of the reading of the minutes and other miscellaneous business, Dr. Lewis reported a case of spinal irritation, occurring in a child twenty-one months old. The little patient was relieved by active purgatives, the warm bath, and anodyne liniment applied to spine. The reporter remarked, that during the past year he had seen and treated an unusual number of such cases; he depended upon anodyne applications to spine, active purgatives, warm bath and tonics.

Dr. Cochran had noticed the prevalence of the same form of nervous disease for some months past. His treatment generally was laxatives, the warm bath, tonics, and an anodyne liniment to spine. He thought an anodyne application to spine had a better effect than irritation from tartar emetic, croton oil, or blisters.

Dr. Rawlins reported a case of labor in which uterine action was inefficient. For the purpose of increasing uterine contraction he used quinia sulph., ergot and dry cups to sacrum, without any effect. He resorted to the use of forceps with a happy result; mother and child did well.

Dr. Canaday said that he had but little faith in these labor-inducing agents. Ergot, considered the chief one of the class, frequently failed to produce any effect; so also did venesection, quinia sulph., dry cups, and a host of other agents that had been used by the profession.

Quite a warm discussion now arose about the labor-inducing properties of quinia sulph. and other agents, which the Secretary failed to note.

Dr. Coffin reported a case of fever as one of a class that had recently come under his notice. The case at the onset was attended with a good deal of gastric irritation, frequent vomiting of small quantities of bilious matter, abdomen tender and somewhat tympa-

nitic, bowels very easily moved, and tenderness along the entire spinal column. He had treated them successfully with calomel, opium, quinia sulph., liniment, stimulating, tepid spongings to surface, and a sustaining diet.

Dr. Rawlins remarked that a similar class had come under his observation. He generally found them with a clean tongue, tender spinal column, torpid liver, hot skin, feeble pulse, tinnitus aurium, mental hebetude, etc. In their treatment he could see no good effect from either calomel, quinia sulph., or blister. He got a better effect from the use of extract podophyllum, tepid spongings and a sustaining diet. His cases convalesced slowly.

Dr. Canaday remarked that, in his opinion, based on considerable experience, these cases would get along better without any treatment, except tepid sponging, than too much medicine; he thought such cases were frequently treated too much.

Dr. Cochran reported a similar class. In his treatment he used but little medicine of any kind; depended upon an emulsion of spirits turpentine, small doses quinia sulph. and pulv. hydrastic canadensis, together with tepid spongings, rubefacients, and a generous diet. His cases did well, those taking the least medicine getting along the best.

Proceedings of the Hebron (Ohio) Medical Society.

Reported by J. R. BLACK, M.D., Secretary.

The Society held its fourteenth session in the City Hall, Newark, on Tuesday, July 1, 1862. The President, Dr. Vannetta, in the chair.

Of the members, there were present: Drs. Watkins, Culbertson, Ewing, Thrall, Stewart, Spencer, Sinnet, Evans, Rissler, Black and Atwell.

The following gentlemen, all of Newark, united with the Society: Drs. Wilson, Roe, Hood, Ballou, Hamill, Barrows and Bosley. Dr. Marble, also of Newark, was elected an honorary member.

Dr. Culbertson, of Zanesville, reported in substance as follows, on diphtheria:

1. That the disease is allied to erysipelas.
2. That the great diagnostic mark of the disease is, that it travels from the upper part of the throat downward.
3. That the microscopic characters of the false membrane do not

differ essentially from that observed in the more marked forms "croupous exudate," which consist, together, of an amorphous blastema, of nucleus and cell-formations, more or less akin to pus cells and pus nuclei, and of a predominating quantity of granulated substance.

4. Of the treatment: Tr. ferri murias, diluted from one to two-thirds, as a local application to the throat, applied thoroughly every two or four hours, according to the activity of the disease. Giving internally, to an adult, one-half teaspoonful of same medicine, largely diluted. At the onset, should there be much fever, give tinct. verat. viride, and towards the close of the disease, and sometimes earlier, give quinine and brandy. Under this treatment not a case in thirty-six was lost.

Dr. Roe maintained that diphtheria was not a new disease, having heard it described in Edinburgh many years ago; while Dr. Thrall considered the disease to be but a modification of cynanche maligna.

Dr. Black remarked that whether the disease be old or new is an immaterial point; that the great claim of moderns lay in its improved treatment. He drew attention to the remarkable efficacy of emetics, when the disease has extended into the larynx, repeated every night in the nocturnal exacerbation.

Dr. Culbertson indorsed the treatment, but differed from the last speaker as to any differences between the exudation in diphtheria and true croup. They are identical.

Dr. Stewart read a case of supposed abscess of the uterus, which led to an interesting discussion as to the value of the speculum in uterine affections. Dr. Culbertson held to the affirmative, while Dr. Watkins to the negative, relying upon the *tactus eruditus*.

Dr. Watkins' report upon the use of the tampon in uterine hæmorrhage, more especially as applicable to placenta prævia, held that it has great advantages in many cases over that of manual assistance; that if made of proper material, and efficiently introduced, it will promptly arrest the bleeding, encourage uterine pains, and simplify the case to mother, child, and accoucheur, narrating two cases which promptly exhibited these beneficial results.

Dr. Culbertson considered it a poor remedy for placenta prævia; that its effects were temporary and uncertain, and that while you were thinking your patient safe, away comes the tampon with a gush of blood.

Dr. Watkins stated that in his experience this difficulty did not occur. No doubt, if the gentleman used such a tampon as that

recommended by Dr. Meigs, it would recur, for cotton on saturation shrinks, whilst tow expands and affords a sure barrier to the bleeding till uterine action expels the fœtus.

Dr. Sinnet gave the history of a case of dry gangrene. It occurred in an infant, aged eleven months. The first derangement to its previous health was a slight attack of dysentery, followed by an enlargement of the parotid. The mother soon after had an attack of quinsy, which appeared to react injuriously upon the child. The first spot appeared over the malar bone, soon after in other parts, and more extensively over the gastrocnemii muscle. In about eight days sloughing or separation began, the process of cicatrization being extremely slow. The child recovered. The treatment consisted in the administration of iodine of iron, quinine, cod-liver oil, and rye-whisky.

Dr. Atwell reported two cases of diarrhœa treated by hydrochloric acid.

Dr. Ewing briefly reported a singular case of disease, to him entirely new. The case was in Thornville, (near Licking Reservoir), in the child of a practicing physician of that place. Age eleven years; previous health good; taken with a chill, followed by fever; pulse 140, at highest point; tongue red at sides, pointed, brown coat in the centre; lancinating pains in the extremities; tenderness over spinal axis; much pain in the head, followed by delirium. At the close of second day from invasion, dark purplish spots appeared over the whole body, a few of them rising above the cuticle, and becoming filled with an ichorous fluid. Intestinal evacuations dark and offensive, and urine highly colored and scant. These symptoms continued for about a week, when the delirium subsided and the febrile action became distinctly intermittent. Severe neuralgic pains, however, continued, and the head was drawn back upon the shoulder. Subsequently the Doctor stated that there had been three cases in the neighborhood having the characteristic eruption, all being very similar, except that one had labored under convulsions. On the recommendation of the doctor, the treatment was changed from calomel to quinine. They all recovered.

Various opinions were expressed by the members as to the nature of this anomalous affection. One thought it might be the fish disease—being on the margin of the reservoir; another that the primary cause seemed to rest in the medulla spinalis, while others thought the disease to be simply purpura.

Dr. Black related that he had seen, in the proceedings of the Cin

cinnati Academy of Medicine, published in the *Lancet and Observer*, a case reported by Dr. Stevens, that had all the indications of being the same disease; and that, from the statement of another member, the same affection had been prevalent in Louisville, Ky. By them it was termed *acute purpura*.

Dr. Wilson said that the relation of this case reminded him of one that came under his care in 1856. It resulted in empyema, with great accompanying dyspnoea and œdema of the lower extremities. Soon after the supervention of these symptoms, black spots appeared over the whole body, some about the size of a pea, and containing a viscid liquid. On performing the operation of paracentesis thoracis, all these signs disappeared, and the patient recovered.

The chair, on request, appointed Dr. Black essayist for next meeting, to be held in Granville on the first Tuesday in October.

Correspondence.

An Interesting Case in Army Practice.

EDITORS LANCET:—Among the surgical cases that have fallen under my care since my connection with the army is one that has been quite interesting to me, a brief account of which may interest your readers.

P. H. McGrew, a sergeant in the Seventeenth Regiment, O.V., was wounded whilst on picket in front of Corinth, Miss., May 22d, 1862. The ball struck three-fourths of an inch inside the patella, entering between the condyle of the femur and the head of the tibia, passing through the joint and emerging immediately in front of the tendon of the biceps. The patient was seen by my assistant soon after the reception of the injury, who reported very free hæmorrhage, which he with difficulty arrested. I did not see him until inflammation had supervened upon the injury, and decided to save the leg, at least until the second time of election. I was aware, in the language of Dr. Gross, "Experience has shown that when the articulating extremities of the femur and tibia are fractured by a ball, the proper remedy is amputation, and that the history of surgery records very few recoveries, without operation, of gunshot wounds opening the knee joint;" but both philosophy and the history of our surgery at Mill Springs and Shiloh had impressed upon me another truth thus

expressed by Mr. Guthrie: "In any period from the time inflammation has commenced in the seat of injury, and symptomatic fever is established, amputation is performed under very different circumstances than when it has been done prior to their supervention; the parts to be divided are no longer in a healthy state; they have taken on inflammation tending to suppuration, and will not unite by adhesive inflammation, as they would have done had they been divided forty-eight hours sooner. The operation instead of relieving the symptomatic fever greatly increases it. It is now really a violence superadded to an injury." The ball produced as little injury as is possible from such an accident, the posterior edge and the styloid process of the head of the tibia being slightly fractured, and the external condyle bruised. The patient was placed upon strict antiphlogistic treatment, absolute diet and anodynes to secure rest, with constant cold irrigation to the parts, by which means inflammation was held in abeyance. Upon the fourth day after the injury, several surgeons from the controlling and neighboring commands called and desired to examine the case. Every facility for doing so was afforded them, and all save Surgeon Coons, of the Thirty-eight Regiment, O.V., and myself, were in favor of an immediate operation, and all but one of excruciation. We thought if we failed in our present effort that would be the operation; but that neither the time nor place were opportune. The patient being under my charge, my treatment was continued.

Upon the evacuation of Corinth a few days after this, the sick were removed from their respective camps to General Hospitals. McGrew was placed at the Driver House, of which I was given charge. A few weeks later, at the breaking up of this hospital, he was removed to Corinth. Having been granted leave of absence on account of my own health, and permission to remove McGrew to Ohio, I took him with me to my own house, where I continued to treat him until the 13th of July, at which date I was compelled to rejoin my regiment.

At that time, seven weeks after the injury, there was little swelling or pain, slight discharge from the posterior opening, and roughness about the styloid process. He could bend the knee and go about the room upon crutches. His general health was good. I left him in care of the Ladies' Aid Society of Franklin, and in charge of my friend, O. Evans, Jr., M.D., who will, doubtless, be able to give a good account of his case.

My treatment, after the suppurative stage was established, was tonic and alterative, allowing full diet and using freely hypophosphite of iron and quinine.

I am aware this case is not yet a success. The patient is not well. But his steady and rapid improvement, notwithstanding the frequency and distance of his removals, and his present very satisfactory condition, warrant a favorable prognosis; and if this were not the case, the patient is now in a far better condition for any operation that may be deemed necessary, than when the subject of acute inflammation and symptomatic fever.

W. L. SCHENCK,

Surgeon Seventeenth Regiment, O.V.

[We have received the following communication from our friend, Dr. Hartmann, too late to place it under the head of Original Papers, and, therefore, insert it as correspondence.—Eds.]

Dermatobiotikon, or Life-Awakener.

Under this high-sounding name a new light has broken forth and is now shining upon the profession, not only through the newspapers, but through books and circulars, and vials and traveling agents, and residing physicians, to awaken to life again what is dead, and to supersede, without inflicting pain, and for a very small consideration, all the good-for-nothing efforts of those battling with the ills that flesh is heir to. Arise, O ye sleepers, who are trundling on slowly on the hard path of scientific treatment, lay aside your mixtures and pills and nasty instruments of torture, rub your eyes, and be convinced that the new era of light and happiness is dawning upon us, doing away forever with drugs and dietetics and surgery, and all them things so hard to learn and so disagreeable to the patient. For, lo! the philosopher's stone has been found, the source of wisdom is discovered, and to you all is now represented the great curer of all maladies in the form of a neat little instrument, with a very small bottle of oil, which you can conveniently carry in your vest-pocket, and obtain for a paltry couple of dollars.

Such were the ideas aroused by the appearance of a very scrofulous-looking individual in our office, one sultry afternoon, an oil-cloth satchel in one hand and a circular in the other, which latter he presented to our inspection. In it a Dr. Firmenich, residing at Buffalo, N. Y., calls attention to the great invention now introduced under such an appalling name, and supports his enormous claims for the same with testimonials of Drs. V. Mott, of New York, S. Gross, of Philadelphia, C. Meigs, and a number of others. The very English name—which does not much correspond with the attempted classical appellation—recalled to memory some experience of the past, and soon

the new bantling, robbed of its mystic veil, appeared in the shape of that old imposition, called *Baunscheidtismus*. It originated some ten years ago with a pensioned Prussian sergeant, living near the University of Bonn. Since, he has been repeatedly punished for illegal practice; he is now evidently endeavoring to mend his broken fortune by sending emissaries to this country, and appointing agents in the principal cities. A bookbinder has been acting in that capacity in New York, a shoemaker in St. Louis, and a painter is trying it on his own hook in Cleveland. While up to this time the German press particularly has been filled with the pretended virtues of this great humbug and the wonderful cures said to be effected by it, the missionaries are now going forth all over the land to preach the gospel of the humble Prussian pensioner, and a book giving instruction in the new art is published in all languages. And, after all, what is the truth about this mystery? Mr. Baunscheidt, the aforesaid pensioner, conceived the idea that a leech did not suck—notwithstanding one of its names was derived from that very action—but only inflicted a bite, and it would consequently be easy to counterfeit the animal's operation. The fruit of this idea was *Baunscheidt's artificial leech*, consisting in the small blades of three pocket-knives fastened to a wooden disc in such a manner as to form a triangular cutting edge with their sharpened transverse ends. By means of a spiral wire spring attached to the other side of the disc, and inclosed into a small wooden tube, with the free end projecting, the knives could be retracted, and were pushed into the skin by the revulsive action of the wire spring. The application to the gums was sometimes followed by a slight hæmorrhage, but on the external surface the leech imitation would not work. It was then improved by substituting for the knives a number of needles, and enlarging the disc for their accommodation; and taking a hint from the swelling following the sting of certain insects, Mr. Baunscheidt boldly made another step towards perfection, by charging the points of his needles with a pustulating oil, said to be of his own invention and sold only by him, at several dollars an ounce. Unfortunately for his wit, this great compound, pronounced the *oleum Baunscheidtii*, resembles a mixture of croton oil, with some other bland oil, so closely, even in its wonderful properties, that the one is unscrupulously substituted for the other by the disciples of Baunscheidt themselves. Hence the effect of the oleum may be inferred. Every puncture made by the needles, turns into a small ulcer or pustule, and the surface operated on is more or less inflamed, in accordance with the quantity of oil used. This inflammation and

ulceration is proclaimed to be the result of the morbid matter being drawn out by the life-awakener, which thereby cures rheumatism, neuralgia, paralysis, all internal inflammations and accumulated diseases, etc., etc. The whole effect is nothing more than counter-irritation, somewhat more rapidly developed than vesication or pustulation by tartar emetic. A slight pain or congestion may yield in consequence of the new congestion produced, but nothing further can be expected or realized. What still remains valuable in this instrument is of very questionable worth; the points charged with the oil are deprived of the latter while penetrating the first layer of the skin, so that there is no effect beyond the skin, except, perhaps, the puncture. To irritate the skin, however, we need only apply the croton-oil or other appropriate agents without the interference of needles, and are then better enabled to control and limit the irritation than by the use of such an instrument which in itself hurts more than the oil.

We give this exposition because so much is claimed for the contrivance, but no close examination is allowed unless the full price for instrument, book and bottle is paid. Not even a copy of the circular containing the testimonials can be had, and this latter circumstance alone arouses the suspicion that not everything is right with the signatures there used. And if they should be genuine, what we can not believe, the fact that some intelligent men may happen to be bamboozled, need not make others the dupes of an artificer and a cheat.

C. A. H.

Letter from A. Growling, M.D.

CHROMATIC HILL, July, 1862.

A medical acquaintance of mine once came to ask my advice about a patient of his, a little delicate boy, four years old, suffering from some obscure form of disease of the respiratory organs. The disorder was acute, but protracted, having already existed some eight weeks, during which time the doctor had given emetics and cathartics, cupped and blistered the chest, administered mercurials and antimony, and had gone through with the whole catalogue of expectorants, one after another, singly or in various combinations, all without apparent benefit, and to his chagrin and sorrow the child continued still to fail.

He had not been able to make out what was the matter with it, nor could I from his narration of the case; but from the patient's condi-

tion and history, as he detailed them, I suggested a sustaining regimen, nutritious diet, some form of alcoholic stimulants and anodynes. He replied that the patient was too ill to trust to negative measures; it had already been sick about eight weeks, was emaciated and worn down, much harassed with cough, and if the disease could not be speedily eradicated, the child must die. He had seen, in some periodical that he could not now call to mind, a recommendation to use a combination of arsenic, mercury and iodine (the precise preparation he had forgotten,) in an obscure pulmonary disorder, and as nearly everything else had been tried, he wished to know what I thought of the use of Donovan's solution in the case.

I endeavored to show him, not only the inadequacy of such a course, but also its probable injurious tendency. Nothing, however, would convince him that supporting measures could be of any avail until the disease was conquered. Donovan's solution was given, and the result, I suppose, need not be announced; it would have been the same, probably, under any treatment, but certainly it looks as if the chances for a different one would have been enhanced by another course.

Perhaps my acquaintance entertains extreme views of the nature of diseased action, as related to normal action in the human system, but, unquestionably, there are many doctors who look upon disease as in no way beneficially influenced by anything that does not in some manner violently and unnaturally disturb the course of normal action. And these are the physicians who think they are not discharging their duty to patients under their care, unless they are giving them active and perturbing treatment, whether they clearly recognize the disease or not.

Formerly the medical men holding these views were probably the greater number, and possibly they are so yet; but, at all events, there are now a great many, and they are men of enlightened minds, clear perceptions and enlightened judgments, occupying positions where such qualifications can be exercised, who have come to teach and practice the doctrine, that where the indications are not distinct and unequivocal for the use of heroic remedies, they should not be administered; and in cases where obscurity and doubt hang over the diagnosis or the appropriate indication, an expectant, temporizing or negative plan of treatment should be followed until a judgment suitable for other action can be formed. And this practice is not a mere ephemeral whim of fashionable therapeutics, but a solid and substantial improvement, based upon advancing knowledge in every depart-

ment of medical science, and abundantly sustained and confirmed by clinical experience.

Great force is added to the value of the advice of those who inculcate caution in the use of powerful drugs, by a consideration of the progress of medicine as a science since the world emerged from the shadow of the dark ages. The more we scrutinize the changes that have obtained in therapeutics during that period, the more we become convinced that nearly all real improvements have been in their nature a progress from the mystical and severe to the plain and mild.

Three hundred years ago Paré kept anxious vigils all the first night after the day on which he had first known a wound on the battlefield to be dressed without being cauterized with boiling oil. This departure from the accustomed manipulations of recent wounds was not an experiment suggested by his philosophy and adopted of choice, but a necessity forced upon him by a failure in the supply of the liquid cautery. Whether this failure was in consequence of an excessive consumption or a short supply, is not material; in either event, it was not the less a blessed accident for the wounded then, and for all subsequent time. Paré arose from his restless couch to find, with astonishment and gladness, that those for whom there was no boiling oil, not only did not die in consequence, but actually got well sooner and better than those to whom it was applied.

Here was accident teaching by a demonstration, and the lesson was not lost on the acute mind of the French surgeon. Spurred to active thought, and guided by the light of this involuntary experience, he conceived the possibility of stopping hæmorrhage after amputations by the ligature instead of the actual cautery, previously deemed absolutely necessary. He announced this conclusion to his colleagues, and soon after, at the first opportunity, put it to the test of trial. In this experimental trial he saved his patient, who esteemed himself a happy man to have lost his leg without having the stump seared with a red-hot iron.

From that day to this we see that step by step surgeons have been simplifying the management of stumps of amputated limbs, until now we find them trying to arrest the hæmorrhage by acupressure, applied outside the cut-surface, in order to avoid the irritating presence of the ligatures upon the face of the stump, which, as foreign substances, are an impediment hindering nature's effort to heal up the approximated surfaces. And in the dressing of simple incised wounds, which is now completed by putting the lips in apposition and properly retaining them there, it is within the recollection of

many physicians not yet superannuated, that a great array of balsamic vulneraries and healing ointments were considered essential to insure a speedy and certain cure.

If the practice of the surgeon has become simpler and plainer, as it became better, it has done no more than keep pace with the practice of the physician in the same behalf. Two hundred years ago, the learned and philosophic Sydenham revolutionized the treatment of variola and other exanthematous fevers, by making the patient as comfortable as circumstances would permit while the disease ran its course, instead of attempting to sweat out or smother out the malady by processes as unpleasant to the patient as they were injurious.

Since the days of Sydenham the list of diseases has largely increased wherein the violent perturbing treatment has been discarded, and a less disturbing and more pleasant management substituted. In continued fevers the use of depressing agents has nearly ceased; in malarious disorders, in their multiplied characters, the specific remedy is applied without the long and distressing preparatory treatment formerly in vogue; in rheumatism the profuse venesection, violent catharsis, and distressing mercurialization have been abandoned for milder and better measures. So one might continue enumerating the many other disorders where the forcing therapeutics have given place to the persuasive therapeutics. Even in inflammation, which is the great debatable ground of the present day, all candid observers of current actions can not but acknowledge that the tendency in practice is to be less heroic, with nearly all physicians, no matter what theories they entertain or promulgate.

Within a few days I read the following paragraph in *Bumstead on Venereal*, viz.:

“The remedies recommended in the preceding pages for gonorrhœal ophthalmia may be recapitulated in the order of their importance as follows: cleanliness, frequent application of an astringent solution, nourishment, and in most cases, stimulants and tonics, radiated incisions of the chemosed conjunctiva, cathartics, and local depletion. This plan of treatment differs widely from the copious and repeated venesections, the low diet, and the free administration of mercurials and tartar-emetie, prescribed by nearly all writers on this affection until within a very few years. If the practice which I have advised were new, it might be requisite to say something further in its defence; but its claims have already been established by most of the eminent authorities, of what may be called the modern school of ophthalmic surgery. When supported by the writings and practice of such men as Prof. Graves, Critchett, Bowman, Wilde, Dixon, France, Hancock and others, both in this country and abroad, it is

unnecessary to say anything further in its favor. I will only add that my own experience, drawn from the largest infirmary for diseases of the eye in this country, perfectly coincides with that of the authors above mentioned."

Bumstead published this declaration in 1861: now contrast it with a quotation I make from *Lieutaud's Synopsis*, published in 1816. After stating that general bleeding by "the cutting of the saphena, jugular or temporal artery itself, is justly considered preferable to the rest," and recommending local depletion by scarification of the "bulb of the eye" and eyelids, and leeches to the neighboring parts, Lieutaud adds:

"Meanwhile it is of no small account in this disease, that the belly be preserved loose; namely, by the usual remedies, and especially by the mineral waters possessing these virtues. Moreover, temperants and demulcents are profitably administered, viz: succory, vorage and dock, chicken broth, that of river crabs and tortoises, milk, whey, emulsions, barley and rice gruels, acidulous mineral waters, etc. Also, as opportunity offers, there is advantage from the use of depurants taken from anti-scorbutics and sudorifics, namely: nasturtian and water cress, china root and guaicum wood, mineral diaphoretics and other antimonials, the broth of viper and snake, etc. Sometimes aperients and incidents are successfully used, viz: woodlice and marterials, mercurials; and, lastly, sedatives and narcotics are not to be despised, with which, nevertheless, we must deal cautiously."

We may well smile, and at the same time feel a little qualmish at the recital of some of these remedies, "broth of viper and snake," for instance; but doubtlessly the physicians of that day thought themselves as wise as we deem ourselves, and were as earnest and truthful; perhaps, too, fifty years hence our successors may look back and find something in our present practice as absurd as we regard the above in the practice of 1816.

In pharmacy, too, there has been even greater changes than in the other departments of medicine already mentioned. There was a time when the *electuarium, opiatum polypharmacum*, containing seventy-two ingredients, was a favorite prescription, and the *confectio damocratis*, compounded of forty-five simple substances, was esteemed a valuable preparation.

Thus we see that for ages the tendency in various departments of medical science has been from the severe, the abstruse and the complicated, to the mild, the patent and the simple. And I hold that this is an imperative command to intelligent physicians, to adopt the milder and the simpler means in the management of disease, when-

ever and wherever they do not have the clearest conviction that the more active and disturbing method is required.

Hippocrates taught that "nature cures diseases," and that the province of the physician was to watch the operations of nature and coöperate with her : to stimulate her when she was weak, to repress her when too strong, and to guide her when she went astray. Medical men in all time since have professed to act upon this aphorism, but the grossest errors have arisen from not recognizing just what nature did or was capable of doing, mistaking her weakness for her strength, and looking upon the perturbation of her successful efforts at cure, as convincing proof that she had lost all control. The truly great in medicine among our ancestors have been those who were capable of discovering more or less of these errors, and their good deeds, which claim our reverence, were the pointing out of means wherewith we may correct the evil. And the good work still goes on in our midst. Every year, nay, every month, gives birth to some new fact that leads us another step nearer that goal from whence shall be seen just what nature can do, and how art can best interfere to assist her.

But because our forefathers and ourselves have applied powerful measures where and when they were not needed, and mischief came of it, let us not fall into the opposite and equal error of supposing that active remedies are never demanded in the treatment of disease, or, if demanded, that we do not understand the time or the manner of their use. We do know a great deal, but we do not know all, and what we want is to separate the known from the unknown, and while we act with positiveness and vigor in the former, let us fully recognize our ignorance in the latter, and therein be as determinately negative. Our decision of what is known in therapeutics must not rest upon the declaration of any man unless it is sustained by facts recited by him, or otherwise in our possession, nor is it proper to take anything as proven, because it has long been believed and frequently reiterated by authors of note and prominence. It would not be difficult to get rid of a good many of our injurious practices, if it were not that they have been long received as right and proper, and their value asserted by one teacher after another, simply because they originated with some of good repute. "But error, especially when sanctioned by a great name, is a source of great danger, since many minds are wont to accept the opinion of others without criticism, and to study books rather than nature."

By this exposition of the past, we find that gradually, since the

dark ages, the practice of medicine has been changing step by step from the complicated, the mysterious, the radical and the imperative, to the simple, the plain, the conservative and the conditional; that nearly all the valuable and persistent improvements have been such as acknowledged that nature did much that had been attributed to art; and that the honored heroes of our profession have been the men who made this discovery and had the moral courage to proclaim and act upon it.

What a beautiful, what a valuable lesson this contains! Let us all ponder on and profit by its teachings. A. GROWLING, M.D.

Reviews and Notices.

On Military and Camp Hospitals; and the Health of Troops in the Field. Being the results of a Commission to inspect the Sanitary Arrangements of the French Army, and incidentally of other Armies in the Crimean War. By L. BAUDENS, Inspector and Member of the Council of Health of the French armies, etc., etc., etc. Translated and annotated by FRANKLIN B. HOUGH, M.D., late Inspector of the U. S. Sanitary Commission. New York: Baillière Bros., 440 Broadway. 1862.

The title of the little work before us is somewhat lengthy, but we quote it in full, because it expresses, quite as well as any commentary we can give, the intended objects and scope of the author. We have already had some experiences from the Crimea, and the volume before us is an interesting and readable contribution of the same character.

M. Baudens was placed in a position very favorable for observation during the occupation of the Crimea by the French and English forces, and we find gratifying evidence that these opportunities have not been neglected. M. Baudens says in his preface, "The grand memories of the Crimean war belong chiefly to history; and now wise and useful measures, as well as errors and faults, may be discussed with equal loyalty and double profit, to the end that henceforth, instructed by experience, we may be able with certainty to adopt the one, and carefully avoid the other." The American translator has very wisely supposed that the lessons thus conveyed to the allied armies should prove of equal significance to our countrymen in the midst of our present terrible crisis.

Part I. of the book is devoted to matters pertaining to camps; em-

bracing the medical topography of the Crimea, rations, shelters, clothing. Some persons very foolishly suppose that the army bread allowed soldiers in camp is a great hardship. Experience has proven not only the reverse, but that soldiers very soon learn to prefer the hard, even heavy and coarse army bread to biscuit. M. Baudens remarks that it "digests more slowly, lies better on the stomach, and never leads to satiety and disgust." A varied nourishment is necessary for man every where, and one of the wants of an army has always been to provide for the usual lack of vegetables, especially of the acid vegetables. To obviate this want the army of the Crimea was largely supplied with lemon juice, which has long been known to mariners as invaluable for its antiscorbutic properties. Soup is an important article of soldiers' diet, but, unfortunately, too few cooks, in the army or elsewhere, know how to prepare it properly.

Wine and brandy were regularly amongst the rations of the Crimean army, but coffee was often given out as a substitute, and according to M. Baudens, with excellent and striking results, one very important effect being to enable soldiers to ward off the "intestinal looseness" so frequent in warm climates. "The soldier, by steeping some pieces of biscuit in his coffee, makes at will a very nutritious soup, of which he never gets tired. Coffee is especially useful on a halt, or in the trenches, and, in short, anywhere when the soldier has not time to prepare his soup. It refreshes and enlivens, while it does not prevent sleep after a day of fatigue in the open air."

The reader will find, under this chapter on rations, a great many valuable hints and suggestions, which, of course, our space will not permit the notice.

Part II. considers field hospitals and medical service. An important and instructive group of topics are presented under this subdivision of observations: thus infirmaries and field hospitals, surgical operations, physicians, chloroform, etc., etc. We should be glad if we could give at length some of the experiences of M. Baudens, related in these chapters. We must commend them to our readers.

The third part of this volume treats of hospitals and their diseases, and of typhus in the Crimea. Waiving any special notice of the chapters of this part of the book, we quote with some interest some allusions to the state of feeling between the various races and nations commingled together in fraternal regard upon the establishment of peace between the contending parties. French and Russians, English and Sardinians, although so recently and so heartily engaged in the amiable business of mutual throat-cutting, became at once upon the

most cordial footing. The Russian General, Commander-in-Chief of the division encamped near Belbec, in speaking of this, said to M. Baudens: "We have had some Zouaves for several days in our camp, who agreed perfectly with our soldiers. By the aid of a very simple pantomime, they understand one another wonderfully, and drink together gayly. These Zouaves expect to be punished upon their return to camp, and have asked me for a certificate, showing that they were so well received that it was impossible for them to return to their regiment."

Some reports and details of special cases go to make up an appendix of some interest, which concludes the volume.

A Practical Guide to the Study of the Diseases of the Eye: their Medical and Surgical Treatment. By HENRY W. WILLIAMS, M.D., Fellow of the Massachusetts Medical Society, etc., etc., etc. Boston: Ticknor & Fields. 1862.

It is certainly very refreshing in these days of military surgery, and when the medical press is so especially profuse in works and hand-books almost exclusively for the benefit of the camp, it is very refreshing to pick up a new book devoted to some regular department of medical science. Not that we deprecate the many useful manuals that the exigencies of the times have called out, but still it is pleasant to run over a new book, whose studies call you away ever so briefly from these days of civil war to the purer pursuits of our profession.

Dr. Williams is a well-known and highly reputable eye surgeon of Boston. He has contributed largely to the literature of his specialty, and whatever he has written carries with it a high degree of respect and authority. We are very glad he has embarked in the field of authorship, and we doubt not his little work will be received with pleasure by the profession. Dr. Williams has not aimed to present us with an elaborate treatise on the diseases of the eye, but rather a convenient hand-book suited to the wants of the general practitioner. Just such a work was needed, and from a superficial examination of the book we are satisfied the want is met. Some years since, a very useful little book on this specialty was published by Dr. Litell, of the Wills Hospital, of Philadelphia. That book, we believe, is now out of print, and, at any rate, in the progress of ophthalmic science we have had within ten years past almost a revolution, to say nothing of the wonders of the ophthalmoscope. A new book, even as a manual, is evidently proper and desirable.

We have not time for an analysis of Dr. Williams' book. Its topics embrace all the instruments, remedies and affections that inter-

est the ordinary student, or general practitioner. We can only further say that we heartily commend this book to the favorable notice of our readers.

For sale by Rickey & Carroll. Price \$1.25.

Sketches of the Rise, Progress and Decline of Secession: With a narrative of personal adventures among the rebels. By W. G. BROWNLOW, Editor of the *Knoxville Whig*. Philadelphia: George W. Childs. Cincinnati: Applegate & Co.

The adventures of Parson Brownlow, Parson Brownlow's daughter and Parson Brownlow's book, have been on the tongue of the nation for months past. The long-expected book is at length before the world, and contains the full record of his sufferings, experiences, escapes, and opinions. It is a readable book, of the sensation sort, and few will care to lay it aside until the last page is completed, when the perusal is once begun. The parson is faithful, consistent and brave, rare qualities in this day of truckling to might, and we heartily say all honor to the "fighting parson."

The publishers have courteously placed the book on our table, and we can scarcely do less than pay our respects to its appearance. It is, however, so far out of our way as a work of scientific import that we can scarce say more with propriety. We presume it will be for sale by all the booksellers of the country. But \$1.25 sent to the Western publishers, the Messrs. Applegate, will secure a copy sent by mail, postage free.

Braithwaite's Retrospect: Part Forty-fifth. Uniform American Edition. New York: W. A. Townsend, 39 Walker Street.

Part Forty-fifth of this old standard semi-annual résumé of practical medicine and surgery is promptly on our table. We are glad to see that Mr. Townsend is not disposed to permit this enterprise to languish. Half-yearly parts are now \$1.25 each.

PAMPHLETS RECEIVED.—*Medico-Legal Contributions on Arsenic*.—By CHARLES H. PORTER, M.D. Presented to the Medical Society of the State of New York at its annual meeting, February, 1862. Reprinted from the Transactions.

Wounded Trachea.—Cases reported by J. R. BOULWARE, M.D., of Albany, New York, to the State Medical Society of New York. February, 1862. Reprinted from the Transactions.

Caries of Elbow Joint.—Operation of Excision, with recovery of useful arm. By N. C. HUSTED, M.D., of New York City. Read to

State Medical Society of New York. February, 1862. Reprinted from the Transactions.

The Domain of Medical Police, being an abstract of a paper read before the New York Sanitary Association, February 6, 1862, by LOUIS ELSBERG, A.M., M.D.

Editor's Table.

Medical Board for the Examination of Sick and Wounded Officers.—In accordance with a general order (No. 6,) of the War Department, Gov. Tod appointed a Medical Board to examine all sick and wounded officers at home on furlough. The Board, composed of Dr. G. C. E. Weber, Surgeon-General of the State, Prof. S. M. Smith, of Columbus, and Dr. John A. Murphy, of Cincinnati, held two meetings at Camp Chase, and examined some one hundred and thirty sick and wounded officers. We are promised a paper from Dr. Weber, detailing the history of many interesting cases, from official notes taken by the Secretary of the Board.

Examination of Surgeons.—We publish the notice of the next meeting of the State Board of Medical Examiners, and ask our readers to give it general circulation in their neighborhood. The service needs men of the best qualifications, and we hope there will be a large number of our readers present at the meeting of the Board.

Headquarters Ohio Volunteer Militia,
Surgeon-General's Office, July 8th, 1862. }

The Board of Medical Examiners for the position of Surgeon and Assistant-Surgeon of the United States Army will convene August 5th, in the city of Columbus, at 10 o'clock A. M. All candidates are required to bring evidence that they are graduates of some regular medical institution, and men of temperate habits and good moral character. All candidates who have been admitted to the examination by producing such testimonials, will have their railroad fare refunded.

It is to be hoped, as the demand for surgeons of the new regiments to be formed is large, that a goodly number of the best medical men of our State will come forward.

Per order,

GUSTAV C. E. WEBER, Surgeon-General.

We can not omit to quote a passage from Gov. Tod's proclamation :

“To the medical profession, I must also make a special appeal. You have already won renown for your profession, by your prompt and gallant services in caring for our sick and wounded. Your good work, however, must be continued. Our gallant soldiers richly deserve

the best medical talent of the State; and it is ardently hoped that Surgeons of the very first rank will continue to tender their services. To be eligible for regular positions in the army, it is indispensable, by order of the War Department, that recipients of commissions be examined and approved by the State Board of Examiners. By this it is not intended, however, that members of the regular profession, of long practice and high standing, shall submit to a schoolboy examination. I desire only to know that they are worthy to be entrusted with the high responsibility of ministering to the gallant volunteers who may need their services."

The Ohio Penitentiary.—As the term of office of the late Board of Directors of the Penitentiary expires, Gov. Tod has filled their places with men in no wise devoted to the patronage of quackery. The new Board, at its meeting some short time since, gave the Homœo-quack leave to retire, by appointing Dr. W. L. McMillen, of Columbus, physician to the penitentiary. Dr. McMillen has, however, thought it to be his duty to accept the office of Colonel of one of the new regiments. The service gains a good man, every way qualified. We have no doubt that the Board will appoint some one of the clever gentlemen in Columbus so well qualified to take care of the health of the prisoners.

— Our readers are informed that a law was passed by the last Congress, allowing a second assistant-surgeon to each regiment of the volunteers. The medical staff of the regular army has been also largely increased. The army and the profession are chiefly indebted to Gov. Tod and Surgeon-General Weber for this law. There is not in the whole country two men of greater executive ability, of more grasp of intellect, comprehending the wants of the soldier, than these two distinguished gentlemen. It will be remembered by our readers that many members of the legislature during the last session ridiculed the recommendation of the Governor, when he asked for an appropriation to pay for a second assistant-surgeon. He was charged with the intention of appointing political pets, and that there was no necessity for additional medical aid. The legislature, however, very grudgingly passed a law allowing the Governor to appoint thirty assistant-surgeons to be paid by the State. Gov. Tod urged on the War Department the propriety and urgent necessity of a law by Congress increasing the medical staff, and it was done. No word is necessary from us to show the necessity and need of a second assistant-surgeon. Every medical man who has had any observation, is entirely convinced that the labor of taking care of a regiment is too much for any two surgeons.

Medical College of Ohio.—This institution held an extra summer session, running through March, April, May and June, and at the close of the term admitted the following gentlemen to the degree of Doctor in Medicine: D. D. Bramble, J. H. Clarkson, J. S. Ely, N. S. Hill, Robert Johnson, H. B. Lung, J. A. Lair, H. P. Kay, J. O. Marsh, C. D. Palmer, James A. Robinson, A. J. Rosa, G. W. Sayers, George E. Smith, Charles O. Wright, W. O. Walker, H. C. Waterman, J. L. Wylie, J. H. Wallace. We understand the class in attendance during the session was respectable in numbers. The valedictory to the graduates was by Prof. Blackman.

In our advertising department will be found the announcement of the Dean of the Faculty for the regular winter session.

The Death of Mr. Thomas Wakley.—The medical world will read with regret the announcement of the decease of Mr. Wakley, for many years the Editor in Chief of the *London Lancet*. He is, however, quite as well known for his activity and zeal in all matters pertaining to the interests of the profession, as for his journalistic characteristics. As a member of the British House of Commons, he had for many years been a leader in all questions of medical reform, and to his personal influence and efforts are to be attributed the success of many important measures. The August issue of the *Lancet* contains a lengthy and fitting memoir of Mr. Wakley, from which we should be glad to quote largely, but we have only room for the following notice of his last days:

“About a year and a half ago Mr. Wakley began to be troubled with a cough, attended by muco-purulent expectoration, occasionally accompanied with clots of blood. Emaciation, though not to any great extent, succeeded, and in January, 1861, owing to increasing debility, he repaired to Brighton, and placed himself under the care of Dr. Alfred Hall, whose assiduity was extreme. For some time he greatly improved under that gentleman's able treatment; but, owing to repeated slight attacks of hæmoptysis, he returned to London in April following. He remained in London and the neighborhood until July, when he proceeded to Scarborough; but deriving no advantage from his residence there, he returned to London in September, and on the advice of Dr. C. J. B. Williams, Dr. Brinton, Dr. Henry Bennet, and Dr. Hall, he sailed for Madeira in October last. For a time he seemed to be gaining strength, and he made arrangements to return home by the very ship which now bears his body over the waters. His death was the result of hæmoptysis to a considerable extent, which occurred in consequence of a fall upon the beach when landing from a small boat in which he had been sailing, in the immediate neighborhood of the coast. This happened on the 11th ultimo, and

he died on the 16th, at twenty minutes past two P. M. During his stay in Madeira he was under the medical care of Dr. Lund, whose kindness and attention were unremitting. He has placed the family of Mr. Wakley under a debt of gratitude which it would be impossible to repay. The deceased had expressed an earnest wish that his body should be buried in his native country; it was therefore embalmed, and placed on board the *Comet* sailing ship on the 24th ult."

Medical Schools.—Notwithstanding the disturbed condition of every department of business in the country, still our medical colleges are preparing for the coming winter's course of instruction. In our present issue we call attention to the announcements of the Medical College of Ohio in this city, as also the full announcements of the Cleveland Medical College, and the Bellevue Hospital Medical College of New York. It will be seen that these Institutions retain their full corps of able teachers, and the respective facilities of each are well known to our readers.

Personal.—Dr. E. Williams, of this city, has left for a brief trip to Paris. He will be present at the meeting of the Ophthalmological Congress in Paris, and will be enabled to look about and avail himself of whatever is new or interesting in his specialty.

Bills.—In the present number of the *Lancet and Observer* we aim to send out the accounts of all of our subscribers who are in arrears. We expect they will be honored so far as possible on sight. This will make things pleasant and easy for us, and our subscribers will feel better for the duty performed. We may have made mistakes; if so, we shall take pleasure in correcting them upon due notice.

—Dr. W. H. Mussey, of this city, has been appointed by the President one of the Medical Inspectors under the new law reorganizing the army.

—Dr. Carey, who was taken prisoner at the battle of Shiloh, has been released, and is now at home amongst his friends. He has been appointed Post-Surgeon to Camp Chase.

—The Cincinnati Academy of Medicine has suspended its regular weekly meetings during the "heated term." For the present, therefore, our readers may not expect any contributions from that quarter.

—Dr. Glover Perin, Surgeon U.S.A., has been ordered to this city as Medical Purveyor, *vice* Assistant-Surgeon J. P. Wright. A large medical storehouse has been opened, where all requisitions will be filled.

The Legal Relations between Physician and Patient.—We are inclined to the doctrine of the gradual progress of the human race, socially and intellectually, notwithstanding many incidents which every now and then seem to overthrow such a pleasant view of things. In the medico-legal questions that are continually arising some most unholy decisions have been made by the courts; but still the *tendency* of the courts seems in the right direction, and we fancy we see light ahead. Upon this question we find some very interesting reflections in the *New York Medical Times*, which we reproduce for the benefit of our readers:

“It is not generally known to the surgeon, we believe, that he gives his services under the form of a contract. This contract may be only implied, or it may be expressed in terms. In either case he is responsible for the fulfillment of his part of the contract.

“The implied contract grows out of his offering his services to the public as a qualified practitioner of his art; and in all suits for alleged medical malpractice under it, it is uniformly held by courts that the practitioner is bound to bring to his case the ordinary degree of skill of his profession. In the legal phraseology: ‘The implied contract of a physician or surgeon is not to cure—to restore a limb to its natural perfectness—but to treat his case with diligence and skill.’ ‘His contract, as implied in law, is that—1. He possesses that reasonable degree of learning, skill, and experience, which is ordinarily possessed by others of his profession; 2. That he will use reasonable and ordinary care and diligence in the treatment of the case committed to him; 3. That he will use his best judgment in all cases of doubt as to the best course of treatment.’ The meaning of the term ‘ordinary skill’ has given rise to much discussion, and too frequently is regarded by lawyers as requiring too high a standard of attainment. An eminent English jurist declares that all surgeons are not required to have the skill and knowledge of Astley Cooper, but only that skill which gives average results. Judge Story says: ‘In all these cases, where skill is required, it is to be understood that it means ordinary skill in the business or employment which the bailee undertakes; for he is not presumed to engage for extraordinary skill, which belongs to a few men only in his business or employment, or for extraordinary endowments or acquirements.’

“But the surgeon may make a special contract with his patient, and then he is held strictly by its terms. If he contract to do what is *absolutely* impossible at the time the contract was made, he is not bound thereby, for a man can not be compelled to perform an impossibility. He will forfeit all compensation for his services. If, however, he contract to do anything *accidentally* impossible, the contract is binding, ‘it being his own fault and folly that he did not expressly transpire, and exempt himself from responsibility in certain events.’—(Chitty on Contracts.) The surgeon may then contract to effect an absolute cure; and the highest degree of skill, combined with the ut-

most care and diligence, will not relieve him of his responsibility, 'because it was his own fault, or inexcusable ignorance, that so uncertain a result should have been guaranteed successful. The extent of the physician's or surgeon's liability, under an express contract to cure, will depend upon the circumstances of the case. If he undertakes an absolute impossibility, the law will not hold him responsible for the full extent of the damage resulting to the patient by reason of the failure to cure. His responsibility extends to a forfeiture of all compensation for medicine and service; the impossibility of the undertaking excuses him in part.'—(Elwell.) The surgeon who makes a special contract can not afterwards plead ignorance or want of skill; he, in effect, binds himself to bring to his undertaking a degree of skill and knowledge equal to its performance.

“The subject of special contracts between surgeon and patient has recently been reviewed by one of the courts of the State of Ohio, and a new and interesting phase has been given to it. A suit for alleged malpractice was brought in due form, and evidence brought forward to prove that the defendant did not exercise ordinary care and skill. The defendant claimed that he had a special contract with the plaintiff that he would not be responsible for results. The Court charged the jury as follows :

“ ‘A physician or surgeon, in undertaking the treatment of a surgical or medical case, enters into a contract with the patient. In the absence of any special one, the general law requires that the physician or surgeon shall render to the patient the ordinary skill—not the highest order of skill, nor the lowest, but something like the average skill of the profession. The general law also requires a reasonable amount of care on the part of the physician or surgeon. These principles are applicable to persons engaged in other pursuits. A mechanic in building a house, or a lawyer in the management of a case at the bar, is responsible for the exercise of reasonable skill and care. The defendant, Dr. Butler, however, claims that he had a special contract, which obligated him only to the exercise of the skill that he himself possessed. This contract the defendant had a right to make; and this contract, if proven—a matter of which you are to be the judges—is the measure of his responsibility, in the case at issue, for surgical skill.’

“Whereupon the jury gave a verdict for the defendant. If this decision is accepted as a rule in our courts in suits for alleged malpractice, we see no reason why the surgeon may not always relieve himself from all liability to damages in the practice of his profession. He has only to stipulate that he will use all the skill which he himself possesses, a fact to which in several States he may be a witness, and a nonsuit would be the result.”

At the Annual Meeting of the Medical Society of the State of Pennsylvania, held in Philadelphia, a committee was appointed to inquire as to the expediency of publishing a Daily Medical Gazette.—*American Medical Times.*

Adulteration of Drugs.—The editor of the *Boston Med. and Surg. Journal* expresses a fear that one of the evils of approaching financial troubles and embarrassments will be a strong temptation to the increased adulteration of leading and active drugs. We quote some remarks on this subject from a recent number of the *Journal* :

“ One of the necessary evils growing out of the heavy taxation with which the country is soon to be burdened, a taxation affecting nearly all commodities of a commercial nature, will be, it is feared, the revival of a practice to which dealers in medicines are peculiarly prone, and which has already repeatedly called for legislative action ; we allude to the adulteration of drugs. In these days, when self-interest seems to have become paramount to all else, when the modicum of virtue has not reached such a point among men as to render the millennial period an event of immediate probability, it may again become the duty of legislators to guard the public against the danger arising from this pernicious and wicked practice. That the temptation to many will be unusually pressing, to resort to this somewhat unscrupulous method of preserving a pecuniary equilibrium, may be regarded as more than probable, when we consider the greatly increased expenses of living, together with the increase in the prices of medicines. Many druggists who before have been enabled to gain a livelihood, will thus be in danger of being thrown out of employment, on finding an honest subsistence by this means to have become problematical ; while others, less scrupulous, will not hesitate to gain by fraud what may be lost by misfortune. There should be no lukewarmness in this matter ; it is one far too serious to be lightly considered. So long as there are those base enough to meditate so gross an offence against the public whom they profess to serve, so long will it be incumbent upon the profession, as well as others, to see that their purposes are frustrated, and that the offenders are brought to speedy justice. There are offences which, by their boldness and adroitness, command a certain measure of admiration for their perpetrators ; and there are also those, and to this latter class belongs the one to which we now allude, that can only be committed by a mean and sordid soul, who but excites our pity and contempt.”

The Cholera at Mauritius and the French Medical Practitioners at Reunion.—A very interesting and even affecting correspondence is published in *L'Union Médicale*, between the medical men of the French Island Reunion and the authorities of Mauritius. It would appear that at the time the cholera was raging in the latter island, the practitioners of Reunion wrote, in a body, to the authorities of our colony to offer the services of as many of them as would be required to go and assist their English brethren. The disease, however, declined rapidly, and the authorities answered the generous offer in a very appropriate manner, thanking the medical gentlemen of Reunion, and announcing to them that, although touched by their willingness to assist the authorities, they were, owing to the mitigation of the epidemic, able to cope with the disease.—*Lancet*.

Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

PRACTICAL MEDICINE.

1. *Magnesia a Corrigenis to Cod-Liver Oil*.—Many persons who were unable to keep down cod-liver oil, returning it several hours after taking it, were ordered by Mr. Dannecy (*Bull. Gén. de Thérap., etc.*) to take after each dose eight or ten grains of calcined magnesia in a little water. The success was most complete.—*Amer. Med. Monthly*.

2. *Strychnine in Chronic Rheumatism*.—In three cases of chronic rheumatism, Dr. O. C. Gibbs used nothing but strychnine. Of a solution containing four grains to the ounce, five drops were ordered three times a day, increasing one drop every second day, until ten drops were reached, or even fifteen, if improvement was not very decided before that time. Neither of the cases have resisted for more than three weeks.—*Med. and Surg. Reporter*.

3. *Eupatorium Cannabinum in Cholera*.—Dr. Van Dromme (*Presse Méd.*) obtained favorable results with the plant in the cholera-epidemic of Belgium in 1859. An ounce of the plant was boiled with about three pints of vinegar down to one-third; one-fifth as much syrup of belladonna added, and of this mixture one to two tablespoonfuls given every hour, less often as soon as the cyanosis subsided, entirely suspended with the appearance of bilious stools. Besides, warm or cold water (acidulated or not) internally, washing with vinegar and water, cloths wet with vinegar and water to the abdomen, good ventilation, not too warm covering of the patient. Under this treatment, the cyanosis is said to yield gradually in two or three hours, and the warmth of body and pulse slowly to return, while vomiting and rice-water discharges may continue for some days longer without further injury (?). Of thirty-two patients so treated twenty-six recovered.—*Schmidt's Jahrb.; Amer. Med. Monthly*.

4. *Epistaxis*.—Mr. Rawdon Macnamara says: In simple cases of passive epistaxis in delicate patients and due to some trifling congestion, we can not do better than at once have recourse to five or six-grain doses of fresh prepared powder of ergot of rye, repeated according to the emergency of the case, every ten or fifteen minutes. In that form of epistaxis which, cotemporaneously with hæmorrhages in other situations, appears in purpura, or in the advanced stages of blood diseases, or by exposure to wet, the palm must be given to turpentine, either alone in capsules, or in the form of emulsion, or combined with brandy or whisky, in the form of punch. The latter is made by adding from half to a full wineglass of spirits of turpentine to a tumbler of brandy or whisky punch, and administered, in severe cases, to the patient in as short a space of time as he can swallow it.

The extraordinary results that ensue in apparently hopeless cases from the exhibition of this horrid dose require to be witnessed before they can be believed. In a letter to the author, J. Smyly advocates as a cure for epistaxis to fill the cavity of the nose with a few slips of lint introduced from before. He prepares them about one foot long and half an inch wide; doubling two inches of the first slip over the end of a strong director, he passes it along the floor of the nasal cavity as far as the posterior nares; the rest of the slip is then packed in, and the extremity, which should be made to taper, is left projecting out of the nostril for the purpose of its more easy removal. After this another and another slip is thus introduced, until the cavity is full.—*Dubl. Quart. Journ. of Sci.; Boston Med. and Surg. Journ.*

5. *Tannin an Antiperiodic.*—In a memoir recently published, Dr. Leriche, of Lyons, accounts for the former failure of tannin in the treatment of periodic affections by the insufficiency of the doses. In 1840, Dr. Chaussareil exhibited it in gradually increasing doses from ten to forty-five grains in six ounces of fluid, to be taken in tablespoonfuls every three hours during apyrexia. This cures the fever only when persevered in for a very long time. The medicine should be given three hours before the paroxysm, in doses of from twenty to thirty grains. Two or three doses are usually sufficient. It may be necessary to exhibit as much as one drachm or a drachm and a quarter at once. If the fever should not yield, fifteen grains only should be given in a mixture to be taken in tablespoonfuls every hour. Mr. Leriche has never seen this remedy fail in its effects. The following are some of his most usual prescriptions.

Mixture: Distilled water, four ounces; orange-flower water, one drachm; tannin, from fifteen grains to one and a half drachm; syrup, one ounce. To be taken in tablespoonfuls hourly, or in two doses a couple of hours before the paroxysm.

Powders: Tannin, one drachm; divide into eight papers. Each powder to be taken in a wafer, in jelly or dissolved in half a glass of sugar and water.

Syrup: syrup, sixteen ounces; orange-flower water, two ounces; tannin, two drachms.

Enema: Decoction of barley, six ounces; tannin, half a drachm; wine of opium, eight minims.—*Dubl. Med. Press.*

6. *Treatment of Viper Bites.*—From two hundred and three cases of wounds inflicted by vipers, Dr. Viand-Grand-Marais has made (*Paris Journ. of Practical Med. and Surg.*) the following deductions. The most important point is to neutralize the poison before it has been absorbed. Thence three indications arise: to cut off all communication between the wounded part and the circulating system, to expel the venom from the bite, and to destroy it *in situ*. The first thing to be done is to apply a ligature at two or four inches from the wound, between it and the heart. A neck-tie or handkerchief, a garter, or any other broad band, is preferable to a narrow cord. The ligature should be tightened sufficiently to cause the veins to swell, but not enough to make a deep indenture in the flesh. This is but a tempo-

rary measure, and should not be persevered in for more than three-quarters of an hour or an hour at most, and the band should even be loosened or displaced, if any increase of the local symptoms be observed. When the injured region does not admit of the application of the ligature, pressure should be exercised around the wound with the hands, while other methods of treatment are resorted to. To meet the second indication, the escape of blood and the extrusion of the venom should be promoted by incision of the punctures and pressure of the neighboring parts. Suction is also an excellent means of extracting poisons, whether exercised with the mouth or with a cupping-glass. The poison does not injure healthy mucous membranes; but if any sores exist on the tongue or within the mouth, cupping should be resorted to instead. In order to destroy the venom in the wound, appropriate chemical agents are employed. Hartshorn is a delusive agent, the watery solution of iodide of potassium and iodine much more efficacious: one drachm of the iodide with twenty grains of iodine in one and a half ounce of water. If this solution can not be obtained, if the symptoms are urgent and the temperature of the skin falling, a knife, a nail, any iron implement, should be carried immediately to red heat and used to cauterize the wound deeply. When emesis has supervened, cauterization is superfluous and we must trust, for checking the further progress of the poison, to sodorifics, tonics, ammonia, (a few drops in a cup of tea), spiritus mindereri, wine, coffee, with the simultaneous application of cotton-wool and oil-silk over the diseased parts, blankets and bottles filled with water.—*Amer. Med. Monthly.*

7. *Congestion of the Brain.*—(From Dr. Calmeil's "Traité des Maladies Inflammatoires du Cerveau.") Temporary cerebral congestion is generally produced by the same causes as general or local cerebral inflammation; primitive conformation and constitutional peculiarities, predisposing by inheritance the nervous system to disease from birth or from a very early period of life; a vigorous circulation with full muscular development, etc. The attacks are infinitely more common among men than among females, and most frequent from thirty to fifty and from seventy-five to eighty years of age; in infancy they are often confounded with convulsions. Sudden attacks are of mean frequency during the period when women are subject to their monthly evacuations, and increase in number proportionally to approaching old age, when women are also especially subject to local cerebritis. The frequent repetition of copulation and onanism often gives rise to temporary cerebral congestion, and the habitual use of intoxicating drinks predisposes to it. Forced marches and rapid military manœuvres under a burning sun at times give rise to numerous cases. Certain atmospheric conditions, which scarcely reveal themselves except by their effects, produce case after case of sudden congestion. The suppression of an epistaxis, a hæmorrhoidal discharge, or any other natural sanguineous evacuation may be ranked among the causes, as well as all the so-called moral influences. Generally, however, temporary congestion originates under a number

of causes. Sometimes attacks come on without any important functional disorder, but in the majority of instances the circulation of the intercranial nervous centre has been for a longer or shorter time much too active, as manifested by ringing in the ears, dimness of vision, irritability of temper, or other functional aberrations. Frequent and violent attacks occur most commonly in subjects who have for a long time been affected with chronic encephalitis.

In the greater number of cases the symptoms prove that the portions of the brain which preside over the functions of sensation, intelligence and motion are simultaneously affected; but the changes produced in the intra-cranial nervous matter sometimes extend to the portions presiding over the functions of organic life, and may acquire sufficient importance to paralyze suddenly their action so as to cause almost instant death.

The symptoms of cerebral congestion are generally introduced by sudden loss of consciousness, the patient remaining for a longer or shorter time in a state of complete immobility and insensibility, with accelerated respiration, full and more or less frequent pulse, involuntary escapes of urine and stools. The principal cerebral functions may quickly return, but in a number of cases the muscular system becomes the seat of spasmodic contractions more or less general and violent; the heart beats violently, the sternum and ribs are elevated and depressed with great rapidity, while the urine accumulates in the bladder and perspiration breaks out over the whole surface of the body.

When the congestion is more limited, sensation, intellect and motion remain intact in various degrees. Some patients retain their consciousness entire, but are unable to speak, to put out the tongue, or to move their arms and legs; others are in a sort of stupid astonishment, but can change their position and move their limbs in all directions. The senses of hearing, vision and touch may be momentarily impaired. In some case there is hemiplegia, or want of power in one arm or leg, or the spasmodic symptoms are limited to one or both sides of the face, to the buccinator muscles, to those of the jaw, or of one side of the body, or to those of a single extremity, either superior or inferior. These spasmodic symptoms as well as violent convulsive attacks ought to be attributed to congestion of the medulla oblongata, or to the accumulation of blood in the vicinity of fibres belonging to certain nerves. Partial convulsions of the extremities may be owing also to local irritation in a particular region of the spinal cord.

The anatomical characters of temporary cerebral congestion are readily discovered when the repletion of the capillaries much surpasses its physiological limits; but the assistance of the microscope is necessary to complete the study of these lesions. The nervous matter is subjected to a certain amount of mechanical compression, and imbibes a rose-colored serum. Infiltration of blood-globules into the cellular tissue produces the red stains often found under the arachnoid. The principal seat of congestion is sometimes in one hemisphere, sometimes in a single lobe of the brain, in the corpora striata, cerebellum or medulla oblongata. The capillaries of the dura mater are liable to

take part in the congestion. Attacks of congestion persisting for five, six or seven days, without return of consciousness, accompanied with a sort of tetanic rigidity, persistent acceleration of the pulse and unusual heat of the skin, result almost always in exudation of lymph along the principal vessels of the pia mater, and almost certainly the extravasated matter contains globular pus or granular cells—symptoms of inflammation. The nervous element is also frequently softened at one or more points.

The congestion terminates by resolution, or passes into acute inflammation, or into chronic general inflammation, in which latter case the delirium may assume the form of furious mania, or of ambitious mania, or of melancholia. At all periods of life after puberty, but especially in old age, acute cerebral congestion leaves behind capillary engorgement in the affected portion of the brain, and then there may be extravasations of lymph, followed by chronic softening of a limited portion of the nervous substance.

In the treatment of a patient supposed to be threatened with congestion of the encephalic nervous centres, all the resources of active medical treatment ought to be employed with the view of restoring the normal functions: local or general repletion; diluent drinks, containing nitre; diminished quantity of nourishment, catharsis, and, for a long period, an abstemious regimen. From the moment when the existence of violent cerebral congestion is revealed by the sudden appearance of profound comatose symptoms, with or without convulsions, general blood-letting, copious and frequently repeated, ought immediately to be resorted to. The application of topical irritants, and even of large blisters, to the lower extremities, together with large cut cups to the sides of the neck, completes the outline of treatment which ought always to be employed at the onset of temporary encephalitis, or of temporary cerebral congestion. Where the loss of consciousness and other urgent symptoms continue for 12, 24, 36 hours or longer, fresh cups to the neck, bladders filled with ice to the head, nauseating remedies and purgative enemata must be resorted to. During the return of consciousness the patients ought to be carefully watched, for an outbreak of delirium very frequently succeeds the comatose period. Against such symptoms we must insist more than ever on the free use of cold applications to the head, of nauseating remedies, of nitrous drinks and irritating enemata. The frequent use of the warm bath is also of great benefit in this period.—*American Journal of Insanity.*

8. *Tubercle of the Brain.*—Tubercular disease—says Dr. J. B. Chapin, of Canandaigua, N. Y.—shows so great a mortality among children, that what are but complications—meningitis and hydrocephalus—have been treated as idiopathic affections. Of three hundred and fourteen children with tubercular disease, eighty had tubercles in the brain and membranes, while out of one hundred cases in adults tubercles were found within the cranium only in two instances. Tubercular disease in children invades a larger number of organs than in adults. The termination of it, also, is different; the serous mem-

branes are oftener inflamed, and the patient dies from the complication. In the majority of encephalic effusions the prevailing, if not the essential, predisposing cause is strumus or tubercular tendency (Dr. Dendy), and it has been clearly established by researches at the "Hospital des Enfants Malades" that the great majority of children affected with tubercular deposits in the brain or its membranes are finally cut off by water on the brain.

The cases are not always clearly indicated, but present themselves sometimes with ill-defined and anomalous symptoms. The diagnosis of tubercular disease of the brain can only be verified after death. In the majority of cases there is a scrofulous diathesis.

No single symptom can be considered pathognomic, but certain symptoms appear more frequently than others. These are: convulsions with loss of intelligence; convulsive twitchings of muscles, without loss of intelligence; choraic movements of the muscles; long continued contraction of the muscles with paralysis. The convulsions differ from those of epilepsy in not recurring with any regularity, being less frequent, being accompanied or preceded by other symptoms of cerebral or physical disease, the absence of lividity of the face and frothing at the mouth, by convulsive twitchings, jerkings or contractions of the muscles and by the presence of symptoms of phthisis or abdominal disease. Convulsive twitching or jerking of the muscles is found in nearly one-third of the cases, more frequently confined to one side and appearing in paroxysms lasting two or three hours. Occasionally these involuntary movements are continuous and bear the most intimate resemblance to chorea. Permanent contraction of the muscles is not a symptom of frequent occurrence; it may succeed or precede twitching and convulsions. Paralysis in some form appears in about one-fifth of all cases, sometimes as the earliest indication of the disease, in other cases later, with other symptoms of acute meningitis. It differs from the paralysis of apoplexy in the circumstances attending it, the age of the patient, its gradual appearance, being confined to one limb, and in those non-coördinated movements of muscles resulting in tottering gait, tendency to fall forward, difficult deglutition, etc. Cephalalgia is next in frequency as a symptom of cerebral tubercle. It occurs either as a symptom, or later, in connection with others, and is observed in about one-third of all the cases. It is variously described as periodical, dull, acute and lancinating, neuralgic. When the earliest symptom, it exists commonly a long time before other symptoms appear: as in one case twelve years, in another one year. In these cases, also, the pain assumes a periodical character and has been treated by quinine. Loss of substance or disturbance of structure is the invariable accompaniment of tubercular deposit within the cranium. The mental disturbance is not in proportion to its extent, and occurs in exceptional cases only. It is of that character which arises from the presence of a foreign irritating body. Acute mania is not met with; the prevailing types are delirium and dementia. Delirium appears in the later stages of the case, with the symptoms of meningeal inflammation. Dementia also appears during the progress of the case: the patient wears a stupid expression, answers questions unintelligibly or inco-

herently, has a vacant, expressionless stare, is irritable, ungovernable or passionate, and often, in the case of children, changes from activity and sprightliness to dullness and stupidity. Amaurosis of one or both eyes, deafness and tinnitus aurium, persistent vomiting, neuralgic pains may almost be reckoned pathognomic signs of some organic affection of the brain, when other symptoms of cerebral disease are present.

All these symptoms do not occur with any degree of uniformity, or in regular combination. In the great majority of cases the diagnosis is a matter of difficulty, and at best of conjecture. Cancerous and fibrous tumors of the brain show analogous symptoms. Should any of the above symptoms, however, appear in connection with a scrofulous constitution, or with signs of tubercular disease elsewhere than in the brain, the case would be a strong one.

The post-mortem appearances are various. The tubercular deposit varies in size from that of a millet seed to one-half the volume of the cerebellum and is found more frequently in the pia mater and arachnoid. It is said to be common to find tubercles located in the substance of the brain. From its nature, the disease is necessarily fatal.—*Amer. Journ. of Insanity.*

9. *Intoxication as a Cure for Hæmorrhage.*—In a previously healthy woman, who has been suffering since fourteen days with profuse hæmorrhage from the mouth, asthma, constipation and purpura hæmorrhagica, all available means having been tried without success, and death being imminent, Dr. Faure induced and kept up alcoholic intoxication by giving every fifteen minutes a glass of old Bordeaux wine. Next morning the bleeding had ceased and the other symptoms were also ameliorated. A scorbutic condition of the gums continued for some time longer.—*Gaz. des Hôp.; Amer. Med. Monthly.*

10. *Delirium Tremens and Large Doses of Opium.*—Dr. D. L. D. Sheldon, of New York city, called to a patient who labored for the fifth time under delirium tremens and who tolerated a very great quantity of opium, gave first two, then three, four, six, eight and finally twelve grains of opium every fourth hour. The third twelve-grain dose produced the desired effect. Within four days the patient took in all about one hundred and twenty grains of the drug.—*Med. and Surg. Reporter.*

11. *Delirium Tremens.*—Prof. Roser, of Marburg, thinks (*Archiv d. Heilk.*) that patients sometimes die on account of the timidity of physicians in prescribing opium in large doses. The vital indication is to quiet the delirium, and this is to be done by energetic doses only: two grains of morphia at once and one grain more hourly, until the pupils are strongly contracted and the respirations descend to ten, eight or even six in a minute. In such deep and alarming narcotizing lies the safety of the patient.

Dr. L. Elsberg used the fluid extract of ergot—instead of the tincture, as recommended by Dr. Smith—in a very grave case of mania-a-potu with surprising success.—*Amer. Med. Monthly.*

12. *Hypodermic Injections*.—Dr. S. Barrett reports three cases, one of severe sciatica in the left hip, one of organic disease of the heart, attended with sleeplessness, and one of asthma. In every instance relief and rest followed the injection, with a hypodermic syringe, of one-eighth fluid drachm of a solution of atropia and morphia into the cellular tissue (under the trochanter major in the first case, into the bend of the arm in the other two). The combination of half a grain of atropia with two grains of the sulphate of morphia, in one drachm of pure water, was found prompt and more permanent in effect than either alone.—*Buff. Med. and Surg. Journ. and Rep.*

13. *Potassio-Tartrate of Iron in Rheumatism*.—D. Willshire had under his care a somewhat pallid girl, with rheumatism of an erratic character, the pains flying about, as it were, to various parts of the body. To this she had been subject for three years, and nothing seemed to produce any marked improvement. She was therefore ordered a mixture containing the potassio-tartrate of iron, which produced a decidedly beneficial effect in a short time, the pains gradually diminishing and the health improving—*Lond. Lancet; Chic. Med. Exam.*

14. *Treatment of Epilepsy*.—Dr. W. M. Cornell lays down the following rules :

- (a.) An absolute control must be maintained over the diet.
- (b.) The next rule is to govern the mind, to control the temper.
- (c.) Never let the patient rust out. Give him something to do.
- (d.) Make the patient abandon, at once and forever, any exciting cause of an attack, such as the use of spirits, wine, tobacco, excess in sexual pleasure, etc.
- (e.) Give such medicines as the case seems to indicate: tonics, alteratives, anti-spasmodics, etc., whatever is needed.—*Med. and Surg. Reporter.*

SURGICAL.

15. *How to Treat Wounds of the Large Joints*.—The first duty of the surgeon in all large wounds entering the joints—says Dr. A. G. Walter, of Pittsburg, Pa.—will be, after cleansing it of blood and other extraneous matter, to approximate its edges and to retain them *in situ* by metallic sutures. Next, to provide a splint well cushioned and covered with oiled silk, upon which the whole limb is to be comfortably bedded. In cases of injury to the knee-joint, the limb in its whole extent is to be supported by a dorsal splint, including the entire femur, crus and foot, and confined by a roller, leaving the knee-joint exposed for the application of cooling lotions and leeches. This support by a splint, made of tin or sheet-iron and slightly bent at the knee and ankle joints, is one of the chief means of not only comforting the patient in the recumbent position, but of preventing spasmodic action and contraction of the muscles, and insuring the utmost quietude to the joint. The limb firmly secured, with its joints and all its muscles made motionless, may then be placed in the position most

comfortable to the patient, either on the side or back, with the heel somewhat elevated, or the whole extremity may be placed in a swing. The approaching inflammation must be anticipated and its invasion arrested by the prompt application of leeches, in numbers according to the extent and severity of the injury, and repeated if need be, and by venesection if required. Thus and with iced applications perseveringly continued, phlogosis beyond that requisite for adhesive reparation will be prevented, while union by first intention, no matter how extensive the wound, will be accomplished. Constitutional remedies are seldom called for, beside the use of anodynes and a strict anti-phlogistic regimen.—*Med. and Surg. Reporter.*

16. *Double Operation at the Hip Joint.*—Dr. G. P. Hachenberg, of Coxsackie, N. Y., details a case in which the life of a young man depended upon removal of the right lower extremity. The patient having been put under the influence of chloric ether, Petit's tourniquet was applied to the femoral artery, the leg held and firmly supported at an angle of forty-five degrees, and with one sweep of an amputating knife a circular incision made into the upper third of the thigh down to the bone, which then was sawed off. After the arteries were secured by ligatures, Dr. H. took a round stick of firm wood he had made for the purpose, a foot and a half long, an inch thick at the handle-end, tapered gradually to a quarter of an inch at the other end. On the small end he placed one or two layers of cotton cloth and thrust it with great force into the medullary opening of the femur of the stump. This handle he placed in the hands of an assistant, with instructions to have it firmly held in a line parallel with the body. With a large scalpel he then made a quick incision along the track of the bone, commencing on the outside of the stump and ending it nearly two inches in a straight line beyond the great trochanter, in a T cut. Cutting now down to the bone, he carefully dissected from it the two flaps, until about one-third of the external face of the bone was exposed; then he slipped a sharp watch-spring knife, about twelve inches long, firmly secured at the ends with handles, over the bone from the end of the stump, and with two or three tracting sweeps, shaved the flesh off the bone up to the lesser trochanter. In this cut the superior circumflex was severed, but almost instantaneously secured by the finger. Now taking the wooden handle that controlled the bone of the stump, and putting it strongly into adduction, while the two flaps were held apart by assistants, Dr. H. dissected into the capsular ligament with a few cuts of a two-edged scalpel. In reversing the position of the femur into abduction, the decayed bone broke in two at the neck. A few more cuts disengaged the bone, and the head of it, lying loose within the acetabulum, could be hooked out with the index finger. The superior circumflex was then tied, the anæsthetic withdrawn, and the wound dressed. Whole loss of blood between eight and ten ounces. Ice water was applied to the stump, and the patient put to bed. He readily responded to internal stimulants. In a few hours, however, he became restless; secondary hæmorrhage ensued to a small amount—about one teacupful of blood being lost;

stimulants proved of no further benefit, and the man died nine hours after the operation. Notwithstanding this result, Dr. Hachenberg thinks this combination of amputating and excising, with some improvement suggested by the case, preferable to either amputation or excision, claiming for it the following advantages: it removes the wound from the body and thereby lessens the tendency to mortality; it is performed with less loss of blood, gives a wound with less surface, shorter and more massive flaps, therefore lessening the sloughing; the moral effect on the mind of the patient, by leaving a stump, is a matter worthy of consideration; a sufficient stump may be secured for the adjustment of an artificial leg, and owing to the remarkable close dissection that takes place by using the flexible knife in cutting the bone out of a hypertrophic periosteum, perhaps the physiological function of that membrane might be retained, so as, in course of time, even to give osseous or cartilaginous consistency to the thigh.—*Boston Med. and Surg. Journal*.

17. *Cure of Varicose Veins*.—Dr. J. F. Miner relates three cases in which he effected a complete cure by injecting into the internal saphena a solution of the persulphate of iron, two drops, diluted with eight drops of water, thus obliterating the vein. Phlebitis has never followed this operation, the pain is less than usually attends the ligature, and the recovery is more rapid.—*Buff. Med. and Surg. Journal and Reporter*.

18. *Perchloride of Iron and Ingrowing Toe-nail*.—Dr. J. F. Miner corroborated before the Buffalo Medical Association the efficacy of this treatment. A few grains introduced by the side of the nail, between the free edge and the ulcer, was the most pleasant and efficient treatment he had ever seen adopted. He had used it in several mild cases with the greatest satisfaction; thought possibly it was better adapted to the early stages of the complaint, or to the milder degrees of irritation, inflammation or ulceration. One application was generally sufficient, when, in a few days, the condensed tissue might be removed, or, if allowed to remain, was productive of no injury; it would eventually separate, leaving a healthy surface.—*Buffalo Med. and Surg. Journal and Reporter*.

19. *Treatment of Scalds and Burns*.—In a paper read before the Medico-Chirurgical Society of Edinburgh, Dr. J. Y. Myrtle states that for twelve or fifteen years he has used two ointments for the cure of burns with the most satisfactory results. When called to see a case of burn or scald, if nothing has been done, he immediately covers all the injured surface with a pretty stiff ointment, composed of simple hog's lard and flowers of sulphur, spread in the form of a good thick layer on linen cloth, which is changed as soon as the part becomes hot and uneasy. The sulphur crust ought to be carefully removed and fresh dressings applied immediately, to be repeated as often as necessary. Under this simple treatment, burns of a slighter character heal in two or three days. When the scald has been very severe, or the cutis much injured by the burn, ulceration and sloughing will be

prevented by another ointment, recommended by Dr. Stark. This is composed of common leeks and hog's lard, as much of the latter as a slice of butter for the table to each leek, which, being allowed to simmer by the fire in an earthen vessel, until the leeks become quite soft and tender, and being strained through muslin, on cooling, forms an ointment of a lightish green color. In scalds and burns of a minor character, Dr. Myrtle always trusts in the first instance to the sulphur ointment; but when a burn is combined with a scald, or if an ulcerated spot appears, he has the leek ointment applied without delay, and says he is almost never disappointed in witnessing a rapid cure, with comparatively little pain to the patient. In severe scalds, as soon as ulceration threatens the vesicated parts, the cuticle ought to be carefully removed with a pair of forceps and very sharp scissors, and the leek ointment be adopted instead of the sulphur.—*Edin. Med. Journ.; Boston Med. and Surg. Journ.*

20. *A New Splint for Fractures of the Wrist or Hand.*—Dr. J. E. Garretson, of Philadelphia, uses a very efficient splint, consisting of a strip of thin board, on which is a mould of plaster of Paris, taken from the part injured, wrist, palm or fingers, as the case may be. To prepare it, the hand and arm are laid upon a strip of thin board, on which a rude outline of the part is drawn; the splint is then shaped to this outline. On the portion of it representing the wrist and hand is poured a mixture of plaster of Paris at a proper consistence for receiving an impression. The fracture being adjusted, and the hand and wrist in a proper position, they are pressed into the plastic mass. Before the cast hardens, it is shaped according to the indications of the case, as the surgeon desires.—*Med. and Surg. Reporter.*

This is merely a modification of the plaster of Paris cast at first introduced, and the original plan can not be said to be improved, for it would evidently be better to dispose of the strip of board entirely and to make a cast (wholly or partly) around the injured part, instead of pressing the latter into the mass. Allowing the lower part of the cast to harden and then covering the margins of it with oil, we could even complete the cast around the whole part, but so as to have it in two halves, fitting to each other and hence easily removed, one or both, whatever may be the most desirable for examination. C. A. H.

21. *Pirogoff's Operation Improved.*—Brigade-Surgeon R. B. Bontecou suggests an improvement as follows. Make an incision from the posterior margin of one malleolus to the other, by cutting from within outward, closely hugging the os calcis and transfixing the plantar mass; then raise a flap from the dorsum of the foot of sufficient size, and reflect it as far as the articular extremity of the tibia, which proceed to saw off *at once*, with the fibular projection; then pass the knife closely behind the ankle-joint, and clear the os calcis of soft parts far enough back to saw obliquely forward and downward, and the bony flap will fit without force.—*Med. and Surg. Reporter.*

SOME NEW FORMULÆ.

22. *Mixture for Ulceration of the Gums*.—By Dr. Angelot. Take : hypochloride of lime, from ten to twenty-five grains ; mucilage of gum Arabic, from one and a half to four drachms ; syrup of orange-peel, from one and a half to two drachms. Mix thoroughly and wash the gums with it.—*Amer. Drugg. Circ. and Chem. Gaz.*

23. *Deschamps' Pastilles*.—Take : dry hypochlorite of lime, two drachms ; sugar, eight and a half ounces ; starch, eight drachms ; gum tragacanth, one drachm ; carmine, two and a half grains. The pastilles should be made so as to weigh about two and a half grains. Five or six may be taken in the space of two hours, for disinfection of the breath.—*Amer. Drugg. Circ. and Chem. Gaz.*

24. *Deschamps' Dentifrice*.—Take half a drachm of dry hypochlorite of lime and two drachms of red coral. Triturate well and mix thoroughly. Employed for removing the yellow color from teeth. A new brush is slightly moistened, dipped into the powder and applied to the teeth.—*Amer. Drugg. Circ. and Chem. Gaz.*

25. *Angelot's Pastilles of Hypochlorite of Lime*.—(a.) Take : hypochlorite of lime, seven drachms ; sugar flavored with vanilla, three drachms ; gum Arabic, five drachms. Make into pastilles to weigh from ten to eleven grains. Two or three of them are sufficient to remove from the breath the odor of tobacco smoke.

(b.) Take : dry hypochlorite of lime, twenty grains ; pulverized sugar, one ounce ; gum tragacanth, sixteen grains. The hypochlorite is triturated in a glass mortar, and a small quantity of water is poured upon it ; it is then left to repose, decanted, and a second quantity of water added ; the two liquids are filtered, and the gum and sugar added so as to form paste. This is divided into pastilles weighing from twelve to sixteen grains. If it is desired to aromatize the paste, one or two drops of any essential oil may be added to the sugar and gum before the paste is formed.—*Amer. Drugg. Circ.*

26. *Syrups Stillingie Compositus*.—By J. A. Heintzelmann. Take—Queen's root (*Stillingia Sylvatica*), Turkey corn root (*Corydalis formosa*), of each six ounces ; blue flag root (*Iris versicolor*), elder flowers (*Sambucus*), pipsissewa leaves (*Chimaphila*), of each three ounces ; coriander seeds, prickly ash berries (*xanthoxylum fraxineum*), of each one and a half ounces ; white sugar, seven pounds ; alcohol and water, qu. s. Bruise and grind the ingredients to get the coarse powder through a sieve of eighteen meshes ; mix three pints of alcohol with three pints of water, and dampen the powder with one and a half pint of this mixture ; put into a conical percolator and set aside twenty four hours to macerate. Displace them with the remaining portion of the said menstruum ; when it has disappeared from the surface of the mass, pour on another mixture of one pint of alcohol and two pints of water, and displace again. Two pints of water are used as a third menstruum. Evaporate the saturated tincture on a water bath and at a temperature not exceeding 112 Fahr. to four pints.

Filter while hot, and if it measures less than four pints, add enough distilled water. Finally dissolve in the filtered liquid the seven pounds of sugar, bring to syrup by boiling, skim off the coagulated substances and strain. This syrup is recommended as an effective alternative in syphilitic, scrofulous and granular diseases. Dose, a teaspoonful three or four times a day. Fifteen grains of iodide of potassium to the ounce may be added.—*Amer. Journ. of Pharm.*

OBSTETRICAL.

27. *Remedy for Nursing Sore Mouth.*—The following recipe, published in *Wood's Retrospect* some years since, is brought forward again by Dr. G. A. Moody, of Plainville, Conn.

℞ Red iodide of mercury, iodide of potash, of each half a scruple ; pure water, two fluid ounces ; mix. Dose, four drops in a little water, three times a day. Also to be used as a gargle, six drops to one-third of a tumbler of water, every three or four hours.—*Med. and Surgical Reporter.*

28. *Plugging the Vagina.*—By using a common glass speculum, says Dr. E. P. Bennet, of Danbury, Conn., all trouble in the application of the tampon is at once removed. You can pack the vagina to its utmost capacity in a single minute without any trouble or suffering to your patient. A sponge plug is also readily introduced into the os uteri through the speculum.—*Amer. Med. Times.*

Special Selections.

Laryngoscopy.

PROFESSOR CZERMAK has been giving a short course of laryngoscopic demonstrations at King's College Hospital. Amongst the out patients was an elderly woman, who had lost her voice for upwards of two years. She was inspected for the first time by Dr. Czermak, without any previous preparation, in the presence of the medical gentlemen there, and he at once made evident the existence of a polypus of the size of a large pea, reddish, and granular, which was seated on the true vocal cord. Thus the nature of the disease was manifested, and its removal may be easily effected. This is the second case of polypus of the vocal cords thus demonstrated by Professor Czermak recently in London. Apparently this abnormality is not so extremely rare as has been supposed. Another case which came under observation in the course of the same demonstration, illustrated in a somewhat amusing manner the practice of rhinoscopy, and the manipulations which it may facilitate. A young girl, the subject of cleft palate, was examined with the rhinoscopic mirror.

The cleft palate greatly facilitates rhinoscopy, and in this case the proceeding was remarkably easy. The back of the nares and the Eustachian tubes were well exhibited, and between the turbinated bones could be seen projecting a white mass which had all the appearance of a foreign body. With the view of illustrating the introduction of instruments for surgical proceeding, Dr. Czermak applied a blunt hook with the right hand, holding the mirror with the left, and detected—a mass of chewed bread and butter which had been forced into this position in the act of deglutition. This pathological specimen was not so interesting as had been anticipated, but the case served the purpose of exhibiting the surgical manœuvres which might prove useful on another occasion. Amongst the patients recently submitted to laryngoscopy (June 13th) has been the person on whom Mr. Nunnely, of Leeds, performed the operation of removing the entire tongue. It was easy to see, indeed, that the whole of the tongue had been removed, a small part of the base attached to the epiglottis alone being left. The interest of this case centres in the remarkable perfection of the patient's speech, and the range of his vocalization. It is known, for instance, that the sounds connected with the letters *t*, *th*, *s*, *z*, are performed by the tip of the tongue in contact with the teeth. Nevertheless this patient pronounced these sounds, not perfectly, but very well. This power of speech is of course very interesting in relation to the "miracle of speech" in the early martyrs, of which Gibbon makes so much. There are not any words which this man can not pronounce more or less perfectly, although without a tongue. A careful observation shows that such letters as *t*, *s*, and *z*, are articulated by the help of the movable floor of the mouth. The extrusive muscles of the tongue having been detached, but of course not excised, contract new adhesions in the floor of the mouth, and when he pronounces these letters the floor of the mouth may be observed to rise, and the red mucous membrane may be seen through the teeth, coming into contact with them and helping to perform the functions of a tongue. Moreover, the lips are used much more laboriously than in ordinary speech, and assist, by particular movements, in the formation of nearly all the "lingual sounds." It is also worthy of notice that in this patient the power of swallowing liquid food is fully retained, even when the face is bent much forward and the fluid allowed to gravitate toward the teeth. This is no doubt also due to the increased muscular activity of the floor. In the ordinary involuntary action of swallowing the saliva as secreted, the want of the sensitive surface of the tongue is felt; and the saliva is only swallowed by frequent semi-inspiratory sucking efforts, which have to be repeated during conversation, to prevent the saliva from flowing out of the mouth through the lips.—*London Lancet*.

A Portable Styptic.—It is recommended by the *Moniteur des Sciences Médicales* to soak amadon or German tinder in a solution of perchloride of iron of a density of about 1,255. It should then be dried in the sun, and rubbed between the hands to restore its suppleness and porosity.—*Lancet*.

Parisian Medical Intelligence.

A funeral oration pronounced at the tomb of M. Bretonneau by the oldest and certainly not the least distinguished of his disciples, M. Velpeau, merits some notice as happily portraying the leading characteristics of the illustrious medical veteran of Tours who has recently passed from amongst us. "His great reputation," observed M. Velpeau, "was due neither to a fortuitous combination of circumstances, nor to the influence and interest of the great. The celebrity he attained was unsought by himself and was unconnected with either academical triumph or popularity-hunting. Absorbed by the pursuit of science, and at a distance from the social crisis of his generation, he acquired fame unwittingly. In order to be just to Bretonneau, his character should not be estimated by the common standard of men; his life, his thoughts, his actions, were wholly unlike those of others. His hours for work were irregular, as were his times for repose and refreshment; when an object or occupation arrested his fancy, his pursuit was incessant and untiring. Whilst engaged in the investigation of typhoid fever and diphtheria, he would turn his back on those who spoke to him of any other subject. If the bell rang, he would say to me, 'Go, my friend, and inquire whether the case be one of either sore-throat or fever: if so, I shall attend immediately; if otherwise, say that I am not at home.' Did he, on returning from his morning visit to the hospital, by chance step into his garden, his patients were no longer thought of, and his mind became absorbed by his vegetables, his grafts, and his settings. In operation for cataract on one occasion, he found that the form of needle then in use was inconvenient: he immediately set about inventing another (that now commonly employed). For fear of being misunderstood by the workmen, he insisted on forging it himself, and for three days could not be persuaded to leave his workshop. A similar occurrence took place with regard to certain vaccine tubes. When interested in a case, he would remain for hours at the bedside of a patient, returning as often as he believed any knowledge was to be gained from the study of the particular malady. His object was neither the gratification of vanity, nor glory; but simply the extension of science and truth. During the epidemics of sore-throat and fever, his brother practitioners, in refutation of his doctrines, maintained that the morbid appearances observed by Bretonneau at the hospital differed from those noticed in private practice. To obtain autopsies with the consent of the friends of the deceased was most difficult; nevertheless, Bretonneau was determined to carry his point, and, with my assistance, at night, no less than thirty-six post-mortem examinations were clandestinely obtained by exhumation of the dead. On more than one occasion our profanations were suspected, and we fired upon. I have every reason to remember the circumstances, from the fact that I still possess a shot in the thigh in *souvenir* of my nocturnal expeditions. Bretonneau was triumphant; the scientific problem was solved: the pathological lesions occurring in private practice were

found to be identical with those observed in the hospital. Bretonneau had an investigating and independent mind, at once deep and penetrating. He was an accurate, sagacious and original observer. Whatever he touched he fully explored; and nothing left his hands without having been modified, improved or completed. In conversation he was rich in instruction and full of practical deduction. It might have been expected that such a man would die master of a great fortune. But, no; money was as immaterial to him as glory, and his charitable liberality was too well known not to be profited by. Touraine may well be proud of having given birth to such a son, and class his name with those of Descartes, Rabelais, and Paul Louis Courrier. The memory of Bretonneau will remain as distinct from that of all others after his death as was his character during life."

A short communication read at the Academy of Sciences by M. Robinet, gives the result of his experiments on the mode in which the saline constituents are affected by congelation. It has been long known to chemists that flakes of ice formed by the freezing of sea-water, when washed so as to remove the external coating of salt, yield a liquid almost as pure as distilled water. Having in the course of certain experiments on drinking water noticed the variations produced in the specimens under examination by freezing, he had arrived at the following conclusion — namely, that in the congelation of potable waters the small quantity of calcareous or magnesian salts which they contain is removed in the same manner that the more soluble salts dissolved in sea water or in any artificial saline liquid. Such is the purity of the water obtained by the melting of ice, that under ordinary circumstances it may be used as a substitute for distilled water.

The King of Holland during his late stay here visited the Hôpital Lariboisière, the arrangements of which (so say the official reports) elicited his warmest approbation. The King and his suite, together with Baron Larrey and the Dutch Minister, were received by the Director of Public Assistance, M. Husson, and by the physicians of the hospital. The Salpêtrière was likewise honored by a visit from the Queen of Holland, who shares her husband's interest in all public charities. Her Majesty made a handsome donation to a poor woman who had reached her 100th year, and conversed very affably with many of the patients.

The somewhat too mild punishment of two years' imprisonment and a fine of 600 francs has been awarded by the Correctional Tribunal to a miscreant of the name of Jamin, for illegally practicing medicine, and thereby causing the death of a Madame Foucault, who had placed herself under his care. The accused, an uneducated man, by occupation a Burgundy vine-dresser, was what is commonly known in France as a *rebouteux*, and moreover a cancer curer. He began to practice in his neighborhood, but it would appear without much success, as at Joigny and Auxerre his medical doings continually brought him into collision with the authorities. He therefore changed his ground, and, coming to Paris, associated himself with a regularly qualified (*proh pudor!*) physician, in order to evade the law, filling the newspapers with wondrous details of his rapid cure for cancer.

His victim, Madame Foucault, the wife of a rich landowner in the Charente Inférieure, was suffering from cancer in the breast, and, attracted by his specious advertisements, applied for the promised relief. Jamin's charges were exorbitant. He demanded 18,000 francs if he attended the lady in her own country, or 7,000 if at Paris. She preferred the latter arrangement, and placed herself under his treatment in January last. His attendance continued up to the 4th of March, when she suddenly expired. The suspicions of her attendants that she had been poisoned led to the performance of an autopsy, when the latter fact was verified and accounted for by the discovery of large quantities of orpiment lodged in incisions purposely made in the diseased breast. Jamin was at once arrested, and, of course, condemned. The physician who had countenanced the charlatany of this ignorant quack, declared that the secret of the remedy had never been communicated to him. He very properly got a severe rebuke from the President.

I paid a visit to the Hôtel Dieu yesterday morning, and was never on any previous occasion so much impressed by the manifest unhealthiness of the old building. The walls of the staircase are blackened with smoke, the carbonaceous deposit of which contains, doubtless, a full proportion of such organic material as, according to the excellent report of M. Chalvet, may be scraped off into handfuls from the plaster in certain hospitals, and which, in the case of the Salle St. Augustin, at St. Louis, amounted to thirty-six per cent. of the whole weight removed by the brush. A few francs' worth of whitewash might satisfactorily settle the question of embellishment, and possibly also have some beneficial influence upon an epidemic of puerperal fever at present raging in the wards. In the *service* of M. Trousseau I saw one woman *in extremis*, and I was shown, under the microscope, a specimen of her blood, which contained a quantity of pus-cells. The air of the ward was generally hot and oppressive, and the aspect of the patients, with few exceptions, pasty and cachectic.

Your readers may possibly remember that, in an account which I gave you of the strange malady so often miscalled paralysis, locomotory ataxy, it was stated that up to that time no coincident pathological lesion had been recognized in any portion of the nervous system. M. Duchenne (de Boulogne) now informs me that, from more recent researches, he is induced to connect this malady with certain changes in the nutrition of the posterior roots of the spinal nerves, the microscope having revealed their atrophic condition, and a deficiency of the nerve-tubes in this region.

A somewhat bitter correspondence between M. Ricord and M. Viennois of Lyons is at present occupying public attention. The latter having criticized pretty freely the two clinical lectures delivered by the great syphiligraph at the Hôtel Dieu in January last, M. Ricord has thought proper to expostulate with his former pupil upon the tone and purport of his observations. M. Viennois' answer is far from pacific, and will most probably provoke a sharp retort; but as there exists without doubt, under the surface, some personal questions, it is to be hoped that matters may go no further.

Several of the medical journals quote with astonishment a fact recently announced in an English paper, with reference to the amount of syphilis existing in the British army. According to the latter authority, the statistics of the year 1859 prove that out of every 1000 soldiers in England, 422 had been under treatment in hospital for syphilis; whilst the proportion for Paris is quoted at 34, and for Brussels at 67. This calculation, which would tend to establish the ratio of frequency in France, Belgium and England as 1, 2 and 12 for each respective country, appears to be especially contested by the *Presse Médicale Belge*, and an appeal is made to the statistical researches of M. Vlemingx, Inspector-General of Military Hygiene, in order to prove that the venereal disease is far more rare in the Belgian army than in those of either France or England.

The Academy of Sciences has just received an official report of the analysis of the water from the Artesian well at Passy, made by MM. Poggiale and Lambert. The following are the chief conclusions of this report:—1st. That the water from this source bears a great resemblance to that of the well at Grenelle. 2ndly. That it contains no oxygen and is alkaline in reaction, but contains a smaller proportion of calcareous and magnesian salts than good drinking water. 3rdly. That its high temperature, strong taste, absence of air, and the limited proportion of carbonic acid it contains, are all obstacles to its use for drinking purposes. 4thly. That for public uses, such as the watering of vegetables, supply of steam boilers, and washing, this water is preferable to that of most springs or rivers.

Amongst the various papers of interest communicated to the Academy of Sciences on Monday last, was a memoir relative to the substitution of carbonic acid gas for chloroform as an anæsthetic agent. The author, M. Ozanam, four years ago suggested the employment of this gas in painful surgical operations, and stated that it was in action as effectual as, and less dangerous than chloroform. The case which in the present memoir serves as a *cheval de bataille*, is that of a young man affected with deeply-seated abscess in the lower and inner part of the thigh. As it was found necessary to divide a considerable thickness of tissue before exit could be afforded to the pus, the patient was placed under the influence of an anæsthetic—in this instance, carbonic acid gas. An india-rubber bag was filled with a mixture consisting of three parts of gas and one of common air, which the patient was made to inhale by means of a mouth-piece held at a short distance from the face, so that the proportion of atmospheric air might be considerably increased during the process. At the expiration of two minutes, during which time the breathing became more rapid and the face covered with perspiration, insensibility was complete, and the operation satisfactorily terminated, consciousness returning the moment the anæsthetic inhalation was discontinued. To those who have witnessed the well-known experiment on the dog in the “Grotta del Cane,” at Agnano, near Naples, the insensibility will be no matter of wonder; but the question of the applicability of carbonic acid in a general way to surgery is quite an-

other affair, and one the solution of which has been left to the judgment of MM. Andral, Velpeau and Cloquet.—*Paris Correspondent of London Lancet.*

The Treatment of Aneurism.

To the Editor of the LONDON LANCET:

SIR.—Since much important information relative to the treatment of aneurism has appeared in *The Lancet*, may I make so bold as to request you, should you think it worthy a place in your journal, to insert the following suggestion relative to the treatment of aneurism?—a suggestion which I trust may lead in many cases to the abandonment of the ligature, and fill up the gap which appears to me to exist between the simpler forms of treatment, such as by pressure and forcible flexion, and the extreme one by ligature—viz., to cut down upon the artery, and to so far separate its coats from the surrounding structures as to enable the operator to control the circulation through the vessel by a small pair of compress forceps, electro-plated, with a good firm spring, and slightly roughened on their approximate surfaces so as to prevent them slipping from the vessel. By this means the circulation might be as effectually stopped as by the ligature, and the necessity of separating the vein from the artery (which in cases of the femoral artery is the chief obstacle to the operation) done away with. The forceps should be left in the wound, and secured by plaster, till the cure is effected. I do not think any more serious consequences would follow such a proceeding than would follow the ligature, and it would have the advantages—1st. Facility in the operation; 2ndly. Avoid the separation of the vein; 3rdly. The forceps could be removed at any moment should it be found necessary to do so. In those cases of internal piles, where their removal by the knife is prevented by the fear of subsequent hæmorrhage, I am of opinion that the compress forceps applied to the base of the pile might be used instead of the ligature to restrain the bleeding, and could be removed after ten, twelve, or more hours after the operation, without any fear of bad results.

I am very glad to see in one of your late numbers a proposal for the removal of embolon. Perhaps I may be allowed to state that I have held the opinion that a fine suture might be applied to the coats of both arteries and large veins in cases of accidental wounding during operation, or from other accidental causes, such as puncture by penknife, etc. We can not possibly know how an operation may succeed until it is tried. Should a case of aneurism come under my notice, and the simpler methods fail to afford a cure, I shall attempt its cure by the compress forceps.

Hoping that I have not suggested an impracticable operation, and with the desire to supply a link in the chain of operations for aneurism,

I am, sir, your obedient servant,

AUGUSTUS BROWN, M.R.C.S.

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E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

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Original Communications.

ARTICLE I.

Has Veratrum Toxic Properties?

BY E. H. NEYMAN, M.D., CEDAR BLUFFS, IOWA.

I think I can safely answer this question in the negative, notwithstanding the assumption to the contrary, embodied in journals, tintured with supposed instances to the contrary. Although a tyro in the practice of the *ars medicina*, I have seen physicians deterred quite frequently from carrying veratrumism—if I may be allowed the word—to a sufficient extent, by the fear of toxical effects. This bugbear does an eminent degree of mischief, by preventing the too credulous and overwary practitioner from pursuing the administration of this remedy to an extent adequate to the demands of the disease. This communication is more or less stimulated by the fact that a brother physician prescribed veratrum to a patient who inadvisedly increased the dose; the apparently alarming symptoms usually attendant on the administration of an overdose of this agent soon followed. The patient and friends were greatly alarmed. Another physician was sent for in great haste, brandy administered, and the patient recovered. What was the result with the patient? He had taken medicine, which made him sick: a physician administered medicine, and he recovered. *Ergo*, he was poisoned! the physician saved his life, for which he is entitled to his gratitude and his future professional patronage! Such is public justice.

I infer the possession of non-poisonous properties from the following facts: 1st. I have never heard of a case of poisoning resulting in death from this agent. 2d. These supposed instances recover irre-

spective of the antidote used. 3rd. I have seen the same symptoms that are described as signs of poisoning, occur in my own and the practice of brother physicians from the use of this agent, and the patient recover without the use of any correlevant. 4th. From experiments upon myself, I believe the medicine to be self-corrective by inducing vomiting.

These experiments were instituted with a view of settling in my own mind this question beyond cavil. In my first experiment I took six drops of the saturated tincture of veratrum every fifteen minutes. After a few doses, there followed nausea, pallor, hydrosis, cold extremities, and the diminution of the pulse from 74 to 35. A repetition of the dose was succeeded by emesis, which subsided with singultus. Upon attempting to assume a perpendicular position, vertigo set in, and in one instance, where I persisted in the upright position, actual syncope was produced. The emesis in this instance was neither violent nor persistent, but the nausea was very considerable between the last two doses. This experiment was tried directly after dinner. Restoration was so far complete by 6 o'clock, that I ate my supper with more than a usual appetite.

Next day I repeated previous experiment by swallowing ʒj. Vomiting shortly ensued, followed by essentially the same symptoms as above, with the exception that while the nausea was less, the vomiting was greater.

In my third, which was aimed as an *experimentum crucis*, ʒss. was taken. Emesis almost *instantly* ensued, the pulse sank to 30, intermittent, vomiting continuous and distressing. First the contents of the stomach, next a quantity of ropy, glairy mucus, and finally bile were ejected. After this vomituration came on, which was succeeded by hiccough, damp skin, and co-symptoms of gastric irritation. The capillary circulation of the skin being considerably diminished, local anæsthesia was produced. The tendency to syncope was marked and distressing, on attempting to assume the upright posture. During this time the mental excitement was normal. The aberrations of sensation consisted of a peculiar tingling of the cutis, a feeling as if my lips were œdematous, and slight metamorphosia. The veratrum was taken at 5 P. M. By next morning I ate a moderate breakfast. I did a pretty active day's ride, although slight pain was felt during the fore part of the day upon pressing the abdomen, and soreness existed in the region of the diaphragm.

By scrutinizing the symptoms it will be seen that none are nervous, but depend upon the circulation. While the syncope depended

directly on a deficient supply of blood to the head, the deficiency originated in the feebleness of the heart's action, preventing it from pumping a sufficient quantity of the blood to the head.

Dr. B. Keith gives a case of a toper, who from shortness of pecuniary means, or some other patent cause, gulped down a large quantity of tincture of veratrum, which was marked with some kind of spirituous liquor, in the absence of the druggist. Vomiting soon set in, and the patient recovered upon the administration of brandy. He gives several other cases which are quite interesting, but as the length of this article is aimed to be limited, space will not permit me to transcribe others.

From what I have said I deduce the following conclusions: 1st. Veratrum in *anything like moderate* doses, where there exists no organic disease of the heart, will not prove poisonous. 2d. Veratrum does not primarily affect the nervous system. 3rd. In the absence of other emetics, veratrum may be safely employed; in fact, it seems to me that it is indicated in certain inflammatory diseases, as croup, etc.

ARTICLE II.

Scirrhus of the Pylorus: Enlargement of the Cardiac Region: Mottled Hypertrophy of the Liver.

BY DR. C. P. SANFORD, AUBURN, NEW YORK.

The patient, Garret Putman, by occupation a furnaceman, age forty-two, married, had necrosis of left tibia for the last twenty years, originating from a cut of a scythe. Most of the time he complained of pain, with an occasional discharge. About a twelve-month since his left leg was amputated a little below the knee; the stump healed rapidly, and in six months he was enabled to wear an artificial leg. About this time there commenced an uneasy sensation in the region of the stomach, which continued to increase and extend over certain portions of the liver and abdomen. There was occasional pain in the right shoulder, loss of appetite and emaciation, but he was able to attend to his avocations until within three weeks of his death. When confined to his room, he had vomiting, with a hard tumor just below the ensiform cartilage, extending to the right, and tender on pressure. His pain was severe at intervals, but readily relieved by anodynes; for the last week he had violent epistaxis, but less of vomiting; his bowels moved freely by medicine, and the hard tumor continued to increase; the vessels of the abdomen were somewhat varicose, and

tympanitic distention general. At the autopsy there was discovered a most frightful mass of diseased stomach and liver.

The physicians present were Drs. Sanford, Bellamy, Briggs, Laber and others. The liver, in weight, was exactly thirteen pounds, and fairly mottled throughout its whole substance; and so softened up, that the finger could be thrust into any portion of it with the greatest facility. The gall-bladder was full of an apparently healthy bile, and totally exempt from calculi, flowing through the ducts on the slightest pressure, which, doubtless, was the cause of his being exempt from jaundice or dropsy. The stomach was enlarged at the cardiac region, and the pylorus in a state of terrible scirrhus, being almost half an inch in thickness, so that it would scarcely admit a crow-quill, thus giving occasion to his vomiting when alive; the lungs were dense, engorged and replete with a melanoid deposit; the mesenteric glands were tumefied, and concreted into an *en masse*. The remainder of the viscera was healthy.

ARTICLE III.

Army Reports.

[Dr. WEBER has very kindly placed at our disposal the following interesting reports, which we publish entire.—EDS.]

ARMY OF THE OHIO, CAMP NEAR ATHENS, ALABAMA, }
 July 12th, 1862. }

GUSTAV C. E. WEBER, Surgeon-General Ohio.

Sir:—In capacity of Surgeon of Forty-First Regiment, O.V.I., I have the honor and pleasure to transmit to you this duplicate of a sanitary report made to the Surgeon-General of the United States, for the quarter ending July 1, 1862. Our regiment, in common with others of the volunteer forces in the Army of the Ohio, are destitute of apparatus and instruments and facilities necessary to furnish meteorological reports, which are essential concomitants to instructive sanitary observations. The military operations of this quarter have extended from the vicinity of Savannah and Pittsburg Landing, Tennessee, through the town of Corinth, and beyond in a south-west direction, to near a small town called Boonton or Boonville, Mississippi, and from thence east through the north of said State to the Tennessee River, near Tusculumbia, and across the northern tier of counties to the town of Athens, Alabama. The soil from the Tennessee River, at Pittsburg Landing, across the northern part of the State of Mississippi, is composed for most part of a tenacious argillo-arenaceous earth, generally stained a deep-red ochre, by an abundant presence of

carb. iron. A pebble conglomerate, also deeply stained and strongly adherent by the ferruginous principle, underlays the surface deeply, cropping out at the river at Pittsburg Landing, and at the gulches and ravines across northern Mississippi to near the Tennessee River, at Tusculumbia, Alabama, where it is superceded by lime-rock. The alumen in Alabama is also stained, less completely by iron than in Mississippi, but is more abundantly filled by calcareous matter in the form of marine shells and stratified lime-rock. The surface from Pittsburg Landing and Corinth, and east to the town of Iuka, Mississippi, is exclusively rolling, the hills having gentle slopes. The soil is very light and unproductive; the timber almost entirely yellow oak; trees of medium size; a few Norway pines, stunted cedars, and the sassafras are here and there interspersed. In some of the valleys, and by the water-courses, the soil is moist and rich, the timber various and large, presenting majestic specimens of oak and cotton-wood trees. The almost impervious and uneven character of the soil prevents rain from penetrating deeply, which explains the fact that copious springs of water are of rare occurrence. They were found to issue from the conglomerate stratum, the water generally hard and rough to the taste from its impregnation with iron. Little springs and pools were not uncommon in moist valleys, but it is surface water and unwholesome. The creeks are scarce and sluggish, the water being opaque and disagreeable from saturation with decaying vegetable matter of the overhanging foliage, which in the moist, rich valleys is very rank and abundant.

The men and animals of the Army of the Ohio suffered severely in their march across this country during the burning heats of June from the scarcity and bad quality of the water. The men, in defiance of the remonstrances of the medical and other officers, while on march would rush from the ranks to these filthy streams and pools, when they occurred by the wayside, and fill their canteens. It was observed that the use of such water did not quench thirst or refresh the heated, weary soldiers. It is noticeable that the sick list was augmented by these marches and the use of bad water. Diarrhœa, which was the prevailing symptom of disease during this quarter in our regiment, was much aggravated by the causes first mentioned. Chills, vomiting, remittent fever and debility sometimes occurred necessarily in the same individual, but often was present singly as symptoms in different individuals, as the sure results of a rapid march and copious draughts of bad water. Rapid marching during parts of the day (the thermometer ranging often to 95 degrees in shade,) was repeat-

edly seen to have a pernicious effect upon the health of the men. No decided cases of *coup de soleil* occurred in our regiment; but on one day's march I observed three decided and dangerous cases in men of other regiments. For a few days after the evacuation of Corinth, and during the pursuit of the enemy, rapid marching was doubtless necessary; but after the division to which the Forty-First Regiment is attached had ceased the pursuit, and began the march across northern Mississippi, there was usually no apparent reason for the frequent "double-quicking" observed, now and then during the greatest heat of the day, than the fact that officers leading the head of the column were *mounted*. The commandant of a regiment is not responsible for too rapid a step, as he must keep his advance within a few yards of the preceding regiment. It was not uncommon for ten per cent. of the marching men of our regiment to fall out of the ranks from exhaustion during these rapid movements. Symptoms were: dyspnoea, quick, small, frequent pulse, headache, nausea, and great muscular weakness, the whole body streaming with perspiration, and the countenance expressive of the greatest distress. A draught of whisky, transportation for gun and accoutrements, with a pass to follow the wagon train leisurely, were generally followed by relief; but often this unreasonable trial of the soldier's stamina was the cause of developing diarrhoea and other diseases, but in many instances, perhaps, the disease was latent, requiring only debilitating influences to bring them on.

Since the middle of May, the period at which we arrived at our camp nearest Corinth, and during the balance of the quarter, the season has been hot and dry; not more than two drenching showers occurred. The rations for our army are so well understood, that it is superfluous to remark upon the properties of the food when of good quality, regularly supplied, and abundant. The pork has been excellent, the fresh beef very fair in kind, and when the forces have been encamped near points accessible from the North, cattle have been supplied in numbers to satisfy the demand. But after our passage through Corinth, about the 4th of June, we were marching, and we were deprived of tent accommodations and fresh beef till about the 27th of that month, when we had arrived near our present camp, at Athens, Alabama. No perceptible influence upon the condition of the troops was noticed in consequence of these deprivations, except many of the men complained of a sensation of faintness at the epigastrium, and muscular weakness by no means remarkable, though the Government had furnished them nothing during the period but hard

bread, pork (salt), coffee and sugar. The want of the fresh-beef rations during this period was doubtless remedied in part by the success the soldiers had in obtaining poultry and the flesh of pigs, and the smaller kinds of domestic animals obtained sometimes by purchase, and again by "confiscation." There has been a supply of desiccated potatoes one-third of the time, and I am informed by our Commissary that they have generally been soured by partial fermentation. Our soldiers dislike the "mixed vegetables" (desiccated), and often throw them away uncooked. They are, I presume, intended for preparation with fresh meat in making soups—a form of food seldom seen in our regiment, notwithstanding the excellent instructions in regard to the use of boiled meat, and the free use of soups, etc., instead of frying and other hurrying methods of preparing food. Most of our men dislike pilot bread, and eat it only from necessity; and as we have no bakery attached to our regiment, light, good bread can seldom be obtained, and unwholesome, half-baked "short cakes" are generally resorted to when the disgust against the pilot bread is extreme. Indeed, many refuse the hard bread *in toto*. A faithful, efficient baker in our regiment would add very materially to our comfort, enjoyment and health. The imperfect cooking, the deficiency of fresh vegetables and organic acids, have generated in many of our men the scorbutic diathesis and dyspepsia. The diarrhœa so prevalent has, for a principal source, scorbutis and indigestion.

The diarrhœa, more severe in May and till the middle of June than now, was often relieved by the free use of berries and other sub-acid fruit, and I am of opinion that the improvement of the health of the men in this respect is attributable to the comparatively free access we have to these fruits and fresh vegetables since our arrival to the richer and better cultivated region of North Alabama. Our bivouacs and encampments have usually been in forests and groves. The partially shaded groves or open fields, where the surface is free of decaying foliage and other vegetable matter, are undoubtedly better for encamping purposes. Always in these forests, on sweeping away the leaves and decomposing trash to make tent floors, a disagreeable odor of decay emanated from the earth and was perceptible till the ground was thoroughly dry. In the open fields ample shade can be obtained by well-formed booths and arbors. The camping-grounds of our regiment have been admirably "policed," or swept and cleared of decaying vegetable matter. Yet we have often suffered from foul air from two sources: First, by picketing the animals too near the centre of the regimental lines, and next from excrements dropped away from

the sinks by men suffering from urgent diarrhœa, and by others who have a less available excuse. Soldiers occupying Sibley tents suffer much from foul air, especially when the companies are full; then the air in these tents is very fœtid and oppressive. The army regulations allow twenty men (infantry) to a tent; but in our regiment, owing to a reduction of the members of the companies, sixteen or seventeen are allowed to a Sibley tent, and in some companies not over half this number are found in one tent. Yet the air in still weather is very bad. Without great care, these tents, which are a great improvement over the bell tent, which they superseded in our regiment, are a fertile source of zymotic disease, such as typhoid fever, erysipelas, etc.

Ventilation may be secured in our tents by adhering to the excellent advice, or rather orders, of the medical director for our department. He directs the Sibley tent to be raised upon stakes, so that the base will be sufficiently high to admit air freely. He insists that the company officer cause openings and counter-openings to be ripped through the seams at suitable height from the base, so that the draught of air admitted may not rush directly upon the heads of the sleeping inmates. It is directed to keep these openings widely apart with forked sticks. During the first two months of this quarter, the nights were frequently cold from 1 or 2 o'clock A. M. till after sunrise. On such nights, in a raised tent, or in one carelessly ventilated, the men would, undoubtedly, contract catarrh and other diseases known often to follow exposure to draughts of cold air. Both expedients are the best that could be derived for present application, but I would respectfully suggest that when the Government is making arrangements for the construction of new tents, an effort be made to have some valvular openings provided for the free ingress and egress of air at suitable points, as near the base of the tent as may be, and yet avoid the evil of direct currents blowing upon the inmates. These valves could be easily closed or partially shut in a shower or in very cold weather by the most stupid soldier. Ventilation of tents, though a matter of immeasurable importance, will not be attended to unless it can be easily done, in which case the advice of officers would be cheerfully followed by all our soldiers. I will add that the advice of the medical director and the medical officers of the regiment was not followed till the oppressive heat of the fore part of southern summer nights drove the men to the most salutary expedient of raising the tents upon stakes. No openings have been made in the seams as directed, and raising the tents is not by any means a general rule. In many instances the tents may now, during this most sultry season,

be seen, at early morning and during the day, staked tightly to the earth.

Through the spring months and the fore part of June, the health of the regiment suffered severely from the poisoned air of the tents. As late as the 10th of June, on visiting the Sibley tents at night to insure ventilation, I often found the air almost stifling. I am well convinced that our soldiers will never follow advice or orders in regard to this matter till some means are provided by which they can ventilate their tents without much effort and in a way which will quiet their fears of "taking cold." The greatest danger from foul air is during cool and inclement seasons, when air is almost sure to be excluded as much as possible. At such times soldiers can not be induced to raise their tents from the ground, or to cut openings for the admission of pure air, while during the warmer months the oppressive sensation of heat instinctively leads them to promote currents of air. Hence the necessity of valves so arranged as to be easily opened, rain proof, and so placed as to prevent air draughts rushing directly upon the inmates. Next to an abundant and wholesome supply of food, thorough ventilation of tents is the most important measure for the maintenance of health and efficiency of troops in the field.

There has been no prevailing disease among the inhabitants along the line of our march during this quarter. In Northern Mississippi and North Alabama intermittent fever is not a prevalent disease. It occurs only on the low, wet land and sluggish water courses. Remittent fever was formerly common in the hilly and dry country; but I am informed by intelligent physicians that about six years since typhoid fever superseded it, and it is now the prevailing fever of the country. During the hot season, "bilious diarrhœa" and dysentery are the most common diseases. Among our soldiers, serous and mucous diarrhœa are the prevailing symptoms of disease. These fluxes are very often obstinate, protracted; relapses are common, and in young soldiers bring on marasmus.

I am credibly informed that on the march through Southern Tennessee to Pittsburg Landing the men threw away their overcoats, and as they are generally provided with one blanket and a rubber cloth (only), they were often severely pinched by cold at night after the battle of Shiloh till about the 10th of June. These cold nights following the heat and fatigues of marching, trench work and skirmishing by day, were extremely detrimental to the health of the troops, producing obstinate bronchitis, catarrhal diarrhœa and remittent fever. The ordinary clothing, blouse, coat and heavy pants, is sub

stantial and satisfactory. The men generally wear good woollen shirts, socks and suitable shoes. The soldiers of our regiment appear to be more provident of their apparel, and to keep their clothes cleaner than in any other regiment in the Nineteenth Brigade. The credit of this cheering fact is doubtless due to the admirable disciplinarian who organized the regiment, and commanded it till his recent promotion to General of the Brigade. The men, with a few exceptions, are cleanly in person and habits. Where water is found in sufficient body they seek a daily bath with avidity. Where water is to be obtained in limited quantities, and during inclement seasons, they are sure to neglect bathing and cleanliness.

During the quarter ending July 1st, not to exceed three cases of "ebrietas" have been observed in the regiment. While nearly every soldier eagerly takes his occasional and scanty ration of whisky, the great majority would be temperate from choice, and all who would not are constrained to temperance by the fact that no ardent or intoxicating drinks can be obtained from the people of the country. When the Forty-first Regiment was mustered into the service in September last, there were eight hundred and fifty men, officers included, and now it is reduced to four hundred and twenty-five souls. It will be observed by a reference to the morning sick-report for the quarter, that a proportion (varying) about $16\frac{1}{4}$ per cent. during May, and $8\frac{1}{2}$ per cent. in the last month of the quarter, of this force of four hundred and twenty-five, as many as seventy were on the daily sick-list repeatedly during a part of May and June, and have been reported unfit for duty. Fifty per cent. of the whole force of the regiment have melted away since its organization ten months ago. None of the wounded from the field of Shiloh, requiring treatment, were in the regiment when I entered upon the duties of my office, and the causes which have so fearfully decimated the regiment did not transpire under my observation. By gathering a few facts and dates, I think it can be explained that the great sickness and mortality referred to sprang from violation of the well-known laws of health, *i. e.*, imperfect ventilation of tents, want of fresh food, vegetables and organic acids, unusual exposure to rain and cold, fatigue, a wet camp and bad water. Soon after the regiment arrived in Kentucky—where typhoid fever broke out so furiously that there were, I understand, one hundred and fifty men in the Regimental Hospital at one time—and for a month during this state of the regiment, not more than from one hundred and fifty to two hundred men could be mustered for daily dress parade. A very large proportion of those who then had this typhoid disease,

though yet in the service, have not fully recovered their health, and their strength is impaired. Their appearance now shows that the pathological changes it wrought in the blood have not been obviated, and the wasted tissues have not been fully restored. These unfortunate sequelæ have constituted a chief predisposing cause of disease since, till the arrival of the regiment in Northern Alabama, where a greater abundance of fresh food and fruit appears to be working a salutary change.

The above report is most respectfully submitted by your obedient servant,

J. C. HUBBARD,

Surgeon Forty-first Regiment, O.V.I.

CAMP DENNISON, July 3d, 1862.

GUSTAV C. E. WEBER, Surgeon-General Ohio.

Respected Sir :—Allow me to draw your attention to the frequency of chronic nephritis in our hospitals. Most all of the cases are of long standing, and have been under treatment for several months, and on questioning the men, I could find but two or three instances where they have been treated for trouble in the kidneys. In a good many cases, there is diarrhœa combined with it, and the men have received treatment only for this derangement. Others, when questioned, suffered from rheumatism, or had the camp fever, or were convalescent from typhoid fever; one had the gravel as he said. I do not attempt to decide whether in all the cases the kidneys were primary affected or secondary, but I suspect most of them were primary, as I have examined a number of cases where the patients only complained of a weakness in the loins and pains in the thighs, and had been treated for rheumatism. Still it is not improbable that a rheumatic affection of the intestines spread to the kidneys and kept them diseased after the primary affection of other organs had ceased. This affection of the kidneys is either not diagnosticated by the army surgeons, or its importance not appreciated enough. But I should think that the importance is well established by the fact that out of one hundred and fourteen cases of internal diseases which came under my treatment up to the first of June, twenty-eight had this nephritis, and in a recent arrival from Tennessee, out of fifty which I examined, nineteen showed the unmistakable symptoms of chronic nephritis. I happened to see a list of these men in a paper, with their different diseases, made out on board of the steamer, and not one case of nephritis was diagnosticated. I communicated this observation to the other surgeons in the hospitals here, and they found it fully confirmed. I can justly say that one-third of all the patients brought up from Tennessee are suffering under this

disease. Out of fourteen patients sent to my ward on Monday, seven are afflicted with chronic nephritis. The diagnosis seems to be a little difficult, as all the patients have something else to complain of but in their kidneys. All of them, however, complain of a weakness in their loins, of an inability to straighten up, and more or less trouble in urinating. Still, this latter point some of them deny, but when questioned closer, they confess that they do not make much urine at once, that they have to urinate often, that the urine is hot and high-colored even so as to look like blood. It may be considered an exception if they don't complain of rheumatic pains along their thighs, in their hips and in the lower part of the pelvis, extending across the os sacrum, and also if they do not complain of a tightness across the lower anterior part of the thorax. All say that they soon get tired when marching. There are no peculiar symptoms on the tongue, which is sometimes smooth or furred, clean or coated, just according to the derangement in the digestive organs. Very often the patient complains of an inclination to vomit. The pulse is commonly frequent, yet does not show any characteristic symptoms. In a good many cases the inflammation extends only over one kidney, most always the left one. Sometimes only a part of the kidneys seems to be affected, and here again most always the lower part. Any deep pressure on the regio lumbaris or on the abdomen, opposite the kidneys, is described as more or less painful.

As already stated, the disease is very often combined with chronic diarrhœa or with swelling of the liver or spleen, sometimes with intermittents, or with all together, in which case the surgeon is at a loss where to commence first. Most of the cases, when properly treated, show a decided improvement in a few days. The urine loses the red color, is evacuated in greater quantities and not so often, and the tenderness across the loins disappears, and with it the rheumatic pains along the thighs. The disease runs a chronic course, and is undoubtedly one of the causes of typhoid fever, as I have found in several marked cases. The causes of this disease are easily found, in laying on the wet ground, exposure, etc., and can mostly be traced to such an incident. The few cases treated in the field and diagnosticated as such did not yield to oleum terebinth, or juniper, or spir. nitr. dulc., the remedies given to the men, as they told me. The treatment I pursued consisted of iodid. potass., ℥j., extr. con., ℥ss., aqua font., ℥iv., every two hours a teaspoonful. Sometimes it was necessary to use an emulsio with narcotics when the irritation of the kidneys was very great, and then after that the above mixture. Many cases improve in

a day or two; the majority get rid of this trouble in one week, and if not afflicted with another disease, are able to travel. The pains across the os sacrum and along the thighs disappear after the use of warm baths and chloroform liniment. A post-mortem examination I had not the chance to make, as none have died here with this disease.

It is evident that if those cases had been diagnosticated in the field and treated accordingly, a large amount of money would have been saved to the government, and I leave it to you whether you would think this point important enough to make public.

Since I came here several very interesting cases, not described in the books, of intermittents of the nerv. pneumogastric, in one case only of the ramus and recurrens, and one case of the nervous recurrens Will., came under my observation. But having extended this letter to an unusual length, I defer their description to some future time.

Dr. Hall, of the Thirteenth Ohio, has returned from his regiment, after having marched with the Thirteenth for four days, and then carried in an ambulance for several days, in consequence of congestion of the lungs. Dr. Murray, the Medical Director, advised him to resign, as he was unable to stand the climate and service, and so he did. He met me at Camp Dennison on Monday, the 7th of July, and being very weak, he requested me to communicate the fact and the causes of his resignation to you. He deems it connected with great risk for any Northern man to be sent South at this time of year, an opinion which not only he expresses, but, as he told me, all the officers he met with.

With high esteem I am, very respectfully,

Your obedient servant, A. ZIPPERLEN.

Hospital Reports.

Commercial Hospital.—JOHN DAVIS, M.D., Attending Physician. (Reported by Dr. GEORGE S. COURTRIGHT, Resident Physician.)

Diphtheria, Followed by Obstinate Constipation: Recovery.—Walter H., æt 24, American, admitted April 30, 1862. Has been employed on steamboat as deckhand. Says that two weeks ago, previously enjoying good health, he was attacked with a chill, followed by fever, which gave way under treatment. Five days ago, was seized with rigors, followed by flashes of heat and a severe diarrhœa,

having several thin watery stools during the day. This was accompanied with soreness of throat, which increased very rapidly.

Symptoms on admission: Found him with face flushed, accompanied with slight rigors, on the least exposure to a current of air; has great hoarseness of voice; throat very painful; posterior part of fauces covered with a deposit of gray exudation; has a persistent diarrhoea, which has continued from first attack; slight pain on pressure over abdomen; tongue slightly coated; pulse 80, and full. Says the fever is more intense toward evening. \mathcal{R} . Potass. chlor., \mathfrak{z} ij., aqua pura, \mathfrak{z} iv. M. S. tablespoonful every four hours.

May 2d.—Throat worse; fauces and soft palate covered with a gray exudation, which very much resembles mucous patches of secondary syphilis. Continue treatment with— \mathcal{R} . Pulv. opii, gr. j. at bed-time.

May 12th.—The treatment has been continued up to this time. To-day complains of severe pain in abdomen, accompanied with several operations from his bowels. Omit the potass. \mathcal{R} . Pulv. opii, gr. j. every three hours.

May 14th.—Throat much improved; diarrhoea checked, but two operations during the night; has no appetite, and complains of weakness in lower extremities. \mathcal{R} . Tinct. cinch. comp., \mathfrak{z} j., ter die, with opii at night.

May 17th.—Throat almost well, but fauces somewhat red and swollen; is very weak; has pain in both knees; bowels regular. Ordered— \mathcal{R} . Pulv. guaiacum, grs. vj., every four hours. As a tonic, gave ferri sulphas, with ext. gentian, three times a day.

May 20th.—Now has severe night sweats; the pain in the knees about the same. Continue guaiacum, and— \mathcal{R} . Zinci oxide, grs. viij., ter die.

May 24th.—Patient *in statu quo*.

May 28th.—Is much debilitated; throat worse from having taken cold. Gave the potass. as before, and— \mathcal{R} . Quinine sulph., grs. xv., piperine, ext. gentian, $\mathfrak{a}\mathfrak{a}$. grs. x. M. Ft. pil. No. x. S. one every four hours.

May 31st.—Patient improving slowly; night-sweats not so profuse; bowels not moved for two days. Continued treatment, and— \mathcal{R} . Ext. colch. comp., grs. x., morning and evening.

June 1st.—Has taken several pills without any relief. \mathcal{R} . Oleum tiglii, gtt. iij., ext. colch. comp., grs. x. M. Ft. pil. No. iv. S. one every hour until bowels move freely.

June 2d.—Has taken twice the quantity above described, without

any effect. Continue the pills; also, gave oleum tiglii by enema. 8 o'clock p. m.—Patient worse; has been vomiting for some hours; abdomen very tender on pressure. Applied wet cups over the abdomen; continue the pills with the addition of pulv. opii, gr. one-third to each pill; to have hop fomentations over abdomen, after using the cups.

June 3rd.—Patient weak; no operation from the bowels; can not take the pills on account of vomiting. Gave—*R.* Oleum ricini ʒij., every six hours.

June 5th.—Has taken about ʒx. of the oleum ricini in the last forty-eight hours, without any change; now tried eleterin in gr. one-fourth doses, but with no better result, the patient vomiting after taking the third dose.

June 6th.—Patient suffering great pain; the throat, œsophagus and stomach so sensitive that even the blandest liquids cause great pain when swallowed. *R.* Morph. sulph. in gr. one-fourth doses every two hours. We then gave magnesia sulph., Seidlitz powders and oleum ricini, which finally brought away a few small scybala.

June 8th.—To-day patient worse; has a haggard expression of face; abdomen very tender on pressure. Applied twelve wet cups over the abdomen; ordered meal-gruel, and at night gave a dose of oleum ricini.

June 9th.—Condition somewhat improved; abdomen not as tender to touch; is very much prostrated. *R.* Vinum Mad., ʒss. every two hours.

June 10th.—Had one small fecal dejection last night; is some better; prostration not as great. *R.* Quinine sulph., grs. xv., ext. gentian, ʒij. M. Ft. pil. No. xv. S. one every three hours. Also—*R.* Ext. colocynthidis comp., grs. x., at night.

From this time patient improved slowly, and June 15th is much improved. The treatment to be continued.

June 25th.—Is suffering with pain in knees; at times very severe, with an almost inability to move them, and very sensitive to touch. *R.* Pulv. guiac., grs. vij., every four hours.

After this time patient improved slowly. Electricity was used with cold shower-bath over origin of sciatic nerve; a cathartic was given occasionally to keep bowels open, and he was discharged July 14th entirely relieved.

In some remarks made upon this case to the class, in the amphitheatre of the Hospital, Dr. Davis observed that in several cases in his practice, where the local manifestation in the throat was but

slight, the constitutional distress was very severe, and, *vice versa*, very frequently the constitutional symptoms last for some time after all local disease has disappeared; and that he considered the constipation and pain in the joints as sequelæ of the disease.

Proceedings of Societies.

Proceedings of the Union Medical Association, Knightstown, Ind.

Reported by JOHN LEWIS, M.D., Secretary.

Society met agreeably to adjournment, June 2nd, 1862. The President in the chair called the meeting to order. Members present—Drs. Cochran, Canaday, Rawlins and Lewis.

After disposing of the reading of the minutes and other miscellaneous business, Dr. Lewis reported a case of intermittent fever, occurring in his own person. In treating it he took quinia sulph., grs. viij., and opium, grs. ij., at once, before the cold stage had passed off. In one hour afterward he was "warm enough," and in another hour he was sweating profusely. In three hours after he took the first dose, he took grs. viij. more of quinia sulph. alone. No other treatment seemed to be necessary. Dr. Lewis remarked, that in treating ague his usual custom was first to arrest the chill by the free use of quinia sulph., and afterward to exhibit purgatives, laxatives or tonics, as the case might indicate. He entirely discarded the plan of giving purgatives or emetics, or both, for the purpose of preparing the system for the use of quinia sulph.; thought that plan had become a practice when quinia sulph. was a stimulant (?), and could not safely be given to a patient when he had fever. He thought the biliary arrangement usually attending such cases the result of the ague, and not the cause of it.

Dr. Canaday and Rawlins remarked that they pursued a similar course in their treatment of intermittents.

Dr. Cochran reported a case of urticaria. At the onset of the disease he was unable to make a satisfactory diagnosis. The case was remarkable for the high grade of fever, and for its persistence for four days, notwithstanding the use of purgatives, relaxants, anodynes, etc. On the fourth day of the fever the eruption came out freely, to the great relief of the patient. The next morning the fever

was gone. After the eruption came out, but little medication was required. The patient, a little girl, eight years old, a short time previous to her illness had eaten heartily of greens (mustard) at dinner.

Dr. Canaday remarked that he ^{SAW} a severe case of urticaria follow a full meal of greens, made of horse-radish leaves. An emetic of pulv. ipecac afforded prompt relief—assisted the stomach to “throw off its load of fodder.” Dr. Canaday also remarked that he had, during the spring, seen a number of cases of some eruptive disease that he could not name; it resembled measles, so far as the eruption was concerned, but lacked the other characteristics peculiar to that disease. It occurred in those that had been the subjects of measles and scarlatina, as well as in those subjects that had had neither. Some few of these patients had but little disturbance of general health, except a troublesome itching, which attended the eruption in all the cases; other cases had fever of a high grade previous to the appearance of the eruption, which was visible from two to six days. Desquamation of the cuticle in all cases followed its disappearance. They were treated with saline cathartics and tepid spongings.

Dr. Rawlins reported a case of facial neuralgia of several years standing, that had been treated with quinia sulph., narcotics, iron, by extraction of teeth, etc., with but little palliation. He put the patient on the use of a solution of the prussiate of potash, with a very happy effect; it was more prompt in giving complete relief than any other means used. He had also treated successfully with the same agent a case of sick headache, and one of periodic hemicrania.

Dr. Canaday remarked that he had used the agent in question a number of times in his treatment of nervous diseases, and was not able to see any effect whatever from its use.

Dr. Cochran had used the agent, and spoke favorably of its effects in the different forms of neuralgia.

Dr. Canaday reported a case of typhoid fever. The onset of the disease seemed to be mild. It was treated with a mercurial purgative, followed by pretty full doses of quinia sulph. and tepid spongings during the first few days. The case seemed to progress well for some ten days, when hæmorrhage from the bowels set in profusely. The hæmorrhage was promptly met with acetate of lead and opium. The patient recovered under the use of opium, quinia sulph., emulsion of spirits turpentine, etc.

The question was asked whether the considerable amount of quinia sulph. taken during the progress of the case had anything to do in

producing the hæmorrhagic diathesis. Quite a lively discussion was had upon the question—the majority being of the opinion that the diathesis was the result of disease, and not from the use of the agent in question.

Editorial Translations.

Wounds of the Abdomen and their Treatment.

BY DR. ZIPPF.

Translated and condensed by DR. GANS, from the German.

In accordance with the declaration of acknowledged authorities the wounds of the abdomen after a battle stand in the same proportion to the total number of wounded, as the abdominal surface stands in size to the other part of the body; but a few days afterwards, few or none of these wounded are found alive. This great danger of the wounds of the abdomen, principally those complicated with lesions of the intestines, is based partly on the importance of the wounded parts, but also has its reason in the fact that we, in the most cases, are not enabled to diagnosticate said lesions with sufficient certainty, and wanting, until now, general recognized therapeutic measures to meet the fatal results of the same. Just like in contusions of the abdomen, there is no certain therapy of simple abdominal wounds. According to the opinion of many surgeons, the latter should not be united by sutures at all; others wish to see the cutis and muscular structure united, and not a few recommend to put the suture but through the skin. The greatest uncertainty is shown in the treatment of penetrating abdominal wounds with lesion of the intestine. Whilst Textor, in his work on "Surgical Operations," mentions that it is recommended to abstain from every kind of suture, Scarpa explains the good result of the same, because it tears out and passes off with the fæces. Lawrence Travers believes that by the suture, in the most favorable case, the recovery will be prolonged. The application of sutures was recommended in the strongest terms by some not less renowned surgeons, and practiced by Baudens, Larrey, Denans, Lembert, Béclard, Amussat, Reybard, Jobert, Gély and Dieffenbach. The last named will not see united small, round, punctured wounds, which appear closed, and calls it a bad prejudice to believe that we do not need sutures or loops in small wounds, even of the size of a line.

But this opinion has not an unconditional weight, as cases are on record where even large intestinal wounds surprisingly healed without union by suture.

Larrey (*Chir. Klin.*) saw an officer recover, in which he did not unite the intestine protruding in consequence of a gun-shot wound ; on the contrary, relieving the existing constriction of the intestine by the knife, and applying a simple dressing, an artificial anus was formed, and the patient was cured in three months.

Dr. Grumbacher (*Aerzt. Mirth*, aus Baden, 1, 1857,) relates a case in which he drew out again the before replaced wounded intestine, and closing the wound, 15''' long, of an oblique direction, by six sutures of black silk, according to the method of Lembert. But he remarks that the suture does not prevent the effusion of fæcal matter existing from the beginning ; that it does not only effect a healing of the wound, but also preventing somewhat the same by the expulsion of the sutures outwards instead of into the intestines ; and, finally, that the lasting cure was ultimately affected by the spontaneous adhesions of the intestine to the peritoneum. Grumbacher disapproves of the method of Lembert.

The fear that, without the application of sutures, fæcal matter would enter the abdominal cavity so much easier, and thus cause fatal results, is consequently not justified. If even the effusion of the contents of the intestine into the immediate neighborhood of the wound produce stormy symptoms, it must be taken into consideration that two serous membranes, lying in close contact, will be closely united after a few hours by adhesive inflammation ; and the observations of Larrey and Grumbacher agree entirely with these facts proven by post-mortem examination, in not seeing further bad results from effused fæcal matter.

A case observed by Dr. Shurmaier is of importance in considering the merits of sutures. In his case nothing was resorted to but the application of cold on the abdomen, limiting the intestinal motion by opium, diet and rest, instead of resorting to the pulling out the intestine and applying the suture. *At the post-mortem examination no signs of inflammatory affection, neither on the peritoneum nor other organs, were discovered ; the wound of the intestine adhered by a plastic exudation to a sound intestinal loop, closing it perfectly.*

Corresponding to the external wound, the omentum was cut through, and a loop of the small intestine was wounded thus that a longitudinal wound, separated by a bridge 4''' long, and measuring at the upper part 4½''', and below 8'''. The pointed wound continued

through the omentum, dividing here a mesenteric artery, through the posterior wall of the peritoneum, and after penetrating the left iliac vein before her entrance into the lower cava, at a length of $3\frac{1}{2}$ "', it stopped in the body of the fifth lumbar vertebra. Within the abdominal cavity were $4\frac{2}{3}$ pints of blood. Effusion in faecal matter was nowhere seen.

This case gives for the treatment of wounds of the intestines a good indication. Even was it not justified to replace the intestine so severely wounded into the cavity, it must be admitted that the therapy was based upon a correct diagnosis. As plainly the puncture of the vein, but not the wound of the intestine, caused death.

The difference of opinion in the treatment of the lesions of the abdomen depends principally upon the obscurity of its phenomena. Generally we meet as first symptoms a striking collapse, causing sometimes suddenly, or, at least, very soon death. The post-mortem examination in these cases exhibited once severe lesions of the viscera, at other times but small ruptures, or none at the time recognisable, pathological alterations. If death does not take place after some hours, a change of the facial lines or expression of the face follows, accompanied by sighing, nausea and vomiting; the pulse is at first very small, frequent, hardly perceptible, with pain at the hit place. It is not always possible to diagnose a lesion of the vessels or the viscera, with probable effusion of the blood or intestinal contents; but if an intestine is wounded in an empty condition, a quick resulting tympanitis may prove an indication.

Superficial vulnerations of the abdominal wall are generally easy to be diagnosticated; the examination is, however, better made by the oiled finger than with a probe. Is the wound large and penetrating, the protruding intestine gives a sure diagnosis; is it small, as it happens by stabs with a dirk-shaped instrument, it is very difficult to judge of the exact character of the wound, and neither does the probe, which neither here is to be recommended of any avail. Does the intestine protrude, a close examination has to be made, to see if the protruded portion is not wounded at several points, as it happens frequently by punctured and shot wounds; is the intestine divided entirely, the upper end is easily to be distinguished from the lower by the effusion of its contents. More difficult is the diagnosis if no protrusion of intestine takes place, or after reposition, does not return. The greatest importance has been placed in the appearance of the contents of the intestine. This would certainly prove that an intestine is wounded, but the wound in the intestine does not necessitate

an effusion of its contents, and the opposite opinions may have been held that long on account of having been accustomed to speak of an abdominal cavity as a space not entirely filled by its viscera. But as the viscera in the normal condition lay close to one another, the serous membranes of the different parts are in constant contact; it results, that from intestine filled with hard fæces and moderately cut obliquely or transversely, no exit of the contents will take place as long as they do not meet in their progress with any obstacles. Has an intestine been wounded, its longitudinal or transverse muscular fibres, according to circumstances, will contract, the mucous membrane will, so to say, tumefy itself by turning to the outside, and this will be sufficient in small wounds, as punctured ones, to close the opening. In larger wounds the partial lamella of the peritoneum, a neighboring intestinal loop, or the omentum will besides effect a protecting closing. Gases may force themselves easier than fæcal masses between the intestines, if they find the road obstructed by hard fæces, as is the case generally in the colon. A tympanitis then takes place, which is, as a primary symptom, of little consequence, as gases are easy resorbed. The greatest probability of an effusion, and consequently the greatest danger, would be in wounds of intestines filled with more liquid masses, as an effusion of the same, favored by the peristaltic motions, may be supposed; but this peristaltic motion is quickly stopped, partly by the inflammatory reaction, partly by the entering adhesions of the serous surfaces laying next to the wound, so that an exit of the contents is again prevented. It has been proposed, for the purpose of greater certainty, to accomplish the exit of fæces which may be in the abdominal cavity by injections; but irrespective of the danger of such an invasion, very often no results were obtained, for at various times it was found at post-mortem examination that wounds of the intestines were present without effusion of fæcal matter.

Hæmorrhages from vessels in the abdominal cavity are of the highest importance. If the abdominal wall is at the same time wounded, the blood may run outside also, and thus facilitate the diagnosis. A hæmorrhage in the cavity only is very often difficult to diagnosticate. It is no doubt that a recovery in lesions of the smaller vessels—if a small effusion takes place—may take place, but it is not possible to say positively, in case of recovery, if the hæmorrhage came from a vessel of the abdominal wall, or from a deeper-seated vessel. Lesions with complications of this kind are generally fatal. A symptom which generally presents itself in wounds of the large

intestine is emphysema, occurring mostly soon after the vulneration, usually not lasting long, the development of which is favored essentially by a narrow external opening, and by too great surgical interference. It may be lessened by the taking off of one of the sutures, as it leaves of itself by resorption, without any interference. If after these primary symptoms death does not take place, then follow the secondary—peritonitis and enteritis. Corresponding to the difficulty of the diagnosis, the prognosis is also very difficult. There are cases in which death takes place after a slight contusion, and again recovery in an incredible manner. As a proof the following case is given :

Professor Schinzinger, of Freiburg, found in a multipara, who had suffered a spontaneous rupture of the uterus, a considerable portion of the intestine protruding through the rupture in the right lower segment of the uterus. The protruding intestines being constantly forced through into the vagina, gangrene took place, and on the third day a part of the gangrenous intestine, 6 to 8''' long, and on the fourth day a larger portion, were cut off with the scissors. For a long time the fæces were discharged through the vagina, till the artificial anus closed after eight months, and the fæces passed in a normal form and quantity by the normal way. The woman is since four years quite well, and works as before in the field.

In reference to such cases, treated so successfully by an expectative method, one can not caution enough against too great surgical interference and the untimely use of cathartic remedies. Nature gives us instructive hints for the treatment of the wounds of the abdomen ; for the quick emptying of the stomach by the generally superceding vomiting, as well as the spontaneous constipation of the bowels which soon follows, are surely beneficial endeavors favoring recovery, the intestinal canal being kept at rest. It appears, therefore, the indication for the treatment to be—to keep the stomach emptied the first days after the vulneration, and even to quench the existing thirst by ice pills or acidulous water applied to the lips. To keep down the peristaltic motion of the intestines, opium is the principal remedy ; after a few days, fluid nourishment is given. If after four or five days no evacuation happens, a mild injection is given. If the patient has not lost much blood at the time of the vulneration, a venesection is made, notwithstanding the pulse may be small ; besides, from twelve to twenty leeches, and cold fomentations as long as the patient can bear them ; when suppuration enters, poultices. In non-penetrating wounds of the abdominal parieties, which allow, even at

extreme size, a favorable prognosis, we should always endeavor to bring about union by first intention by sutures, which ought to embrace the skin as well as the deeper tissues. The healing process is greatly assisted by a proper position, in keeping, if possible, the lips of the wounds closed. In longitudinal wounds we must bring on a suitable pressure from both sides ; in transversal ones the legs ought to be drawn up. Vulnerations of larger arteries (art. epigastr., abdomin., mamar., int.,) require the ligature or a proper applied pressure. It appears suitable to dilate a punctured wound into the form of a cut-wound, as this will favor the healing. If in gunshot wounds the ball remains in the abdominal parieties, which rather happens seldom, it must be removed if it can be done without great additional vulneration ; afterwards the wound is treated as a punctured one, so as to prevent a superficial closing, avoiding thus a sinking of the matter. But, in general, the ball passes through the abdominal parieties. If the ball can be reached yet by the finger, we must try to extract it carefully ; but after a failure of extracting it, we better abstain from all further attempt, treating the wound according to general principles, preventing or subduing inflammation ; we are sometimes successful in the extraction of the ball after suppuration has set in. In rare cases the foreign body penetrates into the intestinal canal by suppuration, or direct, and passes off with the stools, as Strameyer and Beck have observed ; or an abscess is formed around the foreign body, which can easily be extracted after suppuration. Any operative interference is out of the question.

Penetrating abdominal wounds occur rarely without further complication ; generally there is prolapsus of the abdominal viscera, and wounds of the same with or without prolapsus. The different viscera have been seen at times to protrude : the most frequent are prolapsus of the small intestine, the omentum, the large intestine ; the most rare, that of the stomach. Examine with the oiled finger for vulneration or gangrene. If the protruding portion is found in a healthy condition, clean and replace it carefully after the abdominal wall has been relaxed by proper position and emptying of the bladder, using the finger lengthways, not transversely to the wound, for the purpose of not pressing the intestine between the different layers of the abdominal parieties. The last prolapsed portion must be replaced first. It is necessary in small wounds to be careful not to mistake some fat of the abdominal walls protruding for the omentum, as both are very like in appearance. In most cases the reposition, of which we must convince ourselves once more by the finger, does not present diffi-

culties. If the intestines have become incarcerated, the abdominal wound must be dilated upon a grooved probe or the finger. If the intestine itself forms the obstacle to reposition, on account of protruding like a tumor, preventing thus the introduction of the probe or finger into the wound, the puncturing of the intestine with a trocar has been recommended, but the incarceration may often be relieved by pulling out another portion of the intestine.

If the protruding intestine is already gangrenous, it ought not to be replaced; the only remedy is then the formation of an artificial anus. Protruded omentum, which can not be replaced, must be left to nature; if it is gangrenous, a ligature is to be placed around it, close to the wound, and to be cut off; it will then heal together with the wound. If the wounded intestine is not protruding, all too great local manipulations, the seeking of the wounded portion in the abdominal cavity, ought to be left undone. Antiphlogistic treatment, with procuring rest to the intestine, treating the external wound according to general principles, and leaving the lower corner of the wound open, is all that ought to be done. If a protruded wounded intestine was replaced by unskillful hands, a seeking for the wounded part is only proper, for the purpose of the formation of an artificial anus; if the intestine is cut entirely through, the application of suture is suitable, recommending the method of Jobert, with the additional precaution to leave the ligatures pending from the wound.—*Deutsche Klin.*, 1861.

Correspondence.

CAMP NEAR CORINTH, August 10, 1862.

Dr. John A. Murphy:—Since the evacuation of Corinth we have been resting quietly in camp waiting for something to turn up, and endeavoring meantime to improve the health of the men, who, from exposure and fatigue during the winter and spring, were becoming very much reduced and enfeebled. In this we have been partially successfully, though numbers of them are so broken down that they are no longer fit for service. It is not at all to be wondered at that this is the case, for they have suffered from exposure to almost every conceivable cause of disease and death, and have been deprived of almost all means of prevention. They have suffered from cold, heat,

insufficient food, want of medicines, exposure to rain and snow, hard marches, hard work, sometimes to a very late hour of the night, or even all night, and but very few have escaped serious attacks of disease. Even those not so much exposed or called on for much physical exertion, such as musicians, officers, etc., have suffered from change of water, food, and the sudden variations of temperature to which all are exposed. Since we have been leading a more settled life, many of these causes have been removed, and under General Ord's administration the diet of the soldiers, both sick and well, has been much improved, though he made all the medical officers very indignant by comparisons between Eastern and Western surgeons, not seeming to know—at all events remember—that whilst the Army of the Potomac had been quietly encamped in a populous country, surrounded by railroads, with every facility for getting provisions and delicacies of all sorts, petted by the authorities, and paraded and exhibited to Princes and Ambassadors, we had been tramping about in the mud and rain, with most insufficient means of transportation, without any possible chance of getting anything but the ordinary rations for the sick, and often not all, so far as variety was concerned, that we were entitled to of those. Neither medical officers nor commissaries had money to buy fresh vegetables, eggs, chickens, and such other articles as were suitable for the sick, and during much of the time we were wandering about in the woods, where they were not to be had for love or money. Part of the time we could not even get necessary medicines. With all this the mortality from disease has been greater in the Army of the Potomac than in ours. The Sanitary Commission did a noble work in relieving us to some extent during this time of trial, but it was impossible for them to supply the wants of so large a body of men, nor did they anticipate at first so large a demand. Their exertions have saved many lives and prevented much suffering among the sick, but they could not, of course, furnish to the whole army such provisions as were needed, and so *prevent* sickness.

We have been discharging men from this division, and still have some left, who date their illness from the siege of Fort Donelson; and our sick list is largely made up of those who, having once broken down under the hardships of the campaign, never recover entirely, but get well enough to do duty for a few days and then relapse. We have had also many in the ranks who were not fit for soldiers when they enlisted, being incapacitated by reason of age or some bodily infirmity, and who were admitted through the carelessness of the medical examiner. We have had the lame, deaf and blind; men with hernias,

old badly set fractures, tumors, varicose veins and ulcers, hæmorrhoids, epilepsy, and pretty much all the ailments that disqualify a man for service ; and at our examinations for discharge, which are now made by a Board of Surgeons once a week, it looks as though the army had been recruited from hospitals. The first three or four examinations were attended by nearly a hundred candidates, quite a large majority of whom were discharged, very many for diseases existing previous to enlistment. I sincerely hope that more care will be taken in receiving men for the new regiments, for it is perfectly disheartening to have a regiment go into service a thousand strong and dwindle down to less than five hundred in a few months, as has been the case with most of those now in service.

Our diseases are diarrhœa and dysentery chiefly ; some typhoid fever, but not as much as I expected. In the spring there was a great deal of jaundice, but now there is very little. We have had also some scurvy, and there are some cases still on hand in the division, but I think we shall have no more new ones. Rheumatism is also quite prevalent and very obstinate. There have been also quite a number of sudden deaths from unknown causes, the patient dying almost immediately, and very often when there was no opportunity for a post-mortem examination ; in most, if not all, of the cases where such an examination was had, some disease of the heart was found, generally effusion into the pericardium. There has been two cases in our regiment : one was clearly apoplexy, the other I had no opportunity of ascertaining the cause of death.

A regiment of healthy men would not suffer much here at the present time, especially if under good discipline ; the weather is not near as oppressive as it ordinarily is in Cincinnati at this time. There is almost always a breeze, and the nights are delightfully cool, and until now they have been *too* cool, the change of temperature being too great for health between noon and midnight. There is no difficulty now in getting a sufficient supply of fresh meat and vegetables ; although, in spite of general orders, milk and eggs are not to be had, even for the sick, and a chicken seems to be a rare bird in this land. We hope, however, to arrive at even these in time, for they are in the country and ought to be obtained.

I should like to say a few words about that humbug of feeding the starving people here by contributions from the North, but I have neither time nor space. As an example of the working of the system, one of our teamsters who hauled a load of provisions, stopped and took dinner, and they charged him half a dollar. I would like, also,

to tell you about a man from the Ninth Illinois, who was found hanging in the woods with a card in his pocket, inscribed, "No more physie for me," but I am afraid Dr. Guelick would not like it.

Yours truly,

EDWARD FOOTE.

BOSTON, MASS., August 8, 1862.

Messrs. Editors :—My pen has been silent some time, and the little niche I have at times occupied in the *Lancet* has, without doubt, been filled during my silence with facts and data more pleasing and profitable than I should have furnished.

The annual meeting of the Massachusetts Medical Society was held on the last Wednesday of May. The attendance was not large, owing in part to the omission of the annual dinner, which on such an occasion is an attractive feature. Several valuable papers were presented: one on typhoid fever, one on kerosolene, and one on sub-cutaneous injections; also one on dislocations of the hip-joint, by Prof. H. J. Bigelow, in which he presented some original ideas on the subject matter. The anniversary address was by Dr. Henry I. Bowditch. It was upon a subject which has occupied his time, more or less, for several years, viz.: "The Topographical distribution of Consumption, or Locality as a cause of Consumption in New England." In a former letter I alluded to his investigation of this subject. He seems to prove conclusively, after a careful examination of the soil in every town, whether moist or dry, etc., that a prolonged residence in localities subject to continued moisture is the most powerful and direct cause of phthisis. Thirty-three new members have been added to the society during the year, and twenty-seven have died.

The statistical tables of the births, marriages and deaths, in this State, for the year 1860, have been published; but owing to the absence of Dr. Curtis at the seat of war, no editorial results and observations have been added, as in former reports which have passed under his supervision. But I will glean some of the facts contained in the tables: The population for 1860 was 1,231,022. There were 36,051 births—males, 18,504; females, 17,450; unknown, 97; American, 16,672; foreign, 16,138; American father and foreign mother, 1,237; the reverse, 1,174; unknown, 830. There were 294 illegitimate births—males 139, females 155. 681 persons were born at 337 births; 660 being twins, and seven cases being triplets.

Two of the cases were males, two females, two one male and two females, and one case not stated. The number of still-births was 1,062 — males 582, females 359, unknown 121. August was the most fruitful month, and December the next. February was the least fruitful month, and April the next. Of the plurality births, July was the most productive month, and September the least. July, again, takes the lead in productiveness of illegitimate births; as also does September in the other extreme, of the still-births. December was the most fatal month, and February the least fatal. 12,404 couples were married or took on the vows of wedlock. 7,144 were Americans, and 3,918 foreign. 604 native males were united to foreign females; 471 foreign males were united to American females. The condition of 267 couples was unknown.

The greatest number of marriage ceremonies took place in the month of November, and the next highest number in January. This may be accounted for from the fact that our annual Thanksgiving always occurs in November. This, together with New-Years, affords the most agreeable seasons of the year to *lead* and *be led* to the shrine of Hymen's altar, amid the festivities incident to these seasons of the year. March seems to be the least favorable month to celebrate the wedded nuptials. 9,850 bachelors married maids; 444 bachelors wooed widows; 1,310 widowers took to themselves maids; 683 widowers were united to widows; the social condition of 117 couples is unknown; 2,683 females were under the age of 'twenty, to 229 males; six males were over eighty, and three females were over seventy-five.

Of deaths there were 23,068 — males 11,444, females 11,547, unknown 77. The ages of 22,853 were registered; aggregate age, 636,801; average age, twenty-seven to eighty-seven. August was the next fatal month, September next; June, as usual, was the healthiest month, and February next. Percentage of deaths to population, 1.87; males 1.92, females 1.82. In Suffolk county, which includes Boston, the percentage was 2.39; males 2.54, females 2.25. In Boston it was 2.47, while in the town of Windsor it was only .24. During the year 1860, six persons (all females) died in the State whose ages were each over 100 years; one (colored) aged 115. The rest of the ages were as follows: 103, 103, 100, two months and sixteen days, 107, and 100, ten months and twenty-two days. There were 8,832 deaths under five years, and 1,202 over eighty. Of the deaths under five, 4,730 were males, 4,028 females, and 54 unknown; of those over eighty, 480 were males, and 722 females.

I will mention only a few of the more prominent causes of death : From abortion there were five deaths ; anæmia, 13 males, 36 females ; apoplexy, 128 males, 110 females ; bronchitis, 55 males, 55 females ; cephalitis, 264 males, 239 females ; cancer, 104 males, 231 females ; childbirth, 224 ; cholera infantum, 587 males, 490 females ; consumption (standing at the head as usual), 2,003 males and 2,553 females ; convulsions, 226 males, 168 females ; croup, 309 males, 269 females ; diphtheria, 132 males, 126 females ; dysentery, 224 males, 216 females ; typhus fever, 507 males, 430 females ; hydrocephalus, 258 males, 249 females ; infantile, 725 males, 598 females ; old age, 434 males, 667 females ; pneumonia, 721 males, 608 females ; scarlatina, 438 males, 477 females ; small-pox, 201 males, 132 females ; suicide, 86 males, 27 females ; whooping-cough, 85 males, 117 females. In looking over the list of occupations of those who have died, and comparing them with the average age, I find that the average of physicians was 63.09 ; lawyers, 55.18 ; students, 38.67 ; clergymen, 62.00 ; while cultivators of the soil averaged 66.00. There are many other items of interest which might be deduced from the tables, but I fear that I have already extended my letter beyond your allowable space for such miseries.

B.

Letter from A. Growling, M.D.

CHROMATIC HILL, August, 1862.

Messrs. Editors :—Fibrine has held a conspicuous place in the pathology of inflammation, and played an important part in dictating the treatment so long practiced. It is a physiological constituent of the blood in small quantity, but in certain inflammations it is increased very largely, and was supposed to have a direct agency in the formation of inflammatory products. How and when it had its physiological origin, and what was its purpose, were matters of speculation merely, but notwithstanding this, its increase in inflammation was taken as a certain warrant that violent means must be resorted to for its destruction.

If we may rely upon what appears to be satisfactory testimony, presented by recent investigators, who are esteemed careful investigators and trustworthy narrators, we find that fibrine has its physiological origin in the metamorphosis of tissues, and is from thence taken up by the lymphatics and carried into the circulation. Here it has a short-lived existence, being transformed in the liver and

kidneys, so as to be no longer recognized as fibrine, so rapidly that a quantity equal to the whole quantity in the blood at one time is disposed of in these organs in about every eight hours.

Its pathological history differs from this only in degree, not in kind. When a part that is largely supplied with lymphatics becomes inflamed, there is a great increase of fibrine in the blood, because the production under diseased activity is greater than in the normal state, and the destruction not being correspondingly accelerated, it must accumulate in the blood necessarily. Being once taken into the blood vessels, fibrine does not leave them again, as fibrine, except upon the rupture or otherwise opening of the vascular walls; hence, whenever it is found in an inflamed part outside the vessels, it is a local production of the part not yet absorbed, and not an exudation from the circulation into the diseased tissue. The pathological significance of the increase of fibrine is, therefore, that the tissues which normally produce it have exalted activity, but the greater quantity found in the blood is in nowise detrimental, or, if it is, the evil it does has not yet been discovered.

Under the impression that the fibrine was formed in the blood itself, and by passing out into the tissues was the pabulum that nurtured and sustained inflammatory action, the most heroic measures were for years made to arrest or retard its increase, or, failing in that, to prevent its exudation; and if unsuccessful in that also, then to render it unfit for and incapable of vital organization. To accomplish these purposes various means were brought into requisition. Some practitioners relied upon large and repeated venesections, others upon the free exhibition of mercurials, and others, again, upon tartar emetic and like depressing agents, while not a few insisted upon the diligent use of all these measures and many more beside.

We kept on bleeding in inflammation with a view of reducing the amount of fibrine in the blood, long after it was demonstrated by Becqueral and others that bleeding was futile for that purpose; for a long time we kept on administering mercury to destroy the plasticity of fibrine, although on every hand we had the phenomena of inflammation arising in systems while under constitutional mercurialization; and excessive depletion and protracted abstinence from nutrition were persisted in to devitalize fibrine for the prevention or cure of inflammation, notwithstanding we had constant palpable testimony that among the great dangers in the debilitated condition of protracted typhoid fever, wherein the fibrine had lost its coagulability, was intercurrent inflammation of the lungs or other important organs. All

this irrational practice we continued in the very face of facts and experience, simply because it had been impressed upon us by books and from our teachers' desks. Our present knowledge in relation to fibrine, though still meagre, is sufficient to show us that it is not a substance in the blood which is applied to the originating or sustaining of inflammatory action, and that all therapeutics resting upon the idea that it is such an agent, are erroneous, if not mischievous.

If these things be true, do they not pointedly admonish us of the folly of making great disturbing effects in therapeutics to accomplish a certain end, unless we *know* that the end aimed at, if attained, will be a positive good to our patients? And, more particularly, do they not declare to us in the most emphatic manner, that when we have repeatedly used powerfully perturbing therapeutical agents to do a given thing, and always failed, we should thereafter entirely discard such agencies from our curative appliances?

Until it be shown that these great disturbing agencies are innocent of all evil to the parties who are subject to their influence, the foregoing queries must be answered in the affirmative.

A. GROWLING, M.D.

Hospital Reports.

Messrs. Editors:—I hail with joy the reappearance in your estimable journal of hospital reports, from the Commercial Hospital, indicating a revival of (scientific) life among the medical *personnel* of that institution, and this is as it ought to be; for I look upon the object of that and similar institutions as being twofold: Firstly, of receiving patients, and curing or relieving them, if possible, of their respective ills, through the instrumentality of their attending physicians; and, secondly, in aiding and contributing to the progress of our science, in the various ways this is possible to be accomplished,—by keeping strict and true histories of the cases treated there, by making careful post-mortem examinations in cases of death, and elucidating these, as well as more successful ones, by scientific clinical lectures. The attending physician to these hospitals, the private practitioner as well as the profession at large, can only make true observations and draw correct deductions from the hospital practice. There he is sure that his directions are strictly attended to; there no deception can be practiced upon him, as is so often the case in private practice; there he is better enabled by the resident physician to follow

up the course and changes which the disease is taking, etc.; and, finally, if he finds himself disappointed in his hopes and expectation of being successful in his treatment, and death closes the scene, he is enabled by a post-mortem examination and close investigation to convince himself that his diagnosis was a correct one, and that the fatal result is attributable to uncontrollable circumstances, and by comparing the morbid phenomena during life with the pathological conditions of the inner organs, he learns and may teach by the publication of those interesting cases. The trustees of the Commercial Hospital hold certainly the same view, having appointed a special pathologist to that institution. But for the purpose of accomplishing these objects he must, just as well as he treats his patients according to the advancement and improvement of the various branches, also make his post-mortem examination, as being the sure medium of real information, according to the present stand-point of scientific investigation. It is not enough to open the different cavities of the body, and cut into the principal viscera, and look at these with the naked eye, but he must penetrate deeper, arm his sight with the microscope, bring into play, if necessary, organic chemistry, the two great mediums of modern progress, and not stop in his investigation until he has found the real cause of death. If not, he fails in the object above indicated.

Let us take the case reported by Dr. Carrol in illustration. I give the Doctor much credit for having done the first step to that revival, by reporting a case; but the very brief manner in which he gives us the history and post-mortem, not showing us the cause of death, nor making any observations about the case, leaves us in the dark as to the interest involved, and on account of which the case was reported. Hepatization and congestion of the lungs are not such a very uncommon occurrence; nor in this case could they be considered the real cause of death. I must be allowed, therefore, with all due respect to the Doctor, to express the opinion that he was equally in the dark in reference to the great interest which the case really exhibits. I will try to illustrate this, although the very brief history from first to last will rob even such an illustration much of its positiveness and clearness, as would otherwise be the case had the history been given more complete and the post-mortem been made with more diligence.

A patient, *enciente*, of small and delicate appearance, is admitted into the hospital. (Primipara or multipara, is not told.) Her "*feet and legs very much swollen, œdematous and painful.*" Since when? Had she any varicose veins? I think it very probable, if not of the

superficial ones, more than probable those of the more deep-seated. Here I take to be the starting point of her disease. In consequence of the great pressure of the gravid uterus upon the larger veins of the pelvis the circulation in the veins of the lower extremities becomes retarded, and favored by the highly fibrinated state of the blood of pregnant women, and the existence of valves in the veins, thrombi (clots) and consequent phlebitis, if you will, [(phlegmasia alba dolens) were formed in the veins of the legs. The clots, as is well known, become always prolonged, reaching even beyond the next entrance of a vein. In course of time these clots become more or less disengaged, disintegrated into small fragments, and carried by the blood current to the right heart, where, as in this case, it formed "*quite a large, white, fibrinous clot in right auricle; similar one extended into pulmonary artery.*"

About the 22d of April, eleven days after admission, some of these latter broke down, became detached, and carried through the right pulmonary artery to the right lung, as plainly shown by the peculiar rigor, the change, lancinating pain in the right side of the chest, and all the characteristic symptoms of embolism to the lungs, as described by Virchow and other writers on "Thrombosis and Embolism;" then consequent inflammatory action and hepatization; in the left lung congestion from a probable later importation of emboli. Up to the 5th of May, relieved and progressing slowly to recovery. But under the same date it is stated that she took a relapse from some cause. (What?) Is it not to be presumed that this relapse was a repetition, on a smaller scale, of the same process indicated? On the 26th of the same month labor pains came on, and immediately "*breathing soon became labored and difficult.*" The child was born after nine hours, and placenta was delivered fifteen minutes afterwards; uterus contracted readily; hence, all right there. But "*breathing continued laborious and dyspnœa intense,*" etc.; the same treatment which had relieved her and brought her into a convalescent condition was instituted; "*but dyspnœa became more and more intense, and patient expired*" twenty-three hours after the commencement of labor.

Is it not reasonable to suppose that by the physical exertion during labor, more, and likely larger, fragments of the thrombi in the right heart or pulmonary artery became detached, closing up in a short space of time the pulmonary arteries, obstructing the current of the small circulation, and by it causing death; and I have no doubt that a close investigation at the post-mortem examination would have dis-

covered thrombi in the crural veins and emboli in the smaller branches of the pulmonary arteries, and very likely large clots of recent formation in the larger ones.

I could give, and I intended to do so when I commenced this paper, several cases from the literature of thrombosis and embolism, which presented the same symptoms with the same results, and in which thrombosis was clearly found. But these cases, the history having been given very minute and the post-mortem investigation having been made very extensive, are too lengthy, and would occupy too much space, and, besides, any one acquainted with modern writings will have read some of them.

D. S. GANS.

Reviews and Notices.

A Practical Treatise on the Diseases of the Heart and Great Vessels, including the Principles of Physical Diagnosis. By WALTER HAYLE WALSH, M.D., Fellow of the Royal College of Physicians; Professor of Principles and Practice of Medicine and Clinical Medicine in University College, London, etc., etc. A New American, from the third revised and much enlarged London edition. Philadelphia: Blanchard & Lea. 1862.

The book before us is the fresh American, from the last London edition. It is one of those books which the critic may praise with a clear conscience, for it has already commended its way to the sincere regards of a wide circle of admiring students. The author says "the present edition has been carefully revised; much new matter has been added, and the entire work in a measure remodeled.

"Numerous facts and discussions, more or less completely novel, will be found in the description of the principles of physical diagnosis; but the chief additions have been made in the practical portions of the book. Several affections, of which little or no account had been given in the previous editions, are now treated of in detail. Functional disorders of the heart, the frequency of which is almost rivaled by the misery they inflict, have been closely reconsidered; more especially an attempt has been made to render their essential nature clearer, and consequently their treatment more successful, by an analysis of their dynamic elements."

To such of our readers as are not familiar with Mr. Walshe's book, we give the following brief synopsis of the arrangement adopted.

Part First is devoted to physical diagnosis, and treats of the inspection, application of the hand, percussion and auscultation of the heart, great arteries, and venous system.

Part Second considers in extended detail the diseases to which these structures are incident. Thus of the heart we have, first, dynamic diseases; then we have *perverted innervation*; we have morbid motor states, giving rise to cramp, spasm and the like; then occur functional diseases of the heart, as simple palpitation, angina pectoris, etc.

On the other hand, we have the organic diseases of the heart, embracing anæmia, congestion, cardiac inflammations, cardiac hæmorrhages, alterations of secretion, alterations of nutrition, etc., etc. Under this same head we also have properly classed certain adventitious products, blastemal formations, parasites, etc. Of these we have certain fatty changes, tubercle, carcinoma and cirrhosis; it also appears that occasionally the heart becomes a nidus for entozoa.

The heart is also subject to certain diseases of its orifices and appendages; it is subject to aneurism, rupture, mal-position, malformations, and, finally, to wounds and injuries. Of course the discussion of all these have their place in regular order.

The aorta, coronary vessels, pulmonary artery, and pulmonary veins are all liable to certain grave affections, the consideration of which complete the volume. Of these the most prominent would naturally be suggested, as inflammation, ulceration, rupture, general dilatation, aneurism, cancer, etc.

Dr. Walshe is a disciple of M. Louis, and with that feeling of affection and respect which every earnest pupil has for a worthy master, he dedicates this book to him, alluding in expressions of tenderness and warmth, to those days "now long past—days amongst the happiest of my life—when I made my first steps in the study of clinical medicine under your guidance."

"Walshe on Diseases of the Heart and Great Vessels," will, doubtless, long continue to be authority in this important field of study, as the book on Diseases of the Lungs, by the same author, is already one of our most reliable standard works.

The style and arrangement of the work are natural and easy, and the general getting up of the book by the publishers is satisfactory as usual. Again we heartily commend it to our readers as a book to be bought and read.

For sale by Robert Clarke & Co. Price \$2.25.

Researches and Observations on Pelvic Hæmatocele. By J. BYRNE, M.D., etc. etc., Resident Fellow of the New York Academy of Medicine.

In the pamphlet before us Dr. Byrne takes occasion to present, for the consideration of the New York Academy of Medicine, the details of a highly interesting and rare case of disease, to which he gives the name of Pelvic Hæmatocele. It is a trouble which has not been prominently brought to the attention of the profession, and hence this careful history of the case of Dr. Byrne, and the reflections and résumé he has incorporated, may be read with profit by every one. An hæmatocele is really a tumor in the pelvic region, caused by an extravasation of blood, and has been generally described as a recto-uterine tumor, from the locality usually occupied.

In his work on Diseases of Women, Dr. Bedford gives a very interesting case of this character: A lady had fallen on the stairway, two months previously, and the jar of the fall had probably given rise to the extravasation. An examination per vaginam revealed the tumor occupying the space between the intestine and the uterus. An analysis of all the circumstances and history of the case lead him to diagnose an hæmatocele; an examination by the small exploring needle demonstrated its actual character. In this case the only treatment instituted by Dr. Bedford was the occasional introduction of the exploring needle, to allow the gradual escape of the fluid, trusting to the powers of the system to complete the cure by absorption.

The case detailed by Dr. Byrne is of a grave sort. Its incipient history is more obscure; its access was slower, seemingly coming up for a period of two years. The symptoms were various, and affecting the entire system; until at length certain local symptoms, as "violent pain in the lumbar region, extending at intervals along the track of the ureter, and great distress and difficulty in passing water were manifest."

Finally, a careful examination reveals a tumor in the post pelvic region, "of the size of a foetal head of six months, completely filling up the recto-uterine space, and pushing the uterus forwards and upwards against the pubes, where it seemed fixed and entirely immovable. The swelling was firm, slightly elastic to the touch, and very irregular and uneven, like the foetal surface of an engorged placenta; large arterial pulsations were noticed in two places, and in one spot it was very painful on pressure. The finger introduced into the rectum, came in contact with the same unyielding mass, almost completely filling up the hollow of the sacrum."

The constitutional depression in this case was very critical, and the treatment and cure protracted. A first effort to reduce the size of the tumor by a trochar was without result. "No fluid whatever passed through the canula, and its withdrawal required as much force as if it had entered a mass of India-rubber." Subsequently, however, a like effort was more successful, a discharge of six ounces of a dark fluid following the introduction of a large trochar; and thereafter a discharge was kept up to a greater or less extent for three weeks, first dark, and gradually becoming a chocolate color. The discharge was of the most offensive character, causing the apartments of the patient, according to the doctor's account, to "smell like a dissecting room." Under the use of iron and other tonics the patient rapidly recovered her strength and health.

We are obliged to Dr. Byrne for the interest the perusal of his pamphlet has afforded us. Hæmatocele is, doubtless, a rare affection, and has not received very prominent attention by writers on pelvic disorders. His timely discussion of the question, therefore, becomes a satisfactory contribution to this department of medical literature.

Publications Received.

Harper's Monthly Magazine for September is received, and contains the usual amount of attractive matter. Price \$3 per annum, two copies for \$5.00, three copies for \$6.00. Robert Clarke & Co., agents for Cincinnati.

Atlantic Monthly.—This capital monthly continues to sustain its high literary character. The September number is at hand. Price, \$3.00 per annum. Ticknor & Fields, publishers, Boston.

Godey's Lady's Book still leads the world. It is a genuine lady's book. We know of nothing comparable to it. Published by L. A. Godey, Philadelphia. Price, \$3.00; or two copies for \$5.00, and three copies for \$6.00.

Catalogue of the officers and students of the University of Michigan, for 1862.

Fourth Annual Announcement of the Medical Department of Lind University, Chicago.

Is Tracheotomy in True Croup a Justifiable Operation? By John O'Reilly, M.D., of New York.

Communications of the Rhode Island Medical Society for the year 1862.

Editor's Table.

Medical Examination of Exempts.—In this city and county Dr. Jno. A. Murphy has been appointed by Gov. Tod medical examiner of exempts and drafted recruits. For the first service he sits, in connection with Col. Jones, the Commissioner for this county, in the Court House from day to day. Of course, there are a large number who are very properly exempt from service, and who would simply become a charge on the government were they to enter upon military duty; for the most part these cases are easily disposed of. But a far larger number comes before the board daily who are endeavoring to shirk from the duty they properly owe their country. These persons occupy a large amount of the time and patience of the examiner, and add materially to the vexation and labor of the office.

To Subscribers about entering the Army.—Very few of our subscribers give us any instructions as to their wishes when they enter military service. To all such subscribers our habit has been to continue the *Lancet and Observer* to their original address as though they were at home, even when we know they have entered a regiment, taking it for granted that our subscribers all prefer to maintain their files unbroken. Some, however, of our subscribers have given us their address when first entering military service, but fail to keep us duly advised of their changes. We do the best we can under these circumstances, but, of course, we presume many numbers never reach their destination. We hope, hereafter, our friends accepting medical appointments will bear it in mind to advise us, before leaving their homes, of their wishes in this matter, and so far as we can at all reasonably, we shall endeavor to comply.

Surgeon C. J. Tripler.—This officer has been relieved from duty as Medical Director of the Army of the Potomac, and Assistant-Surgeon J. Letterman, of the United States Army, is announced as his successor. In connection with the withdrawal of Dr. Tripler from the medical direction of the Army of the Potomac, Major-General McClellan addresses him a highly complimentary letter, expressing to him his deep regret at the separation, and his entire satisfaction with the administration of his duties. The officers on duty at the Headquarters of the Army of the Potomac addressed to him a similar letter.

Brigade-Surgeons.—Some time since we made an editorial note of the recent action of Congress modifying the relations of this grade of surgeons. We find the act in full published in the *Medical Times*. We should be glad if some friend would send us the act providing for *Medical Inspectors*.

“The following is an abstract of an act to provide for additional medical officers of the volunteer service :

“*Be it enacted by the Senate and House of Representatives of the United States of America, in Congress assembled,* That there shall be appointed by the President, by and with the advice and consent of the Senate, forty Surgeons and one hundred and twenty Assistant-Surgeons of volunteers, who shall have the rank, pay and emoluments of officers of corresponding grades in the regular army ; *Provided,* That no one shall be appointed to any position under this act unless he shall previously have been examined by a Board of medical officers, to be appointed by the Secretary of War, and that vacancies in the grade of Surgeon shall be filled by selection from the grade of Assistant-Surgeon on the ground of merit only : *And provided further,* That this act shall continue in force only during the existence of the present rebellion.

“*SEC. 2. And be it further enacted,* That from and after the passage of this act Brigade-Surgeons shall be known and designated as Surgeons of volunteers, and shall be attached to the general medical staff under the direction of the Surgeon-General ; and hereafter such appointments for the medical service of the army shall be appointed surgeons of volunteers.

“*SEC. 3. And be it further enacted,* That instead of ‘one Assistant-Surgeon,’ as provided by the second section of the act of July 22, 1861, each regiment of volunteers in the service of the United States shall have two Assistant-Surgeons. Approved July 2, 1862.

“Under the provisions of the foregoing act approved July 2, 1862, the Brigade-Surgeons already appointed are transferred, according to their present rank, to the Corps of Volunteer Surgeons, which will accordingly consist of those officers, and of the forty provided for by the act.

“The Surgeon-General will appoint a Board to examine such persons as may be authorized by the Secretary of War to present themselves before it as candidates for the forty vacancies in the grade of Surgeon, and one hundred and twenty in that of Assistant-Surgeon.

“Applications for the appointments will be made to the Adjutant-General of the Army, in the handwriting of the applicant, accompanied by one or more testimonials from respectable persons in regard to moral character.

“The Board of Examiners will determine whether the candidate be fit for the position of Surgeon or Assistant-Surgeon ; but no one under thirty years of age will be appointed to the former grade, or under twenty-one years, to the latter grade.

“After all the vacancies have been filled in the manner here pre-

scribed, future examinations will be for the grade of Assistant-Surgeons only; and vacancies which may happen in the grade of Surgeon, will be filled by the appointment of Assistant-Surgeons who shall have shown themselves worthy of promotion by a faithful performance of duty and general good conduct.

“By order of the Secretary of War.

“L. THOMAS, Adjutant-General.”

Surgeons and Assistant-Surgeons for the Ohio Regiments.—At the last examination held in Columbus, August 5th and 6th, and 12th and 13th, a very large number of candidates presented themselves, from which the following list were recommended to the Governor for appointments as Surgeon and Assistant-Surgeon in the Ohio regiments:

SURGEONS.—Geo. P. Ashman, Hudson, Ohio; Harvey Bradley, Felicity, Clermont county; Lyman Brewer, Toledo, Ohio; Geo. W. Brooks, Ellsworth, Mahoning county; Geo. Cornell, Milan; J. B. Cotton, Marietta; G. H. Carpenter, Athens, Ohio; T. M. Cook, Monroeville; Geo. A. Collamore, Toledo; W. P. Elstun, Columbia; J. T. Edson, Geneva, Ashtabula county; Joseph H. Estep, Canton; R. M. Denig, Columbus; O. E. Davis, Lancaster; Ely Dayton, Cleves, Hamilton county; J. L. Firestone, Medina; O. E. French, Beckett's Store, Pickaway county; C. N. Fowler, Poland, Ohio; H. Z. Gill, Columbus; Thos. W. Gordon, Georgetown; D. D. Griswold, Elyria; A. R. Gilky, Jefferson; D. Henderson, Marysville; H. B. Johnson, Richfield; Geo. Keifer, Troy; W. H. Landis, Millville; Jas. M. Mosgrove, Urbana; Geo. S. Metzger, Columbia Town; John S. McGrew, Cincinnati; T. J. Mullen, New Richmond; A. W. Pinkerton, Pickaway; S. Pixley, Richfield; A. V. Patterson, Gallion; Ebenezer Owen, Springfield; I. W. Smith, Wellington; K. G. Thomas, Alliance; R. H. Tipton, Darbyville, Pickaway county; Jas. T. Woods, Eagle, Hancock county; J. B. Welsh, Eaton.

ASSISTANT-SURGEONS.—A. A. Bean, Kingsville; D. H. Brinkerhoff; Jas. Baggs, Crestline; N. Buckingham, Bloomville; A. Buckingham, Miamiville; J. L. Brenton, Alliance; G. Bambach, Ripley; Geo. O. Butler, Cleveland; J. C. Barr, Midway, Clark county; H. A. Bodman, Oxford; E. D. Bowers, Columbus; H. W. Carpenter, Lancaster; G. T. Critchfield, Mt. Vernon; C. M. Chalfant, Brecks-ville; S. B. Crew, Batavia; B. F. Culver, Barlow, Washington county; C. Coston, Defiance; A. Carmichael, Loveland; F. S. Clay-son, Bellefontaine; S. C. Chase, New Vienna; Walter Caswell, Castalia, Erie county; E. T. Clark, Willoughby, Lake county; J. W.

Craig, Ontario ; D. Coleman, West Union ; P. H. Clemmons, Wiltshire ; W. G. Catlin ; B. F. Cessna, Van Wert ; Jas. Davenport, Constantia ; S. Day, Allisonville ; W. T. Evans, Richmondale, Ross county ; O. Evans, Franklin, Warren county ; Wm. Estep, Loydsville, Belmont county ; Chas. M. Eaton, Sparta ; J. N. Ellsbury, Hammersville, Brown county ; J. S. Ely, Somerton, Belmont county ; J. T. Edwards, West Carlisle, Coshocton county ; J. E. Fowler, Canfield ; J. A. Follet, Cincinnati ; L. C. Fouts, Troy ; M. A. Frost, Havana, Huron county ; W. Fobes, Pierpont ; J. W. Goodson, Belleville ; W. H. Gardner, Oneida Mills, Carroll county ; G. S. Guthrie, Pomeroy ; J. W. Guthrie, Massillon ; Richard Gray, Gambier ; W. B. Gibson, Pickaway ; W. H. Gilmore, Camden ; W. H. Hughes, Berlin Centre ; Cyrus Hosack, Fredericktown ; J. F. Hess, Fredericktown ; J. Q. A. Hudson, Cincinnati ; M. H. Haynes ; W. S. Hill, Felicity ; C. P. Hooven, Franklin ; W. M. Houston, Urbana ; A. Harlan, Chagrin Falls ; E. Hitchcock, Orewell ; L. Holland, McArthur ; T. D. Howell, Watertown ; J. W. Hammond, Wellsville ; E. Hadley, Harreysburgh ; J. H. Hair, Fostoria ; C. F. Hetlier, Cincinnati ; A. E. Isaninniger, McArthur ; James Johnson, Kygersville ; Robert Johnson, Cincinnati ; W. H. Jones, Richfield ; R. P. Johnson, Mount Union ; E. Jennings, West Charleston ; T. B. Johnson, Xenia ; A. M. Johnson, Cincinnati ; Bruno Lankreit, Van Buren, Hancock county ; John K. Lewis, Constantia ; H. B. Lung, Cincinnati ; H. Leonardstown, Yellow Springs ; J. R. Larzelear, Putnam ; E. C. Lewis, New Philadelphia ; T. N. Lewis, Mt. Pleasant, Jefferson county ; John A. Lair, Cincinnati ; J. L. Lamborn, Alliance ; P. M. McFarland, Newark ; George Mitchell, Mansfield ; G. W. Mitchell, Zanesville ; J. D. McDill, Oxford ; J. C. Maris, Steubenville ; W. K. McKenzie, Wellsville ; R. R. McCandless, Monroe, Butler county ; C. A. Miller, Lee, Athens county ; A. F. Matson, Logansville, Logan county ; F. C. McConnelly, Vermillion, Erie county ; J. O. Marsh, Dallasburgh, Warren county ; H. McHenry, Napoleon ; C. Morrow, Bainbridge ; V. Y. Miller, New Paris, Preble county ; Thomas McGovney, Sampsonville ; A. McElwee, Hagerstown, Indiana ; D. C. Myers, Richmondale, Ross county ; E. D. Merriam, Conneaut ; W. M. McCulley, Jacksonburg, Butler county ; H. More, Cincinnati ; J. N. Miner, Edgerton, Williams county ; Percival Muenscher, Mt. Vernon ; W. S. Newton, Ironton ; H. B. Noble, Leesburg, Highland county ; C. P. O'Hanlon, East Fairfield ; F. C. Owen, Richwood, Union county ; A. Jones Patterson, Adelphi ; W. S. Patterson, Lexington ; O. Pomeroy, Fowler's Mills, Geauga county ; W. L. Peck ;

W. C. Payne ; D. C. Patterson, Conneaut ; P. Pickard, Martinsburg ; F. E. Powers, Prospect, Marion county ; J. G. Paulding ; D. Richards, New Philadelphia ; Chas. Richards, New Haven ; A. J. Rosa, Madison, Lake county ; S. D. Richards, Orrville, Wayne county ; D. C. Runnells, McArthur ; John W. Russell, Jr., Mt. Vernon ; J. L. Sorber, Greenville ; J. W. Smith, Hale, Hardin county ; Jas. Sigafoos, West Milton ; W. T. Sharp, Cadiz ; C. C. Stofer, West Salem ; A. Sutherland, Mansfield ; G. W. Sayres, Manchester, Indiana ; D. J. Smith, Hamilton ; J. F. Spain, Mechanicsburg ; W. H. Swander, Miamisburg ; N. B. Sisson, Pine Grove, Gallia county ; H. Y. Smith, Alton, Franklin county ; S. S. Seoville, Bethel ; D. H. Silver, Columbus ; T. A. Stuart, Antrim ; C. Spence, Perin's Mills, Clermont county ; R. J. Shackelford, Troy ; J. J. Sheldon, Berea ; W. J. Sullivan, West Middleburg ; D. P. Smedley, Carthage ; H. S. Taft, Orivell ; John Truman, Groesbeck, Hamilton county ; W. H. Thacker, Defiance ; R. H. Tullus, Cutler, Washington county ; T. C. Tipton, Williamsport ; Geo. S. Yingling, Tiffin ; J. B. Warwick, Lucasville, Scioto county ; J. Wylie, Ripley ; Andrew Wall, Cambridge ; M. Wilkerson, Clarksville ; Wm. Walton, Woodfield ; S. R. Wakefield, Warren ; H. West, St. Clairsville ; L. Woodruff, Alton, Franklin county ; Charles O. Wright, Cincinnati ; George J. Wood, Lackington, Shelby county ; J. H. Williams, Upper Sandusky ; Jas. Weaver, Old Hickory, Wayne county ; J. D. Wortman, Cadiz ; J. Whitaker, Amelia, Clermont county ; M. D. Wilson, Belle Centre, Logan county.

The following recent Appointments have been announced : Surgeons—Thos. W. Gordon, Georgetown, 97th Regiment ; L. D. W. Griswold, Elyria, 103d ; Jas. H. Estep, Canton, 102d ; K. G. Thomas, Allenville, 104th ; H. Z. Gill, Columbus, vice Loving, declined, 55th ; Jas. R. Black, Hebron, 113th ; A. Zeipperlen, Akron, 108th ; Geo. A. Collamore, Toledo, 101st ; J. B. Cotton, Marietta, 92d ; W. P. Elstun, Columbia, 79th ; Jas. T. Woods, Williams, 99th ; John S. McGrew, Cincinnati, 83d ; C. N. Fowler, Poland, Mahoning county, 105th ; R. H. Tipton, Darbyville, 90th ; G. N. Carpenter, Athens, 91st ; Reid Dolph Wirth, vice J. P. Alcorn, declined, 1st Cavalry ; Ebenezer Owen, Springfield, 94th ; O. E. Davis, Lancaster, 119th ; A. V. Patterson, Gallion, 102d ; A. McMahan, Cincinnati, 64th ; J. W. Smith, Wellington, 124th ; W. W. Bridge, Marion, 46th ; E. Sennett, Granville, 94th ; C. A. Hartmann, Cleveland, 107th ; O. E. French, Becket's Store, Pickaway county, 114th.

Assistant-Surgeons—W. H. Jones, Richfield, 95th Regiment ; S. Harvey Taft, 105th ; Henry W. Carpenter, Lancaster, 90th ; S. B. Crew, Batavia, 89th ; Marian Wilkerson, Clarksville, 83d ; H. McHenry, Napoleon, 100th ; Henry Y. Smith, Columbus, 24th ; John W. Russell, Mt. Vernon, 95th ; J. B. Warwick, Lucasville, 91st ; Charles O. Wright, Cincinnati, 35th ; William J. Sullivan, West Middlebury, 96th ; C. Spence, Perin's Mills, 89th ; Edwin Hadley, Harveysburg, 83d ; W. H. Thacker, Defiance, 100th ; J. L. Wylie, Ripley, 90th ; R. R. McCandless, Monroe, 110th ; W. H. Swander, Miamisburg, vice Johnson, declined, 79th ; S. C. Gordon, Georgetown, vice Miller, declined, 59th ; A. M. Johnson, Cincinnati, 79th ; Thomas McGooney, Sampsonville, 91st ; N. B. Sisson, Pine Grove, Gallia county, and J. D. Howell, Watertown, 92d ; J. L. Sorber, Greenville, and L. C. Fouts, Troy, 94th ; C. P. Hoover, Franklin county, 95th ; J. F. Hess, Frederickstown, 96th ; J. T. Edwards, West Carlisle, and T. A. Stuart, Antrim, 97th ; Wm. Estep, Loydsville, and J. S. Ely, Somerton, 98th ; Geo. T. Wood, Shelby county, and P. H. Clemmons, Van Wert county, 99th ; D. H. Brinkerhoff, Willoughby, and George Butler, Cleveland, 103d ; Wm. Woolfley, Lancaster, 62d ; John Truman, Groesbeck, 62d ; John Miner, Edgerton, 42d ; J. D. Wartman, 78th ; L. Woodruff, Alton, Franklin county, 78th ; G. Bamback, Ripley, Brown county, 80th ; J. Whitaker, Amelia, Clermont county, 81st ; W. S. Patterson, Lexington, Richland county, 102d ; W. R. McKenzie, Wellsville, Columbiana county, 104th ; C. C. Stofer, West Salem, Wayne county, 104th ; W. I. West, Middleburg, Cuyahoga county, 2d O.V.C. ; John K. Moore, Cincinnati, 3d O.V.C. ; H. B. Noble, Leesburg, Highland county, 4th O.V.C. ; D. V. Rannels, McArthur, Kenton county, 5th O.V.C. ; W. L. Peck, Circleville, 114th ; H. Leonardston, Yellow Springs, Green county, 114th ; N. Cole, Cedar Hill, Fairfield, 50th.

Indiana Regiments.—Only a few of the new medical appointments for Indiana have reached us.

Sixty-Ninth Regiment—Surgeon, D. S. Evans ; Assistant-Surgeons, David Ferguson and W. B. Wilt.

Seventy-Fifth Regiment—Surgeon, C. S. Arthur ; Assistant-Surgeon, J. C. P. Neagley.

Seventy-Fourth Regiment—Surgeon, S. Noble ; Assistant-Surgeon, J. A. Bassett.

Sixty-Eighth Regiment—Surgeon, James L. Wooden ; Assistant-Surgeons, L. Hodkins and F. S. Bryson.

Sixty-Seventh Regiment—Surgeon, Jas. W. F. Garrish.
Thirty-Second Regiment—Assistant-Surgeon, J. A. Kunkle.
Forty-Ninth Regiment—Assistant-Surgeon, Jacob McCoy.
Fifteenth Regiment—Surgeon, R. C. Bond.

— Dr. Jno. Moore, U.S.A. and Medical Director of the military hospitals in this city and Camp Dennison since their opening, has been promoted to the rank of Surgeon and ordered to report himself to Gen. Heintzelman, to act as Director of his Division. We have seen much of Dr. Moore, and have found him not only to be a very faithful, laborious officer, but a surgeon of the best qualifications. In organizing the hospitals, and providing for the many hundreds of sick and wounded soldiers, he has proved himself as possessing fine executive abilities, tempered with the greatest kindness. His services will be of the greatest value to the division of the army to which he will be for some time attached.

Dr. D. H. Holden, Surgeon U.S.A. and late Director at Wheeling, succeeds him.

— The spirited and stirring words of Surgeon-General Weber in his address to the medical profession of the State, had the desired effect of inducing some two hundred and seventy-five physicians to appear before the Medical Board of Examiners in Columbus, August 5. From this number the Board, after an examination, recommended forty gentlemen for Surgeon and one hundred and sixty for Assistant-Surgeon.

We know that no complaint can be made justly against the large majority of medical men who have been assigned to our State regiments. It is probable there will be another meeting of the Board to meet the demand for regiments yet to be raised.

The Boston Medical and Surgical Journal.—August 7th this old and worthy journal entered upon its LXVII. volume. With this new volume Dr. F. E. Oliver retires from his editorial connection with the *Journal*, Dr. Samuel L. Abbot continuing sole editor.

— We must ask our venerable master and friend, Dr. R. D. Mussey, to pardon us for not giving a notice of his new book, "*Health ; its Friends and Foes.*" We shall notice it in our next issue.

Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

PRACTICAL MEDICINE.

1. *Pyrosis*.—Prof. Oppolzer says that bicarbonate of soda is an improper remedy for pyrosis. It unites with the acids of the stomach and produces salts which themselves produce pyrosis. He prefers the use of calcined magnesia, and sometimes uses carbonate of ammonia.—*Brit. Med. Journ.*; *Amer. Med. Times*.

2. *Treatment of Intermittent Fever*.—Dr. S. T. Thorn's general plan of treatment is to commence with: sulphate of quinia, thirty grains; tincture of chloride of iron, one fluid drachm; simple syrup, two fluid ounces; mix. One tablespoonful every three hours during remission, beginning with sweating stage. Besides this, one of the following compound chinoidine pills is given every night and morning until twenty are taken. Take: chinoidine, one ounce; massa hydrarg, half an ounce; piperine, two drachms; mix and divide into 240 pills.—*Med. and Surg. Reporter*.

3. *Brass-Founder's Ague*.—Dr. Headlam Greenhow describes, under this name, a new form of ague, distinctly traceable to exposure to the fumes of deflagrating zinc. The symptoms resemble ordinary ague, but the paroxysms occur irregularly. They begin with malaise, listlessness, aching in the limbs, nausea, headache and shivering, with occasional vomiting, sometimes followed by febrile reaction, always by profuse sweating. Those who work steadily at the occupation appear to acquire a tolerance of the poison, which is, however, only temporary, for after a few days' absence from work even the most seasoned casters are apt to have an attack if exposed again to the fumes of the metal. Operatives who work over molten zinc below the temperature of deflagration, enjoy entire immunity from the disease.—*London Med. Review*; *Amer. Med. Times*.

4. *Camp Diarrhœa*.—Prof. E. Andrews, writing from Camp before Corinth, says that almost all the men and officers have an attack of this disease soon after entering the field service. The diarrhœa is but one symptom amongst many, and constitutes but a small part of the disease. The pathological lesion is portal congestion. Its presence is manifested by a yellow or brown fur on the tongue; sometimes icterode skin and eyes; almost always deep red or yellow urine; scanty bile in the fœces; a general tenderness of the abdomen; the sensations and functions of every viscus below the diaphragm is thoroughly depraved. When the patient reaches this condition, either the portal vessels partly relieve themselves by effusion into the intestines, in the form of diarrhœa or dysentery, or a fever of a bilious character sets in. If diarrhœa is the destined course of the symptoms, there is,

coincident with the early portal congestion, a gentle looseness of the bowels for a few days, without loss of appetite or distress. About the fourth day, the irritative stage commences; the appetite fails; but there are no pains. Often the patient vomits his food and medicine. In many instances, hæmorrhoids present themselves and the diarrhœa or dysentery, as the case may be, is more frequent and profuse. The treatment requires a free use of mercurials. Epsom salts, opium, acetate of lead, perchloride of iron, etc., diminish the evacuations without relief to the patient. But little attention need be paid to the diarrhœa, sometimes none at all. In sthenic cases, Dr. Andrews generally gives two grains of calomel, with some prepared chalk and opium, every two, three or four hours, according to the severity of the case. In this way the patients gain rapid relief, both from pain, feverishness and diarrhœa. The malarious tendency, obvious in many cases, requires the addition of quinine.—*Chicago Medical Examiner.*

5. *Delirium Tremens.*—Dr. Gonzalez Echeverria claims that delirium tremens is always due to cerebral hyperæmia, whether it supervene upon a debauch, or upon the withdrawal of the alcoholic stimulus. This disposition to inflammatory congestion increasing, the symptoms become so identical with those of peri-encephalitis, that we are unable to distinguish the one disease from the other. The only difference is a fatty degeneration of the brain usually present after repeated attacks of delirium tremens. The forms of this disease which prove fatal after the first attacks are rare, but repeated seizures become a powerful exciting source of an incurable secondary diseased state—usually resulting in dementia and general paralysis. The condition of the brain is seldom uncomplicated with some derangement in the digestive organs, and this tends to modify the general treatment in no small degree. Emetics may afford relief in violent cases of delirium tremens, as they do in other apoplectic conditions of the brain, but they are far from being specific agents. Antiphlogistics prove highly pernicious, if there are no evident symptoms of acute peri-encephalitis. Opium, administered in severe attacks, does not quiet the patient, unless the dose be very large, and frequently the rest it produces is then followed by coma, the precursor of death. There is, however, a time in delirium tremens, in which opium certainly is of marked benefit: as a stimulant to sustain the patient when the disease has exhausted itself. Belladonna, ergot, digitalis and other direct sedatives of the circulation may be more effectual than opium to forestall the cerebral congestion. To pretend, nevertheless, that delirium tremens can yield in all cases to an invariable treatment, or that a single remedy must be exclusively used in them, is surely an error. In the vast majority of uncomplicated cases the expectant treatment is the most successful and the only rational one. It is essential to avoid restraint as much as possible: uncontrolled exertion of movements in a cool and well ventilated room constantly has a beneficial result, and joined with the exhibition of acidulated effervescing draughts with from ten to eighteen grains of the sesquicarbonate of ammonia, speedily improves the condition of the patient. The

treatment, so directed, does not last longer than any other method. Emetic, purgative and antiphlogistic means should be employed in the inflammatory or the abdominal form of the disease. In repeated attacks, when delirium tremens freely assumes the characters of periencephalitis, the treatment must be energetic. The restoration to health is very rare, and even then is simply temporary, because the brain is deeply injured. Under these circumstances the antiphlogistic treatment is of advantage, as also cold applications to the head, which repeatedly used are of marked benefit, especially if resorted to after local bleeding by leeches at the back of the ears. If any inflammatory condition exists besides in the thoracic or abdominal organs, it deserves early and close attention; the depletive and purgative system must be, however, managed with great caution, and never carried on too long, as they may prove highly exhausting. Once the source of inflammation removed, attention should be paid to diet, in order to improve the altered condition of the nervous centres. But, as already stated, it is not frequent to meet with chronic cases of delirium tremens completely recovering; generally they are succeeded by dementia and progressive general paralysis, and not seldom by epileptic fits. The free indulgence in spirits may be a source of other disturbances in the nervous system, aside from those which give rise to attacks of delirium tremens; chronic inflammatory diseases of the brain, the so-called white softening of the nervous system, general tremor with thickness in the speech, headache, weakness in the limbs, disturbances in the digestive functions. This train of symptoms may present relapsing exacerbations, which are precursors of progressive paralysis and frequently of dreadful epileptic fits. In two cases of this kind, the iodide of potassium has been used with marked advantage, five grains being given three times a day in an infusion of columbo or bark.—*Amer. Med. Times.*

6. *Poisoning by Arum Maculatum.*—Dr. Caucellas describes, in the *Oporto Medical Gazette*, the case of a healthy child. While playing about, he met with a basket containing the flowers, fruits and roots of the plant. The child chewed and ate some of them. On returning to his parents, he complained of burning in the lips and mouth. When seen by the doctor, the child was in a state of prostration, did not speak, but often raised his hands to his mouth and throat, and occasionally uttered a piercing cry, rising as if suffocated. The lips, palate, tongue, amygdalæ, pharynx, etc., were swollen, and pain at the epigastrium was felt on pressure. He could not swallow and died asphyxiated during the night.—*Brit. Med. Journ.*; *Amer. Med. Times.*

7. *Epilepsy and its Treatment.*—Among the great number of epileptic persons attending the out-patient rooms of Dr. Brown-Sequard at the Hospital for the Paralyzed and Epileptic, nearly every form of the disease occurs, and singularly anomalous symptoms are observed. The seizure may have its precursory symptoms in contractions commencing in every muscle of the body. The fit was initiated in one boy by violent contractions of the abdominal muscles. In other cases, the muscles of the bladder are first affected. In one patient

there is a violent spasmodic contraction of the bladder two hours before the fit, projecting the urine several feet from the body, and immediately followed by a deep and irresistible sleep. The muscles of the lower bowel have been suddenly affected in other cases; here the motions are expelled with violence and straining effort continues after the bowel is empty. In all these cases phenomena may be observed which seem to indicate the local and irregular disturbance of the circulation of the brain—irregular contractions of the arteries, causing congestion of one part and anæmia of another. In many cases the greatest benefit has resulted from the use of belladonna and quinine, steadily pursued for many weeks. The other remedies most commonly useful in the practice of Dr. Brown-Sequard are the ammonia-sulphate of copper, the valerianate of atropine, and the citrate of iron and strychnia. Among the most protean cases are those due to the presence of worms in the intestinal canal. In these the very wide range of symptoms sometimes in itself forms a guide to the cause of the disease. The elimination of the worms does not, however, always suffice to effect a cure: the diseased habit of the nerves requires to be treated. In children commonly salt water injections are ordered, with purgatives, and subsequently belladonna and quinine.—*London Lancet*.

Dr. Wilks, of London, uses the iodide and bromide of potassium, either alone or both combined, in cases of epilepsy which are due to a local affection arising either from syphilis or injury.—*Med. Times and Gazette*.

SURGICAL.

8. *Vedder's Fracture Apparatus*.—Dr. J. H. Vedder, of Flushing, Long Island, describes several new splints, mainly adapted to the treatment of fractures of the long bones of extension and counter-extension, as advocated by Dr. Swinburne, of Albany. The splint for fractures of the thigh and leg consists of a strip of wood in two fragments, three and a quarter inches in width, extending from the crest of the ilium to a distance four inches below the sole of the foot. On the external surface of the splint, at a point corresponding with the knee, is fastened a hinge, with a detachable pin. To the upper fragment of the splint, on the inside, is fitted by a pivot a thin steel plate, seven inches in length, and in width the same as the splint. On the lower surface of the plate is fixed a button to slide into a groove on the lower fragment. On the lower end of the splint is fixed a narrow metallic bar, on which slides a box, having a pulley above and a thumb-screw below, by means of which the line of extension may be suited to the axis of the limb. On the outside of the splint are two depressions, guarded by a steel plate, so arranged that a ratchet-plate may be firmly applied and removed at will. The extension ratchet pulley consists of a metallic plate, having two buttons on its lower surface to correspond with holes on the splint, on the centre of which is fixed a grooved wheel, smooth on its inner and ratcheted on its outer edge. This wheel is revolved by means of a thumb plate or lever, and is secured at any desired point by a spring-catch. Into

this pulley is fastened a strong cat-gut cord or linen twine, which runs down the splint and is attached by a loop to the upper hook on the retentive box. The retentive apparatus consists of a thin bar of steel, notched with teeth on one edge, and fastened at either end into a depression made in the splint, on which glides a metallic box, provided with a hook above and below, and having on its under surface a projection to catch into the teeth. This box glides readily upward, but is prevented from slipping downward by the catch. To the lower hook of the box is fastened by a loop a cat-gut string or strong linen cord, which, running down the splint and through it, over a roller, passes over another roller, and is tied to the hook on the foot-block. The treatment of fractures of the thigh and leg by this apparatus does not differ essentially from that generally practised where the Dessault splint is used. Counter-extension is effected by slipping the upper end of the splint into a pocket made in the combined pelvic belt and perineal band. The perineal strap is made after the plan now generally adopted in the New York hospitals, by passing a strong tourniquet tape of the required length through a shorter piece of India-rubber tubing, of suitable size, and, having left a slight excess of tape within the tube, fastening either end to the tape. Thus moderate extension may be gained. It is well to stuff the tube with candle-wick before fastening the ends. For extension, a strip of cotton-flannel or adhesive plaster, two inches in width, having been passed through the bracket in the foot-block, is applied to the limb on either side in the direction of its long axis from a point below the fracture, forming a loop under the sole of the foot. Coaptation splints, if deemed necessary, having been secured about the point of fracture by straps, and the foot-block having been slipped into the adhesive stirrup, the catgut string is tied to the hook, and extension is gained by revolving the ratcheted pulley on the outside of the splint. If the pulley be now removed, extension will be maintained by the retentive box.

In certain fractures of the leg, when the shortening is great, the upper fragment of the long splint may be detached by removing the pin, and in its place fastened as before the shorter fragment, provided with a steel hoop finely notched in its upper edge, to encircle the limb midway between the knee and perineum. Strips of adhesive plaster, one inch in width, are placed on the thigh from the knee upward, and are reversed over the hoop. The latter is then encircled with a wider adhesive plaster. A fixed point for counter-extension having thus been gained, extension is effected as before described.

The long splint may readily be converted into a double-inclined plane by withdrawing the hinge-pin and attaching the leg-fragment to an extra thigh-piece. By means of a slide the thigh-fragment may be lengthened or shortened at will. By applying the ratchet-pulley to the lower surface of the splint, extension may be gained from the foot. A simple double-inclined plane without extension is made by replacing the lower fragment of the long splint with the piece to which the foot-board is attached. The removal of the hinge-pin converts the lower fragment into a simple fracture box.

In fractures of the arm, a strip of adhesive plaster is so placed on

the arm, below the point of fracture, as to form a loop below for extension. Counter-extension is made from the axilla by means of a strap, corresponding with the perineal strap. The splint is constructed similarly to the lower fragment of the thigh splint, is made fast by its upper extremity to the belt or to the axillary crutch (if that be used), the cat-gut cord, running over the roller in the shorter fragment, is tied to the adhesive loop, and extension made as before. Sometimes it is necessary to place cross adhesive strips at intervals around both arm and splint. The same end may as well be effected by the use of the leathered coaptation splints and elastic straps.

In fractures of the fore-arm, counter-extension is made either by encircling the arm and splint (when placed on the inferior aspect of the fore-arm) with adhesive plaster, or by running a strip of the same from the point of fracture on the inner aspect of the fore-arm over the shorter fragment of the splint to a corresponding point on the outer aspect of the fore-arm. Extension is gained by so placing an adhesive plaster on the palmar and opposite surface of the fore-arm and hand as to form a loop above the fingers, tying the cat-gut to this loop, etc. When, by reason of compound fracture, the splint is placed on the superior aspect of the fore-arm, the pressure of the shorter fragment on the arm forms the point of counter-extension, or that may be secured from above by inserting the pin of the crutch into the tube on the upper end of the splint, and placing the pad against the shoulder. Barton's and Colles' fracture may be treated by this method, but then it is necessary to place a compress near the elbow, and another to fill the posterior concavity near the wrist, and to retain the carpal end of the bone against the splint by passive adhesive strips around both arm and splint.

Dr. Foster Swift, surgeon Eighth New York State Militia, describes an extemporaneous splint particularly adapted to the treatment of arm fractures from gunshot wounds, for which he confesses himself indebted to Dr. Hoges, of a Mississippi regiment in the rebel army. Two strips of adhesive plaster are cut two feet in length and three inches in width; one of them is carried over the upper fragment to the point of fracture, leaving a loop above; the other is made to form a loop below in a similar manner. A piece of board, about one foot longer than the fractured limb, with a V-shaped piece removed from each end, is then applied to the arm, and the loops tied to the upper and lower V respectively by means of a bandage. The fragments are thus separated, and the limb can be secured to the splint by a simple turn of the bandage above and below the point of fracture. Whenever the surgeon is unable to provide himself with boards, or is without the means of sawing, he may extemporize a retentive splint from tree branches. Bind together two straight branches of suitable size and length, so that a fork will be left on either end, over which the bandage attached to the loops may be tied. In place of the upper adhesive loop, an axillary strap may be used, made of such material as is on hand, and in place of the lower loop, a handkerchief bandage can be substituted. The necessary pads and bandages may be made from such material as is convenient. If one branch be let into the

other by a notch, before they are bound together, the splint will be firm enough to bear any pressure. In fractures of the fore-arm the two branches must be so bound together that the fork at the elbow may be parallel with the long axis of the arm, and the fork at the opposite extremity parallel with the hand in a supine position. A short fork must be left in the middle of the rustic splint, to which the hand-loop may be tied. In fractures of the leg and thigh, apply an adhesive plaster strap above the point of fracture, so as to form a short loop on the outside of the limb, between the head of the bone and the crest of the ilium, and in the same manner form a loop below the point of fracture, above the external malleolus. Place on the outside of the limb, parallel with its long axis, two forked branches, hinged at the knee by a cord or strip of bandage, and on the opposite side of the limb place a long straight branch. If now the loops be tied to the forked ends and the splint then straightened, extension to the required length will be effected. To secure this extension, bind the two hinged branches together. Let a bandage now be turned around the splints and leg. In place of the upper adhesive loop a perineal strap may be used, and in place of the lower one a handkerchief bandage. In making the hinge at the knee, let both branches be deeply notched to hold the cord in place.—*Amer. Med. Times ; Med. and Surg. Reporter.*

9. *Treatment of Cancer.*—The following is *Dr. Marsden's Arsenical Mucilage*: Arsenious acid and gum arabic, in powder, of each one ounce, mixed with five drachms of water. The part affected is to be painted over with the mucilage night and morning, never exceeding one superficial inch. As the part becomes deadened, it must be allowed to slough off, aided by the application of a simple warm bread and water poultice. When all the diseased part has been thus got rid of by the repeated application of the mucilage, a carrot poultice should be applied during the night, and a weak black lotion during the day, (calomel, one drachm, lime-water, one pint,) until the part is entirely healed.—*London Lancet ; Amer. Drugg. Circ. and Chem. Gazette.*

10. *Iron Bands for Fractures.*—At the last annual meeting of the Connecticut River Valley Medical Association, Dr. Scott related the case of a man who came under his observation with ununited fracture of the femur of eleven months' standing, which he succeeded in uniting by means of semi-circular bands of iron. Strips of iron sufficiently long to extend over the seat of the fracture were placed anteriorly and posteriorly, the rings being then applied by means of screws, which pressed upon the parallel pieces.—*Amer. Med. Times.*

11. *Coxankylometer.*—In a course of lectures on "Orthopædic Surgery, Prof. L. Bauer speaks of a new measuring instrument for diseases of the hip, invented by Dr. R. Volkmann. It consists in a horizontal, moderately convex spring of hammered brass, seventeen inches in length, to adapt itself to the lower region of the abdomen. With this spring a flat, thin, or narrow piece of wood, thirty inches

in length, is rectangularly fixed, so as to constitute the form of a T. By placing the patient in a horizontal posture upon a hard mattress and the pelvis in the proper relation to the spine, by fixing the instrument in front of the body, immediately above the anterior superior spines of the ilium, with the wooden bar downward, the author is able to measure the exact angular deviation of the extremity from the perpendicular of the body, and self-evidently the apparent deviation of their length from the normal standard. But the deviation caused by the increased inclination of the pelvis can not be ascertained by this instrument.—*Med. and Surg. Reporter.*

MATERIA MEDICA.

12. *Fluid Extract of Ricinus Leaves.*—Dr. William Gilfillan, of the Long Island College Hospital, reports three cases in which he gave this extract as a galactagogue, and it failed only in one, while in the others the success was unequivocal. This medicine seems to be a direct mammary stimulant. It is indicated in all cases where such a stimulus alone is wanted for the proper secretion of milk—that is to say, where the absence or deficiency of milk depends upon a want of activity in the secrening process. In a weakened state of the general system and an impoverished condition of the blood, such a stimulant can be of no use. The remedy probably has also some power over the quality of the secretion, and may be found useful where the milk, although abundant in quantity, lacks some of the proper elements of nutrition, as evinced by the child wasting away. In its use, no effects have been perceived on the nervous, circulatory or digestive organs. Its taste is not unpleasant. When successful, the effect has been manifested in three days or less, but its trial might be prolonged if unsuccessful. In the case formerly reported, a poultice of the leaves had been used besides the internal exhibition of the leaves. The poultice may be dispensed with, although it is efficacious and may succeed alone in some cases.—*Amer. Med. Times.*

13. *Ammonio-Pyrophosphate of Iron.*—Mr. Wilkinson (*London Pharm. Journ.*) heats phosphate of soda to redness in a crucible, then takes : of this pyrophosphate of soda, one part ; crystallized protosulphate of iron, two parts ; water, qu. s. Dissolve the salts separately in about fifteen parts of water and mix the solutions ; wash, collect and dry the precipitate. Take of the pyrophosphate of iron so produced, one part ; liquid ammonia (sp. gr., 88°), one part ; water, ten parts. Rub the phosphate in a mortar with the ammonia diluted with two or three parts of water, until dissolved, then add the remainder of the water ; filter the solution and evaporate slowly, adding a little ammonia towards the end. This ammonio-phosphate forms scales resembling citrate of iron, and is readily soluble in water.—*Amer. Drugg. Circ. and Chem. Gaz.*

14. *Syrup of Pyrophosphate of Iron.*—Dr. Wm. A. Thompson, of Baltimore, prepares first a pyrophosphate of the protoxide by taking crystallized protosulphate of iron, one hundred parts ; crystallized

pyrophosphate of soda, one hundred and ten parts. Dissolve each salt separately in a sufficient quantity of hot water, and mix the solution; having washed the precipitate in the usual manner, dry it. With this the syrup may be made by the following formula. Take: pyrophosphate of the protoxide of iron, 224 grains; citric acid, 120 grains; water of ammonia, 180 minims; orange flower water, one fluid ounce; simple syrup, thirty-two fluid ounces. Rub the citric acid and pyrophosphate together into a fine powder, then add the water of ammonia and orange flower water; when the solution is complete, mix it with the simple syrup.—*Ibid*, from *Journ. and Trans. of Med. Coll. of Pharm.*

15. *Aspidine*.—Pavesi, of Mortara, has given this name to a preparation containing the active principle of the root of male fern. One kilogramme of the recently dried and powdered root is displaced by alcohol and then by water; the two liquids are mixed, the alcohol distilled off, and the residue boiled for a few minutes with seventy-five grammes of slacked lime. After twenty-four hours rest, the precipitate is washed with water, dried and exhausted by boiling alcohol; the solvent is evaporated, when an oleo-residuous substance is left, possessing an acrid, bitter and nauseous taste. It may be given in pills or in alcoholic and ethereal solution.—*Giorn. di Farmac. c. di Chim. di Torino*; *Archiv d. Pharm.*; *Ohio Med. and Surg. Journ.*

16. *Cod-liver Oil in Lime-water*.—Dr. H. Thomas says that cod-liver oil may be made tolerable to patients who can not take it clear, by mixing one part of it with one and a half of lime-water. The mixture, on shaking, makes a permanent emulsion.—*London Med. Times*.

17. *Gelsemium Sempervirens*.—Dr. J. H. Simms, of Wilmington, Del., has used Tilden's extract of this plant for years with the most decided success. He says it is a grand febrifuge. The most complete antidote for its poisonous effects is the extract of *nepeeta cataria*, given in warm water.—*Med. and Surg. Reporter*.

OBSTETRICAL.

18. *Cervix Uteri in Pregnancy*.—In contradiction to the generally prevailing opinions about the shortening or opening of the cervi-neck, Prof. J. E. Taylor establishes the following propositions: The cervix uteri does not unfold or lose itself during gestation in the body of the uterus, nor is it lost or merged into the vagina by dilating from below upward, but it remains intact up to the full term of pregnancy, and sometimes during the first stage of labor. The shortening is only apparent to the touch, consequent upon the ramollissement and physiological hypertrophy that takes place during gestation. In multiparæ the finger can be introduced at the seventh, eighth or ninth month, to the internal os, and touch the membranes of the child, and sometimes the os and cervix may be dilated a half or three-fourths of an inch in diameter, though the whole cervix remains, supra- and

infra-vaginal portion. In primiparæ the finger can not be introduced into the external os uteri; but in very exceptional cases it may reach half way through the cervix. The external os is always first felt. The secretion of the cervix, which forms the so-called plug, does not remain to the full term, but is changeable from time to time. The more perfect the softening, the shorter the labor. When labor sets in, especially in a primiparæ, the cervix, even if obliterated and the os of the size of a five-cent piece, can be clearly defined from the body by the difference it presents to the touch. After labor in primiparæ, if the neck has not been lacerated, the cervix uteri returns to its natural length very soon, though it is patulous and soft.—*Amer. Med. Times.*

19. *Substitute for Human Milk.*—Dr. Boedecker proposes the following formula: cow's milk, eight ounces; cream, two ounces; water, six ounces; sugar of milk, half an ounce.—*Zeitschr. f. Rat. Med.; Amer. Med. Times.*

20. *Inversion of the Womb: New Method of Reduction.*—In a paper read before the New York Academy of Medicine, Dr. E. Noeggerath reports the particulars of a case in which the womb had been inverted for thirteen years, protruding during a part of the time outside. Two attempts at reduction, made twelve years ago, proved unavailing. As there was hæmorrhage or leucorrhœa all the time, besides other troublesome consequences, Dr. Noeggerath tried the method of reduction proposed by Prof. White, of Buffalo, without accomplishing anything. Compression and replacement without the aid of a bougie proved just as unavailing. He then changed the position of his hand in such a manner, that the fore and middle fingers grasped the right section of the tumor, while the thumb was implanted on the left side, at a point where the upper two-thirds of its length met the lower one. In this manner a pressure was exerted by the thumb on the lateral border of the body of the womb, in an upward as well as lateral direction. This resulted in the formation of an oblong groove, the long diameter of which pointed below towards the left horn of the uterine fundus, and upwards to the spot where the inverted and the non-inverted portion met on the left side. The object of this first step of the operation was to completely double up the uterine cavity, so that the right—now inner—wall touched the left one. After this was completed, the dimpled portion was carried upward by the thumb, when the right side of the upper section of the inverted cervix passed first of all through and beyond the os uteri. During the progress of this manipulation, the right lower section of the uterine body followed and re-assumed its normal position, while the opposite part of the fundus continued to remain outside the os, only much shortened and doubled up. As soon, however, as half of the tumor had disappeared inside the abdominal cavity, the intra-vaginal section slipped suddenly out of the operator's fingers, and the operation was completed, the whole performance occupying less time than it takes to give the description. The entrance of the last portion of the uterus was so complete, that the introduction of a bougie into

the restored cavity could be deemed unnecessary. Only a slight feverish reaction followed. The operation checked the hæmorrhage at once, and in its place a moderate discharge of a thin serous liquid followed. Three weeks later the menses re-appeared and lasted seven days, the loss of blood being considerably less severe than it had been for many years back. A year afterwards the position of the uterus was unchanged; pain, hæmorrhage, leucorrhœa had disappeared, and the appearance of the patient was considerably changed for the better.—*Amer. Med. Times.*

DISEASES OF WOMEN AND CHILDREN.

21. *Vaginismus*.—This new name has been applied by Dr. J. Marion Sims to a hitherto undescribed, though not unfrequent and very harassing affection. It consists in an involuntary spasmodic closure of the mouth of the vagina, attended with such excessive supersensitiveness as to form a complete barrier to coition. This may or may not be complicated with inflammation, but does not necessarily depend upon it. The most perfect examples of *vaginismus* so far observed have been uncomplicated with inflammation, but occasionally a slight redness or erythema is visible at the fourchette, just without the hymen. Usually the latter is thick and voluminous, and when the finger is passed into the vagina, its free border often feels as resistant as if bound by a fine cord or wire; but it may also be firm and unyielding, with even the wire-feeling free border, without symptoms of *vaginismus*. Where this disease exists, the greatest touch with the finger, a probe, or even a feather, produces the most excruciating agony. The sensitiveness is at all parts of the vaginal outlet, is very great at the meatus urinarius and on each side of it, is greater still on the outer face of the hymen and greatest at the reduplication from the vulval orifice. Often the most sensitive point is at the fourchette. In all cases, the mere spasm of the sphincter is painful, and in many cases the sphincter ani feels almost as hard as a ball of ivory. The spasm of the sphincter is pathognomonic of the disease, the supersensitiveness diagnostic. The treatment consists in two operations, which, however, may be performed in one. Placing the patient, etherized, on the left side, seize the hymeneal membrane with a pair of forceps, just at its junction with the urethra on the left side, and putting it on the stretch, clip it with properly curved scissors till the whole of it is removed in one continuous piece. In some cases the hæmorrhage is sufficient to require a compress of lint, thrust into the mouth of the vagina, while in others it is unimportant. When necessary, the bleeding is easily controlled by the liquor of persulphate of iron. The cut usually heals in three or four days, after which the operation for radical cure may be performed. Place the patient, fully etherized, on the back, as in the position for lithotomy, pass the index and middle fingers of the left hand into the vagina, separate them laterally, so as to open the vagina as widely as possible, putting the fourchette well on the stretch. Then make a deep cut with a common scalpel through the vaginal tissue on the right of the mesial line,

bringing it from above downward and terminating at the raphe of the perineum. Then pass the knife again into the vagina, still dilating with the fingers as before, and cut in like manner on the opposite side from above downward, uniting the two incisions at the raphe and extending the division quite to the perineal integument and to its upper border. Each cut will be nearly two inches long, extending from about half an inch above the upper border of the sphincter vagina, across the sphincter for about half an inch, and down to the perineal raphe for nearly an inch more. Of course, this will vary in different subjects, according to the development of tissue in each. To perfect the cure, the patient wears for a time a properly adapted vaginal dilator, best made of glass, about three inches long, sometimes a little more, slightly conical, open at one end and closed at the other, varying in diameter from an inch to an inch and a half. At the largest part, near the outer extremity, must be a depression on one side for the urethra and neck of the bladder. The dilator is sometimes introduced as soon as the operation is finished, especially if there be much hæmorrhage, which always ceases immediately in consequence of the pressure of the instrument. But generally it is not ordered for twenty-four hours after the operation, when it is worn two, three or four hours, and subsequently for two hours in the morning and two or three hours in the evening, until the parts are entirely cured and all sensitiveness removed.—*Amer. Med. Times.*

SOME NEW FORMULÆ.

22. *Collodium Vesicans (Vesicating Collodion)*.—By C. R. C. Tichborne. Take: cantharides, six or eight ounces; ether, from methylated spirits, thirteen fluid ounces, or q. s.; glacial acetic acid, two fluid ounces; gun-cotton, half an ounce; methylated spirits of wine, seven fluid ounces, or q. s. The cantharides, coarsely powdered, are placed loosely into a displacement apparatus, the flow of which can be regulated by a tap; upon this is poured the ether and acetic acid, previously mixed together. After the whole has passed through, the fluid retained in the debris is displaced by the gradual addition of the methylated spirits. The ethereal solution should then be made to measure exactly fifteen fluid ounces by the addition of a little spirit, and may then be converted into collodion by the addition of the gun-cotton. Mylabris cichorii, treated in the same manner, gives even a more powerful vesicant than the cantharides. The blister produced extends to about one-tenth of an inch beyond the margin of the space covered by the collodion. About half a drachm of it should be used to the square inch, or less when operating upon a tender epidermis. A piece of oil-silk, or better of sheet gutta percha, two or three inches larger than the surface of the intended blister, should be placed over the collodion. In ten minutes, or a quarter of an hour if the cuticle is hard, the collodion should be wiped off with a little cotton-wool moistened with ether, when the blister will almost instantly rise. Another vesicating collodion may be procured from the volatile oil of mustard, which could be obtained cheaply from the mustard bran.

The following formula seems to work well: volatile oil of mustard, one fluid drachm; collodion, six fluid drachms; acetic acid, twenty drops. But this is not so good as the preparation from cantharides of mylabris, being more painful and not so certain in its action. For rubefacient purposes these collodions may be diluted with a further amount of collodion, and are then everything that could be desired.—*London Pharm. Journ.; Amer. Drugg. Circ. and Chem. Gaz.*

23. *Molinari's Remedy for Sea Sickness*—Patented in England. Digest for twelve hours in one and three-quarter imperial pints of wine-vinegar: rue, thyme, mint, rosemarin, absinth, turmeric, green walnut rind, of each half an ounce; arnotto, one-sixth of an ounce; pearl-ash, one-third of an ounce, and one poppyhead. After digestion, boil for half an hour; then strain through linen. In this decoction are moistened or dipped some four or five strips of filtering paper, seven or eight inches long, and then dried; upon one side of these strips some light stuff is fastened by the corners and some loose wadding placed inside. Strings are next fastened to the bandage, and it is then tied around the body so as to cover the region of the heart.—*Amer. Drugg. Circ. and Chem. Gaz.*

24. *Calvetti's Limonada Manniti*.—R. Manniti puri, one ounce; aquæ bullientis, ten ounces; succi limonis, q. s. ad flavor. D. S. Drink when cold or iced.—*Ibid.*

25. *Phillip's Syrup of Sequichloride of Iron*.—Dissolve two hundred and eighty-six grains of the red oxyd of iron in twelve hundred grains of muriatic acid, and two ounces of water; filter, and add sixteen ounces of simple syrup. Dose: a teaspoonful.—*Ibid.*

26. *Noble's Tonic Elixir*.—R. Rhubarb, orange peel, caraway or fennel seed, of each one ounce; brandy, one pint; displace. Dose: a teaspoonful three times a day, after each meal.—*Ibid.*

27. *Iodide of Iron Pills*.—By Mr. J. Coddington. Take: iodine, fifty grains; iron reduced, twenty-five grains; water, half a fluid drachm; althæa powder, q. s. to make a mass, which is divided into sixty pills.—*Ibid.*

Special Selections.

Notes on Army Medical Service.

BY SANFORD B. HUNT, M.D.

Mr. Editors:—I comply more cheerfully than easily with your request to furnish to your journal some notes of my service on the Peninsula, extending over a period, I think, of eleven weeks. For some years past my pen has been unused to medical authorship, and it may be difficult for me to resume a once easy and delightful task. I reached Fortress Monroe soon after the battle of Williamsburgh, and after serving in any capacity to which I happened to be assigned dur-

ing the interval, left for home some three weeks after the retreat which brought McClellan's army to Harrison's Landing. My experience was probably more varied than that of most surgeons, but less exciting. Such professional lessons as I derived from it, I shall gladly communicate. I saw no field service whatever, but was enabled to witness its results in hospitals and transports, and feel authorized to speak with some emphasis upon it.

Gunshot wounds, reduced to their simplest statement, are only contused and lacerated wounds, in which bones or blood-vessels may or may not be involved. The contusion is ordinarily an unimportant feature. As a musket ball may go through a pane of glass without shattering it, so—and much more so—it passes through the soft parts of the human body, leaving around it but a small contusion, practically unimportant in the treatment. The laceration, then, and the parts it involves, are the main object of the surgeon's care. From this statement it is pretty evident that each wound must be considered as an isolated fact, and that all special ideas, such as poison from the powder and gangrenous effects said to be produced by the rapidity with which the missile impinges upon the parts, should be discarded. This reasoning by exclusion is not altogether unnecessary, for too many surgeons look upon a gunshot wound as a *lusus*, to be met with extraordinary means. Really, however, a gunshot wound is only a laceration — its importance depends upon the parts involved and the character of the missile.

In many flesh-wounds the bullet cannot be easily found. Even a Minie ball will glance if it impinges at an acute angle on a firm fibrous membrane, and the result is that the ball may pursue a very tortuous course. In such instances, nothing can be gathered from the history of the case. Neither will the probe reveal the course of the missile or follow its crooked channel — consequently if no instant danger requires action, and unless the bullet can be felt from the surface, it is not worth while to go upon a very doubtful search with the scalpel. It is very true that the ragged form of the Minie is much less likely to remain harmless than the round bullet, but at least in field operations time and careful study should be given to the case before cutting. This is especially true of all wounds of the trunk and head, which can not be cured by amputation. In such cases, where the lungs or abdominal viscera are perforated, the patient is virtually out of the range of surgery and within that of medicine, to be treated as the indications may decide. So far I have excluded from operations all wounds in which the bullet cannot be easily found. This narrows down the duty of the scalpel to amputations of the extremities, resections of bones or the ligation of arteries.

Amputations.—It is universally conceded that amputations on the field are far more successful than secondary operations. The soldier does not come off the field horrified and crushed down by unexpected and sudden shock, like the victim of a railroad accident. He has his wits about him, had some notion of being hit, finds it hurt him less than he expected, and so meets the amputating knife with a nervous system capable of enduring further shock. In fact, he is usually in a

state of exaltation that upholds him during the ordeal. Thus it happens that very high amputations of the thigh, even, have, with proper after treatment, a fair chance of success, if performed early. But when the other course is taken, when the sufferer lies all night on the field, is borne in the morning to an ambulance, jolted over bad roads, and transferred days afterward to a hospital, he has become worn, jaded, incapable of endurance, irritative action has set in, and the secondary amputation is fatal.

The truth of these remarks is an axiom, yet there are a vast number of cases which seem compelled to be exceptions. A bullet strikes the upper third of the femur, buries itself in the bone, perhaps without absolutely fracturing it, and the case becomes one of doubt justifying delay. So too with wounds of the joints, especially the elbow, which somehow endures disaster better than any other joint. Such cases are those which reach the General Hospital and come under the care of its surgeons. At first, immediately after the Williamsburgh battle, the disposition in the various hospitals at Fortress Monroe was to operate. The knife was used with heroic freedom. It would be invidious to specify the surgeons who made that raid upon humanity. A bullet was looked upon as a prize worth any amount of digging for, and some ghastly and even fatal wounds were inflicted by the scalpel in a prolonged search for an unoffending pellet of lead. Amputations seemed particularly attractive, and many a man lost his thigh at the upper third, to die next day and exhibit on the post-mortem a fracture splitting the bone into the acetabulum. It is hardly necessary to say that these were cases in which no operation should have been had. The opportunity for success was lost when the surgeon on the field decided not to amputate, and in the General Hospital it only remained to extract such fragments of bone as could be readily reached, to keep the limb moderately extended, and then to give the poor fellow a chance to pass the dangers of tetanus and drag through the perils of an exhausting discharge with its irritative fever, and perhaps its purulent absorption. Truly this is a melancholy choice, but when you know that the patient will die under the knife, it is only fair to let him fight it out with Nature.

The lesser amputations, however, escaped this criticism, except when hospital gangrene supervened, as it did at the mis-named Hygiea Hospital. The result of the amputation depended on the magnitude of the tissues cut, and in arms or legs the termination was mostly favorable, excepting always hospital gangrene. It was, I believe, only in the Hygiea Hospital that this terrible scourge exhibited itself. That building was formerly a hotel inclosing a court-yard, the yard itself bisected by a long two-story building, and a mouldy wooden pavement covering the ground and forming a cloaca for dampness and decay. Shaded with trees, gloomy and ill-ventilated, it was no wonder that gangrene showed itself in wards which, so far as sanitary police was concerned, were well kept. The fatality from this source became so great — killing off so many of the capital operations — that Medical Director Cuyler closed the building and had nearly evacuated the premises when the seven days retreat compelled its re-opening and

renewed the gangrene. This hospital was therefore finally abandoned about the last of July.

The mortality from capital operations should not, however, be attributed altogether to hospital gangrene. It was quite as bad as it could be in other institutions. Some of the distinguished eastern surgeons who volunteered their services, would be troubled now to find one of their patients on this side of the Styx. One such operated largely in Mill Creek Hospital, ligating arteries, resecting bones and amputating. Of all on whom he laid his knife, not one is now alive to tell the tale of heroic surgery. I make this statement with a knowledge of its truth. About this time Brigade-Surgeon John W. Hunt, a Western New Yorker, took charge at Mill Creek. Preliminary to other reforms, he carefully locked up the surgical instruments and relied on a pair of scissors and a forceps to treat several hundred wounded. He certainly killed nobody, and when the records of that hospital shall be written up, they will show a triumph of conservative surgery. Not only was the mortality largely decreased, but in hosts of cases the patients were restored with useful limbs. With Surgeon Hunt—who, I am sorry to say, is not a relative of mine—should rank his able friend, Surgeon McCay, of the Chesapeake Hospital, a mammoth institution, unfavorably constructed and located, but nobly managed. And here let me add that a full breast of the milk of human kindness is a grand essential in an army surgeon. Hunt and McCay were kind hearted as well as skillful and judicious.

The result of resections of bones will hardly warrant a more favorable record than I have bestowed on high amputations of the thigh. Possibly in civil practice or in city hospitals better results might be obtained. They were not successful at Fortress Monroe, and conservative surgeons did not hesitate to condemn their frequent employment.

In the ligation of arteries, the rules of general surgery seemed strictly applicable. When great arteries are tied, the parts beyond are very apt to die, yet there is far less objection to these ligations than to resections and amputations. A patient is bleeding from a deep-seated branch of the external carotid, death is imminent, and the tying of the common carotid will at least prolong, if it does not save, his life, so that the surgeon can reconcile his conscience with his knife, which, by the way, is a somewhat important, though often neglected, preliminary to any important act in military surgery.

A word should be said here about the probable proportion of operations to cases. On the field it is large, of course, and I have endeavored to show that there is the place where most of the operative surgery should be done. But as cases reached the great hospitals at Fortress Monroe and Newport News, the surgeon not eager to cut, would find that the regimental surgeons had done pretty nearly all that was justifiable, and that nothing was left for him, except a large faith in nature, and a few secondary operations rendered necessary by complications occurring at a later day. They will not average one operation to a hundred cases. It remains to treat the majority *pro re nata*, to apply cerate to the kindly wounds, and water dressings to those inflamed, to watch carefully their cleanliness, to support with

wines and tonics under exhausting discharges, to temper irritability with opium, and to secure for them as good a diet and as pure an air, as circumstances will permit.

All this does not accord with the picturesque idea of an army surgeon with sleeves rolled up, and up to his ankles in blood; but such pictures belong only to the battle-field, and they are far less common than the lively imagination of "Sawbones" would paint. To sum up, then, the treatment of gunshot wounds is practically more simple than it has seemed to our unaccustomed minds. Operations for their relief are most successful upon the field, while in hospitals and under the depressing circumstances that surround them, it is the dictate of a prudent judgment to avoid, so far as possible, the use of the knife, which is, in fact, unnecessary in nine cases out of ten.

In subsequent articles I shall speak of the fevers of the peninsula, of army diseases generally, of hospital construction, and of the general routine of duty of the army surgeon.—*Buffalo Medical and Surgical Journal*.

Parisian Medical Intelligence.

THE success of M. Nélaton's ovariotomy case has had the effect of dispelling the uncomfortable conviction which had for some years been prevalent in Paris among surgeons, relative to the fatality attending certain important operations when performed within the town limits. Neuilly, the suburb selected by M. Nélaton as the patient's residence, lies just beyond the fortifications, and is situated with regard to this capital much as Kensington is to London, enjoying an average reputation for salubrity. In the case operated on by M. Demarquay ten weeks ago the patient was conveyed to St. Germain; the result, nevertheless, was unsuccessful. The strong will and courageous pertinacity of the distinguished French surgeon have achieved a signal triumph, and the possibility of successfully performing ovariotomy under the climate of Paris is now fully established. As the first successful case of ovariotomy conducted *more Britannico* in this capital, this particular operation is highly interesting to the English medical public; and the frankness with which M. Nélaton avows his obligation to his *confrères d'outremanche* is as creditable to himself as it must be gratifying to them. M. Nélaton's case is only the fourth success which France can count in this particular branch of surgery since 1781; the first being that of Laumonier, in that year; the second, that of Dr. Vaulleuard, in 1847; and the third, that of Dr. Kæberlé, occurring a fortnight before M. Nélaton's operation, and referred to in one of your previous issues.

M. Leperdriel has recently introduced to the notice of the profession, in a thesis sustained before the Montpellier School of Pharmacy, a so-called advantageous substitute for the ergot of rye—namely, the ergot of wheat. The latter is said to be possessed of greater power and of less poisonous qualities than the former, and should, according to the writer, be made entirely to supersede the older drug both as regards

obstetric and general purposes. As, however, the differential analysis of the ergots, obtained from either source, do not in any way account for a superiority of action on the part of the ergot of wheat — this variety, on the contrary, being less rich in the fatty resinous oil on which part of the medicinal action of the drug depends — the critics agree in ignoring the plea of M. Leperdriel, and in leaving to the ergot of rye undisputed possession of its appointed corner in the “obstetric bag.”

A letter from Dr. Buez, now doing duty with the French expeditionary corps in Mexico, gives some interesting details regarding the yellow fever as witnessed in that country this year by himself. “In a town,” says the writer, “so unhealthy as is Vera Cruz, yellow fever prevails almost constantly in a sporadic form, but the seasons at which the regular epidemics occur are in the months of May and September. This year, however, in consequence most probably of the influx of non-acclimatized strangers, the malady commenced its ravages in the month of March.” Dr. Buez observed some difference in the type of this year’s fever as compared with that recorded by M. Dutrouleau in his work on the “Diseases of Europeans in Tropical Climates.” On the present occasion, the ataxic and congestive types, as well as the marked periods of remission, were wanting. The adynamic form was most frequently met with, accompanied by a moderate amount of fever, tending to the typhoid character. The general duration of the fever was from twenty-four to thirty-six or forty-eight hours; and when it exceeded this last limit, it was followed by vomiting — first bilious, then black; and usually terminated fatally. If by the third or fifth day the fever remitted, stupor resembling that of typhoid fever mostly set in — a condition which, if not actually attended by death, was at least the forerunner of an almost interminable convalescence. The disease, as is the case with cholera, not unfrequently assumed an insidious character; and some patients died without jaundice, vomiting, or suppression of the urine. The treatment resorted to was mainly that of free purgation by castor oil, administered at the outset of the disorder, and repeated frequently at short intervals. Efforts were likewise made, by the use of tea and other warm drinks, to keep up the circulation in the skin. Bleeding was sparingly practiced, and when employed was found decidedly unsuccessful. The mortality up to the 30th of May averaged 22 per cent. of the number attacked.

In a report by M. Briquet at the Academy of Medicine on the forms of continued fever observed in the military hospitals of Constantinople, the question of the identity of typhoid and typhus fever is referred to. M. Cazalas, author of the memoir, maintains that the difference between the two forms of fever as observed by himself is one of degree and not of kind, and states that in thirty-one out of thirty-five autopsies of typhus cases he found ulceration of Brunner’s glands and Peyer’s patches. Two of the conclusions of M. Cazalas, readily endorsed by M. Briquet, are worthy of attention — the one establishing the fatal tendency of the let-alone treatment, the other the equally fatal effects of treatment by tonics and stimulants in the commencement of the disorder.

In mentioning in a former letter the large amount of hypophosphites

of lime and soda yearly exported to America by the single house of Swann & Co., of Paris, I omitted to notice another preparation of a somewhat similar nature, likewise emanating from the same laboratory, for the almost exclusive use of our transatlantic brethren, and which is, I am informed, highly appreciated in America as an antichlorotic. Of this drug, the hypophosphite of manganese, beyond the fact of its existence, to within a few days back I knew nothing. I have, however, been informed by a very competent therapist—*un homme de progrès*, as the expression is—that in those cases in which steel is indicated, but inadmissible from the fact of its producing headache, constipation, or any other bad effect, the hypophosphite of manganese is found to answer admirably.

A second edition of M. Velpeau's "Treatise on the Diseases of the Breast," has appeared. In this new issue of his deservedly famous monograph, M. Velpeau maintains the opinions he had already expressed at the Academy of Medicine relative to the fallibility of the microscope as a diagnostic agent in the detection of malignant disease. "Many tumors," he reiterates, "which have by the microscope been acquitted of malignity, are subsequently condemned as cancerous by clinical experience."

The coal-tar dressing of MM. Corne and Demeaux, so long the subject of experiment at the Charité in the wards of the illustrious Professor just mentioned, is apparently destined to have many rivals, or rather successors. M. Desmartis happening on one occasion to make use of a mixture of lard and extract of logwood (*Hæmatoxylon Campechianum*) in the dressing of a cancerous sore, was surprised to find that all fetidity disappeared so long as the unguent remained in contact with the ulcerated surface, and he consequently commenced a course of experiments with this preparation. The result has been so satisfactory that M. Desmartis has thought the discovery of sufficient importance to be communicated to the Academy of Sciences. This gentleman also goes so far as to say that in all cases of mortification and hospital gangrene the same remedy causes the disorder to vanish as by enchantment. Let us hope that it may be so.—*Correspondent London Lancet.*

July 15th, 1862.

Ovariectomy in Paris.—Professor Nélaton has just performed the operation of ovariectomy, on a woman of twenty-six, who had been ill only one year, but with whom the accumulation of water was so rapid that she was tapped in May last. The cyst filled again in a short time, and M. Nélaton removed the whole growth on the 17th June. After the incision of the abdominal walls, the cyst was seized with a blunt forceps and tapped. When quite emptied, it was found to adhere to a portion of omentum, which latter was cut, a small portion of it remaining attached to the cyst. The latter was connected with the uterus by a very narrow pedicle, which was seized with a peculiar instrument, and divided. Three small omental arteries were tied, and the wound closed by six metallic sutures. Some blood had

trickled into the abdomen, and as M. Nélaton considered that it might decompose, and be of great prejudice, he removed it from the cul-de-sac between the uterus and rectum by means of a sponge twice the size of a fist. The cyst was multilocular, and contained about eight quarts of viscous stringy liquid. The patient was operated on in a country house near Paris, and was in a very favorable state a week after the operation. We must not omit to state that, on the 2d of June last, Mr. Kæberlé, deputy professor at the Faculty of Medicine at Strasburgh, performed the operation of ovariectomy on a woman of twenty-six. The diameter of the cyst was from nine to ten inches; and we are glad to say that, on the 20th of June, the patient was doing extremely well, and likely to make a good recovery.—*London Lancet*.

Ozone Corrective of Miasmata.—Dr. Wood gives a very important fact relative to miasmata: "These effluvia are neutralized, decomposed, or in some other way rendered innocuous by the air of large cities. Though malarious diseases may rage around a city, and even invade the outskirts, yet they are unable to penetrate the interior; and individuals who never leave the thickly built parts, almost always escape." This he attributes to the evolution of the ethereal oils, in the combustion of wood and coal, by which a large proportion of ozone is produced.—*Ibid*.

Japanese Medicine and Surgery.—At the eastern end of the Japanese Court in the International Exhibition is a most valuable collection of Japanese drugs and surgical instruments. Of the value of this pharmacopœia we can of course give no opinion, beyond saying that all the medicines seemed derived from herbs. Their surgical instruments are, however, as numerous and formidable as if the Japanese were accustomed to have railway accidents on a colossal scale every day in the week. One thing is evident of their surgery, which is, that the terrible practice of resorting to the actual cautery is still maintained, and the irons used in this dreadful operation are shown with the other instruments.—*Ibid*.

The Cholera at Mauritius and the French Medical Practitioners at Réunion.—A very interesting and even affecting correspondence is published in *L'Union Médicale*, between the medical men of the French Island Réunion and the authorities at Mauritius. It would appear that at the time the cholera was raging in the latter island the practitioners of Réunion wrote in a body to the authorities of our colony to offer the services of as many of them as would be required to go and assist their English brethren. The disease, however, declined rapidly, and the authorities answered the generous offer in a very appropriate manner, thanking the medical gentlemen of Réunion, and announcing to them that, although touched by their willingness to assist the authorities, they were, owing to the mitigation of the epidemic, able to cope with the disease.—*Lancet*.

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Original Communications.

ARTICLE I.

Statistics of One Thousand Cases of Obstetrics.

BY M. C. RICHARDSON, M.D., HALLOWELL, MAINE.

It has been my custom to make a memorandum of all cases of midwifery I have been called upon to attend, numbering each case in the order of attendance, noting the date, name of the mother, married or not, the presentation of the child, state of the funis—around the neck or not, number of children of the mother, sex of child, hour of delivery, duration of the labor, time of attendance, and any peculiarity or variation from a natural delivery. My field of practice has been in a healthy New England village, containing about three thousand inhabitants, with a surrounding farming community, my patients being about equally divided between the two classes. A small proportion of Irish constitutes all the foreign element in our population.

It may be remarked that it is the custom in this vicinity, as in other villages and rural districts of New England, for all, or nearly all, women to be more or less familiar with the duties of house-keeping; many wives and mothers keeping no domestics, only having the care and aid of a *nurse* during sickness. How much influence this physical training may have had on the progress and result of the following cases, I leave it for others to decide. Taking one thousand cases in the order of their attendance, I find there were in—

January	78 Cases.	July.....	78 Cases.
February	85 Cases.	August	92 Cases.
March	99 Cases.	September	92 Cases.
April	87 Cases.	October.....	97 Cases.
May	87 Cases.	November.....	62 Cases.
June	81 Cases.	December	62 Cases.

Nine hundred and eighty-eight were delivered of a single child, and twelve of twins.

Whole number of children born .	1012	Children born in wedlock.....	1000
Of this number there were, of		Illegitimate children.....	12
boys	551	Unmarried, first child....	9
Of girls.....	461	" second child.....	1
Excess of boys over girls.....	90	Having husbands.....	2

Of the twins, two pairs were boys, three girls, and seven a boy and a girl. One pair born *February 29th*. The placenta were attached in six cases, and separate in six.

There were delivered between the hours of—

12 and 1 A. M.	35 Cases.	12 and 1 P. M.	27 Cases.
1 and 2 "	44 Cases.	1 and 2 "	25 Cases.
2 and 3 "	58 Cases.	2 and 3 "	29 Cases.
3 and 4 "	56 Cases.	3 and 4 "	29 Cases.
4 and 5 "	72 Cases.	4 and 5 "	39 Cases.
5 and 6 "	62 Cases.	5 and 6 "	26 Cases.
6 and 7 "	51 Cases.	6 and 7 "	29 Cases.
7 and 8 "	47 Cases.	7 and 8 "	36 Cases.
8 and 9 "	43 Cases.	8 and 9 "	44 Cases.
9 and 10 "	52 Cases.	9 and 10 "	28 Cases.
10 and 11 "	47 Cases.	10 and 11 "	46 Cases.
11 and 12 "	30 Cases.	11 and 12 "	45 Cases.

Whole number of cases between midnight and noon.....	597
" " " " noon and midnight.....	403
Cases terminating between midnight and 6 A. M.....	327
" " " 6 and 12 A. M.....	270
" " " noon and 6 P. M.....	175
" " " 6 P. M. and midnight.....	228
" " " 6 P. M. and 6 A. M.....	555
" " " 6 A. M. and 6 P. M.....	445

One person attended was a mulatto, with first child, still-born; 999 were whites. Of the 1,012 children born, there were :

Of the first child of the mother..	292	Of the eighth.....	18
Of the second	220	Of the ninth.....	18
Of the third	175	Of the tenth.....	15
Of the fourth.....	110	Of the eleventh.....	9
Of the fifth.....	69	Of the twelfth.....	2
Of the sixth.....	46	Of the thirteenth.....	1
Of the seventh	37		

The mother delivered of the thirteenth child was one of the two delivered of the twelfth; and both of these women have given birth to their fourteenth child. One of them lost all her first ten children before they were eighteen months old. The eleventh, twelfth and thirteenth are now alive and healthy; parents intemperate. The other family is sickly; parents scrupulous; and half the children have died before the age of ten years.

The longest time after marriage, before the birth of the first child, was fifteen years; the *shortest* time fifteen *minutes*. The oldest mother

of first child, forty-six years; the youngest mother of first child, fifteen years and nine months. The longest interval between the births of two consecutive children, nineteen years; the shortest, ten months and twenty-nine days, the mother being delivered of a living child March 8th and February 6th following. June 11th and December 11th of the same year, Mrs. — procured an abortion, being each time from two to three months pregnant.

No case is reckoned among these enumerated where the delivery occurred previous to the fifth month. Nine hundred and sixty were confined at the expiration of the full term of gestation. Forty cases were premature; in twenty-five of them the child was still-born, and in fifteen, born alive. Twenty of the children delivered at the full term were still-born.

Whole number of living children.....	967
Whole number of still-born children.....	45

The umbilical cord was found —

Once around neck of child.....	245 Cases.
Twice around neck of child.....	12 Cases.
Three times around neck of child.....	4 Cases.

In no instance was the child lost from strangulation, the cord having either been slipped over the head or over the shoulder, and the tension relieved. In one case the cord was short, and in attempting to slip it over the head, it was torn asunder. Delivered immediately and saved the child; not much hæmorrhage. In one case the cord was but eleven inches in length, the labor having been retarded in consequence, and the placenta being delivered with the child; no hæmorrhage; child born alive.

The average duration of labor, ascertained as accurately as possible from the patients themselves and others, has been eleven hours and thirteen minutes. The longest labor, with regular pains, ninety-six hours; the shortest, one single pain. The average time of attendance before the birth of the child, three hours and twenty-two minutes. 947 of the children were born with the vertex presenting in one of the first four positions of natural labor, according to Ramsbotham's division. Twenty-two were delivered with the face towards the pubis, according to Ramsbotham's fifth, sixth or eighth class. These cases were more lingering than the preceding, generally progressing only about half as rapidly; but all of the twenty-two children, with a single exception, were born alive. In twenty-nine cases, the breech presented; thirteen still-born. In eight cases, the feet; three still-born. In four cases, the face presented. One was pushed back and

changed to the usual vertex presentation, and delivered without trouble; child saved. One was delivered by aid of the vectis, after a tedious labor of twenty-six hours; child dead. The other two were delivered by the regular pains, without change of position or aid of vectis; children saved, but the labor lingering. In one case the arm presented. The child was the second of a pair of twins. The first child was delivered without trouble, after a labor not very long nor severe; child alive and healthy. The pains came on the second time in a very few minutes, the arm presenting, and the child was delivered shoulder first. It had been long dead, and cuticle slipped off on slight touch. Mother had a comfortable confinement.

Abdomen presentation, one case.—This case perplexed me more than any other I have met. It was the first pregnancy of the mother, aged nineteen years, healthy, accustomed to active labor; had enjoyed good health during pregnancy. The pains came on at the expiration of the seventh month. I saw her when she had been four hours in labor; pains frequent and hard; the os uteri dilating kindly. The membranes gave way in seven hours from commencement of pains, the os being well dilated. On examination, the finger detected something soft and yielding, with an irregular smooth surface. Nothing like an osseous formation or hard substance could be detected. The first thought was *placenta prævia*. But this can not be, for there is no hæmorrhage, no paleness of the mother, no flagging of the pulse; there were no untoward symptoms, the pains regular, and the labor apparently progressing, so that I resolved to wait until some urgent reasons for interference, and watch the progress of the case. After eleven hours attendance, I succeeded in passing my finger over the thigh, and brought down the feet, and delivered the child. Now the cause of my perplexity was fully explained. The abdomen presented. More than one-half of the anterior abdominal walls, skin, muscles and peritoneum were wanting, leaving the intestines and liver perfectly bare; and these were what my finger touched on making the examination. The funis was attached towards the left side; the spine was entire, but doubled directly back; the integuments on the back were not entire; one hand was imperfect, and bound to the chest by a loose band. The mother has since given birth to two healthy children.

Accephalous, one case — There was a small base of the skull, and for a head, a round knob, an inch and a half in diameter, with only a rudiment of a face. It was the first pregnancy of the mother, thirty years of age, health poor. The child was delivered after twenty hours

of labor and twelve of attendance, by passing the hook into the armpit. Child of medium size and perfect, excepting the head.

Hydrocephalous, one case.—In this case the mother intended to rely upon the nurse for assistance, but after twenty-four hours of labor, she changed her mind. I found the membranes ruptured, head presenting, large and flaccid; no progress made, although the pains were hard; the os not much dilated, but yielding readily. I found that the head was so flaccid that the pressure was diffused over the superior strait, instead of distending the os uteri during the labor pains. I proceeded to dilate the os, and turned and delivered the child by the feet. The head was twice the normal size, and like a bladder, not fully distended with a liquid. There was a perfect face, but no osseous formation about the base of the skull. The scalp was covered with a thick coat of hair, quite to the eyebrows. Child alive, and survived thirty-six hours. This was the sixth child of the mother; other children healthy.

Spina-bifida, one case.—Spine cleft at upper lumbar vertebræ; first child of mother; age thirty-five; child a short time dead.

Placenta prævia, one case.—This case had been in charge of a "hot-crop" doctor for four hours. I learned from the attendants that each pain had been accompanied by profuse hæmorrhage; that the *doctor* had assured them that it was not unusual for the *waters* to be high colored, much resembling blood; that it was common to see a woman a little faint at such times. At length, becoming alarmed himself, he thought it might be as well to call in some counsel. I found the woman almost pulseless, gasping, lying in a pool of blood. Directing brandy to be given freely, I proceeded to deliver. A portion of the placenta was over the os uteri, detached; os flaccid; head had made no progress; turned and delivered by the feet; but the mother was too far gone to revive, and lived but a few minutes. This woman *might* have lived, if properly attended. Judged by what I saw and learned, it was strange that she lived so long.

Craniotomy performed once.—This was for a neighboring physician; the ninth child of the mother; previous labors normal; vertex presentation (first division); could not deliver with forceps, owing to size of child.

Delivered, by bringing down the feet, nine cases.—Two of these were originally breech; seven children born alive.

Delivered by aid of forceps, seven.—Six of the children delivered alive, all of which were the first child. In three cases the child suffered from abscesses, caused by the compression of the scalp

under the forceps, but each child recovered without any serious trouble.

Funis prolapsed before head of child, vertex presentation, twice.—Once I pushed back the head and delivered by the feet; child saved. In the other case the patient was drunk, and I could do nothing with her. The labor was of short duration, only four hours from commencement of pains, and the head not more than half an hour in the pelvis, but the child was still-born.

In nineteen cases I gave the ergot—three subsequently delivered by forceps—in seven of which the child was still-born.

Labor retarded in consequence of hardened fæces in the rectum, one case.—Used enemata, softened the fæcal mass, and more was delivered than was agreeable.

In one case I was called upon with directions to bring my forceps. I found a “small pill” man in attendance. He took me aside and said he had been in attendance six hours; that the child could not be born in consequence of a tumor in the vagina, that nearly filled the passage, and that the head could not pass it; that the pains had been regular and strong. On examination, I found a fold of the posterior walls of the vagina with the subjacent parts lying below and before the head of the child. During the pains this was tense, and completely prevented all progress; during the intervals it was relaxed. By a little manipulation I succeeded in pushing this fold backwards and upwards in the hollow of the sacrum, uncovering the vertex, and in less than fifteen minutes, after three efficient pains, I astonished “small pills” by asking for a string and scissors, and handing a screaming baby to nurse.

I have had but little trouble with the placenta, generally finding it advisable to wait by the bedside a few minutes; and in most cases a slight pain or two is sufficient, with a little tension upon the cord, to bring all away. Frequently the placenta is left in the vagina by the pain that expels the child. I have not found it necessary to bring on contraction of the uterus by “pinching, kneading, and otherwise manipulating in a lively manner,” as recommended in a recent number of *Braithwaite*. In three cases the placenta was retained several hours, the patients refusing to be cared for. In three cases it was delivered by introducing the hand; twice, hour-glass contraction; once, adhesion. Dangerous flooding has followed delivery in two cases. A comfortable convalescence in each case.

It has fallen to my lot to meet with four cases of puerperal convulsions. In three cases they came on before the birth of the child;

once caused by fright near the full term of gestation. The child was born alive during a severe convulsion; mother lived two hours after delivery. One was at seventh month: patient had suffered much mentally in consequence of the conduct of her husband; was taken with vomiting, pain at epigastrium, and soon convulsions. Child was expelled by labor pains; mother survived twelve hours; child dead. Both of these two were *enciente* with third child. In the third case it was the first pregnancy of patient: had always been healthy and accustomed to labor; was very comfortable up to attack at the seventh month; was taken in the evening with severe pain at the epigastrium and between the shoulders, extending up to the back of the head; constant and violent vomiting ensued; pains incessant; convulsions came on in three hours from attack; then an interval of two hours of quiet rest; convulsions then returned, and continued at diminished intervals until death, eighteen hours after the attack. There were no labor pains at any time. By advice of eminent counsel, the os uteri was dilated and child delivered by turning. Patient survived half an hour after delivery. In the fourth case the convulsions came on in half an hour after a comfortable confinement with first child, and occurred at intervals for thirty-six hours; convalescence normal. This patient has since given birth to her second and third child, under the care of another physician, with a similar attack each time; appears healthy, generally.

Two of my patients have been insane. One became so three weeks before confinement with fourth child. A perfect recovery on delivery. In the other case the insanity manifested itself on the second day after the birth of first child. Recovery at the end of four weeks.

Seven of my patients have died in child-bed. Three from convulsions above mentioned; one from pneumonia, commencing three days before confinement; one from consumption; peritonitis, one; one died in twelve hours, after an easy labor with first child, from no apparent cause, expiring in ten minutes after taking part in a cheerful conversation; one other lived but a *month*, suffered from incessant vomiting and aphthæ for two months before confinement; could take but little food, and died from exhaustion. I think if another case like this should come under my care, I should bring on premature labor before my patient became so much debilitated.

Phlegmasia dolens, one case—Recovery in eight weeks. Peritonitis, two cases. One mentioned above as fatal; one recovery.

Hydatids, one case.—(Not enumerated among the one thousand cases.) The patient had given birth to eight living children; was

suffering from tuberculosis. At the third month of supposed pregnancy, she was taken with flowing to such a degree that I was called in. Advised rest and opiates; flowing continued daily, attended with some labor pains; abdomen as large as at sixth month; breasts full, large as usual at sixth month. At the end of fourth month of supposed pregnancy, I was called in, and after severe pains, some clots of blood, a large quantity of water, and a pint of hydatids came away. Her recovery was normal; and she has since given birth to a living child, nineteen months after the discharge of the hydatids; health poor.

Dysuria following confinement, one case.—Had to use the catheter twice a day for a week. Recovery perfect.

Abscess in external labiæ, two cases.—Neither case following difficult labor. Abscesses in the breast too frequent; in most instances owing to bad management of nurse, or unwillingness of patient to nurse her child, from sore nipples or other causes.

I have never used chloroform or sulphuric ether in either of these cases attended. I have seen it given by others. I have not found the ergot so valuable an adjuvant in obstetrics as many claim it to be. In some cases ʒj. doses have produced no effect; and when it has increased the pains, the number of children still-born, compared with those where turning or the forceps have been the resort, does not prompt me to use it in any case where it can be avoided. My objections to it are two-fold: It is not reliable; and, again, when it does produce effect, the constant and long continued pressure upon the infant's head is very liable to cause its death. If the mother is doing well, though the labor be a little lingering, there is no occasion for dosing. If there is difficulty and need of assistance, I would use the forceps, or turn, to save life.

Cases of abortion occur too frequently in this community, and, strange as it may seem, most of them among the married, brought on in many instances to avoid having large families. These cases are, in general, attended with more flooding and greater prostration, and a much larger proportion of deaths, than follow confinement at the full term with nursing.

In the preceding notes I have simply given cases as I have seen them. If there is any one rule that has occurred to my mind more frequently than any other whilst at the bedside of my patients, any one rule that has influenced me more than any other in the management of my cases, it is this: "Meddlesome midwifery is bad."

ARTICLE II.

Instinct of Vital Action.

BY E. B. STEVENS, M.D.

It does not come within the plan of this paper to discuss with particularity the subject of instinct. It does not matter for our present purpose to consider to what extent the lower animals may or may not be endowed with reason ; or to ascertain with any degree of accuracy that vague point where reason and instinct appear to pass insensibly into each other ; and yet, for the sake of the analogy which we shall attempt to draw presently, it may be proper to notice the more especial points wherein instinct contrasts with reason. We observe, then, first, that instinctive actions or phenomena take place without *teaching*—the animal acts in obedience to instinct, without any instruction from other animals, and without experience of its own. The duckling, although hatched by a hen, *instinctively* finds its way into the water ; the young bee makes its cell with the most precise and unerring mathematical uniformity. Again, while instinctive actions are not the *result* of education, so they are not capable of change or improvement by education. The bird of a particular family makes its nest after the same pattern it did thousands of years ago ; so, too, the beaver its house and the bee its cell. We further observe that the phenomena of instinct appear to be *without design*. It is more difficult to prove this quality of instinct, and as we do not care to discuss the point, we simply give it as accepted by philosophers. It is barely possible to suppose that when the sow collects the straws and litter for her bed, that she may have some indefinite notion of her approaching confinement ; it is more difficult to suppose that the insect is other than blind of purpose, as it collects food for future worms ; or that birds of passage have an anticipation of the cold from which they fly as they depart for a warmer clime. Notwithstanding these considerations, there appears in all instinctive action to be some mysterious endowment, which *corresponds* its office to the office of mind in those actions which are the result of reason. We may condense the whole matter then very briefly into this : In the natural history of the animal there arises a *want*, a *necessity*—there is some *condition* either present or about to be, for which provision must be made. Instinct is implanted from the very beginning of creation as the intelligence which is to guide to those means which are necessary for the occasion. With this proposition we pass on for the present to some

other considerations. We shall return presently to make some practical applications.

Now, in our theory of life we, first of all, have reference to a *group of organism* more or less complex—we have no idea of life, except as the result of organic phenomena. This organized structure does not constitute life, but we can not have the phenomena of life except as *performed through* such a structure. Thus in man, whom we regard as the highest order of creation, we have a great variety of organs, each performing its individual duty after its specified plan, each contributing its share to keep the beautiful and complex machinery in motion, and each performing its prescribed duty without any apparent reference to the future destiny of the matter which may be disposed of in this organic action. Thus the heart is a miniature forcing-pump or stationary engine, pumping up from the vena cava the blood which has been used by the system. It is continually pumping this blood out into the lungs. The lungs takes upon itself the discharge of carbon and the oxygenation of the blood thus thrown into its structure; beyond this the lungs takes no further concern. The heart, however, now pumps this renewed blood back again, and forces it out into the system; beyond this it, too, takes no concern. Each organ simply does the work assigned it in the complicated division of labor; but these labors harmonize very happily, make up a unit, and together constitute a plan. As we study, then, these endless phenomena in their unity of life, is there not almost intuitively suggested to us the idea of some special intelligence, whose office is to control or direct those processes by which life is sustained? In animal creation, we have at once suggested to us the brain and nervous system as the controlling agency which we seek. Thus the delicate nerve-fibril finds its way to every minute tissue, to every point on the external surface, and is continually conveying messages of conditions, states and necessities from the surface, or from each minute tissue to the nerve centre. The *centre* is as continually sending out such commands to individual organs as may be necessary to meet these conditions and necessities. We say this in some sort meets our idea of a controlling intelligence guiding the actions of life; but it does not entirely, and particularly when we recur to the fact that, so far as we know, there is no brain and nervous system in all of vegetable life. We are to suppose, then, that the brain and nervous system are simply instruments, as are other organs, directed still by some superior agency. We have supposed, then, that the group of organs from which arise the vital processes necessary for the sustenance of each

particular individual—that is, each group of organs which constitute the individual—is endowed with its own especial *vital instinct*; and we speak of this controlling intelligence as an instinct, because it bears a like relation in its manifestations to reason as the instinct which impels the outward actions of animals does to that reason which governs the designs and actions of man.

Perhaps we may be able to express this idea more clearly by running through a few very familiar illustrations: Thus, for instance, take the sensations of hunger and thirst. We are not allowed any longer to regard these as periodical sensations, set up for the gratification of the individual merely, though we may properly enough suppose this to be incidental. We now reason that every manifestation of life is attended with death; with the highest condition of life there is continually resulting a process of destruction in every minute tissue of the system. The destruction of these tissues require as constant a process of repair; so that we have messages sent up from every distant point, declaring the particular necessities which exist. The demand for solid nutriment occasions that peculiar sensation in the stomach that we speak of as hunger, and in the same way we have the necessity for fresh supplies of fluid, creating the sensation of thirst. These, we believe, are accepted views. Now we come back to our inquiry: How does it happen that these necessities of the decaying tissues are thus definitely expressed? Is there not clearly some controlling intelligence which directs the beautiful harmony and order of the plan?

Or, again, suppose we notice a singular phenomenon sometimes observed in the process of digestion, and, perhaps, more to be marked in that it is not a feature of the *regular* process. Suppose an article is taken into the stomach, which proves to be of an indigestible nature, as the seed of fruit, or the like: it is carried round and round the walls of the stomach; with other articles of food it is subjected to the usual motions and circumstances of the stomach; by and by the whole mass knocks at the pyloric door for admission into the duodenum; most of this mass is properly fitted for new actions in the process—it has become chyme, and is allowed to pass,—but this single article has met with no change; it is sent back to be farther acted upon by the stomach; again it knocks at the pyloric door, again and again it knocks, and is again and again returned; at length, however, the sentinel at the pylorus becomes satisfied that the seed can not become chyme; it then allows it to pass and be carried forward in the intestinal canal. Is there not clearly and manifestly a

peculiar intelligence which has had control of this singular variation in the usual digestive process ?

Or, still again, suppose we find an illustration in some of the processes of secretion. Take, for instance, the secretion of bile: If you make a fistulous opening into the gall-bladder, as has been done by Blondlot and others, you may study the natural history of the biliary secretion with the same minuteness of detail that you study the process of digestion in the stomach of Alexis St. Martin. Amongst these points of study, we observe that the rate of secretion is very much—not entirely, perhaps, but very much—in proportion to the ingesta of food; that the secretory process is more or less active, as digestion is being carried on more or less actively; and that in the intervals, subsequent to the times of taking and digesting food, the process of biliary secretion is almost arrested. Now I know this is explained by saying that the secretion of bile is dependent upon the presence of these fresh additions of new material in the blood—and, doubtless, this is true in great part; but there is another view of the matter. Bile is required for a perfect process of digestion, to be thrown out into the duodenum at that period in the digestive process when the chyme has passed from the stomach through the pylorus; and in *anticipation* of this the biliary secretion becomes more active very soon after food is received into the stomach, before it has been absorbed into the blood; indeed, the biliary secretion is required to be discharged into the duodenum before the process of absorption has properly commenced. We find no difficulty in still tracing the same controlling intelligence arranging this coördinate harmony.

After this manner we might run through every phenomenon in the whole group of vital actions, and individualizing them or grouping them, we shall still be impelled to this idea of some controlling agency or intelligence, which is as truly an endowment of *vital organic actions* as is instinct an endowment controlling and giving character to the actions of inferior animal and insect life.

Or, still further, if you seek to carry the analogy into the accidents, the pathology of vital actions, the same philosophy holds true; and we still find some controlling agency adapting and guiding vital actions to the particular necessity which has arisen. Thus in the reparative process, which is set up for the healthy union of a simple incision, or for the healing of an ulcer: here are new conditions and demands not usual in the ordinary habits of the economy, but some authority not to be disobeyed commands lymph to be sent out and reparative granules to be set up, as necessity may require. Or trace

the details in that interesting process which is set up for the union of a broken bone: something very different is needed from the usual process of repair to decaying tissue. Repair of such an accident can not be afforded in a brief space; but see how prompt the steps! First the pouch of blood about the fractured extremities—the surrounding parts become especially stimulated for the unusual demand for nutrition about to be made upon them—the blood in this pouch is absorbed, to be replaced by liquor sanguinis; by and by this liquor sanguinis, this plasma, consolidates; by and by it is organized fibrine; by and by fibro-cartilage; at length it is a firm ferule of bone investing the fractured extremities—and thus on, step by step, until repair is definite and complete.

We might, of course, multiply these illustrations in pathological action as well as in the ordinary phenomena of life, almost without end; if, however, we have failed to express our idea with those already given, it would surely be tiresome to pursue the inquiry with further illustrations. We have desired to present this single thought, that all the processes which constitute life, the entire group of vital actions, are controlled and guided by a superior intelligence, which we may style instinct. I call it instinct, because it is not a subject of education, it is not a result of teaching, it is not capable of improvement by teaching. In the lower animal a necessity is to be provided for or anticipated. Instinct directs to the employment of those means which will comply with the condition. In the phenomena of life, conditions or necessities are *continually* making their demands; the instinct of vital actions is as continually so controlling these phenomena and guiding these vital actions, that the demands are met with an unerring certainty and precision.

Hospital Reports.

Commercial Hospital.—JOHN DAVIS, M.D., Attending Physician. (Reported by Dr. GEORGE S. COURTRIGHT, Resident Physician.)

On the Use of Persulphate of Iron in Diarrhœa, with Reports of Cases.—CASE I.—Robert McK., æt. 16, admitted March 27th, 1862. Is very much emaciated; has always enjoyed good health, until one week ago; while on the Tennessee River was attacked with severe pain in the abdomen, followed by frequent watery stools, which has

continued up to time of admission. Now has furred tongue; appetite very much impaired, with great thirst; bowels moving off very frequently; stools of a gray color; has some nausea; was placed under the following: *R.* Ferri persulphas, grs. x., piperine, grs. x., ext. taraxicum, \mathcal{D} j. *M.* Fiat pillulæ, No. x. *Sig.* one every four hours. The diarrhœa was relieved almost immediately, and the treatment was omitted at the end of the second day, when it again returned, but was relieved on the resumption of the medicine. He was then placed under tonics, made a rapid recovery, and was discharged, cured, April 8th, 1862.

CASE II.—Benjamin M., æt. 22, admitted May 3d, 1862. Has been in camp, and was taken sick five days ago. Now has all the symptoms of typhoid fever, such as sordes on the teeth; furred and cracked tongue; abdomen tub-shaped; tenderness on pressure over right iliac region; bowels about natural. Five days after admission, was attacked with severe diarrhœa, having frequent watery stools. *R.* Ferri persulphas, grs. xv., piperine, grs. x., ext. gentian, \mathcal{D} j. *M.* Fiat pillulæ, No. x. *S.* one every four hours. The diarrhœa was very promptly relieved, and the patient improved very rapidly, and was discharged May 24th, 1862.

CASE III.—Edwin M., æt. 26, admitted June 23d. Has been employed as cook in the army. For some length of time has been stationed at Pittsburg Landing; says he has been sick about three months, with fever. Three weeks ago was attacked with severe diarrhœa, which has persisted to the present time. Patient on admission is very much debilitated, and there is great emaciation of the whole system; tongue moist; complains of pain on pressure over the abdomen; has ten or twelve passages from his bowels in twenty-four hours. *R.* Ferri persulphas, grs. xv., pulvus opii, grs. iij., ext. gentian, \mathcal{D} j. *M.* Fiat pil., No. vi. *S.* one every two hours.

June 25th.—Patient greatly improved; had but one operation in the last twelve hours; ordered one pill to be taken after each operation; patient to have full diet, as beef, eggs, potatoes, milk, etc.

June 27th.—Now has but one passage from bowels in the twenty-four hours; is very weak and has night-sweats. *R.* Quinine sulph., \mathcal{D} j., ext. gentian, \mathcal{Z} j., aqua pura, \mathcal{Z} ij. *M.* *S.* teaspoonful three times a day.

July 2nd.—Is now convalescent, and gained strength very rapidly. Discharged, cured, July 12th, 1862.

CASE IV.—Charles S., shoemaker, æt. 31, admitted May 20th. Was attacked seven months ago, after exposure, with cough, which

was very severe at times. On admission, is much emaciated and very weak. On examination of the chest we found extensive disease of the lungs, tuberculous in character, as shown by the physical and rational signs. Was soon after admission attacked with diarrhœa of a very severe character, which was not relieved by the ordinary astringent remedies. The ferri persulphas was given in three-grain doses with decided relief, but the patient sank very rapidly, and expired June 7th. Post-mortem revealed extensive disease of both lungs.

CASE V.—Frank C., æt. 20, United States soldier. Is the subject of empyema, which was brought on by an attack of pleurisy, followed by effusion into the cavity of the chest. Paracentesis thorasis was performed in the usual situation, and there was discharged daily a large quantity of pus through the opening; was attacked with diarrhœa, which prostrated him very rapidly. Gave one and one-half grain doses of the ferri persulph., combined with the bitter tonics, which relieved it very effectually. The hypophosphites of lime and soda were tried, with some improvement in the general condition of the patient. He gained three pounds in weight under their use in the short space of twenty-five days. He left the hospital for home, his condition very much improved.

CASE VI.—Edward B., boatman, æt. 26, admitted May 15th, 1862. Says that six months ago he was taken with severe diarrhœa, which has troubled him ever since; he would be apparently well for a few days, when, without any premonitory symptoms, he would be attacked with diarrhœa of a severe character. Two weeks ago he became much worse than usual, and for the last few days has been passing some blood with the fœces, accompanied with severe pain. On admission, has from twelve to fifteen stools in the twenty-four hours, with tenderness of the abdomen; stools small and mixed with blood; pain on pressure over lower part of abdomen; tongue coated. *R.* Ferri persulphas, grs. one and one-half, with the bitter tonics every two hours, with some improvement. The dose was increased to grains *iiij.*, which was continued for some days with decided relief. He was then placed under the following: *R.* Morphia sulph., grs. *ij.*, oleum amygdalæ dulc., *ʒj.*, sach. alba, *ʒij.*, mucil. acaciæ, *ʒiv.* *M.* Sig. one-half tablespoonful every three hours.

The patient now improved very rapidly, and was discharged, cured, June 27th, 1862.

Editorial Translations.

Considerations on the Nature of Exophthalmic Goitre. BY DR. HEFFILSHEIME.
Preceded by a case. Intolerance of Iodine; Five Years' Duration; General Hydremia; Intolerance of all Tonic Remedies.

Miss —, aged eighteen years (in 1855), blond, lymphatic, born on the sea-shore, in a royal residence. Her mother was attacked a year after the birth of her daughter with gout, which, after becoming general, caused her death in 1857. Her father has good health. The brother of the young girl is lymphatic, very nervous, and has suffered with painful palpitations, which prevents use of tonics. In 1850 the family came to France. Nothing particular then occurred. They traveled almost a year. In March, 1855, in one of the most agreeable dwellings in the environs of Paris, the brother and sister were attacked with measles. The sister in consequence contracted weakness of the eyes, and an injection of the conjunctiva. In October, I was called at the instance of a *confrere*, to examine the patient. She presented external signs so striking that I could not refrain from an expression of astonishment. Two enormous ocular globes, very injected, seemed projected out of the orbit, brilliant, soft, though having the appearance of surprise, tempered barely by the extreme reserve. These two eyes were encased in two cheeks, very full, of a milky whiteness, relieved by a diffused redness in the centre. The head is supported by a long neck, of a considerable circumference, with all the physiognomy and the character of two goitrous lobes. These two lobes are raised by the carotid pulsations, while her corsage is very much disturbed by the precordial impulse. The hand applied to this region is vigorously repulsed. The patient indicated to me an infiltration and a swelling quite marked of the ankle, extending more or less on the dorsum of the foot. This swelling is more marked in the evening; the finger does not cause pitting in it.

The radial artery gives a depressed pulse without fullness, of doubtful force, beating one hundred and twenty times in a minute after the first emotion had completely passed. I ausculted the heart and carotids; an intense souffle covered both sounds; greatest at the apex, and perceptible not only in the whole precordial region, but in the whole of the left side; it extended with great intensity into the carotids, single arteries, which made it pleasant to explore. This souffle is continuous, with the systolic augmentation which M. Bouil-land has called attention to. It has the sound of that of a storm, and

masks momentarily the *bruits*. It assumes, at times, a rudeness which gives the idea of organic disease. On percussion the precordial region gives but a very limited dullness. The venous system is not much at fault. The patient is easily put out of breath, after a brief walk, riding, or ascending a height. The respiration is normal, 24. The abdomen has always seemed to me a little large, though I am not sure of this. There is, however, no flatulence. Constipation. The digestion is easy, but the appetite is very poor.

Since the attack of measles, menstruation is reduced in duration and quantity. The menses more frequently are slow, lasting but twelve hours only, sometimes twenty-four. The blood passes in quantity, and is extremely pale. Generally indisposition is produced by the catamenial period. The strength is better than could be hoped for. The patient takes a great deal of exercise and a cold bath every morning at all seasons, since her infancy. The intelligence much above ordinary, and precocious in many regards, accompanies in her a fine education and much instruction. I presented the patient twice to M. Bouillaud, in order to have the benefit of his learned advice with mine on the absence of all cardiac lesion, and I must avow, I profited by his learned and conscientious examination in confirming me more in my diagnosis. I have never discovered albumen in her clear and liquid urine. I prescribed iron from the beginning. The eyes became redder, the sight became weaker — to such a degree that I forbid the patient studying music on the piano but twice a week, and interdicted all fatigue of the eyes. Finally, I tried tincture of iodine by friction, then turn by turn in the form of mineral water, prescribed by M. Bouillaud, and, finally, in form of iodide potas., in very small doses, about five centigrammes a day. The eyes became redder; the arterial pulsations were more marked in less than fifteen days. I stopped the iodine, as I had the iron. The pulse varied from 110 to 130; I never found it at 100. The patient often told me that she found herself much worse in not doing anything for her disease, which did not disquiet really except from the hygienic rules which she imposed on herself as to reading. I ended by considering the patient as a veritable *noli me tangere*. She has gone several years consecutively, since 1856, to the sea-shore to bathe, of which I feared the excitant effect; so that I had not given the iodine but against my will. She did not, however, grow worse from the sea-air.

The neck has augmented and diminished at times; I measured it every month. The ocular globes vary equally, but for five years the affection has remained nearly stationary. It is this which has pre-

vented me from publishing the fact, hoping always to be able to announce a more consoling issue for her, for myself and for my *confreres*, whose knowledge and great experience have been called on. As for the etiology, it is singular that the affection has developed itself in consequence of measles. The infiltration with albuminuria supervenes much more often as the result of scarlatina. There exists, however, a concealed connection between the two orders of affections, for the presence of albuminuria is not indispensable to establish the analogy. If we are to believe the statement of the mother, the eruption had not a marked character, but I will omit any hypothesis. The patient, raised on the sea-shore, lives in a locality near Paris, where iodine elements are present. Since the sea-bathing and air which she bears for four months as a consequence of her residence, proves that her organization in this respect has not changed. But she does not bear the smallest dose of iodine, which laterly has been reduced to a centigramme. It is just to say, however, that no tonic has succeeded with her, neither quinia nor other bitters, nor iron in any form. Her nervous system remains excitable to a high degree; her moral state is excellent; she does not feel really sick, and bears very patiently the singular physiognomy which the disease has given to the head.

[We omit the reflections of the author [on the case, to make room for Trousseau's report.—TRANS.]

—The following report is made on the case and paper of Hiffleheim, as well as a paper on the same subject, by the late M. Aran :

In France, for some years, attention has been called to a disease lately described, to which has been given the names of Exophthalmic Goitre, Exophthalmic Cachexia. It has been designated under the name of disease of Basedow, for the reason that he has more especially insisted on the triad of symptoms, which the oftenest gives a special character to this new morbid entity. Dr. Kirsh has especially insisted that it should be called the disease of Basedow. But if you are willing to remember that the works of Basedow date back only to 1840, while in Ireland, Graves, of Dublin, collected several facts which he had observed or borrowed from the practice of Stokes, Marsh and Parry, published in 1835, lectures which later were printed in the first edition of his *Clinical Medicine*,—perhaps it would only be justice to attach to the exophthalmic cachexia the name of the great *clinicien* who first so well described it. I am happy to be able to call to your recollection that in France interesting and conscientious works have been published on this subject in the last few years. In 1856,

Dr. Charcot read to the Society of Biology the history of a case which was followed very soon by other cases reported by different observers. Later M. Fischer published in the *Archives de Médecine* a memoir, in which he gives the greatest number of facts known. Dr. Aran studied the German publications and the work of Stokes; and uniting with this great erudition a mind distinguished for critical power, he very soon, under the modest title of a single observation, submitted to the consideration of the Academy a very remarkable paper on the nature and treatment of exophthalmic goitre.

A single case presented itself to his observation, but it was studied in its minutest details, and that during two years. On the fifth day of December, 1860, this *confrere*, so much regretted by science, read his paper on the same subject.

The principal symptoms which form the symptomatic triad are described in it with great clinical truthfulness, and no one of the secondary symptoms has escaped his sagacity. Thus the nervous cough, the breathlessness, the jerking voice, the intestinal troubles, the exaggerated appetite contrasting with an extreme loss of flesh, the amenorrhœa, eccentricities of character, all secondary phenomena which have a great importance, because in doubtful cases they prove powerful aids in the diagnosis; the paroxysmal progress of the disease and the modifications impressed on the progress of the general affection by the disorders of the menstrual function, have been described in this paper, and I consider it one of the most complete in the possession of science at the present time. Let us look at each of the principal and secondary symptoms of the disease of Graves; let us study the order of the appearance of each of them, and their relative importance. Since this preliminary study is indispensable we will touch on the most important question, that towards the solution of which must tend all our efforts, and which, I hope, will be the source of a discussion, when your reporter will have a great deal to learn. I wish to speak of the nature of the disease. In its most common form—chronic—the *clinicien* observes three considerable symptoms: exophthalmia, hypertrophy of the thyroid gland, and pulsations of the heart. The exophthalmia is double and extreme; at other times it is but slightly manifest, but a glance lends to the physiognomy an expression so singular that already the attention of the observer is awakened; then a strange mobility of the globes is observed—the patients can not fix their expression. To fix an object is for them very difficult, and sometimes painful; the eye becomes brilliant and moistened with tears; any assiduous labor becomes pain-

ful, even impossible; and although in certain cases the exophthalmia may be such that during sleep the eyes can be but incompletely covered by the lids, we rarely meet with any serious alteration of the mucous membrane or of the cornea.

At the base of the neck, in the region occupied by the thyroid gland, there is very often a veritable tumor projecting beyond the lateral parts of the trachea. This tumor is smooth, without any change in the color of the skin. We can not better compare it to anything than to the goitre of pregnant women, so well studied by Prof. Nathalis Guillot. All observers have noted that often the tumor was more developed on the right side. The hand applied to the part, perceives pulsations which raise the whole tumor, and often expansive movements like those of an aneurismal tumor. The stethoscope discloses continued *bruits de souffle*, with systolic reinforcement, often large veins, sometimes arteries furrow the surface of the tumor; and if the seat, the form, the development, then the progressive diminution of this tumor was not sufficient in order to establish that it is but a general hypertrophy of the thyroid body. The pathological anatomy in some unfortunate cases has already proved that there could not be the least doubt of its seat and nature. Exophthalmia and goitre, by their simultaneous or successive appearance, have already a great importance in the diagnosis. I do not know that any one has observed the existence of these two morbid conditions in any disease. You add that the ocular prominence and the thyroid tumor augment and diminish simultaneously in each of the paroxysms, as if they were under the same etiological influence. We ought, however, to remark that in cases of early or confirmed cure the ocular globes may remain completely in the orbit, whilst the goitre always leaves persistent traces, and reciprocally we see in some cases the exorbitism persist when the thyroid gland has disappeared almost completely. Stokes, in his treatise on Diseases of the Heart, has so well comprehended the action of the pulsations of the heart on the exophthalmia and the goitre, that he does not hesitate to affirm that the disease entire is a cardiac neurosis. M. Aran in the conclusion of his paper adopts the opinion of Stokes, but to the theory of Stokes he adds another etiological interpretation in putting into contribution the anatomical researches of Henry Müller and the fine experiments of Claude Bernard on the section and irritation of the sympathetic nerve. We will refer to these facts again.

The point commanding our attention now is, that there does not exist an exophthalmic goitre without a special state of the heart exist-

ing at the time, or anteriorly. All the patients complain, or have made complaint at the beginning of their disease, of pulsations of the heart—pulsations so violent that the thoracic walls were raised, and that with a *bruit* sometimes, as Graves has already remarked, that could be heard at a distance. These pulsations rarely produce precordial *voussure*, but they are painful, and very soon render all exercise impossible. If these pulsations augment, they are heard in the arteries of the neck, in the thyroid tumor and in the ocular globes, when they are accompanied by cephalalgia, and the patients become, especially in these paroxysms of an insupportable character, sometimes violent. At each moral emotion, on every effort, at the same time the cardiac pulsations redouble themselves. The thyroid and ocular projections also increase; the eyes become more brilliant and are filled with tears. A systolic *bruit de souffle* exists at the base of the heart, extending into the vessels of the neck. The carotid and thyroid arteries bound with each pulsation of the heart; but a fact worthy of remark, and especially noted by Graves for the first time, the radial pulse continues small and weak; it only takes from the cardiac pulsations its frequency. There is no *bruit de souffle* in the humeral or crural arteries.

Is there in exophthalmic goitre sometimes organic disease of the heart? Stokes does not hesitate to reply in the affirmative; but in his opinion the organic affection is not constant. It is not even a necessary consequence of the disease. The learned Irish *clinicien* is very ready to admit two forms, or in other words two varieties, of exophthalmic goitre; one most common without organic affection, the other with organic affection. We will give our opinion on this subject; but M. Aran, who had studied Stokes with great care, and who, like him, had been led to accord a great part to the organic or functional disease of the heart, had given all his attention on this part of the question, and perhaps, I say it with regret, had somewhat exaggerated the importance which ought to be accorded to the cardiac troubles in the evolution of the disease. If there was an error on the part of M. Aran, how was he led into this error? How was he led to recognize an organic lesion of the heart, where MM. Bouilland, Cazalis, Charcot, and a great many other observers had not been able to discover it, although they had given all their attention to it? The lesion, or in other words the pathological state, to which M. Aran accorded so great a part, and which he appeared so disposed to meet with in exophthalmic goitre, is cardiac hypertrophy. In the percussion of the cardiac region, every one is well aware of the existence of two

kinds of dullness—one which measures the entire region occupied by the heart, and whose limits may vary infinitely because the thickness of the thoracic sides, the conformation of the chest, the layers of lungs interposed between the thoracic sides and the heart, may lead to great differences of sonorousness. However, every physician exercised in the art of percussion, may, with some attention, be able to recognize the presence of the heart in a point. The dullness does not present the same characteristics in the entire region occupied by the heart; the dullness is less marked, and the resistance to the finger less pointed on the peripheric limits, while the dullness is more absolute in the points of the portion where the heart finds itself almost in immediate contact with the thoracic walls. This latter dullness, which we call *absolute*, measures in the normal state four to five square centimetres in the masculine sex, a little less in the female; and if we consider this dullness absolute as being the normal physiological measure, it could serve us as a measure of comparison to establish the increase or diminution of the heart, for this absolute dullness will necessarily increase or diminish in extent in the cases where the heart will have a size above or below the normal size. The relative dullness, on the contrary, and we design thus that by which we seek to limit the heart in the midst of the organs which surround it, is always more extended, since its object is to limit the heart entire, but it is a great deal more variable than the absolute dullness in this that the limits are less marked and often doubtful, which is owing to the neighborhood of the left lobe of the liver, and to the presence of a more or less thick layer of lung lying in front of the heart. However it may be in a healthy state, the relative dullness may furnish an average of eight to nine centimetres in the vertical direction, and nine to ten in the horizontal. These latter measures can only be determined very often with extreme difficulty, as we prefer following the advice of M. Bouillaud, only to take into account the absolute dullness which ordinarily varies only with the pathological state. These details establish great differences between the extent of the relative and absolute dullness, and we will, perhaps, find in it the cause of the differences which exist much more in appearance than in reality at the point of cardiac hypertrophy in the observations of exophthalmic goitre.

In *résumé*, in exophthalmic goitre there is ordinarily no cardiac hypertrophy; I believe, however, that this hypertrophy may exist sometimes in a slight degree. In fine, exophthalmic goitre does not exclude the coincidence of organic lesions of the heart, as has been well proved by Stokes and Dr. Vithusen.

I have especially called your attention to the symptoms which by their reunion constitute the symptomatic triad of the disease of Graves. I must very soon entertain you with the secondary symptoms described with care in the paper of M. Aran ; but before touching on this part of the subject I declare it my duty to make some remarks on the mode of appearance of each of the principal symptoms.

Graves, Stokes and M. Aran think rightly, in my opinion, that the first symptom of the heart is the one which the patients first complain of. Later, and at an epoch which may vary, the thyroid tumor appears. The development of this takes place with a certain slowness, and oftenest it has acquired considerable dimensions when the double exophthalmia manifests itself. I do not believe that the exophthalmia is the result of any obstruction to the venous circulation by the thyroid tumor. Dr. Taylor has been mistaken in subordinating the exophthalmia to the goitre : the authors who have studied this question have very soon abandoned this explanation, not only because in some circumstances the appearance of the exophthalmia and of the goitre has occurred simultaneously, but because the exophthalmia may exist without any increase of the thyroid body, as I have recently observed it in two cases, one in my private practice, the other with my colleague of the hospitals, M. Cazalis. In these cases the disease may be called (*fruste*) not well developed, from the absence of goitre or exophthalmia ; but I add that the more frequently, in these cases, we see sooner or later the symptom which at first was absent. However, we can understand that one of the principal symptoms, goitre or exophthalmia, may be absent without the disease ceasing to exist. Indeed, if any doubt can exist, the collection of secondary symptoms will very soon dissipate it. These secondary symptoms are nervous troubles manifested in the mind, inability to pursue any labor, modification of character, irascibility, etc., troubles in the functions of the stomach and intestines and nutrition, which very soon produce extreme emaciation, nervous cough, and sometimes fever of an intermittent type. There is another morbid symptom which merits special mention—the suppression of the menses. In fact, all women affected with the disease of Graves have suffered for a long time with menstrual troubles. At first the function is performed irregularly, and very soon is suppressed ; and when it is reëstablished the women seem to approach a cure, while they take, on the contrary, a very great exaggeration from the time when the menses ought to appear. A remarkable thing, as has already been stated in the paper of M. Charcot, is that the symptoms amend in a considerable degree when the patients become

pregnant, while all the symptoms of the disease show themselves anew after delivery. I have, then, good reason not to consider amenorrhœa as a phenomenon of secondary importance; and I am inclined, on the contrary, to accord to it a considerable part in the etiology, in the progress and duration of the disease. In regard to its progress, it manifests itself under two forms — one common, acute, with frequent paroxysms and of a duration which may vary from some months to two years; the other form may be called chronic, because it is of several years' duration. It is rare, and the symptoms in this case show themselves with a relative benignity, which, however, does not exclude the paroxysms; this last form succeeds sometimes to the acute form.

I come now to the nature of the disease. I do not think it necessary, in this connection, in order to establish that exophthalmic goitre is not a cachexia, the last expression of chlorosis and albuminuria. It is sufficient for me to state that anæmia, when it exists in exophthalmic goitre, is but a sequence of the disturbance of nutrition, and, on the other hand, that albuminuria is a very rare phenomenon in the disease of Graves. We can not, then, attribute to anæmia and albuminuria a disease which presents itself often without these two morbid states; and we do not hesitate to accept the opinion of M. Aran, who places the exophthalmic goitre in the class of neuroses — an opinion which your reporter has already announced in his clinical lectures. Let us remember, with our lamented colleague, that the symptoms which constitute the triad of exophthalmic goitre are always preceded and accompanied by intellectual, gastric and menstrual troubles, which are observed so often in nervous diseases, and which place the disease of Graves by the side of chlorosis, and more still by the side of hysteria.

Stokes has already pronounced the name of cardiac neurosis in treating of exophthalmic goitre, and as M. Aran has remarked, an ophthalmologist of Berlin, Graefe, has gone farther in localizing the neurosis in the ganglionic nervous system. In France, Dr. Charcot has been led to adopt this opinion; and we, in our clinical lectures at Hôtel-Dieu, have taught that the disease is a neurosis with local congestions, having its proximate cause in a modification of the vaso-motor apparatus.

M. Aran, in the paper which he submitted to the Academy, accepts the explanation which we have given of the various symptoms of the disease of Graves. Let us review the proof that M. Aran brings to the support of our opinion. The functional troubles of the stomach, the intestines and liver, the voracious appetite, complete want of appetite, whitish diarrhœa, bilious choleraic, constipation; the modifi-

cation of the renal secretion, all phenomena which diminish or augment with the palpitations, the arterial pulsations, the active congestions of the thyroid gland and ocular globes—all point to the same cause—unknown, it is true; but this common cause has probably its seat in the great sympathetic nervous system, and the experiments of Claude Bernard have induced the majority of observers to accept this hypothesis. This learned physiologist has demonstrated that the section or excitation of the great sympathetic nerve produces not only a congestion with elevation of the temperature of the parts of the body which are supplied by the portion of the nerve irritated, but these experiments have caused dilatation of the pupils and projection of the globes. Is it not then natural for those who remember these experiments to think that the congestive phenomena which in exophthalmic goitre are so manifest in the thyroid gland and ocular globes, should have the same cause as the cardiac palpitations and the intestinal and renal troubles—a special condition, an excitation, perhaps, of the great sympathetic! Then, also, the palpitations become a result of this neurosis, the same as the thyroid and ocular congestions, which are not doubtful in presence of the stethoscope and ophthalmoscope. As to the diarrhœa and the renal hypersecretion, as well as the profuse sweats, they find their explanation in the glandular apparatus.

The disorders of menstruation were the consequence of a failure of the sanguine afflux to the utero-ovarian apparatus; and if, on the contrary, the utero-ovarian life returns in the physiological order by pregnancy or menstruation, then the most part of the symptoms of exophthalmic goitre disappear, as if the return of the uterine congestion causes the morbid congestions to disappear from the other organs. M. Aran wished to find a mechanical cause for the ocular projection other than the congestion. Being desirous of giving a special etiology of exophthalmia, he rejected the congestion of the vessels of the globes as being a hypothesis, and he attributed the projection of the eyes to the contraction of a new muscle. He would assuredly have accorded a part to the congestion, if he had known the works of Neuman and Vithusen, in which are given some very fine ophthalmoscopic researches, which leave no doubt as to the existence and material consequences of hyperæmia of the choroid and retina, and every positive mind has secured a satisfactory explanation of the amblyopia which has been observed in exophthalmia goitre.

What was then the mechanical cause of M. Aran? He tells us that Henry Müller has described as existing in man a muscle with smooth fibres, analogous by its position and function to the orbitary mem-

brane, which authors have described in some mammifera, particularly in the hare, in which the muscles of projection and retraction have been the subject of special study. According to Henry Müller, the membrane and orbicular muscle receive their nervous influx almost exclusively from the great sympathetic. M. Aran was led to think that the ocular projection in exophthalmic goitre was the result of exaggerated contraction of the orbicular muscle. Your reporter has made inquiries of several anatomists concerning this muscle, and has been unable to gain any precise information, as they have never dissected this muscle, and no mention is made of it in the books. This is an anatomical fact, demanding new investigation. If I reject the theory which M. Aran seeks to establish of exorbitism on the facts furnished by Henry Müller and the great authority of Claude Bernard, you will permit me to accord a great part to the ocular congestion in the production of exophthalmia, analogous to the congestion of the thyroid gland, which gives us a satisfactory explanation of the permanent projection of the eyes, of the brilliant expression which is found occasionally in connection with the alterations of the retina and choroid, that the ophthalmoscope and pathological anatomy have not disclosed to us in the disease of Graves.

There remains nothing more for me than to make some reflections on the treatment. M. Aran has no doubt of the curability of the disease, and he insists with minuteness on the various means which must be employed. We possess no specifics for the neuroses. The physician must, then, in such circumstances (and M. Aran has well understood it) administer his therapeutic remedies for each of the symptoms. Those who have recognized only a variety of chlorosis and anæmia in the disease of Graves, have had recourse to the martial preparations, but experience has very soon demonstrated the inefficiency of such remedies; not only the ferruginous preparations and bitter tonics have had no satisfactory result, but several times these remedies have accelerated the cardiac palpitations, so that it was very soon necessary to stop them. Those who have been preoccupied with the development of the thyroid gland have very soon recognized the sad consequences from the administration of iodine, which seemed to exasperate each one of the symptoms, and so determine paroxysms. If, on the contrary, in estimating the extreme irritability of the heart, an effort has been made to calm the palpitations by the preparations of digitalis or colchicum, we have observed that the pulsations were less violent and less frequent; and very soon the *bruits de souffle* became less intense in the vessels of the neck and

thyroid gland, the thyroid tumor diminished in volume and exorbitism became less prominent; then, the medication having been continued a certain time, we observed a very marked improvement in the secondary symptoms. We were then encouraged from the treatment with digitalis. It is not, however, sufficient to act on the heart and large vessels, but we must seek to reëstablish the menstrual function; for observation has demonstrated that the spontaneous return of menstruation has been promptly followed by a notable amelioration in the condition of the patients, while the best improvement has never been but slight when the irregularity of the utero-ovarian function has been persistent.

The two principal indications which follow from these remarks, are then to quiet the heart by the best means we have (*digitalis*), and to reëstablish the menstrual function by divers remedies which can be varied indefinitely according to the age, temperament, habits and hygienic conditions of each of the patients. When these two principal indications shall have been fulfilled, it will scarcely be necessary to combat the secondary symptoms, for they diminish frequently after the amendment of the principal symptoms, as the troubles of the stomach and intestines, the cephalalgia, the changes of character, and, in one word, the fever itself. I can not terminate this report without submitting to your attention the benefit that M. Aran and those who followed him have observed from the application of ice over the heart and thyroid gland. Very soon the palpitations diminish, the pulsations of the thyroid tumor diminish rapidly; but it is necessary that this application of cold should be applied continuously, without which we will see all the new symptoms reappear with intensity, which an assiduous treatment would have combatted with success.

But of all the medications which have been used in the management of exophthalmic goitre, that which has appeared to me to give the most useful results, has been the hydrotherapy applied medically. The case which has been communicated to us by Dr. Hifflesheim presents all the signs of the exophthalmic cachexia. The symptomatic triad is described in it with care; the difference between the radial and carotid pulse has been well observed by the author of this paper, and several of the secondary symptoms, troubles of the digestive and menstrual functions, have not escaped the sagacity of the author. This fact has been observed at the same time by Dr. Oliffe, who was the physician of the family X. It did not offer, however, any remarkable peculiarity. In this same case it has been carefully established

by Dr. Hifflesheim, that there was no cardiac lesion; and to give more authority to this fact, he tells us that Prof. Bouillaud was called in consultation, and that he found an absence of organic lesion of the heart. This is then a fact which must be added to the observations on which I have tried to demonstrate that in the disease of Graves there is not ordinarily cardiac hypertrophy.

Taking into account especially the organic lesions in this disease, M. Hifflesheim believes that they can not be ranged in the neuroses, if we accept the definition which Cullen has given. Still more, he refuses any similarity of causality between the facts that Claude Bernard demonstrated by the section of the great sympathetic and the symptoms of the disease of Graves. In the opinion of the learned Professor of the College of France, remarks M. Hifflesheim, there is slight augmentation of the temperature of the parts where the great sympathetic are distributed after the section of this nerve, while in the disease of Graves there is no elevation of temperature in the diseased organs. I do not know that any one has noted the temperature of the ocular globes and the thyroid gland in this disease; but some have been led to think that there is some resemblance between the experiments of Claude Bernard and the disease of Graves, because that in both a very considerable increase of vascularity has been observed. Then, again, some have been led very naturally to suppose that the experimental irritation and the section of the sympathetic produce some of the phenomena of the disease of Graves; viz., the turgescence of the parts interested, the pathological phenomena could arise from the same cause, the irritation or any other movement of the vasa-motor nerve.

The analogy of the phenomena has led to the analogy of the cause.

Correspondence.

Letter from A. Growling, M.D.

CHROMATIC HILL, September, 1862.

MESSRS. EDITORS:—A very good book has recently been published in the East, treating comprehensively upon venereal diseases. The author does not claim to have originated any new knowledge which it was necessary to publish a book to promulgate, but has sought to embody such of the results of the investigations and labors of others as he had himself verified, or believed to be true.

During the last decade great advancement has taken place in syphilography, but the record of it has been widely scattered in monographs, lectures, periodicals and association records, and in divers languages. Thus situated, the increased knowledge was not accessible to the busy general practitioner of medicine. The book in question was an effort to bring all this information into a compact and available form in our vernacular, and the effort has been eminently successful, giving us a lucid, well arranged, and pleasantly written treatise, embracing all that was known in that department of medicine up to the time of its preparation.

The book brings together satisfactory testimony that there are two diseases, widely differing in their nature, course and results, which have for three hundred years been confounded under the common name of syphilis. One of these diseases is always local in its manifestations and never becomes a cause of general disorder or constitutional affection, whether treated properly, treated badly, or not treated at all. The other has a local manifestation of trifling appearance, but which is, in fact, the primary stage of a constitutional infection which no treatment can arrest, however much it may modify and ameliorate.

It appears pretty well established that the infecting chancre was first recognized by civilized nations about the close of the fifteenth century, and it is a fact of great significance that no practitioner of historical reputation then in active life ever confounded this disease with the non-infecting chancre which had been known from time immemorial. But the very next generation of doctors, under the teachings of influential men, lost the distinction between the two forms of syphilis, and every venereal sore has been treated as if it were the initial step in a constitutional disease, from that day until within a recent period.

Whenever an external sore, believed to have been caused by impure sexual intercourse, has been followed by general contamination of the body, it was supposed to have been the happy result of well directed treatment; and on the other hand, whenever such a sore has been succeeded by secondary and tertiary lesions in the general system, it was regarded as proof satisfactory of inefficient management.

Statisticians advise us that about every fourth chancre, only, is of the infecting kind. If this be true, it follows that twenty-five per cent. of all chancres will be followed by constitutional syphilis in spite of the best directed efforts to prevent it, while seventy-five per cent. will remain simply a local disease without treatment or with it.

These facts we have come to know within a few years, as surgeons

knew them three hundred years ago, while in all the long intervening period the two diseases have been confounded, and under the conviction that all venereal sores were to be followed by general infection, unless arrested by art, the most heroic means have been in vogue to prevent the constitutional contamination, or to favorably modify it if it could not be prevented. And such havoc of human health as has been made by these misguided, but honest efforts at cure, is fairly sickening to contemplate. Certainly there can be no more humiliating picture set over against our boasted wisdom and usefulness than that presented by the history of our knowledge of the nature of syphilis and the effects of our efforts to prevent or cure it.

But it is not the privilege of intelligent beings to sit down, supinely, in lamentations over the errors of the past, but to use them as lessons to teach, and light to guide in the performance of duty in the present and future.

Let us, then, scan our present field of therapeutical operations with scrutinizing glance, and if we discover any dim and misty spots in our knowledge of the nature of disease, when we are in the habit of making use of greatly perturbing means of cure with poor success, let us abandon them for the less disturbing, or soothing and expectant method, until greater knowledge of the nature of the disordered action shall warrant more positive remedial interference.

A. GROWLING, M.D.

Reviews and Notices.

Health: Its Friends and its Foes. By R. D. MUSSEY, M.D., LL.D., late Professor of Anatomy and Surgery, at Dartmouth College, N. H., and of Surgery in the Medical College of Ohio; Fellow of the American Academy of Arts and Sciences, etc., etc. Boston: Gould and Lincoln. Cincinnati: George S. Blanchard.

This book has been lying on our table for two months, from the press on our columns. Our venerable master and friend has fully illustrated in this book the great object of his life—to do good to his fellow men. Much as we may differ from the author in many of his opinions and theories, we can express our high admiration of the book as a whole. It embraces the author's observations and reflections for a period of thirty years. No one has had a larger field for observation, and no one is more accurate and truthful.

To give our readers some idea of the scope of the book, we may

indicate the chapters and headings. In Chapter I., we have a consideration of the corset, clothing, boots and shoes. Chap. II. Ventilation, light, sleep, exercise, bathing. Chap. III. Alcohol, Davis's experiments on consumptive patients. Chap. IV. Tobacco—influence upon life and health. Chap. V. Tea and coffee. Chap. VI. Caspar Hauser. Chap. VII. Organic sympathies. Chap. VIII. Man by nature a vegetable eater, vegetarianism. Chap. IX. Diseases of the teeth, and of wild animals. Chap. X. Man omniverous by practice, gluttony, sickness and corpulency, Dr. Beaumont and Alexis St. Martin, remedial agencies for the cure of disease. Chap. XI. Quantity of food, simplicity of diet, economy of vegetable food, over-eating. Chap. XII. Vegetable food sufficient for man, favorable to health, moral and intellectual effects of a vegetable diet, the prophet Daniel. Chap. XIII. Objections to vegetarianism, Cherokee athletæ, experience of Samuel Chinn, bean diet. Chap. XIV. Vegetable diet, illustrative cases. Chap. XVI. Injudicious diet and disease, illustrative cases. Chap. XVII. Vegetable diet in certain cases a remedy for disease, illustrative cases. Chap. XVIII. Ophthalmia, death from eating distillery-fed pork, New Zealanders, intemperance in eating and drinking. Chap. XIX. Severe forms of nervous disease, apoplexy, palsy, epilepsy. Chap. XX. Epilepsy, dyspepsia. Chap. XXI. Constipation, cold. Chap. XXII. Blood-vessels and blood-poisoning, parasites. Chap. XXIII. My own experience. Chap. XXIV. Milk and vegetable feeding for surgical operations. Chap. XXV. Length of life.

The book will prove of much interest to the many hundreds of students of the author. There are many points which are yet open questions in science which receive special value from the facts and observations of the author. The question of diet and the use of alcohol are certainly questions on which there is not a general agreement. From Dr. Mussey's careful observations, however, we gain much valuable information. The book is written in an easy style, and will interest the general reader.

For sale by George Blanchard, Fourth Street.

An Address on the Life and Character of the late Charles Edward Isaacs, M.D.
Delivered to the graduates of Long Island College Hospital, Brooklyn, N. Y.,
at the Annual Commencement, July 14, 1862. By JOSEPH C. HUTCHISON,
M.D., Professor of Operative Surgery and Surgical Anatomy.

The topic of the valedictory address before us is an appreciative memoir of an earnest worker in medicine. Dr. Isaacs died at the early age of forty-nine, but he had already earned by devotion and

industrious research a reputation of which any one might well be proud. "As an anatomist Dr. Isaacs was not excelled in this country. Indeed, I was informed by one of his most intimate and devoted friends, (says Dr. H.,) himself a distinguished professor of anatomy, that in this fundamental department of medicine he had no equal in the land. He was not only thoroughly versed in all that relates to special and surgical anatomy, but in the departments of microscopic, pathological and comparative anatomy, he was an authority." "Dr. Isaacs' monograph on the structure and functions of the kidney, published in the Transactions of the New York Academy of Medicine, Vol. I., Part 9, is a monument of patient industry and scientific zeal worthy of imitation."

With so fine and mature a knowledge of the human body, it was natural that Dr. Isaacs should also have been a successful surgeon; and at the time of his death he already occupied a prominent position in this department of the profession, and his reputation was rapidly increasing.

But it was not alone as a surgeon and anatomist that the subject of this memoir excelled. According to Dr. Hutchison, as a medical practitioner, he was remarkable for his judgment in the selection and application of remedial agents, and for boldness and decision when circumstances required it. He possessed a memory remarkably retentive of facts which he had observed or learned from others, and had thus acquired a fertility of expedients such as I have rarely known in any one. With a due regard for the *vis medicatrix naturæ*, his therapeutic resources seemed almost illimitable. Finally, as a teacher, Dr. Isaacs was highly successful, not so much from any graces of oratory, as from his manifest familiarity with his theme and the happy manner he possessed of demonstrating the structures presented. We might present many happy traits in the private and social character of this worthy brother, but we are admonished that we have already devoted quite as much space as is admissible.

Dislocation of the Femur into the Ischiatic Notch: Reduction by Manipulation; Death from Rupture of the Bladder; Dissection of the Hip. By JOSEPH C. HUTCHISON, M.D., Professor of Operative Surgery and Surgical Anatomy, Long Island College Hospital, etc., etc.

This is a brief and interesting account of a case reported by the same author as just quoted. Its chief interest, as Dr. Hutchison remarks, depended upon the fact that an opportunity was presented for making a dissection of the parts injured by a dislocation of the femur backwards, after it had been reduced by manipulation.

Variola; its Nature and Treatment. (Read before the Philadelphia County Medical Society, November, 1857). With an addendum. By ANDREW NEBINGER, M.D. Philadelphia, 1862.

We have been much interested in the perusal of a small pamphlet with the foregoing title. It consists of an essay read before the Philadelphia County Medical Society as long ago as November, 1857, to which is appended a report of a discussion on the same subject in this Society four years later—that is to say, in November, 1861.

The most important point made by Dr. Nebinger is to urge what he styles his “compensative nutritive treatment” of variola, instead of the old established plan of gruel diet and antiphlogistic treatment. He does not believe that small pox is properly an inflammatory disease at all; but, on the other hand, that it is a disease which from its incipency tends to exhaust the system, to impoverish the blood, to break down the tissues and plastic material, and to the development of pus. In confluent small pox, we have a disease developed in which the patient’s body is wrapped up as it were in a thick sheet of pus, with nearly a complete destruction of the external covering of the body and part of the cellular tissue beneath the skin. In the treatment of a disease so uniformly destructive in its character, Dr. Nebinger claims that any treatment which increases the tendency to a reduced condition of the system must *prima facie* be wrong, and that from the very outset the treatment should be sustaining. “In carrying out this treatment,” says the Dr., “I have not found any diet so useful, so grateful to the patient, or any which gave as little inconvenience to swallow, when the mouth, fauces and throat were studded with pustules, as a combination of eggs, milk, sugar and ice in quantities suited to the taste and desires of the patient. When the necessity for stimuli has existed, as it does in all cases of the confluent variety of small pox, I have added brandy, or what I think better, Monongahela whisky, because for purity it can be more safely relied on, and can be more readily obtained. The quantity of this diet which I direct the patient to use in confluent small pox is half a pint, or a tumblerful, with a large tablespoonful, or half an ounce of whisky added to it, every two hours, or every hour and a half *during the day and night.*”

The results of this plan of managing small pox have been most gratifying in the hands of the author. In the discussion which took place in the Philadelphia County Medical Society, he stated that in the course of the late epidemic in that city he had treated more than thirty cases, with only one fatal result. And again, in a foot-note to

the pamphlet before us, he states more particularly that from March, 1861, to June, 1862, a period of sixteen months, he had treated seventy-nine cases of variola, of these four proved fatal, or nearly one in twenty.

The views of Dr. Nebinger are enforced with a variety of pathological argument, materially enforcing the positions of the paper, and we are satisfied that time will demonstrate the general correctness of the views and plan of treatment advanced.

Medical Testimony in regard to the Proper Mechanical Treatment of Joint Diseases:
By HENRY G. DAVIS, M.D. New York City.

The object of the pamphlet before us is to present the claims of the author in the successful treatment of joint affections, especially *morbus coxarius*, and inasmuch as the chief reliance of Dr. Davis consists in mechanical appliances, he takes this mode of presenting to the profession his claims to originality in the introduction of certain of these appliances, especially in the splint variously known as the "Davis Splint," and the "Sayre Splint." To this end Dr. Davis has quoted copiously from discussions in the New York Academy of Medicine, and from publications at various times in the journals. If our recollection serves us, however, we are under the impression that Dr. Sayre has to a good degree made the honorable *amende* in a public or written acknowledgment of the claims of Dr. Davis, in which he accords all honor and priority to Dr. Davis, but claiming for himself an important modification and consequent improvement of the Davis splint. We have in the pamphlet before us wood-cut illustrations of the Davis Splint, with a full description of its details and the principles upon which it is constructed. There are also appended several cases illustrating the manner of treatment, with the results obtained.

Other Pamphlets Received.—Several additional publications have come to hand, but we have no room to do more than acknowledge their reception.

Fifth Annual Announcement of the Medical Department of the Pacific. Session of 1862-63. Also a valedictory address delivered at the Public Commencement, March, 1862. By Henry Gibbons, M.D., Professor of Materia Medica.

Report of the Surgeons of the New York Ophthalmic Hospital for the years 1860-61, at No. 387 Fourth Avenue, corner of Twenty-eighth street, with the Anniversary Address. By J. L. Kiernan, A.M., M.D., with a catalogue of the students of the New York Ophthalmic School.

Editor's Table.

Delay in this Issue.—Just as our last month's issue was ready for mailing, the actual realities of this terrible war were brought home to us in this city. The country is already familiar with the state of things during the greater part of September, 1862, in Cincinnati: martial law supreme; business suspended; our streets constantly thronged with soldiery; printers, editors and all classes engaged in military pursuits. Under such circumstances, ordinary thoughts and pursuits were scarcely to be considered admissible, and to enter upon the quiet pursuit of getting out an issue of a scientific publication was almost an absurdity. Under all these circumstances we feel very confident in appealing to the patience and good nature of our patrons, who we feel sure will not only accept our apology for this delay, but will agree with us that we rather deserve commendation for the degree of promptness with which the October number of this journal reaches our subscribers.

We have also Still Another Word to subscribers, especially such as are delinquent, or have been tardy in making payments. At the beginning of this year, we determined to try the experiment of placing the terms for *advance payment* at \$2.00 per annum. From a careful experience in journal publishing we were satisfied that such a uniform rate was for the mutual interest of all concerned. But there was but one way this arrangement could be carried out without loss to the publishers. We can not reduce the price and still go on the old credit system. It must be a *bona fide* advance payment. This was expressly stipulated at the beginning of the year; and our terms on the cover repeat the distinct terms, "\$2.00 in advance, otherwise \$3.00," every monthly issue. A very large number of our subscribers generously acceded to the terms and promptly made their advance payments. We should very much have preferred that *all* had done so, as we are still satisfied that it is better for us to receive \$2.00 from all our subscribers strictly in advance early in the year, than to continue the old drizzling rates and receive \$3.00 when payment is finally made. Now, some of our patrons, after delaying until three-fourths of the year has expired, have found fault that we have sent out bills for \$3.00, according to due notice, and profess to think we are not observing our terms. For the benefit of all such we have

made this *résumé*. Even our city subscribers, *who are served by a carrier*, have not been made an exception to our \$2.00 rate, when payment was made in advance, or without subjecting us to the trouble and expense of a collector, but it is scarcely reasonable or friendly to ask us to delay till the end of the year, and pay the carrier and collector's per cent. out of a \$2.00 payment. This constitutes what we deem a friendly response in a general way to what we deem ungenerous remarks from a very few tardy subscribers.

The Physician's Visiting List for 1863.—For a number of years this little companion has been with us one of the indispensables. We are assured this is the experience of a very large number of our medical friends; and already we are pleased to find this little book on our table for the new year. Most of our readers are familiar with the plan and utility of the *Visiting List*; it is, therefore, unnecessary to do more than say this much by way of reminder. It is for sale by Robt. Clarke & Co. Price from 50 cents to \$1.25, according to size and style.

Dr. C. A. Hartmann.—This very worthy and industrious co-laborer, who has prepared the valuable Editorial Abstracts for the *Lancet and Observer* for a long time, has entered the army. He is made Surgeon of the 107th Regiment, and, of course, we shall lose his services in this important department for the present, though we hope to hear frequently from him in other ways, as he has given us to understand that he will communicate for our pages whatever of interest occurs under his observation. He will resume the same department in this journal upon his return to practice: in the mean time we shall take care that this portion of our matter does not suffer. We wish Dr. Hartmann health, honor and satisfaction in the new field of duty he has thus chosen.

Dr. Davis's Institute.—In our advertising department will be found the card of Dr. H. G. Davis, of New York, to which we call the attention of our readers. In another part of this number we have briefly, but more particularly, noticed the claims of this gentleman in the treatment of joint diseases. We are informed concerning this establishment that it is very eligibly and indeed attractively situated in respect to its location and surroundings, being in appearance and arrangement rather a pleasant private residence than a hospital. Dr. Davis is well known to the profession of the country, and presents satisfactory references.

Medical Appointments in the Army.—Our very prudent cotemporary of the *Boston Medical and Surgical Journal* suggests that “with regard to assistant-surgeons in the present emergency, we see no reason why medical students in the last year of their course may not receive the appointment. The position is subordinate, and does not call for any professional knowledge which is not at the command of many we could name, whose youth and physical vigor admirably qualify them for the arduous labor which its duties impose.” There is a degree of propriety in the suggestion, and yet there are so many objections as to practically nullify the plan. There are, doubtless, many undergraduates, who would perform the duties of the position better than many who have received the appointment. It will be remembered, however, that in service the entire medical responsibility of the regiment very frequently is thrown upon the assistant. In Ohio the rule has thus far been to require graduation in a respectable, regular medical college before admission to examination. We believe the rule a most excellent one. It doubtless excludes some who would do good service, but it serves also as a barrier against which thus far irregularity and quackery have breasted in vain.

Quinine in Intermittent Fever.—A correspondent wishes us to print a reliable formula for the treatment of intermittent fever without the use of quinine. As all medical men of any reading know, a great many experiments have been made to procure a substitute for this remedy. A great many articles have been presented to the profession with varying degrees of efficiency; but no one of them proving thus far of so reliable a character as to command professional confidence. Without, therefore, giving any direct answer to our correspondent, we remind him and all who may be concerned, of two remedies which have had and still have a very proper degree of estimation. First, *nitric acid*. The attention of the profession was especially directed to this remedy as an anti-periodic by Prof. Mendenhall of this city, in an article in the *Western Lancel* in the year 1854. Dr. Mendenhall quotes Dr. Bailey, of Emmettsville, Indiana, who had used the nitric acid in a large number of cases of intermittent disease with marked success. As given by Dr. Bailey, the dose was from five to eight drops of the common commercial nitric acid, properly diluted in water, and repeated every four or five hours, without reference to the paroxysms of fever. There is good reason to believe that this remedy has not received proper attention for its claims as an anti-periodic. *Arsenic* is another agent of prominence as an anti-

periodic. Many rely upon it with a great deal of confidence. For ourselves, we have had an impression that arsenic was best adapted to old chronic and relapsing cases of intermittent disease. The regular readers of the *Lancet and Observer* will remember an interesting article, contributed in September, 1859, by Dr. Sheets, of Liberty, Indiana, giving his experience with arsenic in the treatment of relapsing ague. He says: "My mode of treatment is to *arrest* the disease with quinine, and then to administer the arsenic in about twelve-drop doses, three times a day, until it begins to produce its specific effects upon the system, which are usually first manifested by swelling of the eyelids."

A Pleasant Surprise.—Dr. C. A. Logan, of Kansas, will please accept our acknowledgements for a handsome collection of specimens from that young and growing state, which we recently found placed on our table. Amongst them are specimens of the "auriferous quartz" from Pike's Peak, (as several of our subscribers have from time to time been reported as "gone to Pike's Peak," we may regard this as the first return); "silver ore" from the Tarryall Silver Mines of Pike's Peak; some fine specimens of bisulphuret of iron; erratic red granite boulder; specimens of chalcedony, etc., etc. Dr. Logan has our best wishes, and will please accept our thanks for the contribution to our cabinet.

Medical Director.—Dr. D. H. Holden, Surgeon United States Army, and Medical Director of the Department of the Ohio, has been very active during the last month in making provision for sick and wounded. Anticipating a large demand for hospital accommodations, he, with the aid of his efficient assistant, Dr. John T. Carpenter, Brigade-Surgeon, opened two additional hospitals in Covington. These, with the four in this city, and those at Camp Dennison, have accommodations for three thousand patients. Dr. Holden is especially careful in seeing that the hospitals are well supplied with every comfort.

The American Journal of Ophthalmology.—We have received the second issue of this capital bi-monthly, which fills an important vacancy in the medical literature of this country. Dr. Homberger enters upon the new vocation with spirit and earnestness, and is well supported by the well known publishing house of Ballière Brothers, of New York. We commend this publication to all our readers who are interested in the study and practice of ophthalmology.

Medical Inspectors of United States Army.—Within the last two months the military hospitals in this vicinity have been examined by Inspectors Purley, Mussey, and Assistant-Surgeon General Wood, who has his office in St. Louis, and has the whole Western department under his charge. Entire satisfaction has been expressed by all of these gentlemen with the condition of the various hospitals.

Medical Students will find the regular announcements of several medical schools in the present number of the *Lancet and Observer*, to which their attention is particularly directed.

Indiana Appointments.—Twenty-Seventh Regiment—Surgeon, W. H. Twyford ; Assistant-Surgeon, Jno. H. Alexander.

Twenty-Eighth Regiment—Assistant-Surgeon, Jas. W. Cravens.

Twenty-Ninth Regiment—Surgeon, Lorenzo S. Keens ; Assistant-Surgeons, Jno. W. Stone and Levi A. Cass.

Thirty-Third Regiment—Assistant-Surgeon, Dr. Hurst.

Sixtieth Regiment—Assistant-Surgeon, J. B. Hunter.

Seventy-Third Regiment—Assistant-Surgeons, Wm. H. Benton and Samuel Terry.

To our Subscribers.—The mailing of this journal is generally supervised personally by the publisher ; but, owing to his absence from the city, the mailing of the September number was entrusted to parties not familiar with its details, and we learn that while the proper complement of numbers was sent to all the subscribers of the journal, by an oversight, the individual names were not placed on the copies sent to offices where there are two or more subscribers. As our surplus is so near exhausted of that issue, that it would be impossible to supply more than a very limited number of missing copies, we suggest to any of our subscribers who may have thus failed to receive their copy, to make special application to their postmaster for any copy which may have come without address.

— From an exchange we learn that the city of San Francisco has subscribed the sum of \$100,000 for the use of the Sanitary Commission.

— Our readers are well aware of the military condition of our city during the greater part of the last month. Our city, we believe, is the only loyal one which has been put under martial law since the commencement of the rebellion. Few persons can have any idea of

martial law, unless they have felt its power. The occasion was urgent—the commander was prompt, and the people submitted with a loyal good will. Soldiers were in the front, in the rear, and, indeed, were everywhere. The health of the city was never better. Indeed, the health of this city for several months has been unparalleled. The psychologist will find abundant material for reflection in studying the effects of the various phases and movements of the war on the people at large. A large number of regular troops were in and around the city, among whom general good health prevailed. A singular fact, but no less true, is that of the several thousand militia of this city, who served for two weeks as soldiers, or worked in the trenches, without tents, but few fell sick. The new troops from the West and North-West, who were sick, suffered chiefly with intermittent and remittent fever, of a mild type, a few days treatment in hospital sufficing to render them fit for duty. General good health prevails among the troops south of this city at present. We hope we may never see the time arrive again when our city will be threatened.

Special Selections.

The Effects of the War upon the Medical Profession.

The commencement of the preliminary term in our various medical colleges naturally enough leads us not only to take a prospective, but also a retrospective view of the effects of the war upon the medical profession. The demand which has been made on the profession during the present contest has been so great that we have now in the field almost an army of surgeons by themselves. Now it is but fair to admit that the absence of this large number of professional men from their respective spheres of duty must certainly be felt by the public at large. There is not a single community, however small, which perhaps has not suffered from it, and which does not call for the filling of a vacancy left by some practitioner. And notwithstanding so many have gone to the field, the want of surgeons is still felt for the charge of the vast number of recruits which are now being mustered under the last call of the President. This continual need for surgical services must, in a measure, be supplied; and, if the law of political economy be true with reference to the relation between demand and supply, we may expect to look for a large number of recruits to our ranks. The number of students should be increased and our colleges should be crowded. Already, evidences are not wanting to show that the inducements which government holds out to young medical men to enter the army

are duly appreciated. In fact, we know of very many who, upon the supposition that the war is to last for a long time, are willing to commence the study of medicine almost with the sole view of entering the army.

Every young practitioner, who is dependent upon his own exertions, has very often a very hard struggle for a livelihood, and it is doubtless the knowledge of this fact which keeps many from starting out in the pursuit of a profession which they dearly love. At this time, however, this objection is removed; a young man, if he be found competent, can obtain a position at once in the army, and receive a very substantial salary. This must have its effect upon many of our students of medicine who have barely the means to procure for themselves an education, and will doubtless be the turning-point in the career of many a future distinguished practitioner. A noticeable effect which the war has had upon the profession as a body is the great impetus which it has given to study. The institution of strict examinations as proofs of competency has exacted it of every one who desired to enter the service. This has been especially the case with those who had not been in the habit of study, or who were, in a word, Routinists. With all general practitioners, however, the text-books have been freely called in requisition, operations have been rehearsed, dissections made, and the knowledge of military surgery has become an acknowledged necessity. Altogether the work has been an earnest one. Can any one fail to see in this a certain elevation of the tone of the profession? We may well be proud of the amount of actual knowledge possessed by us as a body, compared with what it would have been had no necessity called forth our sleeping energies. The chances for the practice of surgery have been unequalled, and it has been the pride of every surgeon to make the best of such advantages.

Another effect of the war has been to reduce to its proper level the practice of Homœopathy. Rampant for distinction and loud in the demands for justice, the followers of this system of quackery earnestly sought recognition by the government and a place in the army, and at one time it did almost seem, through the strenuous exertions of certain unprincipled politicians, that their request would be granted. But in the discussion of the matter a fair comparison was made between the results of the two systems of practice by actual statistics, and we have seen the result. The authorities have performed the solemn duty which they owed to our soldiers, and the regular system of practice triumphantly takes its stand as the only one legitimately under the patronage of the government. The significance of this fact has not been lost upon the community at large, and has doubtless tended more to crush out the claims which the charlatans have urged for favor than anything else which could have been done. A rather surprising effect of this decision of the government has been apparent in the decrease in numbers of this class of practitioners. It being a regulation that none but regular practitioners are eligible for examination, very many of the Homœopathists have been tempted to turn heretics to their faith in the hope of obtaining positions.

As the war lasts, and as larger numbers of our profession become

actively engaged upon the field, we may hope to raise the standard of professional attainments still higher, and when it shall have ended we can count at least one thoroughly competent surgeon to each little town of the Union. Very many of our older practitioners needed brushing up, our distinguished surgeons increased opportunities, and our younger men occupation and remuneration. The war has supplied all these wants.—*Amer. Med. Times.*

The Care of the Wounded on the Battle-Field.

AT a meeting of the Boston Society for Medical Improvement, held September 22, 1862, Dr. Bowditch remarked as follows :

“ I desire to bring before the Society a subject of great importance to the future welfare of our wounded soldiers ; although, at first sight, it may not seem exactly appropriate for a meeting of this Society.

“ During my recent visit to Washington, with other physicians, summoned there by the Secretary of War, I was brought immediately in contact with the abominable system, or rather no system, of ambulances now in use in our army. The atrocities I saw committed are, I think, a sufficient reason for bringing the subject before you, in order that, either by the individual effort of the members or by the united action of the Society, public opinion may be made so strong as to force the Government to devise some plan more in accordance with common humanity, and more truly military in its discipline.

“ On the evening of Friday, September 5th, at the request of the Surgeon-General, I joined an ambulance train that was just starting to go to the relief of our starving and wounded men near Centreville. There was a train of fifty carriages. I subsequently learned that three of the drivers, afraid of entering the enemy's lines, escaped with their ambulance wagons, before we reached Long Bridge. This was easily accomplished, as there was no escort, and, as it subsequently appeared, no power to prevent such an event. It is true that an army surgeon accompanied and gave general direction to the train, but he was on the first wagon, and could not know what was doing towards the end of the long train. I soon perceived that the drivers were men of the lowest character, evidently taken from the vilest purlieus of Washington, merely as common drivers, and for no other qualification. Their oaths were flaunted forth without the least regard to the presence of superiors, and with a profusion that was really remarkable even in the vicinity of Washington. The driver of my ambulance became sleepy as the night wore on, and as his zigzag course, over a Virginia road, was rather perilous, and as he informed me that he had been overturned a few weeks previously, I thought it more prudent to drive myself, rather than to allow him to do so. While the moon was up, this was comparatively easy. He accordingly slept *inside of the carriage* until 3 or 4 A. M. He then reluctantly again took the reins, because I was unwilling, owing to the darkness, to drive further. His whole deportment during the night showed a disregard for everything save his own comfort.

“Early in the forenoon, however, appeared on the part of the drivers of nearly one-half the train a total want of discipline, and a forgetfulness of the object and character of our mission that seemed to me atrocious. Suddenly I perceived one-half of the train was stopping, and all the drivers, leaving their carriages, rushed into an adjacent field, and there spent some minutes in stoning and shaking the trees in an apple and peach orchard; and all this in the presence of part of the family of a Virginia planter! These individuals made no resistance. They apparently thought it would be of no use, for over all this road had the two armies swept again and again. In vain I pleaded that we were breaking the sacredness of the flag of truce—that we richly deserved death for thus plundering private property. In vain I urged the inhumanity of leaving our suffering, starving soldiers, in order to fill their own greedy stomachs. I appealed to one of the three leaders who rode on horseback, and pretended to be the leader of the train. He only smiled a smile of ineffable contempt, and munched his stolen apple with perfect *nonchalance*. Meanwhile the flag of truce was lost afar off in the distance, and our party was obliged to drive for some time with great rapidity in order to overtake it. Just as my carriage started, a heavy stone struck it not very far from my head. It had evidently been hurled and *justly hurled* at us for our infamous conduct. I remarked that hereafter I should know why our ambulances were fired upon by the enemy. The only answer I obtained was an oath.

“About mid-day we arrived, and found our men in a most piteous condition, lying every where, inside and outside of every building connected with a small farm-house. The negro quarters was a palace, the manure heap was a soft bed. The fairest place was under a wide-spreading tree. I found the drivers did not feel it to be their duty to help the sufferers, but sulked or swore or laughed, as it pleased each. On the following morning, it is true, I did persuade my own driver to bring to me water, as I was dressing the wounds of the soldiers, but it was difficult even to get that, and he aided me because I asked him to do so, and not because he had any heart in the work.

“On Saturday P. M., we started for Washington—all the sick having been arranged in different ambulances under charge of various surgeons. That night I shall never forget. I had taken one of those most severely wounded under my own special charge. The ball had passed into his chest and caused intense difficulty of breathing. He was a German, and one of the most uncomplaining of sufferers—and his broken words of gratitude for the slightest token of kindness were most touching. None but a brute could have failed to be kind to him. He could lie only on one side, and consequently his head was placed directly behind my driver. During the first part of the way I did not think that the driver paid the least attention to the road with reference to the comfort of the patient. In early night his tongue ran glibly on, in loud indifferent talk or the vilest profanity—thus preventing all sleep. As the night progressed, I was distressed to find that the whiskey with which he probably had supplied himself was having its usual soporific effect, and he fell back upon the panting form of my

patient. I lifted him up, and told him I could not allow such treatment of the sick man. The only response I got was a muttered oath of "men complaining," etc. But it was all in vain; again and again did he fall back, until at last I took the reins and drove most of the night with one hand, while with the other I supported this snoring drunkard!

"Of course, I repeated all these facts in a letter to the Surgeon-General. He assured me that I could not tell him anything new—that he had months since foretold to the Secretary of War the horrors that would occur with such a set of wretches as usually were found in a body of ambulance drivers; that he had vainly endeavored to obtain *some system*, but there was none now. The whole of the ambulances are under the Quartermaster's department. He (the Surgeon-General) had not the control of a single carriage. All his efforts had been in vain.

"I want now," continued Dr. Bowditch, "through this Society, to create a public sentiment that will compel the Government to attend to this matter, and to have a real ambulance corps. Dr. Hammond (the Surgeon-General) is not wedded to any plan, but he has suggested the appointment of six ambulances to each regiment, and three men to each ambulance—viz., one driver and two assistants. The latter would take the wounded in a careful, methodical manner, from the field. This would prevent, in some measure, the soldiers from leaving their ranks, and would likewise be more humane for the wounded. All the corps would be under strict military discipline. But I repeat, all that is desired is that *some plan* be adopted. Now all is chaos. I make no motion on this matter, but leave these facts before the Society, hoping that they will, in some way, tend to relieve our suffering soldiers."

Dr. J. Mason Warren moved that Dr. Bowditch be requested to reduce his remarks to writing, and that the facts be laid before the public in the journals of the day.

Dr. H. W. Williams moved that Dr. Bowditch be a Committee to report some plan of address to the Secretary of War, to be sent by the Physicians of Massachusetts, in furtherance of some plan for the establishment of a United States Ambulance Corps.

FRANCIS MINOT, Sec'y. S. L. ABBOT, Chairman of Meeting.

A Physician's Story.

A touch of romance may be permitted to enliven the sober pages of medical record. The brilliant hues of poesy gather round the story of a princess's gratitude to her physician which has been awaking the *gobemouches* of Paris and London to sympathetic enthusiasm. A young lady of rank,—a Russian princess,—who had suddenly become blind from the effect of exposure to the sunlight upon the snow, had been sent to Dusseldorf to consult the Hofrath, whose reputation as an oculist was so widely spread. She was promised recovery in a milder climate, and was sent to Palermo, where she improved for some time,

but undergoing a relapse, a young physician was dispatched by the great oculist to take charge of the case for him, and report progress. His attention was unremitting, and the result so far successful that finally the lady was ordered to return to Dusseldorf under his care, the eyes being bandaged permanently until her arrival there. At the consultation her eyes were unbandaged, and delighted with the improvement in her sight, this demonstrative princess "glanced wildly round the assembly, and in one moment, despite her still weakened sight, seemed to scan every countenance turned with such interest towards her own, and then, without a moment's hesitation,—as if impelled by a magnetic power stronger than herself,—she walked across the room towards where the young doctor—her friend and companion—stood, silent and trembling, concealed by the rest, and, taking his hand, pressed it to her lips, and forgetting all beside gratitude, she gazed upon him, and burst into a passion of tears."

We think we have read something a good deal like this before; but, perhaps, it is the style only which is fictitious, while the facts may be real. There is an amount of circumstantial detail by which the story is authenticated, as the marriage just celebrated between the parties and the production of the old play of *Valérie* at the Théâtre Français à propos of the event; and, at least, the story is *ben trovato*. It is pleasant to hear occasionally of grateful princesses, and the recital is of course likely to stimulate young physicians to the most devoted attention—not attentions—to all their patients. Outbursts of gratitude are really much needed now-a-days in the relations of the public to their medical attendants. We fear they are almost as rare as they are desirable.

Affections of the Throat in Scotland.—Sore-throat, ulcerated sore-throat, and diphtheria, have occurred in various localities in Scotland, and in Mid and South Yell. The sore-throat appears to have been accompanied with an affection of the hands, which raises the suspicion that sore-throat and diphtheria in the human subject is but a variety of the epidemic disease in cattle known by the name of murrain or epizootic aphtha, characterized by the aphthous and ulcerated mouth and sore hoofs.—*Lancet*.

THE "slip between the cup and the lip" was never more painfully exemplified than in the case of ovariectomy detailed three weeks ago to his *confreres* of the Academy of Medicine of Paris, by M. Nélaton. On Tuesday last this surgeon again mounted the tribune to announce the death of his patient, which occurred on the twenty-first day after the operation, from tetanus. The *Gazette Hebdomadaire*, in commenting upon this singular unhappy termination of what promised to be a brilliant success, winds up with the verdict of "*died cured*," and very properly protests against such a complication as tetanus figuring in the list of *contras*, when the expediency of the operation is called in question.—*Lancet*.

Editorial Abstracts and Selections.

PREPARED BY C. A. HARTMANN, M.D.

PRACTICAL MEDICINE.

1. *Treatment of Diphtheria.*—In an account of this disease in Wayne County, Penn., Dr. G. B. Curtis gives the following prescriptions, which, he says, proved successful in nearly all cases, if seen in good season. Take: sulphate of quinia, one and a half drachms; tincture of chloride of iron, half a fluid ounce; syrup of tolu, seven fluid ounces; mix. Adult doses, one teaspoonful every three hours, night and day. Also to be used at the same time: take chlorate of potassa, liquorice root, of each half an ounce; rain water, one pint; mix. Dose, one tablespoonful every three hours, equidistant from the above tonic; using it also as a gargle every hour in bad cases. For a local application, dissolve one ounce of alum, half an ounce of the nitrate of potassa, and one drachm of the sulphate of copper, in one pint of rain water. Mix and apply every six hours. Cathartics are injurious unless costiveness exists; also emetics, unless suffocation or croupal symptoms appear, and are then of doubtful propriety. For the tumefied glands of the neck mix one drachm of the extract of belladonna with half a drachm of the iodide of potassa in one fluid drachm of pure water. Used one quarter this strength for very young children, and applied to but one side at a time, alternately, every six hours. Pressure upon the same glands is useful. Good care, good diet, good air and quiet should all be enjoined. The same remedies, given during the day to other members of a family where the disease exists, act as prophylactics to a greater or less extent, and should not be neglected.—*Med. and Surg. Reporter.*

2. *Remarks upon Diphtheria.*—Dr. E. M. Hunt, of New Jersey, describes mild diphtheria, or diphtheritic sore throat, as a throat affection without a decided diphtheritic deposit about the fauces, but with a general diffused redness spreading over the whole region, showing an epidemic character, accompanied with unusual debility, and requiring a tonic course. This affection was as different from any usual anginose difficulty, as is mild influenza from common catarrh, and as are many other diseases from those with which they have points of resemblance. Under the use of chlorate of potash, a free diet, a daily dose of quinine, and perhaps chalybeates, the symptoms are not difficult to overcome. For severe cases, Dr. Hunt gives the following general line of treatment for an adult female. One drachm of chlorate of potash in three ounces of pure water, the latter to be boiled, if hard, so as to secure the entire solubility of the chlorate. Dose, a teaspoonful every two hours, and to every other dose add fifteen drops of the muriated tincture of iron, (the author

signifies this by *urias tinctura ferri*—a combination of words without any sense; it should read: *tinctura muriatis* or *chloridi ferri*.) This is to be continued for several days, at intervals of two, three or four hours, according to symptoms. From three to four grains of the sulphate of quinia morning and night, varied in quantity or frequency according to signs of debility. Good digestive food three times a day. Wine or brandy in tablespoon doses once between meals, or at midnight or toward morning, if much debility. A drink of pure milk, if preferred. At night, if restless, or especially if the night before was a sleepless one, twenty drops of laudanum. If the exudation is seen early enough, circumscribe it with a strong solution of lunar caustic, applied by means of a large hair pencil. The best gargle is made of chloride of sodium, one drachm; diluted acetic acid, one drachm; treacle, two drachms; powdered cayenne pepper, one scruple; pure water, q. s. To be used frequently, but without straining the throat by prolonged use. Where there is marked fœtor which the internal medicines and this gargle do not obviate, as rarely occurs, Labarraque's solution, chlorate of potash, or brewer's yeast, may be freely used. Saturated solutions of tannin or alum are of little value as gargles, except during the early formative stage of the membrane. Externally, counter-irritation is desirable; a slice of well salted fat pork produces about as pleasantly and rapidly as is desirable a papular eruption all sufficient. Over enlarged glands Lugol's solution may be used, but in bad cases it scarcely acts rapidly enough to produce its specific effect. The free use of mineral acids seems in some cases to impair the tone and power of the digestive organs and to prolong a subsequent anæmic condition. Cases with no very extensive deposit in the fauces, but in which the whole system seems prostrated, and the powers of digestion and assimilation greatly impaired, proving not unfrequently fatal after three or four weeks, require strict attention to all dietetic rules and to the laws of digestion, as well as to the administration of medicines. Milk, eggs, and the most easily assimilated food must be provided, care being taken to give the stomach proper intervals of rest; stimulants will need oftener to be used instead of food nutrients; vegetable bitters, such as wormwood, Huxham's tincture, etc., may avail where quinine seems to disagree. Milder chalybeates, Blancard's pills for instance, may be required, and withal, the best sanitary and hygienic measures combined. Bathing the surface with warm brandy and milk, cod-liver oil, or some other nutrient material, may enable the skin to help in the work of regeneration. For a malignant case there is no treatment, except to call to our aid all the dynamics which art can furnish. As to prophylactic means, chloride of lime, or tar simmered over a fire, and care should be used about the residence, and chlorate of potash, good food, abundance of salt, and placidity of mind, must be insisted on.—*Amer. Med. Times*.

3. *Treatment of Diphtheria*.—Having recently passed through an epidemic of this disease in his section, Dr. J. H. Guild, of Rupert, Vermont, publishes the result of his observations, with particular re-

ference to treatment. Calomel is, in his opinion, unnecessary, if not positively detrimental, but quinine is invaluable. To have its full effect in the febrile stage, it should be given in doses of five or ten grains twice a day. A rapid diminution of the fever invariably follows, with no exacerbation the ensuing day. In passive cases without febrile reaction, a better effect has been found from giving it oftener and in smaller doses, but never less than from ten to twenty grains daily. The albuminuria can be effectually controlled by tannic acid, which, at the same time, produces a fine local effect upon the diphtheritic deposit. The local use of all caustics is of doubtful utility. Insufflations of alum with tannic acid may be substituted. Externally, flannel cloths, wrung out in hot water, as hot as can be borne by the patient, and changed every few minutes, subdue the cervical adenitis quicker and more effectually than any other applications. Alcoholic stimulants are imperatively demanded from the very outset of the disease. They should be given in small quantities frequently repeated. In those cases without marked febrile disturbance the quantity should be increased. The chlorate of potassa ought to be administered to the amount of one or two drachms daily. Its combination with hydrochloric acid is usually well borne, and proves of great benefit, when the tincture of the chloride of iron is inadmissible from the irritation it produces. Above all things, the most nourishing diet from the very commencement is absolutely required.—*Ibid.*

4. *Spermatorrhœa*.—Dr. Lafont-Gouzi publishes in the *Journal de Médecine et Chirurgie* the results of a careful clinical inquiry into the effects of some medicinal agents, represented as special sedatives of sexual erethism, with a view of discovering some means of allaying genital excitement and consequent spermatorrhœa. He thinks cauterization has been too highly extolled, though doubtless applicable and efficacious in rebellious cases; but in most instances the spermatorrhœa, being the result of a too morbid energy of the organs of generation, should be treated by measures less capable of inflicting injury. He found digitaline and luguline alike inefficacious, but was more successful with the bromide of potassium, two-thirds of his cases being either cured or greatly relieved by from fifteen to thirty grains being administered in two doses every afternoon for a fortnight.—*Dublin Med. Press; Amer. Med. Times.*

5. *Vaccination*.—In a paper read before the New York County Medical Society, Dr. I. P. Loines, House Physician of the Eastern Dispensary, says it is preferable to use fresh lymph, taken from a perfect vesicle on a healthy child between the fifth and ninth day after vaccination (the report has the fifth or ninth day before the formation of the areola, which is more than we are able to understand). This was Dr. Jenner's golden rule. Erysipelas generally occurs as a complication in spring, and is most likely to arise from late lymph, but always gets well under the local application of warm water. In obtaining lymph from a vesicle, care should be taken not to prick through the vesicle, for as soon as the blood stops you have serum and not albuminous vaccine. The lymph, when taken, should

always be clear, light and thin, almost like water. It shows very little on the quill, and soon evaporates. If it coats the quill thickly, it is too old. There are no well authenticated cases on record, where this early lymph has been the vesicle of poisonous infection of any kind, while that from the same vesicle used after the inflammatory process had set in, has frequently been the cause of disease and death. A good use may be made of vaccine in curing *nævi materni*, and its styptic properties are such that Dr. Loines states he can always staunch their blood with it. He has also vaccinated at the *scrobiculus cordis* in *pertussis* with benefit. He believes that vaccination from one to another, from pure eight-day lymph, never deteriorates, no matter how many removes, but that from scab to scab gradually loses its protective power. A scab can never be quite so pure as the lymph, and when it remains *in situ* several days after it separates from the cellular tissue, it may spoil from the heat of the arm, or of fire, or the sun.—*Med. and Surg. Rep.*

Every physician on this continent should be impressed with the importance of the above remarks. Scabs remain always an unsatisfactory, frequently unreliable and sometimes dangerous substitute for pure lymph. In spite of wide-spread popular prejudice, the profession must strive to introduce the best and safest method of vaccination, to the exclusion of all others, and the best method is undoubtedly to use eight-day lymph, taken directly from the vesicle, or preserved in well sealed capillary tubes.

C. A. H.

6. *Miasmatic Typhoid Fever*.—In a lecture delivered at Pennsylvania Hospital, Dr. J. J. Levick refers to this disease as occurring in sailors who have been employed in conveying troops or supplies to Southern ports, and in soldiers lately in active service. The mode of attack varies somewhat, though usually there seems to be a sort of forming stage, gradual and illy defined in its course. In a few instances, during this stage the patients, though much troubled with diarrhœa, are stirring about and perform, to some extent at least, their ordinary duties. Chilliness is felt by all; but few, however, acknowledge a decided chill. There is in every instance a flush of the face, varying in intensity, and a slight cough, with the usual bronchitic râles. In all these symptoms a remission and exacerbation occur with great regularity. At certain periods of the day the skin is moist and the forehead covered with large drops of sweat, without indicating the crisis of the disease. Headache prevails in varying degree. By some it is described as splitting or battering, by others as less severe, while in nearly every instance an aching or a sense of weight or weariness in the eyes is complained of, and also severe pain in the back of the neck and the muscles between the shoulders. In some cases these pains are spoken of as being universal, in one instance the patient complaining that every bone in his body seemed out of place. Restless aching in the lower limbs are also much complained of. Tongue more or less furred, but not heavily coated, and devoid of the dryness existing in typhoid fever. Moderate thirst and almost complete anorexia exist in the early stages. The pulse occa-

sionally reaches one hundred and twenty, but is rarely above ninety and may be as low as sixty; always soft, but never alarmingly feeble. Epistaxis is an occasional, not a constant symptom. Abdomen somewhat prominent, without marked tympanitis. Even in an advanced stage there is never the mental hebetude of typhoid fever. Though indisposed to active mental exertion, the patients retain to a considerable degree their interest in the events transpiring about them and give intelligent responses to questions put them. The miasmatic complication of enteric fever, as presenting itself in such cases, while it modifies the nature, symptoms and course of the disease, renders necessary a modification of the treatment. A marked amelioration follows the exhibition of sulphate of quinia, in the full antiperiodic dose; in most instances the disease seems to lose its grave character as soon as the patient has come fully under the influence of the quinia, although convalescence may be yet delayed for a week or longer. The exhibition of any active purgative, as well as all active depletory measures, must be carefully avoided. If any more action of the bowels be required, if the patient complains of griping pain in the abdomen, a teaspoonful of castor oil with five drops of laudanum will effect all that is thus required. In the majority of cases even this is not necessary. A nutritious diet is necessary, but the patients should carefully avoid all food which would increase the irritation of the bowels, or in any way tend to induce perforation of the intestine. Hence we give strong concentrated essence of beef (made in the good old-fashioned way), but carefully exclude all solid food until convalescence is fully established. Milk may be allowed in small quantities, frequently repeated. If the patient grows tired of the beef essence, good strong chicken broth can be substituted. After a time, a soft-boiled egg may be allowed for breakfast. Should a necessity for free stimulation present itself, which seems to be rarely the case, do not hesitate to resort to the free use of brandy in the form of toddy, or, if the stomach do not reject it, strong milk-punch: one part of brandy to two or three of milk or cream. The occasion even may arise for the use of ammonia, the carbonate, if a good article is on hand, or the aromatic spirit of ammonia. Nothing so effectually, and with so little disturbance to the patient, will check the diarrhœa, one of the most troublesome of the symptoms, as the use of laudanum injections. Forty or fifty drops of laudanum in half an ounce of tepid water, administered at bedtime, will give the invalid a good night's rest, control the diarrhœa, soothe abdominal and other pains, and save the stomach for such medicine as may be required to combat the other symptoms. Should the bronchitic complication become troublesome, prompt relief is afforded by the application of a turpentine stupe for a few minutes to the back of the chest. The healthy function of the skin is often arrested, and then great comfort is given, by a bath. In such cases, place the patient in a hot rather than in a warm bath, unless he be in an exacerbation of fever; allow him to make no undue exertion; have him carried back to bed, and every precaution used to guard against taking cold. During the existence of a febrile paroxysm, sweet spirit of nitre or the solution of acetate of

ammonia may be needed ; but as soon as a remission occurs, the sulphate of quinia is to be given in two or three grains every two hours, beginning at an early hour in the day, until sixteen grains have been taken ; on the following day twelve grains, next day eight or nine, and so on, gradually reducing the dose to six grains, which may be continued daily until convalescence is fully established. But caution is necessary in this treatment : the exhibition of the quinia must not be continued, if the pain in the head and the heat of the skin be increased under its use. After a time, perhaps, the quinia may be replaced by the compound tincture of bark or Huxham's tincture. All excessive medication should be avoided.—*Med. and Surg. Rep.*

7. *Alcohol in Snake Bites.*—Dr. Dieder's treatment of wounds produced by venomous serpents is by alcoholization. He administers a moderately large quantity, generally from fifty to one hundred grammes for the first dose, of brandy, rum, or other alcoholic liquor, following it immediately with an aromatic infusion which the patient must drink as warm as possible. The patient is to be kept in this state of alcoholization until the local and general symptoms have improved and the pain and swelling partially disappeared, say for twelve, twenty-four hours or longer. During this period there should be administered hourly about sixty grammes of the warm aromatic infusion, with ten or fifteen grammes of the alcoholic liquor. As soon as the symptoms appear to retrograde, it is sufficient to keep up the cutaneous transpiration by means of warm tisans, and to administer a saline cathartic. If the amendment is followed by a relapse, alcoholization must be again had resort to. This method never failed when employed within two hours after the reception of the wound. The local treatment consists in distending the wound so as to be sure that the reptile's fang is not present, and to cause blood to flow so as to wash out the poison that may have been deposited ; a cupping-glass may be used for this purpose. Finally, after having washed it well, compresses of alcoholized water are employed, which should envelop the whole limb, if the poison has made any progress. The subject, of course, is to be kept warmly covered in bed. The same treatment has succeeded in cases of anatomical wounds, which is explained by the fact that alcohol is to ferments what chloroform is to pain.—*Journ. de Chimie Médic.; Amer. Med. Monthly.*

SURGICAL.

8. *External Use of the Solution of the Pernitrate of Mercury.*—Dr. John Gay, surgeon to the Great Northern Hospital, reports in the *British Medical Journal* a number of cases of epithelial cancer, lupus exedens and indurated chancre which he has successfully treated by soaking the diseased surface twice a week with the solution of the pernitrate of mercury. While layer after layer of the diseased growth is thus destroyed and removed by sloughing, the healing edge keeps close up to the limits of the growth, and follows it as it gives way, until cicatrization becomes complete. The agent not only spares

the healthy tissues, but seems to quicken their healing energies. No sooner is the disease gone but the wound is almost cicatrized, and that without the loss of tissues sustained by excision. In lupus exedens the tissues offer some more resistance than in epithelial cancer. In removing the induration of chancre, benefit has been derived from combining the internal use of mercury with the topical application of the pernitrate. But care should be taken to continue it only until the wound shows unmistakable evidence of healing, for the cicatrix has a peculiar induration resembling that of the diseased tissue, and can not be got rid of.—*Amer. Med. Times.*

9. *Hospital Phagedæna and Submersion.*—W. Hutchinson reports the case of a man whose elbow joint had been excised on account of destructive inflammation. A fortnight later, acute hospital phagedæna attacked the two or three small sinuses then remaining, and spread rapidly, in spite of the free use of strong nitric acid and of the permanganate of potash lotion. The entire arm was now placed in a large tin bath, being rested upon a pillow which was laid in the water. The water was kept comfortably warm and frequently changed. The man, being propped up in the half reclining position, did not find the position irksome. The advantage was most immediate and marked. In three days the sore was clean, and in six covered with florid granulations, healing rapidly. The bath was continued for about ten days.—*Med. Times and Gaz.; Amer. Med. Monthly.*

10. *Burge's Stricture Dilator.*—Dr. J. H. H. Burge exhibited to the Kings County Medical Society his instrument in an altered and improved shape. It consists of several concentric cylinders, curved in the arc of a circle, the external one being about the size of a No. 10 catheter, and the internal or smallest about the size of No. 2. The smaller sizes are all projected at will by means of the knobs near the handle. The design is to carry the instrument in full size to the point of stricture. The moment the obstruction is felt, the largest of the contained cylinders is to be advanced till it in turn meets with some obstruction, when, in like manner, the next size must be pushed forward, and so on, always from larger to smaller, till the stricture is passed. A bore is made in the handle, continuous with the canal of the inner cylinder, so that when the stricture is passed, the patient may have instant relief from a distended bladder. Lest the smaller of the cylinders might prove too large in some cases, an independent style is provided, of sufficient length to pass through the handle and emerge at the point. This is to be used without withdrawing the instrument. If the use of the style becomes necessary in a given case, and with it we succeed in passing the stricture, there can hardly be any difficulty in sliding upon it the smallest cylinder, after which the style may be immediately withdrawn and the urine allowed to escape. For cases where all simple means of relief fail and the stricture must be divided, a second style can be inserted, in size and length corresponding to that already described, but having a cutting extremity. This is introduced through the handle, while the main instrument is held as a guide to the strictured part. Drs. A. B. Mott and G. T.

Elliot have used the same instrument as a dilator of the uterine cervix and it forms also an admirable trocar and catheter for the puncture of the bladder per rectum.—*Amer. Med. Monthly.*

11. *Uterine Ulcers.*—In a series of articles on the causes of failure in the treatment of these ailment, Robert Ellis, obstetric surgeon, etc., enumerates the following varieties :

(a.) Indolent ulcer. Cervix hypertrophied, of a pale pink, and hard. Os patulous to a small extent. Ulcer of a rose red. Granulations large, flat, insensitive ; edge of the ulcer sharply defined. Discharge : mucus, with a little pus, and occasionally a drop of blood. Treatment : for a few times the caustic pencil ; afterwards several applications of solution of nitrate of silver in strongest nitric acid.

(b.) Inflamed ulcer. Cervix tender, hard, a little hypertrophied, hot and red. Vagina hot and tender. Ulcer of a vivid red. Granulations small and bleeding. A livid red border round the ulcer. Discharge : a muco-pus, yellow and viscid, with frequently a drop of bright blood entangled in it. Treatment : occasional leeching ; warm hip-baths ; emollient injections. Then acid nitrate of mercury several times, succeeded by the solid lunar caustic, potassa fusa or cum calce.

(c.) Fungous ulcer. Cervix soft, large, spongy to the touch. Os wide open so as to admit the finger. Ulcer large, pale, studded with large and friable granulations. Discharge : a glairy brownish mucus, frequently deeply tinged with blood. Treatment : at first caustic pencil ; subsequently nitric acid solution of nitrate of silver, or acid nitrate of silver, or acid nitrate of mercury ; electric or actual cautery.

(d.) Senile ulcer. Cervix small, red, a little hard. Ulcer small, extremely sensitive, of a bright red color. Granulations very small, red and irritable. Discharge : a thin muco-pus. Treatment : potassa fusa or strong nitric acid with nitrate of silver, once or twice at long intervals. Then solid sulphate of copper in pencil.

(e.) Diphtheritic ulcer. Cervix of ordinary size, a little hot, dry and tender. Ulcer covered in patches with a white membrane, adhering closely ; irritable and readily bleeding beneath. Discharge : a thin, acrid mucus, without pus, but occasionally tinged with blood. Treatment : electric cautery, potassa cum calce, or acid nitrate of mercury, two or three times at long intervals. No nitrate of silver. Subsequently, stimulant applications, tincture of iodine and sulphate of copper.—*London Lancet ; Amer. Med. Times.*

12. *Varicocele Cured by Ligature of the Spermatic Veins.*—Finding that Ricord's double ligature results in suppuration in the scrotum, Zolliffe Tuffnell recommends, in the *Dublin Quarterly Journal*, an improved method. If, in any given case of varicocele, no remedial means have as yet been applied, he has recourse to palliative treatment, viz., attention to a regular action of the bowels, cold water sponging night and morning, and a bag truss. If these simple measures fail, he proceeds as follows, after satisfying himself of the non-existence of organic disease of the kidney. He prescribes an aperient

of the compound powder of jalap combined with calomel, confines the patient to bed for a day, and then deligates the veins in the manner recommended by Ricord. An assistant separates and holds aside the vas deferens. The bundle of veins is then isolated and taken up in a fold of the skin, a loop of fine iron wire being carried behind the veins. A second loop of wire is then passed in the opposite direction, in front of the veins, through the same orifices as the first. The bundle of veins is thus included between the two loops, the free extremity of each wire being passed through the loop of the other. The wires are then drawn in opposite directions, until about as much of each loop remains projecting from the scrotum. Two portions of iron-wire are now taken, each four inches in length, and doubled in the middle as closely as possible. One of these is passed through either loop and drawn to its centre; the ends are then twisted. These wires form retracting guides, and give the surgeon the most complete control over the vessels of the cord. The main wires are now to be drawn upon equally and forcibly, until the vessels of the cord are completely strangulated. This done, the ends of the wires are brought up, attached to a ratchet, and thereby kept tensely strained, or else twisted around the extremities of a piece of strong watch-spring, bent back into an arc, the effort of which to restore itself keeps up continuous tension upon the cord. The length of time it may be necessary to maintain this constriction in order to produce sufficient adhesive phlebitis, and yet avoid the suppurative form, depends entirely upon the constitution of the individual. The density of the swelled veins below the ligature, between the epididymis and the wires, the feeling of firmness to the touch and a slight blush upon the integuments of the scrotum denote inflammation sufficient to produce obliteration of the venous trunks. The main wires are now to be cut across and the ratchet or steel spring detached. This done, the loop encircling the veins is opened by withdrawing the wires through the medium of the retracting guides. A little lead-wash to the scrotum and rest upon the back in bed for a few days complete the cure. The patient, before rising, should be fitted with a suspensory bandage to support the parts.—*Amer. Med. Monthly.*

13. *Varicose Ulcers of the Leg.*—In a paper read before the Midland Medical Society, J. H. Houghton, surgeon to the Dudley Dispensary, advocates the use of the flannel bandage suggested by Mr. Hunt in 1857. Cases looked upon as next to incurable, can be managed, with this treatment, without difficulty, and a speedy cure is effected without confinement or the patient's relinquishing his usual occupation. The wound is strapped with a few strips of soap-plaster or dressed with some simple dressing, and the bandage applied by first making one turn round the bottom of the leg, then one under the sole of the foot, over the instep, round the back of the foot, again over the instep, till the lower edge of the bandage passes round the foot at the root of the toes, about two turns more round the foot, and then spirally up the leg to the knee. The roller naturally follows this course, and requires no turn till it reaches the calf; if properly ap-

plied, it will lie quite even and remain immovable for an indefinite period. In some cases, the patients walked twice a week nine and twelve miles, to have the leg dressed, and followed their usual occupations all the time. Quinine and iron, sarsaparilla and iodide of potassium, etc., are given internally, where indicated. A material called "domette" seems to be preferable to flannel. The roller must be accurately made, two and a half inches wide, and in one piece, eight yards long. The success of this treatment is confirmed by I. K. Spender and H. Crisp, in the *British Medical Journal*. The former recommends, in the place of the soap-plaster, an ointment containing a large quantity of an alkaline earth, as chalk, spread thickly on lint, or the compound lead-plaster of the Pharmacopœia. Mr. Mitchell, of the Lancaster Infirmary, gives in the *Lancet* the following directions for treating old indolent ulcers. First wash the leg well, then fill the ulcer with finely powdered carbonate of iron, and apply a large linen pad, excluding all moisture; then envelop the whole limb in a starched bandage for about three weeks. The patient may walk a little every day.—*Amer. Med. Times*.

14. *Congenital Inversion of the Bladder*.—Dr. J. Lowe says this affection is so rare that it is passed over in silence in most works on surgery. The only recorded case is by Mr. Crosse, in the *British and Foreign Medical Review* for October, 1846. The patient, aged three years, had a tumor which a surgeon was going to remove by ligature, when fortunately the aperture of one ureter was detected. By firm pressure the inverted bladder was made to repass into its natural position and the prolapse did not return. In a similar case, admitted in the West Norfolk and Lynn Hospital, operative interference was pursued with excellent results. A vascular-looking tumor, about the size of a large Italian walnut, was projecting between the external labia of a fine girl, aged two years and a half. When the patient cried, the tumor became more injected and increased considerably in size; at the same time a gush of urine took place. On closer inspection, the mass was found to be seated at the orifice of the urethra. On making a little gentle pressure, the tumor receded under the finger and presently disappeared altogether within the urethra, and the fore-finger could be readily passed within the bladder. The child had been subject to incontinence of urine from its birth, and since the second or third day of life a small substance had been observed to protrude during a fit of crying or straining. Each effort of this kind was followed by a flow of urine, which had excoriated the thighs and labia; the latter were swollen, indurated and covered with numerous pustules. Until the age of two years the tumor had receded as soon as the fit of straining was over, but latterly it constantly protruded more or less. For the purpose of narrowing the urethra, use was made of the actual cautery. Having put the patient under the influence of chloroform and replaced the bladder within the pelvis, where it was retained by two stout probes, which served to keep the canal patent, a female sound, heated to a white heat, was applied to the track of the urethra. A small curved catheter with a bulbous ex-

tremity, made for this purpose, was then introduced and fastened in, and the patient put to bed. No constitutional symptoms followed, but there was considerable pain in passing urine. Seven days later, a small slough separated. Patient able to retain four ounces of urine when in the recumbent posture. The catheter, removed three weeks after the operation, was found coated with a thick deposit of phosphate of lime. Urethral canal perceptibly smaller. Constant dribbling, with only occasional power of retaining several ounces. After a month the cauterly was again applied as before. The same manifest improvement followed; the child became much more comfortable and cleanly in person; the excoriations almost entirely disappeared and the pustules healed. Three times more, after long intervals, the cauterly was repeated. The urethra became so much diminished as to admit only a No. 4 catheter; urine only escaping when the patient cried or strained.—*London Lancet; Amer. Med. Monthly.*

15. *Gypsum Bandages.*—The *American Medical Times* reprints from the *American Medical Monthly* of December, 1855, an elaborate paper on this method of dressing fractures, from the pen of Dr. I. Glueck, Chief Surgeon to the Hungarian Hussars. As many of our surgeons may not be fully acquainted with the details of this dressing, which by its cheapness, easy and ready applicability, security, durability and simplicity, recommends itself particularly for the field service, we give the main points as far as necessary to a successful application.

Necessary Requisites: (a.) Long, old hospital stockings of linen, cut in front along the seam (if this is behind, the stocking must be turned and cut); old drawers, also cut along the seam and divided for one or the other limb; sleeves of old shirts; or, instead of all these, long linen flaps cut in the form of stockings, drawers or sleeves; jackets or old vests, abdominal bandages, covering the body once and a half, for fractures of the bones of the rump, pelvis and of the neck of the thigh and bone. These pieces of linen must be equal, soft and dense; all seams must be removed.

(b.) Cotton or cleaned soft flax, pads filled with soft material, lint or flax for filling up, *e. g.*, around the trochanters, etc.; simple and graduated compresses.

(c.) Splints of different length, width and thickness, made of old coarse sack linen, which is folded two, three or four times, to the width of from two fingers to one-third of a yard. These splints must, in fractures of the leg, the upper and fore-arm, exceed the fractured extremity at least one-third of a yard, and in fractures of the thigh or of the neck of the femur they must be so much longer than the whole extremity.

(d.) Strips or compresses of the same linen, about two inches wide, and of such length as to surround the limb once or twice.

(e.) Plaster of Paris in fine powder and well dried. Never less than two nor more than seven pounds have to be used.

(f.) A vessel with cold water.

(g.) Large brushes, as used by house painters. There may further

be used finer linen rollers and splints made of pasteboard for simple fractures, and for complicated ones, with large wounds, splints of wood with pads attached on both ends, and also a few pieces of sheet iron or tin may be held ready.

Manner of Application.—The injured limb is first surrounded with dry linen, a sleeve, a linen stocking, or half a drawer. Bony prominences are wadded and hollows filled out with cotton. The limb is next put in the required position, extension made and the fractured ends approximated. The linen splints and transverse strips are put near the patient in that order as required to be later applied. An assistant prepares the solution of gypsum (thin enough not to harden sooner than in five or eight minutes,) and paints with it the splints and strips, or rather dips them into the solution and brushes them with it. The splints are applied longitudinally to the limb, and fixed by the transverse strips, carried around both limb and splint. The strips are applied in pairs, so that the one covers the other partially, the splints in such a way that between them remains a free open space, on the side, in front of, or behind the limb. The splints must be pressed firmly to the limb by the hand, and the strips must be drawn firmly, tightened around the limb, and by the hand or brush well covered with the gypsum solution, so that all prominences and hollows are equalized. If the bandage has yet to be removed, an extent of about two inches, in the middle, corresponding to the longitudinal interspace between the splints, is left uncovered. In oblique fractures and dislocations of fractured ends, at least two layers of transverse strips are necessary. The assistants producing extension must continue to do so until the bandage is hardened—*i. e.*, for about eight minutes after the application.

In fracture of the forearm the limb is bent at the elbow. The radial margin must look upward, the ulnar one downward. The hand is to be abducted inward or outward, according to the direction of the broken ends. Besides, covering with wadding the carpal bones, the palmar and dorsal side of the forearm are covered with graduated compresses, and over them the splints applied. Sometimes the hand must be fixed at an obtuse angle with the forearm, in order to facilitate the adaptation and union in oblique fractures.

In fracture of the olecranon the forearm must be completely extended, if the fractured upper end is drawn high upwards, or else the forearm must be a little bent. The upper fragment is to be pushed down by means of the fingers, and approximated to the lower end. Wadding should be placed around the upper fragment and the elbow, and a circular compress above the upper broken end. The whole arm is then put into a sleeve, and a gypsum splint, a hand wide, applied on the back part of the upper arm, so as to reach from the shoulder-joint to the upper broken end. Another gypsum splint, of the length of the whole arm, is applied to the inner side, and both fixed by five or six transverse strips, five or six inches wide.

When the condyles of the humerus are fractured, the arm is bent on the elbow, the broken ends approached to each other by pressure on the olecranon from behind and sideways on the condyles. Sleeve

and wadding as before. A circular languette around the joint. One gypsum splint to the back of the limb, as wide as the hand is long; another similar splint on its inner side. Transverse incisions must be made on both sides of the splints, in the region of the elbow joint, in order to fix them easier and smoother. Transverse strips as before.

Fracture in the middle of the humerus requires the same bandaging as just described. The arm must be bent in the elbow and extension made in the upper third of the forearm. If the fractured ends are much dislocated, the extremity ought to be fastened to the trunk as with the following.

For fracture of the neck of the humerus the trunk is surrounded by a corset or linen cut in the same way, or the patient is dressed in a linen jacket with sleeves cut open, or with a vest. A conical pad is placed in the axilla. The injured limb must be abducted from the trunk at an acute angle, and surrounded with a cut-open sleeve. Wadding around the arm-pit, condyles and elbow; a strong compress between the shoulder blades. An assistant fixes with his hands the trunk and shoulder blade of the injured side; another one bends the arm in the elbow joint and extends the upper arm in its lower third. The surgeon grasps with both hands the head of the shoulder and crowds the fractured end out of the axilla. A long gypsum splint, bent at a right angle, hand-wide, along the back of the limb, from the acromion to the hand; another, of the same length, to the front of the limb, both with incisions in the region of the shoulder and elbow joints. Five transverse slips in single layers. The limb is then brought near the trunk and fastened to it by means of a strip eight or ten inches wide. This broad strip is covered with narrower strips, three or four inches broad, as in the third bandage of Dessault for the fracture of the collar bone.

Fracture of the clavicle and acromion requires the jacket or vest, the conical pad in the axilla, compress between the scapula, reduction by drawing backward both shoulders, and pushing the elbow from below upward. In this position the arm, being bent at the elbow, is fixed to the trunk by a broad transverse gypsum bandage. On the fracture is placed a long graduated compress, and the whole fastened by Dessault's triangular bandage, made of two or three long transverse strips, three yards long and four fingers wide.

In fracture of the ribs or shoulder blades the rump and space between the scapulæ are served as before, the axilla filled with wadding. A broad strip around the rump, from the axilla to the lower false ribs, half a yard broad. Above the clavicles two strips, fastened to the transverse belt. Over it another strip, half as narrow and twice as long as the first one, twice around the trunk. In fracture of one of the three upper ribs, some strips are carried over both clavicles in the form of a cross. In all this kind of fractures the bandage is applied in the sitting posture. For all splints to the upper extremities the linen is doubled or taken threefold.

When the leg is fractured, it is, with the foot, enveloped in a stocking, leaving the heel uncovered. Wadding where needed. With considerable displacement, the extension is made by half flexion of

the knee-joint, otherwise with extension of the knee. A splint one-eighth of a yard wide, reaching from the knee to the heel, to the back of the limb; two other splints, three fingers wide, extending from the patella to the toe, to both sides. Four or five transverse strips, one-third of a yard wide, applied in double layers. The front splint is fastened to the back of the foot by two other small transverse strips. The heel remains uncovered. If the broken ends are distant from each other, it is necessary, in order to accomplish the reduction, to lift the heel or to bend the foot much inward, and retain it in this position until the bandage is hardened. If the skin is irritated by a fragment or threatened to be pierced, windows must be left over the injured spot.

For a transverse fracture of the patella the bandage is applied in the half-sitting position of the patient. The knee must be stretched, the injured limb lifted, and the thigh-bone bent in the hip-joint under an acute angle. The whole limb is now enveloped in half a drawer. Wadding as before. The upper fragment of the knee-cap must be approximated to the lower one with the hands as much as possible, and retained in position by graduated compresses and circle tour rollers. On these are applied in the bend of the knee two or three layers of transverse strips, three fingers wide, in figure-of-eight turns. To the back of the limb a splint, five inches wide, reaching from the tuberositas ischii to the heel, and fastened with transverse strips to the leg, knee and thigh.

Fracture of the lower end of the thigh requires extension while lying on the back. An assistant fixes the pelvis, another one stretches the knee, seizes the foot in the vicinity of malleoli, and extends it. Reduction by seizing with both hands the broken ends, together with the soft parts. The whole limb must be enveloped as for the foregoing fracture. Two long splints, six inches wide, the whole length of the limb, one in front, the other behind.

In fractures of the upper and middle third of the thigh bone or of the pelvis, extension is made in the horizontal position, the pelvis fixed firmly by a strong assistant pressing the hip bones to a mattress. The limb of the injured side and the whole pelvis enveloped in linen; the pelvis then surrounded by wide bandages, covering the crista of the hip bones and the large trochanters. Wadding or hemp on the malleoli, etc. Extension by lifting up the extremity, bent at the knee-joint, and grasping the foot. A gypsum bandage, on the upper part more than seven, the remainder about six inches wide, to the outer side of the extremity, from the crista ilii to the sole; a second to the inner side, overlapping each other somewhat in the groin and on the back of the foot. Broad transverse strips around the pelvis; others along the limb. If there is considerable dislocation of the broken ends and much shortening of the limb, a double transverse strip must be carried around the pelvis in form of an 8. In all fractures of the lower extremity, the linen for the splints must be folded in four or at least three layers. In oblique fractures of the upper or middle parts of the thigh the bandage can not be accurately applied, unless the patient is placed on a peculiar bench, consisting of three removable

pieces, provided with short feet. To the upper piece calculated for receiving the trunk, both crests of the ilium are fixed by a mechanical contrivance. The extension of the limb is produced by weights attached to the stocking.

In complicated fractures it is necessary to apply the gypsum bandage with openings or windows, so as to leave the injured portion uncovered.

The removal of the bandage may be effected in two ways : either by cutting it open with Seutin's scissors or a strong scalpel, or by a continued use of water over the transverse strips.

MATERIA MEDICA.

16. *Resina Podophylli*.—Prof. S. R. Percy speaks under this name of podophyllin. In his "Lectures on New Remedies and their Therapeutical Applications," he says : Administered to a person in health, it is an efficient and certain cathartic, slow in its operation in proper medicinal doses, quick and violent if administered in large doses, causing nausea, vomiting, repeated and painful purging of mucous and bilious matters. In about five hours one grain purges quite freely, and this is followed within two hours by two or three free bilious evacuations. In this dose it does not gripe nor produce much tenesmus, but during the whole time of its passage through the intestines there is an unmistakable sensation of a dose of medicine producing a cholagogue effect within. If one grain is taken immediately after eating, and protected in any way so that it does not touch the mouth, no effects whatever are felt for two or three hours ; then the symptoms above described are experienced in a very modified degree, and the result is one copious puttaceous evacuation. The after effects in both instances are an increase in appetite and a feeling of better health. Most persons require a larger dose of the commercial article, and many can take three grains. In those disorders where the whole digestive organs are deranged, podophyllin is fully as efficient to cause a free secretion from the intestinal mucous membrane, and from the liver and pancreas, as any of the preparations of mercury, and it is infinitely safer. In some forms of hepatitis it is of great value, but cannot be relied upon to check the inflammation. In chronic hepatitis it is best given in small and frequently repeated doses upon an empty stomach, combined with veratrum, hydrocyanic acid, strychnia, capsicum. There are few diseases in which it is of more service than habitual constipation. Small doses taken with the meals (frequently in combination with strychnia and capsicum) will in the majority of instances relieve the disorder within two weeks. Podophyllin is also one of the best eliminants in infantile convulsions, and follows advantageously the use of anthelmintics. From the action the resin exerts upon the blood, it stimulates the function and increases the secretion of various glands, in this way altering the composition of the blood itself and becoming a blood medicine by the change it produces in that fluid by its true eliminative action. The cases of syphilis, however, which are asserted to have been cured with podophyllin, were probably such

as require no mercury. As the resin made by different manufacturers differs in its composition, the amount required for a dose varies according to the sample that is selected. Taken alone, it acts more quickly and produces more pain than when given in combination with some carminative or sedative. Of the samples that are in the market the full purgative dose for an adult will vary from one to three grains. A very good bilious pill for an adult man is : podophyllin and capsicum, of each two grains, both finely powdered, well rubbed together and made into a mass with a little honey. Taken at bedtime, this pill will generally operate in the morning without causing much uneasiness. For a delicate female take : podophyllin, dried carbonate of soda, each one grain ; extract of hyoscyamus, two grains ; work into a pill. For children a syrup may be prepared of podophyllin, four grains ; liquor potassæ, sixteen minims ; syrup of ginger, one fluid ounce. The resin in fine powder is rubbed in a warm porcelain mortar with the liquor potassæ, and as saponification takes place, the syrup is gradually added. Dose, a teaspoonful for a child from six to ten years old. The ordinary podophyllin pills are too hard, and frequently pass from the bowels but little acted on. The most pleasant way of taking this medicine is in double gelatine capsules. If administered for diseases of the kidneys, it is best given in a state of fine powder. Some persons cannot bear the use of podophyllin without combining it with an opiate ; it then acts kindly and well. In chronic diseases of the liver, a combination with subnitrate of bismuth sometimes proves of great service.—*Amer. Med. Times.*

DISEASES OF WOMEN AND CHILDREN.

17. *Infantile Remittent Fever.*—During a discussion on this ill-named disease before the Philadelphia County Medical Society, Dr. Darrach reported as a successful plan of treatment : 1. A mild sinapism over the entire surface of the abdomen, to warm and redden the skin without irritation ; this condition to be sustained for several days by an absorbent poultice applied constantly. To make this poultice, subject grated stale wheat bread in a colander to a continued stream of hot water, and when the water which passes off from under the colander is no longer turbid, remove the mucilage. The residuum, a light absorbing farina, is turned over upon fine muslin, quilled between its folds, covered externally with silk oil-cloth and applied over the bowels. 2. Half a grain or a grain of calomel every night. 3. Half a grain of aloes at meal-time. 4. Farinaceous food with nitrogenous fluids, viz : barley, arrow-root, tous-les-mois, sago, tapioca, etc., and mutton, chicken and beef teas. These means will be found successful in the disease called infantile remittent, which is, in fact, reflex infantile dyspepsia. Catenation with the chronic affection (brought on by exposure to marsh miasm) indicates the antiperiodic and arsenical remedies as associates of the other treatment ; catenation with the various forms of epidemic fever demands, in a like manner, the remedies for them. In Dr. Coates' opinion, worm medicines and active purges are generally improper, and even injections ought to be

of the mild kind : molasses without salt, flaxseed tea, simple warm water or cold water—excepting assafoetida injections, which sometimes give great relief by the expulsion of flatus and the abating of colic or intestinal meteorism. Mercury in large doses is generally improper, unless in cases of secondary encephalitis ; it is useful when administered with care and discretion. Aloes excites the circulation through the liver, but its acrimony, as well as the tendency to irritate the rectum, are against it. Nitromuriatic spongings are of advantage, but require excessive care. Mustard and blisters generally do more harm than good, and poultices are objectionable on account of their weight. Mild fomentations have proved of decided advantage. Dr. Burns' treatment is the same with Darrach's. Usually a little mercury, as the hydragyrum cum creta, or calomel, with rhubarb or aloes, has a highly beneficial effect. He employs quinine and iron to rescue the little patient from the extreme exhaustion. Beef-tea, etc., with mild bland drinks, are of great value. Dr. Turnbull considers the disease in question would be better understood as gastric or gastro-enteric fever, while the name remittent should be reserved for the fever resulting from malaria, with distinct yet not entire remissions of all the symptoms about every twenty-four hours. To be treated in the summer by local and general depletion and calomel, and in the fall by quinine and arsenic. Dr. Condie enumerates the following conditions as having been confounded under the name of infantile remittent fever :

1. A temporary fever of well-marked remittent character, the result of simple irritation of the stomach and bowels by too much or improper food, particularly fried potatoes. The treatment consists in a proper regulation of diet and the administration of a smart but mild purgative, such as castor oil, or calcined magnesia and rhubarb.
2. Fever of a remittent type, produced, as in the adult, by exposure to malaria.
3. Ileitis, or a subacute inflammation of the lower portion of the small intestines, extending, in many cases, also to the upper portion of the colon.
4. Acute dysentery.
5. A febrile disease identical with the typhoid fever of adults. Nearly all the more protracted and least manageable forms will be found to be cases of simple subacute ileitis, or of the dothin-enteric ileitis observed in typhoid fever. Each of the forms mentioned requires its own especial treatment. In none of them very active means, in general, are demanded. In most cases it may be proper, at the onset, to clear out the bowels by some mild purgative ; but after this is once effected, the bowels should be allowed to remain perfectly quiescent. The administration of aloes is improper in any of the forms alluded to. One of the very best, mildest and most suitable purgatives in the long run of cases is calomel. It may be given in combination with an equal quantity of calcined magnesia, or by itself, and followed, after a short interval, by a dose of castor-oil. In the commencement of many cases the calomel and magnesia can be combined with nitre and extract of hyoscyamus, the quantity of each of the ingredients to be graduated by the age of the patient and the character of the attack. No general and invariable plan of treatment can be laid down. The remedies to be employed must, in a very great degree, be determined by the character

and circumstances of each individual case. Rubefacients, followed by, or in protracted cases alternated with, warm emollient fomentations to the abdomen, have always a most salutary effect. A flannel wetted with spirits of turpentine and kept on for a few moments at a time, constitutes one of our best rubefacients in this disease. It may be followed by the application of cloths wrung out of some simple emollient fluid, or a soft mush poultice inclosed in a thin muslin bag. The daily use of the warm bath is in most cases of advantage, when it can be done without too much fatigue to the patient. In the early stage of very acute cases, leeches to the abdomen will occasionally be proper. Used as mere rubefacients, blisters are followed by the very best results in the more chronic forms of infantile remittent fever; but they should be left on only long enough to redden the skin, and followed immediately by a soft bread and milk poultice, with the addition of plenty of lard. When, in protracted cases, there are frequent discharges from the bowels of a small quantity of dark-colored and highly offensive fluid, or everything taken into the stomach passes quickly through the intestines, with little or no change, small doses of turpentine, given by the mouth, are beneficial and often productive of the most surprising results. A drachm of spirits of turpentine may be diffused in three ounces of some aromatic water, with seven grains of calcined magnesia. The tinctures of valerian and hyoscyamus may be advantageously added. The doses must be graduated in each case by the age and condition of the patient. Dr. Wittig remarked: the disease varies in its character from the difference in the causes producing it. Primary as well as secondary lesions of the intestinal mucous membrane may give rise to it; it is intimately connected with hooping-cough, which presents itself in the first stage of many eruptions, whether febrile or not; may arise from, as well as give rise to, inflammation of the membranes of the brain, and is generally associated with the typhoid disease. It is based upon a more or less congested state of the intestinal mucous membrane, which condition may be complicated with congestion or inflammation of the meninges of the brain. Here the brain should be first relieved by an active antiphlogistic treatment, but not without proper regard to the irritated condition of the bowels. Remittent fever of a torpid character demands, on the contrary, such remedies as promote the various secretions by stimulation. The diagnosis of remittent fever from the typhoid disease rests upon the peculiar stools occurring in the latter, and the swelling of both the spleen and liver. Aloes and gamboge are not generally indicated in the treatment. The first-named may be adapted to torpid cases, which occur but seldom, when in the early stages the disease is subjected to a wrong treatment. If an evacuation of the bowels is desired, the neutral salts, castor-oil, or calomel best agree with the patient. It is best, however, not to use any purgative, before the general and local irritation have been relieved by warm fomentations or cataplasms to the abdomen, containing cicuta and hyoscyamus; leeches, cups, mercurial ointment, oleum hyoscyami coctum, according to circumstances; internally nitrate of soda in some mucilaginous decoction. In simple cases it is sufficient to make warm applications externally,

with warm mucilaginous drinks and chlorine water internally. The neutral mixture, or some purgative neutral salt, together with rhubarb, may be afterward used. In torpid cases the best remedies are Minderer's spirit, muriate of ammonia, wine of ipecacuanha, tartrate of potassa and soda, sulphate of magnesia in a decoction of rhubarb, cream of tartar with rhubarb, oil of juniper or sweet spirit of nitre, according to the particular secretion it is desirable to promote.—*Med. and Surg. Reporter.*

18. *Carbonate of Ammonia in Scarlatina.*—In an essay "On the Different Modes of Treating Diseases," Dr. Spooner corroborates the efficacy of the subcarbonate of ammonia in scarlatina, as maintained by Geart, Wilkinson and others, but with some modifications. The remedy must be given as early in the disease as possible, in as large doses as the patient can bear (a teaspoonful of a solution of one drachm of the ammonia in from two to five ounces of mucilage and syrup), repeated every two, three or four hours, according to urgency of symptoms, and continued until there is improvement of the symptoms, which can usually be seen on the second or third day. With all due precaution, however, cases of failure cannot be prevented.—*Boston Med. and Surg. Journal.*

Obitua! Record.

TRIBUTE OF RESPECT.—The Physicians of Springfield met at the office of Dr. Rodgers September 3rd, on the occasion of Dr. Hendershott's death, and were organized into a meeting for business by the appointment of Dr. Robert Rodgers, chairman, and Dr. Isaac Kay, Secretary.

On motion of Dr. Buckingham, a committee of three, consisting of Drs. Rodgers, Kay and Winwood was appointed to draught resolutions expressive of the feelings of the meeting in regard to the deceased.

The committee then reported the following preamble and resolutions, which were unanimously adopted:

Whereas, it has pleased Almighty God to remove from our midst our worthy friend and professional brother, Dr. Isaac Hendershott, and whereas it is but proper that we should testify to the world the esteem with which he was held by the Medical Fraternity; therefore be it

Resolved, That in the death of Dr. Isaac Hendershott the Medical Profession has lost one of its best and most honorable members, the world a good citizen, and his wife and family an affectionate husband and father.

Resolved, That the physicians of Springfield tender these resolutions of sympathy to his bereaved wife and friends, ever remembering that the Great Physician cares for us all while passing to that better country, where no sickness or death will be allowed to enter.

Resolved, That, as a further testimony of our regard for our deceased brother, we will attend his funeral in a body.

Resolved, That a copy of the foregoing preamble and resolutions be given for publication to the Springfield papers and the Cincinnati *Lancet and Observer*, and that a copy be sent to the widow of the deceased.

ISAAC KAY, Secretary.

R. RODGERS, Chairman.

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ARTICLE I.

Influence of the Right Obliquity of the Uterus in the Production of the Oblique Positions of the Fœtus.

BY B. F. RICHARDSON, M.D., CINCINNATI.

In a former article I endeavored to set at rest the long mooted question regarding the cause productive of the right obliquity of the gravid uterus, by suggesting the presence of the aorta to the left of the median line of the lumbar projection as the determining cause.

The subject of the present essay is another of those vexed questions, the satisfactory explanation of which has defied the ingenuity of obstetrical writers from the days of Ambros Paré to the present.

To ascertain the physiological and anatomical relations existing between the fœtus and mother may be of practical value with reference to future observations. If it can be shown that these influences are of such a nature as to determine with great uniformity certain relations between the fœtal ovoid and the maternal structures, the acquisition of such knowledge may enable future observers to arrange and apportion pelvic and facial positions with as much accuracy as has been attained in those occurring under presentation of the vertex. If grave practical errors have been committed by eminent obstetricians, through erroneous appreciation of the mechanism of parturition, under certain presentations or positions, does it not show the necessity of a more thorough acquaintance with the phenomena pertaining to the reproductive process than we now possess? "So decidedly useful is the knowledge of the fourth and fifth presentations (positions) to the patient, that I hold that man *incompetent* to practice midwifery in its best manner, who can not *detect* and *change* this mal-

position of the head, and thus abridge sometimes, by several hours, the misery and pain of his patient. . . . Nature, indeed, *sometimes*, though not sufficiently often, operates this change herself; and is this not sufficient to justify the practitioner to imitate her? I have *always* done this since I first became sensible of its advantages, a period now of nearly *forty years*, unless the labor has been too far advanced to permit a change, which has not been oftener than three times during the whole of the period stated."

Such is the language, and such was the practice of the late Prof. Dewees after the experience and observation of forty years; and the boldness with which he arraigned and condemned the practice and injunction of Denman—that of non-interference in such cases—shows how securely he felt himself intrenched behind an error, which subsequent and more careful observation has utterly demolished. The injudicious practice of Prof. Dewees in these cases—running through a period of forty years—was a logical sequence of his misapprehension of the usual relations of the fœtus to the maternal structures. Had he known that his fourth position was second in frequency, occurring twice in every six or seven presentations of the vertex, and that his fifth was so rare as to occur only once in every three or four hundred labors, he would, doubtless, have trusted less to art and more to nature, and would have learned therefrom, that in these cases spontaneous rotation is the rule, its failure the exception.

Up to the period of Næglé's exposition, in 1818, and even long after, the errors of Dewees were entertained, practiced and enjoined by the profession generally, and indeed until a very recent period the views of Næglé, deduced from ample and careful observation, were rejected by the whole French obstetrical staff, Stoltz excepted.

The translation and promulgation of the views of Næglé, by Rigby, in 1827, directed the attention of the profession generally to this astounding error of diagnosis which had invalidated the observations of a multitude of practitioners through a period of nearly an hundred years. For more than thirty years past, patient and careful investigation has been made, and it has been ascertained that the *first* and *fourth* (left anterior and right posterior occipito-iliac) constitute the sum of vertex positions—the latter in the proportion of two in seven; and that all others are so rare as to render them unworthy of classification.

How much at variance are these conclusions with those formerly entertained; and may we not fairly assume that much serious evil has resulted in times past from the wide-spread and long-continued ignor-

ance of the usual fœtal positions, and consequent misconception of the mechanism of delivery in a large proportion of cases of vertex presentation? If these errors in treatment are the logical result of errors in diagnosis under vertex presentation, may we not fairly conclude, that uncertain or erroneous diagnosis under other presentations will as surely result in improper management? The published results of ample observations, made by obstetricians of acknowledged ability, justify the conclusion that, so far as vertex positions are concerned, their number and relative frequency have been determined with a reasonable degree of accuracy. Is such the case, however, with reference to the positions under pelvic and facial presentations? I hazard nothing in answering in the negative. Have we concurrent statistics in regard to the positions under these presentations by which we may satisfactorily determine their relative frequency? To obtain a negative answer to this question also, it is only necessary to examine obstetrical authorities, past and present.

Says Næglé, when speaking of pelvic presentations: "In every case, whether the nates have at first a completely transverse or oblique direction, they will be always found, on pressing lower into the superior aperture of the pelvis, to have taken an oblique position; and the ischium, which is directed anteriorly, to stand lowest. They pass through the *entrance, cavity* and *outlet* of the pelvis in this position, which is *oblique*, both as to its transverse diameter as well as to its axis." This is not in accordance with general observation. Again he says: "In the second chief position, viz., with the anterior surface of the child corresponding to the anterior abdominal parietes of the mother, it is chiefly the left ischium, which is either *originally* situated forwards or *takes* this direction as the nates sink through the superior aperture of the pelvis," etc. In 161 pelvic deliveries observed by him in the Lying-in Hospital of Heidelberg, forty of them were of his second species, namely, dorso-posterior. Of these forty, he alleges that a majority of them were of the left posterior dorso-iliac variety, making at least more than twenty of this position in 161 pelvic deliveries, or one in every eight. Now, the relation of the fœtal body to the uterine cavity is the same in this position as in the left posterior occipito-iliac position, under vertex presentations, which latter did not occur to him even once in over 1,200 vertex deliveries! It can not be believed that there is anything in the maternal conformation or fœtal head, that alone determines the entire absence of this vertex position in over 1,200 labors. Rather shall we believe, that if he is right in regard to vertex positions—and he has been amply confirmed—

he is very wrong in regard to some of those of the breech. One of our most recent obstetrical authorities—Tyler Smith—has followed him in the order and relative frequency of the pelvic positions.

But what is the testimony of Cazeaux, an eminent and recent French authority : “ As to the varieties exhibited by these two positions—right and left sacro-iliac—the left anterior is a little more frequent than the right *posterior* one, but each of them is far more common than all the others put together.” Charles D. Meigs, a highly reputed American authority, classifies breech positions thus : “ First, the child’s back to the left acetabulum of the mother ; second, to the right acetabulum ; third, to the pubis ; fourth, to the promontory.” Thus ignoring as distinctive positions not only the left, but the right posterior sacro-iliac position—this latter, according to Cazeaux, being more frequent than all others combined, the first excepted. In eighty-five cases, M. P. Dubois found the back to the right in forty-four cases, and to the left in forty-one. But Madame Lachapelle found the back to the left 756 times, and to the right only 494 times, being greatly at variance with the observations of Dubois. . If we extend our researches in regard to this presentation, we will find the same want of concordance throughout, as characterizing obstetrical authorities.

Again, what do we find with reference to facial presentations ? Says Tyler Smith, in his very recent obstetrical work : “ In practice, it will be found that the third and fourth face presentations are so *extremely rare* as hardly to be worth enumeration,” etc. ; the positions thus excluded are the right and left anterior mento-iliac. Prof. Edward Murphy, another recent authority, thus speaks : “ Two varieties of this presentation are generally met with. In one the chin corresponds to the right plane of the ischium (the right mento-colyloid position.) In the other, the chin has the same relation on the left side (left mento-colyloid.) Two other varieties are described, where the chin is directed backwards towards the sacro-iliac synchondrosis, but I believe that they are *very rarely, if ever*, met with.”

From this it is shown that Tyler Smith excludes entirely, in a practical point of view, the two positions which Prof. Murphy alone adopts ; and the two positions which Tyler Smith believes to constitute about the sum of facial positions in practice, are considered by Prof. Murphy to be “ very rarely, if ever, met with.” Further, it would appear that Prof. Smith hardly considers worth enumerating that position—the third—which Chailly, Rigby and others believe to be only second in frequency to the first ; and that Prof. Murphy does not recognize at all that position which by writers almost uni-

versally is thought to be most frequent of all—I mean the right posterior mento-iliac. Nor has Prof. Murphy changed his views in his more recent edition of 1852, in regard to the classification and relative frequency of facial positions. Although assenting in the main in this latter edition to the doctrines of Næglé respecting *vertex* positions, admitting that facial positions are but deviated vertex positions, the ye clings to a classification which virtually excludes entirely that position of the face which is, and according to himself *ought to be*, the most frequent of all.

Fleetwood Churchill, another recent and standard obstetrical authority, makes the following statements in regard to facial presentations: “The face may present in two positions, according as the forehead is toward one or other os ilium. In the *first position*, the forehead is toward the left ilium, or rather the left acetabulum, and the chin toward the right ilium, or right sacro-iliac synchondrosis,” etc. “The *second position* is the reverse of the first: the forehead is turned toward the right acetabulum, and the chin to the left sacro-iliac synchondrosis.” It will be seen that his classification is the same as that of Prof. Smith.

He (Churchill) believes the first position (forehead to the left ilium) “is by far the most frequent,” contrary to the observations of Boivin, Dugés, Dubois and others, who assert that it is only greater in frequency in the proportion of three to two. But what says Chailly, when speaking of face presentations: “As to the positions, I have also shown that, although the chin may be in relation with all the points of the superior strait, yet the face *generally* assumes but *two* principal positions: the right posterior mento-iliac, and the left anterior mento-iliac.” Now the first of these is excluded by Prof. Murphy, and the second by Prof. Tyler Smith, so that if we are to adopt the views of Profs. Murphy and Smith, then Prof. Chailly has been a very greatly deluded man. Cazeaux and others also have but two positions of the face, but they are still different from either those of Smith, Murphy, Churchill or Chailly. They are the *direct*, right and left mento-iliac; in other words, directly transverse. It is useless to go farther into the examination of authorities to prove that, as regards pelvic and facial presentations, there is no concurrence in the results of observations,—nothing but conflict and inconsistency. In regard to vertex positions, the grand error in diagnosis which characterized the observations of practitioners, from Baudelocque to Næglé, had at least the merit of having been generally and consistently maintained.

And now to the leading purpose of our article : Can it be shown that certain influences are of such a nature as to determine with great uniformity certain relations between the fœtus and maternal structures, the knowledge of which may enable us to arrange and appor-tion pelvic and facial positions with as much accuracy as has been attained in those of the vertex ? First, then, I shall endeavor to dis-pose of those untenable theories in regard to the cause or causes pro-ductive of the vertex positions.

The following theories, advanced by Velpeau in 1829, and main-tained by him ever since, have as yet been superseded by none more tenable :

“ The posterior half of the head is much more weighty than the anterior half. The weight of the hinder part of the trunk, during the intra-uterine life, is much greater than that of the anterior por-tion. When the woman is standing up, sitting down or kneeling, and even when lying on her side, the anterior wall of the womb is much more inclined toward the cervix than its posterior wall ; the back of the fœtus will, therefore, more frequently be found turned toward the front of the mother than toward her back. Another no less powerful cause of the frequency of this position is found in the proportional dimensions and inclinations of the head and pelvis. The abdominal strait being much larger in front than behind, and strong-ly inclined toward the pubis, it is quite natural that the occiput should commonly assume this direction, etc. The cause which so often directs the occiput toward the anterior semicircle of the strait is, therefore, not more difficult to understand than that which occasions the head to descend first (namely, gravitation) ; hence physicians were *wrong* to abandon their researches in relation to it.”

This theory of the causes of the occipito-anterior positions has been generally received, in spite of the invalidating experiments of Dubois, as no one seemed able or willing to produce a better one. Whilst the occipito-anterior positions were supposed to constitute nearly the sum of the vertex positions, such a theory was at least very plausible ; but after the recognition of the truth of Næglé’s observations, wherein the occiput is found posteriorly twenty times in every fifty or sixty labors, one would suppose this theory no longer tenable. Yet such is the power of prejudice, that Velpeau, whilst disposed to assent in a great measure to the views of Næglé, still promulgates this theory in the latest edition of his work on obstetrics.

Again, in regard to the great frequency of the first, or left occipito-anterior position, he says : “ Its great frequency seems to depend

upon the rectum being in pregnancy commonly filled with fœces, which forces the forehead to incline toward the right side. Such at least is the opinion of accoucheurs in the present day," etc. But when he comes to account for the second or right occipito-anterior position, he finds that the theory will not answer, believing, as he did at the time, that this position occurred in every three or four labors. As we now know that this position but very rarely occurs, and that the sum of vertex positions is nearly made up of the left occipito-anterior, and right occipito-posterior, in which the position of the rectum may be plausibly adduced as their common cause, it is proper that I should dispose of it in this connection.

At the commencement of labor, the fœtal head lies above the pelvic brim. It lies against the sacro-vertebral projection. It presents a convex surface to the convex surface of that promontory. On either side of that promontory, there is quite an excavation, the left one accommodating the colon in its descent through the strait into the pelvic excavation. A moment's reflection is sufficient to satisfy any one that the colon can not act upon the head so as to force it forward, nor can the rectum, for it is within the pelvic cavity, whilst the fœtal head has not yet entered the pelvic basin. Having thus shown both of these theories to be untenable and insufficient, I shall endeavor to account for them more satisfactorily and more rationally.

The uterus at full term is from twelve to fourteen inches in its long diameter; from seven to eight in its anterior posterior, and from nine to eleven in its transverse diameters. Even when out of the abdominal cavity its transverse is greater than its antero-posterior diameter. During the latter period of gestation, the restriction of it by the abdominal muscles increases this disproportion still more. The fœtal ovoid as formed within the uterine cavity, presents at its largest extremity a dorso-abdominal diameter some two inches greater than that of the transverse. During the latter period of pregnancy, under the influence of the excito-motory system, so admirably elucidated by Prof. Simpson, the fœtus will find that relation to the uterine cavity which will secure to it the most comfort and the least restraint. Further, as it requires room for the movement of its extremities, especially the inferior, the movements being in the direction of its dorso-abdominal axis, it will ordinarily bring this axis in correspondence with the greatest transverse diameter of the uterine cavity, which is from side to side. Now what is the ordinary direction of this diameter, especially after the seventh month of pregnancy? It has been admitted from Baudelocque to the present day, that right obliquity of

the uterus prevails almost without exception. The uterus, in deviating to the right, has its right side pressed into the concavity which is to the right of the lumbar projection, by the resistance of the abdominal muscles; and its left side is carried forward so as to bring this greatest transverse diameter nearly in a line with the right oblique diameter of the pelvis; so that the back of the child will look either toward the left acetabulum or right sacro-iliac symphysis. If the uterus occupied a vertical position, it would matter not into which of these positions it might get, as the uterine cavity would be symmetrical, and we would have an equal number of right and left dorso-iliac positions. But as the uterus generally inclines to the right, and is pressed against the lumbar projection by the abdominal muscles, the form of its cavity is markedly changed. A transverse section would present an ovoid surface with its apex toward the left acetabulum. A vertical section in a line with the vertebral column would give the greatest capacity in every direction, in the right division. The fœtus will therefore be in the best position for ease and latitude of motion, when its back is to the left and inclining forward. Failing in that, its next best position is of course the reverse of it, back to the right and inclining backward. Such are the physiological and anatomical conditions determining the fœtal positions under vertex presentations, and they are alike influential in determining those under facial and pelvic presentations; not to the same extent, however, in the latter. When we consider the comparative shortness of the diameter of the uterine cavity in correspondence with the left oblique diameter of the pelvis, the great infrequency of the second and fifth positions, even according to Næglé, should surprise no one.

In conclusion, I shall endeavor to make a practical application of that which thus far may seem to be but theoretical. In facial presentations, the right posterior mento-iliac and the left anterior mento-iliac positions will compose nearly the sum of facial positions, with nearly the same relative frequency as those of the first and fourth under vertex presentations. In pelvic presentations, the sacrum will be found to the left and toward the acetabulum, or to the right inclining backwards; and will constitute nearly the sum of breech positions. Their relative frequency, however, will be more nearly equal than in either vertex or facial presentations, for the plain reason that the large extremity of the fœtal ovoid is in relation with the small extremity of the uterus, and the restraint upon the fœtus is nearly equal in either position. I fully believe that future observations, carefully conducted, will confirm that which is herein set forth, and

that the day is not far distant when facial and pelvic positions will be as satisfactorily classified as are those of the vertex at the present time; and it is to be hoped that those who are favored with ample opportunities for investigation, will direct their attention in such a way as to give us a better classification of facial and pelvic positions, than we have as yet been favored with.

ARTICLE II.

A Peculiar Case of Paralysis.

Treated by JOHN JONES, M.D., of Pickaway Co., Ohio: reported by Dr. GEORGE S. COURTRIGHT.

Dr. Jones was called in great haste, June 13th, 1862, to see Mrs. Susannah S——, widow, æt. 73. Found her suffering with severe pain in the region of the stomach and dorsal vertebra. She had been walking a short distance, and sat down to rest, when she was attacked with a sense of oppression in breathing, and arose and made one step forward and sank to the ground. Was lifted upon her feet, but could not walk, and was carried to the house. She complained of great pain in the left lower extremity; the limb was cold, and there was a general coldness of the entire body—the pain was similar in character to that of acute rheumatism; any motion of the limb caused an aggravation of her sufferings. She lay in a semi-comatose condition, and was with some difficulty aroused, but answered questions rationally when her attention was fixed upon any subject. Gave the patient an anodyne, and used warm applications to feet and limbs.

June 14th.—It was difficult to arouse her during the night; patient's condition about the same. When aroused, she stated that the pain in the limb was yet very severe. She now found the limb was completely paralyzed—right limb not affected. In the evening she aroused from the comatose condition, and then complained of pain in upper extremities, especially the elbow-joints; bowels not moved since the attack; passed urine freely.

June 15th.—Patient now conscious of all that transpired. Right limb also paralyzed, and the foot of left covered with large blisters, filled with bloody serum. Now has no pain in the lower extremities, but in the upper as severe as before.

June 16th.—To-day gave an enema, as her bowels had not moved, and they moved freely; but she was unconscious of it until told by

her attendants. Urine passed freely; blisters on foot the same. The paroxysms of pain were more severe about 4 o'clock A. M. Gave anodynes and stimulants.

June 17th.—During the night a large tumor formed just above the pubes—supposed to be the bladder distended with urine, but was found to be a thickened and œdematous condition of the coats of the bladder, as there was no urine present when the catheter was used. She now passed urine involuntarily. On close examination complete paralysis was found below the tenth dorsal vertebra. At this time all the paralyzed parts became œdematous, and the temperature below natural. After this time neither sensation nor motion returned in these parts. The patient remained in about the same condition for several days, when part of the blisters on the feet discharged an offensive, gangrenous pus, and spots of dry gangrene began to form upon the muscular portion of the legs—the larger number over the gastrocnemius.

July 1st.—The gangrenous spots on the limbs have changed but little in appearance, but there is now a large surface over the sacrum, about four and one-half inches square, that has a gangrenous appearance; this increased in size, and the dead structure was removed with the knife. No change in the condition of the bladder—no enlargement of the uterus was detected by digital examination.

July 5th.—Extremities in about the same condition, a line of demarcation forming between the dead and living tissues over the sacrum. Removed all the dead structure, and at two places the bone was exposed. The gangrenous odor was corrected by using a solution of liquor sodæ chlôr. Gave her quinine and stimulants freely; also, gave strychnia in one-thirtieth grain doses, and increased the dose until it produced the constitutional effect. The pain in the body and upper extremities was greatly relieved while under its administration. Her appetite has been moderate; no control over the sphincters of bladder or rectum.

July 20.—Legs and feet very much swollen and œdematous; they present a smooth, glistening appearance. The gangrenous part has extended over right gluteal region, and is between ten and eleven inches in diameter, in depth through the superficial layer of muscles. There is also another gangrenous patch over great trochanter, and outer side of right femur; this began to slough much sooner than the former, and near two and one-half inches in depth. Bandaging the extremities would relieve them of the swelling; there was constantly discharged through the wounds a sero-purulent fluid. At this time

several blisters formed over various parts of the lower extremities, which speedily became gangrenous. Her appetite remained unimpaired until a short time before her death, and stimulants were borne well. She died July 26th, 1862. Post-mortem not permitted.

Hospital Reports.

Commercial Hospital.—PROF. L. M. LAWSON, M.D., Attending Physician.
(Reported by D. D. BRAMBLE, M.D., Resident Physician.)

TWO CASES OF DISEASE OF THE HEART.

CASE I.—*Insufficiency of the Mitral Valve : Dilatation of the Right Side of the Heart : Enlargement of the Liver.*

History.—William N., æt. 25, German, admitted Oct. 1st, 1862. Eighteen months ago, while in the army, contracted a severe cold, which was accompanied by some fever, slight pain in the central portion of the chest, some dyspnœa, but little or no cough. Within two or three weeks he observed some swelling of the face and lower extremities. Several months (probably six) after the attack, swelling and tenderness occurred in the region of the liver. The patient is unable to give the particulars of his case, and hence the history is incomplete.

Present Condition.—On admission, the patient exhibited sallowness of the skin and slight tinge of the sclerotic; anasarca of the lower extremities, and slight swelling of the face, especially under the eyes; pain and tenderness in the right hypochondriac region; urine small in quantity, high colored, specific gravity 1017, but contains no albumen; bowels constipated; tongue moist and covered with a white coating. Dorsal decubitus. Sleeps badly. No cough.

Physical Examination.—Pulse 100, moderately full and corded; respiration normal in frequency. Impulse of the heart increased, the apex beats rather lower than natural; area of dullness over the heart considerably extended. At the left apex is a distinct bellows murmur, soft and low pitch, corresponding with the first sound of the heart, and diminishing toward the base of the organ. Turgescence and knotted condition of the jugular veins, but no pulsation. The liver is greatly enlarged, extending four inches below the margin of the ribs, and is quite tender to the touch. There is also a strong impulse

in the epigastric region. Distinct fluctuation in the peritoneum. Nothing abnormal about the chest, no cough nor dyspnœa.

Treatment.—On admission gave the patient hydrarg. submur., pulv. dov., of each grs. v. The next morning he was placed on the following: ℞. Hydrarg. submur., pulv. scillæ, āā. grs. x.; sodæ bicarb., ℥ss. To be divided in ten powders, and one to be given three times a day. Also, Rochelle salts, in drachm doses, intermediately between the powders. Eight wet cups over the region of the liver.

Oct. 7th.—Patient feels somewhat relieved; less pain; sleeps better; bowels freely opened; pulse 100. Continue treatment, and give tinct. verat. virid., gtt. ij. every four hours.

Oct. 8th.—No change in the frequency of the pulse; ordered four drops of the veratrum every four hours.

Oct. 10th.—Some improvement. Discontinued the mercurial, and ordered the following: ℞. Pulv. scillæ, grs. xij., potass. nit., ℥j. M. and divide in xij. powders, one to be given every four hours. Increased the veratrum to *six* drops every four hours. Castor oil was given to act on the bowels.

The above treatment, with the addition of ten grains of acetate of potash three times a day, was continued to the 19th. The veratrum failed to diminish the frequency of the pulse, but rendered it somewhat softer. The urine has increased in quantity, and the specific gravity is now 1020; the dropsical effusion has diminished; pain and tenderness of the liver subsided, and the patient feels much more comfortable. No material change in the size of the liver; and the murmur at the apex of the heart continues.

Clinical Remarks.—This case, although presenting nothing particularly novel, nevertheless affords a striking example of what occurs in mitral regurgitation, associated with dilation of the right side, as a *class* of disease. In all cases of insufficiency of the mitral valve, the circulation must meet with an impediment in consequence of the *backward* action of the current of blood, and hence the stagnation which occurs in the capillary vessels. The organs which suffer most are the lungs, abdominal viscera, and the brain. The degree to which these organs become engorged is quite variable, as well as the order in which the congestions occur, the variations depending chiefly on the presence or absence of dilatation. As a rule, the lungs suffer most prominently, the difficulty being manifested by cough, dyspnœa, and all the evidences of capillary engorgement of the pulmonary tissues. It will be remarked, however, that in the case before us, the *lungs* have measurably escaped engorgement, while the *liver* has suffered to

a very remarkable degree. Great enlargement of the liver, peritoneal dropsy, and loss of appetite, show the extent to which the abdominal viscera have suffered.

Mitral regurgitation, when *pure*, (that is, without *dilatation* of the heart) does not necessarily impair, in any marked degree, the systemic, nor even the pulmonary capillaries. Hence, if spæmæmia does not occur, and the left cavities remain normal, the disease may exist for an indefinite period without inducing great visceral obstruction. But when dilation, or even dilated hypertrophy exists, the obstruction is greatly increased, and individual organs suffer. As a rule, the lungs suffer most and earliest in mitral insufficiency, but in the case before us the pulmonary structures remain free from engorgement, while the liver is greatly enlarged. Why should this variation from the ordinary rule occur?

The patient gives an imperfect and somewhat confused account of the origin of his disease, but it seems a fair inference that he labored under endocarditis, which led to insufficiency of the mitral valve. Hence, the heart was not dilated, and simple regurgitation was the only morbid condition present. The continuance of the disease, however, finally induced a moderate degree of hypertrophy, but the dilatation was inconsiderable; hence, no marked visceral engorgement occurred. As time passed on, however, perhaps eight months after the disease commenced, swelling of the liver occurred. Why this should have happened while the lungs remained free, is a point of great importance. The enlarged and knotted condition of the jugular veins, and other signs, indicate beyond doubt that the right side of the heart (probably both auricle and ventricle) has become dilated, and this interfering with the due return of blood from the ascending cava, is the direct cause of the hepatic enlargement and other abdominal symptoms. The treatment instituted was designed to moderate the action of the heart, improve the secretions, and remove visceral obstructions. All these objects have been but imperfectly attained; nor is it probable that any course of medication will prove more than partially successful.

CASE II.—*Dilatation of the Left Ventricle.*

History.—August R., German, butcher, æt. 20, admitted October 1st. Six months ago the patient contracted a severe cold, which was followed by cough and bloody expectoration. He states that the left side became enlarged and painful. About one month after the attack, the sputa became tinged with blood. The patient has remain-

ed ill to the present period, but his account of the progress of the disease is very unsatisfactory.

Present Condition.—Face presents a livid aspect; respiration hurried and abdominal, in frequency ranging from twenty-five to forty to the minute; at times great dyspnoea. The difficulty of breathing is constant, but at times becomes greatly aggravated. Sputa frothy and contains more or less blood, occasionally only slightly tinged with blood, at others it amounts almost to distinct hæmorrhage. The cough is frequent and often severe. Pulse 98, small, feeble, and occasionally intermittent. No dropsical swelling at any point.

Physical Examination.—Area of dullness over the heart considerably increased, and assumes squareness of outline; impulse weak; first sound short, abrupt and indistinct; second sound perhaps more distinct than natural; no murmur; lungs considerably engorged, particularly the posterior portion of right lung, which shows slight dullness on percussion, and moist crackling on auscultation. No enlargement of the liver; urinary secretion nearly normal; specific gravity 1,024, and does not show any traces of albumen; jugular veins in every way natural. *Diagnosis:* Dilatation of the left ventricle: can there be also mitral obstruction?

Treatment.—On admission the following was ordered: *R.* Potass. iod., \mathfrak{z} iss.; syr. senega, \mathfrak{z} ij.; tinct. digitalis, \mathfrak{z} j. *M.*, and give one drachm three times a day. Also, apply seven wet cups over anterior portion of chest.

October 6th.—Patient slightly improved. The following was ordered: *R.* Pulv. scillæ, grs. viij.; hydrarg. proto-iod., grs. ij.; pulv. guaiac, grs. \mathfrak{x} vj.; ant. tart., gr. j. *M.* To be made in eight pills, and one given three times a day. Also, eight dry cups to the chest.

October 9th.—The pulse being 96, three drops of Norwood's tincture veratrum viride was ordered to be given every four hours. Former treatment continued.

October 11th.—Pulse 90. Continued the veratrum and other treatment. In the evening pulse reduced to 56, showing a change of 31 pulsations per minute from the use of the veratrum viride, in thirty-six hours. Suspended the veratrum, and in thirty-six hours the pulse rose to 80.

The above treatment has been continued to the date of this report, (19th) the patient having improved considerable in the respiratory function.

Clinical Remarks.—This case, like the preceding, is defective in its

history, but the presumption is fair that the disease was inflammatory in its character, having originated, as the patient states, from *cold*. It is not improbable, indeed, that he may have had both peri- and endocarditis; but of this we can not now be positive. As the case now presents itself, we find evidences of cardiac dilatation, weakened ventricular action; and as a result of these conditions, obstruction to the passage of blood through the heart. It may be a question whether there is not some degree of mitral constriction; but the evidence is not conclusive in that respect.

The most marked functional derangement observed in this case, aside from the heart itself, is that of the lungs. Here we witness cough, hurried respiration, and bloody sputum, all indicative of engorgement of the pulmonic capillaries. It will be observed, also, that the *systemic* capillaries have not suffered, and this exhibits a remarkable peculiarity of this form of cardiac disease, as distinguished from the condition met with in the case first detailed. The following facts seem clearly established in relation to these several forms of disease:

1. Pure mitral regurgitation (that is, uncomplicated with dilatation of any of the cavities) does not necessarily, nor generally, induce congestion of the systemic capillaries, and does not entail dropsy.
2. Dilatation of the left cavities induces obstruction in the pulmonary capillaries, but does not involve immediately the systemic vessels.
3. Dilatation of the right side of the heart speedily involves the systemic capillaries, and hence the congestion of the liver, spleen, kidneys, stomach, and the abdominal viscera generally, to which dropsy is superadded.

Proceedings of Societies.

Proceedings of the Cincinnati Academy of Medicine.

Reported by W. T. BROWN, M.D., Secretary.

HALL OF ACADEMY OF MEDICINE, Sept. 22, 1862.

Cases in Military Hospital.—Dr. Murphy reported the following cases treated in Third-street Hospital:

First—A case of pneumonia, in a rebel soldier.

After having him spouged all over and made comfortable, he examined him, and found pneumonia of the right lung, second stage, and

advancing; bronchophony well marked, and crepitant rales distinctly heard; typhoid expression; sordes on the teeth; tongue dry and brown; pulse 140; coughed but little; examining his heart, heard a rubbing sound; he also had petechiæ over his body, and vibices over his lower extremities; also, had diarrhœa. He had him dry-cupped over his heart and chest, and gave him quinine, beef-tea, egg-nog, and injections of tinct. opii, and acet. of lead. He died.

Post-mortem examination revealed inflammation and pericardial effusion, the pericardium containing six ounces of coagulated lymph; no inflammation in the cavities of the heart. Solidification of right lung from base almost to apex, and adhesion of the plenro-pulmonalis and costalis to each other and to the ribs.

Second Case.—One of the soldiers from Pea Ridge. This man had been walking about the house, and he saw him, himself, not five minutes before, sitting on his bed; without apparent cause, he took a convulsion and was dead in three minutes. Dr. M. did not know what killed him. He learned, afterwards, that he had two convulsions coming up on the boat.

Third Case.—This was also a soldier from Pea Ridge, who had a bilio-typhoid fever, and was getting well on quinine, beef-tea, etc.

He also reported two other cases in the hospital; they both had a typhoid form of bilious fever, the remission occurring in the morning, the exacerbation in the afternoon; there was redness of the tongue, and tenderness over the liver and small bowels. He gave them quinine and opium. They died.

Post-mortem examination revealed intense redness throughout the small bowels, and ulceration of the intestinal glands; the ulceration being circular, differing thus from typhoid cases, in which the ulceration is elliptical.

Dr. Simpson reported the following case: A soldier was brought into the West-End Military Hospital last Friday. The appearance of the man was peculiar; he was pale, almost cadaverous; surface cold; pulse feeble: he was 45 years old. He found the bladder very much distended, and very considerable hæmorrhage from the urethra. The patient stated that he had not passed any urine since Wednesday morning. The surgeon of his regiment attempted to draw off his urine Wednesday night, but failed, and had made several efforts with a like result. Dr. Simpson said, he and Dr. David Judkins attempted to introduce the catheter, but failed. They then attempted to arrest the hæmorrhage with injections of persulphate of iron, and partially succeeded. Finding they were unable to relieve the bladder by the

usual methods, they determined to do so by puncturing either above the pubis, or through the rectum, back of the prostate; they decided upon the latter method. In attempting to pass the trocar, they met with an obstruction; they could hear and feel the instrument strike something hard, probably a sacculated calculus, which prevented the trocar entering the bladder. While they were operating, Dr. Jesse Judkins came in; he removed the trocar and passed it an inch farther back, and drew off a large amount of bloody urine. They left the canula in the wound, gave him brandy, and he reacted. To-day they removed the canula; this evening he was sitting up on his bed, eating supper, urethra only partially open.

Injury of the Arm in Machinery, with Gangrene and Sloughing.—Dr. W. B. Davis reported the following case: Thursday night, a week ago, he was called to see a baker, working in one of the establishments where they make bread for the army. The man, while intoxicated, placed his hand in the machinery, tearing the flesh two inches up the arm, and across at right angles to the second joint of the thumb; no bones broken. He stitched up the wound and applied water dressings. Sunday morning gangrene commenced; he removed the dressing and stitches and used the liquor sodæ chlorinata, and prescribed ʒss. tinct. ferri chlor. every three hours. On Monday morning the gangrene had extended almost around the wrist, and up the arm. In the evening he was sent for, and found that hæmorrhage had occurred, and he lost, probably, a quart of blood—the superficial palmar arch had sloughed. He supposed he should be compelled to ligate the brachial artery, but concluded to try compression first, just above the elbow; this, with persulphate of iron to the wound, arrested the bleeding. He returned in three hours; there had been no hæmorrhage, nor has there been any since. The gangrene was promptly arrested, and the wound assumed a healthy appearance, and he is now doing well. Dr. Davis thinks the good result, in this case, due to the iron; he also gave him beef-tea freely, and one quart of beer every day.

The doctor also spoke of the beneficial effects of mur. tinct. of iron in erysipelas. He had used it largely in ʒss. doses every three hours, and thinks there is nothing equal to it. In one case in the West-End Military Hospital, a soldier wounded in the knee at the battle of Shiloh, erysipelas commenced at the wound and extended all over the limb; he applied persulphate of iron, in solution, locally, and gave the mur. tinct. of iron internally; in two weeks he was discharged, well. One of the nurses who waited on him was taken with erysipelas, com-

mencing on the nose; by the second day it had extended over the face and scalp. He gave him mur. tinct. of iron, in the same dose—3ss. every three hours—and in one week he was well.

ACADEMY OF MEDICINE, Oct. 6, 1862.

Obstetrical.—Dr. Woodward reported the following case: Two weeks ago he was called to attend a short, good-constituted woman, in confinement. She had been in labor for forty-eight hours before he saw her, and the liquor amnii evacuated. The labor continued for hours and hours, the pains becoming very harassing, and the os uteri continuing very rigid. He used belladonna, locally, very freely—prescribed antimony, but did not bleed. Head remained at the superior strait for twelve hours; could not apply the forceps. Dr. Wood was called in consultation; they concluded to open the head, and, after using a great deal of force, they succeeded in delivering the woman; but the spicula of bone, passing through the pelvic straits, caused considerable difficulty, the antero-posterior diameter being very small: the woman, afterwards, got along well; no unpleasant symptoms resulted.

Dr. Murphy said it was a case for chloroform.

Dr. Woodward said he gave chloroform, but immediately all uterine action ceased; he continued the chloroform until there was almost complete insensibility.

Dr. Murphy said, if we take the authority of Dr. Snow, and others, on this subject, it was a case for chloroform. There was no dilatation because there was a want of coördination between the circular and longitudinal muscular fibres. He would have kept her under chloroform for days; and if she had been kept under chloroform, there would have been dilatation. The reason why the uterus ceased to act, was because the pains were of a morbid character. Belladonna never did any good in dilating the os uteri; and there is no fact better demonstrable, than that chloroform is just the remedy in just such cases. The only difficulty in its use is where there are fatty deposits in the muscular striæ of the heart.

Dr. Woodward, in reply, said the liquor amnii had been evacuated for forty-eight hours; the head was pressing down on the uterus with vehement violence. Now suppose we would have continued the chloroform for days, would we not have ulceration, peritoneal inflammation and serious constitutional disturbances, involving the life of the mother? and would we not have fissure of the rectum and vagina?

It is a dangerous proposition, to keep the child *in utero* under such circumstances.

Dr. Murphy said, the chloroform did not stop the uterine pains, as she had none but those of a pathological nature; but suppose the head does press down at the superior strait, and the liquor amnii is evacuated, and there is a want of coördination in the circular and longitudinal muscular fibres, and you arrest the pathological pains and allow the woman to rest, the labor will then go on naturally. The trouble is in the spinal system.

Chloroform will not arrest true uterine pains. How does the woman, under such circumstances, as in the case under discussion, die? First, from exhaustion; second, from ruptured uterus. Chloroform relaxes the os uteri in the same way as it acts in stricture, except in well-defined strictures. In this case he would have continued the chloroform, and give beef-tea, brandy, wine, etc.

Dr. Woodward said, in his proposition, he alluded to the head pressing down firmly on the os uteri, as likely to cause ulceration and sloughing of the soft parts, not as an immediate result, but as a sequence.

Union Medical Society.—Tribute of Respect.

The Union Medical Society met at Dr. Canaday's office, August 6th, on the occasion of Dr. B. F. Elder's death. The President being absent, the Vice President took the chair. On motion, Drs. Riddell and Canaday were appointed to draft resolutions expressive of the feelings of the meeting in regard to the deceased.

The Committee reported the following preamble and resolutions, which were unanimously adopted:

Whereas, it has pleased Almighty God to remove from our midst our worthy friend and professional brother, Dr. B. F. Elder; and *whereas*, it is but proper that we should testify to the esteem with which he was held by the medical fraternity generally, and this society particularly, therefore,

Resolved, That in the death of Dr. B. F. Elder the medical profession, and especially this society, has lost one of its best and most active members, Knightstown a good citizen, and his mother an affectionate and dutiful son.

Resolved, That this society tender these resolutions of sympathy to his bereaved mother and friends, ever remembering that the great Physician cares for us all while passing to that better world where sickness, suffering and death will never be permitted to enter.

Resolved, That as a further testimony of our regard for our deceased brother, we attend his funeral in a body.

Resolved, That a copy of the foregoing preamble and resolutions be given to the *Cincinnati Lancet and Observer* for publication, and that a copy be presented to the mother of the deceased.

N. H. CANADAY, *Vice President*.

T. C. COFFIN, *Secretary pro tem*.

Editorial Translations.

Results Obtained by Expectation in the Treatment of Pneumonia.

M. Barthez, Physician to St. Eugenie Hospital, read a paper entitled, "On the Results Obtained by Expectation in the Treatment of Pneumonia in Children." The author proposed in the paper to bring some proofs to the support of an opinion which begins to be adopted by the medical public, and which is summed up in the following phrase, borrowed from Legendre :

Simple pneumonia, developing itself accidentally in a person with good health, is, at least in children, a disease which terminates habitually, if not always, in a favorable manner. The truth of this assertion, says the author, will strike everybody, when I say, that from the month of August, 1854, until June, 1861,—that is to say, a little more than seven years—I have treated in my wards in the hospital two hundred and twelve children attacked with simple pneumonia, in which I counted two cases of death from the pneumonia, which attacked both lungs. Of this number, almost one-half received no treatment; for a large number of the others the medication was very mild, such as a purgative, an emetic or a bath; scarcely one-sixth of the patients have had any active treatment. A great number of cases have been treated in the city by M. Barthez with analogous results. So that, says M. Barthez, I believe I am right in affirming that my assertion regarding the benignity of simple uncomplicated pneumonia is true as regards children, so far as the disease is observed in Paris, whatever may be the seat and extent of the disease, the season of the year, the medication employed, active, mild, or absolutely no treatment at all. I must, however, except double pneumonia, the only form in which I have seen it mortal, in the proportion of two cases in thirty. In presence of such a result, which at present removes more than one doubt, M. Barthez believed it very necessary to state precisely the exact conditions of the patients.

The patients on whom the observations were made were from two to fifteen years of age. It is only simple primitive lobar pneumonia which has been treated. Consequently lobular pneumonia, lobar congestions supervening during the course of grave fevers, secondary lobar hepatization, and especially those which complicate pulmonary tuberculation, are excluded. Thus limited, primitive lobar hepatization has not, without doubt, still a unique origin, is not the expression of a disease perfectly determined and always identical with itself. M. Barthez agrees with those physicians who think that the inflammation of the organs is the result of general preëxisting morbid states, and that it habitually borrows from these diverse causes a particular physiognomy. Nevertheless, these pneumonias are confounded in their termination—they are all cured. If their nature gives to them differences, it is rather in their progress, their duration, and in the concomitant symptoms that we must seek, than in their termination. Now, it is just what we learn from the study of pneumonia left to itself. We may observe that many of the different symptoms observed in the progress and duration of the disease attributed ordinarily to the treatment, are a great deal more the consequence either of the mistaken cause of the inflammation, or of all the other circumstances, than those produced by the therapeutical remedies. But, passing this part of the history of pneumonia, adds M. Barthez, I am contented in the present paper to establish the duration of the period of increase, of decline and convalescence of this disease, and the influence exercised on these natural periods by an active or insignificant treatment; and also by the seat of the disease, at the apex, the base, or in both lungs.

The following are my conclusions: Abandoned to itself, pneumonia begins to resolve from the sixth to the eighth day from its beginning, and at the farthest on the seventh, in the half of the cases. Once in three or four cases the resolution commenced the fourth or fifth day; once in five it did not begin until the eighth day. An insignificant treatment did not produce any change in these proportions. Convinced of the benignity of the disease, the antiphlogistic treatment has appeared to me contra-indicated. It was much more so, as I observed that several children submitted to bleedings, continued more than others pale and thin during all the duration of a long convalescence. However, with some patients only, I have felt justified in repeated bleedings, and the resolution of the inflammation has commenced the fifth, the sixth, the seventh, and the tenth day. Resolution once commenced, the disease requires very little time to termi-

nate. Ordinarily the period of decline is accomplished in from two to six days, rarely in from seven to ten. This natural duration of the period of decline is not sensibly modified by the treatment; but if it causes any modification, it is not in favor of patients actively treated. Left to itself, the pneumonia of children terminates very often in ten days, habitually in less than fifteen days. The proportion is almost reversed when the children have been submitted to an active treatment. This is the rule for unilateral pneumonia; double pneumonia, treated or not, demands all of fifteen days to reach its termination. Passing to the study of the duration of convalescence, I find that the advantage remains very evidently with the expectant plan, or with a treatment very mild. In children who have not been treated, the duration of the convalescence has never exceeded fifteen days; it has been from fifteen to thirty days with those who have been submitted to the antiphlogistic treatment. Relatively to the seat of the inflammation, the pneumonia which occupies the middle portion of the lung is that one which resolves the quickest. Pneumonia of the apex and the base have the same duration. The pneumonia which occupies the whole upper part of the organ is that which lasts the longest. The progress of double pneumonia is slower than that of simple. The conclusion which seems to result from these details is, that in a child attacked with a primitive lobar hepatization, the best therapeutics consist in the employment of a good hygiene, and an abstinence from all medication.

The role of the physician will consist in filling some indications, the importance of which, though secondary as regards the termination of the disease, has however some value in the relief of the patient and the attenuation of the symptoms. It is thus that a very small bleeding, local or general, will relieve the pain in the side, and diminish the painful oppression, and will lesson momentarily the febrile action; sometimes an emetic or a purgative will bring about the resolution; at other times these favorable effects will result from a warm bath taken during the full progress of the disease.

ACETATE OF POTASH IN GONORRHOEA.—Dr. Betoldi states, in the May number of the *Annali di Medicina*, that he has had much success with this salt in gonorrhœa, given in doses of about one drachm a day. The author seems to look upon this medication as novel, and is probably not aware that acetate of potash has for some time been given in this country in cases of gonorrhœa, with variable results.

Correspondence.

The Indiana State Medical Society.

Your Indiana readers should not forget that a special meeting of their State Medical Society will take place at Indianapolis on Tuesday, the 18th of November, at 2 o'clock P. M., and continue, probably, for two or more days.

The annual meeting of the Society to have been held in May last, was postponed, but the President, acting under the advice of fifteen or more members, has called a meeting for the third Tuesday in November, as above stated. The incentive to this action is the necessity to determine, during the present year, some points upon which the future prosperity and usefulness, if not the very existence, of the Society depends. It is very desirable, therefore, that the proposed meeting should be fully attended, and to this end the President, Dr. Parvin, has exerted himself to make it the most attractive session ever held by the State Society.

A part of the feast to which the profession in the State is invited on the occasion may be set out as follows: the committees, both standing and special, which were to have reported to the annual meeting last spring, will report to this extra meeting in the fall. The special committees are eight in number, and bear titles as follows, viz.: 1st, Diseases of Females; 2nd, Insanity; 3rd, Medical Education; 4th, Puerperal Fever; 5th, Progress of Medicine; 6th, Pecuniary Relations of Members; 7th, Analysis of Excretions; 8th, Fevers of Indiana. Besides these papers, the President has secured a promise from each of eight or ten prominent members of the profession, resident in various parts of the State, to furnish an essay upon a subject to be determined by the party writing. As this allows each author to select the theme upon which he feels most competent to write, we may expect a series of fresh and spirited papers from this source. The President himself will contribute his Salutatory Address, which all who are acquainted with him will know to be no slender attraction. These written communications, and the oral discussions to which they will give rise, offer the promise of as rich a repast of medical literature and science as the most voracious could desire.

It has been hinted also, that the members resident in Indianapolis are determined to prepare a complimentary social entertainment for

the visiting members, that shall be—well, that shall not be hard to take.—Here, then, is such a bill of attractions as was never before presented at any session of the Indiana State Medical Society. The physicians within her jurisdiction should manifest their appreciation of the effort made to edify them by attending in such numbers as were never before witnessed on such an occasion. The time selected for the meeting seems propitious. The autumnal endemics which made the doctors' labors so arduous will have ceased, and the winter diseases will not have made their advent; thus allowing the weary practitioner a little leisure for physical recreation, professional association and scientific entertainment.

Let us all, then, under these happy auspices go forward at the appointed time, and while we bring to ourselves pleasant and profitable enjoyment, assist by our presence and our votes to settle whatever points, touching the general welfare of the profession, may be brought forward for adjudication.

HOOSIER.

Letter from Boston, Massachusetts.

BOSTON, MASS., October 8, 1862.

MESSRS. EDITORS :—At a recent meeting of the Councilors of our State Medical Society, several important matters came up for consideration. Among the more prominent topics passed upon, was that of the present system of ambulances in our army; which was condemned by several gentlemen who had been in the army in times of action, and had seen its present working and its deficiencies. Resolutions were adopted to take immediate measures to memorialize the Secretary of War upon the subject, so that a more thorough and systematic arrangement, in the supply and organization of the Ambulance Department, might be realized.

The following memorial has been forwarded to Washington, with the signatures of most of the physicians of this city; and copies of it are circulating in various parts of the State, for further names:

“The undersigned, physicians of Massachusetts, satisfied that the present system of ambulance arrangements is extremely defective, and a cause of great suffering to our wounded soldiers, respectfully petition the Hon. Secretary of War to place the control of it in the hands of the Medical Department of the United States Army, with authority to organize a distinct Ambulance Corps.”

A committee was appointed to bring the subject before other State

societies, that some concert of action might be adopted in all of the loyal States. As it is now, the ambulance system is under the control of the Quartermaster's Department; and it is suggested that many gross abuses, in the present arrangement, and in the manner of conveying stores to the sick and wounded, exist to such an extent, that it calls for some speedy and substantial reform. It is thought, and perhaps rightly, too, that if this was made a separate Department, and placed under the supervision of the medical authorities, many of the complaints and abuses, said to exist, would be remedied, and the invalid soldiers be better provided for, in times of extreme emergency.

In the charter of the Massachusetts Medical Society, there is a clause exempting the members thereof from being "enrolled or mustered in the militia of this commonwealth." In 1860, the military laws of the State were revised by the legislature, and certain persons therein named were exempted from enrollment, and consequently are not now liable to a draft. Physicians are not named in the preferred list of exemptions. The Commissioner of Enrollment for the county of Suffolk (who is a justice in one of our courts) has recently decided that the members of our State Society *are* liable to a draft, notwithstanding their chartered rights. His decision, I understand, is based upon the action of the Legislature two years ago, and upon the fact, that it would be unconstitutional, by any act, to deprive the commonwealth of the services of so large a body of men, when, in times of danger from without, they are needed. If this last idea is tenable, how is it that special legislation can exempt those large communities of men known as Shakers and Quakers, and still not apply to a chartered body? It seems to me, the argument is not pertinent to the case. Then, again, the judge decided that the members of the Massachusetts Homœopathic Medical Society *are exempted*, because *their* charter was granted since the revision of the militia statutes, in 1860; and because it contains a clause *identical* to the one engrafted on our regular State Society, in 1803, exempting its members from enrollment, etc.

You will readily see the bearing of this decision upon the members of both societies! How those of the one are protected by their chartered rights; while those of the other are not, although they did possess the same rights; and, in the opinion of many, they do still, notwithstanding the ruling of the learned commissioner.

The Councilors deemed the question of importance enough to appoint a committee to bring the whole subject before the best legal

authority, that the fellows may know what *are*, and what *are not* their privileges under their charter ; not that the physicians of Massachusetts are unwilling to respond to the call of their country, in its hour of peril and distraction, whenever and wherever their services are demanded, for the good of the sick and wounded, among those brave hearts who are now fighting not only for our present national honor, but for the unborn millions yet to people this continent.

During the session of the surgeons appointed to examine those claiming exemption from physical disability, in this city, I learn that quite a large number of the members of the Police Department obtained exemption papers ; whereupon the Board of Aldermen passed a resolution to the effect, that any policeman obtaining such certificate to avoid military duty is not competent to discharge the duties of his office. This seems rather stringent, as a man may have some slight disability, which would prevent him from passing the ordeal of examination for a recruit, according to military requirements, still he might make a suitable and faithful officer for police duty. I understand that, in some cities, candidates for the police department are physically examined, by competent surgeons, before accepted. This is well, and should be emulated in other cities.

At the recent battles, near the Potomac, two surgeons from this State were killed—Dr. Revere, of Boston, and Dr. Kendall, of a neighboring town.

A large number of surgeons from Massachusetts are serving as volunteers, and as contract surgeons, in the various hospitals in and about Washington. The health of our city is quite good, for the season.

B.

Editor's Table.

To Correspondents.—We return our thanks for favors abundantly given us, in the past, by our contributors. The state of the country, and the enlistment of many of our subscribers in the service of the country, has, of late, abridged our supply of regular original papers and reports. We shall be glad to hear more regularly and frequently than we have done for some months past.

Surgeon-General of Ohio.—Dr. Weber has been compelled, on account of sickness in his family, to resign the position of Surgeon-General of this State. He has been an excellent officer, and has

brought the Medical Staff to a degree of efficiency not surpassed by that of any other State. It is to be regretted that he could not continue in his place. His fine executive ability, thorough knowledge of military medicine, and firm course pursued in appointing only those who had passed the Medical Board of Examiners, have been of great value to the Army, and of essential benefit to the profession. Dr. Weber deserves, especially, the thanks of the profession for his decided course in keeping out of the Army all irregular practitioners. This class of so-called physicians have coaxed, cursed, and threatened him; but all to no purpose. We have been assured by several Medical Inspectors of the United States Army, that the surgeons attached to Ohio regiments are not surpassed, for ability, by those of any other State. Dr. S. M. Smith succeeds Dr. Weber; and if he administers the duties of his office as well, he will deserve, as he will receive, the good opinion of all in the profession, and of the public at large.

DIED in Perryville, Ky., October 30th, after a short illness, Dr. ROBERT R. McMEENS, Surgeon of the Third Ohio Regiment, and Acting Medical Director of the Tenth Division of Gen. McCook's Army Corps.

Alas! our good friend is gone from this world. The warm friend, the genial companion, the well-bred gentleman, the scientific physician, all united in Robert McMeens. We have known him many years, and feel the loss of him in every way. The profession had no more devoted student, and no one more deeply interested in everything concerning its welfare. Dr. McMeens served as surgeon of a regiment in the Mexican war. For several years he lived and practiced in Sandusky City, where he justly and deservedly occupied a high position. At the first call for volunteers, he offered his services and was appointed Surgeon of the Third Ohio; with which he was serving when he died. He served through the campaign in Western Virginia, and throughout the campaign in the South. As a faithful and efficient surgeon, he stood high with the officers of both volunteers and regulars. He was the soldier's friend as well as physician. It is only a few days since that we received a letter from him in defense of the surgeons of his division. Little did we think, then, that we should so soon have to mourn his loss. The Profession of the State, as well as that of the country at large, lose a valuable and useful man, in Robert McMeens. In our journal for the last several years, will be found many valuable papers from him. The State Faculty, of which he was a working member, will have much to regret in his death. Farewell, departed friend! Generous, manly, brave and true, we shall treasure a fond and life-long recollection of you.

Medical Department of the West.—The following officers have been announced as Medical Directors of the Armies and Departments within the jurisdiction of the Assistant Surgeon-General: Colonel R. C. Wood, U.S.A., Chief of the Medical Department of the West; Surgeon W. J. Sloan, U.S.A., Department of the North-West; Surgeon Madison Mills, U.S.A., Department of Missouri; Surgeon B. J. D. Irwin, U.S.A., Army of the South-West; Surgeon L. D. Holden, U.S.A., Department of the Ohio; Surgeon Robert Murray, U.S.A., Army of the Ohio; Surgeon H. R. Wirtz, U.S.A., Army of the Tennessee.

Indiana Medical Appointments.—In announcing, from time to time, the medical appointments in Indiana, we have been obliged to depend upon chance newspaper notices; of course, necessarily imperfect. We should be pleased to publish a more perfect list of such appointments, were they furnished to us. In a notice of some of these appointments, given in our September No., we observe the name of Dr. Wooden, Surgeon of the Sixty-Eighth Regiment, printed *James*; it should read, *John L. Wooden*.

We have, for a long time, noticed with regret that many of the medical appointments of our sister State are tinctured with quackery of a low order. We speak of this with pain, because Gov. Morton, for the most part, has distinguished himself, during this terrible civil strife, by his anxious care for the welfare of his soldiers; in the matter of their medical care, however, he seems to be singularly careless, indifferent, or misled. This shows the importance of a distinct medical bureau, whose special business it shall be to have cognizance of the fitness of the surgical appointments to a great army; a politician, be he ever so wise, can not be expected to know everything; but, in the absence of a proper tribunal, the Governor should cast about for judicious advisers. Gov. Tod has set a good example, in this respect; we recommend it to our friend, Gov. Morton.

New Publications.—We have received from the publishers, J. B. Lippincott & Co., of Philadelphia, the following volumes: “*Anatomy of the Arteries of the Human Body, Descriptive and Surgical, with the descriptive Anatomy of the Heart,*” by John Hatch Power, M.D.; “*The Hospital Steward's Manual,*” prepared by J. J. Woodward, M.D. They are adapted to the wants of the times, and as they are received too late for review, this month, will be duly noticed next month.

The Physician's Hand-Book of Practice.—We have received this very convenient pocket companion for 1863, from the publisher, W. A. Townsend, of New York. It is arranged on a plan entirely different from the *Visiting List*, which has been published for many years by Lindsay & Blakiston. Both have their excellencies, and will be favorably regarded very much as persons have become accustomed to their use. The Hand-Book is got up in very elegant style, and in every way is very complete and convenient.

— We have to announce the death of another of our oldest and most respected physicians. Dr. John C. Cheesman died on Saturday, October 11th, in the 75th year of his age, at his residence, No. 230 Fifth Avenue. Dr. Cheesman has long occupied a prominent position in the profession of this city. He was for many years a surgeon of the New York Hospital, and a trustee of the College of Physicians and Surgeons. He was a very successful practitioner, and for a long period enjoyed a large and lucrative practice.—*Amer. Med. Times.*

Inspection of General Hospitals of the Army.—The following letter has been addressed to certain of our most distinguished surgeons throughout the country.

OFFICE OF THE U. S. SANITARY COMMISSION,
493 Broadway, New York, September 24, 1862. }

SIR:—The Sanitary Commission propose to commence on the — of October, a special inspection of the General Hospitals of the Army.

These are forty-seven in number, in the District of Columbia alone, and perhaps as many more in all other parts of the country; they contain, at this time, not less than 50,000 sick and wounded.

As this proposed service is additional to the duties of this nature heretofore performed by the Commission, and is for a higher purpose, they wish to secure the assistance of the best medical and surgical ability in the country for the work—as none but men of established position and character are able to carry the moral weight and influence with the Army Surgeons, essential to the practical success of this effort to secure the highest standard of professional excellence in the management of Military Hospitals.

The Commission propose to keep six inspectors constantly employed east and west, and to accept the services of such as can serve not less than a fortnight, whilst they ask no service for more than one month. The most they can offer the profession in the way of remuneration is \$250 per month.

The scheme of this inspection is for the six months ending May 1st, 1863.

You are respectfully requested to designate before the — October, when the books will close, the period, if any, for which you are willing to serve, and the precise date when you can most conveniently render

the service. The Commission will, however, consider it a special favor if you will allow them to designate the time when your services will be most acceptable. If you can serve for two terms of a fortnight each, at an interval of three months, please to state. For the Western Hospitals a month's service would be preferred.

The Commission is anxious that this duty shall be undertaken with the earnest and unselfish purpose of securing for our sick and wounded soldiers thorough and able hospital treatment, by the detection and removal of all defects in administration or professional care susceptible of remedy or improvement.

Full instructions as to the form of the report required will be furnished at the proper time.

By order of the Executive Committee.

Very respectfully, your obedient servants,

W. H. VAN BUREN, M.D.

C. R. AGNEW, M.D.

WOLCOTT GIBBS, M.D.

—The Commission appointed by the Surgeon-General to devise a method of expending the fund appropriated by Congress for the purchase of wooden limbs for soldiers, recently held a meeting in this city. It consisted of the following eminent surgeons: Drs. Van Buren, Gross, J. M. Warren and Satterlee. After examining the subject, they resolved to allow the patient fifty dollars for a lower, and twenty-five dollars for an upper extremity. The following artificial limb manufacturers were selected to supply limbs, viz.: Dr. E. D. Hudson, New York, Dr. Douglas Bly and Mr. Selpho, New York, Mr. Douglass, Springfield, Mass., and Mr. Palmer, Philadelphia. The patient is at liberty to apply to either of these manufacturers, but if the price which they demand for a given limb exceeds the amount allowed, the patient, or his friends, must make up the deficiency. This arrangement is very judicious, and will lead to a proper use of the fund. Every maimed soldier will be able to obtain an artificial extremity of such quality as he chooses.—*Amer. Med. Times.*

Army Medical Changes.—Surgeon Horace R. Wirtz, U. S. Army, now in charge of the General Hospitals at Evansville, Indiana, has been directed to report to Major-General Grant, commanding the Army of the Mississippi, as Medical Director. Surgeon Charles McMillan, Corps of Volunteer Surgeons, now on duty at the Headquarters of Major-General E. D. Morgan, has been ordered to report to Assistant-Surgeon General Wood, at St. Louis, Mo. Surgeon B. J. D. Irvin, U. S. Army, has been assigned to duty with Brigadier-General Steele, as Medical Director of the troops under his command.

Assistant-Surgeon C. K. Winne, U. S. Army, has been directed to proceed to Evansville, Indiana, and relieve Surgeon H. R. Wirtz, U.S.A., in charge of the General Hospitals at that place.

The Indiana State Medical Society will convene in the city of Indianapolis on Tuesday, the 18th of November, at 2 o'clock p. m. The President of the State Society desires us to make this call, and we trust it will be observed by all that feel an interest in the prosperity of the Society.

Military Hospital News Items.—At the West-End Hospital, of this city, Dr. David Judkins has resigned his position as Surgeon in charge. He is succeeded by Dr. John F. White, who is transferred from the charge of a hospital recently opened in Covington, to the West-End. Dr. Charles T. Simpson is associated with him. Dr. Judkins had been in charge of the West-End Hospital from its opening, last spring, and conducted its affairs with energy and general satisfaction. He has received, and accepted, an appointment in the U. S. Sanitary Commission.

— Dr. Patton, of this city, has received an appointment in one of the Covington Military Hospitals. Dr. Eversman, formerly resident at the Commercial Hospital, is recently made surgeon in charge of the Military Hospital at Camp Dennison.

Death of Gen. Mitchell.—The telegraph brings the sad news of the demise of Gen. O. M. Mitchell at Beaufort, S. C. Although he was not in any way identified with our profession, yet a warm friend of scientific medicine is lost in him. He had no heart for quackery in any form, and ever did all in his power for the promotion of legitimate medicine. When Professor of Mathematics in the Cincinnati College, from 1837 to 1842, he exerted all of his influence for the building up of the medical department of that Institution. His scientific attainments need no word of eulogy from us, as where is the man with the least love for general science who has not been honored by him? His energy, scientific attainments, military ability, honest and straightforward purpose, and loyalty to the government, are known all over the country. Cincinnati enjoyed a world-wide reputation for its observatory, the labor of Mitchell. The Ohio and Miss. Railroad became an accomplished fact under his energetic labors in Europe. The public at large in all of the large cities of the country have been taught respect for science under the magic influence of his lectures on astronomy. No braver, or more honest man has laid down

his life in the cause of his country than O. M. Mitchell. His character was remarkable in many respects. He loved young men who manifested quickness of parts and disposition to learn, and always used his influence to advance them.

Academy of Medicine.—After a vacation, during the short nights and hot weather, the Academy has resumed its weekly meetings, and we have already had interesting discussions. We shall be able to add to the interest of this journal, by regular reports from this body; we commence these reports in the present number.

— *Dr. H. H. Smith* has resigned the office of Surgeon-General of Pennsylvania. *Dr. John King*, of Pittsburgh, is his successor.

Army Medical Miscellany.—The Medical Director at Washington, D.C., has been directed to increase the accommodations of Cliffburne Hospital to the number of 1000 additional beds, by pitching Hospital Tents on the grounds adjoining. The Medical Purveyor at Washington, D.C., has received orders to send 1000 iron bedsteads to Frederick, Md. The Secretary of War has directed the evacuation of the Hospital at the Capitol, so that the building may be purified and prepared for the use of Congress. It is believed that orders will soon be given for the evacuation of the Hammond Hospital, at Point Lookout, Md., there being many objections against it as a winter residence for the sick. Many of the applicants for appointments in the Corps of Volunteer Surgeons, who have received permits to appear before the Examining Board in St. Louis, having failed to appear at the time appointed for their examination, the Surgeon-General has directed that their names be dropped, if after a reasonable time they fail to give a satisfactory explanation of their non-appearance.

In the Army of the South-West, there are now thirty Surgeons absent from their regiments, sixteen of whom are on Staff duty. The evil resulting from the absence of regimental medical officers is a serious one, and often the cause is by no means a good one. There are instances known of gentlemen getting appointed on the Staff of General Officers, with the honorary title of Medical Director, without any duty to do, or law or regulation to justify the detachment of the Surgeon from his regiment.

The movement of the troops under General Grant rendered it necessary to bring all the sick of his army to Corinth, Miss. They numbered two thousand (previous to the battle there), and were distributed in the various hospitals. The wounded at Iuka had also been brought in and were well cared for. They numbered four hundred and one.

On the retreat of the Union troops from the District of the Kanawha, the General Hospital at Gauley was abandoned and the build-

ings burned. The General Hospital at Charleston, Va., was also abandoned, the sick being removed to Gallipolis, O.

The Medical Purveyor at Cincinnati, Ohio, has been directed to furnish medical supplies on requisition to the new regiments forming in Western Virginia.

Regulations for Admission and Promotion in the Medical Department of the Army.—Boards of Medical Examiners are not convened at stated times, but whenever, in the opinion of the Surgeon-General and Secretary of War, the wants of the service render it necessary. Their meetings are usually held in New York or Philadelphia, which points have generally proved the most convenient for a majority of the applicants; but they may be, and have been, held in Richmond, Newport, Ky., St. Louis, and other places, at the option of the Secretary of War. These Boards are governed in their proceedings by the Regulations for the Army, so far as applicable, but establish their own *modes* of examination. It is the practice first to ascertain whether the candidate is subject to any infirmity or disease, mental or physical, which would in any way disqualify him for performing efficiently the active and arduous duties of a medical officer. If the result be satisfactory, the professional examination follows; if unsatisfactory, the candidate is furnished with a certificate of the fact. The professional examination embraces Anatomy and Physiology, Principles and Practice of Surgery, Obstetrics, Materia Medica and Therapeutics, Chemistry, Medical Jurisprudence and Toxicology. General literary and scientific acquirements are essential; but no positive standard or limit in that particular has been established.

“An Act of Congress, Approved June 30, 1834.

“SEC. 1. That from and after the passing of this Act, no person shall receive the appointment of Assistant-Surgeon in the army of the United States, unless he shall have been examined and approved by the Army Medical Board, to consist of not less than three Surgeons or Assistant-Surgeons, who shall be designated for that purpose by the Secretary of War; and no person shall receive the appointment of Surgeon in the army of the United States, unless he shall have served at least five years as an Assistant-Surgeon, and unless, also, he shall have been examined by an Army Medical Board, constituted as aforesaid.

“SEC. 2. That the Surgeons in the army of the United States shall be entitled to receive the pay and emoluments of a Major; and the Assistant-Surgeons, who shall have served five years, shall be entitled to receive the pay and emoluments of a Captain; and those who shall have served less than five years, the pay and emoluments of a First Lieutenant; and that said Assistant-Surgeons shall be entitled to receive the same allowance for forage as they are at present entitled to.

“SEC. 3. That every Surgeon and Assistant-Surgeon, who shall have served faithfully ten years in these grades, respectively, shall be entitled to receive an increase of rations per day, equal to the number of rations to which he may be entitled under this Act.”

Boards of Medical Examiners are convened at such times as the wants of the service render it necessary, when selections are made by the Secretary of War of the number of applicants to be examined for the appointment of Assistant-Surgeon. To the persons thus selected invitations are given to present themselves to the Board for examination. These invitations state the time and place of meeting of the Board.

Applicants must be between twenty-one and twenty-five years of age. The Board will scrutinize rigidly the moral habits, professional acquirements, and physical qualifications of the candidates, and report favorably in no case admitting of a reasonable doubt.

The Board will report the respective merits of the candidates in several branches of the examination, and their relative merit from the whole; agreeably whereto, if vacancies happen within two years thereafter, they will receive appointments and take rank in the Medical Corps.

An applicant failing at one examination may be allowed a second, after two years, but never a third.

Applications must be addressed to the Secretary of War; must state the residence of the applicant, and the date and place of his birth. They must also be accompanied (reference will receive no attention) by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the medical staff.

No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment; but those who are approved and receive appointments will be entitled to transportation on obeying their first order.

[The pay and emoluments of Surgeons and Assistant-Surgeons have been heretofore given in full in the *Lancet and Observer*, though a recent Act of Congress has cut down the pay of army medical officers twenty per cent.—ED.]

Regulations for Admission and Promotion in the Medical Department of the Navy.—It is prescribed by law that no person shall be appointed in this branch of the service who has not been examined and found qualified by a Board of Naval Surgeons, designated by the Secretary of the Navy.

A Board of Naval Surgeons will be assembled annually, at such place as may be indicated by the Department, usually about the close of the lecture season of the colleges, for the examination and selection of candidates for admission into the Medical Corps of the Navy, as well as for the examination of Assistant-Surgeons who may be candidates for promotion.

Application for permission to attend the examination for admission to the Medical Corps of the Navy must be addressed to the Secretary of the Navy, stating the age and residence of the applicant, and be accompanied by respectable testimonials of his possessing the moral

and physical qualifications requisite for filling creditably the responsible position of a Medical Officer of the Navy.

The application of no one will be considered who is under twenty-one or over twenty-six years of age.

The permission will state the time and place of the meeting of the Board.

The Board rigidly scrutinizes the physical qualifications of each candidate, as well as his moral, mental, and professional fitness for the Naval Service; and reports favorably upon no case admitting of a reasonable doubt, as the health and the lives of the officers and men of the Navy are objects too important to be intrusted to ignorant or incompetent persons.

The Board reports the relative merit of the candidates as shown by the examination; and appointments will be made in the Navy as vacancies may occur, in the order in which they may be reported by the Board.

No qualified candidate will be held over for appointment beyond one year; if not appointed within that time, it will be necessary for a candidate to be re-examined, when he will take position with the class last examined.

Physical examination will precede the professional; no candidate not physically qualified for the active duties of the service will be examined professionally. The Board will make a separate report in each case of the physical condition *direct* to the Department, to be placed on file with the testimonials of the candidate.

No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment.

After five years' service in the Navy, at least two years of which shall have been passed "on board a public vessel of the United States at sea," Assistant-Surgeons shall be entitled to an examination for promotion.

In order that the relative position of Assistant-Surgeons of the same date, who shall be examined for promotion at different times, may be more readily determined, a majority of the members of the Board will be selected, if practicable, from those who served on the next preceding Board.

Assistant-Surgeons, who are candidates for promotion, shall present to the Board testimonials of correct deportment and habits of industry from the Surgeons with whom they have been associated on duty; also, a Journal of Practice, or Case Book, in their own handwriting. They are expected to be familiar with all the details of duty specified in the "Instructions for the government of Medical Officers."

Any Assistant-Surgeon who shall fail to present himself for examination after he has been ordered (unless for reasons which may be satisfactory to the Department), or who, after examination, shall be reported by the Board as "not qualified" for promotion, shall be dropped from the list of Officers of the Navy.

GIDEON WELLES, Secretary of the Navy.

COMPENSATION.—The pay of Assistant-Surgeons and Surgeons is established by act of Congress, approved on the 1st of June, 1860, and is as follows :

FLEET SURGEONS.....	\$3,300 00
SURGEONS—On duty at sea—	
For first five years after date of commission as surgeon.....	2,200 00
For second five years after date of commission as surgeon.....	2,400 00
For third five years after date of commission as surgeon.....	2,600 00
For fourth five years after date of commission as surgeon.....	2,800 00
For twenty years and upwards after date of commission.....	3,000 00
On other duty—	
For first five years after date of commission as surgeon.....	2,000 00
For second five years after date of commission as surgeon.....	2,200 00
For third five years after date of commission as surgeon.....	2,400 00
For fourth five years after date of commission as surgeon.....	2,600 00
For twenty years and upwards after date of commission.....	2,800 00
On leave or waiting orders—	
For first five years after date of commission as surgeon.....	1,600 00
For second five years after date of commission as surgeon.....	1,800 00
For third five years after date of commission as surgeon.....	1,900 00
For fourth five years after date of commission as surgeon.....	2,100 00
For twenty years and upwards after date of commission.....	2,300 00
PASSED ASSISTANT-SURGEONS—	
On duty at sea.....	1,500 00
On other duty.....	1,400 00
On leave or waiting orders.....	1,100 00
ASSISTANT-SURGEONS—	
On duty at sea.....	1,250 00
On other duty.....	1,050 00
On leave or waiting orders.....	800 00

FORM OF APPLICATION.

To the Secretary of the Navy : _____, 186—.

I respectfully make application for examination as to my qualifications for appointment as Assistant-Surgeon in the United States Navy. I was _____ years of age, on the _____ day of _____, 186—, and reside in _____, county of _____, and State of _____. I forward herewith testimonials of moral and physical qualifications.

Very respectfully, _____.

— A dispute having arisen at an Italian court between a lawyer and a doctor, as to which should walk first in a public procession, it was referred to the court fool for judgment, who gave it in favor of the lawyer, on the ground that the rogue should always precede the executioner.

— A good woman who is very fond of using large words, sent for a physician to prescribe for a headache, the result of a violent fall. She assured him that she “fell down” and struck her head “with such exceeding violence on the steps that she wasn’t conscientious for some hours.” It occurred to us that if falls were productive of that condition, a large portion of the human family must be in the daily habit of knocking their heads on the steps.

Special Selections.

On the Treatment of Pneumonia: with the Results of 105 carefully recorded Cases.

At a late meeting of the British Medical Association in London, Dr. J. Hughes Bennett, of Edinburgh, read an interesting paper under the above title.

By pneumonia, or inflammation of the lung, the author stated he understood a disorder essentially composed of an exudation from the blood among the elementary textures and into the air vesicles of that organ, which gives rise to those well-known physical signs and functional symptoms with which all are familiar. This, like most other inflammations, when acute, was formerly treated by so-called anti-phlogistics—that is to say, bloodletting, purgatives, antimonials, low diet, and other methods of lowering the strength of the patient. It was about eighteen years ago, in consequence of investigating the pathology of inflammation, that Dr. Bennett began to doubt the propriety of such a treatment, and this for the following reasons:

In the first place, the cause of the inflammation is an irritation of the textures, of the ultimate molecules, of the part; in consequence of which their vital power of selection is destroyed and that of their attraction is increased. The removal of blood by venesection can not alter this state of matters, neither can other lowering remedies. If the inflammation be superficial and limited, local bleeding may diminish the congestion, as in conjunctivitis; but if exudation has occurred, it can not remove that.

In the second place, an exudation or true inflammation having occurred, it can only be absorbed by undergoing cell-transformation. Now this demands vital force or strength, and is arrested by weakness. Inflammations in healthy men rapidly go through their natural progress. In weak persons they are delayed or arrested: hence their fatality.

In the third place, the strong pulse, fever, and increased flow of blood in the neighborhood of inflamed parts, have been wrongfully interpreted by practitioners. They are the results, and not the causes, of inflammation; and show that the economy is actively at work repairing the injury. So far, therefore, from being interfered with and interrupted, they should be supported by nutrients.

It follows, fourthly, that if these views be correct, the true treatment of inflammation should be directed toward bringing the disease to a favorable conclusion by supporting, rather than by diminishing, the vital strength of the economy; and this, not by over-stimulation, as was done by Dr. Todd, but simply by attending to all those circumstances which restore the nutritive processes to a healthy condition.

Having been guided by these views in his practice for the last

fourteen years, and having seen that they have been gradually adopted by the profession, Dr. Bennett offered the most convincing proof of their correctness from an analysis of 105 cases of pneumonia publicly treated in his clinical wards in the Royal Infirmary of Edinburgh, and carefully recorded by his various clinical clerks. In all these cases the treatment was directed to the support of the economy, never to weaken it by antiphlogistics. At the same time, if dyspnoea be urgent, cupping or a small bleeding (from four to eight ounces) may be practised as a palliative, more especially in bronchial or cardiac complication—although in none of these cases was such bleeding ever found necessary by him. During the febrile excitement mild salines are administered. On the fourth or fifth days, when the fever abates, good beef-tea and nutrients are administered; and on the pulse becoming soft or weak, from four to eight ounces of wine daily. As the period of crisis approaches, slight diuretics are given to favor the excretory process. The results are—

Single uncomplicated cases.....	58	Average duration	13½ days.
Double " ".....	19	" "	20 "
Complicated cases.....	17	" "	15¾ "
Unsatisfactory cases (as to duration).....	8		
Deaths.....	3	= 105 cases in all.	

Ratio of deaths, 1 in 35 cases.

Average residence in the hospital of 77 uncomplicated cases of pneumonia (single and double), 22½ days.

It has been supposed that in consequence of this comparatively small number of cases occurring in so long a period as fourteen years, the disease is rare in Edinburgh. It should therefore be explained that the clinical professors are on duty alternately, and that he (Dr. Bennett) had never acted as physician to the Infirmary more than one-half of the year, and in most cases only one-third of the year. It has also been imagined that pneumonia in Edinburgh is unusually slight and trivial, or that the disease in these cases was not extensive. But it is not so. Many cases, and especially the double ones, were very severe, with great dyspnoea and very urgent symptoms. Dr. Bennett had frequently pointed out the existence in these cases of the hard and strong pulse in vigorous young men, in whom, however, the most rapid recoveries were invariably observed. It should also be noted that these cases were in no way selected, but included not a few which were admitted *in extremis* by the resident clerk, and never seen by the physician; nor such as were partly treated by other physicians in the hospital, and for which treatment Dr. Bennett was not responsible.

From these facts Dr. Bennett concluded:

1. That simple pneumonia, if treated so as to support, instead of lower, the nutritive processes, so far from being a fatal disease, almost invariably recovers.

2. That the cause of mortality in these cases is exhaustion, either before they come under medical supervision, or, as formerly practised, by a lowering treatment. Bleedings or other remedies that do not ex-

haust must be regarded as palliative rather than curative, and their influence has yet to be determined with exactitude.

3. That the same rule applies to all inflammations, the amount of danger being in direct ratio to the weakness of the system; the existence of complications in other viscera, or blood poisoning.

Dr. Bennett was of opinion that these important results were not the effect of chance; of empirical experiment; of a change in the nature of inflammation, or of the force of the pulse in man and animals; of an alteration of diet or of drink, or of nervous susceptibility; nor of a change of type in disease,—all of which have been supposed by some explanatory of facts which can no longer be denied. The more he considered this subject, the more was he convinced that it could only be justly attributed to the advance of medical science, and that it was a source of infinite satisfaction for medical men so to consider it. He thought it strange that some minds would rather ascribe so manifest an improvement in the treatment of disease to hypothetical revolutions in nature which had no proof in their support, than to the increase of knowledge amongst the profession which was obvious to all. It seemed to him that if any one demanded in what way our advance in physiology and pathology had benefitted the treatment of disease, no better proof of it could be found than in the diminished mortality that everywhere now accompanied attacks of acute inflammation.—*Lancet*, August 16, 1862.

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Responsibility of Medical Men in the Practice of Midwifery.

Recent circumstances can not fail to excite a feeling of uneasiness in the minds of obstetric practitioners as to the extent of the responsibility they incur. Of course the rule of law, as regards the practice of Midwifery, differs in no respect from that which obtains in other departments of Medicine and Surgery. The practitioner is bound to bring to his task reasonable skill, and to exercise due care and discretion. Having done this, he is justly held by the law harmless from all proceedings, criminal or civil, on the part of the patient. Hence, the source of actions for damages and of criminal informations lies in the assumption, well or ill founded, that reasonable skill and care have not been exercised, and that therefore the surgeon is answerable for any injury that may have been sustained by the patient through his default. The same law holds in the case of attorneys. If, in the course of a suit or of other legal business, it can be shown that the client has sustained injury through the neglect by his solicitor of some clearly-defined duty towards him, he may recover compensation. This liability rightly and justly applies in principle to every contract. If there were no such liability, there would be a diminished security in almost every conceivable case either for the competency or the good faith of the party undertaking to perform a specified obligation. The profession that seems least amenable to censure or to penalties for the failure of duty towards clients is probably that of the

Bar. The profession that appears to be the most frequently exposed to actions is assuredly that of Medicine. An opinion would seem to be gaining ground amongst the public, that medical men are responsible for any and every mishap that may occur under medical treatment. In one sense this feeling may imply a high compliment to the skill of the medical profession. Since responsibility is governed by power, the theory that medical men are liable for every mischance that befalls a patient, implies that medical science is so perfect that the agencies endangering limb and life are entirely under its control. Unfortunately there is a fundamental error in the premises. The capacity of medical men to save or to restore to health is limited by conditions beyond their control. When the physician or surgeon has done the best that science can suggest and that art can effect, he is not unfrequently compelled to acknowledge the superior power of the forces against which he has to contend. In no department is this more clearly illustrated than in midwifery, and in none is the empire of skill more signally proved. It is not improbable, indeed, that the recent extremes to which the doctrine of responsibility has been carried in obstetric cases is the direct result of the remarkable success of modern midwifery. So much is accomplished, so striking to the mind of patients and lookers-on are the triumphs of obstetric skill, that they with difficulty recognize the possibility of failure. To cite an example: it appears to be a popular belief that all injury to the mother's structures during the act of labor can be averted by the exercise of due skill and care by the medical attendant. Because in most ordinary, and in many most formidable emergencies, the integrity of the mother's person is preserved, it is concluded by the public, who are necessarily unable to institute a scientific comparison between the conditions of different cases, that whensoever an injury occurs, the medical practitioner has either done something wrong, or omitted something that he ought to have done. Litigious persons, under this conviction, at once put in action the law of professional responsibility.

The accident that has given the most recent occasion for the display of this spirit is laceration or rending of the perineum. And since a respectable practitioner has actually been cast in heavy damages for his supposed culpability in a case where this injury occurred, it is natural to suppose that the public will regard this verdict as an authoritative declaration that the occurrence of laceration of the perineum, during labor, is a fair ground for an action for compensation. It is therefore especially desirable, not more for the safety of medical men than for the advantage of the public, that the true measure of responsibility in such cases should be clearly understood. It may be laid down, in the first place, as a general fact, that rupture or laceration of the womb, vagina, or perineum rarely occurs in consequence of any direct action or interference on the part of the accoucheur. So far, then, as any positive malpraxis is concerned, the probability is very strong indeed, in any given case, that the practitioner is blameless. When the maternal tissues are injured, it is almost invariably the result of those powerful muscular contractions which Nature employs to bring the child into the world. The pregnant womb at the

time of labor is the largest and the most powerful muscle in the body. The force it is capable of exerting is enormous. It has frequently happened that this strong, hollow muscle has, in the uncontrollable energy of its efforts to expel its contents, rent itself at points beyond the reach of the accoucheur, and even during his absence. It happens still more frequently that, under this violent action of the womb, the resisting soft external parts give way. It is certain that if the perineum did not thus in many cases give way, the womb itself must be torn by its own violence. The child must be born; and the variable relations between the expelling power, the child's body, and the yielding capacity of the resisting parts of the mother, may be so unfavorable that Nature must break down somewhere. Either the accident already referred to,—generally fatal,—the rending of the womb, takes place, or the child must be sacrificed, or the minor evil, the rending of the perineum,—an injury sometimes afflicting, but never dangerous to life,—will happen. The rent may vary in extent; but it ought to be generally known that slight lacerations, in first labors, are so common and inevitable that they can not be regarded in any other light than as a normal consequence of labor. If through a morbid condition—such as any of those inflammatory states to which married women are so prone—the integrity of the soft parts be impaired, the liability to laceration under the violent strain of parturition is greatly increased. It deserves especially to be remembered, that whilst slight degrees of lacerations are almost the normal condition of labor, it is frequently impossible, by any care, to limit the extension of a laceration which has once begun. Hence, in either case, the presumption is great that a spontaneous laceration, great or small, has arisen independently of any fault on the part of the medical attendant. There remain another class of cases: those in which laceration takes place during operative measures conducted by the surgeon. But, *à fortiori*, it may be concluded that, since even in the course of those easier labors in which the natural powers are sufficient to bring the child into the world, the perineum is so frequently torn, there must be still more imminent danger of this accident in those severe labors in which resort to operations is necessary to save the mother's life, and perhaps that of the child as well. In the perils of childbirth, as in many other perils to which human life is exposed, the way to safety has often to be sought through a choice of evils. Laceration of the perineum, distressing as the consequences sometimes are, is about the least evil that can occur in a difficult labor. It is, moreover, a remediable evil. For this latter reason alone it seems manifestly unjust to visit the medical man, in whose presence this injury has happened, with heavy damages. But it is absolutely absurd and monstrous to hold him responsible for an event which, in all probability, was entirely unavoidable, and which in most cases is simply the indication of the mother's escape or rescue from greater, perhaps mortal, injuries.

It is a grievous mistake to suppose that the public interest can in any way be advanced by the resort to actions for damages in cases of this kind. Whilst the conditions of Nature can not be altered, whilst

the risks of labor will continue, the only effect of straining unjustly the doctrine of professional responsibility will be to render the medical practitioner less confident and less secure in the exercise of his calling, and thus to lessen the resources that are now available against the terrible dangers of childbirth. The weight of responsibility that already hangs over the medical practitioner is often heavy enough to tax the courage and powers of the most calm and the most accomplished intellects. To add to that weight the terrorism of the law is a policy at once ungenerous and suicidal.—*London Lancet*.

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Is Shaving favorable to Health?—A Plea for Beards.

BY A. MERCER ADAMS, M.D.

Late Physician to the Dumfries and Galloway Royal Infirmary.

Dr. Adams holds that shaving is neither warranted by antiquity, necessary for comfort, nor conducive to health; and his arguments have much to recommend them. He reminds us, also, that the prevalence of shaving in this and the last century originated in a miserable piece of sycophantism toward two French monarchs, (Louis XIII. and Louis XIV.,) who ascended the throne during their minority, the courtiers making their chins bare in compliment to their beardless princes, and that shaving, in fact, is nothing more than a perverse fashion. And, certainly, there is something to be said in favor of the hygienic virtues of the beard. For example—

The beard seems as truly designed by nature to aid in the preservation of the health as is the hair covering the cranium. The moustache is emphatically nature's simple respirator, while the hair covering the jaws and throat is intended to afford warmth and protection to the delicate structures in the vicinity, especially the fauces and the larynx. In shaving, then, do we not destroy the provisions which have been made for the maintenance of the health? We are only aware of one author who has directed special attention to this inquiry, and who has furnished us with any statistics bearing on the subject. Dr. Szokalski has given us the details of his observations, made, in 1853, on fifty-three strong, healthy men, whose ages ranged from twenty-five to forty-five, who shaved the face, after having previously worn the whole beard. All of them at first experienced very unpleasant sensations of cold, but only fourteen of them became speedily accustomed to the change, and experienced no further inconvenience. The others suffered more or less, in various ways. Twenty-seven had painful affections of the teeth and jaws—eleven having toothache and facial neuralgia, and sixteen rheumatism of the gums, with and without abscesses. In six cases there was obstinate enlargement of the submaxillary glands; and in thirteen there was a rapid increase of the caries in previously affected teeth, requiring extraction of the aching grinders. He compared the statistics of toothache in thirty men, of the age of thirty years, one-half of whom wore the beard, and the others shaved. Among those of the first

class there had been only eight teeth extracted, while among the others there had been no less than twenty-six extractions. All the cases of dental neuralgia which came under his notice, as the results of shaving, were obstinate and tedious in their character; in a few the disease assumed an intermittent type; and in two cases all remedies proved unavailing, until the beard had been allowed to grow once more. He is therefore firmly of opinion that the growth of the beard is conducive to health, and that shaving renders weakly persons more susceptible of violent alterations of temperature, and consequently more liable to disease.

The beard also acts beneficially as a respirator, for it not only mechanically prevents the entrance of foreign particles into the air-passages, but it also lessens the coldness of the air we breathe, by imparting to it, as it passes through the thick moustache, some of the heat which has been left there by the warm breath just expired. The utility of the beard, as a hygienic agent, was recognized many years ago by one of the wisest physicians and most benevolent men of modern times, the late Professor Alison, of Edinburgh. The stonemasons in the neighborhood of Edinburgh are known to be peculiarly short-lived—few of them reaching more than forty years—on account of the prevalence of phthisis, caused by their constantly breathing the fine silicious particles which fill the air as they are working the freestone. To prevent the inhalation of these irritating bodies, Dr. Alison recommended these stonemasons to allow the beard to grow on the upper lip. (The mason, as the reader may have observed, generally keeps his mouth closed in hewing stones, and breathes by the nostrils alone—in fact, we all breathe more by the nose than by the mouth.) The moustache, therefore, became very generally worn among that class of men, and was found very efficacious in arresting the fine dust, which must otherwise have entered the lungs.

The beard and moustache began to be worn a few years ago—before the fashion became so universal—by railway guards, engine-drivers, etc., for similar reasons. These men are exposed to many vicissitudes of temperature, and are also constantly obliged to inspire air loaded with minute particles of dust, ashes and carbonaceous matter. The beard is of great service to them, by rendering them less susceptible of violent alterations of temperature, and by preventing the inhalation of the deleterious particles in the air. I have made many careful inquiries among the officials of the Great Northern Railway (and from being medical officer to the large body of *employés* in the works at Boston, and to the engine-drivers, etc., over a large portion of the line, I have had peculiar facilities for making such an investigation) as to whether the men who wore the beard enjoyed a greater immunity from disease than those who shaved. The result of all my inquiries and personal observations has been decidedly in favor of the beard as a protection to the health. Pulmonary and respiratory affections are comparatively rare among the bearded railway officials; and all those whom I questioned on the subject assured me that they found the beard an indescribable comfort, and were quite convinced of its protective virtues.

By the courtesy of Mr. Seymour Clarke, the accomplished manager of the Great Northern Railway, I am able to give some official information respecting the influence of the beard on the health of the servants on that extensive line. Mr. Clarke informs me, in a letter dated 2d November, that only sixteen enginemen and firemen shave the beard; that seventy-seven let the beard grow, and forty-two cultivate both the beard and moustache. "The prevailing opinion among the men," says Mr. Clarke, "is, that those who wear the beard and moustache enjoy better health than those who shave."—*Edinb. Med. Journal*, December, 1861; *Half-Yearly Abstr. of Med. Sciences*.

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Is Alcohol Food ?

Read at the Annual Meeting of the British Medical Association, August 8th, 1862, by THOMAS INMAN, M.D., (London) Physician to the Liverpool Royal Infirmary.

The author first devoted a few words to definition, stating that by "alcohol" he intended to comprise those liquors in common use which owed their effects to alcohol: and by "food," anything which supplied material by which the body was nourished. He then adverted to the fact that a saccharine material was found in the blood of all mammals when it entered the lungs, and to the strong probability that a fermentative process took place in those organs, with the extrication of carbonic acid, the actual source of which in the blood had not yet been absolutely ascertained. The close atomic composition of starch and sugar and alcohol *plus* carbonic acid was pointed out; also, the fact that the starches, etc., and alcohol were often tolerated by delicate stomachs when other ingredients were not tolerated.

The author then shortly summarized the effects of ordinary food, whether animal or vegetable, when taken with water for a beverage and in proper quantity, and compared these with the results following a temperate draught of ale or porter; showing that there was no real distinction between the one and the other, except that the liquid sooner entered the circulation and sooner left it. It was no argument against the use of beef that a man who had dined on it one day wanted a dinner the day after; nor against beer, that a person who had taken one glass was ready for another in a few hours. The prejudicial effects of excessive eating were adverted to, and after mentioning a few instances where guzzling had proved fatal, others were alluded to in which a prolonged lethargy or an apoplectic condition had been induced. The use of beef-tea sometimes produced convulsions in infants, but this result did not vitiate the dietetic value of meat. The physical condition of excessive eaters was then spoken of, and it was shown that some were thin, others stout; and that as regarded the moral condition of those who, from choice, religious belief, or necessity, abstained from the use of alcoholic beverages, they were to the full as bad as those who indulged in drink. Cannibals were teetotallers, and neither Nana nor Tippoo was a drunkard. On inquiring into the habits of total abstainers and those who drank ale, wine, etc.,

the author had ascertained that the former habitually ate much more than the latter; and one of three deductions was necessary: either the former ate too much, the latter too little, or the drink of the one was equivalent to a portion of the food of the other. To ascertain which of these alternatives was nearest the truth, Dr. Inman had experimented in his own person, and had made numerous observations through the assistance of friends. The conclusion he came to was that which had been previously insisted on by Mr. Lewes and others: namely, that alcohol replaced a certain amount of food; and "as things which are equal to the same are equal to one another," he inferred that if a glass of ale was equal to a slice of mutton, in its satisfying effect, and that mutton was food, it must follow that ale is food. To say that persons could not live on ale, was of no value as an argument; for no one could live on biscuit alone, though bread was called the staff of life. To ascertain how far it was possible for any one to live on alcohol alone, he had for many years been seeking information respecting drunkards, and he mentioned two—one on the authority of the individual herself (a surgeon's widow), and the other on the authority of the medical attendant, where patients had subsisted for a long period on brandy-and-water alone. He mentioned others on the authority of other medical friends, and two which he had himself been conversant with. He combatted the idea of the probability of imposture, inasmuch as in all these cases solid food was loathed excessively, and was generally rejected by the stomach. He then mentioned some cases of children that he had attended, in whom the appetite had failed entirely, where food which was administered by force had been vomited, yet in these alcohol in one form or other gave the support which other food did not, and gradually restored the appetite to its normal state. He noticed, too, that infants at the breast, when ill, would digest brandy-and-water when they would reject all else. The advantageous influence of this fluid was apparent, even if it were administered in enemata.

A definite course of induction, irrespective of chemical theory, having ended in the conclusion that alcoholic drinks were strictly alimentary, he shortly referred to the statements which were relied upon to demonstrate the contrary. If alcohol, he said, passed out of the system unchanged, so did water; yet water was absolutely necessary to life. But there was no proof that all the alcohol imbibed in a long symposium ever left the body. He inferred that if it did pass out of the lungs in vapor as largely as was assumed, a party of spirit drinkers would make the atmosphere of a closed room explosive; and he recalled the statement of Pereira, that some northern race had found that two or three people in succession might keep up intoxication with "*lolium temulentum*" by drinking the urine of the first eater; yet none had discovered that the urinal of a drunkard contained anything equal to gin. But certain foods, as oatmeal, bran, potatoes, oats, etc., were not wholly retained in the system, yet they were alimentary.

Dr. Inman then combatted the idea that alcohol was a mere stimulant, by contrasting it with turpentine, cantharides, ginger, cayenne,

iodide of potassium, and other drugs, which were stimulants to every part of the body to which they were applied. He argued that alcohol could not simply be a conservator of tissue; for a glass of ale after a long walk would induce plentiful perspiration, and a glass of whisky or gin-and-water acted with most people as a powerful diuretic. Nor could we conclude that it assisted in disintegrating the tissues; for if it did, the use of ale, wine or spirit must then be antagonistic or antidotal to food, and the winebibber must necessarily require more food than the teetotaller, whose tissues were not disintegrated by artificial means.

He then summed up his conclusions thus :

1. Nature has provided in the salivary glands, the liver and the lungs of every mammal an apparatus for converting all food, especially farinaceous, into alcohol; and we have no evidence that such conversion does not take place.

2. One form of alcohol or another is available for the support of life, and for restoration to health when no ordinary food can be or is digested.

3. Alcohol, after being taken, is incorporated with the blood, passes into the various tissues, and ultimately disappears, a small portion only passing away in the breath. We can say no more of bread, potatoes, or oatmeal porridge, a small portion of each of which passes out of the body with the fæces.

4. Alcohol, in the form of ale, porter, wine, etc., relieves hunger and quenches thirst simultaneously, and with a completeness that is not equaled by water, infusion of gentian, cayenne pepper, or by turpentine—*i. e.*, it does not act as water simply, or as a stimulant alone.

5. Wine, beer, etc., satisfy the appetite when taken alone, and act for the time as any solid food would do.

6. When alcohol is mingled with other food, a less amount of the latter suffices for the wants of the system than if water had been used as the drink.

7. The various forms in which alcohol is taken have as marked and specific effects as have animal and vegetable articles of diet.

8. Individuals have subsisted wholly upon one or the other of the various forms of alcohol in common use for periods of great length; and as it is illogical to conclude that they must have lived on air, without food, or on flies like chameleons, the conclusion is irresistible.

What that conclusion is, it might be left for every thinking man to decide.—*London Lancet.*

— Jaundice proceeds from many myriads of little flies of a yellow color, which fly about the system. Now, to cure this, I make the patient take a certain quantity of the *ova* of eggs of spiders. These eggs, when taken into the stomach, by the warmth of that organ, vivify, and being vivified, of course they immediately proceed to catch the flies; thus the disease is cured, and I then send the patient down to the seaside, to wash all the cobwebs out of the system!

Parisian Medical Intelligence.

The medical element rather predominated last week at the Academy of Sciences, thanks to a valuable paper by M. Claude Bernard, on the Vascular and Calorific Functions of Nerves, and to a communication from M. Demarquay on the removal of Naso-Pharyngeal Polypi, by a new Osteo-plastic Method. The deductions drawn by M. Claude Bernard, after a varied series of experiments on the function of the sympathetic nerves supplying the upper extremity, are: that there exists a perfect independence, both as to position and action, between the vascular and calorific nerves, and the muscular nerves properly so called; that consequently the vascular system possesses a special vaso-motory apparatus whereby the course of the blood may be accelerated or retarded in the vessels, either generally or locally without any participation on the part of the muscular system. As examples of this independence of the circulation in the normal state, M. Bernard points to the local and functional congestions which take place in certain organs, and, as an instance of the same in the pathological condition, to fever. The distinguished physiologist is now about to investigate the reflex powers of the sympathetic system.

M. Demarquay's operation consists in getting at the naso-pharyngeal polypus through the superior maxillary bone, the ascending process and portion of the body of which is removed by the sub-periosteal method, the tumor then being got at through the enlarged nostril. In two cases recorded by the operator, not only was the disease effectually removed, but the bony elements likewise were completely restored.

A correspondence published in the *Gazette des Hôpitaux*, relative to the propriety of inducing early abortion in cases of extreme deformity of the pelvis, is at present engaging the attention of the French obstetricians. The discussion originated in a letter from Professor Finizio, of Naples, in which he stated that, having in his clinique at that moment four pregnant women afflicted with deformities of the pelvis, whereby the antero-posterior (sub-pubic) diameters were reduced from five to seven centimetres, and the pregnancy in one case being of six months, and in the others from three to four, he was desirous of obtaining from his French *confrères* some advice as to how he should act. "Here at Naples," he added, "there are still surgeons who would prefer waiting for the ordinary period of delivery in order to perform the Cæsarean operation." It is not the first time that this question has been seriously discussed in France. In 1852 the Academy of Medicine, after a lengthened consideration, pronounced a verdict which, without being absolute, favored the early induction of abortion, leaving at the same time considerable latitude to those following the precepts of the other school.

M. Pajot, in answer to Dr. Finizio, wrote shortly thus:—"Below six centimetres induced abortion seems to be the only course, and few accoucheurs in France hold a different opinion. At full period, with a diameter of less than six centimetres, I perform cephalotripsy according to my method—that is to say, I commence my operation as

soon as the dilatation is sufficient, and repeat the crushing process as often as may be necessary, *without ever pulling*. The expulsion generally takes place spontaneously after the third or fourth repetition of the operation. With regard to the Cæsarean operation, which is the infancy of our art, it should be reserved for those cases in which the cephalotribe will not pass, and such are very rare. To allow a pregnancy of four months to run to its full period, when there exists but five centimetres of antero-posterior diameter, appears to me not only bad surgery, but a bad action."

Next succeeded a protest from Dr. Stoltz, of Strasbourg, in which, in virtue of his seniority as a teacher of obstetrics in France, he deems it his duty to protest against such doctrines, and against so careless a contemplation of fœticide. "This is not the first time," says Dr. Stoltz, "that I have felt myself called upon to oppose this doctrine, English in its origin, the promulgation of which, upon the Continent, has of late years been attempted. This homicidal practice it is which bears the imprint of the infancy of art; and whilst a reaction is taking place in England, in France we are attempting to uphold superannuated opinions." These observations were unlikely to be passed over in silence by M. Pajot, who accordingly expressed himself as radically differing from the eminent accoucheur of Strasbourg. Within the prescribed limits of five centimetres diameter, so long as the cephalotribe can pass, he deems the Cæsarean operation inadmissible. "If the Cæsarean operation," he observes, "numbers its successes by hundreds, it counts its failures by thousands. The act of choosing hysterotomy resembles the inspirations of the savage, who cuts down the tree in order to obtain the fruit."

Public opinion, in France, seems almost unanimously in favor of the views expressed by M. Pajot. During the last twenty years this teacher has been in the habit of putting the question to each of his pupils as to which alternative he would select, in a case of extreme deformation of the pelvis. "Out of nine thousand students of medicine, one only," says M. Pajot, "preferred that of the Cæsarean operation."

With regard to the complimentary courses of lectures which it is said to be the intention of the Government to establish in the Faculty of Medicine, the following names are mentioned in connection with the respective chairs: Diseases of the Skin, M. Hardy; Diseases of the Eyes, M. Follin; Diseases of Children, M. Henri Roger; Syphilitic Diseases, M. Verneuil; Disorders of the Urinary Passages, M. Voillemier; Mental Disorders, M. Lasségue. The absence of such names as Sichel, Desmarres, Cazenave, Blache, as well as those of so many others who have more especially cultivated and taught with success these particular branches, will no doubt excite surprise; but the list as it stands embodies the flower of the rising generation, and consists of men all of whom, sooner or later, were destined to rise to the top of the tree.

M. Jobert de Lamballe has for some time past been employing as a mydriatic agent in his ophthalmic practice, and as a substitute for the various preparations of belladonna, a simple solution of daturine.

The facts upon which he founds his preference for this drug are the following: Daturine is three times as strong as atropine and its salts, and may consequently be used in proportionately smaller doses. When introduced between the eyelids no pain is produced, neither is the vision dimmed, as when belladonna is employed. The effects produced are, moreover, more reliable and constant, as well as more durable.

PARIS, August 26th, 1862.

The stormy discussions of last spring, on the subject of hospital construction and organization, have already borne their first-fruits, and a Supreme Council, destined to deliberate on and decide all questions relative to public health and the medical service of the hospitals, has been established by Imperial decree. The minister of the Interior is named President, and the Prefects of the Seine and of Police, with MM. Dumas and Rayer, Vice-Presidents. The body of the medical Sanhedrim is composed of twenty-three members, of whom fifteen belong to the profession, and it is interesting to note the names of the most determined of the opposition are included in the list. The medical element consists of MM. Claude Bernard, Bouchardat, Bouillaud, Boulu, Combes, Devergie, Jobert de Lamballe, Michel Lévy, Maligne, Mélier, Parchappe, Regnault, Reynaud, Tardieu and Trouseau. To the deliberations of the Council it is the intention of the Government to admit any physicians or surgeons actually on the hospital staff, who may have suggestions to make with a view to architectural or administrative improvement. The non-medical section includes the names of two celebrated architects, MM. Gilbert and Laval, and of several other members of the Institute, whose technical knowledge will be of great value in the distinction between the advisable and the practicable.

A decree of the 28th ult. appoints M. Ricord Surgeon in Ordinary to the person and household of Prince Napoleon.

M. Claude Bernard resumed, on Monday last, the third of his communications to the Academy of Sciences, on the Function of the Sympathetic, and treated on this occasion the special subject of the submaxillary ganglion. The results of his experiments prove that the tongue is connected with the submaxillary gland by two kinds of nervous arcs, which are, in a measure, concentric; the one of greatest extent passing through the brain; the other, far shorter, passing through the submaxillary ganglion. There result from these two nervous connections two kinds of reflex action, destined to affect the submaxillary gland. The first, which traverses the brain, is *intelligent*, and is excited more particularly by the gustatory faculty of the tongue; the second, which is unintelligent, is transmitted by the submaxillary ganglion, and seems to be provoked more especially by the dry or moist condition of the bucco-lingual mucous membrane. The submaxillary ganglion not only possesses the faculty of developing reflex action, which may, by its mediation, reach the gland without passing through the encephalic centre, but it also exerts a special influence upon the intermittent character of the salivary secretion.

Every one is aware of the fact, that the flow of the saliva takes place in an intermittent form, and that only when an exciting cause, reflex or direct, calls forth the activity of the gland, and that the secretion ceases when the exciting cause is withdrawn. M. Bernard has observed that after the section of the submaxillary ganglion, the lingual and chorda tympani nerves still remaining intact, the secretion of the submaxillary gland becomes continuous, although it may be augmented by the application of strong-tasted stimulants to the surface of the tongue. Another fact of interest brought to light by the same experiment is, that when separated from the encephalic centre, the ganglion, after a certain time, loses its controlling influence over the secretive powers of the gland, which, instead of ceasing its function, remains in a condition of permanent activity. From which it results, that the submaxillary ganglion is at one and the same time independent of, and subordinate to, the encephalic centre.

The debate on exophthalmic goitre was closed on Tuesday, at the Academy of Medicine, by M. Trousseau, who replied to the affirmations made by MM. Bouillaud and Beau, as to the identity of "Graves' disease" with chlorosis and cachexia, by the following observations, the tone of his exordium being hardly complimentary to the academical dignitaries. "It is very probable," began the professor, "that each of the opponents whom I have met during the course of this discussion, will retain his own opinion, as I abide by mine, when this debate comes to a close. At our ages we alter our opinions with difficulty. Immutability is the characteristic of old age. We sit here as a kind of magistrature, intent upon the conservation of all that is old, and bent on opposing every novel idea. We possess power to retrograde: to advance, none. The question is one of age and temperament; it would seem that we had acquired such a conviction of our own force and infallibility, that there could possibly be nothing for us to learn, nothing to change. It is thus that the senitors of old time refused to see in syphilis any other than a form of lepra, in whooping cough of catarrh, or cholera of enteritis. Struggle as we will, the wave from the ocean bears down upon us gradually but irresistibly, until it throws us upon the shore. In vain do we plead our experience; the plea is an illusory evasion. Should we not be serving science more worthily by, instead of opposing the impulsive efforts of youth, rather leaning on her, living with her life, rekindling our expiring ardor with her fire, and allowing ourselves to be borne along with her. In this discussion I personally am little concerned. I have vulgarized only, and promulgated other men's ideas. To Graves, Basedow, Withinson, Charcot, and Leon Gross are due the honors of original observation and priority. MM. Bouillaud and Beau have asserted that the cause of this new malady might be found in anæmia, chlorosis, or cachexia. Against this assertion I formally protest. How often do we at Paris, or in any place in fact where goitre is not endemic, find this malady to coexist with chlorosis? How many of our anæmic patients, of whom we see thousands, are affected with exophthalmia? Let us go to Bicêtre or the Salpêtrière, where the cachexias abound, and how many cases of exophthalmic goitre do we see in those hospitals?

Many of the patients whom I have met with laboring under Graves' disease, so far from presenting cachectic symptoms, were florid and plethoric, and some even required bleeding. The bellows-sound, again, which is heard in goitrous exophthalmia, differs materially in character from that met with in chlorosis; it is a double sound, resembling that heard in the case of varicose tumors, and the impulse imparted to the hand applied over the cardiac region likewise resembles the sensation afforded by such swellings. In anæmia the pulse is small and frequent; in Graves' malady it is very remarkable; it is a *mad* pulse, numbering 140, 150, and sometimes 160 beats in a minute. Its frequency, in fact, is such that, unless aware of the nature of the disorder, one might be misled into giving a most serious prognosis; whereas we all know the malady not to be a mortal affection." After a careful recapitulation of the differential diagnosis, M. Trousseau reminded his audience of the recent experiments of M. Claude Bernard, showing the effects produced by the destruction or irritation of the filaments and ganglia of the great sympathetic upon the phenomena of congestion and calorification; he likewise reverted to the experiments of M. Schiff, in which exophthalmia was produced at will by the excitation of the cervical sympathetic ganglia, whilst their destruction was followed by a retraction of the eyeball; and to the curious investigations of the same physiologist on the subject of erectile organs and local congestions, and the production of hypertrophy or atrophy by the irritation or destruction of certain ganglia or branches of the trisplanchnic; and, setting these facts side by side with those observed in Graves' disease, drew the conclusion that he was justified by analogy in considering the malady as a neurosis.

I have had occasion to mention, on a former occasion, the quasi-monopoly employed by MM. Swan & Co., in the manufacture of the hypophosphites, together with the almost incredible amount of these drugs yearly consumed by America; and I have recently been informed by a medical friend, who witnessed the process of manufacture, and who has implicit faith in their efficacy, that much depends upon the careful preparation of these drugs, which should be evaporated *in vacuo*, but not to dryness. He attributes the unsatisfactory results obtained in hospital practice to the fact that phthisis, when first seen at the hospital, is for the most part too far advanced to be dealt with successfully—that the stock of vitality, in fact, is exhausted before treatment begins. My informant tells me that the syrup is the most convenient and reliable preparation.

PARIS, Sept. 2nd, 1862.

M. Claude Bernard in continuing his series of interesting communications upon the functions of the sympathetic; and at the last meeting of the Academy of Sciences treated of the phenomena produced by the section of the cervical sympathetic, and afforded proof of the independence of these from the vascular calorific phenomena of the head.

"In my first communication," says M. Claude Bernard, "I recalled the fact that Pourfour du Petit was the first to make known the effects of

the division of the cervical portion of the great sympathetic on the eye. This author mentions as effects of this paralysis the contraction of the pupil, the diminution of the size of the eye, and the redness of the conjunctiva; but in all the experiments which were made afterwards, physiologists neglected to study the phenomena produced on the eye itself for the purpose of investigating the changes in the pupil, which were regarded as constituting the essential and characteristic symptoms of the division of this nerve. In 1845, M. Biffi, of Milan, added a fresh fact in announcing that when the pupil had been made to contract by the paralysis of the great sympathetic in the neck, the iris may be made to dilate by the application of galvanism to the upper end of the divided nerve. In 1851, MM. Budge and Waller designated under the name of 'cilio-spinal region of the cord' that portion whence arise the ciliary nerves. In 1852, I specially drew the attention of physiologists to the group of phenomena which arise from the division of the great sympathetic in the middle of the neck; and endeavored to show that amongst the special results of this operation must be ranged the following:—1st. An augmentation of the temperature and vascularity of the corresponding side of the head, together with an increase in the sensibility of the parts. 2nd. A contraction of the pupil. 3d. A retraction of the globe of the eye into the orbit, together with a projection forward of the eyelid. 4th. A flattening of the cornea, and a subsequent diminution of the size of the eye. I showed, moreover, that when galvanism is applied to the upper extremity of the divided nerve, not only is a dilatation of the iris produced, but also an enlargement of the palpebral opening, as well as an exophthalmia. This tendency to a dilatation of the palpebral opening, as well as of an exophthalmia, is so strong that these phenomena occur even when a drop of ammonia is inserted into the eye of an animal, and whilst the organ is strongly closed during the paroxysm of pain which ensues. It must also be noticed that by this galvanic stimulation of the upper end of the divided nerve, a diminution or a total loss of sensibility is produced, at the same time that a narrowing of the vascular channels takes place. In the results consequent upon the section of the cervical sympathetic, it is important to distinguish two orders of symptoms. 1st. Those of a vascular and calorific character, dependent upon a modification of the vessels produced under the influence of sympathetic nerves of the same nature in all parts of the body. 2nd. Symptoms which I term oculo-pupillary, because special to the eye and pupil, and because produced by nerves distinct from the first. I have in the following way demonstrated by experiment the existence of this distinction. I commenced by seeking to define the exact site of the origin of the oculo-pupillary nerves from the spinal cord, and, after many investigations, ascertained that in the dog the anterior roots of the two first pairs of dorsal nerves especially furnish these branches. When these two first pairs are divided within the spinal canal, not only is the contraction of the iris produced, but likewise the whole group of phenomena noticed as occurring in the eye on the division of the sympathetic in the neck; consequently this portion of the cord furnishes something more than the ciliary nerves, and would be more fitly

termed oculo- than cilio-spinal. When subsequently the galvanic stimulus is applied to the cut peripheral extremity of one or other of the two first dorsal roots, precisely the same phenomena are produced in the eye as occur on galvanizing the cephalic end of the sympathetic after section of its cervical portion—that is, dilatation of the pupil, enlargement of the palpebral opening, and a marked exophthalmia. It is necessary to observe, that the section of the two first dorsal roots produces oculo-pupillary phenomena without causing the augmentation of heat and vascularity noticed in the other case. An essential condition for the success of the experiment is that only the two first pairs of dorsal nerves should be divided, and that neither the cord nor the first thoracic ganglion be wounded. It is most important to establish what the distinctions are which take their rise in such physiological properties, and we shall see that the oculo-pupillary and vascular nerves differ entirely in their reflex functions. Those reflex actions which produce movements of the eye or of its pupil may have their starting-point anywhere in the peripheral surface of the sensitive nervous system, whether without or within. When the sensitive nerve of any region whatever of the body is irritated, be it a branch of the sciatic or of the trigeminal, there is at the moment when pain is felt a reflex movement bearing simultaneously upon both eyes, and producing sudden enlargement of the palpebral opening, and dilatation of the pupil. It is clear that, whatever the starting-point of the stimulus, it can reach the oculo-pupillary nerves, which originate in the first two dorsal pairs through the spinal cord alone. That this is true, may be proved by dividing the dorsal pairs of nerves, when no reflex movement will occur in the pupil of the eye on the corresponding side; but if a single oculo-pupillary root remain, it is sufficient for the transmission of the reflex movement of the pupil. When the spinal oculo-pupillary nerves are intact on both sides, the reflex stimulus acts on both eyes simultaneously, whether the stimulus be applied to the right or left side. When the nerves are intact on one side only, the reflex action is expressed on one side only—namely, in the eye of the injured side, without reference to the locality in which the stimulus is applied; proving clearly that the reflex influences upon the eye are general and crossed. Lastly, when these nerves are cut on both sides, no reflex action whatever is produced. The reflex actions which occur in the vaso-motor nerves are characterized by a temporary narrowing of the vessels, which is followed by their subsequent dilatation and the occurrence of calorific phenomena. These vascular reflex phenomena differ from those which exist in the oculo-pupillary system. The reflex actions in the former case are not crossed. If the ear of an animal is pinched, the vessels, after undergoing a sudden diminution of calibre, dilate, and increase of temperature is produced. The same result follows a simple section of the auricular nerve. Some physiologists have been mistaken in confounding such reflex calorific phenomena with the direct effects due to the section of the vaso-motor filaments. This error it is easy to demonstrate. First of all, the increased heat, which results from the section of the trunk of the auricular nerves, is evanescent, lasting rarely more than twenty-four hours,

whilst that occurring after the section of a vaso-motor nerve lasts indefinitely; and, moreover, when the divided peripheral extremity of the auricular trunk is galvanized, the ear being at its highest point of vascularity, no contraction of the vessels is produced, as is the case when the upper extremity of the great sympathetic is divided.’’

Dr. Cutter is at present in Paris experimenting with his preparation of veratrum viride in the Hôtel Dieu and La Charité, where both MM. Trousseau and Piorry have placed patients at his disposal. So soon as these Professors have decided upon the merits of the American drug, I shall transmit their verdict.

PARIS, Sept. 9th, 1862.

—Cor. *London Lancet*.

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. *Glycerole of Tar (Tar Plasma)*.—A combination of glycerine and tar has been used recently in skin affections instead of the tar ointment of the Pharmacopœia. The advantages seem to be that the glycerine compound is more readily absorbed, and less difficult to remove by washing. Mr. Brady states that he has not been able to find a formula for the preparation in question, neither can he learn that any published one exists, and would, therefore, propose the following, as yielding an unexceptionable product. The strength is the same as that of the unguentum picis liquidum, P. L. : Price's glycerine, six ounces; tar, six ounces; powdered starch, two drachms. Warm the glycerine, stir in the starch, add the tar, and raise the mixture rapidly to the boiling point. Strain through a cloth, if necessary, and stir while cooling. The mere mixture of glycerine and tar heated in a water-bath, gives on cooling a spongy mass, the pores of which are filled with glycerine; after standing some time, complete separation takes place. Tragacanth, acacia, soft soap, and many other things have been tried as substitutes for the starch, but none of them with so good result. Made according to the above formula, glycerole of tar is a dark brown mass, perfectly smooth, in consistence somewhat softer than the ointment.—*Dublin Med. Press*, Sept. 10, 1862, from *Pharm. Journ.*

2. *Anesthesia from a Mixture of Carbonic Acid and Atmospheric Air*. Dr. Ozanam, in an important article, speaks of the anesthetic properties of carbonic acid mixed with air. It is well known that carbonic acid produces asphyxia when inhaled in a state of purity; Dr. Ozanam, by mixing three parts of it with one part of atmospheric air, renders it innocuous. He describes his manner of applying it in the following case: Having to open a large tumor requiring incision to the depth of several inches, he complied with the request of his pa-

tient, a young man, who asked to be rendered insensible. The mixture above stated was accordingly introduced into an India-rubber bag capable of containing about $5\frac{1}{4}$ gallons; a long flexible tube, communicating with the bag by a stop-cock, and terminating in an opening applicable to the mouth and nostrils, was then adapted to the patient's face, but so as to allow of his inhaling atmospheric air along with the mixture. The stop-cock was then opened, the bag compressed, and the inhalation commenced. Anesthesia was produced at the end of about two minutes, and during this time two remarkable phenomena were observed, viz.: an acceleration of the action of breathing, and an abundant perspiration on the face. The surgical operation was performed without the slightest indication of pain on the part of the patient; the insensibility was therefore complete. Dr. Ozanam caused the inhalation to cease, and it was only then he applied the bistoury for the last time. This cut was felt by the patient, but the pain was extremely moderate, and the return of sensibility took place without any difficulty.—*Paris Correspondence in British Amer. Jour.*

3. *Logwood as a Deodorizing Agent.*—H. G. Westlake, M.D., of Hillsdale, N. Y., calls the attention of the profession, through the *Am. Medical Times*, to Logwood (*Hematoxylon Campechianum*) as a valuable deodorizing agent.

A knowledge of its value seems to be more particularly desirable at this time when so many of our soldiers are suffering from sloughing and gunshot wounds. A simple aqueous solution of extract of logwood applied to such wounds will effectually do away with all offensive odor arising therefrom. In cancerous ulcerations it is equally valuable; and in cancerous disease of the uterus, that most horrible of all diseases of women, it may be used in the form of injections with complete success in removing the terrible odor which always accompanies such disease.

4. *Opium Poisoning treated by Belladonna.*—Dr. W. F. Norris, of Philadelphia, in the *American Journal of the Medical Sciences*, reports two cases of opium poisoning treated by large doses of belladonna. In the first case, as near as could be estimated, seventy-five grains of sulphate of morphia were swallowed. In the course of five or six hours, fifty grains of the extract of belladonna were given, and other remedies were also employed. On the second day the patient had recovered. The other case terminated fatally—the contents of an ounce vial of laudanum having been taken, after a previous attempt at suicide by means of stabbing. A smaller quantity of belladonna than in the first case was administered, it being impossible to make the patient swallow the five-grain dose last attempted. Dr. Norris also gives, in a tabular form, a list of nine cases of poisoning by opium treated by belladonna, selected from the journals, all but one of which were successful; a list of fourteen cases of belladonna poisoning treated by opium, thirteen of which were successful; and four of atropia poisoning treated by opium, in each of which the patient recovered. From his concluding observations, we copy the following:

“The foregoing cases seem conclusively to show that, in opium

poisoning, belladonna in doses which in a state of health would certainly poison, may be administered with impunity and be followed by a rapid subsidence of the symptoms produced by the exhibition of the former drug, and *vice versa* that opium rapidly and safely counteracts the poisonous influence of belladonna. The treatment above indicated has, indeed, in some cases failed, and this may prove that they are not mutually specifics; but even in these fatal cases (which are few) we may sometimes see a partial amelioration of the symptoms, and it is well worthy of inquiry how much in these instances the relative quantities of the two drugs administered, the stage of poisoning in which the patient was first seen, the age and constitution, may have contributed to the result."—*Boston Med. & Surg. Journal*

5. *Nitrate of Potassa as a Remedy for Intermittent Fever.*—The following communication has peculiar interest at the present time. Its statements are so extraordinary as to be almost incredible. Their truth or error admits of such ready proof that we hope soon to hear of conclusive experiments on some of the multitude of cases of intermittent coming under the notice of our army surgeons. It is worthy of remark that the combinations of potassa have a remarkable power of penetrating the tissues and of producing the most unmistakable alterative effect; no medicines in the whole pharmacopœia have more decidedly the character of specifics than the iodide, the chloride and the arsenite of this mineral. The communication of our correspondent recalls to our mind the fact, that several years since we used the iodide of potassa successfully in the treatment of a case of fever and ague that had resisted the power of quinine. We sincerely hope that the confidence of our correspondent in the efficacy of the nitrate may be most fully confirmed by the experience of others. Should this be the case, intermittent fever ought to be the last disease from which our soldiers should suffer, for each man has the remedy in his own cartridge box. Query: has the mixture of gun-powder and whiskey in the canteens of the Confederates anything to do with such a supposed medicinal effect?—*Boston Medical and Surgical Journal*.

Mr. Editor:—℞. Potassæ nitrat., grs. x. ; sp. vini gallici vel. aquæ, fʒ ss. M. Take immediately.

The above prescription I have used with great success in the cure of intermittent fever, even where quinine has failed. In my opinion no preparation is equal to it; for it possesses antiperiodic properties completely, and may be administered when the stomach would not tolerate quinine. I deem it a specific in ague; for I have never failed to arrest the paroxysm, if uncomplicated. You will also find the patients are less liable to relapse than in those cases cured by quinine. In the cold stage, if administered in a full dose, and the patient be placed in bed and covered with blankets, he will in a few minutes experience considerable heat, which will be followed by copious perspiration, and every unpleasant feeling will vanish. When it is more agreeable, the powder may be placed on the tongue and permitted slowly to dissolve.

I shall not attempt to explain the action of this medicine on the system in the cure of ague, but will leave that to older heads than

mine to determine ; still, we do know that after it is taken into the stomach and becomes absorbed, it has the chemical effect of changing color. It also acts on the kidneys as a stimulant, producing diuresis, as well as diaphoresis ; and in this manner may rid the system of the poison that causes the ague, provided that poison is produced "by the retention of materials destined for excretion." This medicine, in its operation, more closely resembles nature's mode of curing this same disease, than any other ; as she cures by copious diaphoresis as well as diuresis, or in other words by elimination.

I contend that this remedy possesses advantages over any other now in use ; especially for its antiperiodic properties, which it possesses *perfectly*. The patients are less liable to relapse than in those cases cured by quinine, and its administration is more agreeable to the patient. And last, but not least, it is much less expensive.—AMOS SAWYER, M.D., Hillsboro, Ill., Sept. 13, 1862.

6. *Diphtheria and its Sequelæ*.—Dr. James Begbie has published (*Edinb. Med. Journ.*, May, 1862,) some interesting observations on diphtheria. His cases tend to confirm the views generally entertained in regard to the nature of diphtheria, and go to establish :

1st. That it is a constitutional disorder having the character of fever, running a definite course, and bearing a closer affinity to scarlatina and typhoid fever than to any other specific disease.

2d. That its local manifestation is chiefly observed on the mucous membrane of the mouth and throat ; the tonsils, uvula, and palate with the pharynx being first affected ; but that it has a tendency to spread to the adjoining passages, and is particularly prone to invade the larynx.

3d. That this local disease is of the nature of inflammation of asthenic character, with exudation of lymph in the form of pellicle.

4th. That the disease is contagious, and that youth and consanguinity powerfully predispose to it.

5th. That it is fatal from the severity of the general disorder, or from the exudative inflammation invading the larynx, and causing suffocation ; or that death may result from the nervous disorder supervening in the form of paralysis.

And, lastly, that as we have no specific remedy for diphtheria, the disease and its sequels must be treated on the general principles which regulate our practice in fever and in inflammation, and in nervous disorders of asthenic character.—*Am. Jour. of Med. Sciences*.

7. *Veratria in Rheumatic Fever*.—In a clinical lecture recently delivered by M. Bouchut at the Hôpital Ste. Eugénie, the employment of veratria in the treatment of rheumatic fever in children is strongly advocated. M. Bouchut, whose opportunities for testing any novel method of medication are so extensive, comes forward with thirty cases of acute rheumatism, in which veratria has proved sufficient for the cure of the malady in from three to twelve days, the amelioration setting in on the second or third day of its administration. One of the most remarkable effects of the action of veratria in rheumatic fever is the rapid fall of the pulse ; whatever its frequency, the dimi-

nation under the use of this drug is most marked, the pulse falling to sixty or even fifty, becoming almost thready and imperceptible, without causing to the patient any feeling of malaise. This abatement of the circulation M. Bouchut considers as the signal for the diminution of the doses. With regard to the effect of veratria on heart complications, this is probably indirect and due to the annihilation of the rheumatic poison. Besides its influence on the pulse, this medicine may, if given in too large quantities, irritate the mucous membranes, and produce vomiting, diarrhoea, and colic. The doses should therefore be small, and the ordinary formula recommended is, veratria and extract of opium one grain each, to be divided into ten pills, of which two pills are to be given the first day, three the second, four the third, five the fourth, and so on, increasing one pill each day, until the condition of the pulse or the irritation of the mucous membrane compels a diminution. The difference of price in hospital practice between the use of veratria and that of sulphate of quinia, is of course one point of comparison in which the advantage remains very decidedly with the former; add to which, in a therapeutical aspect, veratria is perfectly innocent of those charges of exciting rheumatic determination to those membranes of the brain which in some measure appear to have been justly adduced against quinia since the employment of large doses of this drug has come into fashion.—*Amer. Jour. of Med. Sciences.*

8. *Infants with Teeth at Birth.*—In a note to the *Am. Med. Times*, Dr. Elliot gives the following cases: "In the lying-in wards of Bellevue there are now two infants under my care who were born with teeth, viz., William Hoffman, sixth child, weight at birth six and one-half pounds, puny, fully developed; right middle incisor in lower jaw well formed and protruded, but placed athwart the jaw. Annie Morse, first child, weighed at birth seven pounds, fully developed; two middle incisors in the lower jaw, both well formed, but loose; right incisor set obliquely in the alveolar process."

9. *Benzine Against Scabies.*—During the last five months, Mr. Godfrey has used benzine in seven cases of itch with perfect success, one application having proved sufficient. The body is sponged once on every part where any rash or itching is noticed.—*Brit. Med. Journ.*

10. *The Liver in Cholera Infantum.*—Dr. J. Lewis Smith, Curator of the Nursery and Child's Hospital, has published (*American Medical Times*, Sept. 20th, 1862) some interesting investigations which confirm the prevalent belief that the liver plays an insignificant part in the pathology of the summer complaint of children. "The green stools," he justly remarks, "which have long been referred to the biliary secretion, must be mainly due to causes operating in the intestines, for I have repeatedly noticed that the green color does not appear till we reach the lower part of the jejunum, or upper part of the ileum. Examined under the microscope, the green matter is found to be in little fragments or masses, as if produced in the crypts of the intestines."

Dr. S. gives the result of the post-mortem appearance of the liver in thirty-seven cases. No evidence is afforded by these of any congestion, or torpidity, or hyperactivity, or perverted secretion, or abnormal size of the liver. "In most of the cases the liver was examined microscopically, and the only fact worthy of note observed was the variable amount of fatty matter. Sometimes it was in excess, sometimes in moderate quantity, or rather deficient, and sometimes, apparently, in greater amount in one portion of the organ than in others."—*Amer. Jour. of Med. Sciences.*

SURGICAL.

11. *Oakum as a Substitute for Lint, in Gunshot and other suppurating Wounds.*—Under the above title, Lewis A. Sayre, M.D., Surgeon to the Bellevue Hospital, has published an article in the *American Medical Times* for August 9, 1862, in which he states that he has "for many years past been in the habit of using picked oakum, in all cases of suppurating wounds, particularly in connection with opened joints, where the suppuration is excessive."

The reasons for this practice he briefly states. They are substantially, that one of the objects of lint applied to a suppurating wound, is to absorb the discharge; that lint, being composed partly or entirely of cotton, serves rather to retain than absorb the secretions, and therefore we are to infer that it is not well adapted to the purpose for which it is employed in such cases.

To show that lint has little or no absorbing power, he alleges that a bale of cotton immersed in the river for a month or longer will be found perfectly dry in the centre, thus proving that it will not absorb moisture. "So," he says, "when [cotton? is] placed over a suppurating wound and left some hours, it will be found perfectly dry except at the point of contact; acting, in fact, like a bung in a barrel, or a cork in a bottle—to prevent the escape of the pus—which necessarily burrows in different directions, thus forming extensive abscesses, and adding greatly to the danger of the patient; and when removed, the pus will gush out in great quantities. Now, if you place picked oakum over the same wounds, you will find, after the same number of hours, that the oakum is perfectly saturated with pus, and the wound itself perfectly dry and clean—the oakum acting like a syphon, and discharging the content of the abscess by capillary attraction."

It is not perceived that there is any very striking analogy between lint, whether composed entirely or partly of cotton, and a bale of cotton, or free unmanufactured cotton. If the argument proves anything in the premises, it is, that the capillarity of cotton in bale is much less than that of loose oakum, but it does not prove that the capillarity of lint is inferior to that of oakum. It may not be out of place to remind the reader that capillarity depends more upon the form or arrangement of matter than upon the matter itself; although the capillarity of cotton is comparatively small, we know it is very considerable in lamp and candlewick, and other articles or tissues made of cotton.

"In gunshot wounds which go through and through a limb, parti-

cularly if made with a 'Minié ball,' the whirl or screw of the ball entangles in its thread the muscular fibres and cellular tissue, and separates them from their attachments for a long distance from the real track of the ball itself." Dr. Sayre, "in all such cases where no blood-vessels prevent it," passes an eyed probe through the wound and draws "through it a few fibres of the oakum or tarred rope, which keeps it perfectly free, and the tar is a very excellent antiseptic and removes all unpleasant odor."

How far Dr. Sayre's practice of treating perforating gunshot wounds with "tarred rope" setons may be followed, we may not conjecture, but, admitting the antiseptic properties of tar, we perceive no cogent reason for its adoption. As a general rule, the presence of foreign substances, in wounds of any kind, does not accelerate their healing.

It may be fairly inferred that, in the opinion of Dr. Sayre, lint possesses the same degree of capillary force as cotton, either free or strongly compressed in a bale, and that oakum has much greater capillary power than either cotton or lint, and for this reason he suggests that oakum should be substituted in the place of lint, not in all cases or under all circumstances, but only in gunshot and other suppurating wounds.

Some may ask, what is oakum ?

Hemp is spun first into yarns which are imbued with about fifteen per cent. of tar, at a high temperature, and then these yarns are laid or twisted into rope. The tar is applied for the purpose of diminishing as far as possible the capillary force of the rope, and, by thus excluding the moisture to which it is constantly exposed, of retarding its decay. But in spite of the presence of the tar, rope is found to lose its tenacity or strength in the course of from one to ten years, according to the uses to which it may be applied, and being no longer serviceable as rope, it is cut up, and shredded and converted into oakum, which is used for caulking or filling all seams or joints in ships, for the purpose of excluding moisture.

Tow is the refuse or scrapings of hemp or flax.

In order to obtain an idea of the comparative absorbent power or capillary force of oakum, cotton, lint and tow, small parcels of these articles, of ascertained weight and dimensions, were gently placed on the surface of water in a basin, and carefully weighed again after removal. The weight of water absorbed by each, thus ascertained, is stated in the following manner :

	Weight.	Dimensions.	Time in contact with water.	Weight of water absorbed.
Cotton (wool).....	40 grs.	3 in. diam.	1 hour 10 m.	8 grs. = 1-5
Oakum.....	"	2½ " "	do. do.	10 " = ½
Tow (from hemp)....	"	2½ " "	do. do.	250 " = 6½ times.
Coarse Lint (shoddy)	"	2½ " "	1 minute	280 " = 7 " "
Scraped Lint	"	2½ " "	instantly	298 " = 7.45 " "
Patent Lint.....	"	1½ by 3 in.	4 minutes	299 " = 7.47 " "

Forty grains of cotton submerged and slightly squeezed under water for a few seconds, was found to retain, without dripping, 270 grains ; and an equal weight of oakum treated in the same manner, only 94

grains of water. The oakum retained little more than twice its weight, and the cotton nearly seven times its weight of water.

The inference from these experiments is, that the capillary force of patent lint is nearly thirty times, and that of tow twenty-five times greater than oakum; and the capillary force of oakum is only one-fifth greater than that of cotton. Oakum absorbed one-fourth, and cotton one-fifth of its weight; but tow 6.25 times, coarse lint 7 times, scraped lint 7.45 times, and patent lint 7.47 times its weight of water.

If the property of capillarity alone is to determine the choice of tissue or substance for covering suppurating wounds, any description of lint or tow is to be preferred to oakum.

Tow has been long employed as an outside dressing or recipient of profuse discharges; and also as a swab in cleansing offensive suppurating wounds, where sponge was not sufficiently abundant to be expended in this way. The objection to tow is, that there are apt to be sharp or hard spiculæ adhering amongst its fibres, which give pain when brought against a sensitive surface; but this objection may be obviated by carefully selecting and carding the substance. A better substitute for sponge for cleansing purposes, in surgery, is cotton wool, which, saturated with soap-suds, or simply with tepid water, and held in a dressing forceps, forms an admirably soft application, that may be used where the finest sponge would be found by the patient rough and harsh. Indeed, considerations of cleanliness and of avoiding the diffusion of morbid matters from patient to patient, suggest that sponge used once as a detergent implement should not be used in the case of any other individual, and not too often on the same person. Cotton or tow forms a detergent implement so cheap that it may be renewed at every dressing, and ought to be substituted for sponge without any reference to cost, for cleansing purposes.

It is said that cotton or lint, placed over a suppurating wound, serves to *prevent* the escape of pus, and that oakum should be substituted. But, it seems that oakum as well as lint may block the way and hinder the flow of the escaping liquids, if not removed when saturated. Then why should a copiously-discharging wound be enveloped in any capillary material; why not permit the discharge to flow without impediment of any kind? Any contrivance which would keep the wounded part at a normal temperature, whether in the form of oiled silk, or other tissue not readily permeated by moisture, or in shape of a simple veil or shield from flies in hot weather, might prove more salutary than the effects of a bunch or pledget of wiry oakum secured over it by bandage or otherwise.

Supposing that oakum possesses all the qualities claimed for it in the instances specified, it can not be regarded as a substitute for patent lint, because there is often necessity for just such a pliant tissue to serve as the vehicle in the application of ointments to morbid surfaces—such as blisters, for example.

Substitutes are almost always defective expedients. Whether they are adopted from parsimony, poverty or other reason, they rarely satisfy the requirements they are employed to meet. The workman who uses implements in all respects adapted to his vocation, produces

more perfect results than he who labors with a paucity of tools, and hence, driven to expedients, is compelled to require from his awl the work of a gimlet.

Oakum is, doubtless, applicable as a substitute to some ends. It may answer as an external dressing, a mere recipient of liquid discharges; but for such purpose, as it costs much more and has less capillarity, it is a poor substitute for tow. Its application to the uses to which patent lint is especially adapted could be suggested only where no soft tissue is procurable. Canton-flannel would answer the place of patent lint better than oakum; but comparing their adaptability to the object in view, the propriety of substituting Canton-flannel, at thirty-five cents the square yard, for patent lint, while this is procurable at forty cents, does not commend itself to notice.—*W. S. W. Ruschenberger, M.D., in Boston Med. and Surg. Journ.*

12. *New Dressing for Fractures of the Inferior Maxilla.*—For the benefit of our Army Surgeons, we publish the description of Dr. James E. Garretson's handkerchief dressings for the various fractures of the jaw as taught at the Philadelphia School of Anatomy and Surgery. These dressings for simplicity and ready adaptation are certainly unequalled. They are applied and taken off, tightened or loosened so quickly, and, what is also much to the point where complicated dressings are concerned, are so easily remembered after being once applied, that we incline to believe that they will take the place of all other head-dressing.

Description of Dressing for Fracture in front of Angle.—Fold a handkerchief in cravat, (or take a strip of the ordinary roller, say a yard in length,) place the base or middle of the cravat under the chin, carry the tails up the side of the face, crossing high on the os frontis; carry the tails bi-parietally around the head and cross again over the occiput; bring the tails forward around the front of the chin, and pin or tie.

Dressing No. 2 for Fracture of the Angle or Ramus.—Fold two handkerchiefs in cravat, and tie together for the purpose of having length enough; place the middle of one across the forehead, carry the long tail around the vault and let it meet the shorter, just in front of the ear, the long end above the short one; turn the one over the other; this fixes the dressing around the vault. Bring the short tail down in front of the ear, carry the long tail obliquely over the vault, back of the ear, around under the chin, up and back of the ramus of the injured side, and fix, or repeat the oblique turn, if the dressing is long enough.

This last dressing makes the most fixed cap of the head with which we are acquainted, simply by spreading out the oblique tail and pinning or stitching it to the circular turn.

It is also well adapted to making compression on almost any artery of the head or face. Dr. Garretson also meets with it several other indications. Every surgeon, and especially every army surgeon, should make himself acquainted with these dressings.—*Med. and Surg. Reporter.*

13. *Lint*.—At a special meeting of the Providence Medical Association, held at the office of Dr. C. W. Parsons on the 18th of September, 1862, the subject of Lint and its uses was discussed. It was voted, after general consultation, that Drs. Mauran and U. Parsons be a committee to express to the public the views of the Association on the subject. In accordance with this vote, the committee would state, that they fully indorse the very sensible views of their medical brethren of Boston, published in the *Boston Medical and Surgical Journal* of September 11, a summary of which was re-published on the 13th inst. in the *Providence Journal*; that the use of scraped or drawn lint, as recently prepared by our patriotic ladies, is rarely deemed necessary in modern surgery, and that its use in *hospital practice* has indeed been injurious rather than beneficial to the patient, especially as an application to suppurating wounds. On the field of battle, however, its use is common; and for that purpose they would now present an admirable substitute, abundant, cheap, and of easy manufacture, viz., the recently invented steam-rotted and bleached *flax-cotton*. Information in regard to this article may be obtained by addressing the Secretary of the R. I. Society for the Encouragement of Domestic Industry.—*Medical Times*.

14. *An Amputation Two Hundred Years Ago*.—In the Lac des Minimes, recently dug in the wood of Vincennes, the workmen discovered the foundation of a chapel of the convent, and near them two leaden coffins and a box of the same metal. On opening the coffins, they were found to contain the embalmed bodies of a woman, about thirty-five years of age, and a girl of nine or ten. The box bore the words, "Right arm of M. de Rambure, 1633." The bodies and arm had all been embalmed, and were in tolerable preservation. The arm had been cut straight through, without taking any part of the flesh and skin to turn over the stump as now practised. It is mentioned in Moreri's dictionary that M. Rambure, surnamed the Brave, who had distinguished himself in several battles, died in 1633, after having his arm amputated.—*British Journal*.

OBSTETRICAL.

15. *Inversion of the Uterus occurring Spontaneously Eighty Hours after Delivery*.—Some obstetricians believe that inversion of the uterus is always the result of some cause over which the attendant has control, and that in most cases it is caused by undue traction on the cord. Dr. Radford, however, has clearly established that it may occur spontaneously without any fault of the midwife, and that it may occur not only immediately after delivery, but also after an interval of some days. Mr. Charles Cowan relates (*Edinburgh Medical Journal*, June, 1862) a case which is conclusive as to this point.

The subject of it was a lady, forty years of age, always in the enjoyment of good health, who was delivered with the forceps, after a pretty smart labor of twenty-four hours' duration, of her first child, a strong healthy boy, at 4 A. M., on Thursday, the 15th November, 1861.

The placenta was found in the vagina, ten minutes afterwards, and removed. In about half an hour there was slight hæmorrhage, which was easily restrained by the application of cold to the pubic region, which caused the uterus to contract firmly: a little brandy was likewise administered, as I attributed the hæmorrhage to the weak state of the patient, occasioned by the protracted labor, and by my efforts to accomplish delivery with the forceps, which occupied me more than half an hour.

I remained with her an hour longer; and to satisfy myself that all was right I removed the bandage, and, on manipulating the abdomen, I discovered the uterus firmly contracted, about the size of a cricket ball, in its normal situation. The bandage having been replaced, I administered a dose of morphia, and took my leave.

For the first three days after her confinement, we have the patient giving the most satisfactory evidence of speedily attaining convalescence. The pulse becomes natural; the appetite returns; the secretions are normal; the breasts are distended with milk, and the mother rejoices in the prospect of being able to nurse her child. Her sister finding her so well on the Saturday afternoon (two days and a half after delivery), returns home, and on the Sunday the patient expresses a wish to get up. What could be more gratifying than this? What could more strongly indicate a rapid restoration to health? So far it appears that all is well; but on Sunday at mid-day, about eighty hours after delivery, a change takes place. Eager to test her strength she leaps out of bed, comes to the ground with some degree of violence, staggers to the fireplace, and falls into a chair in a state of syncope.

There had undoubtedly been mischief, and that of no light character, for from this moment a train of symptoms of the most alarming description followed, becoming hourly more and more serious until the cause was discovered in the inversion of the uterus, and replacement was accomplished. She now again began to show some slight signs of amendment, and we can not but conclude that the inversion was occasioned by the hurried leap out of bed, especially as the unfavorable symptoms presented themselves then for the first time; and we have further proof of this in the amelioration of these symptoms, commencing almost as soon as the displacement of the uterus was reduced.

12. *Occlusion of the Os Uteri, impeding Labor.*—Dr. Storer, of Boston, saw, in consultation, a woman who had been in labor several days, and in whom no os uteri could be found. The patient had formerly been treated for ulceration of that part, by the repeated application of caustic. Dr. S. made an incision three inches in length, into the prescuting part of the womb. An hour afterward, there being no pains, he opened the head and delivered the child. The woman recovered, and afterward menstruated. In a similar case of obliteration, without pregnancy, Dr. J. H. Bennett made an artificial opening, which he kept open by means of elastic bongies introduced from time to time.—*Boston Med. and Surg. Journal.*

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ARTICLE I.

A Case of Cancer. (?)

[A Paper read before the Hendricks County (Ind.) Medical Society, October 21, 1862.]

BY WILLIAM F. HARVEY, M.D., HENDRICKS COUNTY, IND.

Thomas Morgan, æt. about 37 years, married, of nervous temperament, called upon me on the 8th of June, 1862, and stated that he "had just passed a spoonful or two of blood from the penis." He stated that he had been enjoying very good health for a long time previous, had felt no pain or soreness anywhere, and had no intimation of anything being wrong until he saw the blood pass from him.

By close questioning I could elicit nothing as a cause of the hæmorrhage. There was no pain or soreness manifested on pressure anywhere.

In the absence of any knowledge of the cause or source of the bleeding, I prescribed quietude, and perchlor. ferri, acetum plumbi, sulph. zinci, and opii. This treatment arrested the hæmorrhage for the time; but on the 10th he returned, and stated that blood was passing again. I repeated the astringents in larger doses than before, and stopped the bleeding until the 21st, when there was a recurrence. An infusion of buchu and uva ursi was added to the remedies, on the supposition that it was possible that cystitis existed, and that the bleeding was the result of the inflammation. The hæmorrhage was checked some.

On the 25th I was called upon to visit him at his home. I found him suffering from ischuria. I drew off a large quantity of bloody urine, and on withdrawing the catheter a number of threads of coagu-

lated blood followed it. The catheter was used again on the 26th morning and evening; and in the evening a small tumor of the nature of polypus was brought away with the catheter. It was torn loose from the inside of the bladder, near the neck, while sounding for calculi and breaking up coagula of blood.

For some time after this urine passed easily and freely, but still came away bloody; and sometimes pure blood passed before the urine, and at others followed it. He also suffered severe pain every time he voided urine, which he could only locate within the pelvis. These irregularities baffled all efforts at locating the diseased parts, or ascertaining its nature.

The symptoms continued nearly the same—that is, bloody urine a part of the time, ischuria frequent, requiring the use of the catheter, pain in the pelvis whenever urine was voided, etc.—until the 19th when I drew off about one and a half pints of very highly colored urine, with a considerable quantity of pus. There had, at times previous to the 19th, been stricture in two places between the glans penis and prostate, and in the prostate gland itself.

I will here state that Drs. Hutchinson and T. B. Harvey saw him with me in the early part of his sickness, and Dr. Bobbs, of Indianapolis, at a later day.

Dr. Hutchinson, believing the pathology of the case to be a hæmorrhagic diathesis, recommended the more powerful astringents, a gallic acid, and the perchloride of iron in larger doses; also salts of aromat. sulph. acid; also buchu infusion, a hop poultice, and extract of aconite and laudanum.

Dr. T. B. Harvey recommended in addition extract belladonna, and injections into the bladder for the strictures, and tinct. cantharides. He believed the disease to be polypus in the bladder, and that remedial would be of but temporary benefit. Yet the disease was so obscure that neither of us at this time were settled in our opinions.

All the remedies proposed were used, with some success in arresting the hæmorrhage.

On this day (the 19th) the question, Is it possible that there is a carcinomatous disease in the prostate gland, or is it cystitis? arose in my mind. I was led to favor the supposition of carcinoma from the persistent hæmorrhage, a peculiarly unpleasant factor of the urine, and lastly, but not least, the very slight impression which remedial had upon the disease.

24th.—The symptoms since the 20th have been a clearing of the urine of color, but not of sediment. A large quantity of string

mucus, mixed with pus and shreds of denuded membrane, has passed daily,—except the shreds of membrane, which only came away two or three times. The clearing of urine continued till last evening, when blood began to pass again. This morning the urine is very thick and highly colored. His appetite is good; pulse natural.

25th.—Drs. T. B. Harvey and Hutchinson were called in consultation. All agreed that the pathology of the case was in obscurity. Dr. Hutchinson gave it as his opinion that there were probably calculi in the kidneys. Dr. T. B. Harvey favored the opinion that there was malignant disease. The treatment adopted was to continue astringents, and give—

℞ Balsam copaiba, ℥ ij.
Spiritus nitrici dulcis, ℥ ij.
Aqua menthæ piperitæ, ℥ ij.

M. Dose one teaspoonful every six hours.

Also use anodynes externally above pubes.

26th.—In addition to the other symptoms, he had a hard chill to-day,—he shook violently. This was followed by some fever and perspiration; and this evening a considerable portion of fleshy-looking masses passed away.

27th.—To-day his pulse is quick, and part of the time irregular. He is much prostrated; his mind much agitated. He has been much discouraged by *knowing friends*, who are certain “he is going to die immediately.”

Drs. Hutchinson and Harvey saw him again with me, and after seeing the semi-organized masses which passed, Dr. Hutchinson pronounced the case fungus hæmatodes. Dr. Harvey still inclined to the opinion that the masses were polypi.

Patient's pulse is full, soft, and nearly natural in frequency. Catheter has been used daily for some time. He has had several serous discharges from his bowels to-day. We gave him—

℞ Sulphas quiniæ,
Persulphas ferri,
Pulv. glycyrrhiza, aa grs. xxx.
Sulphas morphiæ, grs. ij.

M., ft. in masse, et pillulæ dividenda No. xxx. S. two every three hours.

Also the copaiba mixture. Drop other remedies.

28th.—Pulse about 110, quick, full, and hard; skin hot and dry; tongue red, and coated in patches broad and thick; appetite good. He is somewhat narcotized.

Prescription changed, in consultation, to—

℞ Persulphas ferri,
Pulv. glycyrrhiza, aa grs. xxx.
Ext. conii maculati, grs. vj.

Mix, make thirty pills. S. two every three hours.

Also sulphate of quinine, grs. ij. every six hours.

29th.—During the night conii narcotized him, and it was left off till morning. Quinia was given every two hours. This morning he perspired profusely, and was given whisky and pulv. cinch. cort. and carb. ferri.

Symptoms since have been : frequent efforts to urinate, but failed, and the catheter had to be used ; skin cool, and has a more natural feeling than for some days past. Prescribed : Continue conii pills, bark, iron and whisky, and give copaiba mixture again.

30th.—He had frequent stools through the night, attended by very severe pain. Conii narcotized him again ; a great variety of delusive objects appeared to him while in this condition. There is a hectic flush on his cheeks ; pulse 100, rather tense ; can not permit more than half a pint of urine to accumulate in bladder without suffering excruciating pain,—and it seems that the quantity of urine which he can retain at once without pain is daily becoming less ; from which I suspect a tumor to be filling the cavity of the bladder. Blood and pus pass every time urine does ; he also has diarrhoea. The remedies were withheld for six hours, except sulph. morphicæ, for diarrhoea and pain.

31st.—To-day some fever ; a good deal of pain, and tenderness in hypogastric region ; some swelling above pubic symphysis ; some pus and small clots of black blood passing ; urine murky. Prescribed : Continue astringents and anodynes, also whisky and bark.

Aug. —.—Dr. Bobbs came to see him in consultation. On examination per rectum, he discovered a tumor, which he unhesitatingly pronounced carcinoma. I made the examination, and found the tumor, as large as a goose egg. The feeling to the finger was similar to the presentation of a foetal head. It was so much softened that the finger could easily be thrust through the parietes. From this time forward I had no doubt with regard to the formidable nature of the disease I had to contend with. The Doctor's prognosis was, that he would not live long. He recommended nitric or nitro-muriatic acid, or gallic acid, to neutralize alkaline salts in the urine, and continue anodynes.

Aug. 9th.—The symptoms have varied but little since Dr. Bobbs'

visit. This morning another polypoid tumor passed. His pulse has had a quick jerk about it for a few days past. Treatment: Astringents, tonics, stimulants and anodynes.

30th.—The symptoms since the 9th have been mainly as before, but a part of the time he has had no pain except when he passed urine, and a part of the time his urine has been nearly clear of sediment and color. His appetite has been good, except a few days while he took gallic acid, since which time I have been using it in solution, and injecting it into the rectum. Since the 28th he has been passing a part of his urine from the rectum, a communication between the bladder and rectum having certainly been effected by destruction of tissues adjoining the tumor, which is situated between them. The symptoms which led to the supposition of this artificial opening were, that he had to pass his urine every hour, or oftener, and every time he passed urine from the bladder he had an evacuation of water from the rectum; and when his bowels operated, the fæces were of proper consistence. His countenance is pale and sunken; he sweats profusely, and weakens rapidly; has had several chills. Treatment continued as before, except to increase the quantity of gallic acid injected.

31st.—Last night he passed the full quantity of urine from the penis and none from rectum, but he has passed per rectum a considerable quantity of clotted blood since yesterday. He had another shake this morning. Pulse 110; tongue purplish red and glazed. He has had several *sinking spells*, in which it seemed that he would suffocate. Treatment continued as before, except to add a mixture of chloroform and laudanum externally applied, to ease pain.

Sept. 23d.—On the 7th and 8th he passed per rectum some excrescences as large as small walnuts. His tongue has been nearly natural until within the last two or three days, when it has been very red and coated all over in patches similar to thrush of infants, which I suppose to have been produced by gallic acid. This morning a quantity of gallate of lime in the form of fine sand passed from the bladder through the catheter. He has had action from the bowels every time he passed water from the penis, for some time past. Pulse feeble, quick and frequent; no appetite for food, yet he takes spoon-victuals; a great deal of tenderness manifested on pressure above pubes.

Oct. 10th.—The symptoms changed but little at a time since the 23d, except that occasionally he passed nearly all his urine per rectum, and nearly every day he passed away more or less fleshy excrescences per rectum; he became very much emaciated. He has passed a very large quantity of pus both by the penis and rectum,

and there has been a very offensive smell attending each evacuation ever since he began to pass pus. The tongue became coated all over with the white thrush-like coating. His extremities have been cold for two days past, and last night he began to cool all over, and became very restless, continuing so until nearly 7 o'clock, at which time he died.

Autopsy—about twenty-four hours after death :

Oct. 11th, 1862.—An autopsy was held this morning at 8½ o'clock. Physicians present were Drs. T. B. Harvey, T. Evans, and myself. T. B. Harvey operated.

The abdomen was opened by a crucial incision. The first thing of importance noticed was adhesion between the bladder and rectum, at fundus of the bladder. The rectum was tied and severed, and the whole mass of the bladder, rectum, and an intermediate sac-like tumor, were dissected out. While this was being done, the parietes of the sac next the rectum burst, and a considerable quantity of very offensively smelling pus and feculant matter in a very soft state passed out of the opening, together with some polypoid excrescences.

On opening the tumor, it was found to be filled with carcinomatous excrescences, adhering to the inside of the sac, like quartz crystals in a boulder of quartz. The inside of the sac was studied all over with them, from the size of a small pea, or smaller, to the size of the blue ounce santonine bottles. Complete adhesions had formed between the tumor proper and the rectum, on the one side, and the tumor and bladder on the other,—the whole tumor being covered with the peritoneum on its upper surface. A communication between the bladder and rectum, through the tumor, about two inches in diameter, was found, and when first cut down to, the excrescences were discovered, protruding through the opening into both rectum and bladder. The walls of the bladder were about half an inch in thickness, and indurated. The whole mass weighed two pounds and a half. All other internal structures, so far as examined, were found in a normal condition.

Remarks.—There are a few practical points connected with this case which I will merely state in the form of questions :

1st. Is the bladder, or space between the bladder and rectum, ever the point upon which carcinomatous disease is *originally* seated ?

2nd. If not, may not this tumor have been *originally benign*, and afterwards degenerated into malignant disease ?

3d. Is it probable that any kind of treatment would have arrested the progress of the disease, if the existence of the tumor and its location had been known at the time of the first appearance of blood from the penis ?

[Accompanying the foregoing paper the author forwarded a very satisfactory daguerreotype view of the diseased structure, which we wished to have engraved to accompany the paper, but we had not time to have it finished for use in this number.—Eds. L. & O.]

ARTICLE II.

A Report on Improvements in Medical Science.

[Read before the Eaton (O.) Medical Society.]

BY R. WALLACE, M.D., SECRETARY OF SOCIETY.

“All that a man hath will he give for his life.”—SATAN (Job ii. 4).

“Self-care is better than Physic,
Nature is wiser than Art.”

We seldom, if ever, approach a dying person without verifying *the truth of the words of the devil* contained in the text. If life is a blessing and death a curse, everything which has a tendency to improve health and prolong life must always be of the first and greatest importance—not only to the medical profession, but to all earth's inhabitants. Hence the necessity of our profession for the purpose of studying the laws of life and health ; hence the necessity of this medical society. We come together from time to time as brethren, to compare notes, to hear and ask questions, so that we may be prepared when we come in contact with the king of terrors, to compel him, if possible, to relinquish his grasp ; or at least to mitigate the sufferings of his victim. Sometimes we can repulse death by the use of the surgeon's knife ; sometimes defeat him by calling chemistry to our aid, and neutralize the poison of his dart ; sometimes foil him in his efforts to destroy in one way by one means, and sometimes by another, according to the indications which are necessary to be filled.

A systematic report on the Improvements in Medical Science should comprehend—first, improvements in surgery ; second, improvements in theory and practice of medicine ; and, third, improvements in obstetrics, and especially in cases of unnatural labor requiring the use of instruments. If we except the improvements in surgical instruments, all the improvements in the different branches of our profession have for their basis discoveries in chemistry, physiology, pathology and pharmacy. The more we study, and the better we understand human

and comparative physiology, the more clear will be our views of pathology. The better we understand chemical attraction and chemical affinity, the more careful will we be of our pharmaceutical compounds, and the less likely to convert the human stomach into a chemist's laboratory.

In the first place, let us see if the improvements in the healing art are many and great. We verily believe, if there were not, nor never had been, a single physician, surgeon, obstetrician, chemist or druggist in the whole world, to-day the human family would be quite as numerous and enjoying as good health! This proposition would not be hard to demonstrate. Let us take into consideration the amount of medicine prescribed and given by good and scientific men, and then look at the manner in which the directions are disregarded, not only with regard to the time of taking the medicine, but the quantity to be taken at a time. Let us take into consideration the fact that our profession involves so much guessing among good physicians and surgeons, and this *guess-work* is nearly always in extremely bad cases; next observe the innumerable host of self-constituted doctors of the different schools, not many of whom could obtain a certificate to teach a common school; then notice the sales of patent and non-patent medicines, which are not only intended to cure disease, but must, when swallowed, frequently produce disease. Is it not a fact that by far the largest amount of medicine (falsely so called) belongs to this kind, and is advertised as "elixir of life," "balm of immortality," or "resurrection pills!" Ah! could the quacks administer their nostrums to the great enemy, Death, then we might expect to live forever. Then, in view of these facts, what has medicine done for our race, all things taken into consideration? Historians inform us that for two thousand three hundred and sixty-nine years after the creation of our race not one person died of disease! The simple record is, "and he died," or, "he died in a good old age and full of years," or, "he was old and full of days." During all that time not a single instance is recorded of a child born blind, or deaf, or dumb, or idiotic, or malformed in any way. During all that time not a single case of natural death in infancy, childhood, early manhood, or even of middle manhood, is to be found. So extraordinary a thing was it for a son to die before his father that an instance of it is deemed worthy of special notice; and this first case of the reversal of nature's laws was about two thousand years after the creation of Adam. At that time the people had their embalmers and physicians as well as now, and here we mention a curious fact, that in the only history we have of the

human family, covering a period of over two thousand years, not one account have we of a single dose of medicine being taken internally. There were various outward applications for disease: washing and sprinkling for leprosy; the balm of gilead and plaster of figs, and oil and wine, in surgical cases. Thus we see man came so surcharged with vitality from the hand of his Maker that it took over two thousand years of excesses and abominations to make him even accessible to disease—and here we may remark, that it is quite likely, all things considered, that nearly as many patients would get well without internal medicines. Sir J. Forbes mentions a celebrated professor who, on being told that a new sect had sprung up which cured disease by infinitesimal doses of medicine, replied that he had long been in the habit of doing more than this, viz.: curing disease without medicine.

We have no doubt but we have made great improvements in surgery, and yet we doubt not that some, if not many, patients would live as long, or longer, without surgical operations which have been performed by good surgeons. Nearly two months after the battle of Borodino, in Russia, as the French troops were returning from Moscow, they found a man who had both legs broken during that battle. Who can tell us that that man would have lived two hours had his legs been amputated by one of our best modern surgeons?

Let us pass by surgery and obstetrics, and come to the theory and practice of medicine, which not only in this county, but in the State, includes the larger amount of business done by the profession. And here we ask the question, Do we to-day occupy an advance position in the healing art? Most undoubtedly we do. I am striving for improvement, you are striving; every thinking practitioner and every working medical society in the world is determined that the average duration of life shall be lengthened, and the result is that although the practice of medicine is continually changing—sometimes for the better, and possibly sometimes for the worse—advance and not retrogression must be admitted as the general result. Macaulay, in his *History of England*, says, “The term of human life has been lengthened in the whole kingdom, and especially in the towns. In the year 1685—not a sickly year—more than one in twenty of London’s inhabitants died. At present only one in forty dies annually.” The difference between the London of the nineteenth century and the London of the seventeenth century is greater than between London in ordinary years and London in the cholera.

Charles Dupin, of France, some ten years since read a paper before the Institute on the vital statistics of that country, showing that from

1776 to 1843 (sixty-seven years) the duration of life had been increased at the average rate of fifty-two days annually; so that the total gain in two-thirds of a century amounted to nine years and a half; and that in no year of that period, whether during the Republic, the Consulate or the Empire, did the annual increase fall below nineteen days.

Dr. Simpson, in his paper "on the Statistics of Surgery," states, that in 1786 the yearly rate of mortality in the whole of England and Wales was one in forty-two persons; in 1801 it was one in forty-seven, and in 1831 it had diminished to one in forty-eight, and so on; showing a reduction of annual deaths of twenty-eight per cent. in the short period of one-half a century. If we bring our inquiries nearer home, to New York and Philadelphia, we will find the advance of human life fully as great.

Then as the lengthening of human life is the effect of the improvements in the practice of medicine, and as the practice of medicine to a great extent consists of constitutional treatment, or the administration of medicines internally, what are the improvements which produce such great and glorious results? The first improvement we mention is a better understanding of not only what we can do, but also what we can not do with medicines. Therefore we adopt this rule—that if we are not pretty certain that by doing we can do good, we do nothing. We all know how easy it is to kill; we all ought to know how few we cure, even among the large number who get well. 2nd. In the treatment of any case, we use all our efforts to prevent our patients from converting their stomachs into swill-tubs. We all know that in many acute diseases many of our patients, whether intelligent or not, will have, eat and drink anything and everything they want. This is something no doubt we all try to prevent; and the prevention of such a condition is a great item in the treatment of a case, and when fully carried out is of the utmost importance in the practice of medicine. Let us all henceforth pay more attention to incompatibles in food, with regard to quantity, quality and kinds, manner of preparing, times of giving it, etc. Depend upon it, the administering of medicines without proper hygienic measures being rigidly carried out, is not only useless, but in many cases positively injurious. And with proper hygienic measures fully carried out and commenced in time, medicine is seldom, if ever, needed. The third great improvement consists in the smallness of the quantity of the medicine to be administered. We can now with one-tenth, or sometimes one-hundredth quantity in weight and size, produce as

great an effect as we could not many years ago. For this improvement we are indebted to chemistry, which has taught us how to extract the medicinal or active principle, and throw the crude and worthless part away, instead of crowding it into the stomach to act as an irritant. 4th. Another great improvement in practice, and especially in the South and West, is not to administer a medicine either in such quantities or for such a length of time as to produce organic disease. In this respect a vast amount of injury has been done in this country and elsewhere. We might be expected to say something about new remedies. If we except chloroform, the new remedies do not amount to so very much. There is far more in the judicious use of the old. Not many years since Prof. Dunglison published a volume on "New Remedies." Celebrated as that man justly is, and much importance as is attached to *new things* by persons having itching ears, the publishers can not sell that work now for one-half the original price asked. All that the physician and surgeon proposes to do may be classed under two heads: first, the prevention of disease; second, the mitigation or cure of disease. We have no doubt but it would be better to prevent disease than to try to cure after the suffering has commenced. Patients should always apply to their family physician in time. Unfortunately it has happened that the cure of disease has been that to which the medical art has mainly addressed itself. However, that is the next (fifth) improvement which we shall mention—the prevention of disease, or prophylactics. This has been going on for some time in the United States Army. "All soldiers on duty in districts especially malarious, or on unavoidable fatigue duty during the hot hours of the day, shall be given quinine in prophylactic doses, each dose to be combined with one-half gill of whisky, night and morning." If the United States Government would only go further with prophylactic measures, and furnish a sufficient number of bakers and cooks for every regiment, with a good supply of wash-women, we think sickness in the army would decrease at least fifty per cent. 6th. Another great improvement is the expurgation of the *materia medica*, and, of course, fewer classes of medicine used, or less medicine used. Out of some eleven thousand simple substances mentioned by authors on *materia medica*, only a few are of any account, and these act almost as specifics in certain diseases. For example, cinchonia and its salts; arsenic, or some preparation of it, for remittent fever; hydrargyrum's preparation and iodine's preparation for syphilis; lemon juice, fresh meat, vegetable food, etc., for scorbutis; bronchocele curable by the preparations of

iodine, etc. 7th. This is the last and greatest improvement which we can mention, viz.: *vis medicatrix nature*. This is the first, second and last point, after all, in the treatment of a case. It is much easier to introduce substances into the stomach, much easier to prove that most of the substances introduced, called medicines, do harm, than to prove that they do good. Every substance taken acts in one of three ways, no matter by what name you call the substance, whether a simple or a compound; 1st, if food, it acts as a nutriment; 2nd, the substance may be indigestible—then if the substance is small enough, its effects will be neutral; 3rd, it acts either as a poison or as an antidote to a poison, and then sometimes the new compound becomes neutral or nearly so.

Almost all substances given for the cure of disease are poisons. Hence it follows that it is a great improvement in the practice of medicine to give these poisonous doses in very small quantities. Drugs never should be given. We mean by drugs, the crude articles of the *materia medica*, from which medicines are made: as from opium we have morphia, etc.; from cinchonia, quinine; from colchicum comes colchicina, and so on. Thus you see all the articles in the *materia medica* may be divided into three classes: 1st, drugs, or the crude articles; 2nd, medicines, or the active principles of crude substances; 3rd, remedies, which are by far the most important class. Every medicine is a remedy, but every remedy is not a medicine. We mean by remedies, mental and moral effects produced on the mind; the natural stimulus upon various organs of the body, such as light to the eye, music for the ear, air for the lungs, hope and joy, with the usual emotions.

NOISES IN THE SICK-ROOM.—It is extraordinary how many persons, unused to the sick-room, mistake certain noises for quiet. When such persons have to walk across the room, they do so with a balancing sort of a movement that makes every plank creak easily. Their very dress rattles in a way that would make the fortune of a rattlesnake. If any thing has to be said, it is spoken in a loud whirring whisper that conceals the words, but makes the most irritating of noises. Now, the silence of a sick-room must not be labored: it must be natural. Shoes that do not creak must be worn, and in walking the foot must be put down carefully, of course, but with a firm step, that comes gently, yet steadily, on the floor. This will not make the creaking sound caused by the toe-pointed, gingerly mode of movement so much adopted by those whose experience of sick-rooms is small.

Proceedings of Societies.

Proceedings of the Cincinnati Academy of Medicine.

Puerperal Convulsions, with a Discussion.

HALL OF ACADEMY OF MEDICINE, Oct. 20, 1862.

Dr. E. B. Stevens presented the following paper and accompanying case :

Uræmia : with a Case.—Inasmuch as the case which I am about to report to the Academy was dependent, as I believe, on that condition of the system which is now known as *uræmic intoxication*, I propose to preface the details of the case with a brief *resumé* of the facts and general doctrines accepted by Braun, Simpson and other authorities. Braun, of Vienna, has a very full monograph on the subject, to which I refer the members for a complete account. Also you will find a very clear and satisfactory *exposé* given in Bedford's Clinical Lectures on Diseases of Women, and in his recent work on Obstetrics. The views, however, in the two works are so essentially identical that one may be regarded as a reproduction of the other.

According to Braun, "*Eclampsia Puerperalis* is an acute affection of the motor function of the nervous system," manifesting itself in spasms essentially of an epileptiform character, and dependent generally upon an acute form of Bright's Disease (*i. e.*, an albuminous condition of the urine), giving rise to a peculiar condition of the elements of the blood, which becomes a true blood poison. The toxæmic effect of this state of the blood spreads to the brain and nervous system, acting upon it in a manner similar to that produced by any other narcotic introduced into the blood. The toxæmia in *eclampsia puerperalis* is produced by a peculiar condition, then, of the blood ; and to this peculiar condition, or blood poison, is given the name *uræmia*.

Again, it is well enough to bear in mind, that while the convulsions of pregnancy are, according to our present knowledge, designated *uræmic*, we are not to understand that *uræmic* convulsions, or the *uræmic* condition, are peculiar to the pregnant condition ; for, according to the authority I have just quoted, *uræmia* and *uræmic* convulsions may occur in women not pregnant, and even in children and males.

It is also to be observed that the term *uræmia* does not, either

among authors, or in general professional language, express a uniform and distinct idea. With very many an albuminous condition of the urine, an excess or deficiency of urea, and uræmic poisoning, are all confounded, as though they were synonymous conditions, or manifestations of the same general condition. Now it is very true that *albuminuria*, *œdema* and *uræmic intoxication*, with puerperal convulsions, frequently occur conjointly, yet these conditions are distinct, and not necessarily dependent. Indeed, they may and do occur entirely irrespective of each other.

Albuminous urine is so very frequent an associate with uræmia that we may naturally refer the one to the other, or mutually associate the two. It appears, however, that albuminuria may occur without giving rise to any of the symptoms of blood poison. Thus, according to Bedford, "Among forty-one pregnant females observed by Blot, in the Maternité at Paris, in all of whom albuminous urine was detected, only seven were attacked with convulsions, which certainly does not look like cause and effect." And the observations of various authorities confirm the fact that the mere presence of an excess of albumen in the urine does not give rise to uræmic intoxication. Indeed, the albuminuria of pregnancy would seem to be generally the result of a mere mechanical obstruction of the renal veins. It was held by C. J. B. Williams that *per se* albuminuria indicates nothing more than congested kidney. This will not, perhaps, hold true as a general proposition, but it will, doubtless, hold true in the great majority of cases of the albuminuria of pregnancy, especially in primipara.

It has been held that *urea* was a mere oxide of albumen—*i. e.*, that it resulted from the combustion of the albumen of the blood. An excess of albumen in the urine therefore would imply an imperfect combustion. An excess of albumen, therefore, should imply a deficiency of urea. It is found, however, that an excess of both these elements may exist at the same time. These two may, therefore, exist in excess irrespective of each other. It has heretofore been held that an excess of urea gave rise to symptoms of blood poisoning, as coma, convulsions, etc., and in the absence of proof that albuminuria was the true cause, many observers have held that excess of urea was true uræmia. More recently, however, this doctrine, too, has been totally refuted, for the experiments of Bernard, Brown-Sequard and others seem to render it conclusive that urea may be injected into the veins without any effect upon the nervous system of this character. And the observations of Bright, Frerichs and others quite as conclusively demonstrate that in many cases large quantities of urea have been present in the

blood, as a result of disease, without any symptoms of uræmic intoxication.

What then gives rise to, or constitutes uræmia? Albuminuria does not constitute uræmia. A large per cent. of the cases of Bright's Disease (say forty per cent.) are not accompanied with convulsions. Conversely, a large per cent. of those cases of uræmic eclampsia which have permitted a post mortem have not exhibited any organic disease of the kidney. And now it still further becomes evident that the presence of urea is not toxæmic.

Without consuming the time of the Academy any further with these prefatory remarks—for you will find the whole subject more satisfactorily discussed in the authorities I have spoken of—I may say in brief that Braun of Vienna, and with him Simpson, Bedford and others, adopt the theory of Frerichs, that uræmia depends upon a *peculiar decomposition of urea, whereby an excess of carbonate of ammonia is found to exist in the system.* That is, that by some mode not very clear, urea is transformed or converted into carbonate of ammonia. And it is now rendered pretty certain that all the symptoms of uræmic poisoning can be readily produced by the injection of carbonate of ammonia into the blood.

These are some of the general doctrines which seem to bear directly upon the very interesting questions and mutual relations of uræmia and puerperal eclampsia. I have a few additional remarks to make of a practical character, but will first relate the history of a fatal case of this disease, which recently occurred in my practice, promising, however, that from the fact that we know but little of the pathological history and features of the case during the progress of pregnancy, and from the fact that no autopsy was held, it fails to present that degree of completeness and exactness which renders it useful for strict scientific purposes. Still it will serve very well as a basis for a mutual interchange of views upon a very important and interesting topic.

Saturday morning, 4 o'clock, Oct. 11, 1862.—I was called to see a young married woman, in labor in her first confinement, age 25. General appearance anæmic and bloated. Her feet for many weeks have been so œdematous as to forbid wearing her shoes. Dr. Mendenhall had been selected to attend the lady during confinement, and my connection with the case was owing to the absence of the Doctor from the city; and as the Doctor was not himself the regular family physician, it is difficult to procure more than this general idea of her case previous to this date. I found the pains regular, but the case

progressing slowly. From this time up to noon there was no material change in the condition of the patient. The pains during a part of the time were quite vigorous, but the os uteri was only dilated to such an extent as to permit the introduction of the point of the finger, while the neck of the uterus hangs down like a tube or tit. At 1 o'clock, the relaxation has proceeded so much that the tube-like condition of the neck has disappeared, but the dilatation of the os has not increased. About 1 $\frac{1}{4}$ o'clock my patient, who had, for perhaps an hour, complained of headache, was seized with an epileptic convulsion, the spasmodic condition only continuing a few minutes, (not more than three to five,) and the comatose and stertorous condition lasting nearly half an hour. At this stage of the case I sent for Dr. J. B. Smith in consultation, who was very promptly at my side; but it was mutually agreed that at this stage of labor there was but little room for the interference of art. The bowels of the patient were freely evacuated by means of aperient injections; and following this, free injections of milk of assafoetida were administered, the patient refusing to take remedies by the mouth. Otherwise the patient was anxiously watched until there should be such dilatation of the os uteri as to admit of instrumental delivery. The convulsions continued to return with great regularity about every hour; sometimes a little less, sometimes a little more. The character of each being about as that of the first—a few minutes of spasm, followed by nearly half an hour of coma and stertor, and then a gradual and partial return to consciousness until the accession of the next spasm. The comatose condition, however, becoming more and more complete and the return to consciousness less and less. From the time of the first convulsion at 1 o'clock until 6 o'clock, the conscious intervals were quite distinct, so much so that she asked and answered questions, apparently with entire intelligence.

Dilatation progressed very slowly until about 7 o'clock, at which time there appeared a very rapid tendency to relax; the parts became moist; the os being now about as large as a dollar. At 7 $\frac{1}{2}$ I think the forceps might have been applied, but the pains had now become very vigorous and expulsive, and there was every probability of a speedy delivery by the efforts of nature. This interval between convulsions was also unusually protracted, and I hoped for a termination of the labor before the next convulsion should come on. Some time after 8 o'clock P. M. another convulsion and a partial arrest of the pains. I determined on the use of the forceps, and again sent for my friend Dr. Smith to assist in that operation. Although the forceps were

applied by Dr. Smith with ease and the delivery effected without trouble, yet the delay in preparations, placing the patient in position, etc., made it 10 o'clock when a dead child was removed from the mother. The usual hourly convulsion took place during the delivery. Although the patient remained in a comatose state, the pulse feeble, and the countenance blanched as if after flooding, yet there was no return of the convulsions for more than two hours. The uterus contracted readily and firmly. There was but little loss of blood. She swallowed with some difficulty, but took stimulants to considerable extent, which were given with but little intermission. From 12 o'clock (midnight) until 12½ she had three short convulsions, and sank rapidly. At 1 o'clock she expired.

In looking back over the brief history of this case, it seems to me as one of those cases almost necessarily fatal in its character and termination. Other medical gentlemen will, very probably, have suggested to their minds points of treatment which were omitted by us in the management of the case; but as it presented itself, the circumstances and conditions forbid in our mind much professional interference. Artificial delivery was admissible, and might have been properly resorted to about an hour sooner than it was. I have explained already the occasion of delay; but it is hardly probable that this would have affected the result.

It will also be observed that anæsthetics were omitted. It would, perhaps, have been more satisfactory to the medical attendants if chloroform had been used with carefulness, watching the effects. Dr. Simpson has a very ingenious explanation of the principles upon which chloroform ought to prove an antidote to uræmic intoxication. The researches of physiological chemistry appear to prove that chloroform produces a temporary diabetes mellitus—of course, increasing the quantity of sugar in the urine, perhaps also in the blood. Another chemical fact is, that the addition of a small quantity of sugar to urine out of the body prevents for a time the decomposition of the urea into carbonate of ammonia. Taking these facts for granted, we have a plausible and satisfactory explanation of the propriety of the use of anæsthetics in these cases. And experience seems to confirm this propriety, for their administration has been frequently followed by favorable results. Embryotomy might have been performed perhaps three hours before the delivery by the forceps took place; but we presume this resort will scarcely be urged as proper in the present case. The propriety of *blood-letting* may also have been suggested to some gentlemen. In two cases of puerperal convulsions which occurred in

my practice, I regarded the condition as so decidedly apoplectic that I used the lancet freely, and as I believe with good effects; at any rate, with a good result. In those cases I bled for effect and regardless of quantity. But what effect would be anticipated in the present case? The patient was already blanched out as if from copious depletion—there was already a terrible lack of red corpuscles—the brain was evidently suffering already, not from an excess of healthy blood, but for lack of its usual nutriment. Here there was certainly no case for bleeding.

After all, we are satisfied that the proper time for the treatment of this case was previous to the accession of labor altogether. The free use of diuretics and purgatives, the use of colchicum or guaiacum, seem adapted to correct this uræmic condition, and doubtless had this patient been placed under proper treatment a few weeks previous to the date of my first visit, she might have passed through her confinement in safety and with no uræmic eclampsia.

The time will come in this country, when the entire pathological condition of such patients will receive the careful supervision of the family physician during the entire lying-in period. The urine will be tested; the mental and physical faculties watched. Unfortunately, as yet the great majority of cases of the pregnant condition do not deem it necessary to call upon the medical adviser, otherwise than in special exceptions, until the pains of labor have actually supervened, and confinement is at hand.

REMARKS.

Dr. Mendenhall—Said that cases of the kind just presented to the Academy would not bear depletion, but he regarded them as proper cases for anæsthetics, if properly applied. He had had but one case of puerperal convulsions in his own practice coming on before the dilatation of the os, but he had seen a great many cases, and they all died. Some were bled freely, but without any apparent results. He could not say whether it was a good practice or not. He had seen some cases get well where the labor had progressed.

Dr. Woodward—Said the topic brought up by the author of the paper was one of intense interest to the profession. The case reported forbade depletion, but might have been benefitted by the use of anæsthetics. He did not think, however, that anything would have saved her. All cases of convulsions are not dependent upon congestion of the cerebrum or cerebellum, but are referable to the spinal axis. *Dr. W.* then proceeded at some length to enunciate the general doctrines

of reflex action. Sometimes the exciting cause of convulsions is in the neck of the uterus, from a clot of blood, producing a reflex action. Sometimes it is in the bladder. He did not doubt the case reported by Dr. Stevens was one of uræmia. She was anæmic. In treating a case of convulsions, the first great object is to remove the exciting cause. He would not uniformly use the lancet. Patients usually got well in the earlier months of pregnancy, but not from the seventh month and afterwards.

Dr. Carroll—Said that he did not know how much any gentleman could make out of such a discussion as this of a practical character. In the case reported there was anasarca; anæmia at any rate. It was a question whether she ought to have been treated or not; she was not treated and she died. His own idea was to have leeches, purged, and given ergot. If ergot should be given in any case, it was in such a case as this. If the head was pressing down firmly on the os uteri, and the os undilated, he would make incisions, and then, if possible, introduce his hand and turn, or use the forceps to effect the delivery. He would treat the symptoms as rapidly as they would bear. Dr. C. believed stimulants of use in these cases. He had most always made use of blood-letting, and most of his cases got well. He could not give up the idea that it was not proper to bleed in convulsions; thought he would have tried cupping in the case reported. He had serious doubts about the use of chloroform in such cases. Chloroform kills from its action on the brain. The blood is carried back without being arterialized. Using an agent of this kind would be hazardous, because the patients die from the comatose state, and the use of chloroform increases the comatose condition. Years ago, he had a case of eclampsia in the country. The woman was seized with convulsions before there was dilatation of the os. He bled her five times in nine or ten hours—bled her to the amount of two quarts, purged her and gave ergot, and she got well.

Dr. Gans—Said he agreed with Dr. Woodward in the propriety of exercising discrimination. The first rule in practice is discrimination, and he who leaves it will not treat his case correctly. Different causes produce the disease, therefore apply your remedy in correspondence to the cause. He did not agree with his friend Dr. Carroll, that all cases should be bled, because his cases in the country depended upon an active condition of the brain; but certainly he would not bleed where, in a case like this, there was an anæmic condition of the system, not an active congestion of the brain,—but either a toxic state or altered condition of the blood, not for us to decide. He

would have used anæsthetics, and so far as he had observed, chloroform does not produce an active condition of the brain. He has used it in the convulsions of children with great proportionate success, without any augmentation of the cerebral trouble that he had seen. Convulsions are not always produced by congestion of the brain, but by a reflex action upon the brain. Where blood-letting is not indicated, he would use anæsthetics to subdue the convulsions. He could always subdue convulsions in the youngest children with the use of chloroform. He has had considerable experience in the use of chloroform in tetanus. It does not establish a cure, but it controls the convulsions. The question of the cause of puerperal convulsions is not decided. Scanzoni and his party do not believe in uræmia, because this implies disease of the kidneys, and there are many cases of convulsions where the kidneys are perfectly healthy. Scanzoni refers the cause to the blood, and hence the fatality of the disease.

Dr. Mendenhall—Said in his remarks he referred to the treatment. When we take into consideration any disease, we must look to the cause to be able to decide upon a plan of treatment. In the case reported, uræmia was suggested by the author of the paper as the cause, and to discuss this he presumed was the object. He would not give chloroform to arrest or cure a convulsion after it occurred, but to prevent its return. He would give it to prevent the condition. *Dr. Carroll* said it would produce—to prevent congestion of the brain. Where there is uræmic poisoning, ordinary causes acting on the periphery of the nervous system produce convulsions when they would not do so otherwise. There is an exaltation of the nervous system, and he would give chloroform to lessen the excitability of the excitatory functions—to lessen the sensitive condition of the periphery and central portions of the nervous system.

The President (*Dr. McIlvaine*) asked the opinion and experience of gentlemen as to chloroform being the cause of death when administered to young children. He said he knew experimentally, that young animals would bear chloroform better than older ones. He never knew children die from the effects of chloroform.

Dr. Stevens—Said that the use of chloroform in surgical practice very well established the fact of the immunity of children from the fatal effects of chloroform.

Dr. S. said he desired to remind the Academy of the special points that had particular reference to his case. This patient had the blanched œdematous appearance. The convulsion was epileptic, without any apoplectic features. The pulse conveyed the idea of a woman

who had flooded largely. There was no irritating derangement of the digestive organs. He therefore was reduced by negation to the uræmic condition of the blood as the cause of the eclampsia. In such a case as this why would you abstract blood? What effect do you propose to produce upon the condition of your patient? Will you bleed simply because you have a case of convulsions and for the name—or because you have a condition of the system requiring depletion.

In reference to the use of chloroform, Dr. Mendenhall had, doubtless, given the true rationale: it controls the exalted nervous condition. After some sort we may suppose it to act like sulphuric acid in lead poisoning. Sulphuric acid produces of the carbonate of lead a harmless sulphate of lead. In like manner we may suppose chloroform to neutralize the carbonate of ammonia which, according to Freichs, is the cause of the uræmic intoxication.

Dr. McIlvaine.—Inquired if any one knew what portion of the nervous system was involved in convulsions? He said he could produce paralysis of both sides by irritating the sympathetic nerve on one side only, without affecting the circulating system.

HALL OF ACADEMY OF MEDICINE, Monday Evening, Oct. 27.

Second Case.—Dr. Stevens reported that since the last meeting of the Academy another case of puerperal convulsions had occurred in his practice, but quite different from the one he reported last week in its leading features, having come on subsequent to the completion of labor, and having a favorable result.

Early last Tuesday morning, October 21, was called four miles down river road to see a young married woman in her first confinement. She was of delicate *physique*, but so far as I could ascertain had been in the enjoyment of excellent health. She was delivered of a large, healthy child within half an hour after I reached the house, everything in the case passing off well and satisfactorily, except that after the removal of the placenta she had a slight chill. But at 9 o'clock A. M., when I left the patient, she expressed herself as feeling perfectly comfortable. Toward the middle of the day she complained of slight headache, and about 1 o'clock had a well marked convulsion. I was immediately summoned, and again visited the patient at 3 o'clock, during which time she had already passed into the fifth epileptiform convulsion. These convulsions continued to recur from every twenty minutes to an hour and a half until Wednesday morning, 9 o'clock (20 hours), and during the day Wednesday she had two or three slight attacks, in which the movements peculiar to chorea pre-

dominated. She then sank away into a semi-comatose condition, or profound sleep. On Thursday she began to recognize her friends; on Friday there was entire consciousness and intelligence, since when her favorable progress has been steady and rapid.

The treatment pursued in this case was about as follows: Sinapisms to the back of the neck and extremities. Chloroform was administered freely and regularly for several hours, but with little appreciable effect. Twelve grains of calomel were given for its cathartic action, which with copious injections acted freely during the evening. Toward 9 o'clock, finding no change in the character of the convulsions, forty ounces of blood were abstracted from the arm, after which treatment was suspended, except that toward morning and through Wednesday the tincture of valerian was given occasionally. After the bleeding, the character and frequency of the convulsions were unchanged for the next six hours.

Dr. J. B. Smith—Said he saw the case reported by Dr. Stevens at the previous meeting. He supposed they had adopted a plan of treatment. Her pulse was peculiarly slow, not more than 45 or 50, weak and gaseous. She was only half conscious, breathing stertorous, lips pallid, organs of generation in the condition described by Dr. S. He considered it one of the worst of cases for ergot. It was her first confinement, os undilated. He could not understand why any gentleman would prescribe articles to increase the pressure on the os. There was a general dropsical condition of the cellular tissue. There were no red corpuscles. He was satisfied, had her urine been examined, it would have been found albuminous. It is very easy for gentlemen to say they would have bled, or that they would have used chloroform. What do you bleed for? Most persons say to cause dilatation. The child in the uterus was not the cause of the convulsions. Nutrition was at fault. You must improve this condition. What do you propose to do with chloroform? What is the primary action of chloroform? Why, to cause a rush of blood to the head. He thought this woman would have died from chloroform. He had seen chloroform used in three cases of puerperal convulsions, two of the patients died.

He thought Dr. Stevens treated his second case very judiciously. In nineteen cases out of twenty, when a woman has an albuminous condition of her urine six weeks previous to confinement, she will have convulsions, and unless treated will prove fatal. If he had a similar case to the one reported at the last meeting, he would treat it in the same way, with one little modification. He would deliver sooner; thought we should deliver as soon as possible.

Dr. Tate—Said he believed it was held when genuine puerperal convulsions supervene, almost all cases are attended with a general œdematous state of the system, (there are occasional exceptions.) He believed genuine puerperal convulsions are influenced by atmospheric conditions. He thought during the past three months there was a predisposition to convulsions in children, and had supposed it quite probable we should meet with puerperal convulsions during the winter. In convulsions occurring, as in the last case reported by Dr. Stevens, he thought there was but little difference of opinion as to the propriety of bleeding. Convulsions are sometimes caused by the formation of clots in the uterus; remove these and the convulsions subside. But when there is œdema and convulsions occur, he supposed they were induced by derangement of the kidneys, and nineteen cases out of twenty were in primipara. He was decidedly in favor of using the lancet. If there is a general dropsical condition, you can not expect anything but anæmia. Withdrawing blood acts as a tonic. It relieves the pressure of the kidneys and other organs, the heart acts better. Second, it prevents trouble in the brain. The muscles of the neck contracting violently impede the flow of the blood from the brain, and just in proportion to the distention of the blood vessels will be the difficulty. In the case first reported, he thought it would have been judicious to have tried blood-letting. The slowness of the pulse indicated congestion. Blood-letting would induce earlier relaxation of the os. He was satisfied the best authorities of the present day sustained him in the propriety of bleeding in cases of this character. It was not in accordance with his views to evacuate the uterus early.

Dr. Smith—Proposed to prove at the next meeting that, according to the best and most approved authorities, blood-letting was not the proper treatment for convulsions, accompanied with uræmia and a dropsical condition of the system.

HALL OF ACADEMY OF MEDICINE, NOV. 3, 1862.

Dr. J. B. Smith—Said that he proposed to controvert the position taken by Dr. Tate at the last meeting, viz., that blood-letting, according to the best authorities, was the proper treatment for puerperal convulsions, accompanied with uræmia and a dropsical condition of the system. Churchill says the propriety of blood-letting in such cases is exceedingly doubtful. Scanzoni repudiates it. He uses subcutaneous injections of morphia. Gentlemen forget that for the last twenty-five years, according to all late authorities, we have been more successful in the treatment of convulsions. Dr. Tyler Smith says :

“Convulsions are due to centric and excentric causes. In vascular plethora depletion is undoubtedly a sedative to the spinal system ; but when the circulation is reduced considerably below par, loss of blood becomes an actual excitant of this organ. Hence it is that the reports of those who have most pertinaciously followed blood-letting, exhibit the loss of a greater number of patients than those who have been more cautious in this respect. *In the convulsions occurring among delicate anæmic women, bleeding is generally inadmissible, becoming in fact under such circumstances an exciting cause of the disease.* In cases complicated with albuminuria, labor should be completed as early as possible, due regard being had to the effects of the irritation which may be necessary to effect delivery. It often happens that very shortly after the expulsion of the child, the kidneys secrete an immense quantity of urine, and relieve the patient from the state of blood poisoning. In convulsions the intestines are very commonly loaded. It immediately becomes a question how to relieve them without producing greater irritation by the operation than already exists from the loaded condition. The most violent drastics have been given in such cases without any ceremony, as though the more readily the *materies morbi* were grasped the more effective the remedy. But it is of great importance to avoid irritating the intestinal canal unnecessarily. I have known puerperal convulsions produced by a brisk cathartic too soon after delivery.

“Puerperal convulsions depending upon uræmia and albuminuria are without doubt the most important and frequent disease of parturition, and require special notice, as the treatment of such cases is distinct in some respects from that of puerperal convulsions occurring in the absence of albuminuria. The urine is dark colored from the presence of blood corpuscles, and examined by the microscope, cylindrical clots, cylindrical masses of epithelium, from the tubuli uriniferi are formed. In fatal cases the structure of the kidney is discovered to be seriously altered from the normal condition by the presence of diffuse inflammation, leading to degeneration of the renal structure. As regards the treatment of the form of puerperal convulsions depending on uræmia, the latest experience is against excessive blood-letting, *and indeed against blood-letting at all ; except in the form of a single venesection at the outset of the disease, in patients of a full habit.*”

So much for Dr. Tyler Smith, who will, of course, be accepted as one of our most recent and weighty authorities. Now take another high authority nearer home. Dr. Bedford, in his new work on Obstetrics, speaks at some length in a similar strain :

“If you leave this University with the conviction, too sadly impressed upon some practitioners, that the reliable remedies in puerperal convulsions are blood-letting and opium, it is reasonable to suppose that one or the other of these remedies will be immediately resorted to. Let us for a moment pause and examine the point. This examination may at some future time serve you, and protect your patient against the fatal consequences of stereotyped—I know no more em-

phatic name—practice. Here then is your patient in gestation, and attacked with convulsions. The instant you approach her, true to the undying instincts of routinism, you call for a bandage and basin. The bandage is arranged, the basin in readiness, and the lancet plunged into the vein. The blood flows, the patient faints, and soon after reaction comes on, there ensues another convulsion more active than the preceding. You have not taken away enough blood, whispers the fatal delusion routinism! The ligature is again applied, the orifice opened, and slowly runs the current! Syncope follows; the spark of life is again rekindled by a feeble reaction; another convulsion, and speedily death closes the scene, thus preventing further depletion. So far from depletion being indicated in the case just cited, it may be that peradventure the resort to the lancet was the cause of death. And I will explain why this might probably be so. Suppose, for instance, the patient from antecedent disease, hæmorrhage, or any other cause, should exhibit an example of anæmia. In such an event this very anæmic condition may be one of the essential exciting causes of the convulsion. What then becomes of the potency of blood-letting in a case like this? Its only potency consists in the prompt extinction of life, through an aggravation of the anæmia. There is no fact more essential to be borne constantly in mind than the direct connection which exists between excessive losses of blood, no matter how produced, and convulsions. I think I have said sufficient to show that the indiscriminate or routine practice of resorting to the lancet in the treatment of convulsions is not only unsound, but must of necessity sometimes prove a fatal practice. Therefore, gentlemen, when in these cases you place your hope in blood-letting, let it be a hope for which you can exhibit some substantial basis."

Dr. Smith said that his only purpose on this occasion was to show from the best recent authorities, that blood-letting was not proper in the class of cases under consideration, and having quoted from them at some length, he would not further occupy time by a repetition of views of his own.

Dr. Carroll—At some length reiterated the views he had expressed at a former meeting. Said that he had examined recently Shelley, Dubois and a large number of authorities, and if we are to be guided by such men, we are to bleed, administer calomel, cathartics, and expedite delivery by all practicable means. He quoted from Bedford as against himself. Said that the one case was Bedford in practice; the views quoted by Dr. Smith this evening were those of Dr. Bedford the poet.

Dr. Tate—Said this subject of puerperal convulsions was one of great interest, of which men should have their opinions pretty well made up to be decided in their actions. History goes to show that at one time it was the practice to rely on antispasmodics, and the patients nearly all died. Hence practitioners considered blood-letting,

which was then adopted, a vast improvement. In almost all cases of puerperal convulsions, albuminuria and œdema are present; and if this condition is present now, what reason have we to believe it was not present before? It is said that since the discovery of Braun of Vienna, this change in the blood has existed, and that since we cannot change the blood, blood-letting should not be used. This doctrine emanated from the same place as homœopathy. Tyler Smith falls into the most lamentable error in the treatment of puerperal convulsions. He says blood-letting is a sedative to the vascular system, and yet there are cases of œdema where he thinks it best not to bleed. He considered the writings of Bedford in regard to puerperal convulsions the weakest thing he ever read. He wanted statistics to show the value of this or that method of treatment. Anasarca and œdema are two different conditions. In the case reported, there was œdema, but any one will become pale when there is a large effusion of fluid into the cellular tissue. There is no evidence that she was anæmic. Pathological investigations have shown that the œdema is connected with albuminuria. Whence is the tendency to death, or what is it that takes the life of the patient? Why, it is something in the convulsion itself, not the uræmia. There is hyperæmia, a predisposition to congestion. West says blood-letting is the remedy.

Proceedings of the Union Medical Association, Knightstown, Ind.

Reported by JOHN LEWIS, M. D., Secretary.

Society met agreeably to adjournment. The President in the chair called the meeting to order. Members present—Drs. Canaday, Cochran, Rawlins and Lewis.

After disposing of the minutes of the last meeting and other miscellaneous business, Dr. Canaday reported a case of uterine hæmorrhage occurring during the eighth month of utero-gestation. The hæmorrhage was sudden, and very profuse at first, without any uterine action. When he saw the patient, labor pains were quite active. He remarked that in the interval of uterine contractions the hæmorrhage ceased, but when the uterus was contracting, blood flowed freely. A short time after delivery, the patient had syncope when turning upon her side. From the use of stimulants she soon rallied. She had a good getting up. In the discussion of this case, the hæmorrhage was looked upon as unavoidable; caused, probably, by a

portion of the placenta becoming detached—the hæmorrhage going on during the interval—when uterine contraction came on, the flow was arrested, but the accumulation of blood was forced from the uterine cavity.

The Doctor reported another case of uterine hæmorrhage following abortion at three months, with retained placenta. He used cold applications, and the wine of ergot, with a very happy result. Dr. Lewis remarked that he would have given quinine and opium instead of the wine of ergot. Dr. Canaday remarked that he frequently had exhibited wine of ergot for uterine hæmorrhage, when it occurred during pregnancy, with the effect of a prompt arrest of the hæmorrhage without any disturbance of the uterus.

Dr. Cochran asked what was the cause of syncope in parturient females, when turned upon the side shortly after delivery. He remarked that such accidents had frequently occurred in his practice, even when the uterus was well contracted, and there had been no unusual loss of blood. He did not permit his patients to lie upon their side for several hours after delivery. Dr. Canaday remarked that the exertion of turning over may have caused the syncope. Dr. Lewis remarked that want of support to the abdominal muscles was most likely the cause of syncope in such cases; he does not remember of ever seeing a case of syncope under such circumstances; said that it was his custom, as soon as the woman had rested a little from labor, to apply a broad bandage, tight enough to be comfortable, with a compress over the uterine tumor; thus bandaged, he let his parturient patient lie in any position they might prefer, without any danger of the accident in question.

Dr. Rawlins reported a case of remitting fever, occurring in a female patient pregnant seven months. During the exacerbations of fever, she suffered a great deal from pain in the region of the ovary of each side. In eight days from the outset of the disease, under the usual treatment, she was able to be about her room, a convalescent. In one month and ten days from this attack, she was suddenly seized with convulsions in the night, and perished in a few hours, having never shown any signs of consciousness. The convulsions followed each other in rapid succession. During the second one, the liquor amnii escaped. The os uteri was dilatable, but not dilated. A short time before death the os was dilated to the size of a shilling. For her relief, she was bled freely from both arms—chloroform was used by inhalation and morphia by rectum. Dr. Rawlins asked what was the best treatment in puerperal convulsions. Dr. Canaday had serious

doubts about venesection ever being necessary in such cases; he thought quinia, opium and chloroform the best agents in use. Dr. Cochran was so fortunate as to have had no experience with such cases; he asked if tinct. gelsemium would not arrest such convulsions—that in his experience it had proved to be a powerful antispasmodic and relaxant in convulsions of children. Dr. Canaday thought it might be a valuable adjunct, but could not be used with safety, in connection with chloroform. Dr. Lewis had seen six such cases; venesection had been practiced in all but one; they all recovered; in their treatment, opium and chloroform seemed to have a happy effect.

Dr. Cochran reported a case of neuralgia of the sacrum, in an aged female. She was relieved quickly by an active purgative, and the use of a solution of prussiate potash. The question was raised, did the purgative perform the cure, or did the prussiate potash. Dr. Rawlins remarked that a loaded rectum may have been the sole cause of the trouble, and that an active purgative was as likely to relieve as any other means. Dr. Canaday remarked that if the purgative did not cure, the case “got well itself.” He had no faith whatever in prussiate potash as a remedial agent; it proved to be entirely inert in his hands.

Dr. Lewis reported a case of complete anteversion of the uterus, containing a foetus of four months; it was replaced by *position*. He also reported a case of periodic hemicrania, that was promptly relieved by the use of a solution prussiate of potash (℞ Prussiate potas., ʒ iv, water, ʒ iv. M. Dose, a tablespoonful every two hours). Quinine and opium had been used liberally with but little palliation. He could not explain its *modus operandi*, but its use had been attended with a happy result in four cases of periodic neuralgia. Two had been treated with quinine and opium before using the solution; the other two were relieved by the solution alone.

Proceedings of the Eaton (Ohio) Medical Society.

Reported by R. WALLACE, M.D., Secretary.

LEWISBURG, PREBLE CO., O., October 27, 1862.

Editors Lancet and Observer:—Notwithstanding the pressure of the times and the disintegrating influence of war on society in general, and medical societies in particular, the Eaton Medical Society held its semi-annual meeting on the 16th inst., in Eaton. At the call of the names of members of the Society, the following Doctors answered: Crume, Wallace, Hill, Small, Tobey, Lindsay, Gans and Woody.

The Society transacted the following business: First, An inaugural address by the President, Dr. Wm. Lindsay. Second, The official address of the Vice President, Dr. Crume, his subject being typhoid fever, which elicited many comments from the members present, concerning contagion, the nature thereof, whether the disease is contagious or not, whether any treatment could cut short the duration of the disease or not. The Society came to the following conclusions: That the disease is contagious under certain conditions, namely: crowded and badly ventilated hospitals, crowded ships and in houses filthy kept and badly ventilated. Second, That when typhoid fever is fully established in the system, no treatment can cure or cut short the duration of the disease. Next in order came a report on Improvements in the Practice of Medicine, by the Secretary, Dr. Wallace. I send you the report to dispose of as you please. Perhaps some things may not appear orthodox, but I think it much better to give *too little* medicine than *too much*. The Society adjourned to meet in Eaton, 10 o'clock, A. M., May 6, 1863.

Translations from the French.

The Treatment of Pneumonia—A Clinical Lecture by Trousseau.

Translated from "Clinique Medicale de L'Hotel Dieu."

BY J. C. REEVE, M.D., DAYTON, O.

GENTLEMEN :—Among the various hospitals you attend, there are certainly none where you see general or local emissions of blood so rarely employed as here. The truth is, the necessity, the utility of this medication does not appear to me to be so clearly demonstrated as they seem to be to the majority of physicians, in the eyes of whom to deny the influence of bleeding in thoracic inflammation is almost to set evidence at naught.

Even in pneumonia, a disease which, according to the received doctrines, needs more than any other the abstraction of blood, you rarely see me prescribe it. If I have recourse to it in some cases, because it seems indicated to meet certain complications rather than to combat the ordinary inflammatory element of the disease, these cases are too exceptional to injure in any degree the rule which I have followed for many years past. This practice, gentlemen, differs so

much from that which is followed almost universally, from that which is adopted by the majority of your teachers, my colleagues in the hospital, and from that of your text-books, it is so much in opposition to the notions held upon the subject by the non-medical public, that I will consider the subject at some length, and present to you my ideas upon the treatment of pneumonia. But before commencing this interesting subject, it is essential to carefully define our terms.

Pneumonia is not a unit in its nature. The forms which it takes on, its greater or less intensity and extent, the influence of the prevailing epidemic, constitution, the individual peculiarities of the patient, such as age, sex, temperament, the preceding condition of his health, the diseases which the pulmonary inflammation complicate, or on the contrary those that interfere with it, are all circumstances which should engage the attention of the physician, which he should bear in mind, and which, modifying singularly the course of the disease, are also the occasion of very different therapeutic indications.

We will omit, at this time, the consideration of that peculiar form of pneumonia, which I prefer to call *catarrhal peripneumonia*, which occurs in children during the first two years of their life, and which, in the adult, forms one of the most important complications in the course of severe fevers, and more particularly in measles and whooping cough, and of the gravity of which I have many times informed you upon other occasions.

We will also pass by pneumonia as it occurs sometimes with special symptoms, which imprint upon it a special character. It will suffice to mention the *bilious pneumonia*, so admirably described by Stoll, seen rarely now—probably because we do not now meet with the analogous medical constitutions in which Stoll observed it. The *ataxic pneumonia*, which takes its name from the predominance of nervous symptoms; and the *arthritic or rheumatic pneumonia*, an incontestable species, the existence of which, however, has been denied.

The pneumonia of which I will speak to-day is *frank, legitimate pneumonia*, (*peripneumonia vera*,) that which presents itself the most often to our observation, and which generally follows exposure to cold.

I will retrace for you, briefly, its principal features. The period of incubation is short, or even may not exist at all. The disease begins with *rigors* which are often severe, but which, however, are sometimes wanting. The local phenomena generally open the scene. These are: *A pain in the side*, of variable extent, complained of by the majority of patients at the base of the chest, more especially below the nipple, augmented ordinarily by the acts of inspiration and of coughing, in-

creased by pressure. The respiratory movements are accelerated, and there is an *oppression*—much more apparent, however, than real. *Cough*, at first dry and painful, is an almost constant symptom. These local symptoms are accompanied by an intense *febrile movement*. The skin is hot, sometimes of a burning dryness, but ordinarily covered with sweat more or less abundantly. The patient complains of general ill-feeling, of soreness, of headache; the face is red, animated; the tongue is coated, white, sometimes yellowish at the base; there is thirst, and the appetite is lost. Often bilious vomitings announce the beginning of the disease; it is very common to find diarrhœa present; and generally numerous herpetic vesicles are developed upon the lips, around the nose and in the face. During the first twenty-four hours the cough is generally dry, as I have just said, or, at least, there is as yet nothing characteristic in the expectoration which accompanies it; but the following day it changes and becomes more and more specific. Viscid, glutinous, semi-transparent, the pneumonic sputa are finely aërated, and if they are not yet entirely rusty, if they are not altogether sanguineous, some of them at least present striæ, or small compact masses, varying in hue from yellowish-amber to rust-color. This coloration, due to the mixture of blood with the secreted mucus, becomes more and more pronounced, and presents various shades of greater or less intensity. At the same time the sputa become more abundant, run together and form a semi-transparent mass which is strongly adherent to the bottom of the vessel. These pneumonic sputa alone suffice for the recognition of the disease; but the physical signs, as discovered by auscultation and percussion, are the pathognomonic symptoms of inflammation of the pulmonary parenchyma.

[The description of the various physical signs is omitted for want of space; it does not differ from that of the text-books generally.]

These physical signs, characteristic of the disease under consideration, sometimes escape us, either because the inflammation is too deeply seated in the organ, or because we do not seek for them attentively enough. You will sometimes, too, be able to find them only immediately in the axilla. During the time these local symptoms are presenting themselves, the general phenomena remain of the same character, and are never more marked than from the fifth to the eighth day. The fever is then higher; the color of the face is brighter, and is especially so upon the cheek bones, the redness of which was considered formerly as one of the characteristic symptoms of pneumonia.

Encouraged by the success which the disciples of Hahnemann pretend to have obtained by their treatment of pneumonia, and following other examples, some physicians have trusted patients with this disease merely to expectation. This was the practice adopted a long time ago by Magendie, and without doubt some of you have heard of works published lately by Dietl of Vienna, Niemeyer of Greisswald, Schmidt and others, and of the facts reported by Dr. Laboulbene. Many of you may have read the posthumous article of Legendre's, entitled "*De la expectation dans la pneumonie franche,*" published in the *Archives Générales de Médecine* for 1859. Now, gentlemen, these experiences have taught us the natural course which true inflammatory pneumonia follows in a great number of cases. It tends generally to recovery, and this happens usually about the ninth or eleventh day.

According to Dr. Bourgeois, who has abstained from all energetic medication in the treatment of pneumonia during twenty-five years past, and who has published an article upon the subject in the *Union Médicale* for 1860, there is, in fortunate cases, a marked tendency to subsidence of all the symptoms upon the eighth day. The sputa are less deeply closed and less viscid; the difficulty of respiration is moderated; the pain in the side is not so severe; the coating on the tongue diminishes in thickness; sleep, which was absent during the preceding days, returns, or the continual drowsiness which sometimes occurs gives ways, and the patient begins to feel himself recovering. By the ninth day amelioration is undoubted; it is true the cough is more frequent, but the expectoration is thicker; the sputa, rather albuminous than gelatinous, are almost colorless; the pain in the side has completely disappeared, although it may yet be felt on coughing or during deep inspirations; the tongue has cleaned; the appetite returned; the urine, high-colored and scanty during the acute period of the disease, is secreted more freely and becomes almost normal in appearance. In a word, the general symptoms of the disease disappear, *although the physical signs still persist in all their features.*

On the tenth day the patient enters fully upon convalescence, and finally, if nothing interferes, by the end of the second week he can commence to resume his occupation, provided it be not too fatiguing. However, if you still examine his chest you will find dullness and the crepitant râle, which has returned and taken the place of the tubular soufflé, but a crepitant or rather humid sub-crepitant râle, [redux crepitation,] which announces in fact the return of air into the pulmonary vesicles and the disappearance of hepatization. Several weeks

will often be required for the entire disappearance of the signs of pulmonary engorgement.

Because, in a certain number of cases, pneumonia recovers without aid, must we therefore conclude that all medication for it should be abandoned? I think not; and for my part, I can not remain inactive in the presence of this disease. As soon as I am called to a patient suffering under frank pneumonia, without complications, I hasten to call to my aid an *antiphlogistic course* of medication.

As I said to you at the beginning of this lecture, it is only exceptionally that I have recourse to bleeding, either general or local. When marked plethora exists and threatens to introduce complications, I sometimes, but very rarely, order a vein to be opened. After one bleeding of four hundred or five hundred grammes, I have seldom found any necessity for repeating the operation. To combat and moderate the stitch in the side, when it is excessive, I prescribe one or two applications of the dry or wet cups to the seat of the pain, or I inject a few drops of a solution of atropine into the sub-cutaneous cellular tissue; but with this ceases my use of these remedies. The plan of treatment by bleeding, extolled by some physicians as of great value, and adopted, as I have told you, almost universally, by practitioners who apply it, however, in a variety of modes, is now-a-days vehemently attacked. Some clinical teachers not only deny its efficacy, but regard it as injurious in general. They only make an exception in favor of those cases in which the inflammation is accompanied by symptoms of exaggerated reaction, such as intense headache, somnolence, marked dyspnoea, etc. Even in these circumstances, while permitting venesection, which they do for the purpose of affording the patient temporary relief, they insist that the amount taken shall be moderate. If in these cases the loss of blood be palliative, it can never, according to them, prove curative; much less is it susceptible of *jugulating* the disease, as has been pretended. Farther, in consulting statistics in order to elucidate this question, these physicians have arrived at this conclusion: that the mortality from pneumonia is greater among those who have been bled than among those who have not; that, consequently, depletion has been frequently the cause of death, notwithstanding the momentary relief which the patient has experienced immediately after the bleeding.

Although I, too, contest the advantages of the emission of blood, the efficacy of which, particularly in the treatment of pneumonia, appears to me to have been lauded beyond measure and in too absolute a manner, I do not adhere entirely to the opinions of the detractors

of blood-letting. Although I do not recognize its utility in the majority of cases, from regard to the epidemic constitution which has prevailed among us for several years, I do not admit, especially when judiciously used, that it occasions the evil consequences which it has pleased some to portray. If I do not generally prescribe it, that is not because I believe that an increased mortality is occasioned by it, as charged, but it is because my experience has taught me that it rarely abridges the duration of the disease, and that it often retards the complete return to health by enfeebling the patient and prolonging convalescence.

The *antimonials* are exempt from these inconveniences. Their antiphlogistic powers are as incontestable as those of blood-letting, only they are exercised in a different manner. While the evacuation of blood puts a stop to the inflammatory process by taking away the materials and the aliment of the phlegmasia, while it exhausts the disease only as it exhausts the patient, the antimonial preparations have an entirely different action, and never entail that long and excessive feebleness which often accompanies the convalescence of pneumonia treated by repeated depletion. This action of the antimonials has been interpreted very differently indeed.

Rasori explained it by saying that these medicines exhausted the "diathesis of the stimulus," without defining very accurately what he meant by that. According to Dauce and Chomel, they have no special action. Inert when they are tolerated, they act only in proportion as they vomit or purge, and hence do not differ from other evacuant medicines. The opinion of Broussais is nearly the same, since he regards antimonials as revulsives still more powerful than the blisters and sinapisms applied to the skin, because they act upon a greater surface and because they often provoke an abundant secretion from the gastro-intestinal mucous membrane.

This is not the place, gentlemen, to carry on a discussion which you will find at length in our *Traité de Therapeutique*, art. ANTIMOINE. Allow me here merely to say this in regard to the point under consideration. In general I attach very little importance to the explanations sought to be given to the mode in which medicines act. In therapeutics I consider but two things: the remedy applied to the organism, and the remote result of this application. As to the intermediate phenomena, they escape our observation, and will probably always do so.

I have, however, notwithstanding this avowal, hazarded my theory upon the mode of action of the antimonial preparations, holding it at

the same time very cheap, and standing ready to sacrifice it to any other which shall appear to me more in accordance with facts. I would ask if we can not claim for antimony a special toxic effect, manifesting itself especially upon the heart and respiratory organs, either directly or indirectly through the nervous centres, the same as many other medicines incontestably exert upon certain parts of the economy. This special action of antimony seems to me demonstrated by its physiological effects, slowness and feebleness of the pulse, and retardation of the acts of respiration. Judging from these, the therapeutic effects of this remedy in pneumonia may be interpreted by the fact of a diminished quantity of blood being sent to the inflamed organ, which having a lessened action is in the condition in which the surgeon places a fractured limb—that is, in a state of at least relative, if not absolute repose.

Whatever may be the explanation given, the utility of *antimonials* in the treatment of pneumonia is now very generally admitted. Attacked with a violence often unjust, extolled by others with passionate exaggeration, this plan of treatment is fairly established in the domain of therapeutics. But if tartar emetic, in large doses, has finally convinced the most incredulous, the same can not be said of the other antimonial preparations. Thus, the kermes mineral, which you see me use in preference to tartar emetic, (I will tell you why,) and the white oxyd of antimony, which some consider inert, have not yet conquered the same position. All the evidence goes to show that the *kermes mineral* is in no respect inferior to the tartarized antimony in the treatment of pneumonia. It has, moreover, the advantage of being less irritating, of causing much more rarely that inflammation of the throat and those gastro-intestinal inflammations which do not always allow the continuance of the tartar emetic when it is still necessary to combat the disease, and especially interfere with its administration in relapses.

As to the *white oxyd of antimony*, numerous facts have demonstrated to me the happy influence it exerts, principally in the pneumonia of children. However, it must be given in tolerably large doses, while the kermes produces the same results as certainly and in much smaller quantities.

A good deal of surprise has been manifested, much more affected than real, because I have seemed to abandon certain preparations which at another time I have extolled; and narrow minds or bad dispositions have made me, on this account, the subject of bitter criticism and even of abuse. They would have spared me this if they had

called to mind this great law of general therapeutics : *the epidemic constitution has a very great influence upon the mode of action of medicines.* This important fact is of too great clinical importance not to be presented to you, as I discussed it formerly in my course, and it has been discussed by friend Pidoux and myself in our *Traité de Therapeutique.*

We may justly consider medicinal substances when they are administered to the human body as morbid agents similar to those which ordinarily exert their influence upon us. Now let us ask, first of all, do the ordinary morbid agencies always act in the same manner? Let experience answer.

A man, during the prevalence of a certain epidemic constitution, is exposed to inclement weather ; he contracts a pneumonia ; at another time, articular rheumatism ; again, a pleurisy ; and later still, colitis. The same cause here has determined an inflammatory affection of different organs. This fact has been observed so frequently that nobody seeks to deny it. Thus, during the epidemic of cholera in 1832, any influence, however little likely to disturb the digestive functions, caused diarrhœa and even sometimes cholera *d'emblie.* Two years later, during the reign of the influenza, the same cause which had occasioned cholera gave rise to a peculiar form of catarrh.

Nothing, then, of the cause was changed ; it was identically the same. Why did it not produce the same effects ?

In investigating the action of a cause there are two things equally important to be considered : the cause itself, which remains always of the same nature, and the object upon which it produces its effects ; for instance, the animal economy which varies infinitely and which responds first according to its individual peculiarities (idiosyncrasies), and also according to an accidental condition, which alone is capable of exercising an immense influence. It is this accidental condition which, affecting a large number of individuals at the same time, in the same country, is termed the *epidemic constitution*, and which is to the mass what the idiosyncrasy or peculiar constitution is to the individual. When, therefore, all or nearly all the people have a *common accidental constitution*, which we call the epidemic constitution, the same cause which without this constitution would produce certain effects, will produce entirely different effects, precisely because the object upon which the cause acts, the economy, is in a different state or condition, by virtue of which it reacts differently.

Therefore, when a medicine is administered to a patient, he is not only laboring under the special malady for which it is given, but he is influenced by a prevailing constitution which will necessarily modi-

fy its effects. To take an example : Let us suppose the cholera prevailing : if mercury be administered by friction for puerperal peritonitis or articular rheumatism, there will follow almost immediately disturbance of the stomach and bowels, which may assume the most grave character ; so that, in this case, the ordinary action of the mercury is interfered with and irritation of the bowels is produced before it has produced its usual effects.

Here the example is plainly marked ; but, if not as clearly manifested, the influence of the epidemic constitution is no less constant in a host of other circumstances, and it is easy to collect, upon this subject, the testimony of all the physicians who have written previous to our century of unintelligible experiment.

In our times a physician conceives a therapeutic idea, or rather an idea of experimenting, which are not the same things. He goes on to submit, without reference to age or temperament, or epidemic constitution, all his patients during a long period of years to the same treatment. He registers gravely the number of deaths and of cures, month by month, year by year, and deduces therapeutic laws which he regards as irrefragible. It is of little consequence to him that in such a year he has to deplore a frightful mortality, and in such another he can rejoice over a large number of cures. For him, it is a question of figures ; he adds up the sum, and the result he calls a law. But if you ask him why he lost one patient out of three fifteen years ago, and why he now loses only one out of ten, he is not at all embarrassed, but tells you coolly that the disease is not so severe now as it was fifteen years ago. The conclusion would be legitimate, if his patients had been left entirely to the resources of nature ; but he does not reckon his treatment at all, and does not seem to understand that during the year in which he lost the greatest number of patients he might have lost the least, had the treatment being entirely different.

When we read with attention the admirable pages of Sydenham and of Stoll, upon the therapeutic modifications necessitated by the epidemic constitution, which they observed with so much care, we can not fail of being convinced of the narrowness of view of those physicians who continue the same modes of treatment without reference to the changes of the constitution, and the great influence which those changes exercise upon the action of medicines upon a disease of which the local manifestations are the same.

You can comprehend now, gentlemen, why, in saying to you, at the beginning of this lecture, that the necessity and utility of blood-letting in pneumonia did not appear to me to be clearly demon-

stated, I was careful to add, *at the present time*. It is because, in effect, we have been under the influence, for several years past, of an epidemic constitution which does not necessitate the employment of this remedy, as it has been necessitated heretofore, and as it may be again hereafter.

So, likewise, when Stoll, and also Riviere, extolled the mode of treatment by emetics, it was because this medication was demanded by an epidemic constitution which then prevailed; while, this constitution not having presented itself since, we have rarely observed those bilious pneumonias which require, above everything else, the employment of evacuants.

Let us return to the consideration of antimonials administered in large doses.

In order that you may comprehend the wide difference between their action when observed at different periods, it will be sufficient to glance at their immediate effects, and then judge of their secondary action. You will readily admit that if it is possible to be mistaken concerning the secondary influence of a medicine, it is at least impossible to err in regard to its immediate action. Now, while during a certain time, both in hospital and private practice, we could not exceed for an adult the dose of a gramme [grs. 15.4325] of white oxyd of antimony during the day, without provoking vomiting and diarrhoea; while at the same time we could not prescribe the kermes mineral in a higher dose than from thirty to fifty centigrammes [grs. 4.6 to grs. 7.6], and then only on condition of combining opium with it to ensure its toleration; while, finally, we were obliged to renounce tartar emetic, because patients could not support it, and because it constantly gave rise to serious symptoms,—at another period we gave without fear, at the outset, to an adult, as much as sixteen grammes of the white oxyd of antimony to be taken during the twenty-four hours, without the patient experiencing even a heaving of the stomach; we began with the kermes mineral in doses of two to three grammes without being obliged to combine opium with it; we did not hesitate to use tartar emetic in doses of a gramme, and scarcely ever did a dose so large as this cause vomiting more than once or twice.

In view of these immediate effects, so different, we must inquire if the secondary effects do not vary in like manner. We must acknowledge that there is nothing absolute as to the preference to be given to one or the other of these preparations, but that the doses in which they are to be prescribed are equally influenced by the epidemic constitution.

This will demonstrate to you that the contradictions with which I have been reproached, in regard to the therapeutic virtues of these preparations, were much more apparent than real.

To return, then, to what appears to me to succeed best in the treatment of pneumonia at present—I am speaking, remember, of frank pneumonia, exempt from all complication—and it is, to employ the expression of Rasori, a contro-stimulant plan of medication; it is the preparations of antimony, and among these the kermes mineral should have the preference.

The efficacy of bleeding, I repeat, appears to me very contestible, as far as the present is concerned. As to *vesicatories*, the use of which is extremely common, because it is believed they hasten resolution considerably, I coincide entirely with the opinion of a great number of my *confrères*, which is that at the height of the disease they add to the febrile excitement, and later they become useless.

It is then to the kermes mineral, or to the kermes combined with digitalis, that I have recourse. There is not a week, I may even say a day, in which you do not hear me prescribe it. You consequently know the manner in which I use it.

In order to avoid the inconveniences which arise from it when it is taken in a mixture—inconveniencies which it owes to its local irritating properties, and which are a pustulous inflammation produced upon the tongue, pharynx and œsophagus, analogous to that produced by the application of tartar emetic to the skin,—in order, I say, to avoid these evil consequences, I administer it in pills. I order pills containing ten centigrammes [gr. 1.5432] of the kermes and one centigramme of extract of digitalis, made up with soap, and of these the patient takes ten, twenty, or even twenty-five in the course of the day at as equal intervals as possible. When these pills cause vomiting or diarrhœa, I order the patient to take one drop of Sydenham's laudanum with each of them, so as to establish tolerance of the remedy. I continue this treatment during all the acute period of the disease; I do not interrupt it all, but diminish the dose as soon as the febrile symptoms subside.

Thanks to this plan of administration, you never see the kermes mineral produce pustulation. And this, gentlemen, runs counter to the doctrine of those who hold, with Laennaec, that this pustulation is the index of a saturation of the economy with the antimonials, just exactly as salivation and stomatitis are indices of the saturation, or a sort of general infection of the system, with mercury. If this doctrine, which I oppose, was an expression of the facts, we should obtain

this saturation as rapidly by the employment of pills as of potions, the same as mercurial stomatitis is equally the result of frictions with the ointment and of mercurial baths, as of the internal administration of the preparations of the metal. I repeat, therefore, and you are every day able to verify my statement, the antimonials given in pills, whatever may be the dose, never cause those inflammatory accidents of the mouth, of the pharynx and the œsophagus, which they do when, being administered in mixtures, they remain a considerable time in contact with the mucous membrane.

Hospital Reports.

Commercial Hospital.—JOHN DAVIS, M.D., Attending Physician. (Reported by GEO. S. COURTRIGHT, M.D., Resident Physician.)

CASE OF HEPATIC ABSCESS.—*Death from Hæmorrhage into the Peritoneal Cavity.*

History.—Clemens R., æt. 37, German, admitted September 10, 1862. Patient says his health has been impaired for some months, from exposure while in the army. One month ago, without any apparent cause, was attacked with pain in the epigastric region, which has continued to increase in severity up to the present time. One week ago was attacked with a chill, followed by fever, which returned at irregular intervals to the present date.

Present Condition.—Patient is anæmic, and presents a sallow and slightly jaundiced appearance, with slight discoloration of the sclerotic. Complains of constant pain, with a feeling of tightness, in the epigastrium; appetite greatly impaired; tongue moist and covered with a white coating; bowels regular; has some fever, which assumes an intermittent type. Applied: ℞ Emplastrum cantharides, 4×5 inches, over seat of pain, and gave the following: ℞. Quin. sulph., grs. xvi; acid sulph. aromat., ʒss.; syr. simplex, ʒj. M. Sig. ʒj. every four hours.

Sept. 14th.—Patient has not had any return of the chills; continues to complain of severe pain in the region of the stomach. Repeated the blister, and gave—℞. Bismuth sub. nit., grs. v.; ext. aconite, gr. one-sixth, every four hours.

Sept. 17th.—Has had a slight return of fever. Pain in the epi-

gastrium about the same, with a sensation of stricture in the same region. *R.* Bismuth sub. nit., ʒj.; ext. aconite, grs. ij.; quin. sulph., ʒss. *M.* fiat chart. no. xij. *Sig.*, one three times a day.

Sept. 22d.—No improvement in the patient. The bismuth and ext. aconite continued, giving four powders per day. The bismuth was increased to grs. x. without any relief.

Oct. 1st.—For the past three or four days patient has complained of some soreness of throat. The pain in the epigastric region yet very severe, with tenderness on pressure over seat of pain. *R.* Potass. chlor., ʒij.; ammon. carb., ʒij.; aqua pura. ʒiv. *M. S.* one half tablespoonful three times a day.

Oct. 6th.—Throat greatly improved. Pain increasing in severity, with eructations of gas from the stomach. Discontinued the use of the potash., and gave—*R.* Super. carb. soda, ʒss., every four hours, with some relief to the distressing symptoms.

Oct. 9th.—Patient says he feels some better; pain not as severe. There is a small hard tumor in the region of the left lobe of the liver; bowels constipated. *R.* Ferri. sulph., grs. x; ext. taraxicum, ʒiss. *M. ft. pil. no. xx.* *S.* two three times a day. Also applied: *R.* tinct. of iodine over the enlargement.

Oct. 12th.—Bowels moved very freely; pain more severe; the skin over stomach is so sensitive that he can not bear the application of the tinct. The unguentum iodid. was therefore substituted.

Oct. 13th.—Patient worse; had two chills; pain over epigastrium about the same; appetite greatly impaired. *R.* Quin. sulph., piperine ext., gentian, of each, gr. j., every three hours; with pulv. opii, grs. ij., at night.

Oct. 22d.—The quinine has been continued to date; discontinued its use, and gave—*R.* Acidicum nitric, gtt. iij, largely diluted in water, every four hours.

Oct. 30th.—The tumor has been slowly increasing, and very tender to the slightest touch. Applied six leeches over the seat of pain; this gave him some relief.

Nov. 2d.—The pain again returned, and is excruciating. Applied ten leeches and gave opii freely at night.

Nov. 10th.—There is considerable enlargement in the region of the pyloric end of the stomach, accompanied with severe pain; appetite impaired; can not take any solid food whatever. Applied wet cups over the enlargement and gave the acid as before.

Nov. 13th.—Patient this morning says he feels tolerably easy; pain not as severe, but very tender to the touch in the epigastric region;

is quite weak. Has been taking some stimulants. 8 o'clock, P. M.— Found patient very weak and suffering excruciating pain in the abdomen, with a constant desire to micturate; great distension of the abdomen present. On introduction of the catheter, the bladder was found to be empty. He died in about ten minutes.

Sectio-Cadaveris.—Nineteen hours after death. Has a slightly jaundiced appearance; abdomen distended. On cutting into the abdomen, found the intestines distended with gas. The anterior surface and right side of the intestines were completely covered with a thick layer of coagulated blood; the pelvis was also filled with coagulated blood (the clot removed weighing forty-one ounces). There was also a large quantity of bloody serum with flakes of pus within the peritoneal cavity. There was found recent adhesions of anterior surface of the liver; also adhesions of lesser curvature of the stomach to the liver (or a shortening of the lesser omentum). Found an abscess occupying the whole left lobe of the liver, with rupture into the peritoneum at the anterior margin of the longitudinal fissure. The abscess contained at least one quart of pus. There was ulceration of the margins of the sacculi of the ascending and transverse colon; the right kidney was about the size of a hen's egg; the left normal.

Reviews and Notices.

The Hospital Steward's Manual: For the instruction of Hospital Stewards, Ward-Masters and Attendants, in their several duties. Prepared in strict accordance with existing regulations and the customs of service in the United States of America, and rendered authoritative by order of the Surgeon-General. By JOSEPH JANVIER WOODWARD, M.D., Assistant-Surgeon, U.S.A., Member of the Academy of Natural Sciences of Philadelphia, etc., etc. Philadelphia: J. B. Lippincott & Co. 1862.

This little volume is one of the books especially called for by the times. We know of no book that condenses so much useful information in so small a compass, or that so happily aids in reducing the chaos that is so apt to become a feature of military hospitals. The duties of all the officers and *attachés* of a military hospital are so clearly defined as to leave but little room for mistake.

The Manual is divided into five general departments: Part I. gives the duties, rank, pay, uniform, etc., of the hospital stewards, ward-masters, nurses, and all the attendants of the hospital, as also the duties of the hospital attendants in battle. Part II. gives directions

for the discipline, police and general management of military hospitals, roll calls, visits of inspection, the guard, cleanliness, ventilation, warming, baths and water-closets, the office, the knapsack room, the laundry, etc., etc., etc., and all these important features of a hospital are duly considered. Part III. speaks of food and its preparation. Part IV., the dispensary, embracing all about medical supplies, care of instruments, etc.; and Part V. is devoted to hints on minor surgery. From this brief abstract of the contents it will be seen, especially by any one who has been connected with any of our military hospitals, that it affords just the kind of information desirable for the direction of the surgeons and officers of such an institution. It is already largely introduced in the government hospitals, and to good purpose.

For sale by Robert Clarke & Co. Price, \$1.25.

Anatomy of the Arteries of the Human Body: Descriptive and Surgical, with the Descriptive Anatomy of the Heart. By JOHN HATCH POWER, M.D., Fellow and Member of Council of the Royal College of Surgeons, etc., etc. Authorized and adopted by the Surgeon-General of the United States Army, for use in field and general hospitals. Philadelphia: J. B. Lippincott & Co. 1862.

The title just given of the little book before us very well indicates its character, quite as well, perhaps, as any lengthy book notice. It is another book called for by the times, and demanded by the unusual military operations of the country. As the title indicates, it is simply a book devoted to the special surgical anatomy of the heart and arterial system, and seems to have been originally intended by the author rather for the benefit of students of practical anatomy. Inasmuch, however, as it gives most excellent instructions for the ligation of all the important arteries, it becomes to that extent a valuable field-book for the army surgeon.

Under each special head, the plans and suggestions of leading surgeons are given for the management of particular forms of wounds. We also notice another feature that commends the book to our notice. All important topics are illustrated with special cases of actual practice. For instance, under the head of the internal iliac artery we have Dr. Stevens and Mr. Atkinson's cases, Mr. White's case, etc. Speaking of tying the gluteal artery, we have Mr. Lizar's method, with Mr. Carmichael's case, etc. Every important point is fully illustrated with very good wood-cut drawings, which add materially to the value of the book.

For sale by Robert Clarke & Co. Price, \$2.00.

Editor's Table.

The Close of the Year.—As this number of the *Lancet and Observer* reaches our readers, we shall have closed up the labors of another editorial year, and at the same time shall have arranged for and entered upon the duties of the year to come. It is a privilege of the occasion to indulge in memories and anticipations; the privilege of the occasion to regret errors and bury animosities. Imagine all this passed over, and we come in a familiar way to talk of our affairs with each individual reader, as one does to his particular friend. For two years past we have conducted this medical journal through the midst of the most wonderful and wide-spread civil war of all modern times. Every interest, social and pecuniary, of the land has become involved in the terrible condition of our national affairs. All the publishing interests of the country have especially suffered, and none more so than our medical periodicals. Two years ago, there were about forty medical journals in the United States, many of them, apparently, in prosperous circumstances. During those two years there has been a terrible and lamentable mortality, so that at our present writing we only receive about a dozen exchanges. Some of those which have expired were amongst our most valued cotemporaries, being conducted with great ability, and as we supposed, supported by good circulations and other pecuniary resources. Of course, the *Lancet and Observer* has suffered with the rest in the troubles of the day. At one dash a respectable Southern list of subscribers were swept away with the rebellion. Of the large number of our friends North who have gone into the army, some have been so uncertain in their movements as to cause them to drop off. These and a variety of causes have embarrassed our affairs; but we close up the year with a clear surplus of receipts, our debts paid and something in the treasury. Having passed through, therefore, these two years of financial embarrassment with so favorable a state of our exchequer, we feel now that having proved our ability to help ourselves, and having thus demonstrated our financial soundness so thoroughly, we have the right to ask our patrons to come still further to our aid.

With the January number we enter upon a new volume, the *sixth* of the *Lancet and Observer*, under its present editorial control, the *twenty-seventh* since the foundation of the *Western Lancet* by Prof. Lawson in 1842. During its history, as at the present, few, if any,

American medical journals have presented so large an amount of original matter. It is sustained by no college, sect or clique. It has no personal or selfish motives to accomplish beyond what are common to the profession. Few, if any, American medical journals give from month to month so much practical information to their readers. We confidently appeal, therefore, to each reader and subscriber for the year 1862 to assist us by a special effort to add to our subscription list for 1863. From the nature of things we can not employ agents to any advantage in canvassing for us; hence we must rely, as heretofore, on the energy, activity and personal good-will of subscribers, to whom we make this special appeal, and who we are well satisfied may easily aid us to swell our list to double its present number. We appreciate with gratitude the efforts in our behalf made by many of our friends, and earnestly solicit their continuance, for which we shall certainly labor to afford a due equivalent.

Notwithstanding the heavy increase in the price of everything concerned in the getting up of a journal, we make no increase in our terms; and for particulars in this respect, we call attention to our prospectus. We especially desire the names of all new subscribers immediately, that we may know how large an edition to work off for January.

Medical Schools.—We learn that there are now in attendance on the lectures of the Medical College of Ohio, shortly after the opening of the term, about one hundred students. No regular Introductory was delivered. Dr. Baker's school reports forty in attendance. We are not informed of the condition of any other School in this State.

From Chicago we learn that Prof. Allen delivered the Introductory at the opening of the Rush Medical College; and "an unexpectedly large class is in attendance." Prof. Isham delivered the Introductory to the course in the Medical Department of Lind University.

Prof. James P. White delivered the Introductory to the course in the Buffalo Medical College, with "a large class of students."

In the New York Colleges, Prof. Austin Flint, Jr., gave the Introductory at Bellevue; Prof. Holcomb at New York Medical College; Prof. Smith in the College of Physicians and Surgeons; Prof. Bedford in the University.

In the University of Pennsylvania, no formal Introductory was given. Prof. Mitchell delivered the Introductory at Jefferson Medical College.

Prof. O. W. Holmes delivered the Introductory at the Boston

Medical School, a full notice of which is given in the *Boston Journal*. It was mainly historical, and devoted to a delineation of the peculiarities of certain physicians of his boyhood; together with graphic sketches of some of the fathers in medicine in New England, thus giving the types of medical men of early times.

An Army Medical School.—A recent editorial article in the *Medical Times* of New York, advocates the establishment, by the next Congress, of a National Army Medical School, somewhat on the plan of the Army Medical School at Val-de-Grace, and the English School at Fort Pitt, Chatham.

Speaking of the French Military Medical School at Val-de-Grace, the *Times* gives the following abstract of regulations:

“The regulations of the school at Val-de-Grace require that the applicant shall have obtained the degree of Doctor—that is, he shall have become qualified for civil practice in medicine. He is then examined, and if found qualified by proficiency in his previous studies, and aptitude to learn, is admitted to the course of study. This course comprises the following subjects: 1st. *Clinical Medicine*, which comprehends examination of the patient, etiology, diagnosis, indications of treatment, art of prescribing, post-mortem examinations, etc., etc. 2d. *Clinical Surgery*, embracing a review in detail of the surgical diseases, operations, and gun-shot injuries. 3d. *Regional Anatomy*, at length and minutely. 4th. *Chemistry*, applied to hygiene and army purposes, as the analysis affords, medicines, poisons, gases, etc., etc. 5th. *Operative Surgery*, by practice on the subject. 6th. *Military Hygiene and Medical Jurisprudence*, which comprehends the multitude of questions that relate to the health and diseases of armies. Most of these branches are taught practically at the bedside, on the subject, or in the laboratory.”

The regulations and requirements of the English Army School are similar.

There are many reasons why the establishment of an American Army Medical School might be a desirable institution. It is certainly a lamentable fact that a terrible amount of ignorance and incapacity has found its way into the medical service of the American army, and every reasonable measure should be adopted for a radical improvement of this state of things. We can not see, however, that we should rationally expect very much from the proposed national school.

There is too much of a tendency, even among intelligent medical men, to regard the duties and requirements of the Army Medical Service as so peculiar in its character as to demand special acquirements and training. We do not so regard it. There are no duties peculiar to a first-class army surgeon, there are no studies of surgery, medi-

cine or hygiene, necessary for army practice, but should be familiar to every well educated physician. Another great mistake prevails in the idea that operative surgery is the great requirement of the army surgeon. His vast field of labor is purely of a medical character. *Every medical school*, therefore, of the country ought to give its pupils *all* the education and training that will fit them, if need be, for service in field or hospital; and if the Faculty of any medical school comes short of this standard, let it fail to receive the patronage of the profession. Furthermore, if there be any special experience to be gained in the field, a large proportion of our teachers of surgery, in the principal medical schools of the land, have, during the past year, been actively engaged in this kind of duty, and they will scarcely fail to carry back to the lecture room whatever fund of experience they may have gained.

We have but little faith in Government pets and national schools for any department of professional science. They are almost universally sinks of corruption. We have no desire to see any sort of a medical school established at Washington under national auspices. All that is desirable to be gained, can be far better and more effectually accomplished by means of private enterprise. We are opposed to the whole scheme.

The Indiana State Medical Society.—Agreeably to the announcement given in the last number of this journal, a special meeting of the Indiana State Society was held in the city of Indianapolis on the 18th and 19th of November. We had the pleasure of attending the sessions of the Society, and must express our gratification with the privilege. The meeting was in every respect certainly a decided success. The attendance was good, the social intercourse agreeable, and the character of the papers and discussions interesting and practical.

Dr. Moffatt read a good report on the progress of medicine. Dr. Hibberd gave an essay on inflammation, as viewed by the light of cellular pathology—a most excellent *resumé* of recent doctrines on that subject, which we have the permission of the Society to use in this journal, and will probably publish next month. Dr. Hutchinson read a paper on Diseases of Women, and Dr. Lockhart the abstract of a paper on Diphtheria. All these papers were discussed at some length, the Society manifesting a lively interest in all the practical points.

Prof. Blackman was present as an invited guest, and on Wednesday morning gave a very interesting lecture on Army Surgery, which was well received by the Society.

On Tuesday evening, the retiring President, Dr. Parvin, delivered

one of the most finished discourses it has rarely been our fortune to listen to. The theme was the *Education of the Physician*. It was illustrated in the most happy manner from a wide range of reading and observation, both general and professional. In due time we hope to treat our readers to portions, at least, of this beautiful address. After the President's valedictory, and at his invitation, the Association partook of an entertainment in which the wants of the body and mind were both duly remembered. A capital supper, with a variety of capital good sayings. Dr. J. F. Hibberd, of Richmond, is elected President for the ensuing year.

Married, on the evening of Nov. 11, in the Second Presbyterian Church of this city, by the Rev. Dr. M. L. P. Thompson, JOHN A. MURPHY, M.D., one of the editors of the *Cincinnati Lancet and Observer*, and Miss CAROLINE MENZIES, daughter of Dr. S. G. MENZIES, Surgeon of the — Regiment, O.V.I. Although our esteemed *confrère* has been rather long in learning that "it is not good for man to be alone," we are very happy in having this occasion to extend to him and his interesting bride our sincere wishes for their prosperity and length of days.

Medical Communications of the Massachusetts Medical Society.—We have received Part II., vol. vi., second series, of the communications of the Massachusetts Medical Society. It contains some very valuable matter. The opening paper is by the familiar name of Dr. Henry I. Bowditch, of Boston. The subject is the topographical distribution and local origin of consumption in Massachusetts. In this paper Dr. Bowditch has brought together a large amount of statistics, mainly with the view to establishing these two propositions:

"*First*—A residence on or near a damp soil, whether that dampness be inherent in the soil itself, or caused by percolation from adjacent ponds, rivers, meadows, marshes or springy soils, is one of the primal causes of consumption in Massachusetts, probably in New England, and possibly in other portions of the globe.

"*Second*—Consumption can be checked in its career, and possibly, nay, probably, prevented in some instances by attention to this law."

Another interesting paper is contributed by Dr. A. Rappaner, of Boston. On hypodermic injections in the treatment of neuralgia and other diseases of the nervous system. An important feature of this paper is a tabular statement of two hundred and ten cases of neuralgia and other diseases treated by this form of medication. These cases are collected from the reports of Dr. Wood of Scotland, (who introduced this treatment a few years ago to the profession,) Hunter, Burns,

Barton, Dupoy, Fuller, Scanzoni and several others, eighteen in all, embracing forty-eight cases in the practice of the author of the paper. The summary of diseases and results are as follows :

Cases of neuralgia, 129 ; general nervous disorders, 60 ; cases of Dr. Becquerel, no particulars, 21 : total 210. Cases cured, 144 ; relieved, 68 ; not relieved, 8 ; not heard from, 20 : total, 210. The author had added to the value of this tabular statement by compiling the particular history in detail of a large number of these cases. The whole paper is interesting and suggestive.

Considerable matter of only local interest, as the general proceedings of the sessions, the officers, etc., make up the balance of the volume at hand.

The Board of Medical Examiners has been convened, for the 10th inst., at Columbus, by order of Surg.-Gen. S. M. Smith. . . . *Dr. Alex. M. Johnson*, of this city, has accepted a position in the Gun-boat service. . . . *Drs. W. B. Davis* and *W. H. McReynolds*, of this city, have received appointments in a new Cavalry Regiment now organizing at Camp Dennison.

New Books.—We have received from the publishers, Baillière Brothers, of New York, an interesting little book, “Dentition and its Derangements,” by A. Jacobi, M.D. We shall notice it more fully next month.

LITERARY PERIODICALS.—The *Atlantic Monthly* enters upon a new volume, the *eleventh*, with the forthcoming January number. It abundantly sustains its well established character as one of the highest toned literary periodicals of the day, and is in all respects a credit to our country. Prof. Agassiz, Prof. Holmes, Emerson, Winthrop, and a large number of the best writers and thinkers of this country are regular contributors to its pages. Ticknor & Fields, of Boston, are the publishers. The terms are \$3.00 a year.

Harper's Monthly Magazine.—It has always been a wonder to us how this monthly is furnished for the money. At \$3.00 a year it is certainly the most attractive magazine for general family reading we know of. A new year begins with the December No., which is now at hand. This is, therefore, the proper time to renew your subscription.

Godey's Lady's Book.—The December number of this old established ladies' magazine is at hand ; and, of course, already appropriated by the ladies. A new year begins with the January number.

As a complete lady's book we do not imagine any thing can surpass Godey. We have it intimated that Mr. Godey don't intend anything ever shall surpass him. The terms are \$3.00 for single subscriptions, two copies for \$5.00, five copies for \$10.00.

The Ladies' Repository.—Finally, we must not forget the best literary and family magazine of the West, published by the Methodist Book Concern, and edited by Rev. D. W. Clark, D.D. It is religious in its tone, and in every way fit for any family circle. The terms are \$2.00 a year, and all Methodist preachers are agents.

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. *Typhoid Fever sometimes Contagious*.—Early in September, 1805, I took lodgings in the south parish of Ipswich, then called Chebacco, now the township of Essex, in Essex county, Massachusetts, with a view to commence the practice of medicine. At that time there was not, I believe, in the whole parish a single case of serious disease; nothing but some chronic ailments with old people. One old lady I recollect, who kept her head covered with, I think, six coverings of substantial cloth to keep the cold out; with whom advice from the doctor, with a pinch of chamomile flowers and another of valerian root, was always very welcome. One of the first professional applications I had, was for a plaster for a sore leg, and I well recollect the solicitude expressed by a gentleman of the place, a good friend of mine, who was present at the time and saw me apply the plaster *secundum artem*. After the patient was gone, he suggested, in the kindest manner, his serious apprehension that I should never be able to establish myself in that parish if I commenced with so high charges. I had charged and received *twenty cents*.

In December, I think it was, of the same year, a young married woman, whose husband was at sea, was brought sick to Chebacco, from a parish in Gloucester five or six miles distant, to be taken care of by her mother, who was very poor and had no female to help her. I was called and left some alterative medicine, to be followed by small doses of calomel at such intervals as the bowels would retain. It was an object with me to get the gums sore, having been taught in medical lectures that if a mercurial tenderness of the gums could be effected the patient would recover; and as the nursing was very imperfect, and the patient getting worse, I went early one day and remained four or five hours, chiefly to see that the medicine should not be neglected. I had no dinner that day, and as I stood by the bedside, an intensely nauseating and oppressive smell made an impression at the pit of my stomach, which lasted about two hours, and which it seems to me I can never forget.

The day but one following, I had a chill, and at evening my pulse was 120. I took an aloetic cathartic, with five or six grains of calomel. From its operation I felt so much relief, that the day following I mounted my horse and rode to visit my patient, two miles distant. But I had to encounter on my return a storm of sleet driven by an ocean wind, which seemed to blow through me as through a basket. I went to my lodgings, took my bed, and did not leave my chamber for six weeks. My fever lasted twenty days, at which time there was an abatement. I had delirium, but in a less degree than my patient. For many days I was so deaf as to be scarcely able to hear the church bell, although it was very near. During several days, I had distorted vision. The wall of the chamber on my left, as I lay upon my back, seemed to lean over the bed at an angle of 12 or 15 degrees. My recollection of this is still vivid. It was not one of the creations of delirium; I regarded it then, as I do now, as the result of a morbid impression on the brain or nerves from the fever.

My friend Dr. G. Osgood was my physician. He came as an adventurer into the township of Hamilton, four miles distant, about the time that I entered the parish of Chebacco. He was very attentive and kind, visiting me daily, and twice passed the night in my chamber, sleeping at intervals on a couch upon the floor between my bed and the fire.

About the time that I became convalescent, my physician, Dr. O., was taken with fever, which lasted two weeks. During his convalescence, his nurse, Mrs. Roberts, had an attack of fever, which continued about ten days. Two children of the family in which I was sick, one of 7 or 8, the other of 9 or 10 years, for whom I had a strong partiality, came into my chamber almost every morning to ask how I did, and each of them had a mild fever of nine or ten days continuance. These were all the cases that occurred at Chebacco and Hamilton, where there had not been a case of fever for a long time. My own case was the worst, after that of my patient.

Whether a mercurial tenderness of the mouth took place in either instance, I am unable to affirm, but I am inclined to the opinion that it did not. My patient died in about two weeks after she was brought sick into our parish; and as I left, as soon as I was able, for a lengthened absence in the country, I never learned many reliable particulars of her case which occurred after my last visit. Within three years after I commenced practice, I learned from observation that a mercurial tenderness of the gums is no sure presage of recovery from typhoid fever. I lost a patient of this description in a neighboring township.

From Dr. Amos Twitchell, one of the most talented physicians ever reared in New Hampshire, I received, substantially, the following statement. Deacon Hilliard, a resident of Cambridge, Mass., on his way home from Montreal, where typhoid fever at that time prevailed, was much indisposed on his arrival at Keene, where Dr. T. resided, put up at the principal hotel and sent for the Doctor. He found Mr. H. laboring under typhoid symptoms. He was very sick for many days (how many I do not remember), was well cared for and ultimately recovered. There was not a case of fever in Keene when Dea-

con H. came to the hotel. Eight cases followed, all of them among those who had given attention to the sick man in way of nursing or night watching. Some of those who attended upon the sick had the fever. Dr. T. assured me that he had satisfactory information of about sixty cases in all, which might be traced, either immediately or remotely, to Deacon Hilliard's chamber.

Continued fever, either in summer or autumn, was not a very uncommon occurrence in the village at Hanover, N. H., during my residence there of twenty-four years, from October, 1814. Dr. Nathan Smith, the founder of the medical school at Dartmouth College, called the cases *typhus fever*, the distinctive marks of *typhus* and *typhoid* not having been well made out till after his time. Effluvia arising from the decomposition of vegetable matter seems to have originated typhoid fever in that region. In a small village on the Vermont side of Connecticut River, eight or ten miles from Hanover, a fever occurred with several individuals of a family. Dr. Smith was consulted, and on making investigation for a local origin, found in the cellar a large quantity of rotten cabbage. He had it all removed immediately, and the sickness ere long subsided—it did not spread among the neighbors.

I remember to have been called to a family two or three miles from the Connecticut River, on the Vermont side, where I think were three persons in one house sick with fever—all of whom were taken about the same time. It was spring; a potato hole had been recently opened, which contained a large mass of that vegetable in a rotten state. On the day it was opened a south wind blew strongly over it directly upon the house, not above twenty-five or thirty yards distant. The potatoes were removed, the fever subsided, and there were no additional cases.

A striking instance of fever originated in the village near the college. It began the latter part of August, 1831. Mr. W., a mechanic, had hired a house and rented some rooms to students whom he took as boarders; and had, in addition, a number who took their meals at his table, but roomed elsewhere. Mr. W. himself was the first taken with fever, and in a few days his recovery appeared quite doubtful. I visited him from the 25th of August until the 6th of October, 1831. Two of the roomers were soon down, and ere long another, while several of those who roomed out were drooping, and being too sick to pursue their studies, left for their homes in the surrounding country. There were *thirteen* cases of fever in all from among those who ate at Mr. W.'s table, and one death of a student, who went home with the fever upon him. I never learned that this fever was transferred by contagion.

After the occurrence of several cases, I commenced exploring the premises with a view to detect, if possible, a local origin of the malady. The house had not been built many years, and the rooms all looked fresh and cleanly. I went into the cellar. It had a floor of unplanned boards, which lay upon sleepers imbedded in the muddy bottom, and the space between the mud and the boards, for nearly the whole extent of the cellar, was occupied by water. I turned up one board after another, and found the surface which had been exposed to the wet so decayed and soft that I could thrust the point of my finger some way

into it. At one corner of the cellar there was an opening large enough to receive a common sized bucket, and the water seemed deeper there than elsewhere. This water was used, as I learned, for washing the potatoes that were to be eaten at their table. Believing that I had found evidence enough of vegetable decomposition, I made such a statement to the owner of the house as induced him to make a drain to his cellar. I can not learn that there has been fever in that house but once since, and that was in 1842—there were then two cases, no death.

Many a college student who had fever in the fall term, seemed to have brought the seeds of the disease with him, for he had scarcely got settled in his room when the attack was made. Watchers, who professedly look to patients during the night, if they fall asleep and neglect ventilation for an hour or two, are liable to imbibe the effluvia in too concentrated a form to escape. My eldest son watched one night with a young friend, Mr. F., and soon had an attack and was sick two weeks. About this time there were several cases in the village. All had more or less delirium, one had double consciousness, and one or two, bloody discharges from the bowels.

Will it be questioned whether any of the foregoing cases had the marks of the typhoid or enteric fever of the present time? The scattered petechiæ upon the abdomen were not described till long after the occurrence of the cases at Chebacco and Hamilton, and even now it would not be safe to consider their presence as essential to the typhoid variety, as in many instances during the whole course of the sickness, where typhoid prevails in a community, this feature is not present; but delirium, deafness, distorted vision, with now and then bloody discharges from the bowels, are leading features in the physiognomy.—R. D. MUSSEY.

—Boston Medical and Surgical Journal.

2. *Subcutaneous Injection of Quinia*.—Dr. James M'Craith addresses the following letter to the editor of the *Medical Times and Gazette*:

“SIR: I have to report a discovery, or what is tantamount thereto, of very great importance in my estimation, made by my friend and *confrère* here, Dr. Chasseaud, who is Physician to the Hôpital de St. Antonio, of this city. I am surgeon to the operatives engaged on the Smyrna and Aidin Railroad, in course of construction at present here. This railroad passes through parts of this country as rife in malaria as the Pontine Marshes themselves. The number of the workmen attacked by intermittent fever, often of severest type, is very great; which you will allow when I state that at present from forty to sixty are in hospital suffering from intermittent fever. These are naturally the worst cases, many of them treated ineffectually on the works, and sent to Smyrna as such for hospital treatment. Seeing the immense expense of sulph. quinia, the frequent difficulty and occasional danger of the large doses necessary in this climate, Dr. Chasseaud cast about, as many others have done before, to find some means of obviating those difficulties. He began a series of subcutaneous injections, and was most grateful to find his success complete. The effect of one or two grains of quinia in solution, injected into the cellular tissue of the

arm, being equally efficient in arresting fever, if not more efficient than the scruple doses hitherto found necessary. This method is also free from the inconvenience of the large dose taken by the mouth—vomiting, diarrhoea, and gastric symptoms often rendering the exhibition of large doses by the stomach ineffectual, difficult and hazardous.

“Now, a substitute for quinia has been sought for ineffectually ever since the discovery of this most valuable and now necessary or indispensable specific. Now, if Dr. Chasseaud’s application of it prove satisfactory (and from what I have seen it can not fail to do so), such application is tantamount to finding a substitute. He makes two grains equally or more effectual than twenty grains, the which twenty grains had often to be repeated. The importance of this I need not insist upon. His method is the following—it can be put in practice by any one, the merest tyro in medicine: He makes a saturated solution of quinia in alcohol (he has tried with success the solution of the sulphate, also the citrate, and bisulph. in distilled water, but prefers the alcoholic solution of quinia), and of this solution he injects as much as is equivalent to two grains under the skin of the arm, avoiding the large veins. He makes a puncture with a spear-shaped lancet, pinching up for that purpose the skin over the triceps on the arm, and with a syringe injects under the skin the solution as described above. Any syringe with a small pointed nozzle will answer the purpose. He applies a small compress and light bandage to prevent the escape of the injected fluid. Now fifty cases, many of severe form, have been treated in this manner, and with more satisfactory results than by the old and recognized method. Dr. Chasseaud is preparing a detailed report of these cases, many of very severe form, which he will not delay to lay before the profession. One curious effect I may mention, and which would not be anticipated, is that generally after the injection the patients fall into a quiet sleep of some hours.

“Now, if this application of quinia prove of that importance which I believe it to possess, Dr. Chasseaud will have a right to a reward from all the civilized governments of the world, seeing the immense economy of quinia it will effect in all hospitals, civil and military, all over the world. To the poor of malaria countries his discovery will be a boon beyond all price.”—*Med. Times and Gaz.*, Aug. 2, 1862.

3. *The Turkish Bath in the Treatment of Insanity.*—Dr. Power, resident physician of the Cork Lunatic Asylum, in a speech delivered on the occasion of the presentation of an address and testimonial to Dr. Bartes, on April 23, 1862, recommended in highly eulogistic terms a trial of the Turkish bath in the treatment of the insane. Speaking of his own experience of its effects he said: “Of course, out of more than five hundred patients in the Institution all were not expected to recover, nor were they all under treatment for the purpose; but the best way of showing the effects of the bath would be by statistics. It was only fair to conclude that if the proportion of cures had been greater since the introduction of the Turkish bath than before it, this bath must have had some influence in producing that desirable result. I see by my notes that for the year ending March,

1861, the cures were fifty-nine per cent.; but for the nine months ending 21st December last, during which period the bath has been in use, the percentage of cures was seventy-six—that is, seventy-four had been cured out of ninety-six entered. That was more than double the number of cures produced in any asylum in England. The patients, after the first few baths, all seemed to be much pleased with it, and were always longing for the time when it was to be administered. Those who had suffered a relapse, after being sent out cured, showed no unwillingness to return to the Asylum; and even asked to be taken there at once, in order that they might get the bath, as they considered that nothing else would cure them. I have never seen any ill effects from the bath, except a little nausea and a slight fainting in a few instances, but after a bath or two those effects disappeared. Up to that time I have used it on more than nine hundred cases, and since March, 1861, thirty idiotic patients have been removed to a higher class, and rendered capable of enjoyment and of doing work about the establishment. I would recommend the introduction of the Turkish bath into all public Institutions, and I am firmly convinced that it has as beneficial an influence on the system as air and exercise.”—*Medical Times and Gazette*.

4. *Excision of Nerve in Neuralgia*.—Dr. Markoe related to the New York Medical and Surgical Society (June 1, 1862), a case of a clinical patient on whom he operated for tic-douloureux, by the removal of a portion of the inferior dental nerve. The man had suffered during a period of ten years, several attacks annually. During the past two years his sufferings have been almost without cessation, and aggravated occasionally by very severe paroxysms. Section of the supra-orbital nerve had produced little or no effect; the mental nerve had also been divided without relief. The pain had lately become localized in the mental and dental branches—occasionally radiating to upper branches. A removal of a portion of the dental nerve was advised. This operation was performed. The bone was laid bare and chiselled so as to expose the canal of the inferior dental nerve. One inch of the nerve was removed. It seemed congested and considerably hypertrophied, but microscopic examination did not detect any change of structure. The relief of the pain was almost immediate. He has had but one slight paroxysm of pain since the operation, six weeks ago, and is now well enough to return to his occupation. Dr. Markoe thought the case remarkable for the rapid subsidence of pain after the operation. The sensibility of the jaw is being gradually restored.

Dr. Parker, in connection with the discussion that followed, related a case where he removed an inch and a half of the posterior tibial nerve for neuralgia, affecting the ramifications of this nerve in the foot. The pain subsided for a time after the operation, but returned. The limb was then amputated. The specimen, which is now in the museum of the College of Physicians and Surgeons, shows that the continuity of the nerve was restored after the operation, either by the formation of nerve or of substance capable of performing the function of nerve.—*Am. Med. Times*, Aug. 9, 1862.

Obitua! Record.

DEATH OF DR. WM. B. GIBSON.—We learn from the *Boston Medical and Surgical Journal* that Dr. Wm. B. Gibson, assistant-surgeon of the U.S.N., died at sea, in the neighborhood of Key West, on Saturday, the 8th of November. Dr. Gibson was connected with Admiral Farragut's Flag Ship Hartford. The *Boston Journal* speaks highly of the personal and professional qualities of Dr. Gibson, to all of which we can add a hearty and sincere endorsement from a brief personal acquaintance made during the past summer. While on a trip to Memphis on one of the Sanitary Commission Hospital boats, it was our fortune to pick up the wreck of the steamer Shingis, containing a number of the sick and wounded of Admiral Farragut's men, under the care of Dr. Gibson. During the brief sojourn together under these circumstances, we learned to esteem Dr. Gibson highly for his manly bearing and professional character.

DEATH OF SIR BENJAMIN BRODIE.—We regret to announce the death of Benjamin Collins Brodie, one of the most distinguished names in the annals of British surgery. He was born at Winterboro', Wiltshire, in 1783, educated in a London free school and at St. George's Hospital, where he became the successor of Sir Everard Home as surgeon. In 1811 he received for his admirable physiological papers the Copley medal of the Royal Society. In 1819 he was appointed Professor of Anatomy in the Royal College of Surgeons, and in 1827, on the death of Sir Astley Cooper, became surgeon to the royal family, and attended King George IV. in his last illness.

In 1850 he received the Degree of D.C.L. from Oxford. His baronetcy, bestowed upon him by William IV., dates from 1834. On the accession of Queen Victoria to the throne he was retained as "Sergeant Surgeon" to the royal family, and was till his death, October 21st, a personal friend of the Queen's. His last official appointment was the Presidency of the Royal Society, to which he was elevated in 1858. He was married in 1818, and leaves a widow and two sons—Benjamin Collins Brodie, Professor of Chemistry in the University of Oxford, and Rev. William Brodie, a clergyman of the Established Church.—*Boston Med. and Surg. Journal*.

DR. E. S. COOPER, OF SAN FRANCISCO.—We learn by telegraph that Dr. E. S. Cooper, of San Francisco, Cal., died on the 14th inst. No particulars are given. Dr. Cooper removed some years ago from Illinois, we believe, to California, and by his energy and boldness as a surgeon soon acquired a reputation and a prominent position in the State of California. His writings are well known to the profession. At the time of his death, he was Professor of Surgery in the Medical Department of the University of the Pacific, of which he was the founder. He was also editor of the *San Francisco Medical Gazette*.—*Medical and Surgical Reporter*.

As a frequent and valued contributor to the pages of this journal, the name of Prof. Cooper was familiar to our readers, who will read this notice of his untimely decease with sincere regret.

DR. S. J. WADE.—Died, at Bloomington, Indiana, September 9, 1862, Dr. S. J. Wade, in the 34th year of his age. Dr. Wade was a graduate of the Medical College of Ohio, and a member of the class for the session of 1861-62.





