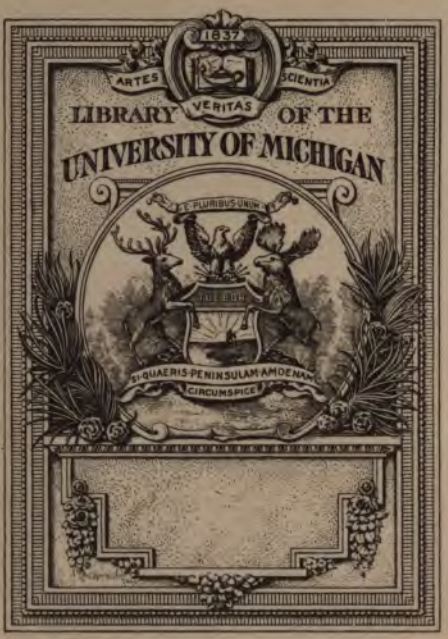
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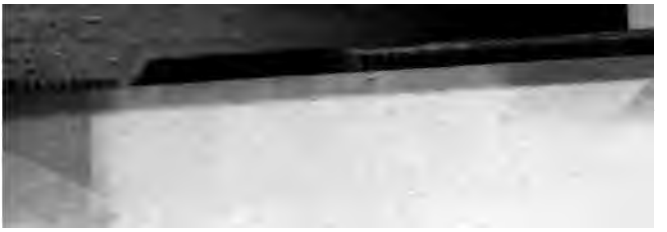

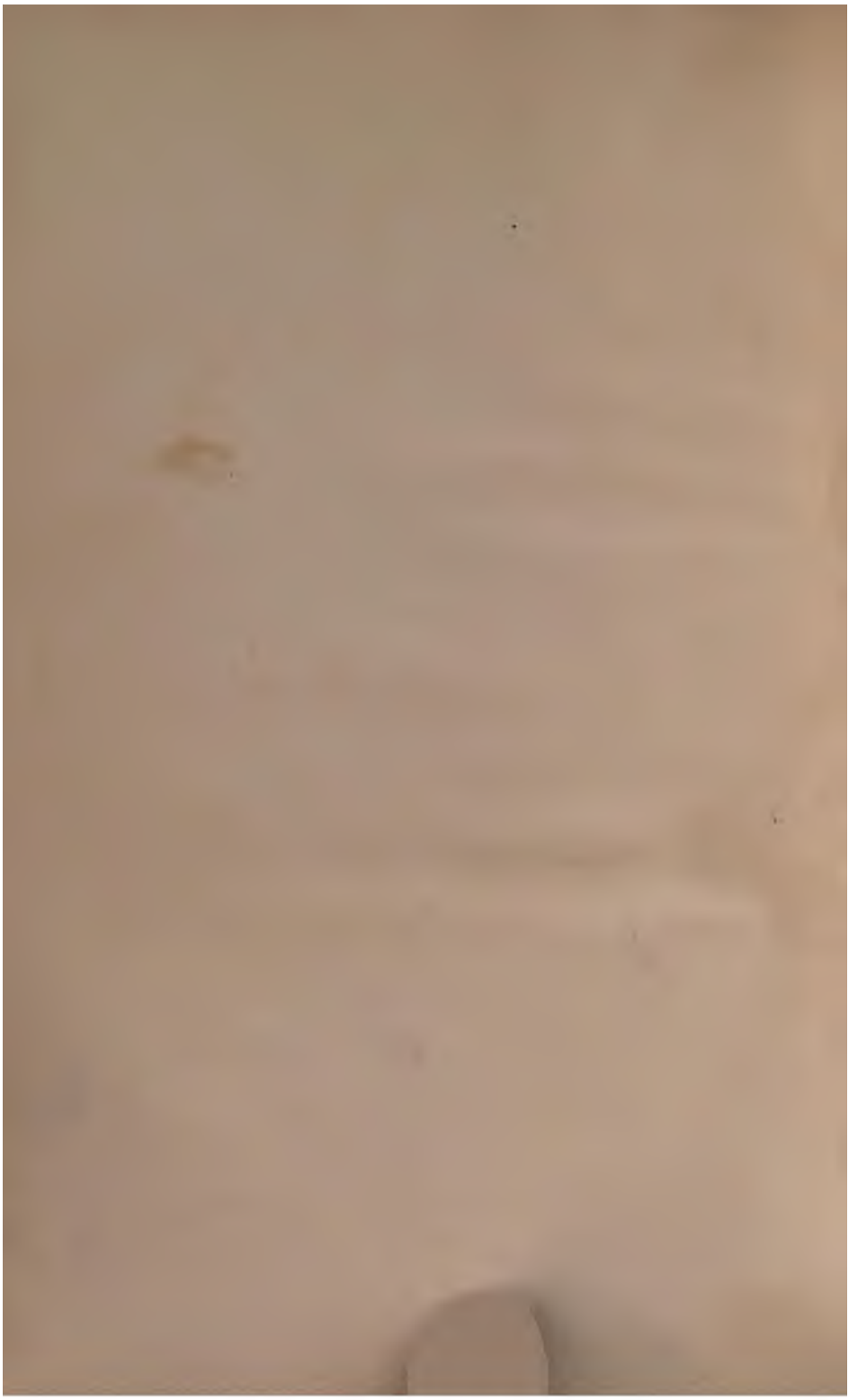

BUFFALO

MEDICAL AND SURGICAL JOURNAL

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BUFFALO:
WARREN, JOHNSON & CO., PRINTERS.
1869.

INDEX.

D.

E.

F.

G.

H.

P.

Q.

R.

S.

T.

U.

V.

W.

BUFFALO

Medical and Surgical Journal.

VOL. VIII. AUGUST, 1868. No. 1.

Original Communications.

ART. I.—*The use of Pepsine in the Diarrhœa of Infants.* By Jas. S. Hawley, M. D., *Greenpoint, L. I.*

In speaking of the cases of infantile diarrhœa, Dr. West, in his Treatise on the Diseases of Infants, makes the following remarks: "You will observe that the period of the greatest prevalence of diarrhœa coincides exactly with the time during which the *process of dentition* is going on most actively, and that more than half of all the cases of diarrhœa occur in children between the ages of six months and two years.

"The older writers on medicine, whose notice this fact did not escape, attributed the disturbance of the bowels to a sort of sympathy between the intestinal canal and the gums, swollen and irritated by the approach of the teeth to their surface. It must be borne in mind that there exists, during the period of teething, a *more abiding cause* which strongly predisposes to its occurrence. All parts of the digestive canal, and of its dependencies, are undergoing an active evolution to fit them for the proper assimilation of the varied food on which the young being will soon have to subsist. Just as the salivary glands are now developed, and pour out saliva in abundance, so the whole glandular system of the intestines assumes a rapidity of growth and an activity of function, which, under the influence of comparatively slight exciting causes, may pass the just limits of health. In too many instances, causes fully adequate to excite diarrhœa are abundantly

supplied in the excessive quantity or unsuitable quality of the food with which the infant is furnished; for it is forgotten that its condition is one of transition, in which something more than ordinary care is needed, while in accordance with that humoral pathology so popular among the vulgar, the profuse secretion from the irritated glands is regarded as the result of a kind of safety-valve arrangement whereby nature seeks to moderate the constitutional excitement attendant upon teething."

Here we have the *fons et origo* of infantile diarrhœa, an abiding, ever-present, predisposing cause, always ready to be quickened into activity by innumerable excitants. Errors of diet or depressing and painful emotions—as anger, fear, grief or anxiety; food, improper in quantity or quality; perturbing medicines and overheating occupations on the part of the mother. The same errors of diet, changes of temperature and constitutional vices on the part of the infant, are ever ready and frequently occurring exciting causes.

This condition of transition which the teething infant exhibits is everywhere impressed upon animated nature. In the human family we have not only the great transition state of the alimentary and digestive systems at the period of dentition, in which we are now more particularly interested, but later the state of transition which attends the full development of the reproductive functions in which the nervous system is more particularly excited and liable to mal-development, and later still in life the second evolution in the generative system, when its functions, having fulfilled the order of nature, cease their activity. Again the mental functions and sentient system are in jeopardy. This danger to life and function which attends the great physical transitions in the human race finds its counterpart in the inferior creation. In insect tribes, the various transformations from egg to larva, from larva to chrysalis, from chrysalis to the winged insect, are each and all attended by dangers and destruction of life. Each shedding of the shell of the crustacea or skin of the reptile is a period of danger and frequently of death. Thus all nature speaks the same language and harmonizes with the teachings of science, that the periods of great change in the functions of the body are also periods of great danger. The proper functions of an organ or system .of organs seem in whole or in part suspended or imper-

fectly performed during the period occupied by organic evolution. In other words, while the organ or system of organs, is being developed, or modified in structure, nature finds it necessary to rest from its labors, or materially diminish its activity.

In the normal condition of the human body the powers of nature are ample to carry on all necessary processes during the periods of evolution incident to the full development of the system. The vital machinery acquires sufficient momentum to carry its lagging and burdened wheels by the centres of obstruction which are met in each great developmental revolution. But in the artificial and morbid condition in which a large portion of infantile humanity is found, slight obstructions bring the machinery to a dead stand, or waste its powers in ineffectual attempts to continue its action.

This, to continue the figure, is the moment when the engineer by his lever may complete the revolution, and again all goes forward in harmonious action. This is the critical moment when a grain of sand or a drop of oil may increase or diminish the friction till on the one hand its motions may cease forever; or, on the other, proceed with its revolutions till its destiny is fulfilled.

Premising, then, that the great predisposing cause of infantile diarrhœa is the state of evolution which the digestive system and its dependencies are undergoing during the period of dentition, the question of therapeutics becomes one of comparative simplicity, and the evident duty of the physician is to allay that irritation of the organs which is exhibited in vomiting and purging, first, by the removal of all extraneous sources of disturbance, such as food, improper in quantity or quality, by protecting the skin from too sudden and frequent changes of temperature, secondly, by sedatives, to subdue the excitement which the foregoing causes may have induced, and which, in the enfeebled condition produced by the transition state, are self-propagating, and lastly, to impart to the struggling and overwhelmed digestive apparatus that assistance which will enable it to convert food from the character of a foreign, and therefore irritant, material, into nutriment which will reinvigorate the natural forces and enable them to accomplish successfully the great and necessary evolution through which they are passing. Happily the practice of administering excitants to the already over-stimulated glandular system, has nearly passed

away. *Hydr. cretæ*, and *Hydr. chlor.*, are therapeutical formulæ seldom penned by one who opens his eyes to the light of physiological or rational therapeutics in infantile diarrhœa. As sedatives to the over-excited mucous membrane and glandular system of the stomach and bowels, the preparations of opium and the salts of bismuth stand preëminent. When irritation, without pain, exists, bismuth most promptly and satisfactorily allays it, but when accompanied with pain, the addition of a minute portion of opium becomes a necessary complement to its effectiveness.

We have now briefly noticed, in outline, the first two conditions of treatment, viz.: the removal of external causes of irritation, and the allaying of the morbid excitement which has sprung from their agency; and it may be asked if the natural functions will not now resume their offices, and the health of the patient be restored. Doubtless such would be the case did not the system labor under the combined effects of the transtition state of dentition and the impairment of strength due to the morbid causes above enumerated, and for which the correctives bave been proposed. But the circle of remedies is not yet complete. The key-stone of the arch is wanting, and if left thus incomplete, will tumble back into the disorder and confusion from which it has been raised. The *ingesta* themselves become, for want of digestive and assimilative power, irritants to the sensitive and debilitated organs. Instead of affording nutriment to fortify the system against the dangers of the crisis through which it is passing, the food going through the intestinal canal in an undigested form, becomes, itself, an irritant, and adds another morbid cause to those already existing. This is not all: the food does not always remain a simple, foreign substance, inducing irritation, but undergoes putrifactive decomposition, adding new and more active sources of disease.

Here, then, is the gap in which we are to stand. And what are the weapons we are to use? Tonics and stimulants, as indispensible as they often are, here become awkward and doubtful. They are indirect and secondary—whips to stimulate lagging energies and not power to perform the labor and lift the burden. Here the happy thought of Corvisart comes to our relief. The very function which is crippled we can replace; the very strength which is exhausted we can supply. By the administration of pepsine we at once convert the ingesta into nutriment. They not only cease to

be irritants to the digestive organs, but are absorbed into the circulation, and become sources of power instead of weakness.

Now, we have fulfilled all the indications. First, to remove all sources of irritation from the quantity or quality of the ingesta, or change of temperature. Secondly, allaying irritation by sedatives. Thirdly, artificial digestion by the administration of pepsine. This simple but effective treatment is not new, but has more than once been presented to the profession for its approval.

In support of its efficacy, especially that portion which relates to artificial digestion, and which this paper is particularly intended to illustrate, a few cases will be brought forward. The first case is one reported in the *Revue Medico Chir. de Paris*, Dec. 1856.

M. X——, aged 4 years, was admitted into the Hospital of *St. Eugenie* on the 23d of November, 1854, under the care of M. Barthez. For many months this child had suffered from frequent diarrhœa until it was emaciated and debilitated to the last degree. The appetite was voracious and the stools contained much undigested food. In the first instance M. Barthez tried the effect of properly adjusted diet, with small doses of trisnitrate of bismuth, but without avail. He then tried the pepsine, giving a dose (grs. v) at the commencement of a meal composed of the ordinary food of the hospital. On the following day (the 1st of December, the stools were of a better color, and in other respects more natural than they had been before; encouraged with this result the same quantity of pepsine was ordered to be given before each meal.

Dec. 3d. No stool. This was the first day without a motion for many months.

Dec. 4th. Still no stool. The pepsine discontinued.

Dec. 5th. Two somewhat fluid motions, although there was no change in the diet. There was, however, no undigested matter in the motions. The child was much better in every respect.

Three weeks afterwards the child was discharged cured. M. Barthez, however, did not return to the pepsine, but contented himself with small doses of the trisnitrate of bismuth.

This case led M. Corvisart to try the effects of that remedy in the diarrhœa of very young infants.

2d Case. Alexander Lang, born on the 2d of August, 1855, was seized on the 25th of October, with diarrhœa, after a very

obstinate attack of erythema and eczema. This diarrhœa was accompanied with frequent hiccough and vomiting. On the 3d of November 8 grs. of pepsine were given night and morning. On the 4th the same treatment was continued; and now the vomiting and purging have disappeared, the stools have become natural, the child takes the breast with avidity. The pepsine discontinued.

Nov. 22d. The vomiting and purging have returned. M. Corvisart has again had recourse to the pepsine.

Nov. 23d. The vomiting and purging have ceased, and the stools are natural. From this time the little patient went on well.

M. Corvisart adds, that many cases of the kind have fallen under his notice, and that the acidified form of the pepsine, which he himself tried, was quite as efficacious in these cases as the neutral form proved to be in the hands of M. Barthez.

The writer has been in the habit of administering pepsine in the diarrhœa of fed and teething infants for several years with marked success.

Notes of former cases not having been preserved, a few which have occurred in the last few days must suffice.

July 19th. Thomas Kennedy, aged 15 months, has had diarrhœa a week, is fed, passages watery and contain undigested food.

℞ Am. Pulv. pepsine. Sub nit. bismuth, ää grs. 5 every 3 or 4 hours.

This single prescription terminated the disease.

July 20. John Kniester, aged 18 months, is teething, diarrhœa has existed ten days, passages very watery and frequent, and contain undigested milk.

℞ Am. Pepsine. Sub nit. Bismuth, ää grs. 5 every 4 hours.

This case was also relieved by a single prescription of ten powders.

August 2d. P. Quigley, aged 8 months, has had diarrhœa a week, and been treated by another physician by astringents and opiates without benefit.

℞ Am. Pepsine. Sub nit. bismuth ää ʒ in 10 powders, to be given every 3 or 4 hours.

This case also recovered completely under this single prescription.

August 5th. Mary Duryee, aged 11 months, has four incisors on each jaw, but no marked signs of the approach of other teeth.

Has suffered considerably from diarrhœa for two weeks. On the 5th the diarrhœa increased alarmingly, accompanied by vomiting and great prostration, as well as pain. The vomiting was allayed with liq. bismuth, and the following prescription made:

℞ Am. Pepsine. Sub nit. bismuth, ää 3j. Pulv. opii, gr. i, divided into 12 powders and one given every 2 to 4 hours according to circumstances.

This treatment, with slight modifications, according to pain or frequency of the discharge, has been continued to the present time, (Aug. 10th,) with nearly complete relief to all the symptoms, and she is now out of danger.

August 5th. Robert Kelly, aged 9 months, is teething, has had protracted diarrhœa and vomiting, is much emaciated, and passes large quantities of undigested milk, which are highly offensive. He has been for some time under treatment before coming to me. Pepsine and bismuth were prescribed in the usual manner and continued three days, when the child died. It is to be noticed in this case that the coagulated milk disappeared from the stools on the second day, showing the efficiency of the pepsine.

The only remaining case to which I will allude is one rather of infantile inanition than of true diarrhœa.

July 28th. D. N——, an infant two weeks old, said to have been born in a plump and healthy condition. Its present state is one diametrically opposite. Its face is thin and skinny, exhibiting painfully the bony outline. It has thin, muddy, but not frequent alvine discharges, and vomits whatever it swallows, even to half a teaspoonful of its mother's milk. It lies stupid, with its eyes closed and refuses the breast. It has also an intense muguet. In this extremity I ordered three grains of pepsin to be given every three hours and half a teaspoonful of the mother's milk to be administered with great frequency. The following morning I found the mother, through utter hopelessness, had greatly neglected my directions. It was only through much persuasion and the coöperation of a friendly neighbor that she was induced to pursue the treatment. During that day the vomiting ceased, and on the following day the child took the breast and retained and digested its nourishment. From this day it steadily improved in condition, and its diarrhœa and muguet disappeared.

On the 8th inst., one week after my last visit, I was called to see its mother, and could hardly have recognized the infant which so lately had seemed in the last stage of inanition. Its face had acquired a comparative fullness, its color was restored, it nursed well and freely, and seemed as likely to live and thrive as any infant. This child was simply starving to death. What led to its condition of inanition I could not satisfactorily learn, but its state seemed most hopeless. This case illustrates, in a remarkable manner, how little assistance will restore the digestive faculty to its normal activity and enable it to perform its functions unassisted.

Without adding cases of a similar kind from our own experience, which would, perhaps, extend the list to a tedious length, we take pleasure in submitting the testimony of Dr. R. E. Van Gieson in favor of the efficacy of the preparations of pepsine in the diseases under consideration. The Doctor, in furnishing us with his notes, remarks: "I have found pepsine peculiarly fitted for the treatment of that fearful scourge of children, cholera infantum, *after* the more profound and violent initial symptoms have been subdued by direct sedatives, such as hydrocyaic acid, ice, creasote, and the like. It has seemed to me that when the vomiting and purging have by such measures been arrested, that the whole gastro and intestinal tract is utterly incapable of assimilating even the blandest articles of aliment. We stand as it were between the danger of starvation on the one hand and the peril of again irritating the intestines to the evacuation of exhausting discharges by the administration of food. Just here pepsine is *the* remedy. By its aid we can secure the digestion of food which would otherwise irritate. So long as the stomach is disposed to remain quiet we need not feel alarmed if for a day or two the discharges per rectum are somewhat frequent. An astringent and opiate suppository will control this, and in the meanwhile we are gradually bringing the intestinal tract to its normal condition, *i. e.* digestion.

"Another great advantage arising from the use of pepsine in this disease, has been rendered apparent by a careful comparison of cases treated by the most approved method in vogue some eight years ago. The medical gamut was then sedatives, opiates, astringents, tonics. It yielded good results, but the cases were a long time in getting well. There came a period when the pernitrate of

iron and the salts of quinia seemed almost powerless. This might be the third week or the third month in the disease. There was no particular irritation of the stomach, but unless the astringent was given with great regularity and in augmented doses, the discharges still continued. In these protracted cases the gastro-intestinal system seems but a passive tube, through which the food passes pretty much as it entered the mouth, giving but little nourishment to the patient, and much annoyance to the atonized viscera. In these cases pepsine is very clearly indicated, and will slowly but quite certainly, aid in the digestion of judiciously selected nutriment, until the system can recuperate sufficiently to manufacture its own pepsine, when the artificial substitute can be withdrawn. The annexed case, illustrates the foregoing remark, in a very clear manner:

C. H., aged 13 months, hand fed, chiefly on condensed milk for last ten months; central and lateral incisors through; first came under my care July 29th. Past history: Has been under treatment by another physician for a week. Was taken in the beginning with vomiting and purging, which were in a measure subdued by the treatment. The child was then pronounced better and the visits discontinued.

Present condition: The child is much emaciated, face shrunken, and of that senile appearance, so indicative of the ravages of cholera infantum. The stomach is still irritable, and the bowels operate from 5 to 8 times in twenty-four hours. Discharges similar to chopped spinage. The child craves drink constantly.

℞ Bismuthi sub nit. pepsine, (American,) āā 3i; make xii powders; S one every three hours; ice cold milk punch every three hours.

30th. Discharges diminished, but still fœtid. Thirst diminished, stomach less irritable, no vomiting during the night. Continue treatment with addition of ice cold mutton broth.

31st. Discharges diminished and less fœtid, no vomiting; withdrew the punch and substituted milk in barley water.

℞ pepsine, 3i; make xii powders and give as before, with plenty of open air.

Under this treatment the child has steadily improved. The discharges are growing firmer, in consistency each day, and vary in frequency from one to three in twenty-four hours. The appe-

tite being now fair, and the discharges nearly normal, the pepsine will be withdrawn, and port wine and tincture cinchona substituted.

Of course the writer does not intend to exalt pepsine to the position of a specific in infantile diarrhœa. It is only claimed that its use is one step in the right direction; that it is capable of removing one of the principal predisposing causes, to wit: the impairment of the digestive function by the evolution which occurs at the period of dentition, and of preventing the irritation which attends the passage and decomposition of undigested food.

A favorite observation of the writer is, to mark the gradual disappearance of undigested food and fetor from the evacuations, feeling assured that so much at least is well and in the right direction, whether the case proceeds favorably or not. Many other considerations influence the course of the disease, and these indications must be met by their proper remedies, according to the judgment of the practitioner.

I will close this hasty and imperfect paper by commending pepsine to a fair trial in the treatment of infantile diarrhœa, especially during the period of dentition. It has no noxious or perturbing qualities. It has physiological reasons in its favor, and has to some extent, borne the test of experience.

ART. II.—*A Case of Injury to the Median Nerve.* By J. R. LOTHROP, M. D.

This occurred in a young girl about 10 years of age. When the case first came to my notice, it seemed to resemble in many respects a rheumatic affection of the hand. There was a good deal of swelling and tenderness on the back of the hand and about the wrist. There was, however, no observable redness.

Subsequent and more careful examinations led to the conclusion that it belonged to the class of nervous affections. The hand was swollen and tender, but when closely examined it was found that the tenderness did not affect the whole hand. Moreover it was not only limited, but at some points it was so extreme as to give rise to pain upon the slightest touch. The fingers, all of them, were drawn towards the palm, as in closing the hand, but not in contact with it. The thumb was slightly flexed, but not in con-

tact with the forefinger. The slightest touch upon the ends of the first three fingers was intensely painful, the patient saying that it felt like fire. The little finger, however, could be touched and extended even, without pain, but it became flexed as soon as released. The thumb partook of the exalted sensibility of the first three fingers. The backs of the thumb and three fingers, especially about the nails, and portions of the surface of the palm were sensitive to the touch. Pressure upon the anterior surface of the forearm excited pain, which was felt, rather deeply, as far up as the bend of the elbow, at which point it caused increased pain and shooting pains up and down the arm, but particularly downwards. At this point also there soon appeared swelling, hardness, and discoloration, marking it as the point of injury. Pressure above the elbow was not attended with any notable painful sensation. The exalted sensibility of the ends of the thumb and first three fingers, or, as it may be styled, hyperæsthesia, was peculiar and interesting. The tactile sensibility, always normally delicate, was so much exalted as to become painful, and the lightest touch was even more so than when the parts were seized rather roughly. For instance, if any body was lightly brought in contact with them, the hand was quickly drawn away as if the body were hot, and in fact the sensation was as of heat. Any attempt to extend the fingers caused intense suffering. When the hand was at rest there was constant pain, varying in intensity, which was felt in the arm, hand, and fingers, and by depriving the patient of sleep, began to have a perceptible influence upon her health. After a time, however, a number of weeks, the violence of the symptoms was over, the fingers could be handled without causing pain in any great degree, and it was not long before they could be fully extended and remain so. In time the hand entirely recovered its normal sensation and motion.

As to the cause of the injury there was some obscurity. The patient could only remember that, a short time before the arm began to be painful, she had been pulled quite violently by the hand; and that at the time she felt some temporary pain. The violent tension of the surrounding parts and perhaps of the nerve itself at the bend of the elbow, probably were the cause of the subsequent phenomena. Certainly the swelling, tenderness, and discoloration at that point were indicative of some trouble

there. The inflammation of the surrounding tissues may have involved the nerve, or the symptoms may have been due in some measure to pressure.

In the treatment of such a case little can be done beyond allaying the pain till recovery takes place; and the tendency is to recovery, in time, longer or shorter, according to the nature of the injury. Cold is always a relief to the sense of heat which is usually felt. Anodyne lotions sometimes soothe for a short time, absolute rest of the limb and protection by wrappings, covered on the outside by oiled silk. Opium is indispensable, and the best method of using it, is by subcutaneous injection. If the affection is one liable to recover in a short time, these measures are the best, but if it continues, division or excision of the nerve is, by all means, to be advised. Even if union of a divided nerve is attended with a recurrence of the pain, still there is something gained by an interval of freedom from it. In the case above related, cold water, anodyne liniments, containing tincture of aconite and of opium, were employed externally, and opium internally. They had probably very little agency in hastening recovery, their benefits being limited to the production of partial relief. They may in some slight degree have controled the inflammation at the bend of the elbow, and hence been of benefit.

This case was clearly one of injury to the median nerve, at the bend of the elbow. That the median nerve was injured, was clear from the parts affected. That the injury was at the bend of the elbow was evident from the local signs there, and from the fact that the muscles of the forearm were affected. This last circumstance might have resulted from an injury higher up, but in connection with the local signs, it was indicative of injury at that point. The injury was only severe enough to exalt, but not destroy the function of the nerve. Hence, the nerve having a double function, viz.: of sensation and motion, there was observed increased sensibility in the parts which depend upon it for sensation, and contraction of those muscles to which its motor fibres are distributed. The sensory fibres of the median are distributed to the fore, middle, and ring fingers, and the sentient extremity of the thumb, so that those parts derive their tactile sensibility from it, while the little finger gets its sense of touch from the ulnar nerve. This peculiarity of distribution explains the observed fact, that the

little finger could be touched without exciting painful sensation, while the other fingers were affected with extreme hyperæsthesia. On the other hand the little finger was equally with the others drawn into the palm, in a state of constant flexion, a condition explained by the fact that the motor fibres of the median nerve are distributed to the flexors of the forearm, which govern the flexion of all the fingers.

The diagnosis of the seat of injury and the particular nerve affected, was made upon the phenomena above stated. The median nerve is a source of motor influence to all the fingers and the thumb, while it affords sensory influence to the first three only, together with the thumb. In any case in which observed facts are in accordance with the above statement, we seem to have a rational ground for attributing the injury to the median nerve. As a matter of practical interest, it is probably of no great importance that there should be such nicety in the diagnosis. Very few cases would be likely to occur to any practitioner in which it would be possible to make out clearly the particular nerve injured. Injuries to the hand and forearm are seldom so limited. But they sometimes occur, especially in gun-shot wounds. Even then their chief interest lies in the aid which clinical facts can bring to experimental physiology. With, however, pretty careful observation, it may not be possible to arrive at exact conclusions. Recent statements and observations as to the effects of division and exsection of nerves, do not seem to confirm some opinions which have been held in regard to sensation and motion, as dependent upon the distribution of particular nerves. Thus it has been stated that exsection of any one nerve, as for instance the median, has not destroyed the sensibility of those parts of the hand to which it is distributed, and on the other hand after exsection, sensibility, when destroyed, has been entirely restored long before there has been a regeneration of the lost portion of the nerve. If these statements are correct, the teachings in regard to sensation, founded upon the distribution of the nerves, are entirely wrong. There is reason to believe, however, that in many of these cases the statements are not based upon accurate and careful observations. In cases of injury of any one nerve, either the radial, ulnar, or median, the pain is not always located with exactness by the patient, but is in a general way referred to

the hand. A very careful observation on the part of the surgeon, might and probably would localize it, to correspond with the nervous distribution. What is here stated of exalted sensibility or pain following injury, would probably be found to apply to loss of sensibility or numbness following division or excision.

There are numerous cases reported in which loss of sensation or motion is never fully restored after division or excision of a nerve, the liability of failure being greater after the latter, or in fact of the loss remaining permanent. This liability to incomplete repair, if not entire failure of it, is a matter always to be considered by the surgeon, when circumstances seem to call for the operation of excision. The actual removal of any considerable portion of the substance of a nerve, as a remedial measure, is always undertaken with the expectation that the restoration of the nervous function, entire or incomplete as may be, if it take place at all, can only take place after a long time. This is the ordinary experience of surgeons, yet M. Paulet, in a memoir read before the Paris Surgical Society, recently stated as the result of his examination of recorded clinical experience, that he found in some cases of excision, the functions were very soon re-established, and in some, excision of an important nerve in nowise disturbed sensation or voluntary motion. We are then compelled to distrust the accuracy of the recorded facts derived from clinical experience, or physiologists are in the wrong and must study nervous phenomena in some other light than that of distribution. We are disposed to feel, with the late lamented Dr. Warren, that "the connection between the precise nature of the injury and the subsequent phenomena has not, often, been marked out with so much exactness as could be desired." Surgeons will not as yet be prepared to perform and recommend exsection of an important nerve with the expectation that no effect will be perceptible, as to motion or sensation, in the parts supplied by the nerve. The case related above has no bearing upon the question of excision, and therefore furnishes no proof either for or against the interruption of nervous function by the operation. But it shows that exaltation of the function of a nerve is in accordance with its distribution, from which we may infer that any decrease of function would be exhibited in the same direction.

Not long since a medical man related to me his personal experience of an affection of a nerve of the hand, very much like the case related above, which appeared to have been an injury of the median nerve, from muscular effort. A short time after, driving a spirited horse that required great muscular effort of the arm to control, he began to experience pain in the hand and arm. The pain extended along the middle of the forearm, into the palm, where the pain was intense, burning in character; and also into the ends of the fingers, the little finger not being affected. There was flexion of the fingers and thumb. The pain was constant, and severe in paroxysms. The only relief was obtained by free use of morphia. As to external applications he found hot poultices most comforting. The tactile sensibility was so much exalted that contact with the poultices, especially when the fingers were first lightly laid upon them, caused burning and pain. The same feeling of heat was caused by contact with any body. In about two months the hand was restored to normal motion and sensation, except the middle finger, which still retained a tendency to flexion when not forcibly extended.

The following case, taken from Romberg, who quotes it from Denmark, though it is related as a case of injury to the radial nerve, appears to answer more nearly to a case of injury of the median: A healthy young soldier was wounded at the storming of Badjos, by a musket ball which entered the triceps one inch and a half above the inner condyle of the humerus, grazed the bone, passed downwards and outwards and made its exit in front near the bend of the elbow. The wound healed. Some time after, he began to suffer pain, which became so excessive that opiates would not relieve it, and sleep was almost entirely absent. The forearm was bent, the wrist also, and hand flexed. Pressure upon the cicatrix caused additional torture. He described the sensation of pain as beginning at the extremities of the thumb and all the fingers *except the little one* and extending up the arm to the point wounded. It was of a burning nature, he said, and so violent as to cause a continual perspiration from his face. His sufferings were so great that he requested the removal of the arm by amputation, which was performed with quick relief. The surgeon who reported the case wrote, "the part wounded, the nature of the pain, and its course from the fingers, with the *exception of the little*

one, indicated the affection to be in the radial nerve." From the facts stated in regard to the fingers it would seem that affection of the median, rather than the radial nerve, was indicated. The remedy employed, namely, amputation, would hardly be advised by a surgeon of modern times, at least not until he had made a trial of exsection. Amputation, however, in the case of smaller members, as portions of fingers and toes, is more worthy of notice.

I am permitted to refer to a case which came under the care of Dr. Hutchins, of this city, in which amputation of a portion of a finger was resorted to with the happiest results. A young lady met with an injury to the end of the little finger. In moving a table, her fingers being over the edge, the little finger was caught between the table and the wall of the room. Blood was affused under the nail and the injury was followed by severe pain shooting up the arm in the course of the ulnar nerve. This pain, with intervals of freedom, continued for many months, interfering seriously with the health. During its continuance a great variety of treatment had been *endured*, blistering over the spinal column among other measures. When first seen and examined by Dr. H., he found that the pain originated in the little finger and could be excited, at any time, by pressure upon the nail, over what appeared to be a small cyst under it. An attempt was first made to remove the trouble by removing the nail and cutting out the diseased tissue under it; but this procedure failing to relieve the pain, after a short time Dr. H. decided to amputate the finger at the last joint. The operation was performed and the relief afforded complete. The pain ceased and there was soon manifest a marked improvement in health. I assisted at the operation and examined the part removed, which consisted of the distal phalanx and the tissues upon it. There was found under the nail a small, dense, diseased substance, which had by pressure produced a small depression in the end of the bone by caries or absorption. This diseased mass had involved the delicate fibres of the sensitive nerve, and hence the pain.

Speaking of pressure upon a nerve as a means of exciting pain, Romberg says, "it can only be if, at the same time, there is irritation and traction of the fibres, consequently it is much more frequent in interstitial tumors, though their bulk be ever so small, as in painful tubercle, than in large neuromatous growths, over which

the sensitive fibres may be spread fan-like, and be stretched to the utmost without marked derangement. Compression of a healthy nerve of sensation, by tumefaction of adjacent parts, interrupts conduction and induces anæsthesia. If the same nerve becomes inflamed or ulcerated, pressure causes severe pain, as we occasionally see in aneurisms."

If such is the case, we must eliminate pressure as a cause of the pain in the case related at the beginning of this article, and conclude that there must have been some irritation or inflammation of the nerve to excite such an extreme exaltation of sensation, and the increase of motor influence shown by the contraction of certain muscles of the hand and forearm.

Dr. Brown-Séquard groups the symptoms which are caused by lesion of a nerve in two classes. In one, the symptoms are the effects of the loss of function of the nerve; in the other, they are due to some action of the injured or irritated nerve. In one, the effects are cessation of action; in the other, increase of action. Hence, on the one hand, there is paralysis, and on the other, contraction of muscles, pains, prickings, altered sensations as of heat or cold, etc.

It is not in keeping with our present purpose to consider any effects but those which are caused by irritation or inflammation of nerves. These are of two kinds: direct and indirect or reflex. The direct are experienced along the nerve, or at its ramifications, in the course of its distribution. Often these are the only symptoms found. But the direct and reflex symptoms may exist at the same time; then, in addition to the contraction, pain, etc., referable to the particular nerve injured, those varied and wonderful nervous affections, such as epilepsy, tetanus, convulsive affections, neuralgia, etc., some of them truly grave and formidable, which are the effects of that powerful and inexplicable influence we call reflex, will be produced. The reflex symptoms are not always in proportion to the direct. Pain may be very intense as a direct effect, and yet no remote reflex symptoms be developed. This is common enough in our experience. The case related above of the soldier who was injured by gun-shot wound is one in point. In that case the pain was spoken of as agonizing, and yet no serious reflex actions were excited. On the other hand, grave reflex affections may arise, when the direct symptoms have almost escaped

attention. In fact, serious reflex disturbances may be excited by an irritation of a nerve, of which there had been no sensation. From what has been stated it can be seen that irritation of a nerve, existing as a cause, may, in some cases, have no reflex effect whatever, and in others, excite the most varied and serious disturbances.

In treating the effects of irritation, Dr. Séquard insists, that the previous existence of a lesion of nerve, as a starting-point, must not be forgotten. Search should be made for it by pressure along the course of the nerve, as the only means of discovering it. Of the means to be employed, the best theoretically are the best in fact. First in benefit, is the division of the affected nerve; or exsection, if there is likely to be reünion before the irritation ceases, or if the nerve is altered. Success will follow this measure even when two inches of nerve are removed; but a number will fail. Second in benefit, is subcutaneous injection of narcotics, on or near the irritated nerve: morphine and atropia, separately or combined, may be used; half a grain of the former and a sixtieth of the latter. Amputation is hardly to be advised except in affections of the extremities of fingers or toes, which afford a starting-point for serious reflex actions. Then, as has been seen, it may be resorted to with great benefit, or complete relief. Dr. Séquard has no faith in the antagonism of opium and belladonna, and is very careful to caution against reliance upon such action in cases of opium poisoning.

ART. III—*Phymosis with Impermiable Meatus Urinarius, operation. Intestinal Invagination, Strangulation, Sloughing and Discharge per rectum of fourteen inches of intestine, with fatal hemorrhage.* By C. C. F. Gay, M. D., *Buffalo, N. Y.*

The first patient was a lad 14 years of age. How long the phymosis and impermiable urethra had existed could not be ascertained. It had been known for a long time by the mother that much difficulty in micturating existed. The patient had anasarca. Operation: Slit up the prepuce partially and found the prepuce adherent firmly to the gland in its entire circumference. The patient was now anæsthetized and the prepuce separated from the gland by tearing with the finger-nail and by frequent use of the

knife; the operation consisted more of dissection than of tearing with the nail, and the cutting was found necessary over the entire surface of the glands penis, and was attended by considerable hemorrhage. Search was now made for the meatus, but in vain; made an incision at the point where we thought the meatus ought to be, and was enabled to introduce a small silver probe into the urethra; the urethra was afterwards dilated by the bougie. Small pleggets of lint, wetted with glycerine, were packed firmly between the prepuce and gland, one layer upon another, for the purpose of preventing adhesion, and were removed in two days, and the same tamponing process repeated for a fortnight; at the expiration of three weeks the boy had recovered with relief of the phymosis and being able to pass a full stream of water.

There are three points of interest in this case; first, the patient was only able to pass a stream of water not much larger than that of a cambric-needle, and but little at a time with frequent desire. Anasarca had been observed for a long time, and must have been caused by the boy's inability to properly and fully evacuate the contents of the bladder; secondly, was this abnormal condition of the penis congenital? We are not able to answer this question satisfactorily. From the lad's previous history we were unable to learn either from the father or mother, or the boy himself, that there had ever existed inflammation of the organ to cause adhesion of the prepuce to the gland or to occlude the meatus; if there ever had been, the inflammation must have had an existence a long time prior to the operation, because of the firm adhesions, which could only be torn at points, so firm were they, and requiring the knife to separate them. A third point of interest connected with this case is the fact of the co-existence of the imperbiable meatus and phymosis. This may be common and seem no novelty to other observers; possibly one of these conditions may predispose the patient to the other condition, and the one abnormity may have been depended upon the other.

The boy was operated upon April 20th, 1868, with relief of the phymosis and impermiable meatus, and with this relief his anasarca has disappeared.

Mr. S., aged 49 years, previous good health, suddenly fell ill, with pain in the right hypogastrium and rigors, which were attributed to a cold. After lying in bed for a day or two, got up in the

night at the call of the alarm fire-bell and stood out upon the side-walk, barefooted, for some time, and became much chilled; returning to his room and getting warm, the abdominal pain became intense, and never quite left him during an illness of three weeks. His symptoms were unusual, but peculiar to the disease under which he was suffering, and so prominent and well marked as to enable one to correctly diagnose intestinal invagination. It is, therefore, on account of their diagnostic value that the symptoms are detailed and the case reported.

The most prominent symptoms, aside from those which usually accompany enteritis were the following: complete retention of urine, constipation of bowels at first, afterwards diarrhœa, frequent syncope, inability to maintain the recumbent posture, the semi-recumbent posture insisted upon by the patient during the entire illness, profuse diaphorisis and continuous rigors, pulse never reaching beyond 100 per minute until the last day of illness, pain and tenderness so great that anodynes used hypodermically, and by the stomach and rectum, could but imperceptibly abate; two grains of morphine used sub-dermily in the course of an hour, with one grain given by the stomach and two thrown into the rectum, would scarcely abate the intensity of the suffering.

On the eighteenth day, on examining the rectum, there was seen protruding about one inch of what looked to be a thick fold of mucous membrane discolored. Two days thereafter, Dr. Storck, with whom I was associated in the treatment of the case, finding this foreign body protruding considerably further through the anus, seized hold of it, and with the slightest traction it was made to pass away, but the doctor remarked that before it all came away it seemed to him that the entire length of the intestines were passing from the patient—fourteen inches of intestine thus passed away, and was followed by fatal hemorrhage, the patient surviving the loss of this amount of intestine twenty-four hours. I made trial to preserve the morbid specimen in order to present it to the Association, but was unable to preserve it in alcohol. At two points it maintained its cylindrical shape, but the greater portion of it was broken down and preserved only a shapeless, gangrenous mass.

The following query is suggested by this case, viz: Could it be possible for a patient to recover after fourteen inches of his intes-

tine had sloughed away? This question has been satisfactorily answered by pathologists in the affirmative. Cases are on record and well authenticated, wherein a greater extent of intestine than this reported has passed per rectum, the patient making a good recovery. Union between the two extremities of intestine having taken place the continuity of the alimentary canal has been re-established and the patient's life thus preserved.

A report was made in July, 1855, upon this very subject before the Academy of Medicine of Paris, and after full discussion the report was adopted by the Academy. The cases reported and the discussion which followed may be found published in the *Bulletin de L'Académie Impériale de Medicine* for 1855, from which I take the liberty of quoting a single paragraph:

"La science possède de nombreux examples de faits analogues à celui que nous présentons en ce moment à l'académie. Il serait trop long d'en faire ici l'inumération complete. Qu'il nous suffice d'en citer un certain nombre dont le caractére anatomique a été reconnee de la maniére la plus incontestable par des anatomistes et des chirugiens dont les connaissances ne sauraient être un moment révoquées en donte."

Correspondence.

Rejoinder to a Reply to a Review of Dr. Eve's Contribution on the History of Hip-joint Operations.

Mr. Editor:—My attention has been recently called to a review of Prof. Eve's statistical paper on hip-joint operations, in the January number of the *Buffalo Medical and Surgical Journal*, and to a reply to that review by Dr. Eve in the February number of the same journal. As both the reviewer and the professor allude to a report of mine on the same subject, I respectfully ask to be heard also.

In his paper published in the *Transactions of the American Medical Association*, vol. xviii, p. 271, Dr. Eve states that he reports twenty cases of coxo-femoral amputation "performed during the late civil war in the Southern service," that he knows "positively

that these were not all the cases that were operated upon during the war in the Southern States," but thinks it probable that his statistics embrace a pretty accurate account "of all the successful cases, at least;" he does not think a question can arise as to the success of four in the twenty cases; and, after admitting that he reports all of the successes but not all of the reverses, he claims a "success of four in twenty cases, or one in five." He finds the mortality after coxo-femoral amputation for injury in the U. S. Armies to be "precisely double what statistics make it to have been in the Southern service." He gives a table of thirteen resections of the hip-joint for injury, and decides that "five may be considered successful," while he sets down the fatality of this operation in the United States service as "nearly four times greater than on the Southern side," and states that his investigations have "led the searcher unwittingly to a most favorable result on the side least expected."

The reviewer in the *Buffalo Journal* observes that Dr. Eve proceeds with his comparison "rather exultingly;" regrets that so distinguished a surgeon should have hazarded such premature conclusions—declares that the evidence adduced of the success of some of the cases is insufficient, and expresses the belief that a careful study of the operations for excision of the head of the femur will prove that "no such disparaging difference will be found to exist as the investigations of Prof. Eve would make appear."

It is believed that very few readers except Dr. Eve will deem these strictures harsh or intemperate. Dr. Eve, however, feels called on to reply to them. In the February number of the Journal, he asserts that the criticisms on his paper "emanate from the old sectional feeling;" that his investigations were made "at the special request and for the use of the Surgeon-General of the U. S. Army;" that "re-amputations must not be counted," and that "courtesy requires that when even a doubt is thrown on an author's statements, the editor should at least notify him of it, that he may have space in the same paper for defence."

Professing not only to cast doubt upon many of Prof. Eve's statements, but to refute them, I have sent to him a copy of this paper.

It is perfectly true that on July 11th, 1866, having been informed

by Dr. O. A. White, formerly surgeon P. A. C. S., that Professor Eve had two or three times performed amputation at the hip-joint for gun-shot injury, I wrote to Dr. Eve as follows: "I shall be greatly indebted to you for information in regard to the cases in which you operated, or for any cases in the Confederate army which came to your knowledge," and that subsequently Professor Eve communicated to me memoranda of twenty cases of amputation at the hip-joint, sixteen of which were new to me. Of most of these cases I procured additional details from the operators or from other sources; but I made the fullest acknowledgment of my indebtedness to Dr. Eve in the report published in *Circular No. 7*, S. G. O., July, 1867. In my correspondence with Dr. Eve, I wrote personally; but unquestionably he regarded the data contributed as designed for the official use of the Medical Bureau, and so expressed himself in his correspondence with Drs. Gilmore, Compton and others, from whom he solicited reports, and I accordingly returned thanks to him in the name of the Surgeon-General. How far, under these circumstances, the courtesies of authorship permitted Dr. Eve to publish these materials in the *Transactions of the Medical Society of Tennessee* and the *Transactions of the American Medical Association*, prior to the official publication of the bureau for which they were ostensibly collected, I shall not presume to judge.

I now invite attention to the following facts in regard to amputations at the hip-joint for gun-shot injury by medical officers of the U. S. Army:

James E. Kelly, a survivor of primary amputation, resides at Black Lick, Indiana county, Pennsylvania, and was in good health in April, 1868, when he went to New York and had an artificial limb adjusted by Dr. E. D. Hudson.

George W. Lemon, who had survived a secondary coxo-femoral amputation nearly four years, was examined by the writer at Dr. E. D. Hudson's office in New York City, on March 31st, 1868. He was able to walk very well with an artificial limb and cane.

Woodford Longmore, amputated secondarily at the hip-joint January 18th, 1866, has recently been reported by Dr. G. C. Blackman as in good health. He lives near Cincinnati, Ohio.

Eben E. Smith, re-amputated at the hip January 19th, 1865, was an inmate of the Soldiers' Asylum, near Augusta, Maine, and is in good health. In May, 1868, he visited New York to procure a prothetic apparatus.

Edwin D. Ulmer, who underwent a re-amputation at the coxo-femoral articulation, February 17th, 1866, is in vigorous health, is engaged in business in a publishing house in Philadelphia, and wears a limb made by Clement.

LEWIS FRANCIS, re-amputated at the hip, May 21st, 1864, is an old and rather dissipated man. He is now in poor health, having, probably, necrosis of the os pubis. He resides in Hamilton street, Brooklyn, N. Y.

There are living, at the present day, to be identified by whosoever chooses to take the trouble, the survivors of one primary, two secondary, and three re-amputations at the hip-joint for gun-shot injury, performed during or after the late war by U. S. surgeons. The entire number of cases of this operation performed by medical officers of the U. S. Armies and recorded in the Surgeon-General's office is 33. An unsuccessful primary operation has been reported to the Surgeon-General's office also by Surgeon Gorgas, U. S. Navy. The percentage of mortality in these thirty-four operations is therefore 82.35. If, as Prof. Eve maintains, the re-amputations should be deducted, we will not set aside, as he does, the successful re-amputations only, but the successful and fatal alike. This leaves 28 operations with three well attested cures, not 34 cases and only 3 successes, as Dr. Eve ingenuously states.

Examining now the twenty cases of coxo-femoral amputation as "performed during the late civil war in the Southern service," we find that Dr. East's case (*Southern Journal Medical Sciences*, vol. 11, p. 232) was that of a negro wounded in a quarrel with another negro in Western Texas, in the latter part of 1864, the operation being performed ten hours after the comminution of the head of the right femur by a rifle ball. Dr. East had "mislaid the notes" and reported the case from memory two years subsequently. Dr. Douglass, a son-in-law of the master of the negro had told Dr. East, at Vicksburg, in the winter of 1865, that the negro had recovered, and was still with his master in Lavacca county, Texas. The report by Dr. East does not inspire confidence by its precision. It is not surprising that the profession should exact incontrovertible evidence of a successful primary coxo-femoral amputation for gun-shot injury, an achievement which has been regarded for the last ten years as almost hopeless.

The next case about the success of which Prof. Eve thinks no question can arise is that of private Williamson, 13th Mississippi regiment, amputated at the hip, June 4, 1862, by Dr. J. T. Gilmore, of Mobile, Alabama. This patient went home with his wound cicatrized six weeks after the operation. The most dili-

gent inquiries have failed to trace his ulterior history. Dr. Eve chooses to regard this as an unequivocal success; but the modest and conscientious operator, remembers that the patients of M. Legouest and Dr. Weir died three and four months after operation, and advances no such claim.

The third alleged success is that of Dr. W. M. Compton, of Holly Springs, Miss., in the case of private Robinson, of a Louisiana regiment, amputated at the hip primarily at Fort Pemberton, March 13, 1863. He left the Yazoo City hospital to go to his home April 20, 1863. Dr. Eve states that he "was well a year afterwards;" but the latest report from him is given by Dr. J. M. Green, of Aberdeen, Miss., who *heard* that the patient was in good condition in August, 1863, less than *six months* after the operation. Every effort has been unavailingly made by the medical officers stationed in Louisiana to trace the ultimate history of the patient. He cannot be found.

The fourth case reported as successful was so undoubtedly, and was reported by the operator, Dr. A. M. Fauntleroy, in the first number of the *Richmond Medical Journal*, January, 1866. As it was a *re-amputation*, it is somewhat singular that Professor Eve retains it in his comparative estimate! For does he not discard the successful re-amputations of the Northern surgeons?

Setting aside Dr. East's case, which, whether successful or otherwise, was certainly not "performed in the Southern service," we have 19 cases, 1 success, and 2 doubtful and possibly successful cases. Eliminating Dr. Fauntleroy's operation of re-amputation, as Dr. Eve says, "every statistician knows is right and proper," we have 18 cases, and 2 possible successes, or 1 success in 9 operations. It has been shown above that in the United States armies there were 3 perfectly attested successes in 28 operations, or about 1 in 9, and so we arrive at the result that would be anticipated by every one whose scientific perceptions were not obscured by partisan prejudices, that the mortality after great operations in the Union and rebel armies, when the patients were placed under similar conditions, was about equal.

Following Dr. Eve's statistical method, however, we might evolve a very different result. Taking the twenty cases reported by him, and the unsuccessful cases which he mentions, but does not tabulate, by Drs. Nott, Hinkley, Cowan and Crymes, and two fatal operations by Dr. Benjamin D. Lay, which have been re-

ported to the Surgeon-General's office, in addition to the one recorded by Dr. Eve, we should have a total of 26 operations with 1 well attested recovery, (which was a re-amputation) 3 doubtful cases, and 22 deaths, or 1 success in 23 cases. But this would be imitating the numerical inaccuracies we condemn, and would be particularly unfair, inasmuch as it is now perfectly well ascertained that neither Dr. Nott nor Dr. Hinkley ever performed amputation at the hip-joint for gun-shot injury.

Of the 13 "resections of the hip-joint" for injury tabulated by Prof. Eve, the first two are authentic and were reported in the *Confederate States Medical and Surgical Journal*, vol. 1, p. 5, January, 1864. The first, a successful case, was included in the table in *Circular, No.* 6, S. G. O., 1865. (Case xiv, p. 66) with which Dr. Eve compares his statistics. It assuredly cannot be used on both sides in a comparative estimate. The third case, that of Humphrey, Co. H, 1st Virginia Infantry, was investigated by the Surgeon-General's Office long belong the publication of *Circular No.* 6. The patient was under the charge of Surgeon H. S. Hewit, the senior surgeon of the U. S. Volunteer staff, who declares that no operation was performed while the patient was in hospital at Frederick. The man was subsequently transferred to Baltimore, and was under the charge of Prof. Miltenberger, who, in a letter to the Surgeon-General's Office, dated March 20, 1868, states that no secondary operation was performed there. The case was nothing else than a consolidated gun-shot fracture of the trochanteric region. The tenth case is also pronounced successful, and is ascribed to Assistant Surgeon Maurice J. Asch, U.S.A., on the authority of Dr. D. D. Saunders, of Memphis, Tennessee, (*Memphis Medical and Surgical Monthly*, vol. 1, p. 81,) who states that he saw the patient eighteen months subsequent to the operation, which was performed after the battle of Gettysburg. But Dr. Asch informs the writer that he did not excise the head of the femur after Gettysburg, and, indeed, that he has never performed that operation. He did treat after Gettysburg, a confederate soldier, private Durbin, 9th Alabama regiment, with a gun-shot fracture in the upper part of the shaft of the femur by extracting some detached fragments of bone, and the man recovered and was exchanged, and was possibly the patient seen by Dr. Saunders. But even if Dr. Asch's patient and that of Dr. Hewit had recovered after excision of the head of the femur,

it is difficult to understand how credit should thereby accrue to Southern surgeons. The successful case ascribed to Dr. Avent is reported as follows: "An officer * * * gun-shot fracture of neck of femur; wound dilated at entrance and spiculæ removed with saw and forceps; lingered for months, but finally recovered with a limb four inches short." Of which it may be said, that nothing indicates that either the projectile or the surgeon implicated either the head of the femur or the hip-joint. Of Dr. Ladd's case it is recorded that it was "considered successful," though the patient survived only sixty days.

It appears then that of the thirteen alleged examples of resection at the hip-joint, two cases, (Miltenberger's and Asche's) claimed as successful, are proved not to have been examples of the operation; and that the proof in regard to a third alleged successful case (Avent's) is quite insufficient. The table is thus reduced to ten cases, with one successful result; for we take it for granted that no statistician but Dr. Eve will admit the case of Dr. Ladd, which terminated fatally in sixty days, as a success, however it might have been "considered" by the operator.

It is related by M. Guizot, that on the occasion of some quarrel at the French Institute, the Emperor Napoleon I, said one day to M. de Fontanes, with somewhat disdainful irony, "leave us at least the republic of letters." One might hope also that the field of science should not be invaded by partisan prejudice. The mortality and the merits of the operation of excision of the head of the femur for gun-shot injury, will be hereafter judged, in a large measure, by statistics derived from the experience of surgeons of both Northern and Southern armies during the war of the rebellion, though compiled in a different manner from those of Dr. Eve. But it will remain a matter of record that that distinguished Professor was the first to institute comparisons of the results obtained by surgeons of the two armies, comparisons which must be pronounced hasty and premature and inaccurate, even if not considered invidious, and that the tendency of such comparisons was to intrude into surgical literature contentions that should be foreign to that arena.

Very respectfully, your obedient servant,

GEORGE A. OTIS,
Ass't Surgeon and Brev't Lt. Col. U. S. Army.

Dysentery Treated by Nux Vomica.

BY WILLIAM M. CORNELL, M. D., LL. D

Dr. Miner:—I have not forgotten my promise to write out for your valuable Journal those cases of disease of the throat and lungs, treated by inhalation of atomized fluids, which I promised you, but circumstances have hitherto prevented. You have noticed in the medical journals lately, the *treatment of dysentery by nux vomica*, as though it were something new. But, in this respect, "the thing that is, is that which has been."

In 1848, I attended, and reported the following cases, which may be found in the fourth volume, p. 295, of the *Charleston (S. C.) Medical Journal*, published in 1849. It may be useful to re-publish them in your Journal. I may add, I have treated dysentery in the same way ever since, now twenty years.

Ten Cases of Epidemic Dysentery successfully treated by Nux Vomica.—In August, September, and the early part of October, 1848, the dysentery prevailed more in the vicinity of Boston, and proved more fatal than it had been for many years. In the village of S——, where I was spending my nights, at this season, it was very prevalent, and, in many cases, proved fatal. The usual remedies seemed to produce no good effect. The disease run a rapid course into a putrid stage, and death ensued. This was, more especially, the case with children, among whom it prevailed more than among adults. Almost all who were attacked between the ages of six months and four years, died.

The town of S——, though elevated several hundred feet above the level of the sea, lies, nevertheless, in a valley, and the reflection of the sun from the surrounding hills produced a high temperature during the day, and the evaporation from stagnant water in the valley lowered the temperature much at night. There was often a difference of twenty degrees between the day and the night. This, in my opinion, accounted for the prevalence of the disease. I think such locations are much more liable to dysentery than those where the thermometer shows but a little difference between the day and the night.

The following was the general course of the symptoms—there were, however, some sporadic variations: At the first, slight chills, soon followed by a low grade of fever; a hard, frequent

jerking, though not full pulse; frequent discharges of blood and mucus, with griping pains in the bowels, and constant pain in the loins; no pain in the head, skin rough and dry; urine high colored and scanty. The colon and rectum seemed to be the chief seat of the disease. There was little or no bile mingled with the stools. With the children, especially, the disease ran speedily into a putrid type. All the medicines usually employed in dysentery—castor oil and laudanum, opium and ipecac, acetate of lead, kino, sulphate of magnesia, sulphate of soda, tartrate of potassa and soda, comp. powder of jalap, and the whole range of diaphoretics, wild strawberry, blackberry, etc., all were tried. but apparently did no good. The physician of the village said, he did not wish to be called to a case, for they all died.

In this state of things, I was led to look around for some other medicine, and turning over all the books of my medical library—not a very small one—I hit upon the following passage in the first volume of John Samstrong's works, of London, page 419: "A friend of mine, Mr. George Vaut, of Ipswich, has tried a remedy in dysentery for sixteen years, in about two hundred cases, and the result has been successful, and so remarkably uniform, that I feel it my duty to mention the treatment here. (This was to his medical class.) This gentleman gives in dysentery, or inflammation of the mucous membrane about the colon, seven grains of nux vomica thrice, daily. It neither purges nor constipates, but removes the inflammation, and healthy evacuations follow. Mr. Vaut, who resides in London, bears similar testimony to the value of this remedy, and I strongly recommend it to your notice. I shall certainly try it in the next case I meet with. It seems to operate as a sort of specific. It was first mentioned by Hagstrem, and has been very much neglected since his day."

Upon reading the above, I immediately determined, under the circumstances above stated, to make trial of the nux. I did so, and gave it in the full dose of seven grains thrice, daily, to adults, and from one to four grains to children, in proportion to their ages. The result was most happy. Not a patient who was treated with this medicine died. It was prescribed in ten cases, within three or four weeks. and all recovered. No cathartic medicine was given, except teaspoonful doses of *bitartrate of potassa* in a few cases.

It would be presumption to say that this medicine is a perfect *specific* for dysentery in all cases. Indeed, I am far from having much confidence in *specifics* generally; but, I am constrained to say, that the above named medicine altogether exceeded my expectations, and I earnestly recommend a trial of it in dysentery.

I had one case of which I almost despaired before using the nux. But the patient recovered under its use. I hope the profession will give this medicine fair trial. I tried the *strychnine*, but it did not succeed so well as the nux.

Miscellaneous.

Method of Treating Fractures of the Olecranon Process, and Head of the Humerus.

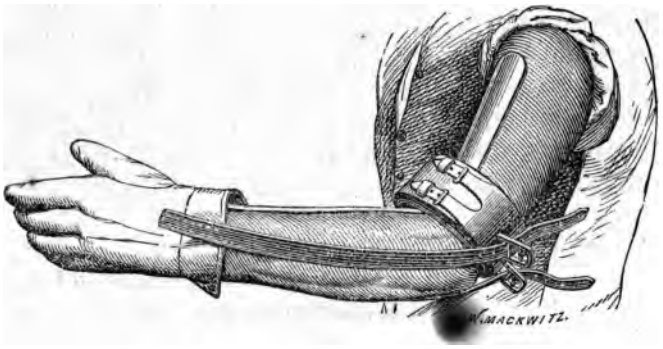
By E. A. Clark, M. D., Resident Physician, St. Louis City Hospital.

Fractures of the Olecranon.

I have found all the ordinary appliances in use for treating fractures of the olecranon so deficient in meeting the indications required, that I have been induced to devise the apparatus represented in the following woodcut, which is sufficiently simple to require but little description.

Fractures of the olecranon, as they usually occur towards the middle or base of the process, are generally attended with such a degree of displacement—especially in muscular subjects—that the ordinary method of applying narrow strips of cotton or cloth around the arm—both above and below the elbow—and approximating them by means of lateral strips, as recommended by Sir Astley Cooper and Amesbury, with the view of drawing down the upper fragment in apposition with the head of the ulna, and thus securing the condition most favorable for bony union, will necessarily require these bands to be so tight around the arm, at both points, as to arrest the circulation. This danger will be the more imminent in cases where is there much contusion and swelling of the soft parts, which, as might be expected, from the very nature of the violence or force required to produce this fracture, is almost always the case. The method of treatment recommended

by these gentlemen is also objectionable in that they direct that the arm be kept in a straight position.



The apparatus above represented consists of a band of ordinary sole-leather about two inches in width, and of sufficient length to surround the arm, lined with cloth or chamois, and well padded with cotton or hair. In order to give the band additional firmness, and also to secure it around the arm, a strip of common harness-leather is stitched upon the outside, to the end of which two small buckles are attached, while the other end, which extends about three inches beyond the band, is split or cut into two straps to correspond with, and fasten into the buckles The band is fastened around the arm above the fractured process, and may be drawn to any degree of tightness necessary to bring the broken fragment down when traction is made upon it.

The same band may be used on either arm, and may be adapted to an arm of any size. On the outer side of this band, and one inch apart—one on each side of the olecranon—are two buckles or staples, which should be two inches in length, and three-fourths of an inch in width, and clinched on the inside of the leather band, from which they project at a right angle. These buckles or staples also have three bars across them, with two tongues made to turn either way.

In applying this apparatus the arm should be flexed at an angle of forty-five degrees, and a common pasteboard splint bent at that angle placed upon its anterior surface. The leather band is then buckled over this splint, just above the fragment of the olecranon, and the entire fore-arm is covered with a bandage to hold the anterior splint firm to the arm and thus prevent any movement of

the elbow-joint, which, if allowed, would be constantly modifying the force exerted upon the fracture. A common buckskin glove is then placed upon the hand, to the anterior and posterior surfaces of which are attached two leather straps, which are to be buckled into the staples on the band. By buckling these straps over the bars at a greater or less distance from the band, and tightening them as required, we obtain the necessary amount of leverage to turn the lower edge of the band in upon the arm, and push the fractured process down before it.

By making traction upon these straps any degree of force may be exerted upon the band, necessary to draw the broken fragment down and hold it in [illegible]ct apposition with the head of the ulna.

It may be objected to this method of treatment, that the arm is held in a flexed position, thus increasing the space between the two fragments. But the advantage of this position is apparent for two reasons.

First, by flexing the arm to this extent the point of the olecranon is made more prominent, and, consequently, the band more surely adjusted, so as not to slip over it; while, again, the force exerted upon the band by the straps, directed at an angle of forty-five degrees from the axis of the humerus, renders the pressure still more secure above the point of the olecranon and prevents the possibility of its slipping back beneath the band.

The second reason for fixing the arm in this position is to relax the brachialis anticus muscle, the action of which, in cases where the fracture occurs low down, near the base of the olecranon, and especially in a muscular subject, when the arm is held in a perfectly straight position, evidently draws the head of the ulna forward, so that a portion of its fractured surface is in direct apposition with the articular surface of the lower end of the humerus; while if the detached fragment of the olecranon be forced down to its proper position it would not be in complete apposition with the upper end of the ulna, but would leave a triangular space in the articulation to be filled up by callous and thus produce more or less complete anchylosis of the joint.

This apparatus, when applied as described, is in no way painful to the patient, the band being padded in the inside and the pressure exerted by it on the anterior surface of the arm bearing upon the pasteboard splint; the only other pressure exercised is directly

upon the olecranon, and that upon such a broad surface that sloughing need not occur in any case.

I have treated but one case with this apparatus, and with the following result:

A laboring man, aged 32 years, was admitted to hospital five days after receiving a fracture of the olecranon near its base. At the time of his admission he had an abscess as large as a hen's egg immediately over the point of the olecranon, resulting from a contusion received when the bone was fractured. The abscess was opened before the dressing was applied, and, notwithstanding all the pressure required to hold the bones in apposition was made upon the point over the abscess, it healed quite readily, and in seven weeks the apparatus was removed, [illegible]ng firm, bony union in the fracture, without the least deformity or displacement; and now—three weeks since—the patient has recovered almost perfect use of his arm.

No passive motion of the joint was allowed at any period of the treatment.

Fractures of the Head of the Humerus.

Every surgeon who has had much experience in treating fractures about the head of the humerus can testify to the great difficulty of maintaining the fragments in apposition, even with the most ingenious appliances, amongst which those of Desault, Sir A. Cooper, Fergusson, Erichsen, Welch, Richerard and Dupuytren are most generally used. The very fact that the means of treating these fractures have been changed and modified by so many distinguished surgeons, is sufficient evidence of the difficulties to be encountered in adapting any apparatus to correct the deformity most usually found to exist in these injuries.

In speaking of fractures of the head of the humerus, I refer only to that portion of the bone above the attachment of the latissimus dorsi and pectoralis major muscles. This would embrace—external to the capsular ligament—the tubercles and surgical neck, in the latter of which fractures most frequently occur from direct violence; yet fractures not unfrequently occur through the tubercles from the same cause, and in both cases, there is always more or less displacement, where the fracture is complete and not impacted. Fractures of the anatomical neck are not so often attended with displacement, or shortening, but even here it is not uncommon from the great violence required to produce the

fracture, to find the capsular ligament ruptured and one or both fragments displaced. In all cases of fracture occurring outside of the capsule, where there is no impaction, there must be more or less displacement of the upper fragment from the contraction of the muscles attached about the tubercles. It is on this account that none of the appliances in ordinary use, such as pads in the axilla, and cap splints over the point of the shoulder, can be made effectual in maintaining the bones in apposition; because it is impossible to place any kind of compress in the axilla, that can be brought to bear upon the upper fragment, without producing an amount of pressure on the axillary vessels intolerable to the patient, while it would be a rare and peculiar fracture that could be kept in apposition where the upper fragment and muscles attached to it, were allowed to go unrestrained, even though the shaft of the humerus might be maintained in its proper axis by the use of a pad in the axilla.

Where there is shortening of the limb, as is almost invariably the case in fractures at the surgical neck, none of these appliances could have the least influence in correcting such deformity, further than that the pressure from the bandages might control the contraction of the muscles.

In fracture of the anatomical neck with laceration of the capsular ligament attended with displacement, the pad in the axilla would be likely to increase the deformity, and it certainly could in no wise correct it.

The accompanying woodcut represents a method I have employed which is not open to the above objections. The appliance consists merely of two strips of adhesive plaster about three inches in width, applied to the internal and external surface of the arm as high as the upper part of the middle third of the humerus. These strips are bound to the arm by a roller bandage, and at their lower end, beneath the point of the elbow, are attached to a cord, to which a sand-bag is attached weighing, ordinarily, from three to four pounds.

The sand-bag, as represented in the diagram, is attached close to the point of the elbow when the patient wishes to walk about, by knotting the cord by which it is suspended, and when he lies in bed, the knot in the cord, as seen in the cut, is loosed, and the cord carried beneath the bed clothing over a small pulley placed at the foot of the bed, and in this way an equal extension is constantly kept up, whether the patient be confined to his bed or is able and prefers to walk about.

When using this apparatus for treating these fractures, I apply no other dressing, and entirely ignore the compress in the axilla, as useless, if not positively injurious. The constant traction upon the muscles soon exhausts their tonicity, so that they allow the bones to fall into their natural position, while the extension being constantly in the line of the axis of the humerus, it is quite impossible that any displacement should continue, either laterally or of an angular character, or that any shortening should result.

I have, as yet, treated but one case of fracture of the surgical neck of the humerus by this method.

The patient was a stout muscular man, aged 33 years, who had fallen some twelve feet, striking the point of the shoulder upon the ground, causing considerable contusion of the soft parts besides the fracture, which was considerably displaced, by the lower fragment projecting outward; there was also shortening to the extent of three-fourths of an inch. The patient complained of constant and severe pain at the point of fracture until the third day, when the above apparatus was applied, with the effect of relieving the pain almost instantly. At the end of seven weeks the dressing was removed and the union in the fracture found to be firm, without any displacement or shortening, and in ten days after, the patient was discharged from the hospital with perfect use of his arms.—*Humbolt Medical Archives.*

Black Snow.—Dr. Andrews, in the *Detroit Review of Medicine and Pharmacy*, describes a phenomenon which occurred on the twenty-fourth of February, in the neighborhood of Romeo, Mich. At the conclusion of a snow storm there fell half an inch of dirty looking snow, which was proved to owe its color to particles of silicious matter, mingled with fibres and mutilated cells, apparently the *debris* of vegetation. He estimated the amount of the extraneous matter to be a grain to the square foot, which would make nearly two tons to the square mile.

Treatment of Ascarides.

Three correspondents write to the *Lancet* as follows, in reply to an inquiry as to the best treatment for ascarides. (Quoted by the *Medical Gazette*, New York.)

1.—First, empty the intestine as thoroughly as possible by injecting with warm soap-and-water, then (supposing the patient to be a child of five or six years of age) throw into the bowel two drachms of tincture of iron dissolved in two or three ounces of very strong infusion of quassia, and repeat it at intervals of two days if necessary. The state of the general health must be improved, and the vitiated mucus secretion of the intestine, in which the worms burrow, be dislodged by a few grains of calomel at bedtime, followed by a dose of salts in the morning. Afterwards tonics, as the syrup of the phosphate of quinia, strychnia, and iron will most likely be required.

2.—Tincture of perchloride of iron (B. P., 1867,) five drachms; infusion of quassia, fifteen and a half ounces; mix: two tablespoonfuls to be taken three times a day. Two drachms of tincture of perchloride of iron, to be used as an injection in half a pint of thin starch every third night.

3.—The most prompt and effectual is the best olive oil, one tablespoonful at bedtime, with jalap powder and scammony in the morning; doses according to age. I have treated many cases in this way, and have never known it to fail. The dose given twice a week will be quite sufficient.

An Aged Primipara.—In response to the inquiry made through the *London Lancet* with respect to child-bearing in advanced life, Dr. Cachot, of St. Mary's Hospital, informs us that he delivered, in that institution, a female of her first child, at the age of 53 years, and again in sixteen months. The labor in both confinements was tedious, from inertia of the uterus, and required the forceps. The mammary glands enlarged but produced no milk. The children lived in both cases.

Editorial Department.

Prof. Austin Flint, invited to a Public Dinner by the Profession of Buffalo.

The following correspondence will be perused with much pleasure by many of our readers. It sufficiently explains itself and shows how warmly attached are the members of the medical profession to their old associate, Prof. Flint, who during his twenty years' residence in Buffalo gained the respect and confidence of the public, and in remarkable degree the respect and confidence of the profession, not only here, but throughout the entire country. His present world-wide reputation as a teacher and author, commenced while a resident of Buffalo. This is source of pride to his numerous professional friends in this city, who are ready on every occasion to do him honor.

BUFFALO, August 24th, 1868.

To Prof. Austin Flint, M. D.:

Dear Sir:—Having learned that you are in Buffalo, the guest of Prof. White, we, the undersigned, your friends and professional associates, in token of regard for your high attainment and private worth, and for the purpose of renewing our old and pleasantly remembered personal acquaintance, beg you to accept an invitation to a public entertainment which we desire to give on the occasion of your re-visiting the place of your former residence and the scene of so many of your early professional achievements.

Hoping that the gratification of our wishes may be consistent with your other engagements, we wait your designation of the *time* when you will afford us this pleasure.

Yours, very respectfully, etc., etc.

Sandford Eastman,
J. R. Lothrop,
George P. Eddy,
T. T. Lockwood,
E. Tobie,
Thos. F. Rochester,
John J. Trowbridge,
J. I. Richards,
J. C. Greene,
John Cronyn,
P. H. Strong,
C. B. Hutchins,
David E. Chace,
Edward Little,
J. B. Samo,
M. H. Shaw,
C. F. A. Nichell,
George Ayer,
J. F. Miner,
C. C. Wyckoff,
W. Gould,
S. W. Wetmore,
Charles Winne,
Thos. M. Johnson,
S. F. Mixer,
William Ring,
James S. Smith,
G. E. Mackay,
Conrad Diehl,
G. Whitaker,
J. E. King,
John Hauenstein,
H. Nichell,
C. C. F. Gay,
James P. White.
Edward Storck.

BUFFALO, August 25th, 1868.

My dear friends and former professional associates:

Your most kind communication has been received, and I cannot undertake to give utterance to the feelings which it occasions. Revisiting the city where

more than twenty years of my professional life were passed, I derive a pleasure greater than I can express in the renewal of personal intercourse with members of the profession with whom I was so long and so pleasantly associated. In declining to meet you at a public entertainment—which I am compelled to do in consequence of engagements already made for the few days of my visit—I beg to assure you that I appreciate most fully the honor conferred upon me by your invitation, and that I shall ever hold in grateful remembrance the kindness which has prompted it. I trust I shall be able to return personally to each of you my thanks before I leave the city; and, with my warmest wishes in behalf of the medical profession of Buffalo, and for the welfare of all of its members to whom I am greatly indebted for kindness in times past, as well as now, I remain,

Very sincerely yours,

AUSTIN FLINT.

Results in Hip-joint Amputations.

The attention of our readers will be attracted to the correspondence from Dr. George A. Otis, Assistant Surgeon, and Brevet Lieut. Col. U. S. A., in reply to the communication we received and published in the February number of our Journal, from Dr. Paul F. Eve. The review of Dr. Eve's report in our January number contained some inaccuracies, but in the main appears perfectly fair and just. The idea of claiming for the Army Surgery of the South, any better results than for that of the North, is simply absurd. If Dr. Eve designed to give any such impression, or entertained any opinions of that sort, we hope he will be glad of the correction; but we presume he did not intend to give such an idea to his readers. This communication from Dr. Otis was designed for our last number, but was miscarried and reached us too late.

Professor Charles A. Lee, M. D., in Nashville, Tennessee.

At a meeting of the University Convocation of the State of New York, held on the 4th, 5th and 6th days of August, 1868, Professor Charles A. Lee, M. D., of the University of Buffalo, Medical Department, was appointed (with others) to represent the Convocation at the American Teachers' Association, to be held at Nashville, Tennessee, on the 19th, 20th and 21st days of August, 1868.

We notice in the report of the Convention, published in the *Nashville Republican Banner*, that Professor Lee is doing good service in the Convention, and that he "delivered an address on school hygiene, in which he severely criticised the pernicious practice of students in schools and colleges spending their spare time in idle lassitude, and indulging in the deleterious habits of chewing and smoking tobacco, and in other no less wicked amusements."

The address was listened to, not only by the Convention of Teachers, but by many of the principal citizens of the city; it was received with much favor and elicited a lengthy and interesting discussion. We suggest that Prof. Lee deliver the same address nearer home; it might answer schools and citizens of New York as well.

Books Reviewed.

Circular No. 1, War Department, Surgeon-General's Office, Washington, June 10, 1868. Report on Epidemic Cholera and Yellow Fever in the United States Army during 1867. By Brevet Lieut. Col. J. J. Woodard, Ass't Surgeon U. S. Army.

This is a statistical report embracing a wide field and containing numerous well attested facts. The value of the contributions of the Surgeon-General's Office to medical literature is inestimable, and can only now be imagined, since it must require years to digest and fully appropriate the vast amount of fact here opened up for the future study of the profession.

A Medical Report upon the Uniform and Clothing of the Soldiers of the U. S. Army.

This report is made by Alfred A. Woodhall, Assistant Surgeon and Brevet Lieut. Col. U. S. Army, upon the following order issued to medical directors in August, 1867:

"Sir:—You are respectfully requested to call upon medical officers of experience serving under your command, for their opinions regarding the hygienic fitness of the present uniform and allowance of clothing for enlisted men, and to invite suggestions for their modification."

The report is based upon the reports of more than one hundred and twenty professional men, representing nearly as many stations, and is full of valuable suggestion. The author remarks in conclusion:

"The perusal of the various *Statements* appended to this Report will show the interest and intelligence with which the medical officers have discussed the subject. There will be found described errors and horrors belonging to the existing uniform that could be barely touched upon in the foregoing pages, and fertile suggestions for their relief that were equally lightly passed over. Underlying the whole is the conviction that while our army is surpassed by none in parts of its equipment and in the wonderful achievements it has accomplished, there will be open to it the avenue of still greater efficiency and success when its daily government shall be guided by the teachings of rational preventive medicine and hygiene."

"Position" in the treatment of Chloroform Poisoning.—By E. L. Holmes, M. D.

Dr. Holmes says:—"Whatever may be the obscure causes of fatal results from the use of chloroform, I believe the danger, in by far the larger proportion of

cases, depends upon a tendency to death by syncope. To overcome this tendency, it is necessary to stimulate the nervous centres. This may be done by causing a column of blood to press upon the vessels of the brain. It is not sufficient to remove the pillow from the head and place it under the hips. It is necessary that the whole body be placed upon a steep, inclined plane, to force as much blood as possible, by gravitation, into the brain. I believe this is of more importance than any of the methods usually described by writers on the subject. It should take precedence to the withdrawal of the tongue, artificial respiration, galvanism, or stimulants. This remedy can always be applied without delay, and can be followed by any others which may seem desirable."

Books and Pamphlets Received.

The Anatomy and Histology of the Human Eye. By A. Metz. M. D., Professor of Ophthalmology in Charity Hospital Medical College, Cleveland, Ohio. Philadelphia: Office of the Medical and Surgical Reporter.

Dental Materia Medica. Compiled by James W. White. Philadelphia: Published by Samuel S. White, 1868.

Progressive Locomotor Ataxia; being extracts from two papers on "Progressive Locomotor Ataxia, with special reference to its differential diagnosis," read before the Wood County Medical Association, Parkersburg, W. Va., in May and June, 1867. By Walter Coles, M. D.

On Bartholow and Pro's "Liberal Use" of Prize Essays; or prize-essaying made easy, and taught in a single lesson. By Geo. C. Blackman, M. D.

Transactions of the Indiana State Medical Society at its Eighteenth Annual Session, held at Indianapolis, May 19 and 20, 1868.

Announcements from the following Medical Colleges:

The University of Michigan.

Medical Department of Columbia College. Sixty-first Annual Catalogue and Announcement. New York, 1868.

Annual Announcement and Catalogue of the Missouri Medical College, Session of 1868-9.

Twenty-sixth Annual Announcement of Rush Medical College, Chicago, Ill. Session of 1868-9.

Tenth Annual Announcement of the Chicago Medical College, Chicago, Ill. Session of 1868-9.

Announcement of the Fourth Annual Course of Instruction in the St. Louis College of Pharmacy. Session of 1868-9.

Ohio State Medical Society. Annual Address of the retiring President, Edward B. Stevens, M. D, Prof. of Materia Medica in Miami Medical College of Cincinnati.

We have received Part iii of the *Atlas of Venereal Diseases*, by Freeman J. Burnstead, M. D., which is to be completed in five parts. This part fully justifies the opinion so often expressed that when complete it will be the most perfect and valuable work on venereal yet published. The illustrations are the chief attraction, and are sufficient to insure its universal adoption.

BUFFALO

Medical and Surgical Journal.

VOL. VIII. SEPTEMBER, 1868. No. 2.

Original Communications.

ART. I.—*The Causes of Congenital Club-foot, with remarks upon the time for Operation.* By J. F. Miner, M. D.

In my recent investigations upon the special surgery of deformities, I have collected some specimens and obtained some facts, which I hope may interest members of the profession at all curious in such matters; and am induced to write a hasty description of some of them on account of a practical value which I think they possess. In speaking of congenital club-foot, almost all authors embody the sentiment, that its etiology has never yet been satisfactorily explained. The various theories concerning its causes are enumerated and the fallacy of all pointed out. Prof. Gross seems wholly unsettled in his opinions, and shows his indecision in the following paragraph: "The hypothesis of arrested development so warmly advocated by some modern pathologists, is altogether untenable, being essentially contrary to the facts of the case in every particular. The imperfect growth, if any such really exist, is not congenital, as this doctrine teaches, but acquired, being the result of causes which are brought to bear upon the child during its intra-uterine life, leading to shortening and contraction of certain muscles, and not to a want of development properly so-called. It must be acknowledged, however, that instances occasionally occur, although rarely, which strongly favor the doctrine under consideration. Thus I have, in my own practice, seen two infants born at the full term, but who died immedi-

ately after birth, who had each well marked harelip, cleft-palate, and club-foot, the result evidently, so far at least, as we can judge of such an occurrence, of an arrest of development." This statement is not very clear, and is a mixture of language or mixture of ideas, or both. Arrest of development, he says, is untenable, being contrary to facts in every particular. He then relates his own observation in two cases, and says, the club-foot, harelip, and cleft-palate, were evidently, so far, at least, as we can judge of such an occurrence, the result of an arrest of development. It will be observed that cleft-palate and harelip are classed with, and apparently supposed to be from the same cause as club-foot; this supposition is probably groundless. At least there is a good way of accounting for non-union of the two sides, which in no way can be applied to club-foot; at the same time, it must be acknowledged that club-foot is often associated in the same subject with other malformations and sometimes with deficiencies. If toes are left off from an otherwise good foot, it is certainly an arrest of development, but there is no arrest in club-foot, it is only misshapen. Every part of a natural foot is found in congenital club-foot, nothing is wanting, it is fully developed. Prof. Gross' two cases show nothing for the theory of arrested development, so far as club-foot is concerned.

Following the same author, as his views are fair representatives of all, or nearly all, excepting those who have proposed the various theories and advocated them to the exclusion of all others, we find the following discussion: "Another hypothesis of the formation of club-foot that has met with considerable notoriety, is, that the distortion is caused by the pressure of the uterus upon the feet of the infant during gestation, in consequence of a deficiency of the amniotic fluid. But the question may be asked, if such an effect may be exerted by this organ upon the feet, why should it not be exerted also upon the hands, head, nose, chin, legs and knees? Such a coincidence, suppose the doctrine to be true, ought to be of constant occurrence, yet it is so rare that it is probably not noticed once in a hundred cases of the affection. Besides, it remains to be proved that women who bear club-footed children have always a deficiency of amniotic fluid." He then goes on to say, "The most plausible view, perhaps, that can be framed, in the present state of the science, of the formation of

club-foot, is, that it is produced by a defect of nervous influence, leading to a permanent contraction of certain muscles and a corresponding retraction and incurvation of the bones into which these muscles are inserted." It is very difficult to see any defect or deficiency of nervous supply in congenital club-foot; the muscles, tendons and ligaments are well adapted to the deformed foot, and left as it is found, it may be perfect as any foot, but in bad shape. It is true that in some cases of club-foot the whole muscular apparatus of the leg suffers—is atrophied and weakened, and this can be explained quite satisfactorily. There is no intention to disprove anything which has been proposed; the object is rather to show what is the frequent cause, and allow the existing theories to remain as far as possible undisturbed

The first case which attracted my attention was the product of an abortion at about the fourth month. The fœtus and placenta were expelled in a mass, having apparently been separated from the uterus for some days. Upon rupturing the membranes the legs were found flexed closely upon the anterior surface of the body, the feet extending as high up as the top of the head. One foot was pressed closely upon the forehead, making a deformity of the face and head as well as the foot. The foot has no form of a natural one, but is flattened completely, and fitted to the position where it grew. The other leg is likewise fitted to the side of the trunk and bent around the shoulder, fitting closely. The feet cannot be extended without rupturing the flexor muscles and tendons of the thigh.

The causes of premature expulsion are uncertain, but my conjecture is that so solid and unyielding a mass, unsurrounded by the usual amount of amniotic fluid, could not be tolerated by the uterus, and that the cause of expulsion was the accidental (if I may so speak) absence of this liquor. But I will not venture very far into the regions of conjecture, but confine myself to simple facts. Whoever examines this specimen will certainly be convinced that the deformities in this case are due to the circumstances of growth, and that there is no doubt about it, the evidence is too positive to admit of any doubt; nothing but this could possibly have plastered or spread the legs and feet out over the body in such manner as here observed. One hand is also reflected back

upon the forearm and as obviously deformed as the feet. So far as any one case can settle the point it is done in this instance,—legs, feet and one hand are malformed, and there is a deep depression upon the face and forehead, where the foot rested. That hands are not as often malformed by pressure of the uterus as the feet, is easily understood; they are differently situated, less exposed to pressure when there is absence of amniotic fluid. Probably this is the only reason that we so rarely observe mal-positions of the hand—they are not at either extremity, but in the centre and protected. If deformity was due to a "defect of nervous influence," the hand and arm would as often suffer as the foot or leg.

A second instance, illustrating the same point, was that of a little boy whose case I have formerly reported as showing the benefits of tenotomy in correcting the most fearful deformities. His legs and feet had grown flexed upon the anterior portion of the trunk, so that he was a wad of a boy, with no power of extending his lower extremities until nearly all the flexor tendons of both the thighs, legs and feet had been divided. He was a living counterpart of the fœtus I have described. There was no nervous deficiency or arrested development; when the tendons had been divided and the lower extremities extended the nervous and muscular power was normal, and the former little mass of deformity now walks upright and is quite a specimen of humanity.

Prof. Rochester, not many months since, directed a little child to me for correction of deformity, or more properly, that I might see how fearfully deformed a child might be born. The thigh, knee and ankle-joints were all deformed, but that which I wish to mention in this connection as showing the *cause* of the deformity is this, a deep sulcus was observed at about the middle portion of the back part of each thigh, the muscles were divided as if nature had been attempting an amputation, in a somewhat awkward way. The midwife in attendance at the birth, said that the umbilical cord had passed around the body and inclosed the legs, fastening them closely to the body. This might have been known and would have been seen at a glance, if the thighs had been placed as they evidently grew in the uterus. The suggestion once made, it was obviously true and explained much of the existing deformity.

Dr. M. H. Shaw presented me an acephalus child born at full

term, the placenta and child being expelled with membranes unruptured. I preserved the specimen as it was, placenta, membranes and child, as there appeared to be no amniotic liquor. Recently I have separated the child from the membraneous sac and find that it closely inclosed the child, the left leg was most exposed to pressure as the right one was drawn up a little more upon the abdomen. I found club-foot on the left side and could place the child and sac so as to show unmistakable cause of the deformity.

I have several other specimens equally instructive on this point, any one of which could not fail to convince the most skeptical that at least in these cases, intra-uterine pressure caused the deformity. It appears very remarkable that a cause so adequate, so evident in some cases, and so manifestly liable to be in operation, should have received so little recognition, and it is still more remarkable that from so natural and philosophical an explanation physicians should wander off into occult and inconceivable influences of which they know nothing.

True club-foot is congenital—it does not occur after birth. If from arrest of nervous supply, as is common from cerebro-spinal, and other diseases, the muscles of the leg are rendered unsteady or left beyond the control of the will, and the ankle turns loosely, it constitutes a tolerable good imitation of club-foot. Some forms of talipes are better imitated in this way than others, talipes equinus, for instance, but rarely, if ever, do we observe the deformities of the bone which character true talipes acquired in this way. If the tendons are divided which draw the foot from natural postion in such cases, it regains itself quite perfectly so far as dependent upon the form of the bones. In intra-uterine growth the slightest compression is doubtless adequate to determine the shape, and mainly on this account nature has provided an element in which the fœtus is designed to be wholly protected, where the shape of every organ may be determined by natural law, floating unconstrained in the free exercise of many of the muscles of motion. To prove the deficiency of amniotic fluid in most cases of club-foot must be difficult from the very nature of things, unless we accept the deformities caused by pressure, such as I have described as proof; to my mind they are positive proof.

It is not all important that we settle the cause of this deformity,

but it is well to entertain correct views in this respect, for upon our convictions as to its cause will depend the time and manner in which we shall advise measures for correction. On this account mainly I have indulged in quite a lengthy discussion, which otherwise would possess very little practical value. The outline of the deformed foot has been determined by pressure during a part or the whole of intra-uterine life and when the child is born, the form of the bones, the length of the tendons and ligaments, and all the parts harmonize with each other—it is a perfect deformed foot. The bones are yet soft and pliable to some extent, at least, the ligaments are also yielding, and the muscles have never learned the art of contraction by reflex action. Sensation, also, is new and untried, and from this or other causes, it seems much less acute than a few days later. We can *now* mould the foot, not as we could have done at the fourth or fifth month of uterine life, but can do it astonishingly well. If we advise delay, as is almost universally done, for six, twelve or more months, the golden opportunity is lost, and the bones become consolidated in their unnatural shape, and can never again be as perfectly restored as at the very time of birth.

It has recently been proposed to correct these deformities without the division of tendons; this is the only time when it can be done successfully. If months are allowed to pass, the tendons must be divided and the difficulty of remoulding the foot is greatly increased. The necessity of dividing the tendons is a subject which it is not proposed at present to introduce, and there are so many other topics closely connected with the operation for cure, such as the amount of success attainable and the best means of retaining the parts in position, that remarks seem incomplete if confined to the causes of club-foot and the time of operation.

ART. II.—*The Dangers of Opium in Mania a Potu.* By J. O. Whitney, M. D., *Pawtucket, R. I.*

The following case of death, produced by one teaspoonful of laudanum, shows the care and judgment required when using this potent, but most useful drug:

J. C., a rugged man, about fifty years of age, had been stimulating freely during the last half of June, 1868, and, as usual with

him, such course entirely destroyed his appetite for food. Wakefulness ensued, for which laudanum was procured and used in teaspoonful doses by the family, without medical advice. This condition of things getting no better, but probably worse, as on the evening of July 3d, "the room was full of people" to him. The above quantity was given in whisky, between six and seven o'clock, when he retired to bed. In three hours thereafter his breathing attracted attention, and he was lifted into a chair; not awaking by midnight, I was called to see him. He had the aspect of a dying person; pulse nearly or quite gone at the wrist, ashy pale lips, a profuse cold perspiration throughout, lividity of fingernails; the breathing did not indicate immediate death from narcotism, still it was by no means normal; pupils contracted. The family was at once informed that he would die, when rough measures were proposed; flagellation, walking him about, and the like modes of arousing the patient. It seemed to me these would at once put out the feeble spark of life existing. In view of all the points in the case, I recommended that nothing should be done, for the chance to save his life by any means known, had long passed. He expired a little after one o'clock on the morning of the 4th, an hour or thereabouts after I first saw him. Death was caused by the drug paralyzing the heart; the exhausted state of the vital powers consequent on his protracted stimulation and fasting, being the reason so small a quantity ended in disaster. Every fact connected with the administration of the laudanum was carefully inquired into, and nothing could be elicited but that one teaspoonful only had been given that day; the vial containing it was inspected, and presented no evidence of its having been above ordinary strength.

Relating this case to a practitioner of much experience, he gave full credence to the statement of the family, saying that he had long since abandoned the use of opium in delirium tremens as a dangerous remedy, having had three patients that died where he had used it; and he said "the drug paralyzes the heart in such cases." My patient certainly did not die from asphyxia, as I have usually seen when opium had been taken in a fatal dose.

Two years since a man of great powers of life took half a drachm of morphine for the purpose of destroying his life. He was seen by me in about five hours; the heart was beating with

strength, but the respirations were reduced to three, five, and up to eight or ten per minute, and very irregular, seeming at times that the last breath had been taken. At these times the heart would almost cease to act, but its action never became feeble, however slow and faltering, the beat always denoted strength, and the face was livid, (instead of ashy paleness.) In this case the drug paralyzed respiration, and the indication was clear, to wit: to maintain respiration until the poison of the morphine passed off. This we apparently effected by electricity, for when the breathing became the worst the fluid passed from the nucha to the epigastrium would arouse action, and after thus maintaining it for four or five hours, consciousness returned. I think the man fairly owes his life to electricity, notwithstanding his powerful heart, for few men could withstand thirty grains of morphine unaided. Of late large doses of digitalis have been given in delirium tremens; this drug is now said to be a heart tonic; may it not be that the debility of the heart, which is inseparably incident to constant stimulation, requires these large quantities of digitalis?

I have seen a stout child, eight months old, destroyed with three or four teaspoonfuls of "Mrs. Winslow's Soothing Syrup," given at the ordinary intervals, at the commencement of cholera infantum. In this disease I use anodyne, with extreme caution, if at all; it is destructive to a child in collapse in such ailment. That one drachm of ordinary laudanum should kill a rugged man seems incredible, and had the death taken place by paralyzing the respiratory apparatus, I should have placed no confidence in the statement. The mode of death, coupled with the assertion of the physician above referred to, are noteworthy points.

Correspondence.

To the Buffalo Medical and Surgical Journal:

MR. EDITOR:—You quote from a recent number of the "*Nashville Republican Banner*," a notice of my Address before the "American Teachers' Association," at its late annual meeting, wherein it is stated that I "severely criticised the pernicious practice of stu-

dents in schools and colleges, spending their time in idle lassitude, and indulging in the deleterious habits of chewing and smoking tobacco, and in other *no less wicked amusements.*"

Now, though the matter is not of much consequence, I would not like to be misrepresented in your columns, as I certainly am in this extract. My remarks were wholly devoted to the subject of *School-Hygiene*, and the great neglect of teachers in regard to sanitary arrangements of schools, etc. I tried to show that there were few schools, from the humblest primary school to the college and university, where a thoroughly enlightened regard for the physical welfare of the student was manifested. That either the school-site was unsuitable, or the school-rooms badly ventilated, lighted and warmed; or the construction of the desks and seats faulty; or the hours of study excessive; or, if a boarding-school, the diet was insufficient and improper; or, the character and amount of exercise not well regulated; or, the attention to personal cleanliness neglected; or the building improperly planned and unsuitable; or, injurious punishments inflicted; that in these and many other respects, which I pointed out, the health of pupils suffered, and often the foundation of disease was laid, from which they never recovered. I insisted, particularly, on the fact, that more time is given to study in our schools, and *out of it*, in consequence of lessons being given out to be learned at home, than was consistent with health and permanent intellectual progress. I referred to the normal schools of Massachusetts and New England, particularly, in illustration, and quoted the last Report of the "*Massachusetts Board of Education,*" to substantiate my statements. I endeavored to show the ill-effects of confinement and hard study in the New England schools, and that this was probably one of the most prevalent predisposing causes of insanity.

On this subject, as near as I can recollect, I remarked that however much physicians might differ on other subjects, they all agreed as to the destructive effects of premature or excessive mental effort; that though study and bad confinement in schools, was not often one of the immediate or exciting causes of insanity, yet that next to intemperance and hereditary tendency, it was one of the most frequent and influential; moreover, it diminished the conservative power of the animal economy to that degree, that disease, which otherwise would have passed off safely, often

destroyed life before danger was anticipated. I stated that insanity was increasing at a fearful rate in New England, so that in Massachusetts and Connecticut, more than 1 in 500 of the population was afflicted with the loss of reason, whereas in the middle, western and southern States it was in a ratio of 1 to 1,000 or 1,500, and it was worth our serious inquiry, whether the principal cause *might not be found connected with the faulty management and education of children.*

Such were the principal topics of my discourse, which was listened to very attentively by the large and intelligent audience, and which I hope was productive of some good, as it led to a very animated discussion of the various matters touched upon, which was again renewed at a subsequent meeting. Some of the teachers from New England, especially Mr. Hagar, the intelligent principal of the "Massachusetts Normal School," in Boston, thought I bore down rather hard upon the normal schools of that State, but as I had merely quoted from the last Report of the "Massachusetts Board of Education," all the statements I had made on the subject, I only had to shift my responsibility on to the respectable gentlemen who drew up said Report, to battle it at their leisure.

As to the habit of *tobacco chewing and smoking*, which your readers might infer, constituted the chief topic of my discourse, I only mentioned the word *tobacco* once, and then very incidentally. If I supposed my remarks had any special interest to medical men, I would quote at greater length. The above, however, may suffice to place me *rectus in curia*, as we say.

CHARLES A. LEE, M. D.

Miscellaneous.

Tuberculosis and Pulmonary Phthisis.—A Critical Review.

By E. BOISSEAU, Professor Agrégé at Val-de-Grace. Translated from the Archives Générales de Médecine, by J. H. Douglass, M. D., of New York.

We should not be surprised at the great number of works upon pulmonary phthisis which have appeared during the last few years,

for it was very evident that the subject had by no means been exhausted; that more than one blank remained to be filled, more than one doubtful point to be elucidated.

In fact, what do we find in classical books upon *pulmonary phthisis?* What else than a pathological anatomy based upon the fact that tubercle is always a primordial lesion, from which all the rest are derived; a semeiology beyond criticism, but an etiology faulty, in which are found causes most incongruous and often very insignificant; hypotheses upon the intimate nature of the disease; a prognosis always fatal; a prophylaxis without any solid foundation, and consequently without influence; and, finally, a treatment given up to all the vagaries of empiricism?

We are inevitably brought, then, to renew our studies of this terrible disease, which Laennec seems to have taught us to recognize with greater certainty, only to prove to us the better how powerless we were.

The microscope had rendered science too great services not to be employed upon this subject. Hence doctrines founded upon pathological anatomy soon arose, which only had the effect of destroying the work of Laennec, reducing it to an hypothesis. For more than forty years it was considered a well-established fact that tubercle constituted in all cases the anatomical characteristic of pulmonary phthisis, and now this fact is attacked upon all sides. From the same means of investigation different conclusions have been drawn, so that the question, instead of being cleared up and simplified, has become complicated and obscure. The result has been that, while attempting to demonstrate more clearly the unity of the disease, it has been placed in doubt. By restricting the name of tubercle to gray granulation, by eliminating from tuberculous products everything which was not granulation, the tuberculous nature of phthisis has been contested when the type element has not been found. When it was stated that the caseous products were not special to the degenerating metamorphosis of the granulations, it was thought that they might be considered as independent of them, even when granulations and the caseous products were found together. Hence sprang all the new doctrines.

According to the Strasbourg school, there are two distinct kinds of phthisis:—1. The connective tuberculous phthisis of Laennec; 2. The epithelial, caseous phthisis, tuberculide.

Niemeyer, in his "Clinical Lectures," admits three principal forms:—1. Phthisis resulting solely from pneumonic processes; 2. Phthisis consisting from the beginning of a tuberculosis of the lungs; 3. Phthisis consisting primarily of a caseous pneumonia, and consecutively of a tuberculosis.

Finally, in a recent work, M. Ch. Bouchard seems disposed to admit four forms:—1. Tuberculosis without caseous pneumonia; 2. Caseous pneumonia without tuberculosis; 3. Tuberculosis primitively and caseous pneumonia consecutively; 4. Caseous pneumonia primitively and tuberculosis consecutively. It would be difficult to be more eclectic, and yet we are still far from the fourteen forms of Portal, the sixteen of Morton, the twenty of Sauvages.

The innovators have all formularized their doctrines from data furnished by pathological anatomy and by practice, and it is by placing ourselves in this double point of view, that we in our turn shall study, or rather discuss the question.

In order to limit the debate as much as possible, we can, from the pathological point of view, reduce the problem, as follows:—Are tubercular granulation and caseous pneumonia independent of each other, and if there are any relations between these two products, what are they? And, first, do all agree, even now, as to what is understood by tubercle? For the German and for most French micrographs, granulation remains the type, but caseous transformation being one of the normal phases, fatal even to the evolution of granulation, it would not be altogether reasonable to take from it the name of tubercle, even when it has undergone this metamorphosis. To restrict, then, the name of tubercle, as Virchow has done, to gray granulation, does not seem to me possible, and to make of this granulation a special product, absolutely distinct from yellow tubercle, as M. Empris has done, does not appear to me admissible.

Gray granulation, it is necessary to say, is not the only product capable of undergoing caseous transformation; there are others of a distinctly different nature (tubercles of glanders, syphilitic, gummy tumors, cancerous tumors, hæmorrhagic infarctus, etc.,) which can pass through identically the same transformations.

When Lebert believed he had discovered the tuberculous globule, the difficulty would have been solved had he not been the victim of an illusion; but it still exists, and we possess no criterion which

enables us to distinguish a caseous tubercle from a miliary caseous nodosity of an inflammatory origin.

This being stated, what, then, do we find in the lungs of persons who die of chronic pulmonary phthisis? More or less extensive caverns, a greater or less amount of caseous products, and often also, granulations.

MM. Herard and Cornil declare that they found, in all cases in which they made an autopsy, tuberculous granulations and also caseous broncho-pneumonia.

M. Villemin, who believes tubercles may be present in the lungs under three forms—granulations, nodules and infiltrated masses—found two forms of the process, or even all three at a time.

If we judge from the little value Niemeyer gives to the chronic pneumonic processes which, he says, ordinarily show a well-marked tendency to recovery, he has not often made the autopsy of persons who have died of simple caseous pneumonia. Most of them had the misfortune to become tuberculous, since it, according to him, is the greatest danger which threatens those afflicted with phthisis.

Although tubercles are for Lebert more frequently the consequence than the cause of chronic disseminated pneumonia (caseous phthisis of authors,) he does not doubt the frequent coëxistence of granulations and caseous products.

Consequently we can say with a great number of authors: *at the autopsy of those who have died from phthisis, we ordinarily find both granulations and caseous masses.*

M. Ch. Bouchard, generally agreeing with the Strasbourg school, is of a contrary opinion. According to this observer, we often find consumptives who succumb rapidly to the destructive processes of the lungs, or who die after having carried caseous masses for years, and in whose lungs no miliary granulation can be found.

But it is impossible to deny as it is impossible to prove anatomically that a mass of caseous pneumonia had primitively as centre a gray granulation, the two products being capable of fusing into one common caseous mass.

In chronic disseminated pneumonia from mechanical cause, of Lebert, the charcoal or some other particle is present, and if in chronic disseminated pneumonia without mechanical cause (phthisis of authors,) we do not find granulations, we are not on that

account authorized to deny that they never existed. The persistence of a cause is not indispensable to the acknowledgment of its effects.

Were it not that this fact is of a nature to suggest difficulties, I should no longer consider it, because that similarity of appearances which at a given moment exists between caseous pneumonia and tuberculous granulation led Laennec into error.

I agree with Lebert that undoubted tubercles found in other organs than the lungs are not sufficient to solve the question, and I shall confine my examination to those cases in which granulations and caseous products coëxist in the lung itself, cases which, as we have seen, are the most common.

The question in dispute is, then, reduced to the following:—Are the miliary nodules which are met with in the midst of pneumonic processes the distinct inflammatory products of tuberculous granulations? M. Charles Bouchard does not doubt it, and he thinks Drs. Herard and Cornil have called that *tuberculous* which should have been called *inflammatory*.

All diffused masses quite separated from each other, without trace of degeneration towards the centre, are considered by Dr. Bouchard as a simple inflammatory product; granulation, besides its seat, form, and volume of its elements, being characterized by the very close grouping of the nuclei of which it is composed, their fatal and very rapid tendency to mortification.

The globular cells with nuclei, which are formed in the nodules, can attain from $0^{mm},012$ to $0^{mm},015$, while those of granulations do not exceed $0^{mm},008$. Regarded as to dimensions, a few thousands of a millimetre is all the difference between the cells.

These characteristics, "without which there are no points of departure," have not appeared sufficient to most micrographists. Lebert declares that the microscope gives no satisfactory results.

M. Villemin, examining these miliary nodosities at the commencement of the process, has found elements absolutely identical in form, dimensions or other characteristics with those which are developed in the proliferating zone of tubercles of the serous, of the mucous membranes, etc. Yet, what are the anatomical elements which proliferate to produce inflammatory nodosities? The vesicular epithelium, according to the partisans of caseous, epithelial phthisis.

But M. Villemin, in an article published in the *Archives Generales des Medecine* for 1866, has demonstrated that the existence of this epithelium is very problematical, and Mandl, since 1857, has arrived at about the same conclusions. Lebert says he has sought in vain for it in the adult. At the International Congress, Badoky, of Pesth, presented some very beautiful preparations tending to demonstrate the non-existence of this epithelium.

If this opinion is correct, and for reasons too numerous to give here, I am quite inclined to think it is, it is impossible to attribute miliary nodosities to the proliferation of the vesicular epithelium. But, even admitting the existence of this epithelium, the cause of caseous phthisis does not appear to be strengthened by it.

Lebert, who regards inflammation of the aveoli (alvéolite,) otherwise called vesicular pneumonia, as the most frequent anatomical form of pulmonary phthisis, is far from making this pneumonia consist in the simple proliferation of an epithelium, the existence of which has, moreover, never been positively established. The proliferation of the connective tissue also has its part as well as the proliferation of the epithelium, and the interstitial and peribronchial connective tissue furnish elements entirely like those of true tubercle, true tuberculous granulations, if they can be judged of by microscopic examination. But the Professor of Breslau denies their tuberculous character, because they are surrounded by a connected irritation of a diffuse interstitial pneumonia.

As no one has ever denied that tuberculous granulations could provoke about them precisely the same irritation, this differential characteristic appears to me, then, insufficient.

Lebert, as we have just seen, considers that the miliary nodules are developed as tuberculous granulations, not in the epithelium, but in the connective tissue.

M. Villemin, more precise, has demonstrated that very often these same nodules result from the proliferation of the model of the connective tissue, inclosed within the alveoli.

We see, therefore, nodules, or rather cellular proliferations which are developed in the same anatomical elements as tuberculous granulations, which to the naked eye differ only in their greater size, which cannot be separately distinguished by the microscope, and still are not identical. When I have added that, according to Lebert, true tubercle is a granulation composed of a

proliferation in all respects similar to inflammatory, non-suppurative hyperplasia of the connective tissue, I believe I may be permitted not to know upon what a distinction is based.

The nodules and granulations may, then, be considered to be two forms of one and the same process.

Is it necessary for us, on this account, to admit, with M. Villemin, that all the caseous products are the result of the transformation of granulations, of the inspissation followed by the caseous metamorphosis of pus remaining in the pulmonary tissue? I think not.

While the tuberculous granulations are forming there is irritation of all the connective and epithelial elements which are found in their neighborhood; to use an expression of Lebert's, an alveolitis is developed. The vesicular epithelium, if there is such a thing, proliferates; but there is, very surely, hyperplasia of the epithelium of the terminal bronchi, which increase and multiply towards the alveoli, and end by filling them.

The opinion which I am tempted to adopt is, then, neither that of M. Villemin, which seems to me to have restricted too much the part of the bronchial epithelium, nor that of MM. Herard and Cornil, who derive the caseous products, for the most part, from the hypergenesis of the cells of the vesicular epithelium.

But this being understood, I can nevertheless associate myself with these latter authors in saying that *pulmonary phthisis is both connective and epithelial.*

The coincidence of caseous products and granulations is so frequent that Niemeyer, obliged to recognize it, does not regard it as accidental, but is forced to admit a *causal* relation between the two. But, according to him, in the majority of cases, tubercles are developed tardily, and only complicate pulmonary phthisis at an advanced period. This has led him to the conclusion, somewhat unexpected, that pulmonary phthisis cannot, therefore, be considered as a tubercular phthisis properly so called, notwithstanding the presence of tubercules in the lung. Badoky partakes of this opinion, and also thinks that generally the caseous masses are primitive, and that they provoke the appearance of tubercles.

Niemeyer, however, furnishes us the argument whereby to combat himself. He could not fail to remark the singular distribution of tubercles which are most frequently found exclusively situated

in the immediate neighborhood of caverns and caseous deposits. If the deductions, then, which we have just drawn have been followed with attention, it will be instantly seen that this fact alone is sufficient to clear up the whole question. In fact, the inflammatory miliary nodules not being distinguishable from true tuberculous granulations, these nodosities, when they have undergone fatty transformation, can no longer be distinguished from the caseous products resulting from a chronic pneumonic process, and it seems to me perfectly simple and rational to admit that the peripheric granulations are the latter, and nothing more.

The best proof, says M. Colin, that pulmonary phthisis, taken in the largest acceptation of the word given to it by Laennec, is of the same family as granular phthisis, is, that in cases where pulmonary phthisis becomes acute (galloping consumption,) we always find about the caverns and tuberculous masses a crop of gray granulations identically like those of acute tuberculization.

Dr. Bidlot, of Liege, has described, in a recent work, under the name of *accidental or false phthisis*, a consumption, characterized, according to him, by inflammatory pseudo-tubercles. This kind of phthisis should be perfectly separated from *real* phthisis resulting from the evolution of true neoplastic tubercles.

But if, according to this author, pseudo-tubercles cannot be distinguished from true tubercles when they have both undergone caseous transformation, it is only during the first period of phthisis that it is possible to recognize many species of it.

Besides, accidental phthisis, in consequence of the prolonged deterioration of the economy, occasions, most frequently according to M. Bidlot, the production of neoplastic tubercles, whilst the true tubercles of real phthisis induce inflammatory irruptions, the exudations from which are transformed into false tubercles.

When I shall have recalled that even before the period of softening, the distinction between the true granulation and the inflammatory miliary nodule (pseudo-tubercle) has been declared impossible by the ablest micrographists, it seems to me that I am authorized in not accepting the divisions adopted by the physician of Liege. Consequently, if the anatomical demonstration of the preëxistence of tubercular granulation is not always possible, still no fact seems unfavorable to this opinion.

Finally, MM. Herard and Cornil think that the special pneumonia which accompanies the granulations plays the principal rôle in consumption, and it is necessary to attribute to it almost entirely the more or less rapid and more or less extended destruction of the pulmonary tissue.

This theory, very plausible, but which is for its authors themselves only a gratuitous supposition, shou'd have the merit of conciliating opinions and conduct of the unity of the disease.

(To be continued.)

Sarracenia Purpurea as a Remedy for Small-Pox.

BY W. F. M'NUTT, M. D., M. R. C. S. E., L. R. C. P. E., ETC.
Late U. S. N., Surgeon to S. F. Dispensary, etc.

The inquiry on every hand at present seems to be: What is the best preventive of small-pox? And what is the best treatment if one does get victimized? Is there no royal road to cure? Can not the horrid disease be "stamped out?" Much has been said and written on the subject lately, and various are the theories propounded for the prevention, cure, and stamping out of the disease.

As for the treatment, perhaps no remedy has been so lionized by the popular journals of the city as the Sarracenia purpurea, purporting to be brought for the first time before the profession by Dr. F. W. Morris, of Nova Scotia, he having obtained it from "an old Indian woman."

I have been repeatedly called upon by gentlemen of this city, who knew that I had formerly prac'iced medicine in Nova Scotia, for my opinion of Sarracenia purpurea as a remedial agent in small-pox, and was strongly urged to give publicity to the facts in regard to its introduction to use by Dr. F. W. Morris. I considered it unnecessary to do so, however, and would not now occupy valuable space in your medical journal, had its use not been strongly recommended in the previous number by a member of the profession.

The story went in some of the popular journals that the Indians kept it in their camps, and found its use both a preventative and a cure, whereas it is a patent fact that no disease that ever followed the pale face to Nova Scotia proves so fatal to the Indian

as the small-pox. When the small-pox makes its appearance in the neighborhood of the Indians, they never stop to try the virtues of Sarracenia purpurea, either as a prevention or cure, but immediately pull up their stakes and give the small-pox a wide birth. So much for the "old Indian woman."

At the time of the announcement in 1861, by Dr. F. W. Morris, of the specific effects of Sarracenia purpurea in small-pox, the disease was raging in the whole Province, but more especially in Halifax. The Medical Society at once appointed a committee for the purpose of thoroughly trying the remedy, and of investigating the cases that Dr. F. W. Morris had claimed to cure by the new medicine. In the meantime many of the members of the society commenced administering the drug to their patients. The committee in due time reported the result of their labors. They were unanimous in their opinion that Sarracenia purpurea is of no value as a remedial agent in the treatment of small-pox. The other members of the society also came to the same conclusion. The committee also found that the cases which Dr. F. W. Morris had reported as cured, were many of them badly marked, and that there was no evidence that any of them had been shortened or modified by Dr. F. W. Morris' treatment. My friend Dr. Davies, now of this city, was in Halifax at the time, and formed one of the committee. The consequence was, that Dr. F. W. Morris was expelled from the Medical Society for unprofessional conduct, and for the publication of false certificates of cure.

Dr. Morris then associated himself with a noted character who called himself Prof. Lane, and they two cried martyrdom, so that a few, out of sympathy for these professional martyrs, continued to take Sarracenia purpurea, as administered by Dr. Morris and Prof. Lane. Beyond that it ceased to be used in the Province. So much for Dr. F. W. Morris.

In Rainsford Island Small-pox Hospital, Boston harbor, in 1863 and 1864, Sarracenia purpurea was thoroughly tried under the superintendence of Dr. George E. Underwood. It was then condemned as useless in the treatment of small-pox. My friend, Dr. Powers, oculist, of this city, was physician at the hospital at that time.

Two species of this plant—Sarracenia flava and Sarracenia variolaris—have long been in use in South Carolina as a domestic

remedy for dyspepsia. Dr. Porcher, in a communication to the Charleston *Medical Journal and Review*, calls these species a stomachic stimulant and laxative, and thinks that they also act as a stimulant to the brain and kidneys. For a full description of the Sarracenia purpurea, see a paper by Prof. Bentley in the *Pharmaceutical Journal*, for January, 1863.*—*California Med. Gazette.*

Effects of Noticing Quacks.

It is a question, worthy of consideration, how much of the success of systems of quackery and of individual quacks, is due to the notice taken of them by the regular profession. Every righteous instinct urges honest medical men to expose and denounce the charlatans who practice on the credulity of the public and bring reproach on our profession. And yet it may be the part of wisdom to curb our natural instincts when we find that opposition serves only to advertise the offenders. It is better to witness evils which we cannot cure, in silence, than to aggravate them by injudicious expressions of hostility. We cannot escape the conviction that the well meant but violent and impolitic opposition of some of our medical brethren to certain forms of quackery has done much to enlist the sympathies of the public in favor of the quacks. Folly, in itself ridiculous and short-lived, becomes dignified into a system which will command the support of numerous and enthusiastic converts, if made the object of an injudicious persecution. In most people the feelings of sympathy are more powerful than the dictates of judgment, and to know that a man suffers at the hands of other men, though his sufferings may be the legitimate fruits of his own wickedness, is sufficient to prejudice many in his favor. There are consequently many men, especially in the medical profession, who are martyrs by trade, and deliberately seek to arouse an antagonism which may place them in the eyes of the community in the enviable position of persecuted individuals. They count upon the expressed contempt of educated physicians as capital with which to purchase the sympathies of the public. It is, therefore, a question for us

* We have heard, otherwise, sensible physicians speak confidently of the virtues of this drug in small-pox, and re-publish the above for their benefit. It seems wholly impossible that reasonable physicians should be imposed upon by such nonsense.—Ed.

to consider earnestly whether we shall meet their pretensions with that bitter hostility, which many of them actually desire, or allow them to sink quietly into obscurity. Quackery, it must be remembered, does not originate with the quack. It is the offspring of popular ignorance, and to combat it successfully we must remedy the evil from which it springs.

Faraday once delivered a lecture on the necessity of cultivating the judgment. He believed that most of the evils suffered by mankind at the hands of charlatans were due to the deficiencies of our educational systems in that respect. The memory, tastes and inventive faculties are cultivated with the greatest care, but not even in our highest institutions of learning are young men and women systematically and thoroughly taught to distinguish truth from error and falsehood. Our most intelligent classes, accordingly, though possessed of a considerable degree of refinement and general intelligence, are almost as easily imposed upon as the most ignorant members of society. A childlike belief in the infallibility of the senses as a test of truth, is characteristic of all classes. Tell even a college graduate, who has faith in some system of medicine, whose efficacy he has witnessed "with his own eyes," that "his eyes had not been educated to distinguish the truth in medical cases, that he was ignorant of the fundamental branches of medicine, and, therefore, incapable of judging of the effects of remedies," and he would laugh you to scorn. That relief followed the exhibition of a medicine is to him proof positive of the efficacy of the drug, and the correctness of the system on which the attending physician practiced, or pretended to practice. The credulity which men exhibit in accepting the most absurd statements and theories on insufficient grounds is, in itself, proof of the deficiencies of an education which has not taught them to estimate such testimony at its proper value. We cannot expect even to have the community so educated in medical matters as to enable individuals of other callings to judge of the correctness of medical opinions. Such a degree of proficiency would make physicians as a class superfluous. *This*, we may hope: that under improved systems of education, people may become convinced of their ignorance, and, with less conceit of their own knowledge of medicine, may have more confidence in that of men who have devoted their lives to its study. This conviction would not seem to require a highly cultivated judgment

and yet experience has shown that only the wiser men of the community have ever been able to recognize their own deficiencies. When children are taught in the schools to *reason* as well as to remember, when the sciences occupy as large a share of the curricula of our academies and colleges, as the classics, and the student is obliged to compare and weigh conflicting evidence, and learns the folly of a hasty judgment, we of the medical profession can hope to be esteemed according to our acquirements, and not before.—*Detroit Review.* T. A. McGraw, M. D.

Murder of Dr. Braman, U. S. A.

The sad death of this promising physician and esteemed contributor to this journal was mentioned in a recent issue. The following particulars of it have been received:

One of the Doctor's friends, Lieut. Clark, had been robbed of his watch and a considerable sum of money. Suspicion fell upon Second Lieutenant William McGee, an officer of the same regiment. Lieut. Clark, who is a member of the Masonic Fraternity, as also was Dr. Braman, informed the Doctor of his loss, and the Doctor expressed his doubts of Lieut. McGee. Their suspicions, coming to the knowledge of Gen. Sykes, the commanding officer of the garrison, he ordered an investigation, but nothing was proved against McGee. Dr. Braman then wrote a letter to Gen. Sykes, regretting his action; said that his zeal as a Mason led him to help a brother Mason (Lieut. Clark;) that in an interview with McGee, the latter removed his suspicions, and that he would do everything possible to counteract what had been done.—McGee, however, was not satisfied, and at dusk on the evening of the 15th ult., went to Dr. Braman's room with a revolver, and without any warning shot him while in the act of rising from his chair. Dr. Braman immediately ran to a hospital tent near by, and was placed on a bed, where he died. McGee is only 17 or 18 years of age. He entered the army as a drummer-boy, in the 33d New Jersey Regiment, and a year ago obtained a commission in the regular army. Men who have been discharged from his regiment represent him to be of dissipated habits, and often seen on duty under the influence of liquor. It is to be hoped that he will receive the punishment which so cowardly and brutal an action deserves.—*Medical and Surgical Reporter.*

Modern Homœopathy.

From the London *Monthly Homœopathic Review*, for June, 1868, we learn that Lord Elbury gave vent to a feeling of regret that the report of the London Homœopathic Hospital did not contain evidence of a greater development of the objects of the institution. The number of patients was not very large and the clinical lectures had been given up, "owing to the attendance being so scanty as greatly to discourage the lecturers."

We also find that the fourth object of the founders of the hospital was, not is, "to let inquirers see of what homœopathic treatment consists and *wherein it differs from other methods of cure.*" But the position is now assumed, that "when a physician adopts homœopathy he does not bind himself to use medicines on no other principle. His first and chiefest obligation is to the patient." His second duty only is due to homœopathy, for he must do the best within his knowledge for the promotion of his patient's recovery or relief. "When a case, or part of a case, is without the sphere of the homœopathic law; in other cases where his knowledge of the practice fails him; and, again, where a suitable palliative appears to be demanded, he is bound to use other than homœopathic means. This is always required in private practice," and is carried out in the London Homœopathic Hospital, although "a plan of treatment partly homœopathic and partly something else; one, in which one patient is treated in accordance with the law of similars, and another only partially so"—will fail in securing no less than four out of the five objects, to achieve which the hospital was founded, viz. to obtain statistics by which the success of homœopathic treatment *may* be compared with other methods of cure; to demonstrate the success of pure homœopathic treatment; to teach the system in all its purity, etc., etc. All these great objects are subservient to the interest of the sick, for the editor says: "We all know and admit that there are cases in which the most conscientious and painstaking (homœopathic) practitioners feel compelled to fall back upon auxiliary (allopathic) aids to eke out a modicum of relief, or indeed to assist in curing.

Accordingly, in the London Homœopathic Hospital, in which the cases "are not of so serious a character as one is accustomed to see under treatment in hospital," black wash is applied to syph-

ilitic sores and ½ grain doses of mercury given internally. Cases of glandular enlargement in the neck were treated with tincture of iodine painted on externally. For cases of continued sleeplessness 1.48 of a grain of acetate of morphia was given every fifteen minutes.

The hospital physicians repudiated, one and all, the fallacies and absurdities of Hahnemann about infinitesimal doses and dilutions. They frequently told an inquiring physician "that the doses were not a part of *their* system; that like cures like was all *their* creed; although it is not a matter of general or partial belief that morphia keeps people awake; that iodine produces enlargement of the glands; and black wash produces syphilis.

These hospital physicians, and many others, have at last returned to the use of the medicine of the rational school in appreciable quantities; and the editor says the treatment in the above cases "was far too like allopathy to be advisable in a homæopathic hospitals," although "so long as the doses of mercury did not induce mercurialism, our opponents cannot (or rather should not) complain." He also says, he would avoid painting a glandular enlargement in the neck with tincture of iodine publicly in a homœopathic hospital, although he might unhesitatingly do it in a private practice. And formally admits: "As regards the giving of morphia for sleeplessness, however necessary it may be considered by the medical attendant, it cannot be called homœopathic treatment."

The homœopathic editor trusts his readers will thoroughly understand that he has no wish to object to those methods of treatment *per se*, although unsuitable for a hospital called homœopathic.

We are hardly surprised to find that Dr. Yeldham, the principal physician to the London Homœapathic Hospital, in what is called an excellent speech, delivered at the annual meeting of the institution, referred to the possible expediency of a middle school, which would embrace both homœopathy and allopathy; and Dr. Reith said he knew many homœopathists who are prepared for the coalition.

The editor of the *Homœopathic Review* "has not the slightest doubt that some such step (or surrender) would be fraught with incalculable advantage to practical medicine," and it remains for

us to see in what it should consist. If Hahnemann was so utterly mistaken about the efficacy of his infinitesimal doses; if every observation which he made upon the sick was an error; if every supposed cure was simply a recovery, it is not only not possible, but probable, that much of his reasoning and theorizing about the *similia similibus curantur* is also false? If the frank and practical homœopathists must make such large concessions about the dose, will they not also be soon obliged to make equally large concessions about the theory? If we can judge from the following prescriptions, some of the homœopathists can make every required concession:

Quin. sulph. gr. viij; ext. cannibas ind. gr. iv; ext. aconit. *rad.* gr. iv. Make 8 pills; 1 every 3 or 4 hours. F——r.

Hydrarg. sub. mur. gr. iij; mass hydrarg. gr. iij; aloes gr. iij; podophylin gr. ½. Make 4 pills; to be taken at once. F.

Potassæ sulphuret ℥j; aq. ℥iv. Solve. M——d.

Pulv. alum erstæ ℥iiss; tannin ℥iiss; tinct. myrrhæ ℥j. For a gargle. M——d.

Magnesiæ sulphat. ℥iij; tinct. cort. aurant. ℥xvj; acid. sulph. aromat ℥ss. M.

Ferri persulphat. ℥j; adipis. ℥j. M.

The *Medical Gazette* says: "Hahnemann taught that one grain of sulphur well rubbed up with 100 grains of sugar of milk could be developed into a medicine of tremendous energy. Some of his disciples of the Billy Barlow kind have made great improvements upon the simple proceeding of Hahnemann, and found out that 2 grains of sulphur mixed with 126 grains of conium, quinine and morphine, are still more efficacious. See following prescriptions: Sulphur pura, gr. ij; ext. conii mac., ℥iss, or 90 grs.; quiniæ sulph., 30 grains; morph. sulph., gr. iij; podophylin, gr. iij; *i. e.* 126 grains of conium, quinine, morphine and podophylin, to 2 grains of sulphur. Make 30 pills, each containing 3 grains of conium, 1 grain of quinine, 1-10 grain of morphine, 1-10 podophylin, and 1-15 grain of very pure sulphur and give one or two several times a day in all cases in which sulphur was formerly considered useful, namely, in dyspepsia, biliousness, psora, eruptions, constipation," etc.—*Chicago Med. Exam.*—*Richmond Jour.*

Value of Medicine.

An Inquiry (from a philosophical point of view) concerning its true value in the Treatment of Disease. [Extract from an address by Mr. W. Wilmott to the Chemist's Assistants' Association, May 14, 1868.]

"If we say that a large majority of the medical profession believe in the efficacy, to a greater or less extent, of the drugs they prescribe, we shall not be far wrong. Such a belief has always existed; but it is clear that it presented a very different aspect formerly to that which it presents now. The history of medicine, in fact, reveals to us a strange complication of credulity and superstition. One feature connected with it is singularly noticeable. From the earliest ages down to the present time, there has been an intense desire, with a view either to wealth or fame, to discover one remedy or one law, which shall prove of universal application. Sometimes a fancied discovery of this kind is called a "doctrine," such as the "Doctrine of Signatures," and the "Doctrine of *Similia Similibus Curantur.*" Sometimes it is called a "method," such as the "Expectant Method," much in favor, as we have seen, at the present time. Sometimes it is called a "treatment," such as the "Antiseptic Treatment," the "Chrono-thermal Treatment," and the "Eclectic Treatment;" and sometimes it is called a "cure," such as the "Water Cure," the "Movement Cure," and the "Great Sulphur Cure." All these, or the majority of them (true, perhaps, to a limited extent, and, because true, so far successful,) have failed, and always will fail, when indiscriminately or universally applied. No discovery of this kind can or will ever be made, simply because there is no such remedy or law to discover. Disease, like every other phenomenon, is subject to an infinity of laws—if, indeed, they are laws at all, which must be met according to the form and direction which, in each case, they may have assumed. This is the reason why what is called "allopathy," or orthodox medicine, includes within its wide range all the philosophy which, so far as we have yet gone, it is possible to bring into active operation. We shall presently see how it comes to pass that one remedy is so largely applicable, and one mode of treatment so uniformly safe, in a given number of cases.

We need not, I think, go beyond our own shores in search of skill and ability in dealing with disease. I am not aware that in France, America, or elsewhere, the treatment adopted is more successful than that approved of in this country. The system, therefore, as, in a manner, indicated in our national pharmacopœia, is the one to which we look with confidence as the best that can be devised in the present state of our therapeutical knowledge. What, then, are the prominent features of this system in the hands of the orthodox practitioner? In what light is medicine regarded by those of our physicians who retain a welcome and an honest faith in the work of their profession?

In seeking an answer to these questions, with a view to the present inquiry, I adopted a plan which, I have no doubt, you will regard as satisfactory for the purpose intended. From a large number of prescriptions actually dispensed in the city of London, I selected one thousand. These were written by different medical men for different diseases, and different symptoms of disease. They were also written at different seasons of the year, (Spring, Summer, Autumn and Winter,) during a period extending over the past ten years. I did not select them on account of any specialty they possessed, but took them as they were copied, in writing, in the book kept, as usual, for that purpose. As, in this work, my eye passed over many thousands of prescriptions, I was enabled to satisfy myself that those I had selected represented with sufficient accuracy any similar number which might be collected in any part of London, and, by fair inference, any multiple of that number to the extent of hundreds of thousands. Here, then, I possessed a true key to the "existing state of medical practice" in this country.

Having these prescriptions at my command, I submitted them to an analysis (if I may use the term) which, I am bound to say, proved to be a work of very considerable time and labor. The result arrived at after much careful noting, I will now place before you.

Whilst the pharmacopœia contains 768 medicaments simple and compound, medical men do not adopt in actual practice more than 485; and what is rather remarkable, three-fourths, or 75 per cent., of these occur less than once in every 100 prescriptions written; so that if we take the remaining fourth, or the leading

remedies as they may be called, we shall find that these are prescribed three times where the rest are only prescribed once. The inference to be drawn from this is, that if a medical practitioner were to treat disease with these 120 leading medicines, according as he may select them, and no others—presuming the whole 485, now in use, to be of equal value—the "odds," if I may be allowed the expression, would be 1 to 3 against his success as compared with the practitioner who held the advantage of the entire range of remedies; but as these medicines are not all of equivalent value, as shown by the fact that 75 per cent. occur less than once in every 100 prescriptions, the advantage of the additional number above one-fourth, would be so reduced as to render the chances of the two practitioners very nearly equal. We shall see what further inference can be drawn in this direction.

It is impossible to pass over the fact that a few medicines take the lead in medical practice to the comparative exclusion and neglect of all the rest. Quinine heads the list by a long way, then Chloric Ether, Bicarbonate of Potash, Aromatic Spirit of Ammonia, Iodide of Potassium, Mercurial Pill, Compound Extract of Colocynth, and so on. Twenty-five of these medicines show an average occurrence of once in *seventeen* prescriptions, whilst those which remain, taken collectively, show an average occurrence of once in *one hundred and sixty-six* prescriptions. This is scarcely, perhaps, a fair calculation, but the difference is a very wide one, and serves to show where the greatest reliance in the power of drugs may be found to exist.

With regard to the prescriptions examined, it is well worthy of note, that of the 485 medicines ordered or prescribed, 429 are to be met with in the pharmacopœia; a result showing the desirability of a thorough knowledge and appreciation on our parts of this important work.

It is perhaps, however, in the form of simple remedies that we shall best estimate the value of the medicines prescribed by the physician. Here the number is reduced to 171, and the order of things is somewhat changed. Mercury takes the lead and stands prominently at the head of the list. Mercury, the very name of which strikes terror into the minds of nervous and timid patients, is still the foremost remedial agent employed by the medical pro-

fession.* After mercury we have potash, then bark, then opium, and then iron. If we take twenty-five of these leading simple substances, as in the case of the componnds, we shall find that 95 per cent. of all the prescriptions written contain one or more of them in some recognized form. This, I think, brings the whole matter into the smallest compass, and places us in a position to offer such further brief comments as the subject may seem to require.

Mercury, potash, bark, opium and iron. Are these medicinal substances of any service in combating the symptoms of disease? If not, the whole system of medicine is shaken, and skepticism is only too well founded. If, on the contrary, they are of service, then it is true philosophy to extend our faith, and, in the absence of certainty, or in the absence of probable injury from such a course, rely on what is possible as regards the entire scope of the Materia Medica.† Much, I think, may be said to show, in a manner sufficiently conclusive, that, with respect to disease, medicine possesses a power, the absence of which would inevitably lead to additional and prolonged suffering. But it is to be specially remembered that this power is limited. If you ask me where such limit terminates, I reply that it is beyond the scope of our present means to ascertain; but of this we may be certain, that the true value of medicine will be exactly proportionate to the skill with which the remedial power it possesses, within the limit indicated, is developed in each particular case. It is this fact

* "And yet," says Sir Thomas Watson, "we are distracted by doubts whether the powerful influence it exercises on the body be for good or for evil in the diseases for which it is given." Could anything be more eminently unsatisfactory, or more abundantly disheartening than this? Of all the medicaments in the Materia Medica, the one which is most relied on, and most frequently prescribed for the cure of sickness and disease, is still so far a puzzle and a mystery to the medical profession, that it is not known "whether the powerful influence it exercises on the body be for good or for evil in the diseases for which it is given." Well, indeed, may the natural history of disease be asked for, and an investigation into the physiological action of drugs be demanded, with a view to placing the whole therapeutical art on a surer and more scientific foundation.

† There can be no doubt that a large quantity of medicine may be taken without real injury to the system. Nature is very accommodating to substances generally regarded as highly powerful or deleterious. She rebels at first, but soon manifests a comparative indifference to their peculiar properties; as witness the atmosphere of underground railways and coal mines, containing sulphurous acid and carbonic acid gases; and the large quantities of alcohol, opium, and tobacco, consumed with apparent impunity by the people of all nations. Even arsenic may be taken in poisonous proportions, without ill effects, by the mere force of habit. The plan, therefore, of *trying* various remedies, where such is admissible, with a view to the possibility of the good to be derived from them, seems to be a wise and reasonable one in every respect.

which renders it so undesirable to follow a routine method to the exclusion, perhaps, of timely and sufficient aid. If, indeed, we look at the constancy with which certain medicines are ordered, the treatment of disease would appear, at first sight, to be *solely* a question of routine; these medicines being administered for the relief of a particular set of symptoms, because they have been found from experience to be of service in the majority of such cases. But a prescription is, or ought to be, a scientific document, the result of an adequate knowledge of the physical sciences, and a clear appreciation of all those minutiæ with regard to compound medicines which are so essential to their success. If, therefore, to write a prescription were the sole duty of the physician, the course of special study through which he passes would not be lost, but, on the contrary, would maintain all the importance which his additional duties now serve to impart. To obtain the advantage to be derived from medicine to the utmost extent of its limits, in the presence of an uncertainty which ever-varying circumstances must necessarily engender, is a work offering scope for judgment and ability of the very highest order. It is quite true that if a powerful drug, such as opium or digitalis, were given to a large number of persons, the similarity of circumstances in each instance would enable us to estimate, with a fair degree of certainty, the probable result. One stomach bears a considerable resemblance to another stomach throughout mankind. It is this similarity which renders any single remedy of known repute applicable to so many cases; and the same may be said, in a degree, of almost any drug in the Materia Medica. So far circumstances are sufficiently constant to sanction with a certain reserve, the adoption of such a mode of procedure. Universal medicines will exhibit their good effects, or supposed good effects, in a certain percentage of appropriate cases—considered appropriate as the result, solely, of experience—in which they are administered; and it is upon this principle, which is purely empirical, that drugs of probable efficacy are often—perhaps I ought to say are most frequently—recommended and taken. If, for instance, we were to select one thousand cases of ordinary cough, and administer to each the compound tincture of camphor, i. e. the paregoric of the pharmacopœia, there is every probability that 90 per cent. of such cases would be relieved thereby. True, but

how many would be cured? It is not venturing too far to say that none would be cured by the medicine itself. There are few medicines, if any, whether their effects be produced by chemical, mechanical, or vital processes, that possess a direct curative action.* That which cures, call it force, vitality, or what you will, resides in the living body, and is a property, so to speak, of that body, possessed of limited power according to the relationship it bears, at any moment of time, to the laws of organized existence. The discovery to be made, therefore, is not so much the direct action of medicines in the system, if I may draw the distinction, as the exact position they individually occupy with regard to the reparative tendency which is there present. We know that medicines will produce an effect according as their properties are sedative, astringent, antacid, and so on; but we are not so well acquainted with the extent to which such effect is really useful in counteracting abnormal or faulty states of the system. Medicine will not cure, but it will often, I think, do one of two things. In either case its action is indirect. It will assist the healing power on the one hand, or it will add to it on the other. It is easy to see that this indirect action is altogether of a subordinate character. If the reparative or curative power be still in abeyance, the drug, indeed, will have done all that it was capable of doing, but the cure will be indefinitely prolonged, or it will become altogether impossible. This, I think, is where our faith has been at fault; and there would now appear to be some fear of our going to the extreme in an opposite direction. If we have expected too much from medicine, or if we have thought its virtues unbounded, the re-action may be natural, but it is scarcely philosophical. It is in the indirect, and not in the curative action of drugs that we must look for the true source of their remedial power to whatever extent they may be so imbued; and here we seem to have an approach to the secret involved in the question of the *vis medicatrix naturæ* as against the artificial treatment of disease by medicinal agents and compounds. We can assist nature and that is all. The idea is a very old one, but it has scarcely yet been fully recognized in practice. The beneficial action of quinine in ague, colchicum in gout, and arsenic in

* Dr. Bence Jones favors the chemical theory of the action of medicines in the system; while Dr. Headland thinks the vital the most plausible.

eczema, etc., is very mysterious, and quite beyond our comprehension; but it is still directed to altering a morbid condition under the guiding influence, so to speak, of constitutional agency. Hence, similar symptoms, treated with the same remedy, will disappear more rapidly in one case than in another. Where the constitution is itself the cause of disease, it will often happen that medicine will avail but little, and the symptoms will be merely palliated, but not removed. The true physician will, of course, recognize this, and act accordingly. Success in curing disease demands that diathesis and drug-action should become a united study.

Routine treatment may be available to a limited extent, for, as we have seen in the case of our paregoric, opium will relieve pain and calm irritation in almost every instance in which it is given. Other drugs will act with more or less certainty according to their respective properties. So far there is a similarty in the stomach and nervous system, and a constancy in the drug itself, which may fairly be depended upon. We know this from experience, and hence such a method of procedure is termed "empirical." But still it remains that science and positive skill will appreciate and perceive those essential points which, viewed in the light of routine merely, may be dim and uncertain. Here then is our hope. We want more light—more knowledge. If these, in the present stage of our progress, sometimes fail, as fail they will, it detracts nothing from their innate power to overcome, as far as may be, the many and great difficulties of the medical art. Let us hope that time will, in such wise, carry us farther and farther away from the region of uncertainty and doubt, and lead us to a more intimate acquaintance with the varied and ever-varying conditions of universal law.

For ourselves, let it be our constant care to see that our drugs have every chance of gaining the credit which is no doubt justly their due, and, by improved processes derived from an increasing knowledge of all that appertains to chemical, botanical, and pharmaceutical science, to assist in securing that good result to which the efforts of our physiologists are now significantly directed. So may we confidently anticipate the near approach of a time when a clearer light will appear as the reward of diligent investigation, and when "medicine will obtain the highest place among all the arts that ministers to the welfare and happiness of man."
Chemist and Druggist.—N. Y. Journal

Ozone.

Dr. H. Day, in a report on this article made to the St. Andrews Medical Graduates' Association, gives the conclusions at which he has arrived, the most important of which we subjoin:

There can be no escaping, at this moment, from the theory that ozone is a modified condition of oxygen, indeed, is oxygen plus force, which force is probably used in condensation—in other words, the power or capability of oxygen to combine with itself.

For the production of ozone in the laboratory, no method is so good as that accomplished by the aid of the induction coil. The production of ozone in the air, if it be there, is not yet in any way definitely understood.

The ordinary tests for ozone are imperfect, not because they will not prove the presence of ozone, but because they prove too much—that is to say, the presence of other bodies also common to the atmosphere.

In its action on the body the effects of ozone seem to be confined to the respiratory passages and structures; in fact, it is purely local in its action, resembling closely diluted chlorine and diluted bromine in vapor; the phenomena induced, varying in intensity, may be catarrhal, bronchial, or pneumonic, nor is there any evidence of any other class of diseases from ozone.

On dead matter, ozone exerts a powerful destructive action, resembling in this way chlorine, iodine, and especially bromine.

Ozone is a disinfectant and deodorizer belonging to those bodies which disinfect and deodorize by resolving and decomposing into primitive and inocuous forms, competing in this respect with substances already named—*i. e.*, chlorine, bromine, and iodine. It possesses these qualities in a less degree than chlorine and bromine, and is, in many cases, not so applicable as iodine.

As a preventive of disease, ozone can only act by destroying organic animal poisons, in which respect it may be compared with the substances I have more than once named. With regard to the disinfecting and deodorizing powers of ozone, I would refer you to the opinions of the late Dr. Baker, contained in the Hastings prize essay for 1865. The subject of comparison, and indeed the whole subject of deodorizing and disinfecting, is there so admira-

bly, so exhaustively discussed, as to leave, it seems to me, nothing further to be said on the subject.

Lastly, as a remedy. In the form of ozonized oil, of ozonized ether, and ozonized water, it once more ranks with a similar combination of remedies, containing chlorine, bromine, and especially iodine. Whether, in any respect, it may prove to have greater advantages than the last named trusty and ready agent, can only be conclusively arrived at by determining whether it will do what iodine will *not* do, and this can only be decisively made out by applying to it the test of inductive philosophy—a rigid exclusion of all that is ineffective.—*Amer. Journ. Med. Science, July*, 1868. *Med. Press and Circular, Jan.* 15, 1868.—*Journ. of Pharmacy.*

Nekrosoziac or Embalming.

A new mode of embalming has been introduced in New York, and is thus described:

Over two hundred members of the medical faculty assembled on Friday, April 24th, in the anatomical museum attached to the Bellevue Hospital, to be present at an autopsy of the body of a female, aged about 30, dead 76 days, which had been preserved in life-like freshness by a new process of embalming called "nekrosoziac." Prof. Doremus presided over the autopsy, in which several of the most distinguished physicians and surgeons of the city participated. This new process of embalming consists simply in a wash of the deceased body without wound or incision. Some of its specialties are to dispense with the old system, disemboweling and extracting the brain; also avoiding mutilation or injection of any kind, and acting as a thorough disinfectant. The body operated upon this day was not in the slightest degree discolored; the features were as in life, and the smell as inoffensive as of a body twenty-four hours after death. The opening of the body revealed the fact that the bowels and brains, as well as the flesh, were free of the slightest appearance of taint or of smell. The limbs were as pliable as in life. Several of the surgeons spoke in high terms of the extraordinary discovery as likely to work a revolution in the preservation and transportation of dead bodies. Another body preserved by the same process for one hundred and three days has been subjected to an equally satisfactory examination.—*Pacific Medical Journal.*

Editorial Department.

Room in the Profession—Letter and Answer.

We publish the following communication and brief reply, as this is an inquiry made quite often in one form and another. Our reply, when published, will answer them all, so far as the question of "room" and "great inducements" require answer:

RUSHVILLE, September 2, 1868.

To the Editor of the Buffalo Medical and Surgical Journal:

My Dear Sir:—I write to inquire of you if there is yet room in the medical profession for my son? He has been well educated in the primary branches and in the languages, and seems to have a preference for medicine rather than law. I have no desire to dictate his course, but would advise him according to my best judgment after being myself well informed. I would like to know if there are great inducements for an active young man to study medicine, or could he turn his attention to law or trade with better prospects of success? You will excuse the liberty I have taken, when you remember your old patient, and truly your friend,

J. M. CASH.

P. S.—When do the Lectures commence in the Buffalo Medical College, and should Richard conclude to study medicine, will it be as well to commence with this course?

J. M. C.

BUFFALO, September 12, 1868.

Mr. Cash—My Dear Sir:—Your letter has remained on my table unanswered for some days, as I could hardly make up my mind what to say in reply to the main question of your letter, "Is there any room in the medical profession for my son?" *Yes*, would answer your question truly and briefly, but you would not be satisfied with such brevity, and I must tell you what and where the room is, and how your son can fill it. Do you want to know if there are large towns and villages without resident physicians, waiting for your son to graduate and commence the practice of medicine? Large towns and villages have many physicians; better for the physicians and towns if there were less. One physician to every four or five hundred inhabitants throughout our part of the world, to say nothing of the numberless Doctor's signs, put up often in old-fashion hotel style, minus one post, where all the Doctor there is, is *on the sign*, is about the room in our country, for a physician. You will not infer from this, that I think there is no room for your son, for, my dear sir, there will always be a great vacuum for the medical profession to fill, and your son might be drawn into it, and a great many more such boys, and still it would be as large as ever. This room is wholly unoccupied in a great majority of the finest towns and villages of the world, and it offers at the present time the very highest attractions—everything which a young man may truly prize is here within his grasp, but it is "*high up*"—is above all these signs of which I have spoken, and above most of those who make the one physician to every five hundred inhabitants, above all who

practice medicine as a trade; it is so high that it will take considerable time and much climbing to reach it, and during all the earlier years of study and labor there will be little if any profits, speaking after a worldly manner. There is little money to be made out of medicine in a short time, and if you mean to inquire if there is room to make money in the profession of medicine, I should say yes, unconditionally, all the room is yet left for your son; no one I have ever known in the profession, has yet occupied it. There is room then in *every* city and town, and your inquiry is answered yes—room for study, for thought, for investigation, for practice, and if you care to know it, room for more money than will ever be obtained. If your son is ambitious and in earnest to make a physician of himself, ready to devote to it his whole energy and thought; is not wavering or fickle in his purpose, but ready to sacrifice to *medicine alone*, there is a wide field full of promise, and I earnestly invite him to commence a business which is exhaustless in its extent, attractive in the pursuit, and noble and humane in its objects and aims.

Lectures commence November 4th, and I shall be glad to see your son in attendance; there is no better or surer way to early obtain the true medical inspiration than by attending lectures.

Yours, very truly, J. F. MINER.

Books Reviewed.

The Anatomy and Histology of the Human Eye. By A. Metz, M. D., Professor of Ophthalmology in Charity Hospital Medical College, Cleveland, Ohio. Published at the office of the Medical and Surgical Reporter, 1868.

This work on the anatomy and histology of the human eye is received by us with great pleasure, and is a text-book more urgently required than almost any other. There did not exist a treatise on this subject which included the results of the labors of the more recent observers. The author has fully accomplished his aim "to collect this material into a connected form, and in such a manner as to adapt it alike to the requirements of the medical student and of the practicing physician." The work contains seventy-five accurate engravings which illustrate the text very beautifully, adding immensely to the value of the book. It is published in a neat and tasty manner at the office of the *Medical and Surgical Reporter*, and will be received by the profession, and especially by medical students as the only text-book which embraces the results of the labors of recent observers in the anatomy and histology of the human eye. For ourselves we accept it gratefully and offer the author our hearty congratulations.

Dental Materia Medica, complete. By James W. White. Philadelphia: Samuel S. White.

This work is designed especially for dentists, and appears to us as eminently adapted to their wants. It does not treat of the nature, botanical and chemical history of the articles noticed, but is only designed to give the practical uses of the various remedies in common use by the profession, and the indications for their employment in dentistry. It seems to us that the book is invaluable to those for whom it is especially intended.

Odontalgia, commonly called Tooth-ache; its Causes, Prevention and Cure. By S. Parsons Shaw. Philadelphia: J. B. Lippincott & Co., 1868.

The object claimed by the author of this work, "is to offer a treatise which shall be so clear and precise that the physician, surgeon and dentist may alike be able to detect the symptoms of one of the most painful of all maladies, and correctly estimate the many absurd theories which prevail in regard to the various forms of facial pain."

The author endeavors to indicate the methods employed by the intelligent dentist for the prevention of tooth-ache, and points out the means to adopt, with a view of cure, so that in case of necessity, the physician or surgeon may be enabled to effect a temporary relief in a scientific manner, when a permanent cure is entrusted to the dentist. It is a book full of suggestion upon these points, and may well be in reach of physicians.

Lessons on Physical Diagnosis. By Alfred L. Loomis, M. D., Professor of the Institutes and Practice of Medicine in the medical department of the University of New York; Physician to Bellevue and Charity Hospitals, etc., etc. New York: Robert M. DeWitt, 1868.

The author has divided this work into fifteen lessons, the first of which is devoted to the topography of the walls of the chest, and the contents of the various regions. The second to inspection, palpation, mensuration and succussion. The third and fourth treat of percussion and auscultation, while the remaining lessons are devoted to the different diseases of the chest and abdomen. Wood cuts have been introduced, some of them, so far as we have observed, original with the author, which add greatly to the value of the work, and adapt it particularly to the wants of the medical student, rendering it more plain in its teaching than most works upon these subjects. It embraces the whole field of physical diagnosis, and is written in a direct and comprehensive manner, so that all the main and essential truths of this science are comprised within its pages. It is earnestly commended to the attention of those who would easily and thoroughly acquaint themselves with these subjects.

Physician's Hand-Book. New improved edition for 1869, containing all the new remedial agents. By William Elmer, M. D. Bound in English morocco, gilt edges, pocket-book form.

This new edition of the "Hand-Book" has been completely re-written and re-stereotyped throughout. Many valuable improvements and new features have been introduced, and corrections made. Price, postage free, $2.00. Price, postage free, without reading matter, $1.75.

This Pocket Hand-Book has been often brought to the attention of our readers, and the opinion expressed that few other forms were quite so well adapted to the objects in view. It is nicely bound, contains spaces for sufficient number of names, and in all respects its contents are well selected. As a pocket memorandum book it is indispensable to the physician.

Books and Pamphlets Received.

The Science and Practice of Medicine. By William Aitkins, M. D., Edinburgh, Professor of Pathology in the Army Medical School. Second American, from the fifth, enlarged and carefully revised London edition, adopting new nomenclature of the Royal College of Physicians of London, with large editions. By Meredith Clymer, M. D., ex-Professor of the institutes and practice of medicine in the University of New York; formerly Physician to the Philadelphia Hospital, etc., etc., in two volumes, with a map, lithographic plates, and numerous illustrations. Vol. 1. Philadelphia: Lindsay & Blakiston, 1868.

A Theoretical and Practical Treatise on Midwifery, including the diseases of Pregnancy and Parturition. By P. Cazeaux, member of the Imperial Academy of Medicine; adjunct Professor in the Faculty of Medicine of Paris; Chevalier of the Legions of Honor; correspondent of the Society of Accoucheurs of Berlin; President of the Medical Society of the Seine, etc, etc. Adopted by the superior council of public instructions, and placed by ministerial decision, in the ranks of classical works, designed for the use of midwife students, in the Maternity Hospital of Paris. Revised and annotated by Wm. R. Bullock, M. D., with one hundred and seventy-five illustrations. Philadelphia: Lindsay & Blakiston, 1868.

On Diseases peculiar to Women, including displacements of the Uterus. By Hugh L. Hodge, M. D., Emeritus Professor of Obstetrics and Diseases of Women and Children in the University of Pennsylvania, with illustrations. Second edition, revised and enlarged. Philadelphia: Henry C. Lea, 1868.

Diseases of Children. A Clinical Treatise based on Lectures delivered at the Hospital for Sick Children, London. By Thomas Hillier, M. D., London, Fellow of the Royal College of Physicians, Physician to the Hospital for Sick Children, and to University College Hospital, London. Philadelphia: Lindsay & Blakiston, 1868.

Criminal Abortion; its Nature, its evidence, and its Law. By Horatio R. Storer, M. D., L. L. B., Fellow of the American Academy of Arts and Sciences, and late Professor of Obstetrics and Medical Jurisprudence in Berkshire Medical College; and Franklin Fiske Heard. Boston: Little, Brown & Co., 1868.

Vesico-Vaginal Fistula from parturition and other causes; with cases of Recto-Vaginal Fistula. By Thomas Addis Emmett, M. D., Surgeon-in-Chief of the New York State Women's Hospital, etc., etc. New York: Wm. Wood & Co., 1868.

A Manual on Extracting Teeth, founded on the Anatomy of the parts involved in the operation; the kinds and proper construction of the instruments to be used; the accidents liable to occur from operation, and the proper remedies to retrieve such accidents. By Abraham Robertson, D. D. S., M. D. Second edition. Philadelphia: Lindsay & Blakiston, 1868.

The Physician's Visiting List for 1869. Eighteenth year of its publication. Philadelphia: Lindsay & Blakiston.

Ovariotomy: a paper read before the Ohio State Medical Society, at its annual meeting held at Delaware, June, 1868. By Alexander Dunlap, A. M., M. D., of Springfield, Ohio.

Transactions of the Fifteenth Annual Meeting of the Medical Society of the State of North Carolina, held at Warranton, N. C., 20th May, 1868.

Announcement of the Philadelphia School of Anatomy. Winter session of 1868–9.

Announcement of the Medical Department of the Cumberland University, Nashville, Tenn., 1868.

Dr. Walters' Doctrines of Life. Reply to the letter of Dr. Carpenter.

Indiana State Medical Society, 1868. Report of Cholera, by Geo. Sutton, M. D., Aurora, Ind.

Transactions of the Indiana State Medical Society at its eighteenth annual session, held at Indianapolis, May 19th and 20th, 1868.

Illustrated Catalogue of Medical, Surgical and Scientific Publication, 1868. Philadelphia: Henry C. Lea, 1868.

Transactions of the Medical Society of the State of Pennsylvania, at its nineteenth annual session, held at Harrisburg. June, 1868.

Progressive Locomotor Ataxia. By Walter Coles, M. D., Professor of Diseases of Women and Children, Medical College of Virginia.

Obituary.

Death of Dr. George Jay Sweet.—We are pained to announce the death of Dr. G. J. Sweet, who died at his father's residence in Buffalo, August 12th, 1868, of consumption, in the 36th year of his age.

Dr. Sweet was born in Oppenheim, Montgomery county, N. Y., in 1832, and graduated from the University of New York in the fall of 1854. He removed to Pontiac, Ill., in 1857, where he continued to practice his profession until 1861, when he was employed as assistant surgeon in the U. S. Navy; afterwards acting as fleet surgeon at Key West, Fla. In 1863 he was transferred to the Marine Hospital, Key West, which position he held at the time of his death. Dr. Sweet, though young, gave promise of great usefulness in his profession. His remains were taken to Hume, Allegany county, for interment.

To Physicians.—Prof. Horatio R. Storer will deliver his fourth private course of twelve lectures on the Treatment of the Surgical Diseases of Women, during the first fortnight of December, with illustrative operative instruction, at the Franciscan Hospital for Women, under his charge.

Fee $50, and diploma required to be shown. Certificates of attendance upon the previous courses have now been issued to twenty-nine gentlemen in different parts of the country.

Hotel Pelham, Boston, Sept., 1868.

We take pleasure in acknowledging the receipt of valuable medical works, among which is Aitkin's Practice, second American edition, from the fifth London. Philadelphia: Lindsay & Blakiston. We learn from the preface that, in the present edition the editor has carefully revised his contributions, and added much new material. His additions are equal to about three hundred pages of the London edition. They will be chiefly found under the heads of: Lardaceous Degeneration, Vaccination, Measles, Erysipelas, Typhoid, Relapsing, Yellow and Malarial Fevers, Dysentery, Malignant Cholera, Malignant Pustule, Syphilis, Pathology of the Dietic Diseases, Scurvy, Parasitic Diseases, Rheumatism, Gout, Chronic Bright's Disease, Cancer, Tuberculosis, Diseases of the Nervous System, Diseases of the Heart and Lungs, the Sphygmograph, Pyemia, Diseases of the Digestive Organs, Diseases of the Kidneys, and Diseases of the Cutaneous System. They also include twenty-two new articles upon subjects not treated of, or only incidentally mentioned by the author.

The subjects of Locomotor Ataxy, Glosso-Pharyngeal Paralysis, Aphasia, Dilatation of the Bronchia, the Sphygmograph and its tracings in disease, were introduced into this text-book by the editor in the first American edition (1866.) They were first treated of by the author in the fifth English edition (1868,) and his articles on these disorders are chiefly condensed from those of the editor, with the exception of the one on Dilatation of the Bronchia, which Dr. Aitkin has abridged from Dr. T. G. Stewart's excellent article in the *Edinburgh Medical and Surgical Journal*, December, 1867.

We have also to mention in this connection Cazeaux's Midwifery; a new translation from the seventh French edition, by William R. Bullock, M. D., and also Hodge on Diseases of Women. Other valuable works have been received, all of which will be noticed more at length in our next number.

Emmett on Vesico-Vaginal Fistula.—We have great pleasure in announcing the appearance of Emmett's work upon Vesico-Vaginal Fistula, published by Wm. Wood, New York. All those curious in this matter, will take the earliest opportunity to read the work, coming as it does from one so experienced and distinguished in uterine surgery.

Poisoning by Winslow's Soothing Syrup.—Dr. C——, of Washington, D. C., relates in the *Medical and Surgical Reporter*, a case of poisoning by the above nostrum, and the editors of that journal remark as follows: "We have no doubt that this is a clear case of poisoning, and the sale of Winslow's Soothing Syrup should be prohibited by law, as dangerous and destructive of life. We have known several instances where the child suffered severely from the use of it."

The examination of Dr. Charles P. Powers on a charge of causing the death of Mrs. Mary Abbie Bowen, by mal-practice on the 5th instant, in his office at No. 8 Boylton street, Boston, resulted in his being committed for trial in default of $10,000 bail.

BUFFALO

Medical and Surgical Journal.

VOL. VIII. OCTOBER, 1868. No. 3.

Original Communications.

ART. I.—*Abstract of Proceedings of the Buffalo Medical Association.*

TUESDAY EVENING, August 4th, 1868.

The meeting was called to order by the President. Members present—Drs. J. R. Lothrop, Shaw, Ring, Abbott, Potter, Gay, Wetmore and Johnson.

Dr. Charles B. Schuyler was elected a member on compliance with the by-laws.

DR. POTTER related the following case:

Mr. ——, aged 21, consulted me on the 3d instant, concerning a very annoying discharge from his urethra. The discharge was muco-purulent in appearance and quite abundant, soiling from two to five cloths during the day, according to the severity of his exercise. It was likewise more abundant when his passions were aroused. It is now, and has always been, unaccompanied by pain during micturition and unconnected with erections of the penis. The organ does not now manifest nor has it at any time manifested any signs of acute inflammation. The health and spirits of the patient were much effected by his condition. He assured me that previous to December last he had never enjoyed sexual intercourse, but that he then began a career of excessive venery, which was continued until about the first of April, or during a period of a little more than three months, when the discharge from which he sought relief first made its appearance. Not varying very much in amount or appearance, it has therefore continued

four months. Microscopical examination shows absence of either spermatozoa or pus globules, and the presence of certain not well-defined scales, which were thought to be of epithelium. But I have been unable to learn the nature of this discharge, and have regarded it as a result of genital debility, having its origin in excessive venery, and not as a result of a gonorrhœa. Not having met with a similar case before, I mention the history of this man simply to see if my diagnosis is confirmed by the experience of my elder brethren.

Dr. Abbott remarked that he examined with the microscope the substance discharged from the urethra in case just mentioned by Dr. Potter, and was satisfied that it was albuminoid in character.

Dr. Shaw reported the following case:—Was called to see a French woman, about 40 years of age, rather frail, and of nervous temperament. She had been out the day previous and had been over-heated, and on arising in the morning felt unwell, but partook of a moderate breakfast, soon after which she fell upon the floor unconscious. Her family believed she had an attack of paralysis. I found the patient shortly after the attack greatly exhausted, almost pulseless, extremities and surface cold, pupils dilated, could scarcely articulate. Gave stimulants freely; after which she revived, and stated that she at the onset had severe headache, succeeded by dizziness; complained of numbness of the left extremities and side. Applied counter-irritants to the spine; gave tonics and stimulants and am now applying electro-magnetism, under which her condition is improving. I do not regard this as exactly a case of sun-stroke, but think this condition was caused by exhaustion from heat.

Dr. Johnson remarked that he had seen a statement in the newspapers of this city that over forty cases of sun-stroke had occurred here during the present heated term, and thought that this was too large an estimate, that probably several of the cases reported sun-stroke were not genuine cases of that disease. He had seen five persons said to be suffering from sun-stroke. Of these, two cases only were genuine. Of the remaining three cases the first was a case of hysteria; the second an epileptiform convulsion, and the third alcoholic intoxication.

Dr. J. also reported a case of temporary insanity, caused by

sun-stroke. The patient was a man of about 35 years of age, whose health had formerly been good. He was a canal-boat captain, and while engaged upon his boat coming through the locks at Lockport, was prostrated by sun-stroke, was properly treated for that disease, and remained insensible for twenty-four hours; arriving in this city at about this time, he left his boat and was found upon the street, and supposed to be suffering from delirium tremens. A man upon the boat with him who had known him and his parents and family for ten years, assured me that the man was strictly temperate, and that there was not now nor had there been any insanity in the family. After being under treatment forty-eight hours he had nearly recovered, and was conveyed home. This was clearly a case of temporary insanity produced by exposure to heat of the sun.

Dr. Ring said that he had seen two cases of sun-stroke, or exhaustion from heat that occurred when the sun was not shining. First case was an old lady on N—— street, just after dark, with the usual symptoms of sun-stroke. Applied cold to the head and gave stimulants, and she recovered. Second case; saw a man next morning, before sunrise, with same symptoms. Applied same treatment, and the man recovered.

Dr. Lothrop thought that direct exposure to the rays of the sun was not essential to the production of that condition called sun-stroke. Excessive heat would produce it, though a great majority of cases arose under direct exposure. In regard to treatment, no one method would suit all cases. In fact, two distinct classes of cases are observed. In one, the symptoms resemble those of apoplexy, while in the other the symptoms are those of exhaustion. The former have the full, slow pulse, the turgid face, the stupor and stertor of apoplexy; the latter, the feeble, often quick pulse, and the pallor of exhaustion. Probably in most instances sun-stroke is nervous exhaustion from excessive heat, and therefore in most cases stimulants with cold to the head would be the best measures. But some cases must be treated upon the antiphlogistic plan, or mischief would be done. The pulse furnishes a good indication of the class to which a case belongs. The distinction is more important in regard to using or withholding stimulants than concerning the application of cold to the head. In all cases the latter is proper, as in all cases there is a marked congestion of the membranes of the brain.

DR. LOTHROP presented two photographic representations of subclavian aneurism with an account of the case. A full report of it could be found in the late work of Dr. John Mason Warren, but as the details of it in that work might not be seen by many of the members, he would briefly relate its main features. A colored man about forty years of age came to his notice, with a tumor in the clavicular region. At that time there were no signs of aneurism except swelling. He subsequently learned that the man had been in the Massachusetts General Hospital, where the diagnosis was subclavian aneurism. The treatment had been applications of ice and pressure of bags of shot. This was employed during the patient's stay, about two months. He then left and about three months after came under Dr. L.'s care. The large tumor was the seat of great pain, so that he could not lie upon the side affected. The pain he attributes to a fall, which happened shortly before, the shoulder being struck. After a time the pain subsided, but the tumor pointed like an abscess, and finally opened and discharged first, chocolate colored pus in large quantity, and afterwards yellow pus. The opening took place over about the middle point of the clavicle, at which point the clavicle was not entire—a separation having been effected either by fracture or absorption. The patient, after about four months was lost sight of; at that time the swelling had entirely subsided, the purulent discharge had nearly ceased, and the man's health had greatly improved. A year afterwards he was heard of, being then in good health. The arm was powerless both before and after the rupture of the tumor and was kept in a sling. After the opening of the tumor, there was considerable depression in the space occupied by it.

This remarkable case was one of cured aneurism, with suppuration subseqently excited on receiving a fall. When first seen by Dr. L. it was an abscess in a closed aneurismal sac. It is difficult to say what was the agency in the cure. Whether coagulation by cold or pressure, either exerted directly upon the sac by the bags of shot, or by the combined pressure of the shot bags and the tumor itself upon the vessel. A tumor may by its bulk alone press upon the vessel and stop the current of blood. External pressure would aid this method of cure. It might have resulted from the closing of the aperture in the vessel by a de-

tached portion of the coagulum in the sac, but this seems less probable than that it was due to cold and pressure acting together.

The suppuration within the sac does not appear to have been connected with the means employed to bring about the cure. We cannot say that it was a result of either pressure or cold, especially as it occurred at a long interval afterwards. It probably resulted from the injury done to the sac by the fall, of which mention has been made. It seems probable, also, that at the same time, the clavicle, weakened by interstitial absorption, the result of pressure, was broken.

The cure of subclavian aneurism, either spontaneously, or by measures other than ligature, is well known to take place. Dr. L. stated that he had now under observation a case of what he thought to be spontaneous cure of aneurism of the left subclavian. In this case there was a tumor in the post clavicular space, but it had neither the thrill, the murmur, nor any of the peculiar signs of an aneurism. For several years there had been but little change in it. The patient, a lady, had been told by eminent surgeons, years before, that it was an aneurism, and had enforced great caution as to her actions. She had lived under a constant apprehension of sudden death. For the last year or two she had been less careful and less apprehensive, but still had considered the tumor to be aneurismal. After a careful examination, Dr. L. found no existing indication of its being an aneurism, and could only conclude that, the diagnosis being assumed to have been correct, it was a case of spontaneous cure. In fact, he thought that the tumor could only be accounted for upon the supposition of its being a cured aneurism.

Dr. Gay made the following remarks upon the influence of the hot weather upon women in the parturient state. Had during the last month attended eleven cases of delivery. Three of these were cases of miscarriage and two cases of delivery by forceps. In one of the cases which occurred when the heat was very oppressive, the first stage of the labor went on naturally, but the second stage was prolonged and tedious. In two primipera cases the os dilated rapidly, but the exhaustion was so great as to retard the labor and make artificial delivery necessary. In one case the exhaustion was so great as to make immediate delivery by forceps necessary. Gave chloroform to complete anæsthesia. The anæs-

thesia continued until the placenta was expelled, when dangerous hemorrhage came on, accompanied with syncope. I feared the patient would die, and gave stimulants, (brandy,) after which she revived and made a good recovery. Gave first brandy, then ergot, then chloroform.

DR. WETMORE asked if it was Dr. Gay's practice to give ergot just before introducing the forceps?

DR. GAY replied, that he had no definite rule. Gave the ergot in this case with the intention of getting its effect as soon as the forceps were introduced, hoping that thereby but little traction would be necessary.

DR. LOTHROP inquired if ergot had been given before the forceps were resorted to? He did not ask the question from any desire to criticise the proceeding of Dr. Gay, even if it had not been given, as many practitioners prefer to use the forceps rather than ergot. It was not a settled matter which was preferable. In a case where everything was ready for the exit of the head, uterine power alone being wanting, there could be no doubt of the propriety of giving ergot, without calling up the question of preference. Its action to increase uterine power could not be called in question. He wished, however, in this connection to speak of a method of giving ergot which had been taught him by a preceptor, which he had followed more or less since. His teacher's theory was, that by producing a firm contraction of the uterus immediately after the expulsion of the placenta, the duration of the lochia was shortened. Accordingly he gave ergot several times, at intervals of an hour, immediately after the birth of the child. Its action was to cause the uterus to become firmly contracted and to prevent the accumulation of coagula in its cavity, whereby not only the lochia were prolonged, but the after pains were also. He kept a record of the duration of the lochia in a large number of cases, and he thought his statistics proved the correctness of his theory. Dr. L. had always thought that the giving of ergot in this way did actually lesson the after-pains and shorten the period of the lochial discharge. Perhaps this in addition might be said in its favor, that it offered a certain amount of protection against excessive flow.

DR. RING remarked that he always gave ergot when he feared that hemorrhage might occur, and always gave it with confidence that uterine contraction would be produced from its use.

Dr. Shaw remarked that he had so little faith in the power of ergot that he scarcely ever gave it.

Cholera infantum, cholera morbus, diarrhœa and dysentery were reported as prevailing. Adjourned.

Thos. M. Johnson, Sec'y.

ART. II.—*Retroversion of the Impregnated Uterus and Spontaneous Reposition.* By C. C. F. Gay, M. D.

I transcribe from my note-book the following interesting and instructive case of retroversio-uteri, although a faithful record of it is somewhat disparaging to the method employed and pursued in the management of the case. I record the case, however, most willingly, believing that he who accurately and honestly details a case under his observation and treatment, contributes thereby something to the general stock of medical knowledge, which entitles him to a hearing:

I was consulted on April 28th, 1862, by Mrs. F., aged 31 years. She states that her health has been impaired for a long time, that leucorrhœa has troubled her for three years; has one child, now six years old; never since been pregnant; never had miscarriage; thinks she has scrofula; three of her relatives had been troubled with uterine disease, of which one died. Present symptoms—leucorrhœa; frequent desire to urinate; pain in right side and back; pulse frequent; tongue coated; no appetite; bowels regular; difficulty in walking; general malaise. Examination with speculum showed extensive ulcerations of the os, a portion of which presented the strawberry appearance, and bleeds to the touch. Applied argt. nitras.

May 5th. Considerable hemorrhage followed the application made on April 28th. Introduced Simpson's sound and found uterus retroverted. Reposited the uterus with the sound, and directed patient to lie upon her back for a few hours.

May 8th. Uterus again displaced; again brought up fundus to its normal position with the sound.

May 11th. Patient has remained in bed and had considerable pain; some nausea and vomiting; womb still retroverted. Again used the sound, but shall not attempt again to reposit the womb until the ulcerations are healed. Applied nit. silver; afterwards

cotton pessary, saturated with sweet oil, and prescribed iod. pot. grs. iij, ter die, and cold water vaginal injections.

May 23d. Considerable bloody discharge after local application; shall make the application in the future lighter and more cautiously.

May 27th. The os looking better; bloody discharge continued for two days after last application; used to-day cotton ball saturated with ol. olive and tr. iodine, equal parts, and morph. gr. ss.

June 7th. On examination to-day discover that the womb has been spontaneously reposited. The os so far inclined backwards towards the sacrum as to occasion some difficulty in finding it; normal position of the womb ascertained by the use of the sound. Patient much improved; pain abated; no difficulty in urinating; ulcerations nearly healed; not nearly so much leucorrhœa. Continue the cotton ball, and ordered its removal in twenty-four hours, unless its presence becomes uncomfortable before the expiration of this time. After its removal, cold water injections. Discontinue medicine.

June 23. Uterus remains in normal position and patient much improved.

July 3d. Continue treatment. Applied carefully argt. nitras. Has now no discharge, either leucorrhœal or blood.

July 21st. Argt. nit. has been applied once each week; patient improving; scarcely any disease remaining of the os.

Decided a month ago, nearly, or on June 7th, at the time I found the uterus in its normal position, that this woman was pregnant, and again to-day reiterated the same opinion, and am positive as to the correctness of the diagnosis, although patient will not believe it. There has been no menstruation, although she thinks she has menstruated regularly.

August 23d. Patient has come to the conclusion that I am correct in my views as to her pregnancy, as she believes she feels motion. Made no more applications to the os. Patient goes out and feels well.

Nov. 3d. I delivered this female at full term of a living male child, weighing ten pounds. Both mother and child doing well.

The failure to diagnose early the pregnancy of this woman is not the most interesting feature in making up the record of this

case. Had the incomplete diagnosis led to miscarriage I doubtless should have excused myself from reporting it, but as the error did not lead to any such result, I am quite willing to report the error, and to believe that a more interesting feature than that of failure to diagnose presents itself in the fact that a gravid uterus was able to sustain such manipulations with impunity. There were good and sufficient reasons why pregnancy was not diagnosticated. Six years had intervened since the last pregnancy; there was retroversion of the uterus and extensive ulcerations of the os and cervix, with regular menstruation. And a firm denial, on the part of the patient herself, that there was a possibility or probability of pregnancy. These several circumstances led me into the error of treating the case precisely as though pregnancy did not exist in reality.

It has been asserted that considerable ulceration of the os with much leucorrhœa precluded the possibility of pregnancy. It has been asserted, moreover, that a retroverted uterus could not become impregnated; facts presented in this single case fully controverts the theory that diseased os and misplaced womb must of necessity always subject the female to the sterile condition. I have sufficient evidence to warrant the assertion that this lady's womb was retroverted before the pregnancy, and that it had been so displaced since her last confinement; for notwithstanding this patient has since been in labor with a still-born child at term, the uterus at this present writing is still retroverted, and became so after the birth of both of the last two children, although every precaution to prevent and guard against such displacement was made use of. On examination I have found the uterus retroverted as at first, and there in its chosen dislocated position it remains, and refuses to respond to any means, mechanical or otherwise, for its permanent reposition, except it be pregnancy.

The retroverted impregnated uterus is capable, as shown in this case, of accomplishing what the unimpregnated uterus is incapable of doing, viz: of spontaneously repositing itself. This is an interesting fact, and may ultimately lead the way to successful treatment for the permanent relief of this form of displacement, for if the uterus may be made to occupy its normal position, and to remain in its proper relations with the other viscera within the

pelvis during utero-gestation, why may not the unimpregnated uterus be made to do the same by means of appropriate mechanical appliances, or by appeal to the resources of surgery?

The case which I have recorded opens up the mooted question of the propriety of cauterizing the os in the case of gravid uterus and the probabilities of risk to the fœtus in utero and induction of miscarriage by the use of local applications. When, during pregnancy, there is inconsiderable disease of the os, or cervix, or both, are we justifiable in making local applications? I answer, no; but when there exists considerable disease we are undoubtedly authorized to treat the case only in a more mild and cautious manner, just the same as though we were treating the os or cervix of a non-impregnated uterus.

This recorded case is instructive. I was taught the lesson never to introduce the sound within the cavity of the womb in any case in which there could be the least shadow of doubt cast upon the question of pregnancy. In this instance Simpson's sound was used and introduced with facility within the uterine cavity, upon which the reposition was accomplished. In the future I should incur no risk, for the reason that I have abandoned the use of this sound in place of which Sims' silver probe is now substituted, but which I never employ, as a rule, for this purpose.

Here, then, was a woman pregnant, conception having taken place about the beginning of the month of February. On May 5th, 8th and 11th, the displacement was temporarily rectified by the use of Simpson's sound, at the same time nitrate of silver in substance was applied thoroughly to the diseased os, and both these manipulations were done with impunity; still this experience cannot be distorted into justification for rough handling of a gravid uterus. That miscarriage was not the result of such manipulation was certainly no fault of mine, and my single consolation is in the fact that I am not the only person, who, has at least once in his professional career, committed the mistake of making hasty and incomplete diagnosis.

Chloride of copper is now extensively used in Germany against the cattle plague, or rather as a preservative.

Correspondence.

Dr. Eve's Reply to Dr. Otis' Rejoinder.

MR. EDITOR:—Please accept my thanks for your kind remarks on the results of hip-joint amputations, made in the number of your valuable journal containing a lengthy communication signed George A. Otis, Ass't Surgeon and Brevet Lt. Col. U. S. Army. In my contribution to the history of this operation, contained in Vol. 18th Transactions of the American Medical Association, all intended was the expression of surprise as to how well the surgeons in the Southern army had done with it under the most disadvantageous circumstances; for by a comparison with the cases reported in Circular No. 6, issued from the Surgeon General's Office, but which is now known to be incomplete and erroneous, the results in the late Confederacy were, unexpectedly to me, very satisfactory. Cases developed since May, 1867, have changed these conclusions. You are right, Sir, in believing that I claim no superiority for Southern doctors, especially over those of the North, where most of us until recently, have been educated; for I well know how remarkably similar has been the rate of mortality in amputations in military surgery the world over. No invidious comparison was intended by my remarks. Dr. Otis in his rejoinder professes not only "to cast doubt upon many of my statements, but also to refute them;" he asserts that my cases are not sustained by the authors referred to, and that I have violated the courtesies of authorship. These I take to be pretty grave charges, and respectfully ask space in your journal for vindication.

It is certainly a question of no great importance to me, and it may be to the profession, what Dr. Otis may be pleased to consider a successful case of amputation at the hip-joint. When all the facts have been properly presented, each one will judge for himself. I believe I have the right, and now exercise it, in pronouncing Legoust's case a successful one, in opposition to all he or others may have written to the contrary; and I think this is the decision of the profession. All that was ever claimed in my

contribution to the history of the hip-joint operations performed on the Southern side during the civil war, was that I acted *honestly.* As may be seen in the 18th vol. of the Transactions of the American Medical Association, "the particulars of each case have been derived as far as practicable from the operator himself, and his own language preserved; aiming to present the whole truth, every available means were employed, and in several instances the full history has been secured." What more justly could be done? If every fact furnished me by the authors of these cases were published, how could my statements be erroneous? And, moreover, if my deductions were not legitimate, the reader having their full history before him need not be deceived, even if that was my design. My statistics therefore of hip-joint amputations stand upon their own merits; *truthful* as far as could be obtained, and there they are left without further comment.

But I feel unwilling, Mr. Editor, for any one to make insinuations or cast aspersions upon me, especially when they are unmerited and can be easily exposed. This reply is provoked from me and I am acting purely on the defensive.

Dr. Otis says that he, and he alone, ("personally" is the word,) engaged me to collect the cases of hip-joint amputations in the Southern army; yet kindly admits that I regarded them designed for the use of the Medical Bureau of the Surgeon General. Fortunately the following extracts from a few of the many letters written me by Dr. Otis, will make this quite satisfactory as far as I am concerned: "Surgeon General's Office, Washington City, Feb'y 9th, 1867. I have the honor to inform you that, by the direction of the Surgeon General, I am engaged in compiling a manuscript on Amputations at the Hip-joint in Military Surgery. * * * Drs. Chisholm, Gaillard, Maury and others, have lent me their assistance. I have only been able to collect *three* examples. * * * I shall esteem it a great kindness if you will facilitate my inquiries, and which I feel great diffidence in trespassing upon your valuable time, your former kindness emboldens me to seek your assistance. March 20th, (in about a month, exclusive of the time for transmission of letters, he writes:) I am under the greatest obligation to you for your kind interest in aiding me to complete the records of hip-joint amputations during the war. April 19th, I have received your letters of the 11th and 12th of April,

with the record of *thirteen cases* of amputations at the hip-joint. Gilmore's, Lay's, Grant's, Compton's and Felton's cases, *seven in all*, are entirely new to me. * * * *The Surgeon General desires me to express to you with his kindest regards, his appreciation of your valuable contributions to the* SURGICAL DATA OF HIS OFFICE. I hardly know how to classify *Gilmore's and Compton's successful cases.* (The reader will please remember that this is the language of Dr. Otis, who now assails me for publishing Dr. Gilmore's case a successful one, and here we have his own admission that it was so.) May 7th. You quite overwhelm me with your rich contributions, and I hardly know how to express my thanks. The new cases are of great interest. * * * I have been *delayed* in printing my paper, since, mainly by your kind assistance, I have improved the delay by the acquisition of so much interesting material. *Surgeon General's Office, Division of Surgical Records, May 7th*, 1867. *Respectfully returned to Prof. Paul F. Eve, with many thanks.* Oct. 22d. Thanks for your letter received. Having had the pleasure of reading it, I have sent it up to the Surgeon General."

In addition to these extracts, the fact is now mentioned that soon after my return to Nashville from the late Confederacy, I was otherwise the recipient of kindness from the Surgeon General of the U. S. Army, attributed as is believed to my having been in early life, the schoolmate of a distinguished Georgia Governor, who had, no doubt, presented me favorably to him, and hence in all probability, the application to me from his office through Dr. Otis to contribute what I could to the history of amputation at the hip-joint. I trust the reader is now prepared to decide whether I was more presumptuous in believing that I was working for the U. S. Army Medical Bureau, in collecting the cases of hip-joint amputation which had occurred in the Southern service, or Dr. Otis in flattering himself that I was engaged voluntarily in laboring for himself exclusively.

While acknowledging that I had furnished twenty cases of amputation at the hip-joint to the Surgeon General's office, *sixteen of which he had never heard of*, and claiming them for his own *personal use*, yet in the same paragraph, Dr. Otis insinuates that I violated the courtesies of authorship by publishing "these materials in the Transactions of the Medical Society of Tennessee and the Transactions of the American Medical Association, prior to

the official publication of the bureau for which they were ostensibly collected." It might be well for him to be better informed before making such a railing accusation; he even italicised the names of the above medical corporations. Now it is not true that my contribution to the hip-joint operations was ever *presented*, or *read*, or *published*, by the Tennessee State Medical Society. The paper received by that body was the "Statistics of ninety cases of Urinary Calculus, 78 Bi-lateral, 3 Lateral, 3 Lithotrity, 2 Vaginal, 1 Urethral section, and 1 Dilatation." Nor was the article presented to the American Medical Association ever sent to Washington city for Dr. Otis or the Surgeon General. All they asked for or received were the cases as collected by me; and the imputation that I presented to and had published by the State Medical Society here, by the American Medical Association and the Army Medical Bureau, one and the same paper, is unequivocally an error. Any one by examining the proceedings of the two named societies and Circular No. 7, issued by the Surgeon General U. S. Army, July, 1867, will discover the fact, that in but one of them alone can my contribution to the history of the hip-joint operations be found. But this is not all; believing that my cases were collected for the use of the Army Medical Bureau, and as Dr. Otis had notified me again and again, the *delay* which had occurred in the contemplated publication from his office, I wrote and *obtained his permission* to do the very thing for which he now attempts to censure me. Here is his reply: "Surgeon General's Office, Washington City, March 27th, 1867. Dear Doctor: It would be very *unreasonable in me to object* to the reading of your contribution to the record of the hip-joint amputation at the meeting of your State Society. My memoir aims at completeness rather than originality, and *most of the cases included in it have already been in print.*" Moreover, it was six weeks after this that my paper was presented to the surgical section of the American Medical Association and by it ordered to be published. The 18th volume, in which it appeared as an original communication, is dated July, while Circular No. 7, containing only acknowledgments and references to the cases furnished by me, which are simply classified by Dr. Otis with others, collected by him from the whole country, is actually dated by himself, *June*. How, then, had I *published* these materials prior to [illegible]? Did July come before

June in 1867? With these irrefutable facts before him, Dr. Otis has volunteered to accuse me of committing a breach of courtesy as an author, when the truth is, he not only gave me permission to read my paper before a medical association, but he actually published the cases prior to, or as soon as the proceedings of that body were printed, and after many acknowledged delays of publication on his part.

Another point of Dr. Otis is, that I published as a success, the case of Dr. J. T. Gilmore, formerly of the old army, now a Professor in the Mobile Medical College, which, he asserts, "the modest and conscientious operator, remembering that the patients of M. Legoust and Dr. Wier, died three or four months after operation, advances no such claims." The inference then, is, that no amputation at the hip-joint is to be admitted hereafter as one of unequivocal success, which has not survived beyond this period. Is the profession prepared to adopt this standard? If so, the statistics of this operation, amputation in general, must be reviewed; a thing now utterly impossible. But if as has heretofore been the custom to consider all cases successful when the *wound made by the operation has healed*, which has proved reasonable and judicious, then may we hope for satisfactory conclusions. In proof, however, that the operator, (Dr. Gilmore,) in the case above referred to *did claim it a success*, I quote his own published language now in the possession of Otis: "I heard," says he, "from his friends that *he recovered entirely and went home.* * * * I therefore regarded this, though *successful*, as not a fair criterion by which to judge of amputation at the hip-joint, especially a primary operation in military surgery." The 30th of last June, Dr. Gilmore wrote me from Mobile, "the chances are *that he recovered perfectly.*" This, too, is the very case which I have shown Dr. Otis himself admitted, April 19th, 1867, was *successful.* Will any one now believe that I am not sustained by my authority, or that Dr. Otis can prove what he has alleged on this point?

Again, he writes me that while I believe courtesy requires all who may cast doubts on an author's statements should notify the assailed party, he complains that he was subjected to the expense of purchasing my paper from the publisher. I have always been opposed to anonymous communications on scientific subjects, and know no good reason why doctors should thus attack

each other in the dark. I love a man who has an open heart. Dr. Otis sent me his rejoinder, but I never read it until it was published. I very much regret he had to pay for so worthless an article as my pamphlet, but even here there must be an error. Mr. T. K. Collins of Philadelphia, publisher for the American Medical Association, declares most positively that he had no right to sell, and never sold a copy; and I am ready to make oath that I have supplied every one, even in Europe, who expressed a wish for the pamphlet, free of all expense. The publisher says Dr. Otis must have bought the volume of Transactions of the Association containing it, and not a copy of the paper which I had issued in an extra form.

In the concluding paragraph of Dr. Otis' rejoinder, he expresses the hope that the "field of science will not be invaded by partisan prejudice, and that to us will be left at least the republic of letters." Before he opened the correspondence with me in February, 1867, (without he once resided in Richmond, Va.,) I knew nothing of him. He then commenced addressing me as "Dear Sir," then "Dear Doctor," changing this to "My Dear Doctor," "My Dear Professor," but presume our correspondence has now ceased by his enclosing his rejoinder to the "Doctor." When at the Association last May in Washington, I called several times to see him, and found him to fail at every appointment made for me to meet the Surgeon General, a single remark made at that time when I last saw him satisfied me in regard to the bias of his mind. In alluding to the hip-joint amputation he said, "You Southern gentlemen have so much chivalry;" and this I hope we may never lose, always exercising that charity which relies in a brother's word of honor. "I question no man's veracity, as I will not submit my own to be called in question." To leave us the republic of letters and sciences is just now the prayer of the whole South. But, alas! what fields or republics of either kind whatsoever remain to us uninvaded? We read in the last *Presbyterian Index*, published in Mobile, that the entire faculty of the University of Alabama is composed of invaders from Ohio; and it states that one of these professors was beaten by a negro for door-keeper of the Legislature at Montgomery.

It has given me no pleasure, Mr. Editor, to make this expose. I love my profession and all connected with it. I believe Dr.

Otis is a worthy member of it, and I commend his talent, industry and perseverance. But since his full, free and it may be said extraordinary acknowledgments of my coöperation with him as the reporter of Circular No. 7 from the Surgeon General's office, a change has certainly come over him. But be the cause what it may I can safely rely for justice upon that profession which has done so much for me and honored me so far above my deserts.

PAUL F. EVE, M. D.

Nashville, 18th Sept., 1868.

Miscellaneous.

Tuberculosis and Pulmonary Phthisis.—A Critical Review.

[CONCLUDED.]

The doctrine of the caseous pneumonia of epithelial phthisis, regarded as the distinct disease of tuberculosis, is not, as is seen, solidly founded upon pathological anatomy, which leaves, as M. Ch. Bouchard says, doubts impossible to remove.

Does this doctrine find a more solid support from clinical experience? We shall now examine this question.

Since I can use the right of the critic, I shall take the liberty of immediately bringing up a contradiction which escaped Niemeyer. In most cases, he says, the three forms of phthisis can be distinguished from each other *almost with certitude;* and a few lines further on, doubtless regretting having said so much, he adds, we shall try to draw the picture of the three principal forms of pulmonary phthisis. M. Bouchard considers the differential diagnosis of simple caseous pneumonia and of caseous pneumonia complicated with tuberculosis as surrounded with almost insurmountable difficulties.

Whatever it may be, let us, however, see upon what signs Niemeyer bases a diagnosis.

1.—Great frequency of the respiratory movements without augmentation of the souffle, and dullness, in a patient who has had for some time the signs of pulmonary induration, may cause us to

suspect that a tuberculosis has arisen to complicate an already existing phthisis.

2.—Pains in the chest and through the shoulders more frequently accompany the pneumonic processes than the tuberculosis.

3.—If cough and expectoration have preceded fever and loss of flesh, it is a pneumonic process we have to contend with; if the contrary, then we should regard it as a tuberculosis phthisis.

4.—An intimate mingling of blood with the mucus and mucopurulent sputa constitutes a sign of the pneumonic process.

5.—A persistent cough, continuing a long time, with scanty expectoration, is a sign of tuberculosis.

6.—A hoarse cough is one of the particular signs of tubercular phthisis, or of a complication by tuberculosis of a pulmonary phthisis, due primarily to destructive inflammatory processes.

7.—The type of the fever in simple pneumonic process is remittent; the fever tends towards the continued type in tubercular phthisis and in phthisis complicated with tuberculosis. In other words, in simple caseous pneumonia the temperature in the morning varies little from the normal standard, and rises in the night to 1°, 1°.5 to 2°, while in tubercular phthisis the temperature keeps up above the normal state, sometimes reaching 41°, and does not fall sensibly towards morning. (Recherches sur la température dans la phthisie pulmonaire, par Sidney Ringer, *Archives de Med.*, 1866.)

8.—In tuberculosis, the loss of flesh and the impoverishment of the blood are much more rapid than in caseous phthisis.

9.—A shrill sound, not flat, tympanitic, limited to the summit and coinciding with a diminution in the fullness of the respiratory movements, should lead us to suppose a tuberculosis.

10.—Cavernous sounds, finally, are not produced in pure tuberculous consumptions, and most large caverns *should be considered* as due to the breaking down of the tissues affected with caseous infiltration.

When we consider that, according to Niemeyer, the coëxistence of tubercles and inflammatory caseous masses is very frequent, that granulations, as he always allows, may be developed in the lungs in so latent a manner that they cannot be diagnosticated, where is the physician who, in similar conditions, with such slight differential symptoms, would dare to give a diagnosis, that is,

would positively state that a patient is or is not affected with tuberculosis?

If, under a like condition, a vain scientific curiosity only is to be satisfied, I shall not insist upon it, but if we accept the views of the Professor of Tubingen, that upon the precision in diagnosis evidently depends upon the gravity of the prognosis, then it is of the greatest importance that the problem should be solved. If the patient is attacked with a simple caseous pneumonia, it is not impossible to cure it, while if it is a tuberculosis, either primary or consecutive, then treatment is positively of no avail. Therefore, I repeat, the consequences depending upon the diagnosis are so serious that to establish it we require more marked and better defined signs than those indicated by Niemeyer, which he is far from considering as being always sufficient.

To distinguish tuberculosis from caseous phthisis, it has been thought that a criterion has also been found in the duration of the disease, by laying down as a principle that tuberculization is always acute. "It destroys," says M. Bouchard, "rapidly, like acute diseases; when it is prolonged, the new attacks reproduce acute manifestations, and if its total duration attains six or seven months, there is nothing established which shows that it can pursue a slow or gradual course like common consumption."

We can, in fact, regarding it from a certain point of view, say there is no chronic tuberculization, for in rapid consumption as in slow consumption, each new irruption of granulations produces acute symptoms, which are more or less intense, destroying the patient or gradually wearing him out.

In both cases the phenomena are the same; they only differ in their degree of intensity.

To demonstrate the relation between the two diseases, do we not see, every day, patients who present, as the effect of an irruption of granulations, acute symptoms, which would seem enough to carry them off, but who apparently recover, and the disease pursues its fatal course, with all the alluring signs of a chronic affection.

Such was precisely the case of the patient of M. Colin, to whom M. Bouchard alludes, and whom he considers as having had primarily an hæmoptysis and pneumonia; a patient in whom all the

symptoms of an acute phthisis were rapidly developed, and which ended by becoming chronic.

Admitting that any form of pneumonia (fibrinous or catarrhal) can terminate, under certain conditions, by caseous infiltration, that a bronchial catarrh can produce catarrhal pneumonia by the propagation of the disease to the alveoli, and pulmonary phthisis by caseous transformation and the consecutive breaking down of the inflammatory products, Niemeyer naturally returns to the theory of a *neglected cold*, which we thought was buried forever.

In this, however, he approaches the opinions of Broussais, who also admits that all pulmonary inflammation can degenerate into phthisis, but into true tuberculous phthisis, tubercle being, according to him, the most ordinary result of these inflammations when they persist beyond their habitual term. (Histoire des phlegmasies chroniques, t. iii, p. 216.)

The first thing, the interpretation of which immediately embarrasses the anthor, is the persistence of a bronchial catarrh, limited to the summits of the lungs without the previous existence of granulations. According to him, this catarrh is not, as is generally believed, the evident sign of a commencing pulmonary tuberculosis, but very certainly a sign which announces that the patient is threatened with phthisis. As death does not ordinarily occur at this period of the disease, Niemeyer can hardly call pathological anatomy to his aid to justify his assertion, and clinical experience does not offer any greater resources.

If tubercle can exist in the latent state, and if bronchitis, when present, is only the indication of it, and M. Villemin agreeing upon this point with Laennec, Louis, Andral and Fournet, is there not, then, reason for regarding the bronchitis which is then induced by the slightest causes, as the effect in reality of the tuberculous neoplasm?

Again, in persons affected with bronchitis the signs of phthisis are concealed by those of inflammation of the bronchi, and only appear when the diminution of the local symptoms of bronchitis reveals those of tuberculization, which are on that account none the less primitive.

The same remarks are applicable to chronic inflammations of the lungs and pleura, and according as these complications are

predominant, they control the pathological condition, even completely conceal, at times, the presence of tubercles, and cause the primordial lesion, of which they are only the effect, to pass unperceived. It is this form of disease which Broussais proposed to call tuberculous pneumonia, in contradisdinction to pneumonic phthisis, that is to say, that in which tubercles manifestly preceded the pulmonary inflammation.

It does not follow from this that tuberculization cannot be developed in a person some time affected with bronchitis, pneumonia or simple pleurisy; but it seems to me necessary to recognize some relation of cause and effect between these facts. We may say, with M. Pidoux, that tubercular and catarrhal diseases pursue two parallel lines, and however prolonged they may be supposed to be, these two lines may never meet. When we treat of the nature of tubercle and tuberculosis, we shall have occasion to speak of this point more in detail.

Pulmonary tuberculization, as all admit, progresses by successive irruptions of granulations, which excite about them more or less severe inflammation. This normal course of the disease, it appears to me, satisfactorily explains the various phenomena which Niemeyer, in common with all observers, has remarked in the course of pulmonary phthisis. After each irruption of granulations, there are present for some time acute symptoms, the progress of the disease is accelerated, then comes a period of comparative calm up to the breaking out of new granulations; and I find it entirely useless, on this account, to say with Lebert, that a patient can be consumptive to-day, may not be so in three months, and may be so again in six months.

Primitive tuberculosis, at the beginning of phthisis, being the exception, according to Niemeyer, in order to explain the frequency of hæmoptysis at this period of the disease, he admits then that the hæmorrhage and the phthisis come *simply* from a common source, that is to say, from a double predisposition of the patient to hæmorrhage and to phthisis. Hæmorrhage, according to the Professor of Tubingen, can precede phthisis, and induce chronic inflammations of the lungs, which are followed by destruction of the latter. If I did not hesitate to surpass the limits of a critical review, which should always be courteous, I should

retort upon Niemeyer the reproach he addresses to Laennec of having made an unfortunate application of the principle, "*Post hoc, ergo propter hoc.*"

In most cases, an hæmoptysis is followed by a more or less severe irritation of the lung or pleura; this fact is incontestable, and can be easily explained if we admit the doctrine of Laennec—this aggravation is nothing more than the index of a new irruption. Hæmoptysis, says M. Villemin, can only be the result of pulmonary congestion at the commencement of the evolution of the process, and of the obliteration of the vessels in the neighborhood of the nodules, whence increase of intra-vascular pressure, then rupture of capillaries, and bloody extravasation. Is not this interpretation of the facts, which clinical experience, moreover, infinitely more satisfactory than the hæmorrhagic diathesis invoked by Niemeyer?

It seems to me that a definite conclusion may be drawn from this long discussion—that pathological anatomy does not furnish proofs sufficient to establish the independence of caseous pneumonia and tuberculosis; that clinical experience is even still more powerless in demonstrating this quality of pulmonary phthisis.

If we admit that tuberculous granulation preëxists, that it is always the primordial lesion, then all is joined together, all is united. If, on the contrary, this great fact is not admitted, everything becomes confused, uncertain, and as there can be but one true theory, the multiplicity of doctrines which we have seen successively arise, can only have the effect of exciting doubt in the minds of those who would believe.

For instance, catarrhal phthisis—caseous pneumonia of Niemeyer, caseous phthisis of M. Coursieres, epithelial phthisis of M. Feltz and of M. Chatin, tuberculiform phthisis of M. Hirtz, tuberculide of M. Sorel, disseminated chronic pneumonia of Lebert, etc.; this phthisis, I say, which does not want for names, is even to the best informed nothing else than demonstrated.

For my part, I am convinced that the doctrine of Laennec will come out triumphant from all attacks, that modern researches will only give to it a still more brilliant confirmation, and, finally, that M. Villemin was inspired when he proclaimed anew that every pulmonary consumption was the result of the evolution of tubercles.

But there is a disease also characterized anatomically by granulations disseminated in different organs, and especially in the serous membranes, which, from its peculiar symptoms and its generally rapid course, seems at first to merit a distinct place in the nosological table—I speak of acute tuberculization.

M. Empis, adopting entirely this view, has made a special disease of it, and has called it granulie.

Other authors, returning to the views of Bayle, have also desired to make a particular disease of that phthisis which is characterized by the rapid development of miliary granulation in the lung (phthisie granuleuse miliare.)

But if we closely examine these facts, we shall see that these distinctions have no foundation.

One thing seems to me to be immediately established, that it is not possible to consider as two distinct diseases granular pulmonary phthisis and acute tuberculization. It seems to me that this granular phthisis rather serves as a uniting link between chronic phthisis and acute tuberculization, and for two reasons: first, because it is extremely rare not to meet granulations in other organs at the same time that they are found in the lungs; and again, because if the pulmonary disease has continued for some time, we find at the autopsy that a certain number of gray granulations have already undergone fatty transformation.

M. Colin has very clearly indicated this latter fact in his clinical studies, and the third observation of acute tuberculization which he reports can leave no doubt upon the subject.

But when the granulations are general, when they invade the meninges, the pleuræ, the peritoneum, the pericardium, etc., the disease no longer presents the same aspects.

Granulation, always identical, produces different effects according to the organ in which they are developed, and there is nothing in this fact which can justify a fundamental distinction.

Age, in particular, exercises very marked influence upon the degree of generalization of granulations, and Lebert observed with reason that tubercles are so much the more abundant and are disseminated through a greater number of organs, the younger the person and the nearer he is to infancy.

When at the autopsy no softened granulations are found, it is, as M. Peter remarks, because the rapid progress of the disease has not allowed the fatty transformations to take place.

Consequently, according as this or that organ is the seat of the disease, according to the number of organs affected, according to the abundance of the granular irruption, according, finally, to the conditions special to each individual, the symptoms, the progress, the termination even of the disease differs, but the anatomical lesion is always the same, and continues to characterize the affection.

Examples of diseases identical in their nature and different in their clinical aspect, are frequent in pathology.

The lobar pneumonia of the infant, the acute pneumonia in the adult, and the insidious pneumonia of the aged, although very different when regarded from a clinical point of view, are nevertheless one and the same disease.

A varioloid and a confluent variola, differing as they do in seriousness, are still the result of one and the same cause. An acute cancer does not differ as to its nature from a cancer which pursues slowly and fatally its destructive course.

I do not intend to insist upon this point; it is only necessary to present the question in such terms, in order to have a unanimous response from all clinical teachers.

Not content with complicating facts, names have been completely mystified. The granulie of Empis is the tuberculization of Virchow; the tuberculization of Empis is the caseous pneumonia of the Germans. Galloping consumption was admitted as designating the common, vulgar phthisis, having a rapid course; and acute consumption, as designating pulmonary granular phthisis, until Trousseau, and after him M. Jaccoud, in his notes to Graves's Clinical Lectures, overturned completely this nomenclature.

To avoid all confusion, it seems to me that it would be much simpler to admit a pulmonary tuberculization, or, if you please, a *chronic pneumophymia*, (common, vulgar consumption,) a *subacute pneumophymia* (common phthisis running a rapid course,) and an acute phthisis (granular phthisis,) reserving the expression of *acute tuberculization* for those cases where the granulations are more or less general.

In resuming—the doctrine of the unity of tubercular diseases is not rendered hypothetical by clinical experience nor by pathological anatomy, and in terminating I shall repeat, with the authors

of the Compendium, that the only true manner of philosophically regarding pulmonary phthisis is that which consists in considering it as the localization in the lung of a general affection called *tuberculization*, which can be localized in different organs.

I have designedly left completely untouched the question as to the nature of tubercle and tuberculosis. This will be the subject of a second article.

Vaginismus.

BY PROF. N. S. DAVIS, M. D., OF CHICAGO.

Mrs. H., with her husband, from a distant part of the State, consulted me on the 17th of March, 1868. She stated that she had been married over three years, and, though enjoying fair general health, and feeling the usual sexual desires, had never been able to allow sexual intercourse with her husband, on account of the *terrible* suffering that every attempt had produced.

On attempting to make a vaginal examination with the index finger, it was found necessary to bring her fully under the influence of chloroform before it could be completed. The sphincter at the entrance of the vagina contracted as closely around the finger as the sphincter ani generally does; and without the chloroform, she shrank with terror as the finger separated the labia. Finding no malformation of the parts beyond the entrance of the vagina, except an apparent shortness of the vagina and smallness of the neck of the uterus, she was advised to undergo an operation, such as has been recommended by Dr. J. Marion Sims. This, she and her husband readily assented to; and, on the following day (March 18th,) having had the bowels freely moved, so that the rectum should be empty, I proceeded with the operation, assisted by Dr. S. A. McWilliams and two students. The patient was brought into a state of complete anæsthesia by the cautious use of chloroform, and then placed in the same position on the table as for the performance of lithotomy. The labia were separated by the assistants and a portion of the mucus and submucus tissue, corresponding with the original attachments of the hymen, was dissected away with the scissors and forceps, and two incisions were made in the posterior part of the vagina; each

commencing about two inches up, one to the right and the other to the left, making them converge into one on the central line posteriorly, and then extending as one incision outward to the edge of the perineum. The incisions, when completed, resembled in shape the letter Y, and were deep enough to sever the dense, sub-mucus cellular tissue, and the fibres of the sphincter vagina muscle. The operation was completed by placing a soft sponge in the vagina and removing the patient into her bed. The hemorrhage was inconsiderable, and under the influence of a moderate dose of morphine, the patient rested comfortably for several hours. The next morning the sponge was removed, the vagina washed out with water, a small-sized vaginal dilator inserted, and allowed to remain five minutes. From this time, the dilator was inserted every day during the first week, allowing it to remain from fifteen to thirty minutes. During the second week, one of a larger size was used in the same manner. During the third week, the dilator was introduced only every second day, one of medium size entering the vagina with but little pain or resistance.

On the 15th of April, the treatment was discontinued and the patient permitted to return home. The incisions had entirely healed, and a letter, received from her husband soon after, announced that all serious obstruction to sexual intercourse had been removed. The lady was again in the city, a few days since (August 21st,) and assured me that the operation had been entirely successful.—*Chicago Medical Examiner.*

Acupressune and its Effects.

Dr. Hutchinson presented to the New York Pathological Society, January 22, 1868, some specimens illustrating the effects of acupressure on the arteries of sheep, dogs, and men, and remarked that "these specimens, in company with those presented at a previous meeting, comprise my experience with acupressure.—It has been employed in twenty-eight arteries in man and five or six in the lower animals. Among other operations in which it was employed were, two amputations of the leg, one at knee-joint and one of foot, and one of wound in the radial artery; which latter, by the way, illustrated the value of acupressure in a

striking manner. The patient had suffered from an extensive lacerated wound in the lower part of the forearm and hand, and, several days after, sloughing took place followed by hemorrhage from the radial artery. The bleeding was very profuse, so much so that the patient lost a pint and a half of blood in a very few minutes. The artery was exposed in the midst of sloughing tissue. The tourniquet had been applied and also the persulphate of iron; these were, however, removed and acupressure needles slipped under the artery above and below, with the effect of arresting the hemorrhage in an instant. The needles were removed at the end of twenty-two hours. The following day the patient had hemorrhage from the superficialis volæ from the same cause. The blood oozed out very freely, and a considerable quantity was lost before the house-surgeon could arrive to arrest it. This Dr. Eldridge did by the method of acupressure with a very satisfactory result. This latter needle was removed at the end of twenty-seven hours. These two cases illustrate very strongly the value of acupressure in certain cases. I believe that if a ligature had been applied premature sloughing might have resulted with its attendant hemorrhage. In either case, in order to prevent this occurrence, it would have been necessary to have applied a ligature in sound tissure above and below the wound, to have made a very long, tedious, and unsatisfactory dissection, with the result, as before stated, of having secondary hemorrhage afterwards.

"The value of acupressure is, of course, not fully known. Yet it has been demonstrated that we can by these means certainly arrest hemorrhage. I am disposed to think that secondary hemorrhage is less apt to occur after it than after ligature. It is very well known that secondary hemorrhage, from some peculiarity of the constitution, does not form a firm enough clot before the ligature separates. Then, again, it occurs as the result of ulcerations of the arteries prematurely and from sloughing, which not infre quently extends beyond the seat of the plug. By means of acupressure we simply compress the coats of the artery together; no violence is used, the coats are not disturbed at all, and there is on that account less liability to secondary hemorrhage."—*Medical Record.—Am. Jour. Med. Sciences.*

Action of Mercury.

At the recent meeting of the British Medical Association in Oxford, Professor Hughes Bennett read an abstract of the results which had been arrived at by the Edinburgh Committee. The committee, after a laborious investigation on the action of mercurials on dogs, arrived at the conclusion, that whether administered in large or small doses, the preparations of mercury exert no cholagogue action upon that animal—in fact, that they always diminish the flow of bile. How far this report can serve to throw light upon the action of mercurials on man, is, however, a matter upon which more than one opinion can be held. In the course of their investigations the committee have found that mercurials, when administered in large doses to dogs, purge them; and, when in smaller and frequently repeated doses, induce the same group of phenomena which are observed in men under the same circumstances, viz.: fetor of the breath, salivation, and ulcerations of the gums. Having accurately ascertained these facts, the committee appear to consider that the fact that mercurials fail to increase the flow of bile in the dog, affords an almost positive proof that these drugs do not exert a cholagogue action in the case of man. The experiments supported also the modern view that the diversion of the bile through a fistulous opening out of the body does not materially interfere with the intestinal functions, but leads to exhaustion of the body altogether. Dr. B. W. Richardson accepted the report as a model of scientific work, but urged still that mercury did exert a beneficial effect, and that experience confirmed its value. Was it possible, he asked, that mercury acted on the pancreatic gland as it did on the salivary glands, and that it caused an increase of pancreatic secretion? Dr. Bennett, in reply, said it was quite possible the pancreatic function was modified under the action of mercury, for, as one of the tables indicated, the pancreas in five cases was reported as very vascular.—*Medical News and Library.*

The Solubility of False Diphtheritic Membranes.—The *Journal de Chimie et de Pharmacie* for May contains a short review of the work of MM. Bricheteau and Adrian on this subject. One of the experiments is of interest: "A false tracheal membrane,

weighing about twenty centigrammes, thick, resistant, and representing a square centimetre of surface, was placed in a tub containing about five grammes of water. To this was added two drops of lactic acid; the solution was then agitated. In two minutes the membrane began to disintegrate, and gave signs of dissolving. A few drops more of the acid brought about the complete solution of the membrane. A more complete result was obtained by using lime-water, so as to form lactate of lime. Solutions of potash and soda acted much less powerfully. Bromine water, chlorate of potassa, and common salt were all found less active in promoting solution of the membrane." The authors, therefore, recommend the solution of lactic acid as the best topical application to the false membranes of diphtheria.—*The Practitioner*, July, 1868—*Amer. Med. Journal.*

The Dead Alive.

Here is something gay, in the way of inventions. You recollect Edgar Poe's catalepsy coffin, with inside cushions for comfort, and springs for the moment of waking. The idea was very elementary and perhaps practical. But a Frenchman has beaten it all to pieces. He calls his invention a "Respiratory-Advertising Apparatus for Precipitate Inhumations." You can see the mechanism of the thing from where you are. "You can breathe while notifying the outside world that you are resurrected." What *naiveté!* By this invention the buried individual puts himself in communication with the living by means of a tube fixed over the mouth with a funnel-shaped mouth-piece, the other end projecting from the earth or stone above. "If the individual," to quote the prospectus, "finds himself uneasy in his position he has only to demand the attention of the guardians of the cemetery, which he can easily do, and his case will be attended to at once."

So that if this ingenious invention comes into general use, the people who select the cemeteries as a place of resort, must not be surprised hereafter at hearing queer sounds from time to time proceeding from the earth around them. We can imagine the surprised promenader exclaiming to a guardian: "What! you allow people to play the trombone here?" and the guardian reply-

ing: "That's no trombone. It's the old fellow of yesterday—down there—the seventh to the left—who demands a change of base!"

The inventor thinks no family ought to be without one of his tubes. The charming man! Pretty soon he will pretend that children cry for them.—*Paris Cor. N. Y. Times.—New York Med. Journal.*

THE NUTRIMENT OF BEER.—People who drink their ale and beer are very fond of telling how much nutriment they derive from them. Because they are manufactured from grain, many have the idea that the concentrated virtues of the grain are in the drinks. This is an entire fallacy. Prof. Liebig, one of the most eminent chemists in the world, assures us that 1,460 qts. of the best Bavarian beer contain exactly the nourishment of a two-and-a-half pound loaf of bread. This beer is very similar to the famous English Allsopp's and our more popular American beer. The fact is, the nutritious portion of the grain is rotted out before the beer can be made; and if the fermentation of the beer has been complete, Prof. Lyon Playfair declares that no nourishment whatever remains in the fermented liquor; and, as the English Alliance News says, "No chemist now disputes this assertion; for, except to flavor and amount of alcohol, the chemical composition of all kinds of beer is alike and brewers must laugh to hear doctors advising porter as more nourishing than beer, when porter is nothing but beer colored by burnt malt; and often when beer goes wrong in the making and is unsaleable beer, it is converted into fine porter, the mere color covering many defects."—*Journal of Chemistry.—Richmond & Louisville Medical Journal.*

STRENGTH OF CARBOLIC ACID SOLUTIONS.—In view of the fact that carbolic acid is now largely in use in medicine, with a probability that its range of application will be increased, it is well for prescribers to be very careful of the particular preparation they employ. Instances are reported where much damage has been done by the external application of this substance in solution, the prescriber not k[illegible] strength of the solution, and we our[illegible]d from the apothecaries,

in such a way as to evince plainly the fact of a most blissful ignorance of whether the medicine was a solid or a fluid, or in what proportions it was proper to use. Dr. W. T. Channing, of Providence, reports to the Boston *Journal of Chemistry* several cases of serious results, from the use of the concentrated fluid acid, which is dispensed by some under the name of "solution carbolic acid," when the prescribers intended only a milder solution, which they had been in the habit of using, but had obtained it from other druggists. Until, therefore, some distinctive nomenclature shall be given to the various preparations of this substance, and some officinal "solution" shall be decided upon, physicians cannot be too careful in learning the strength of the solution employed, and it would be advisable to give explicit directions where to procure it.—*N. Y. Journal of Medicine.*

Monstrosity by Defect.—While at the County Hospital some weeks since, we were shown by the resident physician, Dr. Garwood, a singular monster, to which one of the patients gave birth. The lower extremities, the pelvis, and all that portion of the body below the plane of the umbilicus, were perfectly developed and normal; but these parts constituted the child, if child it could be called. There was nothing more—all above the umbilicus was wanting. Evidently the embryo from its earliest conception had consisted of nothing more than the parts mentioned. The integument was intact and perfect, and closed over what existed of the abdominal cavity, in such a manner as showed that there had never been anything like amputation *in utero*. Not a trace of a scar was perceptible. At the same time with this monstrosity was born a child with imperforate anus and faulty development of one of its ears. Another most singular fact is, that of the twelve children which the mother has had, not one has been perfectly developed. We regret that circumstances have prevented our obtaining a more satisfactory history of this most interesting case. *Pacific Med. and Surg. Journal.—N. Y. Med. Journal.*

The Appetite for Medicine.—It was stated at the Paddington Board of Guardians that 138 gallons of medicine had been dispensed in two months, including 30 gallons of quinine mixture. It was remarked that the inmates were never satisfied unless they were taking medicine.—*London Lancet.*

FUNGI AND DISEASE.—The question which is now on the *tapis* in professional circles, and which it is of the highest interest to obtain a satisfactory reply to, is—In how far do fungi and disease stand to each other in the relation of cause to effect? Professor Hallier, Mr. Simon, Dr. Salisbury, and all that school, believe implicitly in the influence of fungi as causes of disease. On the other side, we have two very able authorities in this country in Dr. Thudichum and the Rev. J. M. Berkeley, who utterly deny the fungus hypothesis. Now, it must be admitted that up to this time the advocates of the fungus theory, on whom the *onus probandi* fairly lies, have failed in all cases to do more than show the coincidence of fungi and disease. But this is but small ground for the inference they draw from the observation. As has been often suggested, both the disease and the fungus may be coincident terms of the same unknown condition. The crucial test is a tolerably easy one. Let Dr. Salisbury and his party propagate their fungi, and then, by inoculation, reproduce the disease with which the parent fungi were originally associated. This would convince every one. But really, till it is accomplished, it is unwise to push too far a fascinating hypothesis, which too sanguine practitioners may make the basis of an unsound and therefore dangerous practice.—*Medical Times and Gazette.—News and Library.*

CHOLERA FUNGUS.—We understand that the Director-General of the Army Medical Department and the Senate of the Army Medical School have taken an important step with a view to the final settlement of the Cholera Fungus question. Acting on the advice of the professors of the school, the authorities have consented to send two of the most distinguished élèves to Germany to study the subject under Professors Hallier and DeBary. The young medical officers, after mastering the mode of investigation pursued in this difficult inquiry by the eminent men above named, are to proceed to India, and to be set apart to investigate it in that great field of observation—in the very house of cholera. It is to be hoped that this well-advised measure will meet with the success it deserves. It is much to the credit of the Secretaries of State for War and India that they have consented to carry out this measure in a wise and liberal spirit.—*Lancet.*

Editorial Department.

Books Reviewed.

Diseases Peculiar to Women, including Displacement of the Uterus. By Hugh L. Hodge, M. D. Henry C. Lea: Philadelphia, 1868.

The first edition of this work was prepared mainly for the Alumni of the University of Pennsylvania; the object, as stated by the author, being to "present, more at length, and in detail, those views on the nervous diseases of women, which he had for many years taught in the halls of the University." He says: "As the subject of metritis, in its various modifications and complications, has given rise to numerous discrepancies, both in theory and practice, the chapter on uterine inflammation has been greatly altered and enlarged. The object of the author was not merely to present what he deems a more correct theory and practice in inflammatory diseases of the uterus, but also to insist that a very large proportion of the so-called cases of metritis are, in reality, but examples of irritation, where inflammation has subsided, or where it has actually never existed. Indeed, the chief object of this whole work is to exemplify the nature, consequences, and treatment of nervous irritation, as distinct from inflammation. In carrying out this idea, the author has endeavored to show that the nervous diseases of women, often grouped under the word "hysteria," can be generally traced to the pelvic viscera, and especially to the uterus. The causes of such disturbances, whether centric or eccentric, are exceedingly diversified—the nervous susceptibility of women being easily disturbed by innumerable moral and physical excitements, experience has convinced the author that not only is the uterus involved in most of these complaints, but that its disturbances are very frequently dependant upon displacements of the organ, however induced. Hence, special attention has been given to this subject of displacements of the uterus; the more so, as, in the opinion of the author, these displacements of the uterus are of great importance, and have, as he must think, been seldom treated on scientific principles."

We have quoted, quite at length, the authors preface, thus hoping to give our readers an idea of the character and design of the work. And we will now turn over and learn, if possible, what principles of treatment in uterine displacements are scientific. We quite agree with the author, that they have seldom been treated upon such principles, and we have yet to learn what efficient and rational means may be resorted to for relief.

The first indication is, "to remove or palliate any existing causes." The second, "to replace the uterus in its natural position." The third, "to *retain* it when thus replaced." In substance, he says: In almost all cases of *procidentia* the uterus can be readily reduced, so as, at least, to enter the pelvis. In cases of retroversion, and especially of retroflection, it is more difficult. In some instances this can be accomplished by the finger, alone, in the vagina or rectum. This is not practicable in women who have not borne children. Elevators, the gum-

elastic bag, and other instruments, acting per rectum or per vaginum, may sometimes succeed. The uterine sound or probe of suitable size and curve, and a suitable shaped pessary, the only efficient instruments for restoring the uterus to its normal position. In very few cases, however, will any advantage result from the mere replacement of the organ when no measures are adopted to keep it *in situ*. To maintain the uterus in its normal position, is a problem of great difficulty, yet, perhaps, to be completely solved; for, after all the attention, ingenuity and science, which have been directed to this point, no suggestion has received the general sanction of the profession. Rest has been carried on for months and years, not only without relief, but with aggravation of all the symptoms. Rest, conjoined with astringents, is entirely insufficient; astringent washes are altogether uninfluential upon the position of the uterus in the pelvis. The theory that contraction of the vagina is requisite to the support of the uterus has been carried to a serious and dangerous practice. Diéffenbach, Gérardin, Bérard, and many others, in Europe and America, have resorted to the knife to fulfill this false indication. External bandages have no tendency to restore the organ to its normal position. Internal pessaries receive from our author full consideration, and all the various machines used for that purpose are illustrated, and the manner of introduction described. Pessaries are an especial horror to us, for we have rarely known much good of them, and almost always, harm has resulted from their use. Dr. Hodge speaks of them with some favor.

We have followed the author along through this subject, hoping to find something worth knowing, but alas! the means for preserving a displaced uterus in its natural position is yet to be discovered. This should teach physicians the absurdity of day after day replacing it with probes, sounds, etc. Would it not generally be better to remember that displacement may exist with impunity, and let it remain where it is found until we have means of retaining it in position when replaced.

The work is written in clear, direct and beautiful style; and the author maintains his opinions with the most lucid and convincing arguments. There is room for differences of opinion, but the positions are all well taken, and sustained with sufficient proofs. We most heartily commend this work to the careful perusal of all interested in the subject, believing that the general soundness of the author's views will be thus fully apparent.

A Theoretical and Practical Treatise on Midwifery, including the Diseases of Pregnancy. By P. Cazeaux. Lindsay and Blakiston: Philadelphia, 1868.

We are happy to announce the appearance of the Fifth American, from the Seventh French, Edition of Cazeaux's Widwifery, a work which is complete in all respects, and which has been received with universal favor, by the profession, in all countries. Every topic within the range of its design has been considered, and the accuracy and soundnes of its teachings are unsurpassed. There is no better text-book for the student, and no safer guide for the practitioner; it embodies the latest and best views in pathology, and the most safe and successful modes in practice. It is also illustrated with one hundred and seventy-five wood cuts, which add greatly to the value of the work and make it much better adapted to

the wants of the medical student. It is quite unnecessary for us to go into any review of the text, as all our readers are too familiar with the character of the work. The simple announcement of a new edition is quite enough for most purposes, but yet, it may be well to say that the work has been subjected to revision by Prof. Tamier, since the death of Cazeaux, who gives the following explanations in his preface to the Seventh, and last, French Edition:

"A classical book soon grows old in these days, and it was found impossible to bring out a new edition without subjecting it to the alterations demanded by the progress of science. I was charged with its preparation, and accepted the honor of the task with a full appreciation of its difficulties. I was left at liberty to remodel the work according to my judgment; to make the alterations which seemed to be required; to suppress some passages, and to introduce new ones."

"Out of respect to Cazeaux's memory, it was decided that the printing should be done in two kinds of type: the larger for the old text, and the smaller for what I had written myself. * * * I have, therefore, reviewed and corrected all parts of it with scrupulous care. * * * Chapters entirely new will be found in it on the diseases of pregnancy, the alterations to which the placenta is subject, and the death of the child during intra-uterine life. * * * In the study of the accidents which are liable to complicate labor, I have profited by all the works published of late years, and in the account of hemorrhage, puerperal convulsions, and the indications which they present, will be found some new considerations."

We cannot quote more fully from the editor's preface, and have failed to give an adequate idea of the improvements, alterations and revisions the work has undergone. Suffice it to say, that as now offered, it is a work of unsurpassed excellence.

Aitkin's Science and Practice of Medicine. Second edition. Vol. 1. Philadelphia: Lindsay & Blakiston.

The present state of medical science is, perhaps, more fully presented in this work than in any other, and its reception by the American profession is clearly shown in the appearance of the second edition in so short a period after its first publication in this country.

The English authors have generally presented us the science of medicine in unexceptionable manner, but to follow their practice in this country has been quite inconsistent with our present therapeutical views. Watson describes disease very accurately and beautifully, but we cannot imitate his practice. There is still too much of the "heroic practice," as it was formerly called, in most foreign authors who have written upon the treatment of disease, and we require an American editor, before we can receive their works as adapted to either our views or wants.

Aitkin's science and practice of medicine is intended to cover the whole field, and to form a guide in the diagnosis and treatment of all maladies liable to fall under the care of the physician. The additions made in this edition were spoken of in our last number, and we have no occasion to repeat what we then said as to the completeness of the work in its present form.

The additions by Meredith Clymer, M. D., American editor, add very materially to the completeness and value of the work, and as now presented, it is truly

a book of rare excellence, adapted both to the student and practitioner. When we have said all this in its favor we should feel quite at liberty to review its its ground, and if time and space would permit, would discuss briefly some parts of its teaching; this, however, for the present we must omit. The work is full of the opinions of others, and often the ideas of the author are only indicated by the quotations. In the treatment of typhoid fever he half recommends, 1st, Digitalis by quotations from Wunderlich. 2d, Calomel by Wunderlich, Wood, Parks and others. Stimulants, tonics, astringents, rubefacients, and all other remedies are presented and sustained by quotations. This is all very polite, but those who read Aitkin's practice would prefer to know what he thinks about it himself. The whole materia medica nearly has been thought useful in the treatment of typhoid fever by very good physicians, and even some have thought that counter-irritation was capable of breaking it up and curing it all together, but no one wants to know who believes in such absurdities. If an author writes a work at the present time, when authorities have lost almost entirely their weight, it would seem desirable that he confine himself mainly to writing his own opinions and not quoting too largely the opinions of others.

There may be those who will regard this as an additional attraction, as greatly adding to the value of the work; in our opinion, it adds only to the number of pages.

It is right to give to each author his due, and often very well to quote his language, if his sentiment is fully adopted, but hardly worth while to make others say for us what we scarce venture to say for ourselves. The second volume is daily expected and will be noticed in our next number.

Physician's Visiting List. Lindsay & Blakiston, Philadelphia.

We have received pocket memorandum for 1869. Its value is well known to the profession and it requires only mention of publication. The following is the contents:

Almanac, Table of Signs, Marshall Hall's Ready Method of Asphyxia, Poisons, and their Antidotes, Table for Calculating the Period of Utero-Gestation. Blank leaves for Visiting List, Monthly Memoranda, Addresses of Patients and others, Addresses of Nurses, their references, etc., Accounts asked for, Memoranda of Wants, Obstetric Engagements, Vaccination Engagements. Record of Births, Record of Deaths, General Memoranda, etc.

A Manual on Extracting Teeth: Founded on the anatomy of the parts involved in the operation; the kinds and proper construction of the instruments to be used; the accidents liable to occur from operations, and the proper remedies to retrieve such accidents. By Abraham Robertson, D.D.S., M.D. Second Edition. Philadelphia: Lindsay & Blakiston, 1868.

This work is devoted to a consideration of the diseases of the teeth, the anatomy of the parts concerned, and the manner of extracting them when necessary. It is designed as a guide to the physician in the treatment of the various ills and accidents liable to befall these organs and to prevent him from improprieties in treatment and hasty extraction, when the organs might be preserved by better

operative means. It is especially necessary in small towns, where dentists are not located, that the physician to whose care all maladies of the system are submitted, should understand some of the essential facts connected with dentistry. This book will be found eminently suited to the members of the profession, who are consulted sometimes in these matters, and assume, at least, temporarily the care of such cases.

Diseases of Children. By Thomas Hillier, M. D. London: Philadelphia, Lindsay and Blakiston, 1868.

This book comprises a series of short monographs, on the more important diseases of children between the ages of two and twelve years. Surgical diseases, and diseases of new-born children, are not included, or of children under two years of age. The following diseases form the topics of the different chapters: Pneumonia, lobar pneumonia, pleurisy, rickets, tuberculosis, diphtheria, acute hydrocephalus, and meningeal tubercle, chronic hydrocephalus, tubercle of the brain and other cerebral affections, pyæmia and otorrhœa, chorea, paralysis, ascetes, scariatina, typhoid fever, skin diseases, epilepsy and convulsions. All these subjects are treated in a masterly manner, and with the view of making the book a complete treatise upon the diseases of children.

As showing the importance of carefully studying the diseases of children, their great frequency, and their enormous mortality, is shown. The author says: "of 1,000 children born, 150 die within twelve months; 113 during the next four years, giving 263, or more than a quarter, within five years of birth. During the next five years 34 die; during the next five years 18 more die; so that at fifteen years of age, only 684 remain of the 1,000 born."

The book is full of clinical observation, and is, throughout, illustrated and enforced by detail of clinical cases. It is a work eminently adapted to practical instruction, and cannot fail to interest all who have the care of children.

Of course, the diseases of children often appear also in adults, but the differences in nature and treatment, render a work exclusively devoted to these diseases, as thus appearing, highly entertaining and instructive.

Recherches Expérimentales sur une Nouvelle Fonction du Foie consistant dans la Séparation de la Cholestérine du Sang et Son Élimination sous forme de Stercorine (Séroline de Boudet,) par Austin Flint, fils, Docteur en Médicine.

By a number of interesting and ingeniously conducted experiments the author arrives at the following conclusions, which we translate from the French:

1. Cholesterine exists in the bile, the blood, the nervous substance, the crystalline, and the meconium, but is *not* found in the normal fæces. In blood taken from the arm, we find that the quantity of cholesterine contained in it, is from five to eight times greater than has heretofore been calculated.

2. Cholesterine is formed principally, if not entirely, in the nervous substance, where it is very abundant, and from whence it is carried by the blood and constitutes one of the most important refuse products of the system. Its production is constant, for it always exists in the blood and the nervous substance.

3. Cholesterine is separated from the blood by the liver, thus showing that it is a constant element of the bile, and is diverted into the alimentary canal. The physiology of this substance, both in the blood and in the bile, causes it to be classed with those products which ought to be expelled from the system, or with the number of excretions It preëxists in the blood—plays no important part in the economy of nature—is expelled by the liver and not manufactured by it—and if its elimination, is disturbed, it accumulates in the system and causes a poisoning of the blood.

4. The bile has two distinct functions which depend on the presence of two elements of totally different characters. One of its functions relates to nutrition. It is due to the presence of the glyco-cholate and of the tauro-cholate of soda. These do not preëxist in the blood, but play an important part in the system—and are not expelled from it—are produced by the liver and pertain exclusively to the bile—do not accumulate in the blood when the functions of the liver are deranged, and constitute, in a word, the products of *secretion*. But the liver has another function of a purifying nature, due to the presence of cholesterine, which is an *excretion*. The flowing of the bile is remittent; it is considerably augmented during digestion, but takes place also during the intervals, in order to separate the cholesterine from the blood which it constantly receives.

5. The normal fæces contain, *not* cholesterine, but *stercorine*, (formerly called seroline, because it was supposed to exist only in serum of the blood,) produced by a transformation of the cholesterine of the bile during the act of digestion.

6. The transformation of cholesterine into stercorine does not take place when digestion is suspended, or before it has been established; consequently we find stercorine neither in the meconium nor in the fæces of hibernating animals during their torpid state. These matters contain cholesterine in great abundance, and it is also found in the fæces of animals after a fast of long duration. It is under the form of stercorine that cholesterine is evacuated.

7. The difference between the two varieties of jaundice with which we are familiar, is this: the one is simply characterized by a yellow color of the skin, and is comparatively inoffensive. The other is accompanied by acute symptoms—almost always proves fatal, and depends in one case upon some obstacle to the free flowing of the bile, and in the other to its *total* suppression. In the first case, the bile is retained in the excretory ducts, and its coloring matter absorbed, whilst in the second, the cholesterine is retained in the blood, and there acts as a poison.

8. There exists a pathological state of the blood, which depends upon the accumulation of cholesterine, and we have named it cholesterimy. It is only produced in the case of an organic change having taken place in the liver, which prevents it from accomplishing its functions as an excretive organ. It is characterized by grave symptoms, which can be traced to the brain, and which depend upon the poisonous effects upon that organ of the accumulated cholesterine. It may or may not be accompanied by jaundice.

9. Cholesterimy does not take place in every case of disease affecting the structure of the liver. To produce it, it is necessary that the disease be of long enough duration to prevent a sufficient elimination of cholesterine. In a case

where the disorder be but slight, the healthy part of the organ can fulfill the eliminating function of the whole.

10. In a case of simple jaundice, where the fæces are discolored, and where the bile has no access to the intestine, we find no stercorine in the bile. But in a case of jaundice with cholesterine one can meet with cholesterine, (though always in much reduced proportions,) which denotes an insufficient elimination of the cholesterine of the blood; however, its excretion is not entirely suspended.

Books and Pamphlets Received.

A Handbook of Vaccination. By Edward C. Seaton, M. D., Medical Inspector to the Privy Council. Philadelphia: J. B. Lippincott & Co., 1868.

Conservative Surgery in its General and Successful Adaptation in cases of Severe Traumatic Injuries of the Limbs, with a Report of Cases. By Albert G. Walter, M. D. Pittsburgh: W. G. Johnson & Co.

Transactions of the Twenty-third Annual Meeting of the Ohio State Medical Society, held at Delaware, June 2, 3, 4, 1868.

Transactions of the Eighteenth Anniversary Meeting of the Illinois State Medical Society, held in Quincy, May 19 and 20, 1868.

Atlas of Venereal Diseases. Part IV. By Freeman J. Bumstead, M. D. Philadelphia: Henry C. Lea.

A Sermon delivered March 26, 1868, at the funeral of the Hon. Henry Halsey Childs, M. D., at Pittsfield, Mass., by John Todd, D. D.

Settlement of Controversy between Professors Blackman and Bartholow.

The following correspondence explains itself, and we are most happy to announce the adjustment of differences between physicians of so high standing and great worth:

PROF. R. BARTHOLOW, M. D., DEAR SIR:

I understand that you are about to publish a pamphlet in reply to one issued by Prof. Blackman. The offensive personalities which have characterized this discussion, are unprofessional in themselves, and injurious to the Medical College of Ohio, in which you are both Professors.

I have, therefore, to request, that you withhold the publication of your pamphlet until a Committee of the Faculty, consisting of Profs. Graham, Comegys, and myself, shall have determined in what way this controversy shall terminate.

Very truly,

M. B. WRIGHT,
Dean Fac. Med. Col. Ohio.

The Committee of the Faculty, consisting of the undersigned, adjudge that the controversy between Profs. Blackman and Bartholow shall terminate, by a reply from Dr. Bartholow to Dr. Blackman's pamphlet—said reply to be free from personalities.

This reply is subjoined, and is considered by the Committee to be final. The Committee have the pleasure to state that both parties have agreed to this conclusion of a very unfortunate public controversy.

M. B. WRIGHT,
JAMES GRAHAM,
C. G. COMEGYS.

O'Reilly Prize.

Dr. John O Reilly, of New York, having offered, through the N. Y. Academy of Medicine, a Prize of six hundred dollars for an Essay on the Physiology and Pathology of the Sympathetic or Ganglionic Nervous System, the Committee of Award, appointed by the Council of the Academy, have adopted, with the concurrence of the Council, the following Regulations:

I. The competing Essays shall be sent in to the Chairman of the Committee, Prof. J. C. Dalton, M. D., No. 101 East Twenty-third street, New York, on or before the first day of March, 1869.

II. Each Essay shall be marked with some distinguishing device or motto, and accompanied by a sealed envelope bearing the same device or motto, and containing the name and address of the writer.

III. The Essay selected by the Committee shall be transmitted by them, together with its accompanying envelope, to the Council of the N. Y. Academy of Medicine, under whose direction the envelope shall be opened, and the name of the writer announced at the first meeting of the Academy, in May, 1869.

IV. This Prize is open for universal Competition.

V. The Committee have a right to reject whatever does not come up to a proper standard of merit.

ALFRED C. POST, M. D., Pres't of the Academy.
On behalf of the Council.

COMMITTEE OF AWARDS.

J. C. Dalton, M. D., Professor of Physiology, in the College of Physicians and Surgeons, New York.

A. Flint, Jr., M. D., Professor of Physiology, in the Bellevue Hospital Medical College, New York.

Alfred L. Loomis, M. D., Professor of the Institutes and Practice of Medicine in the University Medical College, New York.

New York, December, 1867.

MEDICINES RECEIVED.—We have received from Hegeman & Co., of New York, some specimens of cod liver oil, which seem to us of unsurpassed quality. This oil has been in our market for some years and has been generally regarded as the best the market affords. Hegeman & Co. also send Elixir of Bark and Iron, which for elegance of preparation and value of composition are unsurpassed. We have also to acknowledge receipt of various other similar preparations, all of which are elegantly compounded.

INTRODUCTORY LECTURE.—The Lecture introductory to the term in the Buffalo Medical College will be given by Prof. Sandford Eastman, Wednesday, November 4th, 3 o'clock P. M., in the College Amphitheatre. All interested are respectfully invited to attend.

MARRIED—At Jamestown, on the 29th ult., at the residence of Mrs. M. Burnell, Third street, by Rev. L. W. Norton, CHARLES S. HAZELTINE, M. D., and Miss ELLA A., second daughter of the late Madison Burnell, Esq., all of Jamestown.

BUFFALO

Medical and Surgical Journal.

VOL. VIII. NOVEMBER, 1868. No. 4.

Original Communications.

ART. I.—*Introductory Lecture to the Students of the Medical Department of the University of Buffalo, delivered November 4th*, 1868. By SANDFORD EASTMAN, M.D., *Professor of Anatomy and Clinical Surgery.*

GENTLEMEN:—In accordance with the general custom, and in compliance with the designation of our most worthy Dean, it is my agreeable duty and pleasure to address you on this interesting occasion, and offer you words of kindly greeting and hearty cheer; to extend to you the right hand of fellowship upon your advent in these scientific halls, and upon the threshold of your career as students in medicine. Some of you have occupied these seats on former occasions, and have imbibed from the fountain of knowledge here opened to you, such truths and facts as were in our power to communicate. Others are here for the first time, to compare what we teach with that discoursed upon in other medical schools, while some are here who have never attended any course of lectures, and perhaps have but just commenced the study of medicine, and may not, forsooth, have opened a medical book before entering these halls. To each and all I am commissioned to offer a cordial welcome, not only to the medical department of the University of Buffalo, and the clinical advantages afforded by the hospitals of our city, but also to the labors and incidents of students in medicine—for we are all *students*. Those of us who have assumed the duties of teachers in these halls are not forgetful of the fact that we were not long ago novices in our science

and art, and we know full well that we must study and work, and study too with our work, to keep pace with the rapid progress that is being made in every department of medicine and surgery. The student or physician who is content with the curriculum of the schools of our pupilage, twenty or twenty-five years ago, will find himself outstripped both in theory and practice by the earnest and energetic student of the present day. I have not the time, neither is this the occasion, to note the great advance that has been made in the diagnosis and treatment of disease within the last quarter of a century. It ill becomes one who wants to encourage the student in the very commencement of his pupilage, to hold up the great store-house of knowledge, and assure him that all this he must be cognizant of before he can safely practice the healing art. No discouragement should be given the inquiring mind in its investigation and search for truth. Day by day will convince the vainest and most conceited student that he knows but little compared with what he does not know; and if he does not realize the fact before he graduates, it will come up before him in all its stupendous proportions ere he has long been striving with his professional brethren for success and eminence. The student on leaving college, upon the completion of his classical and literary course, is apt to think that he knows it *all;* that what he does not know is not worth knowing, but each recurring year more and more convinces him of the error of his boyhood, and he finds with each decade of his life that more remains to be learned than he has yet acquired. If the mantle of learning and wisdom, gotten by three-score years of patient labor and assiduous toil in the profession, could fall upon some of you, and you should be spared for the same period to extend your observations and researches for truth, you might then unfold and discover important facts hitherto hidden from mortal ken. But such learning must be acquired by you *de novo;* it cannot be transmitted like a garment; and if it could, it would not fit you, but would attract notice and derision from its uncouthness and incongruity. Hence the earnest and efficient student, whose aim is high and noble, and whose ambition is to relieve suffering humanity and benefit his fellow man, will seek to lay a firm and deep foundation, upon which with each succeeding year of study he may be able to rear a comely superstructure, and at the close of his collegiate career

stand up in the conscious assurance of being measurably qualified to do honor to his Alma Mater, and credit to himself in the practice of medicine.

It has been enjoined upon me by the power behind the throne, to present to you some new and striking thoughts—some bright ideas upon this occasion—to go out of the ordinary channel, or rut, of introductory lectures, and mark out a new course for the student, or discourse upon a new theme, which would perhaps interest by its novelty, if it were not of any practical benefit to you. But I do not propose to do anything of the kind. Indeed it is scarcely within the range of possibilities—to say nothing of probabilities—that anything new can be said in the 999th introductory lecture given to the medical schools of our country. "There is nothing new under the sun," was said by the wisest man that ever lived, and I shall not pretend or venture to deny the inspiration that prompted the utterance of the truth. With a disclaimer of making no innovation, it seems to me that some good advice, based on years of observation and a moderate stratum of common sense, may be of service to some of you; that some word may be said which will enable you to commence the study of medicine aright; or, if already somewhat proficient therein, will encourage you to go on till the goal of your ambition is reached. And I know of no way of learning anything, or of being a student, except by patient, diligent application and study. Every student should cultivate and acquire the habit of fixing his mind attentively upon the subject presented him in the lecture-room, or while reading his text-book. There are different degrees of this power in different men. It is not given unto all men, at all times, nor to the same man at all times—the same concentration of thought and energy and action. One man may have, and indeed does have, this power in a greater degree of development than another; he is so constituted by his Creator, with more acute perceptions, and a more retentive memory, and a keener appreciation of the facts and truths of our science; but all possess this power to some extent. Our perceptions may be quickened by observation, and our memory cultivated by experience. It is much more difficult for one man to learn the minutiæ of anatomy than for another; but the latter may not, and frequently does not

remember the details of our delicate organization so perfectly as he, who requires a longer time to master it. A fact easily learned is more easily forgotten than is one acquired by hard study. One student at the close of a lecture may be able to detail the important points of it, while at the end of a fortnight his knowledge of it will be much less than is that of another student who has reviewed the points in his own room, and fixed them in his mind, as pegs upon which he can hang something in his future studies. Every student should aim to be *thorough* in acquiring truth, and should learn a subject *once for all*, so that once knowing it he will always know it. Let none of you study a lecture merely for the quiz that should always precede the succeeding lecture, but study each lecture for your whole lives. You will not be able in a single course of lectures to become acquainted with all the subjects presented to you. No one expects this, nor should any one attempt it; if he does, he will signally fail.

Anatomy, Physiology, Chemistry and Materia Medica, constitute the rudimentary branches of the study of medicine, and to these the attention of the student should be first given till a thorough and complete knowledge of them has been acquired. In the first course of lectures the student should devote his time and study to these departments, and to these alone. He may attend the lectures upon Practice, Surgery and Obstetrics, and should remember what he can of them, but his studies should be on the first named. I know full well the dryness of detail attending a thorough study of these branches, and that the practical departments present much greater attraction to the student. But if he does not learn these branches at once, first of all, he will never learn them. Hence my advice to the student on entering an office is to get a set of bones, and "bone in." Acquire a perfect knowledge of each bone, of each process, tubercle and foramen. It is a hard and dry subject, and the temptation will be very great to give it up and take up a book on Practice or Surgery. But let me enjoin upon you to resist such temptations. What would you think of a man who commenced building a house to occupy during his whole life, without first laying a good foundation? You would pronounce him an insane man or a fool. Be careful, my young friends, that you do not pronounce a similar verdict upon yourselves by ignoring the study of the osseous system as the

basis of Anatomy, and of Anatomy as the fundamental branch of the whole science of Surgery and Medicine. A thorough and perfect knowledge of it is necessary not only for the surgeon, but also for the successful practitioner of medicine. As a source of mental discipline alone, it is worthy of your earnest attention and study. Hence in most medical schools a preliminary term exists, during which the whole time of the pupil is devoted to this subject alone. The other departments, in consenting to this arrangement, recognize the value of an accurate knowledge of the human system, as it comes from the hand of the Great Architect himself. You have advantages in this respect that the older practitioners of our day did not enjoy. Fifty years ago the facilities for acquiring a knowledge of Anatomy were scarcely available, and the necessity of dissecting as a prerequisite to graduation was established in this country by the Faculty of the Buffalo Medical College, upon its organization twenty-two years ago. Other medical schools at once adopted this provision; and the Legislature of our State, in the law legalizing dissection, to some extent furnishes advantages of *material* which were not afforded in the days of our pupilage. Another very important department, that of Physiology, which has been termed the hand-maid of Anatomy, was elevated to its proper position by the introduction of vivisections within these walls, for the first time in this country. Here Dalton, Flint, Jr., and Mason commenced their career as lecturers and teachers, and nowhere are they excelled, nor in our country even equalled.

It is not necessary for me to give you any hints as to the importance and necessity of prompt and regular attendance upon each and every lecture. You cannot miss a single lecture without breaking a link in the chain; for each succeeding lecture is connected with and dovetailed into the preceding one, so that by losing one, the harmony of the whole is disturbed, and can never be restored. Neither is it necessary for me to invoke your earnest and careful attention to the various subjects, as they are duly presented to you. The best way for you to fix your attention upon a lecture is to take notes of the lecture; by so doing your mind will be fully occupied, and you will have no time to look around the room to see how your fellow is employed. One careless and wayward student, by playfully diverting the attention of

the class from the lecture, harms not only himself, but many others also, and he can never repair the injury done to both. The only safe and reliable course for *every* student to pursue is, to be gentlemanly and correct in his deportment at all times, both in and out of the lecture-room. I must crave your indulgence for speaking thus plainly on this subject, for an experience of ten years as a teacher shows me that while the great majority of every class do not need such an admonition, there has been in each some one who ought to have it. Besides grace of manner and an easy deportment are highly essential in your future career as practitioners in medicine. It is a very trite and common saying, "manners make the man;" and of two physicians, he who is the most perfect gentleman—other things being equal—will get the start in the race, and will meet with the earliest success; for more depends upon this than you can now realize.

What has been said respecting the lecture-room here, pertains with equal and even greater force to the wards of the hospitals. By special favor to the Faculty, you are admitted to both the hospitals in our city, and in them, during the term, a great many interesting cases will come up for observation—a careful study of which will be of immense benefit to you in after life. Let me impress upon you the vast importance of making the best use of the advantages afforded you for clinical observation in this College. Do not think for a moment that there are too many students attending the wards for you to be benefited. If you can not learn something in a ward with eighty to one hundred students, what, let me ask, could you expect to learn and observe in a ward with five hundred to one thousand students? And each case, however trifling it may appear to you, is of benefit; for these cases make up the great majority of patients you will meet with in the early part of your professional career. Hence do not ignore what you will find so useful, if properly employed. In the practice of Surgery, you will find the common cases of injury principally engaging your attention; and the successful and skillful management of them will not fail to attract attention to your merits. I know full well how much more attractive to the student a surgical clinic is where one of the capital operations is performed; but these cases are the exception and not the rule in practice. Besides, but few of you will venture to make a capital operation.

Of medical classes in general, not one student in ten makes a surgeon, for the majority have not the opportunity, or if they have, do not improve it. Still there are very many cases which cannot be gotten rid of, and a careful observation of these during your pupilage will amply fit you to attend to them in the best way when you go into business. If opportunity offers, it is well for a student to spend the last of his three years study as *interné* in a hospital, or an alms-house. I shall never forget the advantages I enjoyed in this capacity in the Buffalo Hospital of the Sisters of Charity, and shall always remember with heartfelt gratitude the kindness of my preceptor, Prof. White, in securing for me so desirable a situation, where I was under the immediate instruction of Prof. Austin Flint, Sen., who then had charge of the medical ward, and of Prof. Frank H. Hamilton, then Attending Surgeon of the Hospital. Both are honored names in the annals of the medical department of the University of Buffalo, and in the profession at large. The results of their labors and their efforts are recorded in volumes which take the front rank as text-books in all the medical colleges of our country, and in many in foreign lands. Reference to these men and to the benefits of hospital observation, carries me back twenty years ago, when I made my advent into this city as a medical student. The lectures were then given in what used to be a church edifice, upon the corner of Washington and Seneca streets, where the Post Office now stands. On the third floor of the building, beneath the amphitheatre, was the dissecting-room, bearing no comparison with the commodious rooms of the present edifice. In the basement were stores and shops of various kinds; among them a meat market, where just before Christmas was exhibited a huge, black bear—sleek and fat—ostensibly fed from the butcher's stall, and the proprietor justly anticipated an ample return from the investment on the annual festival of good things—an expectation wholly blasted by the casual remark of a waggish student, that the bear had been fattened by the surplus products of the dissecting-room—instead of fresh meat—and not a pound could the dealer dispose of.

The next year, in October, 1849, these ample rooms were finished, and on the opening of the regular term in November of that year, an introductory lecture was given by Prof. Flint to a very large and intelligent audience, composed of the *elite* of our

city, and many ladies graced the occasion with their presence. A large class convened in this very room to listen to his eloquent and interesting lecture, and as I listened with eager ears to the words that fell from his lips, it never for a moment entered my mind that I should ever occupy the place he then occupied, and offer words of cheer and good, cordial greeting to a class of medical students in an introductory lecture. But, gentlemen, we little know what is before us in this world, or the fate that awaits us, in our domestic, public or professional duties. In 1858 I was unexpectedly appointed to the position I have the honor of occupying in this institution. It is a momentous and interesting thought, that I may now be addressing some one, who in a few short years, will fill the place now occupied by some of us.—Time speeds on in rapid, never-wearied flight. He pauses not, but bearing on his wings the seeds of death—the fair, bright things of earth wither as he passeth. A few brief years and the places we now occupy will be filled by others. Study diligently, then, and work faithfully in the discharge of every duty. Let no opportunity for observation or improvement pass by unheeded. Set your aim high, and you will accomplish far more than if you make no aim at all. Study general principles and collect facts; one fact is of far more value than a thousand theories; and facts are what are wanted in the treatment of disease. The importance of a correct diagnosis cannot be too strongly impressed upon your minds. Diagnosis is everything in practice, and he who is skillful in diagnosis will certainly succeed; for with it are combined quick perceptions and good judgment, which, with common sense, will invariably ensure success. There is a certain amount of tact in getting a patient, in the first place, but oftentimes it requires more tact to *keep* a patient than to get one. You must cultivate the *suaviter in modo*, as well as the *fortiter in re*. Be not discouraged if you do not at first meet with that success which you think you deserve. Improve aright the leisure hours of your early professional career, (and you will be likely to have a good many of them,) in copying the notes you take in these rooms for permanent future reference, and in reading and studying too, the works of men who have become eminent in the profession as writers and teachers. Above all, study the writings of him who has been successful in his profession, not only in acquiring a repu-

tation as a writer and teacher, but also in securing that reward for his services which will smooth his declining years. It is too apt to be the case that the best and most active physicians do not record their experience and observation—for want of time—so that very much is lost to the younger members of the profession, to which they have a claim. I care but very little for the opinion of this or that physician or surgeon, unless I know something of him by reputation, or of his superior ability and judgment. You must learn to think and act for yourselves in every case, and not rely upon the opinion of another. It does not necessarily follow that the oldest man in the profession knows the most. He may have had the greatest opportunity for observation, and far the greatest experience; but if he has not kept pace with the advance in medical science, he is but a tyro, compared to what you should be at the close of your collegiate course.

After attending all the lectures of the day at the college, the student needs, and should seek some recreation. He needs some exercise in the open air, and if he does not get this in walking to the college from his boarding place and back again, he should certainly get it from a sense of duty in the preservation of his health. It is not a good plan to board too near the college, for some students do not appreciate the necessity of spending an hour or two out of doors after being confined in the lecture-room all day. After a regular and faithful attendance upon the lectures of the day, two or three hours study in the evening will suffice. From 7½ to 9½ or 10 o'clock in the evening is as much as any student ought to study. Whatever limit you may fix for study, let it be for study in earnest; do not allow any one or anything to interrupt you. Be systematic and regular in your hours of study, and be diligent therein, and you will be surprised to find how much you can learn in a given period. Let perfect silence prevail in your rooms as there is in the best regulated school-rooms, and after due and diligent study for two hours, quiz each other for a little while on the lessons of the day, and then seek that relaxation from study and labor which nature asks before she sends her sweet restorer—balmy sleep. The amount of sleep a man requires depends on circumstances and temperaments. What is one man's food may be another man's poison, so that while six hours may be as much as one student requires, another may not be satisfied with

eight. As a general rule, retire early, when you can do so, and after seven or eight hours' repose, rise and study for an hour or two before breakfast. There can be no doubt that one's mind is more active in the morning than after eating. I should add, by way of parenthesis, that this is the theory; I cannot speak of it from any actual experience.

And now, gentlemen, in conclusion, permit me to say that the study and the practice of the science of medicine occupy the highest place and present the greatest claims in all the various pursuits of the human race. Physicians have always been deemed indispensable to the public, and the good physician has always been held in the highest esteem, being, according to the great Grecian poet, "more important than armies to the public good." In ancient times the origin of medicine was referred to the immediate inspiration of the gods, and great and permanent benefits must have sprung from our healing art. Esculapius, with other distinguished physicians, was considered *divine*, and a temple was erected to his memory. Sydenham pronounced "the art of medicine as the best of all worldly gifts, and so much more preferable to all others, as life surpasses all the enjoyments it brings with it." It has always been observed that philosophy and medicine have flourished together, and you need not be informed that great men in every age have devoted their time and energies to its study. Aristotle unfolded the mysteries of our science, and Plato taught the doctrine of the immortality of the soul. The old sage of Cos, Hippocrates, discoursed upon the phenomena of disease. Galen is said to have given the first introductory lecture upon record, and showed that medicine required a superiority of mental over physical power, and also should be placed above all the other arts combined. In every age illustrious names can be found honoring our profession. Haller, Sydenham, Hunter and Rush, names that will never die, showed the high place medicine has always had at the head of human science. The pursuit of this study will not only furnish an ample field for the most disinterested benevolence—the purity of which cannot be questioned—but will also gratify the most aspiring ambition. It is coëxtensive with the whole circle of sciences, and none demands a purer moral character, nor greater mental ability.

Almost every science may be made instrumental in exploring the mysteries of medicine, and each succeeding year reveals more perfectly to our view the intimate connection existing between it and all other sciences. Hence the importance of your acquiring a thorough knowledge of Botany, Mineralogy, Geology, and Chemistry. The physician should have a perfect knowledge of the mental and moral, as well as physical properties of his patient, for he has to deal with all these combined; and it is many times much more difficult to correct aberrations in the former than in the latter. His whole time and all his energy is devoted to the employment of means calculated to save and prolong life, and alleviate human suffering. He is not afraid of the "pestilence that walketh in darkness," nor does he hesitate when called to visit contagious diseases, even of the most horrible and fatal character. His ear is always ready to listen to the appeals of the sick, though degraded and poor; nor does he forsake them while the soul lingers in its mortal tenement. No pursuit furnishes so thorough a moral training from beginning to end; for every day brings with it an opportunity for the gratification of generous impulses and benevolent purposes. Death is no respecter of persons. The knight of the black rod wields his wand over the roof of the splendid mansion, as well as the squalid hovel of want and misery, and at each our skill and sympathy are needed and rendered. It will never be known in this world how much our profession has done for humanity, nor how weighty are its claims upon the grateful and respectful consideration of mankind.

Philosophers have written, and poets sung, denouncing human fame, while every dash of the pen, and every sounding note of the lyre, were but so many efforts to obtain that which they were endeavoring to prove as worthless. You have before you, young gentlemen, the widest field for your ambition. Never in the history of the profession did so fair an opportunity offer for the cultivation of high, honorable and noble principles. We look to you to carry forward and perpetuate the legacy we bequeath you. Those changeless principles that mark out the path to virtue, exert a mightier influence, bind down men's passions more surely, than all the thousand laws and subtleties of legislation, moulded into the strong chain of government. For were they welded together with whatsoever strength its links would be riven and

melted by the lightning strokes of passion. Indeed it is the true end of government, rather to develop these virtuous springs of action, and to thus bring man to truth and justice than to take revenge for its violated majesty. With these principles as your beacon-light, drawing you on to the attainment of all that is just and honorable and true in the profession of your choice, let me urge you to go forward, and add to the scope of human knowledge already acquired, for the benefit of humanity and the race at large. Let "no pent-up Utica contract your powers,' but mindful of your duty to yourselves, the profession and the world, so live that when the summons comes to draw you hence, you can pass away as serenely,

> "As one who wraps the drapery of his couch
> About him, and lies down to pleasant dreams."

ART. II—*Abstract of Proceedings of the Buffalo Medical Association.*

TUESDAY EVENING, October 6th, 1868.

The meeting was called to order by the President. Members present—Drs. J. R. Lothrop, Trowbridge, Schuyler, Cronyn, Gay, Little, Samo, Rochester and Johnson.

DR. ROCHESTER related the following case: About six weeks ago a gentleman brought his son, aged twenty-one years, to me for advice and treatment. The patient had the appearance of being not more than fifteen or sixteen years old, was pale and feeble. He complained of severe pain on defecation. On examination found quite an extensive fissure of the anus, to which application of nitric acid was made. About four weeks after this the father came to request me to see the patient at his house, and said that the patient had not had an evacuation of the bowels within the last four weeks. This statement was undoubtedly correct. On examination found the intestines so distended with fecal matter and flatus that their course could be easily traced through the abdominal walls by palpation. With the assistance of Dr. Congar, gave chloroform, and on making examination of the rectum, found an obstruction about two and a half inches within the anus, which seemed like a fungoid growth. Undertook to pass a catheter, but failed to pass it above the obstruction. Then used a dilator and

succeeded in making sufficient dilation to permit the passage of considerable flatus, which gave some temporary relief. The fissure had healed and was entirely well.

I regret that the result of the case cannot be given. On my giving an unfavorable prognosis, the patient was placed under the treatment of a quack, since which I have not known anything of the case. I regard it as a case of malignant disease, and report it because of the rarity of malignant disease in such young persons.

Dr. Lothrop thought that the situation of the disease, as described, would rather incline to the belief that the disease was cancer rather than stricture. Stricture was much more likely to be near the outlet, while a disease of the rectum causing narrowing, situated so high up as to be just within reach, in most cases would prove to be malignant. He had lately had under his care in the hospital, two cases, in which this distinction was shown. In one the narrowing of the intestine was high, so that the point of the finger would just reach it and was cancerous. In the other the narrowing was low, just within the sphincter and was a stricture proper.

The youth of the patient in Dr. R.'s case, did not forbid the idea of malignant disease. Cancer in very young persons was not so very rare. He had seen cases of cancer in very young persons, and could call to mind a medullary tumor in the temporal region in a young girl of about sixteen years.

In this connection he would inquire of the members present, what was the longest period of immunity from return, after removal of a malignant growth, which have come under the personal observation of any of them? His own experience had been unfortunate in this respect. In all the cases in which he had removed such growths there had been a return in a short time.

Dr. Cronyn said he had a year ago seen a boy, eight years old, who had asteosar coma, for which he removed a portion of the superior maxillary bone.

Dr. C. also related the case of a lady, twenty-six years of age, whom he saw two months ago for the first time. She had a short time before observed a small tumor upon the breast. She took cold at this time, when the tumor began to swell and became at the same time painful and assumed a purple color. The axillary gland and also the breast became much enlarged. The tumor

opened spontaneously and discharged considerable blood. She died within four months of the first appearance of the tumor. There was no appearance of cachexia in the case.

DR. ROCHESTER said errors in diagnosis are easily made in cases of young persons. He sent a child of —— years to the Hospital of the Sisters of Charity last winter, of whom himself and other physicians thought she had malignant disease, but with iron, tonics, nourishing food, etc., she entirely recovered. Pressure was applied to some extent, but the recovery was due to the constitutional treatment and showed an error in diagnosis.

DR. ROCHESTER, in speaking of the prevalence of dysentery at the present time, would like to ask if the members present prescribed strychnia in this disease, and if so, with what results? He had given it to some extent, and usually in doses of five grains of the powdered nux vomica every six hours; continued it on one case four or five days. It had failed in every case in which he had employed it, and he had abandoned its use.

DR. GAY said, we all administer strychnine in constipation, and believe it acts as a cathartic. Have never used it in dysentery, and should not expect good results from its use in that disease.

DR. ROCHESTER, I think Dr. Gay does not mean to say that strychnia is a laxative.

DR. GAY, I state that it is a laxative, and I give it as such.

DR. CRONYN said that he had given nux vomica in protracted cases of dysentery. Has used the solid extract in one-fourth or one-half grain doses, combined with opium or hen-bane, with good results. Has given one-fourth grain of nux vomica, one-half grain of opium, and one grain of quinine with good results. I suppose that but very few practitioners give strychnia alone as a laxative.

DR. LOTHROP had employed strychnia in diarrhœa with apparent benefit. He remembered one case in which the benefit from its use seemed quite marked. It was a case in which diarrhœa set in after an amputation of the thigh, accompanied with great prostration. The diarrhœa was so frequent and profuse that it seemed almost as if the beef essence taken into the stomach soon passed away by the rectum unchanged. Strychnia was given until it began to show its influence by muscular twichings, and at the same time improvement was apparent in the diarrhœa. He supposed that nux vomica, by its peculiar action upon the spinal cord,

relieved constipation when it was caused by torpor or want of power, and would also benefit diarrhœa resulting from relaxation or deficient nervous control.

DR. GAY would inquire if any of the members present were familiar with the use of *geranium maculatum?*

DR. LOTHROP thought that *geranium maculatum* was a valuable astringent, but no better than kino, blackberry, or many others of the same class; in fact, no better than tannin, which is the basis of the astringent powers of all of them. In taste, however, it is not unpleasant, and on this account it might be preferred. He had used it considerably with children because its taste was less disagreeable than many other astringents. He thought tannate of bismuth much superior to it as an astringent. He had used the latter much more, and, as he thought, with benefit.

DR. GAY said that he had used all kinds of astringents in diarrhœa and dysentery, and believed that the more astringents are used the worse it is for the patient, especially if given in large doses. He believed that in all chronic cases, if any astringent is to be given, geranium is the best.

DR. CRONYN remarked that he believes that in a large majority of cases of dysentery that castor oil and twenty-four hours in bed is the best treatment.

DR. LOTHROP thought that if opium was needed, it was better to give it by the rectum. In this its general anodyne influence was equally good, while its local action in quieting tenesmus was more efficient. This was especially the case with children.

DR. GAY spoke of a class of cases in which the patients seem to die from the sequelæ of dysentery. In these cases the patients seem to have been cured of the dysentery, we give them stimulus and expect them soon to be entirely well, but in a day or two or in a few days they die. What in these cases is the cause of death? The probable cause is some of the results of the dysenteric inflammation.

DR. CRONYN said that a few days ago a medical friend of his took charge of a little patient which went on well for a few days, and recovery seemed almost certain, when quite suddenly reflex cerebro-spinal irritation came on and the patient died suddenly.

The Secretary read a communication from the Treasurer tendering his resignation. The resignation of the Treasurer was accepted and the Secretary directed to take charge of the books and papers.

Dysentery and diarrhœa were reported as prevailing.

Adjourned. THOS. M. JOHNSON, Sec'y.

ART. III.—*Clinical Remarks upon Surgical Cases in the Buffalo General Hospital—Amputation of the Cervix Uteri.* BY J. F. MINER, M. D.

GENTLEMEN:—I am most happy to introduce you this morning to the new operating amphitheatre provided for your accommodation in the Buffalo General Hospital, and making myself your representative, allow me to express in your behalf as well as on my own, many hearty thanks to the Trustees and Superintendent, Mr. Bagley, for the opportunities they afford the Faculty of the University of providing increased facilities for clinical instruction. As now provided, no institution in the country can offer better opportunities in this respect; the material is abundant, and above all is from the fields of private practice, and not of the ordinary hospital variety. Many of the cases come in hither from the families of the city or country, for operation or advice, by suggestion of myself, my associates, or some professional friends; they are mostly such cases as you will meet in private practice, and are valuable on this account as well as from the intrinsic interest they possess. It is also common to present in this institution some of the most remarkable forms of disease, affording important and rare surgical operations. Our first operation this morning is of this description, and is offering you an opportunity which medical students hardly ever enjoy.

Our patient is an unmarried, highly respectable lady, 29 years old, and in all respects healthy, except that she suffers from hypertrophy of the cervix uteri; the uterine neck is elongated, so that it is at least three inches in length. It is not greatly enlarged in its transvere diameter, neither is the body of the uterus appreciably increased in size or weight. When standing, the os uteri protrudes from the vagina, when recumbent is just within the orifice of vulva. The general disturbance is severe—the menstrual period

is prolonged and painful, and the secretion profuse. Walking is difficult, almost impossible. Various nervous disturbances are almost always present, though the general appearance of health has been quite well preserved. The case is one of *simple uterine hypertrophy*, the enlargement limited to the neck of the womb. The ailment seems to consist of simple overgrowth of the part, the neck of the womb being in all respects healthy to the touch, and free from all disease, except that induced by irritation from its exposed situation. The chief increase is in the length of the uterine neck, giving rise to the symptoms of *prolapsus*—indeed this disease is often taken for it by patient or by the physician who makes hasty and superficial examination. This condition presents mechanical impediment to sexual intercourse, might induce sterility, and does give rise to all the most distressing symptoms of prolapsus—weight and bearing down pains in the pelvis increased at each menstrual period and usually aggravated by exertion.

The causes of such disease are not wholly apparent. *Disordered nutrition* is a pathological phrase to denote such change, and is said to arise from general and local causes. We do not understand very much about the changes in nutrition by which the whole system sometimes becomes greatly increased in size and weight, so that an apparently healthy person grows from one hundred fifty pounds to six or seven hundred, mostly by accumulation of fat. We observe that *chronic inflammation* sometimes induces increase in size of organs or parts of organs, and it is regarded as one of the causes of hypertrophy. *Increase of action or effort* induces increase of size, as is so often seen in the heart from valvular insufficiency, and is a second cause of hypertrophy. The same is observed elsewhere in the system, perhaps everywhere, increased action and effort is attended by increased strength, or size, or weight, or all of these combined. The history of this patient does not furnish any hint as to causes which may have operated to produce this unnatural development of the uterine neck, and all speculations as to the causes of hypertrophy of this or other organs in general, leads to no valuable conclusions in the case before us.

There can be no cure of this affection, except the removal of the superfluous growth, and when it has reached so great an elon-

gation as this, there can be no doubt as to the propriety of removal; the smaller degrees of hypertrophy might perhaps very well be left without interference. Authors inform us that this operation is by no means devoid of risk, and that the danger arises from hemorrhage, which it has been found impossible to control, metritis, peritonitis, and from all the other common sources of danger after surgical operations. Improved methods of operation have lessened the dangers, so that it is now generally regarded as more safe and successful in its results.

It is proposed to remove the entire neck, and as the patient is now fully under the influence of chloroform you will observe the manner of operation. I have grasped the lower portion with hooked forceps, and by a very little traction the whole neck of the organ is fully exposed. With strong scissors we now proceed to divide it, making a flap in the same manner and shape we would do in the amputation of a finger or of any of the extremities. After completing the upper or anterior flap a suture is passed on both sides a little from the centre—a little way from the os as it will be when healed; now one-half of the remaining posterior flap is made and the suture passed through it, lastly, enough of the remaining part is divided to afford room for the passage of the other suture, which is also introduced before the whole is severed, thus the wound has been closed as soon as made—I was about to say *before* it was made. By this means we have avoided all injury of the organ by introduction of hooks or forceps to maintain it in exposed position, and when wholly divided nothing has remained but to tie the sutures securely. All hemorrhage has been avoided; perfect control of the organ has been preserved until the operation is complete and there has been no injury inflicted upon it in efforts to preserve it external to the vulva. This plan of making a flap and closing the wound, is perhaps due to the invention of Dr. Sims; this mode of introducing the sutures as we go along is an invention of my own, and made this morning to suit the exigencies of this case. If it has been practiced by surgeons before, I am glad of it, for I like it very much, and believe they must have operated better if they instituted this method; I shall not contend for the honor of the invention. Various modes have been practiced for amputation of the uterine neck which has been instituted largely for removal of malignant disease. It has been prac-

ticed in almost all countries with most signal and uniform failure. Malignant disease of the uterus may have been delayed in its progress by removal, but if any cases are reported as permanently cured, it is vastly more probable that they were not malignant, and that removal was made of simple and benign growths. The earlier amputations were made with the knife and hemorrhage was exceedingly troublesome, sometimes dangerous and even fatal. Later the eccraseur was used, an instrument by which the neck was severed slowly and the parts crushed off rather than cut. The instrument is on our table and you observe the manner of its working. By this method the danger of hemorrhage was greatly lessened, but a wide, open wound was left, requiring a long time for granulation, and offering an attractive field for fungus growths, the very disease for removal of which, the operation was most frequently made. In many instances, however, the operation can be made with this instrument, and can hardly be effected by any other plan. The operation, however, which you have observed when possible, offers vast improvements, and for removal of conditions such as was present with the young woman this morning, cannot be difficult or in any way very dangerous, and I anticipate for it a most satisfactory result.

Correspondence.

EAST MENDON, October 19th, 1868.

Dr. Miner, Editor Buffalo Medical and Surgical Journal:

Dear Sir:—The following case, which occurred in my practice, being rather unusual, I submit it to you for publication, if you think it of sufficient interest:

Ella C——, aged 10 years, was, on Sunday, October 4th, after eating plentifully of fruit, attacked with colic, which was relieved by vomiting. The next day she had a slight fever, and some tenderness at the epigastrium, which was relieved by counter-irritation, bismuth, etc. Tuesday, and the three following days, she felt well, and only complained of an occasional cramping pain in the stomach. She was kept on light diet, the food being retained without uneasiness. On Saturday evening, six days after the first symptoms, she was seized with vomiting, accompanied with great

thirst and paroxysmal pain over the stomach, over which, at times, the slightest touch would occasion extreme pain, and shortly after would bear quite firm pressure there without shrinking. Bismuth was vomited, but a small powder of leptandrin was retained, and allayed the vomiting for some time, after which it re-commenced, the fluid ejected from the stomach being of a greenish color, with clots of black colored blood, which seemed to be mixed with a thick gelatinous substance, of a lighter color. In the morning, she arose and walked, declining assistance. A short time after, the respiration became hurried, the extremities cold, and the pulse slow and weak; on being raised she suddenly expired. At the autopsy, eight hours after, the omentum was found very much thickened, with adhesion to the intestine, but with no appearance of vascularity. At one point was a small amount of pus, all the appearances showing a chronic peritonitis of some time standing. On opening the stomach, the mucous membrane was found to be in a softened gelatinous condition, with patches of black colored blood intimately mixed with it, evidently the same as that vomited in the morning. The finger could easily brush away the softened membrane, showing the submucous membrane beneath, in a normal condition.

The freedom from constant pain, must have been due, I think, to disintegration of the nervous filaments, which followed from the softening of the membrane, while the absence of any prostration would seem to be due to the short continuance of the disorder, and the freedom from constant pain, which, had it been present, would soon have exhausted the nervous strength.

PAUL D. CARPENTER, M. D.

THE PROTOXYDE OF AZOTE is being employed as an anæsthetic by Dr. Seymour in the extraction of teeth, producing complete insensibility in two minutes. It is said to be perfectly inocuous, and to be respired without difficulty or repulsion.—*La France Medicale.—Boston Med. Journal.*

The oldest Doctor in the world, Professor F. Verdugo, Salamanca, Spain, died, lately, aged 105 years. He had practiced medicine for eighty years.

Miscellaneous.

Laceration of the Spleen in Pregnancy.

By J. O. WHITNEY, M.D., Pawtucket, R. I.

The subject of this notice was a Mrs. S., 34 years of age, eight months advanced in her ninth pregnancy, and a patient of Dr. T. Phelps, of North Attleboro', Mass., by whose request I report the case. She had uniformly enjoyed good health, and nothing whatever occurred to indicate the approach of the fatal event, unless a numbness of one of the upper extremities, and a puffness or bloat of the face which had, a week prior, showed danger *somewhere*. For this plethoric state of the vascular system, she mentioned being bled, but medical advice was not taken.

Dec. 28th, 1867, she ate a hearty supper, retiring as usual, but at 11 o'clock, P. M., was taken with the most violent pain in the region of the stomach. Two hours later she was seen by her physician, who gave anodynes with much relief. Two convulsions took place, resembling puerperal fits; and she had remarked, "I am a going to be sick the same as I was before," referring to a premature labor, attended with three convulsions, for which she had been bled with prompt relief. These two fits were, in all respects, like the three she had had in the former illness, only less severe. This is the belief of her husband, who is an observant man, and the suggestion that they were fainting fits, caused by loss of blood, he would not entertain, and he feels certain that the pulse, prior to the first one, was full and strong, though it soon became small and rapid. The first convulsion lasted about thirty minutes, consciousness not fully returning, though she swallowed some medicine, when she went into another, which lasted an hour and a half. Consciousness then returned; she talked, sat up in bed with aid, and got up and passed urine. On being persuaded by her husband, she again lay down, and expired in about an hour, and five hours from the attack. Dr. Phelps considered the convulsions puerperal, the small and rapid pulse deterring him from the use of the lancet, as urged by the family. Inspection of the uterus showed that labor had not begun. The autopsy, made

eight hours after death, revealed a lacerated spleen, from which had escaped four or five pints of dark and still fluid blood. The organ was only a little if any enlarged, the torn part of the color and consistence of black currant jelly.

Sir J. Y. Simpson suggests that enlargement and softening of the spleen are quite common in pregnancy; he had seen a case occurring in a series of pregnancies, the organ in the intervals returning to its normal state.

At a meeting of the Obstetrical Society of Edinburgh, in June, 1866, six cases of rupture of the spleen were reported, some taking place prior, some during, and some subsequent to labor—all fatal, of course. From the fact that one patient invariably recovered from this state of "physiological" enlargement of the spleen, we may infer that it is not in a state of disorganization, but only in a condition predisposing to the accident of laceration, and when combined with a plethoric vascular system, rupture is quite probable.

As to treatment, we are quite in the dark, for in this particular case nothing pointed to the spleen as being endangered. Even the renowned Edinburgh Professor could not have detected the slight enlargement that existed, I will venture to say. No local uneasiness was experienced, and nothing save the numbness and bloat of the face before mentioned, suggested the necessity of medication. These two things, together with her robust health, would have indicated to practitioners of the olden times, depletion. Prof. Simpson does not allude to treatment; and he speaks of the enlargement and softening being always connected with an increase of the white corpuscles of the blood. The enlargement was far greater in the cases he recites, than in the one now noticed. In the absence of microscopic examination of the organ, and, in fact, in the absence of a more full and complete account of the condition of the system generally, the treatment in a case fairly made out must be upon general principles. Enlargement of the spleen is common in typhoid fever (laceration sometimes happening); this state of the organ is probably not the disease itself, but only a part of some general condition or derangement of the entire digestive system.—*Boston Med. Journal.*

It has been officially decided in Germany that hot baths cause trismus neonatorum.

Rights of Medical Experts as Witnesses.

In the Police Court of Sacramento, during the trial of a case of alleged crime, a medical witness, Dr. Simmons, was called on by the defense to testify as to his knowledge of the facts of the case, which he did accordingly. His opinion was then demanded, as an expert, with regard to the mental condition of the defendant at the time of the alleged crime. The doctor answered very properly, that he had already declared all he knew in the case, but would decline giving an opinion as an expert until he was paid an honorary fee. The Court overruled the objection, and required his opinion, which he still declined to give; whereupon he was placed nominally under arrest for contempt, for the purpose of having the question settled by a higher court. It is desirable that physicians everywhere take the same course. It is enough for them to spend their time hanging about court-rooms from day to day as ordinary witnesses. This they will do as good citizens, great as the sacrifice often is. Beyond this, their professional knowledge, which forms their capital in business, is personal property; and courts have no more right to it than to their professional services in other directions, or to the professional services of lawyers, or the manual skill of mechanics. It is not to be inferred that physicians are wanting in liberality when they take this ground, or that the value of the fee is the main purpose. The question is one of principle, and may almost be put in this form: As physicians already spend three-fourths of their time in waiting on the poor and serving the public, without pay, has not this same generous public, through the courts, a legitimate claim on the remaining fraction of their time and services? That "one good turn deserves another," is not, we believe, a maxim of law, in its sininter sense, or in any sense. And yet the impression seems to prevail that because the services of medical men can always be had, on call, for the poor, or in emergencies, without consideration of pay, therefore they have no reasonable claim for compensation under any circumstances, and should accept every dollar vouchsafed to them for their services with humility and thanksgiving. Justice to themselves and to each other, and regard for the younger members of the fraternity, require that

this idea of the unmixed and unqualified philanthropy of the profession should be narrowed down in some degree—enough at least to let in dollars and cents for the purchase of bread. We have little fear of an adverse decision in the case of Dr. Simmons. A similar case was lately decided in Chicago in favor of the physician. The habits and interests of lawyers would naturally lead them to a correct view of the question in the abstract. And it is only when he finds himself bound by his position to take a different view, or when he feels proud of his skill in carrying a wrong point, that a lawyer would be likely to oppose the claim of a medical expert for compensation.—*Pacific Med. and Sur. Journal.*

Discharge of a Fœtus through the Rectum.

Dr. Koehler exhibited to the N. Y. Pathological Society, the skeleton of a fœtus that had been passed per rectum. A lady, twenty-four years of age, became pregnant for the second time. The first three months of the pregnancy were passed under continual hypogastric pains. Then, suddenly, a pint of coagulated blood escaped through the vagina, whereupon the pains decreased and discontinued. She went to a physician well known to me for advice. When he tried to introduce the uterine sound into the orifice, he was unable to succeed. The cervical portion of the uterus was scarcely accessible. The patient consulted several other physicians, who advised her to await events. Normal movements of the fœtus from the end of the fourth month to the end of the pregnancy were ascertained. The prolimina of the birth appeared at the right time. The pains, however, had no effect; they lasted for three weeks, decreased by and by, and finally subsided. Then the secretion of milk took place. The patient became emaciated and cachectic. Two months after the end of the normal duration of pregnancy, rectitis and an abscess in the anterior wall of the rectum made their appearance, and a quantity of decomposed pus and ichor soon escaped through the rectum. Hairs of a fœtus were detected in the discharged matter. The skeleton of the fœtus then escaped through the rectum within the period of three days. The bones of the cranium following, the other bones were removed by the means of a polypus-forceps, either entire or

broken. The aperture of the abscess was located one and a half inches above the anus. The diameter of the opening, when relaxed, measured one inch. One month after the evacuation and removal of the bones, perfect convalescence and menstruation took place.

The enlargement of the abdomen during the whole period of the pregnancy was uniform, not lateral, and the cervix uteri, even at the end of that period, was for a closer examination inaccessible. The patient was not confined to bed.—*Med. Record.*

Remarkable Vitality in a New-born Child.—Dr. James T. Newman records in the *Chicago Medical Journal*, Oct. 1, 1868, the following extraordinary instance of vitality in a new-born child:—

"At half-past twelve in the evening he saw, on account of hemorrhage, a young woman who had recently given birth to a child. The friends were trying to conceal her shame. It had been 'born at 8 o'clock in the morning, and was quietly wrapped up in an old blanket and put out of sight.' He was told that it was still-born. At his request the child was shown him, and there was something in its face told him it was not dead, but he said nothing. When he made his visit in the morning, the child was in the coffin. Upon request, it was again shown to him, and to his astonishment, upon applying a stethoscope, he could distinctly hear the sound of the heart. He took the child out of the coffin, used Marshall Hall's method, and in the course of thirty minutes the child commenced breathing; the pulse was natural; it cried, and took the breast eagerly. It is a fine-looking boy to-day, and for aught I know, bids fair to live three score and ten years."

The doctor does not tell us why he did not attempt to resuscitate the child when he first saw it.—*Humboldt Medical Archives.*—*Boston Med. Journal.*

The Ohio Law Regarding the Practice of Medicine.—We printed the law enacted by our State last winter in the June number of this journal. The law, in most respects, is a good one, and the profession is under obligations to its author, Dr. Kemp. It provides, that to practice medicine in Ohio a man must be a graduate, or must have practiced hitherto for ten years, or produce the certificate of his qualifications to practice, from the State

or some County Medical Society. Persons coming into the State, either as permanent or transient practitioners of medicine or surgery, and who do not comply with this law, are liable, on conviction of its violation, to a fine of fifty to one hundred dollars for the first offense, and for the second, a like fine and imprisonment in the county jail for thirty days. This law went into operation on the 1st of October, ult. The only weak place in the law is the permission to Medical Societies to license; and yet, as a beginning, very good progress is made in the right direction; and we scarcely see how this concession could have been avoided to begin with. But it is evident that this permit to license may be so abused, as almost to nullify the utility of the law, and hence it becomes medical societies to seriously consider their duty in the premises.—*Cincinnati Lancet and Observer.*

Modern Treatment of Acute Internal Inflammations.

BY WM. A. B. NORCOM, M. D., OF EDENTON, N. C.

Nothing so thoroughly arms a physician for his contest with disease, as a knowledge of its natural history, that he may be prepared to imitate and assist the curative changes nature so constantly strives to effect. Our remedies can only avail in so far as they aid natural operations.

In a lecture delivered by Sir Wm. Ferguson, at the Royal College of Surgeons of England, in June, 1865, I find the following:

"The loss of confidence in much-vaunted remedies seems, in some respects, like a loss or diminution in our appliances—an abstraction from our powers, as it were. But in my opinion the correct view to take here is, that we are acquiring a knowledge of our own ignorance—that we are beginning to see that we have placed our faith erroneously. In short, that we have been taking honor to ourselves for that which has been justly due to nature. We begin to see the difference between blind empiricism and natural processes."

Says Anstie, on this point: "Without an observation of natural processes no medical man ever did great things for mankind, or for the advance of his art." * * * * "It was but yesterday

that disease was universally regarded as something entirely foreign to the vital organism, which came to it from without, resided in it for a time, and then departed, exorcised by the physician's art. To-day we are inclined to take a less exalted view of our functions, to confess ourselves to be but the humblest assistants in those curative processes which Nature herself initiates, and very often carries through without our help, or even in spite of our ignorant interference. Together with such changed ideas, there must come a revolution in our modes of therapeutical inquiry; and notably, a disposition to compare those instances of the beneficial action of drugs which are well authenticated, with similar effects *produced by the unaided operation of natural causes.* And it is surely lawful to hope that even partial success in this direction, may prove more advantageous to the progress of our art, than the most brilliant reasoning which should presuppose the physician's power to effect radical alterations in the working of the vital agencies, whose operations we are only just beginning dimly and partially to understand."

And says Prof. P. Hughes Bennett: "If every young practitioner would dedicate his life to the careful elucidation of the natural progress of only one disease, he would do more for medical practice than has been accomplished by centuries of empirical trials of remedies."

And Dr. Todd, one of the brightest medical lights England ever produced, remarks thus: "Internal inflammation are cured, not by the ingesta administered, nor by the egesta promoted by the drugs of the physician, but by a natural process as distinct and definite as that process itself of abnormal nutrition to which we give the name of inflammation. Our interference either may aid, promote, and even accelerate this natural tendency to get well, or it may very seriously impair and retard, and even altogether stop, that salutary process."

Prof. T. Gaillard Thomas, in a lecture to his class, in speaking of the natural history of disease, says: "Remain ignorant of it, and you shut the gates of the avenue which leads to progress in medicine; master it, and your therapeutic knowledge will become certain, and its application a science." He further says, in the same lecture, as the result of experience: "If fifty cases of pleurisy (the disease for which Sydenham prescribed so vigorously) be

placed in bed, carefully nursed, dieted, guarded from deleterious influences, and receive not a particle of medicine of any kind, the probabilities are that not one case would end fatally; all would likely recover, unless some peculiarity of constitution, the unfavorable age of the person, or accidental complication should alter the result."

How very liable we are to be deceived in regard to the power and efficacy of drugs! Suppose in these fifty cases of pleurisy, some harmless medicine had been given! It might have been proclaimed as a specific. Or, suppose mercury, so frequently given by many physicians in this disease, had been administered to these patients, they may all still have recovered, but certainly not so quickly, nor so well as under the conditions mentioned by Dr. Thomas.

And, says the popular and accomplished professor of Physiology, Hygiene and General Pathology in the University of Maryland: "Now we substitute for the old compound prescriptions, simple remedies, given with a definite object, always recognizing the true position of nature as the curer, and medicine as her handmaid and assistant—laying great stress upon the observance of hygienic and sanitary laws."

Dr. Garrod tells us that he has seen many cases of severe rheumatic fever get rapidly well without the use of drugs, and that on simply colored or camphor water the improvement is often very quick and decided. In the Guy's Hospital Reports for 1865, are forty-one cases of rheumatic fever, thirty-seven treated by Dr. Gull, and four by Dr. G. O. Rees, "scarcely any medicine except mint water being given." Twenty-two were males, nineteen females; two only above the age of forty, the rest under thirty-five. The heart is mentioned as implicated in a large number of them. The average number of days from admission into hospital to complete convalescence was, for the males, sixteen; females, twenty-one. The average duration of the acute symptoms in seven cases in which there was no evidence of the heart being involved, was eight days; in six cases in which the heart was decidedly affected, twenty-three days. From these cases what other inference can be drawn, except that mint water is a wonderful remedy for rheumatism, or that nature frequently triumphs over the disease? As mint water is known to be inert, we must accept the latter. Such

facts as these should teach us a wholesome lesson. Suppose these cases had been salivated! Modern authors tell us that salivation neither shortens the duration of the disease, nor prevents cardiac complications. Then why practice it when, to say the least, the convalescence would necessarily be prolonged by the patient having to get well of the treatment as well as the disease? I mention this treatment particularly because I know that by many mercury is considered the "heroic" remedy in this as well as all other acute diseases.

By the foregoing remarks, I would not be understood to advise doing nothing for rheumatism; but we might learn the lesson to be careful in the use of powerful drugs, when the unaided powers of nature frequently effect a cure. In this disease, the alkaline treatment has proved highly successful.

A short time since, a lady of great intelligence told me that a few years ago she was treated for a pneumonia, the basis of which was *verat. viride* and low diet. Her medical attendant, a highly respectable physician, told her his object was to nauseate her to reduce her fever, which he very effectually did. She became cold, clammy, and almost pulseless. Active stimulation had to be resorted to, to save her from immediate death. She, however, finally recovered after a very tedious convalescence of six or eight weeks.

From an authentic source I heard of a case that occurred within a few years past, of bilious fever, which was terribly salivated. So offensive was the odor caused by the mortification consequent upon such ignorance and brutality, that one could not remain long in the room without sitting by a raised window. Yet this patient recovered, also, and was assured by the doctor that he would not have produced such a state of things, had it not been "necessary to save life."

Who can say that these remedies aided those patients to get well? A faithful report of the *convalescence* of such cases would be most interesting and instructive. Do not such recoveries, gentlemen, furnish a crowning demonstration of the great fact that Nature often triumphs over the doctor, and his treatment, too? What wonderful wisdom and goodness is displayed by the Almighty in permitting this to be so! If those only recovered who were properly treated, the inhabitants of this earth would

grow less almost as rapidly as by a fiercely waged universal war. Call it what you may, the "*vis medicataix naturæ*," or, as Dr. Dickson says, life itself, there is a resistive force—an inherent curative power—that frequently thwarts, in the language of Dr. Thomas, "the machinations of misguided men."

Dr. Forget says that "Nature is stronger than physic and physicians; for if she were the slave of systems, the world would soon be a desert."

It is only by a careful and faithful study of her laws that we can hope to render to our patients that rational and effective aid, which it should always be the aim of the honest and conscientious votaries of our Heaven-born Art to give!

But let us pass on to alimentations. It has always seemed strange to me that nuritious food, so essential to maintain the organism in its integrity, should ever have been withheld in disease, at which time it is now proved to be so indispensable. When Nature is struggling to effect certain objects, which cannot be effected by art alone, and without which recovery could not occur, how very reasonable that we should give her the aid afforded by this agent! The system, worn and wearied by disease, and the blood impoverished, need support and repair; and food, suited to the powers of digestion and wants of the system is, above all others, the remedial means suggested alike by science and common sense. If the position sought to be established by Dr. Chambers be correct, there can be no question of the propriety of food at the very inception of disease. It is this: "That disease is, in all cases, not a *positive existence*, but a *negation;* not a *new access of action* but a deficiency; not a *manifestation of life*, but partial death; and therefore that the business of the physician is, directly or indirectly, not to *take away* material, but to add; not to *diminish function*, but to give it play; not to *weaken* life, but to renew life."

A New Hampshire paper says: "The greaest age ever attained in this State, by any person whose age was positively known, was that reached by Mr. Lovewell, of Dunstable, who died at 120. William Perkins, of Newmarket, reached 116; and Robert Macklin, of Wakefield, 115."

Notes on American Opium from Vermont.

By William Proctor, Jr.

A few weeks ago my attention was called to a sample of "opium," by Mr. C. Wilson, of Monkton, Addison Co., Vermont, who said he had been requested by persons interested in the success of his enterprise to have it examined. On inquiry as to its origin, Mr. Wilson said it was of his own production in the neighborhood above mentioned, and that he had been engaged in the culture for several years, and that it was quite lucrative. After the weather was settled in the spring the seed of the opium poppy (Papaver somniferum,) was sown in ground prepared as for a garden, in which the plants grew vigorously, and about the middle of August the capsules attained their size. The collection of the juice was commenced at this time and continued until the first of September, when the whole plants were cut, bruised with a portion of alcohol to prevent fermentation, and then subjected to strong pressure; the juice thus obtained was evaporated to an extract, incorporated with the inspissated juice of the capsules, so that when finished the whole constituted a soft mass of pilular consistence and nearly homogenous texture, (except a few fragments of vegetable tissue,) possessing a strong narcotic odor almost precisely that of good ordinary opium, but not so decided, and a uniform dark brown color. Its reaction is acid. This year Mr. Wilson obtained 640 pounds of this opium from six and a quarter acres of land, being 100 pounds to the acre, for which he obtained prices varying from eight to ten dollars per pound from druggists and physicians in New England.

When macerated in water it soon breaks down and is readily extracted. The pulpy matter left from 100 grains after percolation with water until exhausted, amounted to 25 grains. One hundred grains carefully dried in a hot air bath weighed 84 grains, and hence contains 16 per cent. of moisture. Subjected to the action of diluted alcohol until exhausted, the residue weighed 13 grains. Treated with ordinary ether and dried, the moist opium lost 20 per cent. of its weight; but 16 per cent. of this loss is due to water in the normal opium, leaving the ethereal extract equivalent to 4 per cent. The ethereal solution had a light greenish color, due to

chlorophylle. On evaporating the ether spontaneously, the residue consisted of numerous minute, well-defined crystals of narcotina, a greenish oleo-resinous matter, and the odorous matter of the opium. The crystals are nearly all prisms, with parallel sides and two-sided oblique terminations, and a few stellate groups occur. Separated and wiped, they afford an intense yellow color to nitric acid, and when treated with sulphuric acid followed by nitrate of potassa, they yield the usual deep red coloration of Orfila's test for narcotina. Benzine extracted 4.5 per cent. of green elastic caoutchouc matter containing narcotina. The aqueous and alcoholic solutions respond freely to the tests for *meconic acid.*

The morphia present was assayed by the process of Mohr.

100 grains of the moist opium (representing 84 grains dried) was exhausted with repeated portions of cold water and finally percolated, until four fluid ounces of infusion was obtained. This was boiled with 100 grains of lime previously slaked with some of the weaker liquid for fifteen minutes, filtered hot and the dregs percolated with boiling water till exhausted of the soluble matters of the opium. The alkaline infusion, slightly acidulated with muriatic acid, was evaporated to about half a fluidounce, and when cold neutralized with ammonia and filtered, to separate coloring matter, and then carefully evaporated to about 200 grains, and a slight excess of ammonia added whilst yet warm. After standing twelve hours the crystalline precipitate was carefully collected on a small tared filter, washed, dried, treated with ether and weighed 6·25 grs. This precipitate afforded the characteristic reactions of morphia with nitric acid and sesqui-chloride of iron.

Now from these results it must be inferred that this new kind of opium contains 6·25 per cent. of morphia in its moist commercial condition, or 7·44 per cent. when it is dry; and that it is much more soluble in water than ordinary opium, affording 75 per cent. of its weight to that fluid. The tincture made from it by the officinal process has the appearance and odor of ordinary laudanum, but of its therapeutic character in relation to Smyrna opium I am wholly uninformed. Now there need be no hesitation in saying that this opium is below the standard of the Pharmacopœia. The maker appears to be entirely candid and honest in his conduct of the process, and the fault is in his not knowing the real character of the substance he is dealing with, and the importance in medical

and hygienic points of view that it be parallel in strength with fair Turkish opium, to obtain and deserve the confidence of physicians, apothecaries and druggists. It is probable that the pure exudation from the capsules unmixed with any foreign matter rarely reaches us in the opium market, and there may be less impropriety in employing the inspissated juice of the poppy than the various matters that are introduced at Smyrna and elsewhere, to give consistence to the too soft exudation from the capsule and increase the volume of the product. The fact that 640 pounds of an opium, containing between six and seven per cent. of morphia, was produced in a few weeks after the poppy attained its proper size, from six and a quarter acres of land, in a climate as far north as Vermont, by a moderate force, seems to warrant the belief that, under intelligent regulations, the culture of opium might be effected in this country so as to be a profitable crop. The need of assaying it would be imperative until its physical characters became sufficiently well established to be depended on by commercial dealers.

We would advise Mr. Wilson, he knowing the amount of extract he adds, to reduce its quantity so that the pure juice of the capsules may bear a larger proportion to the gross amount produced. Probably one-half less would make the result nearer commercial opium, containing 10 per cent. of morphia.

There are various experiments going on at the south and west, in Mississippi and elsewhere, this season, but as yet the results have not reached me. The subject is sufficiently important to claim the attention of the American Pharmaceutical Association, and if experimenters throughout the country will communicate their results to the writer with a clear statement of the processes of culture and preparation employed, he will engage to give a faithful report of them to the next meeting at Chicago. It would be best to accompany each communication, if any are sent, with about half an ounce of the product, fairly representing the gross amount produced by the sender.—*Journal of Pharmacy.*

The *Medical Gazette* is cautioning ladies against the dangers of using cosmetics. The large quantity of lead employed in the composition, with other poisonous ingredients should be a warning to them.

Editorial Department.

Progressive Locomotor Ataxia---By Walter Coles, M. D.

This very interesting and instuctive paper we cannot notice in detail, but copy the symptoms of the disease as given by the author:

"What, then, are the symptoms of progressive locomotor atxia? Clinical observations teach us, that this malady has no fixed mode of advent. In the majority of cases, the first approach of the disease is in the form of shooting pains, darting like electric shocks along certain portions of the limbs, more particularly the lower. These pains recur at intervals of several weeks or months, generally increasing in frequency and severity for many months or years, Sometimes they linger in the neighborhood of a joint, arousing a suspicion of rheumatism.

Though often shifting from point to point, and even from limb to limb, they chiefly confine themselves to certain nervous channels. They are oftentimes confined exclusively to one limb for a length of time before attacking the other; then, again, the lower limbs are affected simultaneously. At this juncture, or after a variable length of time, some impairment of the functions, either of the eye or its appendages, frequently becomes manifest—the patient finds himself suddenly seized with ptosis, strabismus, amblyopia, diplopia, or even triplopia of one or both eyes. In case of diplopia, objects are generally seen one above the other. The state of the pupil may be normal, contracted, or dilated. In some of these cases conjunctival congestion and chemosis are observed. Amaurosis, when once established, generally remains to the last, the other symptoms, especially those connected with the appendages of the eye, are less stable, being liable to frequent fluctuations, and sometimes disappear altogether.

Occasionally the first symptom noticed, is a sense of tingling and numbness, either in the toes or fingers, gradually spreading up the limbs or confined to special portions of it. When the hand is affected, the numbness oftener attacks the ring and little fingers, or the ulnar side of the forearm. These sensations, however. oftener come on simultaneously with the pains or after a longer or shorter interval, but almost always appear in the same limbs attacked with pain. About this time the patient complains of a feeling, as if a pad or india rubber were interposed between the soles of the feet and ground, and a peculiar unsteadiness of gait and sense of insecurity in standing. He frequently stumbles, and is liable to fall in running. These difficulties of locomotion gradually grow worse, and soon walking becomes difficult, and even impossible, without the aid of a staff or some object to lean upon. The limbs, although possessed of their normal strength, are uncontrolable by the will; they fly wildly about; the gait becomes reeling and staggering; in stepping, the foot is lifted up in a peculiar manner—is thrust forward with a spasmodic jerk, and planted forcibly, the heel coming down first. In the dark, or on closure of the eyes, these symptoms are greatly aggravated, the limbs refuse to support the body, and the patient falls to the ground, unless supported by a wall or some other object. Accompanying these symptoms is generally a marked impairment of tactile sensibility, together with the sense of muscular contraction and that of tickling. The sense of pain and differences of temperature frequently remain intact until the last. There are, however, sometimes subjective sensations of cold in the limbs. Instead of anæsthesia, there is sometimes hyperæsthesia during the earlier stages of the complaint.

In most cases the sexual powers are weakened very early in the disease; in other instances they remain in full vigor, until during the latter stages, when impotency almost always occurs. In still another class of cases, the sexual organs are unduly excited and maintain an increased vigor during a considerable length of time, (during which period nocturnal emissions are frequent,) to be finally replaced by partial or complete impotency.

The bladder, especially in the males, is nearly always affected in the progressive locomotor ataxia. At first urination is considerably more frequent. This state is sooner or later succeeded by dribbling, nocturnal incontinence, and, in some instances, paralysis of the organ. The rectum is frequently, but not so markedly affected. Besides the third and sixth, we find occasional disturbances in the fifth and seventh cranial nerves."

Indiana in Want of a Medical Journal. (?)

Dr. J. S. Botts, of Indianapolis, President of Indiana State Medical Society, quotes in his address, the report of a committee, complaining of the want of a proper medium of communication for members of the medical profession. "If our medical brethren, throughout the length and breadth of the State, will consent to communicate the result of their observations, freely, we feel assured that a Medical Journal, of a very high order of usefulness, can be sustained, which will prove not only a medium of intelligence, but also a bond of union amongst medical practitioners. Impressed by the belief that such will be the results, we would respectfully recommend the establishment of a journal immediately." This looks as though Dr. Botts and the Committee must "live in France and never hear of Napoleon." In the very city where Dr. Botts lives, is published one of the very best conducted, and most valuable medical journals in the country—the *Western Journal of Medicine*, edited by one of the most, if not *the* most, intelligent and worthy physician of the State. As now conducted, it is well worthy the support of the profession. That we could say as much of it, if contributed to by Dr. Botts and the Committee, is a matter of great doubt; judging from the spirit of the address and report, we could not. We have never seen any other of Dr. Bott's contributions to medical literature, or anything from any member of the Committee; if any have been published, we should be glad to receive a copy. It must have been through some very choice "medium." When will members of the profession learn to control their prejudices, and not exhibit their worst qualities upon the most inappropriate occasions?

Books Reviewed.

Vesico-Vaginal Fistula. By Thomas Addis Emmet, M. D. New York: Wm. Wood & Co., 1868.

The author in his introductory remarks says, that "prior to the application of the metallic suture by J. Marion Sims, and a proper mode of exploration furnished by his speculum, any attempt for the relief of the injuries under consideration was uncertain in result, and the operation regarded as an opprobrium to the profession. Since that time, however, it has become more certain of success than any other operation in surgery, and long since should have ceased to be confined to the hands of comparatively a few operators. In truth, no more brains or tact is needed in the execution of this than in many other operations of surgery which have long since become familiar to the many." We admire the fairness and absence of pretension which is embodied in these declarations, and believe the author has done himself much credit in his open declaration that all surgeons can operate successfully for vesico-vaginal fistula. It is not to be supposed that all surgeons can make this operation with the same ease and adroitness with which Dr. Emmet can make it, who has already perfected himself by several hundred operations, but all surgeons have Dr. Emmet's assurance that

they can do it successfully with the same ease and certainty with which other operations in surgery are made by them. For this assurance, all who propose to make the attempt will be very much obliged.

It is undoubtedly true, that prior to the applicaiion of the metallic suture by Dr. Sims, and the mode of exploration furnished by his speculum, operations for vesico-vaginal fistula were uncertain in result, and were not looked upon so favorably or attempted so frequently as since. Dr. Sims may be said to have called the attention of the profession to the feasibility and safety of this operation, and to have done it in connection with his announcement of the application of the metallic suture. Metallic sutures, however, and Sim's speculum are neither of them indispensable in successfully making operation for vesico-vaginal fistula. The announcement of the use of the silver wire in place of silk, was not always made in good taste, or the modes of drawing and securing these sutures as described by him, either convenient or necessary, yet it had the effect of drawing attention to the relief of this and kindred maladies, and it is all right, when fairly understood, to date the popularity of this operation from that time.

The chief object of the author appears to have been to present the profession a collected record of the most interesting and remarkable cases furnished him by his extensive experience in this form of disease. We are at first astonished at the number of extraordinary and remarkable cases he reports, but a moment's reflection explains the mystery. The author's connection with the Woman's Hospital, almost since its foundation, has given him an unexampled experience, since this hospital was founded mainly for the relief of this and similar affections, and has attracted patients from all portions of the country by the liberality of its provisions. We have a detailed account of seventy-five cases, illustrating nearly every condition this malady can possibly assume, and furnishing an invaluable guide in the management of similar cases. Many cases were so severe and fearful in nature and extent, that outside this book no encouragement to attempt interference could be found; but if disorganization so extensive can be repaired, there can hardly be conceived a condition of destruction of these parts, so fearful as not to leave hopes of repair. The work is written in a most instructive and unpretending style, and conveys to the reader a clear understanding of the various subjects discussed. The author is entitled to the hearty thanks of the profession for his liberality in thus offering the results of his experience for the guidance of all who may desire to avail themselves of an observation based upon a greater number of facts than could perhaps be presented by any other physician of this country.

The work is illustrated where necessary to convey correct idea of the text; is published in appropriate style by William Wood & Co., of New York, and will be most attentively and profitably read by all surgeons who attempt the treatment of vesico-vaginal fistula and many other similar maladies.

Transactions of the Medical Society of the State of North Carolina, 1868.

The first Paper which attracts our attention, is the Address by Dr. A. B. Norcom, from which we have made a short extract, we regret we are unable to publish it complete; it is worth careful perusal by every practicing physician.

The second Paper is the retiring President's Address, which is also a very creditable production. The only strictly medical paper is a report of a case of gunshot wound healed by first intention.

Transactions of the Indiana State Medical Society.

In this volume is published the Prize Essay of James R. West, M. D., of Richmond, Indiana, upon the causes, nature and treatment of Cerebro-Spinal Meningitis. A report on Cholera, by A. Field, M. D., of Jeffersonville, Ind. Reports upon "Indiana's Idiotic Children," by H. P. Ayers, M. D., of Fort Wayne, Ind. Placenta Previa, by G. W. Mears, M. D., of Indianapolis, Ind. Diseases of Women, by Theophilus Parvin, M. D., of Indianapolis, Ind. Various reports of interesting and remarkable cases, and a report on Cholera, by James F. Hibberd, M. D., Richmond, Ind. The transactions of the Society, and the President's Address, are also comprised in the volume. Many of the Papers are highly meritorious, and all are creditable.

Atlas of Venereal Diseases. By A. Cullerier. Translated from the French by Freeman J. Bumstead, M. D. Part V. Philadelphia: Henry C. Lea; 1868.

This completes the volume, which contains one hundred and fifty beautifully colored figures, which illustrate the whole subject most admirably. Dr. Bumstead has placed the American Medical Profession under lasting obligations by this translation, with his notes and additions. This work upon venereal diseases must rank with the first in the English language, and cannot be excelled in the truthfulness and beauty of its illustrations and in the accuracy and correctness of its teaching. The student must prefer it to all others, since it combines the most modern views of the nature of these diseases, with life-like representations of all their varied appearances, and the general practitioner will give it preference, since at a glance the whole subject is fully open before him. It is a very valuable book, and all who desire to know about the diseases in question should not fail or delay in obtaining it. For the numbers as supplied from time to time, we are also furnished with an appropriate cover, in which the parts can easily be placed by the binder, and when thus complete the volume is one of real value and beauty.

Criminal Abortion: Its Nature; its Evidence, and its Law. By Horatio R. Storer, M. D. Franklin and Fisk, Heard. Boston: Little, Brown & Co; 1868.

All our readers are familiar with the previous works of Prof. Storer, upon the subject of criminal abortion, and understand how much he has done to impress both the profession and public with its frequency; its evil effects upon the mother; its influence upon the race; and above all, its crime. Whatever objection may be made to the manner in which his publishers have advertised his work, or the means deemed necessary to introduce it to the public, it must not be denied but the subject has been fearlessly, faithfully, and ably discussed, and that one of the most barbarous crimes, long practiced and concealed by a false and mistaken modesty, has been faithfully and publicly exposed. The present volume contains the [redacted] written arguments presented in previous works by the same author, and

these have been joined with the legal questions involved in the prosecution of this crime; the common law; the English statutes and indictments thereon; against whom an indictment lies; principals and accessories; indictment; evidence, etc.; making a volume of over two hundred pages, which must be highly acceptable to the professions of both law and medicine. Much labor has been bestowed in making the legal bearings of this crime complete and accurate. In writing that portion which treats of the criminal law, it has been the object of the authors to exhaust the subject, so that the work may be regarded, in this respect, complete for guidance both in prosecution and defense.

These arguments require to be re-written and re-published and re-read. The mass of the public are yet wholly ignorant of the crime—of its nature, its effects, and its sin. The professiens are not yet fully aware of the bearings of the various questions involved, and we know of no way in which they can be better enlightened than by perusal of this, and the previous writings of Prof. Storer. After all that may be known, we fear it will prove of like history with prostitution: no law, and no penalty, sufficient to perceptably diminish the crime.

Ovariotomy: A Paper read before the Ohio State Medical Society. By Alexander Dunlap, M. D.

The author gives his experience in forty operations for ovariotomy, nine of which, only, were fatal. In all instances the pedicle was secured by double ligature; the ends being drawn through the lower angle of the wound—drawn tightly, but the pedicle not placed upon the stretch. The tumors weighed from fourteen to one hundred and thirty-six pounds; two were solid, and one of these was fibrous and bony, weighing one hundred and six pounds; patient died the eleventh day. The other weighed thirty-two pounds; the patient died from hemorrhage. The author has had an extensive and interesting experience, and his Paper is an original and instructive one.

Books and Pamphlets Received.

The Science and Practice of Medicine. By William Aitkin, M. D., Edinburgh, Professor of Pathology in the Army Medical School. Second American from the fifth, enlarged and carefully revised London edition, adopting the new nomenclature of the Royal College of Physicians of London, with large additions. By Meredith Clymer, M. D., Ex-Professor of the Institutes and Practice of Medicine in the University of New York, formerly Physician to the Philadelphia Hospital, etc., etc., in two volumes, with a map, lithographic plate and numerous illustrations on wood, Vol. II. Philadelphia: Lindsay & Blakiston, 1868. Received through, and for sale by Theodore Butler & Son, Buffalo.

The Medical Formulary, being a collection of Prescriptions derived from the writings and practice of many of the most Eminent Physicians in America and Europe—together with useful Dietetic Preparations and Antidotes for Poisons. To which is added an appendix on the Endemic use of Medicines, and on the use of Ether and Chloroform. By Benjamin Ellis, M. D., late Professor of Materia Medica and Pharmacy in the Philadelphia College of Pharmacy. Twelfth edition, carefully revised and improved. By Albert H. Smith. M. D., Fellow of the College of Physicians of Philadelphia, Lecturer on Obstetrics to the Philadelphia Lying in Charity, etc. Philadelphia: Henry C. Lea, 1868. Received through, and for sale by Theodore Butler & Son, Buffalo.

Outlines of Physiology, human and comparative, by John Marshall, F. R. S., Professor of Surgery in University College, London, Surgeon to the University College Hospital, with additions. By Francis G. Smith, M. D., Professor of Institutes of Medicine in the University of Pennsylvania. Illustrated with numerous wood cuts. Philadelphia: Henry C. Lea, 1868. Received through, and for sale by Theodore Butler & Son, Buffalo.

A treatise on the Principles and Practice of Medicine. Designed for the use of Practitioners and Students of Medicine. By Austin Flint, M. D., Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, Fellow of the New York Academy of Medicine, etc. Third edition, thoroughly revised. Philadelphia: Henry C. Lea, 1868. Received through, and for sale by Theodore Butler & Son, Buffalo.

A Collection of the Published Writings of the late Thomas Addison, M. D., Physician to Guy's Hospital. Edited with introductory prefaces to several of the papers, by Dr. Wilks and Dr. Baldy. The New Sydenham Society, London, 1868. Received through, and for sale by Theodore Butler & Son, Buffalo.

On Diseases of the Skin, including the Exanthemata. By Ferdinand Hebra, M. D., etc., etc. The New Sydenham Society, London, 1868. Received through, and for sale by Theodore Butler & Son, Buffalo.

A Treatise on Physiology and Hygiene, for Schools, Families and Colleges. By J. C. Dalton, M. D., Professor of Physiology in the College of Physicians and Surgeons, N. Y. With illustrations. New York: Harper & Brothers, Publishers, 1868. Received through, and for sale by Theo. Butler & Son, Buffalo.

The Opium Habit, with suggestions as to the remedy. New York: Harper & Brothers, Publishers, Franklin Square, 1868. Received through, and for sale by Theodore Butler & Son, Buffalo.

Retinitis Nyctalopica. By Prof. Dr. Arlt, of Vienna. Philadelphia: Lindsay & Blakiston, 1868.

The Materia Medica in its Scientific Relations. New Haven, Conn.: Judd & White, 240 Chapel Street, 1868.

Correlation of the Physical and Vital Forces. An Inaugural Address, introductory to the Course on Institutes of Medicine in the Jefferson Medical College, delivered October 12, 1868. By J. Aitken Meigs, M. D., Professor of the Institutes of Medicine and Medical Jurisprudence, one of the Physicians to the Pennsylvania Hospital, etc. Philadelphia: Office of the Medical and Surgical Reporter. 1868.

Doctor or Doctress? By Samuel Gregory, A. M., M. D., Secretary of the New England Female College. Boston: Published by the Trustees, and to be had at the College, 21 East Canton St., 1868.

Report of the Proceedings of the Association of Medical Superintendents of American Institutions for the Insane, at their Twenty-second Annual Meeting, held at Boston, Mass., on the 2d, 3d, 4th and 5th days of June, 1868. Harrisburg: Theo. F. Scheffer, Printer and Bookseller, 1868.

Brain Matter and Mind Action. Read before the St. Louis Medical Society, Oct. 10, 1868, by A. J. Steele, M. D., etc., etc.

The Transactions of the American Medical Association, vol. xix, 1868.

Medicines Received.—We are indebted to Iridell & Co., of Philadelphia, for a box of Fluid Extracts, containing specimens of most of the important medicines in common use. They are prepared by an improved process, and represent their own weight of crude drug, of prime quality. So far as we are able to judge, they are of reliable purity and strength, and will be convenient for prescription, on account of their uniformity of composition. These medicines were received through O. H. P. Champlin & Co. who are agents for their sale in Buffalo.

Late Publication—We must apologize for our Journal appearing a few days later than usual. Unavoidable delay, both in furnishing the copy and it publication when furnished, combine to make our excuse.

Immoral Publications.

"I cannot dwell with too much emphasis on the important practical distinction between the moral treatment which inspires confidence and hope, and tends to dispel the cloud of anxiety and apprehension, and that which confirms suspicion and excites alarm; between that which is prompted by professional and honorable motives, and which has the good of the patient for its primary object, and that which is controlled by the love of gain, and makes body and soul the sport of the vilest tricks of trade. The system of empirical advertising may be regarded as an ingenious device for robbing men of their money, their happiness, and their reason. The newspaper, going into every house, carries a flood of this poisonous literature. The newspaper makes our females familiar with the idea of the prevention of pregnancy, demoralizing the married and corrupting the unmarried. The newspaper prompts the idea of abortion, and indirectly encourages a criminal practice so wide-spread as to disturb the foundations of society, and to affect the national welfare. The newspaper furnishes the abortionist with the means of inviting all the mothers in the land to murder their unborn offspring through his nefarious agency. The newspaper is a daily reminder to every villain who plots the ruin of females, how he can accomplish his diabolical purpose without exposure. The newspaper puts in the hands of every boy and every girl, in city and country, a daily stream of impure, obscene and corrupting literature, which they could find nowhere else.

"The reader will not understand me as pronouncing a censure on the conductors of the press in this relation. I remember too well the example of the knight and the windmill. The laws of trade govern the press, and mould the code of morals for this, in common with other departments of industry. I will do the proprietors of newspapers the justice to declare my conviction that they all believe and know that the advertisements referred to are unfit for general reading, and that they are morally pernicious. I believe further, that scarcely one newspaper on this coast would admit such advertisements, if others did not.

"The same defense applies to those respectable druggists who suffer their names to be announced as venders and endorsers of universal cures for nervous weakness and impotence, and female obstructions. It is well understood that people of intelligence will not believe the statements which are made, and that only credulous and weak-minded persons, composing not much over nine-tenths of the community, will be misled and fleeced by such publications.

"If writings published with the design of doing good are capable of so much evil, as appears from what I have previously said, how much more mischief is calculated to result from publications artfully prepared for the very purpose of frightening the reader into the belief that he is sick, and which are daily thrust before his eyes, so that he cannot avoid seeing them if he would! I have an earnest conviction that the literature of quackery is much more pernicious than is commonly supposed—that few persons suspect the depth to which it strikes its roots into the corporeal, moral, and intellectual life of society, and the consequent amount of vice, trouble, disease and insanity which it produces.—Dr. Henry Gibbons, *Editor Pacific Medical and Surgical Journal.*

BUFFALO

Medical and Surgical Journal.

VOL. VIII. DECEMBER, 1868. No. 5.

Original Communications.

ART. I.—*Encephaloid Tumor weighing 36½ lbs. in a child eight and a half years of age—Death—Autopsy—Reported by* DR. C. C. F. GAY, *Buffalo.*

Philip Klein was born July, 1860, of healthy parents; he enjoyed good health until he had reached the age of two and a half years. The parents state that at this age the child became greatly frightened by the entrance of a negro into the house, who came for no other purpose than to inquire for work; that immediately after the fright the child voided urine and a few drops of blood; later blood passed in larger quantities, and that a quart was passed in one night, but this no doubt is an exaggerated statement.

Dr. Hauenstein was called to treat the case, and gave it as his opinion that the blood proceeded from the kidney, a diagnosis which I concurred in when visiting the patient some weeks later along with the doctor. The child continued to discharge blood at intervals for two years and a half, but the greater portion of this time he would feel and act quite well and play about the house. At about this time a swelling was observed in the left lumbar region, which was observed to increase in size very rapidly until soon the whole abdomen became much distended and hard and unyielding to the touch. The child was occasionally visited, more from curiosity than with the hope of rendering medical aid, from

this time until some months before death, which occurred on December 1st, 1868, after an illness of six years.

I condense the symptoms and condition of the little patient as given me by the mother during the last two years of illness. The child was able to walk until the first of last August, appetite good, and could "eat more than all the rest of the family," "wanted something to eat every half hour," always thirsty, and drank a great deal of water. The last year did not sleep well, a frequent desire to urinate would awake him, and he had to be got up to relieve this desire; sometimes would pass a large quantity of water, then again but little, and again would go two days without passing any. Did not suffer much pain from the tumor, but would have pain lasting about one week, and then go for a long time without pain. Had diarrhœa for two weeks just previous to death, lasting until four days before death. The bowels during the entire sickness, with this exception, had been regular. The child sat up in his chair the day before his death.

Autopsy performed by Dr. Diehl in the presence of Dr. Hauenstein and myself. Body much emaciated, and, exclusive of the tumor, would not weigh more than forty pounds. I regret that the body was not weighed. Circumference of abdomen forty-three inches; thoracic viscera not examined. On laying open the abdomen the tumor was found to occupy its entire extent; the transverse and descending colon traversed the anterior surface of the tumor; the remaining intestines occupied a position posteriorly to the tumor. The tumor was quite firmly attached in all its parts, but most firmly to the left lumbar region; it was removed nearly entire, and weighed 36½ lbs.; it was lobulated and contained pus depots in some of its parts; portions were hard and unyielding, while other portions were somewhat soft, varying in color, containing blood vessels immense in size, and also containing cysts. Search was made for the left kidney, but it was thought to have been obliterated, but something was found afterwards attached to the tumor supposed to have been the rudiment of the organ; right kidney larger than a normal adult kidney, and weighed six ounces; intestines and bladder normal. To make room within the abdominal cavity for this immense tumor the thorax inferiorly became expanded beyond the average size of the adult.

I have reported this case for the reason, first, that I believe this abdominal tumor to be the largest growth in a child eight and a half years of which there is any record; and secondly, I have reported it on account of the diagnostic value of the symptoms. This is certainly a novel and unique case; fright, to which the parents attributed the illness of their child, was doubtless but a mere coincidence, and had no relation whatever with the causation of the disease. That life could be sustained in a child of this tender age for a period of years, embarrassed by this immense growth, which never even interfered by its pressure upon the intestines, with the regular performance of their function, is most remarkable.

By reference to "Tanner's Index of Diseases," it will be seen that this morbid growth would properly be placed under the head of what he denominates "Renal Cancer," of which hæmaturia is a prominent symptom.

ART. II.—*Clinical Remarks upon Surgical Cases in the Buffalo General Hospital—Operations for Extraction of Cataract.* By J. F. Miner, M. D.

Gentlemen:—I regret these cases of cataract could not be presented before you at a later period of the term, after the whole subject had been fully considered in the lecture room. I will, however, briefly state some of the general facts connected with this disease, and the principles upon which the various operations for its removal are based.

Cataract is opacity of the crystaline lens, or of the capsule of the lens, or of both of these combined, and may be *congenital*—appearing at, or soon after birth; *idiopathic* or primary disease; or *traumatic*, that is, arising from injury. In congenital cataract the lens is soft; in traumatic cataract also, the lens is soft, that is, it has at least its usual semi-gelatinous consistency, and can be easily cut through with any fine needle or instrument, and is called soft to distinguish it from that condition assumed by the lens in age, or in many instances of cataract appearing in persons past the middle period of life, called hard cataract. We have then, *hard* and *soft* cataract; the methods of distinguishing between them will be fully described hereafter. The causes of congenital cataract are

not very apparent, but it seems peculiar to some families, all the children perhaps having cataract at, or soon after birth. The disease as it appears in persons past the middle period of life can generally be traced to no plain or obvious cause. Punctured wounds of the globe, especially if the capsule of the lens is at all disturbed, are almost certain to produce opacity; blows upon the temple or head, and particularly blows upon the globe of the eye cause cataract. The causes of cataract, then, are constitutional or general, and local, the first of which are not much understood, while the latter are sufficiently obvious. The diagnosis cannot be difficult; all you have to do is to place your patient in good light and standing directly in front, you will see behind the pupil, the milky white lens. You can hardly mistake it for any other condition of the eye, even in its early stages, it will be distinctly visible, and all refinement of examination to determine its character is quite unnecessary; reflections from mirrors or other sources are to avoided, and your diagnosis is not very liable to be incorrect. You have only to observe these patients before operation and you will ever after readily recognize the disease.

Medicine has no influence upon the progress or termination of cataract, and you will never prescribe drugs either for its prevention or cure. Charlatans have sometimes practiced upon the credulous—have deceived them by dilating the pupil with belladonna or atropia, its active principle, and thus admitting more light into the eye have temporarily improved vision, but beyond this, no improvement can be made in vision by the use of medicine.

All operations for its cure are comprised in *two* or perhaps *three* general plans. The lens can be removed from the eye by different modes of operation; it can be displaced and removed from the field of vision; and, it can be divided and its capsule ruptured, the aqueous humor is thus admitted to its substance by which it is dissolved, or as it is called, absorbed.

Soft cataract requires for its removal rupture of the capsule, or rupture of capsule and division of the lens; the process of removal than proceeds from natural causes. Hard cataract may be displaced below the axis of vision or extracted from the eye. Displaced, it is liable to cause inflammation in the choroid retina or iris — to act something like a foreign body, and by its presence finally induce changes in these delicate structures, which

are fatal to vision. Generally, however, the lens is mostly dissolved or absorbed, even if quite hard, and thus good results are often obtained by the operation by *reclination* or *couching*, as it is called. This plan of operation has been extensively practiced, and has afforded on the whole very favorable results, but in hard cataract it is not the best operation which it is possible to make, and at the present time the best operators never adopt it. The less experienced choose it, since it is vastly easier of execution, and exposes the surgeon and perhaps the patient to fewer risks. Only the easy and expert operator should attempt operation by extraction, the plan by reclination or couching is undoubtedly safest and best with inexperienced surgeons, while extraction offers advantages when it is skillfully made.

Please observe the preparation and mode of making operation for hard cataract. Our first patient, Miss West, has had the lens very successfully removed from the right eye, by the same method, in May last. She has now returned for a similar operation upon the other eye. No general preparation of the system is necessary; she was directed not to take breakfast this morning, hoping thus to avoid vomiting from the chloroform, and the iris has been dilated with atropine. When *completely* under the influence of chloroform and not until the anæsthesia is complete, the cataract knife is made to enter the anterior chamber of the eye; to pass rapidly and steadily through it, and thus to make section of the upper third of the cornea near its union with the sclerotic. The manner of this section is one of the important steps in the operation and attention is to be directed to it. The knife is to be passed through this chamber so steadily and quickly that the aqueous humor does not escape until the section is *nearly* complete, otherwise the iris may be protruded before the knife and embarrass the procedure. When the opening in the cornea has been made, and the water in the chamber has escaped, the next step necessary, is to rupture the capsule of the lens, which is done with a cataract needle or other sharp instrument introduced through the corneal wound and passed through the pupil to the lens; when this is completed the opake body often immediately presents itself at the corneal opening, and with very little assistance makes its escape; in this instance it is so, and I pass the lens to you for examination. The upper eyelid is now raised and the cornea adjusted with care, so that there

may be early union. The lid is drawn carefully over the wound, a graduated compress placed over the eye, and roller bandage applied to afford pressure and support to the globe. The removal of the lens in this instance has been entirely satisfactory and no accident of any kind has embarrassed the procedure. So far as can be judged, the highest expectation of its success may be indulged; but there are yet sources of danger and failure which no operative skill can remove; these will be fully explained to you hereafter.

Our second patient is in all respects so far as important clinical facts are concerned a repetition of the first. She is 45 years old, with cataract fully formed in both eyes. She is therefore practically blind, and the results of our operation are as important to her almost as life itself. The same preparation by dilating pupil, giving chloroform, etc., etc., has been made, and the same operation practiced. In one eye the lens did not escape so entire and unbroken as in the other; it was soft and less easily removed, and the operation was prolonged and embarrassed by it, but it is by no means certain that it will not afford equally as good vision.

You have this morning had opportunity to observe the operation for extraction of cataract in three eyes, but I regret it could not have been afforded you after having fully studied the subject. There are several other modes by which the diseased lens is removed from the field of vision, and it would have been instructive to have varied our process to these various ways which surgeons have adopted for this purpose. My sense of duty to my patients has alone prevented it, and I have chosen the one which my experience and judgment dictate as the best. It has been proposed of late years to make iridectomy—section of the iris—previous to, or in connection with, this mode of removing the lens, the idea being that the lens would escape easier after a part of the iris had been removed. It appears to me wholly unnecessary in most cases, as the lens will pass readily through the pupil when it is dilated without any such section. A part of the iris can be removed with great safety, but it is a deformity to the eye, and as a rule, is wholly unnecessary. There may be cases where such preliminary or accompanying operation is desirable, but I am convinced that it ought not to be made for the purpose of facilitating the escape of the lens, when the eye retains its normal conditions in other respects. This

field is too extensive for even a notice of the important questions involved, and I must defer further comments for future opportunity.

ART. III.—*Abstract of Proceedings of the Buffalo Medical Association.*

TUESDAY EVENING, Nov. 3d, 1868.

The meeting was called to order by the President. Members present—Drs. J. R. Lothrop, Rochester, White, Diehl, Wetmore, Ring, Miner and Johnson.

Dr. Diehl was elected Treasurer to fill the vacancy caused by the resignation of Dr. C. F. A. Nichell resigned.

DR. ROCHESTER presented a section of the stomach of a middle-aged man who consulted him a short time since, complaining of irritation and pain in the epigastric region. He recommended the man to go to the hospital, which he did, and died there a few days thereafter. The section exhibited, contained three polypoid growths. Their origin is within two or three inches of each other and near the pylorus. The largest was about an inch in its longest diameter. He presented the specimens because he believed it quite rare to see polypoid growths attached to the mucous membrane of the stomach.

DR. MINER remarked upon the probable rarity of such disease; had never seen it before, and was hardly aware that polypus had been observed in the stomach or bowels. Similar growths were very common, springing from mucous membranes near external orifices; the nasal polypus perhaps being most frequent. It had appeared to him probable that their appearance upon mucous surfaces near external parts, was due, in part at least, to irritations and other disturbances much more common in these exposed situations. The neck of the uterus furnished attachments to such growths much more frequently than the body of the organ, and it suffered from numerous sources of irritation not liable to affect the body. Nasal polypi, also, more frequently spring from the most exposed portions of the nasal cavity, but may, however, spring from any part of it. He had no fixed opinions concerning the causes of these growths, and his remarks were designed only as suggestive of possible causes.

DR. ROCHESTER said, it is difficult to determine the causes of these growths. Wherever they are found there is engorgement and irritation. In the case in question the man was and had been for a long time addicted to intemperance.

DR. WHITE said, I arise to bear testimony to the value of the specimen presented. It is peculiarly interesting to me, being the first of the kind I ever saw. Had seen many polypoid growths, but never before saw one arising from the mucous surface of the stomach or the intestinal canal. This brings up the whole subject of polypus. They are, I believe, of two kinds, viz: fibrous and mucus. Both of these varieties are frequently found in the uterus. The fibrous variety grow most frequently from the surface of the fundus and body, while the mucous variety grows most frequently from the mucous surface of the cervical portion. The fibrous polypus is usually larger but less irritating than the mucous. The mucous, although smaller and near the outlet, causes more irritation and hemorrhage and is more troublesome.

DR. LOTHROP thought that polypus of the larynx could not be accounted for upon any theory of mechanical irritation. Neither could it be assigned as the cause of polypi in many other localities. These growths appeared in situations in which the mucous membrane was liable to take on inflammation, and the inflammation was more likely the cause of the growths. The specimen presented by Dr. Rochester was interesting from the distinct character of the growths, one being the true mucous polypus and the other a fibroid concretion such as are sometimes found in submucous tissues of small size and projecting inwards. He supposed under favorable circumstances it would push outwards as well, and form a fibrous growth external to the stomach. He had never before seen a case in which these growths were found in the stomach, and thought it rare and of much interest.

DR. LOTHROP said that the large floodings which are common in cases of fibrous growths of the uterus, could not depend wholly upon the vascularity of the growths themselves, since they happen where from the situation of the growth it could not come from it. When they project into the cavity a portion of the bleeding was from them, but the same and even greater hæmorrhage would occur in cases when the growth was intramural.

Dr. White related the three following cases of removal of polypoid growths from the uterus:

Case I.—A clergyman from Ohio brought his wife to me, who had suffered several years with severe hæmorrhage and irritation, and was considerably reduced in health and strength. Gave chloroform, and on examination found a fibrous tumor, which I seized with hooked forceps, drew it down and cut it off with scissors. Applied glycerine and persulphate of iron when the hæmorrhage soon ceased. I have since learned that she has entirely recovered her health.

Case II.—A few days ago went to Genesee Station, and on examination of the case found a fibroid tumor protruding from the os uteri. Gave chloroform, drew down the tumor and cut it off as in the first case. The tumor was as large as an ordinary sized egg-plant. The pedicle was an inch and a half or two inches in diameter.

Case III.—Saw a woman a few days since who had consulted several physicians who had said that she had inverted uterus. On examination I found a fibroid tumor, which I removed as in the other cases mentioned, and the patient is rapidly recovering.

Formerly I applied a ligature in all cases and employed Gooche's instrument for that purpose. Afterwards used an instrument of my own invention for that purpose, but now do not use a ligature at all, but cut off the pedicle with long, curved scissors, and have no fear of dangerous hæmorrhage.

Dr. Miner related an instance of recent removal of a fibrous tumor springing from the uterine neck which had been of months standing, and the case treated and regarded as malignant disease. The growth had attained considerable size, and to careless observation might be taken for inverted uterus; it much more resembled it than any form of malignant disease. It had its origin from the lower part of the cervical canal, and had so attached itself to the neck as to leave the os upon the side of the pedicle where it was found after careful searching. The tumor would weigh about one pound and a half. Its union to the uterine neck was so complete that it would have been impossible to determine where the uterine neck ended and pedicle commenced, but for the os being found in the side. Hæmorrhage had been slight but constant for many weeks, and the patient looked completely blanched

and bloodless. Upon making traction upon the growth the whole tumor was easily exposed to view and the uterine neck as well. The outer surface of the tumor was very vascular, and one or two small vessels gave off streams of blood with considerable force. Considering the value of every remaining drop of blood, a double ligature was passed and tied, after which the neck of the tumor was divided with the scissors. The interior of the tumor and neck where divided, contained few vessels, was fibrous in character, and doubtless, as Prof. White had suggested, might have been safely divided without the previous application of the ligature. The ligature could hardly be expected to do great harm and in such case might be useful. The physician in attendance had informed him that the patient was doing well.

Dr. Rochester said, in regard to prevailing diseases, that he had seen several cases of fever commencing with unusual symptoms, great irritability of the stomach, continuing several days, then followed by very severe symptoms.

Adjourned. T. M. Johnson, Sec'y.

Correspondence.

Case of Congenital Deformity of Hands.

Big Flats, December 11th, 1868.

Dr. Julius F. Miner:

Dear Sir:—Having read your article in the *Buffalo Medical and Surgical Journal*, September, 1868, on the causes of "Congenital Club-foot," I send the following report of a case which may be thought to corroborate your view of the causes of some congenital deformities:

Mrs. Thomas Treat, aged 27, primipara, was delivered of a small but vigorous male infant, October 1st, 1868. The child was born before my arrival, but the circumstances indicated a small quantity of the liquor amnii, as the bed-clothes were not saturated; while the child was being dressed it was noticed that both hands were flexed horizontally upon the fore-arm, the wrists at the ulnar side were dislocated, and on the left hand there was not a

vestige of a thumb; on the right hand a small thumb, with no natural articulation with the hand. By request of the parents it was amputated on the 5th instant, there being no prospect that it would be of any service. The hands were put in a natural position, and retained so by splints and bandages, and that treatment is now continued with apparent benefit. The absence of the thumb of one hand and the defective thumb on the other, may have been the result of the pressure against the fore-arms during intra-uterine life.

Yours, respectfully,

WM. WOODWARD, M. D.

The above report is received with much pleasure. In connection with the paper referred to, it is very opportune, and is illustrative of several important facts. Whoever reads them in connection will see the bearing it has upon the subject of the causes of congenital deformities. J. F. MINER.

Miscellaneous.

Sir James Y. Simpson on Medical Progress.

At the close of the ceremony of "capping" the medical graduates of the University of Edinburgh, recently, Sir James Simpson delivered an address. In the course of his remarks, he said,—"A most extensive field for new investigations lies temptingly open for the young and ambitious physician in the almost innumerable series of new chymical compounds which modern organic chymistry has solved. Among this world of new compounds will probably be yet detected therapeutic agents more direct, more swift, and yet more sure in their action than any which our present pharmacopœias can boast of. It may be, also, that the day will yet come when our patients will be asked to breathe or inspire most of their drugs instead of swallowing them; or at least when they will be changed into pleasant beverages instead of disgusting draughts and powders, boluses and pills. But that day of revolution will not probably be fully realized till those distant days when physicians—a century or two hence—shall be familiar with the chymistry

of most diseases; when they shall know the exact organic poisons which produce them, with all their exact antidotes and eliminatories; when they shall look upon the cure of some maladies as simply a series of chymical problems and formulæ; when they shall melt down all calculi, necrosed bones, etc., chymically, and not remove them by surgical operations; when the bleeding in amputations and other wounds shall be stemmed, not by septic ligatures or stupid needles, but by the simple application of hæmostic gases or washes; when the few wounds then required in surgery shall all be swiftly and immediately healed by the first intention; when medical men shall be able to stay the ravages of tubercle, blot out fevers and inflammations, avert and melt down morbid growths, cure cancer, destroy all morbific organic germs and ferments, annul the deadly influences of malaria and contagions, and by those and various other means markedly lengthen out the average duration of human life; when our hygienic condition and laws shall have been changed by State legislation, so as to forbid all communicable diseases from being communicated, and remove all causes of sickness that are removable; when the rapidly increasing length of human life shall begin to fulfill that ancient prophecy, "the child shall die an hundred years old;"—when there shall have been achieved, too, advances in other walks of life far beyond our present state of progress; when houses shall be built and many other kinds of work performed by machinery, and not by human hands alone; when the crops in these islands shall be increased five or ten fold, and abundance of human food be provided for our increased population by our fields being irrigated by that waste organic refuse of our towns which we now recklessly run off into our rivers and seas; when man shall have invented means of calling down rain at will; when he shall have gained cheaper and better motive power than steam; when he shall travel from continent to continent by submarine railways, or by flying and ballooning through the air; and when—to venture on only one illustration more—tiresome graduation addresses shall no longer require to be written by old professors nor listened to by young physicians."—*California Med. Gazette.*

REMEDY FOR TOOTHACHE.—Alum, reduced to an impalpable powder, two drahms; nitrous spirits of ether, seven drahms; mix and apply to the tooth.

Atropine as an Antidote to Opium Poisoning.

BY M. S. BUTTLES, M. D.

The following is the history of a case occurring in my practice, which shows the value of belladonna in cases of poisoning by opium:

Mrs. W., aged 38, has been troubled with retroversion, perimetritis, and severe endometritis, and has had several severe attacks of pericarditis, which have left extensive adhesions.

Had severe neuralgic pains all along the left side, for which I had been in the habit of giving her subcutaneous injections of gr. ss. morphia sulphatis.

On January 20th last, I gave her one of these hypodermic injections, which gave but slight relief; the next morning I repeated it, injecting exactly minim xv, Magendie's solution, (equal to gr. ss. morphia,) and remained in the room fifteen or twenty minutes, when she seemed a little easier, and I retired to my office down stairs; but was very soon summoned by the nurse, who stated that Mrs. W. was dying.

I found her lips purple, the respiration seven per minute, no pulse at the wrist, but one sound at the heart; pupils contracted to a fine point, frothing at the mouth, and the extremities cold.

I commenced artificial respiration (for while I was cogitating on my handiwork, she entirely stopped breathing,) which by myself and assistants was kept up for about half an hour, when I attempted to give her some strong coffee, but she could not be made to swallow. I had sent for several neighboring physicians, who were all out; but just at this moment my friend, Prof. Chas. A. Budd, providentially called on me, and was immediately shown to the room. He declared that she was dead, and "laughed in his sleeve" at the idea of keeping up artificial respiration.

By this time I began to think of sending for an undertaker, (for she had come to me from a neighboring city for treatment,) but as a "drowning man clings to a straw," so I was eager to give her every possible chance, and asked Dr. Budd to suggest something, at the same time mentioning belladonna, when he said that atropine might be given hypodermically, if I wanted to do something, but as she was dead it would not bring her around. We resolved,

however, to try it. By this time artificial respiration had been kept up for an hour and a half. One-sixtieth of a grain of the sulphate of atropia was injected, and in fifteen minutes she showed signs of life, the pupils began very slightly to dilate, and in ten minutes more she began to breathe, and the respiration rose to twelve per minute; in half an hour we repeated the dose, making in all one-thirtieth of a grain of atropine; and in about fifty minutes from the time of giving her the first injection, she returned to consciousness, and is living now, with a blank in her life of two and a half hours.

To Prof. Budd is due the credit of suggesting the remedy. —*N. Y. Medical Record.*

The Sponge Tent---Its Preparation and Use.

Dr. George Syng Bryant, of Louisville, Ky., (late of this city,) says, that for the past eighteen months he has prepared an *antiseptic* sponge tent, as follows: He selects moderately coarse, elastic sponge, which, being well cleansed, and while wet, cut into the shape and size required, is then saturated with thick gum mucilage, prepared by using ten or twelve grains of crystalized carbolic acid to the ounce, and wrapped on an awl, with a strong, well-twisted cord. The tent should be fusiform, and wrapped from the small end, taking care that the layers of the cord are carried around in close proximity and with perfect regularity; and by retaining the "screw threads" thus formed, and turning it as an ordinary screw during insertion, the tent can be more easily introduced, and will not slip out as a smooth one is apt to do. To facilitate introduction, the tent, more particularly at the small extremity, should always be slightly soaped, when, firmly grasped by a pair of small, straight forceps with an attachment for holding the blades fast, it should be inserted as directed, so as not to project more than one-eighth or one-fourth of an inch out of the os, the uterus being held by a volsella or hook. Among the numerous uterine diseases and derangements which are most frequently benefited by its use, he mentions the following: Granular erosions of the os and cervix uteri, which, when thus treated, seldom fail to disappear in a short time, and the mucous membrane becomes smooth and natural.

Fungoid granulations, often a source of great annoyance to the surgeon, and distress to the patient, soon disappear under proper use of the tent.

In fibrinous infiltration of the os and cervix, either alone or in complication with many diseased states of the uterus, as erosion, fungoid granulations, sub-involution, ulceration, elongated neck, constrictions, and flexions, with or without retroversion or anti-version, not only will the infiltration disappear under the use of the sponge tent, but also, the complicating disease.

In pathological hypertrophy, either with or without chronic inflammation, the sponge tent acts with peculiar benefit, exciting the absorbents to take up all superfluous deposits or tissue. Intra-uterine fibroid and polypoid tumors, when of small size, will sometimes be completely destroyed by the sponge tent in a few days.

If the fibroid be small and intra-mural, it may be reduced in size, and possibly, in some instances, be removed completely, by the long continued use of the sponge tent, resting the patient three or four days in every week.

Polypoids, when attached to the canal of the cervix, if of small size, yield readily to the pressure of the sponge tent.

In the treatment of uterine diseases, the bowels, he says, must be kept in a soluble state, much depending on the condition in the treatment of most uterine affections. —*Humboldt Med. Archives.*

New Treatment of Acute Rheumatism.

At St. Mary's we have noted of late several patients recovering from acute rheumatism, and learned something of the plan which has been adopted by Dr. Sibson during the last year in all cases without exception. It may be described as embracing three points. 1. Removal of pressure and tension of joints. 2. An even and warm temperature. 3. Removal or relief of pain. To accomplish the first of these ends, the patient lies in bed, and his joints are muffled in cotton, wool and flannel, a cradle being placed where the weight of the bed-clothes is painful. For the second, the patient wears a flannel dressing-gown, and the blankets touch the skin of the lower extremities, sheets being placed only over the upper part of the bed. For the third, the linimentum belladonna

[℞. Ext. Belladonna ℥j, Linim. Saponis f. ℥ viij. · Ed.] is applied to painful joints, and covered over with wadding. Occasionally, where the pain is very excessive, from an eighth to a quarter of a grain of morphia is injected subcutaneously. For the rest, he has now and then found it useful to apply a leech or two to a swollen joint or to the cardiac region. In cases where there appears to be a gouty complication, Dr. Sibson employs a little iodide of potassium; but apart from this he does not give any potash to his patients. He tells us, in answer to an inquiry, that he finds the urine rarely containing acid after the first few days of treatment. As regards food, his experience and practice are not a little interesting. The patient is allowed from the first, roast meat, rice pudding and porter. We ascertained, moreover, from inquiry of the nurses, that this diet was not only ordered by the doctor, but was consumed by the patient, with very rare exceptions. Some patients to whom we spoke confirmed the statement; and added, also, strong testimony to the immense relief derived from the application of belladonna in the way described. The nurses said that the patient generally slept well at night.—*Lancet.*

Carbolic Acid in the Treatment of Boils, Whitlows and Abscesses.

BY C. J. CLEBORNE, M. D., SURGEON U. S. N.

As carbolic acid is exciting so much attention at the present time, I will give my experience with that article in the treatment of whitlows, boils and abscesses. During the past year I have had an unusually large number of these cases on board ship, and being dissatisfied with the usual mode of treatment, I determined to try the effect of carbolic acid. This I did by making a free opening as soon as fluctuation could be detected, and when all of the pus had been discharged by gentle pressure, I either injected or swabbed out the cavity with the ordinary liquid carbolic acid of the shops, after which I applied a cold water dressing. By this treatment further suppuration was prevented, and the wound healed so rapidly that the patient returned to duty in two or three days.

In some cases, after evacuating the pus, and using the acid, I drew the edges of the wound together with isinglass plaster, and

in twenty-four hours it entirely healed. My experience, so far, has been with ordinary *undiluted* liquid carbolic acid (not carboline,) and the results have been so satisfactory that it deserves a trial in similar cases. In the treatment of gonorrhœa, I have not been satisfied with the liquid carbolic acid. As an injection it caused too much pain, and seemed to aggravate the symptoms when used even in the proportion of two to five drops to the ounce of water. These objections, it is said, do not apply to the crystalized acid of Merck, or the chemically pure article of Calvert, which may be used for this purpose in the proportion of two to five grains to the ounce of oil of almonds, or diluted glycerine.

Phosphide of Zinc—A New Remedy.

The compounds of phosphorus offer many difficulties in their use as remedies, and these are often so decided as to render the therapeutical application of this element almost impossible, owing either to the obnoxious taste or unreliability, or both together. According to M. Vigier, of Paris, phosphide of zinc, however, unites in itself the characters of an excellent medicine, and appears well adapted to replace all other combinations of phosphorus. It is a grayish crystaline body, unchanged by the air, keeps well both in form of powder and of pills, and yet is readily decomposed in the stomach, with evolution of phosphureted hydrogen. This latter compound acts upon the animal organism precisely like the solution of phosphorus in oil; for it produces the same symptoms of poisoning, the same changes in the blood, local effusions of blood into the cellular tissue, and hemorrhages generally; also, congestion of the lungs, paralysis of the muscles of the heart, granular fatty degeneration of the cellular tissue in the liver and kidneys, etc.

Phosphide of zinc is produced by passing the vapors of phosphorus over zinc kept boiling in an atmosphere of hydrogen gas. It is thus obtained either crystaline, or spongy, or fused, but always of the composition P Z. 8. It is friable, of a vitreous fracture and a metallic lustre, is readily attacked by the acids, even by lactic acid, which will explain its ready assimilation in the stomach, and the generation of phosphureted hydrogen in the

intestinal canal. Used as an injection, it acts equally but more slowly; and applied to the skin, only after the lapse of several days.

The experiments made with it show that the phosphorus retains but half its poisonous effect in the pure state. About $\frac{9}{10}$ of a grain, equal to nearly $\frac{1}{4}$ of phosphorus, is necessary for killing a rabbit of 6lb in weight, the same effect being produced by half as much phosphorus in the form of *Ol. phosphoratum.* This would render 15 to 23 grains a toxical dose for man, and it may therefore be given with impunity, without unpleasant effects, except the alliaceous breath. The doses may be taken up to $\frac{6}{100}$ of a gr. per day. The following are modes of administration proposed by Vigier and Curiè:

Pills of Phosphide of Zinc (Zinchi phosphorati.)

℞ Pulv. Zinchi phosphorati, . . grana xii.
" Glycyrrhizæ, ... " iv. ss.
Syrupi Acaciæ, ... " xiii. ss.
M. ft. pil. 100.

Powder of Phosphide of Zinc.

℞ Zinchi phosphorati, . . . grana vi.
Amyli, ... " lxxv.
M. ft. pulv. 50. —*Druggists' Circular.*

The Administration of Drugs.

The following very excellent suggestions on the administration of medicines occur in an address of Dr. T. King Chambers, delivered at the recent meeting of the British Medical Association:

"I wish to offer a few suggestions concerning the administration of medicines, which may tend to make this daily business of ours more available in increasing the therapeutical science: (1.) Let us aim at giving only *one drug at a time.* I do not say this is always possible; but at all events let us keep the desire in our minds, and reckon a prescription good in an inverse ratio to the number of ingredients. This simplicity conduces not only to the good of science, but of our individual patients, for it soon makes us much more ready at suiting the special remedy to the special case. (2.) It is important, when we change our treatment, to

allow a certain sufficient interval, different in different instances, between leaving off one medicine and beginning another. The experiments of Böcker and others have shown us, first, an action of the drug lasting after its apparent disappearance from the body, and, secondly, a reaction of the system opposite to, though weaker than, the original action. Advantage will accrue to the patient often from this rule, too. For instance: hyoscyamus, given for hypochondriasis or mental depression, may be left off almost directly it has begun to produce its beneficial effects, and those beneficial effeets will still go on towards restored health. Hydrochlorate of strychnia will continue to invigorate the peristaltic motions of the stomach and intestines, so as to produce steady digestion and evacuation, for days after such a soluble salt must have passed away. (3.) It is advisable for each observer to have as short a pharmacopœia as possible. The best workmen use the fewest tools—aye, and those who use the fewest tools become the best workmen. They become more adroit with them, know them better, and are able to instruct others in their employment. (4.) The union and coöperation together of those who are working at the same subject are of incalculable value. Incalculable—because you have not tried it. The skeleton of the machinery exists in the British Medical Association. Why should not each branch or group of branches take up a drug, and let us know after two or three years their experience of its action?"

This would result in some real and practical knowledge of the action and value of medicines, and not, as at present, depend on supposed and theoretical traditions.—*St. Louis Medical Reporter.*

Boys who Smoke.—Dr. Decaisne in the course of investigations on the influence of tobacco on the circulation, has been struck with the large number of boys, aged from nine to fifteen years, who smoke; and has been led to inquire into the connection of this habit with impairment of the general health. He has observed 38 boys, aged from 9 to 15, who smoked more or less. Of these, distinct symptoms were present in 27. In 22, there were various disorders of the circulation—*bruit de souffle* in the neck, palpitation, disorders of digestion, slowness of intellect, and a more or less marked taste for strong drink. In 3, the pulse was intermit-

tent. In 8, there was found on examination more or less marked diminution of the red corpuscles; in 12, there was rather frequent epistaxis; 10 had disturbed sleep; and 4 had slight ulcerations of the mucous membrane of the mouth, which disappeared on ceasing from the use of tobacco for some days. In children who are very well nourished, the disorder was, in general less marked. As to the ages, 8 of the boys were from 9 to 12 years old; 19 from 12 to 15. The duration of the habit of smoking was: in 11, from six months to a year; and in 16, more than two years. The ordinary treatment of anæmia in general produced nó effect as long as the smoking was continued; but when this was desisted from, health was soon perfectly restored, if there were no organic disease.—*Brit. Med. Journal*, Sept. 26, 1868.

The Solubility of Diphtheritic Membranes.—MM. Brichetau and Adrian (*Union Pharm.*) have made a number of experiments to test the solubility of "false membrane" in various medicinal substance; and announce, among other things, the following results:

A false membrane maintained for an hour in the midst of vapors of sulphate of mercury is not dissolved; it is only softened as by vapor of water; retained in a concentrated solution of pepsin maintained at a temperature of 30° C., it is not dissolved but at the end of 12 hours; but if 6 to 10 drops of lactic acid be added to the pepsin, the solution is accomplished at the end of 8 minutes. Caustic acids (hydrochloric, sulphuric, azotic) do not dissolve false membranes. Acetic acid renders the diphtheritic membrane transparent, gelatinous, but does not dissolve it completely. Citric acid produces a similar effect. Lactic acid, in the proportion of 2 drops to 5 grammes of water, dissolved a tough membrane of the weight of 20 centigrammes in 3 minutes. With lime-water, the effect is still more rapid; lactic of lime is without action. Water alkalinized by soda or potassa, dissolves the membrane in 8 or 10 minutes, and better than their concentrated solutions. Bromine water, and bromine in statu nascente, only disintegrate the membrane; bromide of potassium has no apparent actiont salts of soda and potassa, such as sulphate of soda, sulphate of potassa, the bicarbonate, nitrate, etc., are without action, as also chloride of zinc, and chromic acid. The chlorates of potassa and soda dissolve membranes, but slowly.—*L'Univ. Med.*

WOUNDS OF JOINTS.—A short but interesting discussion took place at a late meeting of the Paris Society of Surgery, on the subject of the treatment of wounds penetrating joints. The question raised was the following:

What is the best method of treating those grave inflammatory accidents which so frequently result from penetrating wounds of joints?

Surgeons take credit for being able to give a more positive diagnosis, and for possessing more certain principles of treatment for their external maladies, than physicians can boast of for their internal ones.

Some surgeons, with M. Verneuil, are in favor of excision of the articular surfaces.

Others, including MM. Chassaignac and Alphonse Guerin, prefer the use of drainage.

Others, with M. Blot, think that very often the unaided efforts of nature are sufficient to obtain a cure, and recommend expectant treatment.

Others, and these are the majority, hold that it is difficult to lay down a general rule which shall be applicable to all cases, and that it is necessary to take into account, not only the amount of injury, but the joint injured, and the state of the patient's constitution.

Notwithstanding all these varying opinions, one great principle characterizes all the tendencies of modern surgery, which may be very well expressed in the words, *Conservative Surgery.*

We frequently find that the immediate closure of the wound, absolute rest of the limb, and continued irrigations, exorcise the phenomena of inflammation, and rapidly accomplish a cure. But, again, these methods may fail. Are there no others? We are convinced, for our part, that the process of pneumatic occlusion is suited to render in these cases the very greatest services. This process, indeed, fulfills the triple indication arrived at in the treatment of joint wounds.

1. It keeps the wound closed and opposes the entrance of air. 2. By the compression it exercises, it contributes to prevent and to combat the inflammatory congestion or enlargement of the tissues. 3. By its suction power it completes (if suppuration has not been prevented) the indication of drainage, in opposing in a most active manner the stagnation of liquids.—*Gazette Medicale.*

Case of Incised Wound of the Abdomen, with Transverse Division of the Small Intestine in two places, and division of the Mesenteric Artery.

BY JAMES L. ORD, M. D., SANTA BARBARA.

October 7th, 1867.—Was called to see B. O., a native Californian, aged thirty, who had received an incised wound in the left iliac region, over the spinous process of ilium. Arrived about two hours after he was wounded. Found the small intestines protruding enough to fill a hat, and cut in two places transversely, and a large branch of the superior mesenteric artery divided and bleeding profusely. The bowels were red and much congested; some of the forces had exuded from the intestines. Tied the artery with white silk, and sewed up the intestines with common *sewing cotton*, and a fine needle; gradually reduced the bowel.

In tying the artery and sewing the gut, left about four inches of the thread, intending to leave the ends out, but in reducing the bowel they went in together. The external wound was partially closed by two sutures, leaving the lower part open, so as to let out the blood, etc., that might have collected in the cavity of the abdomen. There was considerable time occupied in reducing the bowels; as the opening was small, a little of either end was reduced at a time. No chloroform was used.

Gave Dover's powder, gr. xx, there being considerable pain and tenderness of the abdomen.

Next day gave hydrarg. sub. mur., gr. xx; there still being much abdominal pain on breathing.

October 9th.—Saw the man to-day; doing well; pulse 86; breathing, 36; not as much abdominal pain on breathing; gave hydrarg. and tart. antim. to check peritonitis, and act on the bowels; considerable sanious discharge from the wound; gave no food, except water and corn meal gruel on the second day.

October 11th.—Had an operation from his bowels yesterday; little or no abdominal inflammation; appetite improving; ordered his diet to be increased; discharge from the wound still great; yesterday gave sulph. magnes. zss, in divided doses.

October 15th.—Doing well; asked to get up; external wound smaller; discharge not so great; little or no tenderness on pressure

of the abdomen, and no pain in breathing; at night complains of some pain which disturbs his sleep; gave sulph. morph. gr. j, at night; requested the attendants to notice if any pieces of thread pass the bowels.

November 10th.—This man rode to town to-day on horseback, distance about five miles, to report himself perfectly recovered. His attendants did not see anything of the pieces of the threads that were used in sewing up the wounds, and so I think they must have been absorbed.

October, 1868.—This man has since died (September, 1868,) with phthisis; was not able to make a post mortem, being absent at the time of his death.—*California Medical Gazette.*

Treatment of Malarial Diseases.—Dr. Sinks, in the report to the Kansas State Medical Society, says, "that notwithstanding the favorable reports of the use of the sulphites in malarious diseases, and the plausible promises that they theoretically convey, in the hands of the committee 'these salts have proved of but little value.'

"Chloroform exerts a happy influence in the cold stage of intermittents by quieting the rigors and modifying the subsequent fever, and in periodical neuralgias is quite efficient in allaying pain, but is powerless in preventing the return of the paroxysm.

"Cases occasionally presented which proved rebellious to ordinary measures, and the paroxysms continued to recur in spite of any one of the anti-periodics, however heroically administered. In these cases a combination of quinine, strychnia and arsenic rarely failed to accomplish the desired result.

"A free use of diuretics and diaphoretics in the early stage of remittent fevers, has been attended with better results than when anti-periodics were resorted to before a distinct intermission occurred. This is especially true when the eliminative organs are defective in function."—*Leavenworth Medical Herald.*

Thymic Acid—Obtained from the essential oil of thyme (*thymus vulgaris*) has been proposed as a substitute for carbolic acid or creosote. It is powerfully antiseptic, and emits no disagreeable odor. In its concentrated form, it may take the place of nitrate of silver as an escharotic; as an antiseptic it should be dissolved in 100 parts of water with a little alcohol.—*Humboldt Medical Archives.*

A Genuine Hermaphrodite.

BY HENRY N. AVERY, M. D., POUGHKEEPSIE, N. Y.

The following is such a wonderful case, and being as near a hermaphrodite as anything can be, notwithstanding the evidence that nothing of the kind can exist, I report it for the novelty of the case, rather than the operation:

August 6th, 1868, Christie Ann C., called upon me for advice, giving the following answers to my questions. After stating that she was a native of Nova Scotia, and had just arrived in this city to see a sister living here, and seek surgical aid in the States; unmarried; twenty-four years of age; five feet ten inches high; enjoying comparatively good health; occupied during the past two years in teaching school, and that she had a *growth* upon her privates.

From observations, I discovered that she possessed a deep, coarse voice, a masculine frame and face; in fact, resembling an ordinary coarse woman.

After a careful examination, to my surprise I found the following to exist: the mammæ were undeveloped; the clitoris, resembling a penis in flaccid state, was two inches long, and half an inch in diameter, with well developed gland and foreskin. No orifice was discovered. A vagina two inches deep, well formed, existed, but a close examination per rectum and bladder could not discover any trace of a uterus, the meatus urinarius and vestibule were perfect; the right labium majorum was quite natural and of usual size; the labia minora were traceable, but in the folds of the left labium there appeared a large pendant tumor, resembling the left *testicle* of a man, with a well developed scrotum of usual size, of some four inches in length, resembling in every respect the scrotum. Tracing what appeared to be the cord up, I found it made its exit from the external abdominal ring, and having every indication of a spermatic cord; the epididymis appeared to be natural; in fact, everything resembled a *testicle.*

She stated that she felt some sexual desire, and that every morning for the past six years, she had vomited, on rising from bed, a small quantity of blood. To my question as to how long the tumor had existed, she stated that she had noticed nothing until she was ten years of age.

Her object in coming to me was, she said, to see if I would remove the tumor, as it annoyed her. The physician at home, the only one she had ever shown it to, stated that he could do nothing for her.

Being placed in somewhat of an embarrassing position, in discovering so much more than I expected to find, I resolved to call a consultation, to see if my diagnosis of a *testicle* would be confirmed Accordingly Drs. J. S. P. Lord, E. H. Parker, and my brother, Dr. E. W. Avery, all of this city, were called in, when they all agreed that it resembled in every respect a *testicle*, but the case being so extraordinary that they could not form any diagnosis, but advised an operation.

With the assistance of Dr. Lord and Dr. E. W. Avery, I proceeded to perform the operation, by removing the tumor by the usual process of castration, by making an incision of some five inches in length, so as to expose the cord, which was found with three arteries that were ligated, and several smaller ones, a large nerve, vein, etc.; severing the cord, the retraction was the same that might be expected in performing the operation upon a man; the tumor was then dissected out, the wound partially closed, and the patient placed in bed.

After removal, the tumor was examined by Dr. Lord, Dr. E. W. Avery and myself, with a microscope magnifying 350 times, when cellular structure and convoluted tubes were visible, with rudimentary spermatozoa; in fact, it was declared a *testicle*.

Mounted specimens of the tubes for the microscope have been prepared, and photographs of the woman will be preserved.

This being the only case, I believe, on record, where a *testicle* has been discovered in a *woman*, it will naturally interest many. The *fact* can now be settled, that such a thing as a hermaphrodite has existed.—*Medical and Surgical Reporter.*

Action of Iodide of Potassium increased by Ammonia.—It is said that the action of iodide of potassium is increased and rendered more valuable when combined with ammonia, stimulating the stomach, diffusing the blood, and with it the medicine through the system, and by chemical decomposition liberating the free iodine, and thus sending it on its salutary message.—*Humboldt Medical Archives.*

Inhalation of Spray of Tr. Ferri Chloridi in Pulmonary Hemorrhage.

Surgeon George M. Sternberg, U. S. A., Fort Riley, Kansas, reports, in the *N. Y. Medical Record*, February 1st, 1868, the following case of traumatic pulmonary hæmorrhage, which presents some points of interest, and illustrates one of the uses of Richardson's spray apparatus.

Mr. W., a merchant, aged twenty-eight, while attempting to put a drunken man out of his store, received a stab in the neck, inflicted by a long, narrow-bladed butcher's knife. The knife entered the neck on the right side two and one-half inches above the clavicle, and just to the right of the common carotid artery, cutting the anterior jugular vein, and passing downward and backward into the lung.

The bleeding from the vein was free, but a bystander controlled it by pressure with his thumb, and it did not recur.

Mr. W. at once commenced coughing and expectorating bright red blood, filled with minute bubbles of air. From this time until I was called (about eighteen hours) he continued to cough up every few minutes a mouthful of blood.

When he was first wounded he sent for a hospital steward of the army, with whom he was acquainted. The steward probed the wound, and stated that the œsophagus was wounded. I presume his diagnosis of the case was founded upon the facts that blood came from the mouth, and that any attempt to swallow the medicine he gave produced a violent paroxysm of coughing. The steward prescribed tinct. ergot with a view of controlling the hæmorrhage, and injections of beef-tea and brandy to keep up the pulse. As the hæmorrhage continued and the man was rapidly becoming exhausted, his friends became alarmed and sent for me. After seeing the case, I at once sent for my Richardson's spray producer and some tinct. ferri chlor. The distance was six miles, and it was two hours before my messenger returned. In the meantime Mr. W. continued to cough up a mouthful of blood every few minutes, and the total amount during the two hours could not have been less than sixteen fluid ounces. Perfect rest was enjoined, and no treatment adopted until the spray apparatus arrived. I then added half ounce tinct. ferri chlor. to five ounces of water, and placing the extremity of the instrument well back

in the mouth, caused the spray to enter the lungs, by pressing the bulb at each inspiration. This was continued for about a minute, and after an interval of five minutes was again resumed for a minute.

The hæmorrhage was arrested completely, and did not recur. About twenty minutes after a hypodermic injection of morph. sulph. gr. one-fourth was administered, and in a very short time the patient fell into a quiet sleep. I remained with him all night. He occasionally woke up for a moment and dropped asleep again. The next morning he commenced to cough up occasionally a little dark clotted blood, evidently a part of the clot formed by the action of the tinct. ferri chlor.

Perfect rest was enjoined, and injections of beef-tea and brandy were administered from time to time during the next twenty-four hours. The following day he was able to swallow a little wine and beef-tea, and in addition to the small clots of dark blood, a little muco-pus was expectorated.

He continued rapidly to improve, the external wound healing by first intention, and there being no inflammation of the lung beyond the immediate vicinity of the wound. He is now (nine days after the injury) able to sit up in his bed, and to attend to some business.

He lost his voice entirely from the moment he was wounded, and has not yet regained it. He can only swallow liquids, in small quantities at a time, and then by an effort and using great care, as there is a disposition for them to pass into the larynx, producing violent paroxysms of coughing.

These phenomena are probably due to section of the recurrent laryngeal nerve, or some of its branches.—*Half-Yearly Compendium.*

Croup Treated by Sulphur.—M. Lagauterie gives in croup teaspoonful doses, every hour, of a mixture of sulphur and water (a teaspoonful to a glass of water) with effects which he describes as wonderful. The cure, in seven very severe cases, was accomplished in two days, the only symptom remaining being a slight cough. An observation of the effect of sulphur on the oidium of vines, led to its use in croup.—*Half-Yearly Abstract.*

A Cure for Headache.

BY GEORGE KENNION, M. D., F. R. C. P

I am desirous of bringing before the notice of the profession a very simple, and at the same time a very remarkable cure for many kinds of headache. I have not the least claim to the discovery of this remedy, nor, indeed, am I at all aware who was its originator; but I believe that it is unknown to the profession generally; and having used it for nearly twelve months in a very large number of cases, and very rarely without affording immediate relief, I am desirous of making it more generally known. I heard of it first from a gentleman whom I was attending last year, and who told me that he thought it was used by a French physician. If this should come under his notice, I hope that it may be the means of inducing him to drop his incognito, so that he may receive the thanks of many to whom he has hitherto been an unknown benefactor.

The remedy, as I have already observed, is simple; it is the bisulphide of carbon in solution. Its mode of application is no less simple. A small quantity of the solution (about two drams) is poured upon cotton wool, with which a small, wide-mouthed, glass-stoppered bottle is half filled. This, of course, absorbs the fluid, and when the remedy has to be used, the mouth of the bottle is to be applied closely (so that none of the volutile vapor may escape) to the temple, or behind the ear, or as near as possible to the seat of pain, and so held for from three to five or six minutes. After it has been applied for a minute or two a sensation is felt as if several leeches were biting the part; and after the lapse of two, three, or four minutes more, the smarting and pain become rather severe, but subside almost immediately after the removal of the bottle. It is very seldom that any redness of the skin is produced. The effect of this application, as I have said, is generally immediate. It may be re-applied, if necessary, three or four times in the day.

The class of headaches in which this remedy is chiefly useful is that which may be grouped under the wide term of "nervous." Thus neuralgic headache, periodic headache, hysterical headache, and even many kinds of dyspeptic headache, are almost invaria-

bly relieved by it; and although the relief of a symptom is a very different affair, of course, from the removal of its cause, yet no one who has witnessed (and who of us has not seen?) the agony and distress occasioned by severe and repeated headache but must rejoice in having the power of affording relief in so prompt and simple a manner.

As regards the *modus operandi* of this remedy, it is difficult, perhaps, to form a certain opinion; but I am disposed to attribute it to the sedative effect of the vapor of the bisulphide, absorbed through the skin, and acting upon the superficial nerves of the part to which it is applied. The remarks of M. Delpech (*Annales d'Hygiene*, Jan'y, 1863,) point out very clearly the remarkable prostration of the whole nervous system produced in workmen who, in certain manufactures, are exposed to the vapor arising from a solution of the bisulphide of carbon; and we can readily understand that a somewhat similar effect, upon a small scale, may be produced by the application of this vapor to a limited portion of the surface.

I always procure the bisulphide of carbon from Mr. Morson, the eminent chemist in Southampton Row, Bloomsbury, who will also furnish the bottle with which the vapor should be applied, and a wooden case—a very necessary adjunct, on account of the offensive smell of the bisulphide.—*British Medical Journal*, June 13, 1868.

Carbolic Acid in Cutaneous Disease.—Dr. F. P. Mann calls the attention of the profession to the efficacy of carbolic acid in the treatment of diseases of the skin, particularly those which are known to depend upon or are accompanied by the development of fungi. He reports three cases: one of chronic eczema, one of impetigo, and one of psoriasis. In the former case the incrustations covered the head and entire trunk and limbs. The secretions were intensely acid. By a course of alkaline treatment the improvement was rapid, but fresh groups of eczema pimples continuing to be re-produced, carbolic acid, of the strength of ʒ ss. to water ℥ iv, was applied three times a day. The effect was immediate, and the vesicles disappeared promptly. In the cases of psoriasis, the carbolic acid was applied in conjunction with the administration of Donovan's solution. The disease soon yielded to the treatment.—*N. Y. Medical Journal.*

Singular Monstrosity.

Mrs. F. W., a *primipara*, was taken with labor about 2 o'clock A. M., on July 7th, and called to her assistance a midwife living in her immediate neighborhood. The case progressed very well for some time, when the old lady discovered she had a head and foot presentation, *one* foot presenting at the same time with the head. Upon examination she could only find one foot, searching in vain for the other. This alarmed her considerably, and she requested Mr. W. to get assistance as soon as possible. I was summoned in haste to the aid of the old lady. Upon arrival, I found things as above stated, and came to the conclusion, very naturally, that it was a case of twin labor. By the assistance of a lady present, to press against the foot, to prevent its descent, the head readily passed the inferior strait, and a male child was born, perfect in every particular, weighing as I judged, about five pounds. Upon farther examination, but one foot of the other child could be found. The efforts of nature, however, soon brought an end to affairs by relieving the mother of the second; and disclosed to our astonished vision, another child, perfect from the *epigastric* region up. Perfect chest, arms, hands and head; the left abdominal *parietes* perfect, the left thigh, leg and foot perfect. The right abdominal *parietes* wanting, the right thigh, leg and foot wanting; the right cotyloid cavity was filled with a dark gelatinous substance, and the whole of that region presented a dark livid appearance, covered with a membrane. The abdominal viscera, liver, intestines, etc., falling out, the child of course, though born alive, lived only as long as the life supply from the placenta lasted, which did not exceed two minutes. On the right side of the pelvis, and about level with *iliac crest*, was something resembling a small foot, with the plantar surface outward, and detached for about half its length, on the end of which was a single toe. The testes were well formed, the scrotum entire, with the exception of a very small aperture in the right side of the sac, through which the testes on that side could be seen. The penis was entirely wanting, not a vestige of that organ was to be seen. The bones of the pelvis were as fully formed as usual at birth.—*New Orleans Journal of Medicine.*

Opening of the Woman's Medical College, New York.

The Woman's Medical College of the New York Infirmary, 126 Second Avenue, opened its first session December 2d.

The introductory address was delivered by Dr. Elizabeth Blackwell. She spoke of the slow and silent growth of all great movements at their beginning; alluded to the first projection of a medical institution for women, in a private parlor, 1853; to the actual establishment of a small hospital in Bleecker street, in 1857; and rejoiced at length to see the opening of the present long-desired college. To some the interval of fifteen years might seem needlessly long; and doubtless the promoters might have done as others did, and opened long since a college at which women might have received learned-looking parchments entitling them to the degree of M. D. But a *poor* college was no desideratum to them; and it had been impossible before the present time to found a medical school wherein women should receive a thoroughly good education; which should issue diplomas commanding the respect of the whole profession. The doctor spoke strongly of the responsibility incurred by sending forth unqualified women as physicians, and argued that a long and thorough course of study was the only safeguard against the temptation of running unprepared into practice, to which women were even more exposed than men. After commenting on the extreme difficulty of raising funds for the establishment of a principle not yet popular, and on the obstacles thrown in the way of obtaining able professional aid by prejudices lately general, she expressed her satisfaction that at length a solid, though small, pecuniary basis had been secured; and referred to the list of the Faculty in proof that prejudice was no longer able to deprive women of the best medical instruction. She congratulated New York on being the first to establish such a college for women; quoted the remarks of an eminent Boston physician, who regretted that the initiation had not been taken by his own city; and mentioned the satisfaction expressed by the really qualified medical women, in all parts of the country, that students should now be relieved from many of the difficulties with which they themselves had contended.—*Medical Record.*

The Hypodermic Infection of Remedies.

In an excellent paper under the above heading (quoted from the *Practitioner* by the *California Medical Gazette*) Dr. Anstie gives the results of an extensive experience of the subcutaneous administration of medicines and lays down some valuable rules of practice. With regard to the danger which is supposed by some timorous persons to be involved in the use of the hypodermic syringe, the writer asserts that: "there is *absolutely* none if the injector will remember two cautions—first, that the physiological activity of nearly every substance which can be thus used is *three if not four times greater when it is given by the skin than when it is swallowed;* and secondly, that the liquid injected must not be either markedly acid, or markedly alkaline, nor in any way obviously *irritant to tissue.*" The advantages of the method are:—"1. Economy of the drug. 2. Entire abolition of the depressing or irritant effects which are locally produced in the alimentary canal during the *digestion* of various remedies. 3. Far greater *permanence of effect,* in many cases, than can be produced by medicine swallowed. 4. Much greater rapidity of action—a quality which makes injected remedies of priceless value in certain emergencies. One most important conclusion from these facts is this: *that anodynes and hypnotics ought never to be administered by the mouth in acute diseases attended with anarexia.* The practical importance of this principle is immense. Regular and systematic nutrition is the great necessity and the great difficulty in these diseases, and the avoidance of any treatment tending to interfere with digestion of simple food is a cardinal necessity.

After reviewing the discussion between Mr. Charles Hunter on the one part, and Behier and Eulenberg on the other, as to the local or general effects of hypodermic injections, Dr. Anstie is inclined to agree with the former (who holds that the locality selected for injection is a matter of indifference) with certain modifications in exceptional cases, his conclusion being that: "when the painful part is a convenient place for injection, it is as well to perform it locally; and that in rheumatic and other cases in which, from thickening of tissues round the nerve, the process of absorption is slower, it is desirable to do this even at considerable inconvenience, since the local effect is probably considerable; but that

in the vast majority of cases it is absolutely indifferent, as regards the effect on the pain, where we inject, provided we select a favorable place for absorption, and that in these cases it will be desirable to vary the place of injection each time, in order to avoid local irritation and thickening."

The drugs from which Dr. Anstie has derived the most useful results are morphia, sulphate of atropine, veratine, caffeine, camphor, Indian hemp, and strychnine, as hypnotics or anodynes; quinine both as anodyne and antiperiodic; prussic acid as a calmative in vomiting; corrosive sublimate in congenital syphilis; arsenic and atropine as anti-spasmodics. Opium, codcia, aconitine, and podophylin, he has found either inert or superfluous. Woorara and nicotine have been successfully used by others for tetanus; conia for asthma and angina; digitalis for various febrile conditions; tartrate of antimony as an emetic, etc.

Morphia should be used in the form of a solution of the acetate, dissolved with a minimum of acetic acid in hot distilled water, five grains to the drachm. A stronger solution can be made by the use of glycerine, but the author suspects with Dr. Lawson, that glycerine diminishes the physiological activity of morphia salts. Of the five-grain solution, one minim, containing one-twelfth of a grain, is a useful minimum dose in cases of slight neuralgic pain. Two minims is the best commencing dose for the relief of severe pain, and as a hypnotic in states of nervous irritability. Three minims (or $\frac{1}{4}$ grain) is an *unsafe dose to commence with;* dangerous and even fatal results having been known to follow its use. It is rarely advisable to increase the dose above six minims ($\frac{1}{2}$ grain) except in the case of persons habituated to indulgence in opiates. In acute diseases, and especially in delirium tremens, subcutaneous injection of morphia should always be preferred to the administration of opiates by the mouth. A noticeable fact in connection with the hypodermic use of morphia is the far greater permanence of its action in neuralgic pain than when taken into the stomach. Equally remarkable is its apparent "antiphlogistic" effect in threatening pericarditis, pleurisy, etc.

A solution of sulphate of atropine, four minims containing one-sixtieth of a grain, is extremely useful for the relief of local pain and spasm. Two minims (or 1-120 of a grain) is the proper commencing dose for adults unless the pain to be relieved is very

severe. It should be cautiously increased to 1-60 or 1-50 of a grain. The appearance of the slightest symptoms of atropism, such as dryness in the throat, and diplopia, (which have some times supervened upon doses as small as the 1-240 of a grain) should warn us of the danger of increasing the dose. In some cases persons who are unable to bear morphine will tolerate atropine, and *vice versa*. Dr. Anstie anticipates the most valuable results from the hypodermic use of atropine in painful irritis, and especially in threatening glaucoma. He thinks that the development of the latter affection was prevented in two cases under his care by injections of one-sixtieth of a grain. "Finally," he says, "I may remark of atropine that it is incomparably the best of all medicinal remedies for every kind of pain in the pelvic viscera. Nothing can approach it in this respect."

Strychnia is used by Dr. Anstie in cases very different from those in which exclusively it has been employed by others. He doubts its applicability to paralysis, but has found it of great value in certain varieties of neuralgic pain, such as gastralgia and neuralgia of the heart. The best form is a solution of the sulphates, two grains to the ounce of distilled water, and the proper commencing dose is two minims (1-120 of a grain.)

Caffeine, injected in doses of one grain is strongly recommended for neuralgia and for insomnia from chronic alcoholism.—*Medical Gazette.*

Death from Hypodermic Injection.—Lantesson reports (*Jour. fur Kinderkrankheiten*, 1868,) that he saw a child die in a few moments with convulsions, after he had injected several drops of liquor ferri sesquichlor., for nævus maternus. Dissection revealed large coagula in the roots of the great veins at the heart, and in the right auricle and ventricle.

He supposes that a vein of some size was wounded, and that the astringent thus got into the general circulation, coagulated the blood, and finally produced paralysis of the heart. He recommends that the flow of blood into neighboring venous plexuses should be prevented by pressure when we perform this operation. —*Medical and Surgical Reporter.*

Editorial Department.

Books Reviewed.

A Treatise on the Principles and Practice of Medicine, designed for the use of Practitioners and Students of Medicine. By Austin Flint. M. D., Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, Fellow of the New York Academy of Medicine, etc. Third edition, thoroughly revised. Philadelphia: Henry C. Lea, 1868.

It is now three years since the first appearance of Flint's Practice of Medicine, and each year has furnished us with a new edition of the work. The author informs us that: "since the publication of the second edition in December, 1866, much time has been devoted to its revision. Recognizing in the favor with which it has been received a proportionate obligation to strive constantly to increase its worthiness, the author has introduced in the present edition additions, derived from his clinical studies and from the latest contributions in medical literature, which it is believed will enhance considerably the practical utility of the work." It will thus be seen that the third edition is made to include all the recent advances in medicine which have been made during the past two years, and that every thing valuable within its scope is comprised in the present edition. We have on previous occasions spoken in detail of the merits of this work; and we do not propose to repeat what all of our readers have before this observed for themselves. However, we can never take up the work for reference upon any subject connected with the nature of disease, its progress, termination or treatment, without being additionally impressed with the faithfulness of description, accuracy of conclusion and completeness of discussion everywhere to be found within its pages. The things we most want to know are all expressed in such plain and convincing manner, with never a word too few or many, and with always an eye to the practical. Every sentence conveys an idea, and ideas which we supposed were old come up with such a freshness of connection and force of impression that they are really new. The whole range of practical medicine is comprised in a volume of about one thousand pages, and is so arranged as to be easily available for ready reference by the busy practitioner or for careful study by the student of medicine. It is *adapted* to the American profession, by which we mean that the author seems to have not only an acquired, but also an intuitive knowledge of our real wants. He does not dwell largely upon the speculative and possible, but established and well demonstrated truth he has presented in direct and forcible terms. Errors of the past or present he exposes with a faithful expression, never, however, unmindful of the opinions of others. His descriptions of disease are complete, and his views of treatment rational and correct.

A Hand-book of Vaccination. By Edward C. Seaton, M. D., Medical Inspector to the Privy Council, London. Philadelphia: J. B. Lippincott & Co., 1868.

This is a comprehensive and complete treatise upon vaccination; the main and important questions connected with it being considered in detail. The chapters upon vaccine or cow-pox, in the human subject; upon vaccinating and re-vaccina-

tion, and arrangements for the maintenance of lymph supply, are worthy of special attention. We do not know that any new facts are presented upon the general topics of vaccination, but the whole subject, as known, is embodied in its pages, and it will be gladly received by the profession as a standard work upon this subject.

The Science and Practice of Medicine. By William Aitkin, M. D., Edinburgh, Professor of Pathology in the Army Medical School. Second American from the fifth enlarged and carefully revised London edition; adopting the new Nomenclature of the Royal College of Physicians of London, with large additions by Meredith Clymer, M. D., ex-Professor of the Institutes and Practice of Medicine in the University of New York, etc. Philadelphia: Lindsay & Blakiston, 1868. 2 vols. 8vo.

On the receipt of the first volume of this work, we gave a somewhat detailed account of the improvements and additions made to this, the second American edition, and it is unnecessary to repeat, but we based our statements upon the author and editor's preface, and as some under-estimate of the additions made by the American editor were caused by the preface being printed while the second volume was passing through the press, we will again call attention to the additions made both by the author and editor.

The author informs us that he has spent fifteen months in the revision of his work, that the present edtition is increased over one hundred pages. The following subjects have been entirely re-written: Malignant Cholera, Paralysis, Epidemic Cerebro-Spinal Meningitis and Intestinal Obstruction. The subjects of Progressive Locomotor Ataxia, Progressive Muscular Atrophy, Glosso-laryngeal Paralysis, Aphasia and Dilitation of the Bronchial Tubes, the application of the Sphygmograph and its Tracings in Diseases where it has been of use, are subjects considered for the first time in this text-book.

Besides the large additions made to the author's text, *thirty-six* articles have been written by the editor, several of them on subjects now introduced for the first time in any text-book on the Practice of Medicine:

1. Camp Measles.
2. Spinal Symptoms in Typhoid Fever.
3. Prognosis and Diagnosis of Typhoid Fever.
4. Chronic Malarial Toxæmia.
5. Pernicious Remittent Fever.
6. Typho-Malarial Fever.
7. Chronic Camp Dysentery.
8. Cholera Morbus.
9. Cholera Infantum.
10. Hereditary Syphilis.
11. Corpulence.
12. Gonorrhœal Rheumatism.
13. Delirium of Inanition.
14. Chronic Alcoholism.
15. Epidemic Cerebro-Spinal Meningitis
16. Progressive General Paralysis.
17. Acute Centripetal Paralysis.
18. Myo-Sclerosic Paralysis.
19. Physical Diagnosis of Diseases of the Cerebro-Spinal System.
20. Auscultation in Health and in Disease.
21. Irritable Heart.
22. Disease of the Heart, how far a Disqualification for Military Service?
23. Chronic Pyæmia.
24. Capillary Bronchitis.
25. Plastic Bronchitis.
26. Dilatation of the Bronchi.
27. Sclerosis of the Lung.
28. The Inoculation of Tubercle.
29. Curability of Consumption.
30. Acute and Rapid Phthisis.
31. The Neuroses of the Larynx.
32. Medication of the Throat and Lungs by Atomized Fluids.
33. Syphiloma of the Liver.
34. The Neuroses of the Stomach.
35. Addison's Keloid—Scleriasis.
36. Statistics of Tracheotomy.

This newly added material is essential to the perfection of the work, and brings it up to the present advance of medicine. The profession will peruse the newly written chapters with more interest than any other, since they are subjects of more recent and earnest inquiry.

We have repeatedly expressed our high estimate of the value and completeness of this treatise upon the science and practice of medicine, and could not add to our former expressions of approval.

The Medical Formulary; being a collection of Prescriptions derived from the Writings and Practice of many of the most Eminent Physicians in America and Europe, together with the usual Dietetic Preparations and Antidotes for Poisons; to which is added an Appendix, on the Endermic use of Medicines, and on the use of Ether and Chloroform. The whole accompanied with a few brief Pharmaceutical and Medical Observations, by Benjamin Ellis, M. D., late Professor of Materia Medica and Pharmacy in the Philadelphia College of Pharmacy. Twelfth edition, carefully revised and much improved, by Albert H. Smith, M. D., Fellow of the College of Physicians of Philadelphia; Lecturer on Obstetrics to the Philadelphia Lying-in Charity, etc. Philadelphia: Henry C. Lea, 1868.

This is a book which it is well enough to have, but to make any very great use of it indicates a fearful condition of superficiality. Physicians will, however, find in it correct forms of combination and prescription and imitation of accurate and well made prescriptions is better than copying incorrect and unscientific ones. The title-page, which we have copied, expresses most perfectly the character of the work, and there is no occasion for us to explain its scope and intention. For a work of the kind it is admirable, but we should hesitate to believe that any of our readers have much occasion for a medical formulary. We hope physicians will cultivate simplicity in form of prescription—will give one medicine at a time, so far as possible, and not confuse its operation by too many adjuncts. However, our author and editor have done their parts most admirably and the work is to be highly commended. While we deplore the *hand-books of medicine*, of all names and forms, we do it upon the general principle that "a little knowledge is a dangerous thing."

Outlines of Physiology, Human and Comparative. By John Marshall, F. R. S., Professor of Surgery in University College, London; Surgeon to the University College Hospital; with additions by Francis G. Smith, Professor of Institutes of Medicine in the University of Pennsylvania. Philadelphia: Henry C. Lea, 1868.

The limited time at our disposal, we have devoted to an examination of this work, and though at first we entertained the preconceived view that little could be gained by an American edition of any work upon Physiology, we now hold to the very opposite opinion. It has features which strongly demand recognition, and we regard it as a work upon physiology, both human and comparative, of great merit, one which will be chosen by teachers in schools and students in natural science as admirably adapted to their wants. The student of medicine will be attracted by it, as it presents a concise and comprehensive summary of modern physiological science, and the practitioner of medicine will be pleased with it, since every topic within the whole range of the science of life is

noticed, to greater or less extent, as its importance demands. Upon the sciences of physiology, anatomy and chemistry depend most of what is positive in medicine. The progress and perfection of these has done much to rid us of long-cherished errors, and our future of progress and perfection in the knowledge and treatment of disease depends upon our attainments in chemistry and physiology. We all look earnestly in this direction for increased knowledge. We wait its developments before we announce our opinions as to the nature of disease or its rational modes of cure. Every physician, then, is interested to know what are the latest discoveries, what the results of the most recent experiments, what has been established as true or proved to be false. Physiology and chemistry constitute the foundation of rational medicine, and we hail every well directed effort to cultivate and extend these sciences. The work before us will be a popular text-book for the American profession, and, as we have before intimated, will be chosen in preference to others by many students and teachers engaged in scientific examinations and general literary pursuits. It contains a long list of illustrations, is elegantly and substantially bound, and is a valuable addition to our physiological literature.

The Opium Habit, with Suggestions as to the Remedy. New York: Harper & Brothers; 1868.

This is a popular and very readable book, with the following contents: Introduction; A successful attempt to abandon Opium; De Quincy's "Confessions of an English Opium-Eater; Opium Reminiscences of Coleridge; William Blair; Opium and Alcohol compared; Insanity and Suicide, from an attempt to abandon Morphine; A Morphine habit overcome; Robert Hall, John Randolph, William Wilberforce; What shall they do to be saved? Outlines of the Opium-Cure.

It will be seen at once what topics are introduced, and the manner of discussing them can be easily imagined, so that we shall not feel called upon to relate any facts contained in the work; it will, however, be found a very attractive book to those curious in watching the progress of a well told story. The main object of the work, aside from making itself very agreeable, is to furnish a warning to Opium-eaters, or those liable to become such, and the most graphic descriptions of the glories of the Opium-eater's dreams are contrasted with that world of torment, terror and torture which finally awaits those who cannot do anything to be saved.

A Treatise on Physiology and Hygiene, for Schools, Families and Colleges, by J. C. Dalton, M. D., Professor of Physiology in the College of Physicians and Surgeons, New York. With illustrations. New York: Harper & Brothers, publishers. London: Sampson Low, Son & Marston, 1868.

The name of the distinguished author is alone sufficient guarantee of the value of this work, and we have no doubt it will be received by schools, families and colleges, as a text-book better adapted to their wants than any other. We have examined it mainly with reference to its value as a book for schools and colleges and for the intelligent families of the country. Its style is at once attractive to every intelligent reader, and even the young students in our schools will

appreciate and understand its teaching. It is written by a master hand, and how it could be made so perfect and at the same time so plain, is truly remarkable. For academies and schools, it is invaluable, and, indeed, for all students who desire to obtain concise and correct knowledge of the laws of life, and the conditions which prolong it. It is evidently designed for and adapted to schools and colleges, and it seems certain that its merits will be at once appreciated. It is illustrated wherever necessary to convey correct understanding, and the cuts are all executed in good style; the illustrations constitute an important and attractive feature of the work.

New Method of Administering Chloroform.

We have received the following abstract of a paper read by Dr. Rosebrugh of Toronto, Ontario, upon a new method of administering chloroform, which we publish with much pleasure, gladly calling attention to the *care* physicians should use in administering all anæsthetics. Very likely our report is too incomplete to base conclusions upon as to the claims of Dr. Rosebrugh as an originator of anything new or the feasibility of thus accurately determining the percent. of vapor administered.

The plan of dropping chloroform upon a napkin, spread over and held up a little from the face, is not new; it has been practiced more or less in Buffalo for a long time, and we have no doubt almost everywhere else. It is possible by this method to administer but small proportion of chloroform, but the exact amount would be with great difficulty determined. The percent. must depend upon the amount of air admitted, quantity of chloroform used and the waste. The number of drops of chloroform can be easily known, but the amount of waste and amount of air are not by this method accurately determined. However this may all be, the plan is an excellent one, and no doubt if followed according to Dr. Rosebrugh's directions would be sufficiently accurate and safe. Dr. Rosebrugh has an inventive turn, and if his attention is directed to the invention of an apparatus by which may be known the exact proportions of vapor and air and the quantities administered, we shall expect satisfactory results; it is possible that he has already attained this.

Chloroform—New Method of Administering it.

At the meeting of the medical section of the Canadian Institute, held at the rooms of the Institute, on Saturday evening last, an important paper was read by Dr. Rosebrugh, on the subject of "Chloroform," which excited much interest on the part of the medical gentlemen present. The following is an abstract of that part of Dr. Rosebrugh's paper referring to the administration of chloroform:—"It is a remarkable fact, that although medical gentlemen as a rule are very particular in weighing out carefully a dose of medicine to be administered by the mouth, the greatest possible irregularity proved in administering the vapor of chloroform; and many of the accidents from chloroform that are from time to time reported, are to be attributed to this cause alone. In order to attain the maximum degree of safety in administering chloroform, we must be guided by two principles, namely: the principle of *tolerance* and the principle of *definite dilution*. The administration should commence with an almost imperceptible quantity of the

vapor. and the strength very gradually increased until the maximum strength is attained. which should never exceed 4½ per cent. This can be best attained by Dr. Clover's inhaler, which is a bag or reservoir charged with atmospheric air and 4 per cent. of chloroform vapor. Undoubtedly the inhaler is too cumbrous and too expensive to be generally adopted. In view of which Dr. Rosebrugh recommends a plan for the administration of chloroform, which he and some of his medical friends have practiced with success for years, and by which method he showed that the actual percentage of chloroform vapor that is being administered at a given time may be known. The method may be briefly described as follows: The patient is placed on his back, and one thickness of a linen napkin is placed over the face, and held 1½ inches from the mouth. The chloroform is dropped on the napkin from a two drachm vial, and a definite number of drops are administered per minute; the first minute one-third the full strength is given; two-thirds the second minute; and the full strength the third minute. The full strength is then administered for from two to six minutes, according to the degree of narcotism that is desired. To adults he usually gives about thirty drops per minute as a maximum dose; to children about eight years of age, eight drops per minute. The advantage that Dr. Rosebrugh claims for this method of administering chloroform are: 1st. Safety; 2d. Simplicity; 3d. The patients do not resist its gradual influence; 4th. The strength is known; 5th. Less chloroform is required.

At the conclusion of the reading of the paper a lively discussion followed, during which the merits of the method were fully acknowledged, and to Dr. Rosebrugh was given the credit of being the originator. The following gentlemen took part in the discussion, viz:—Drs. Thorburn, Small, Tempest, Rolph, Cumming, Sangster, Reeve, Canniff, Rosebrugh, Tempest and Winstanley.

A vote of thanks was given to Dr. Rosebrugh, and the hope expressed that the paper would be published.

ANNUAL MEETING OF THE ERIE COUNTY MEDICAL SOCIETY.—The Annual Meeting of the Erie County Medical Society will be held January 11th, 1869, at the rooms of the Buffalo Medical Association. All regular practitioners of medicine in Erie county should attend; and especially those who have never yet joined this Society should take this opportunity to do so. There are many physicians who hold diplomas from the various medical colleges, who have never yet completed membership with the County Society and who are thus technically outside the fellowship of the profession. We cannot too strongly urge all such to attend this meeting and comply with the simple requirements of the law.

EVERY SATURDAY.—The present number of "Every Saturday" contains the first of a series of papers, entitled "New Uncommercial Samples," by Mr. Chas. Dickens. These will be of the same general character as the popular "Uncommercial Traveler" papers, and may be regarded as a continuation of them.

The first of these is re-printed from advance sheets of Mr. Dickens's magazine, *All the Year Round*, and the succeeding papers will be promptly reproduced for the readers of *Every Saturday* in the same way.

OUR JOURNAL.—We would most respectfully ask the coöperation of our subscribers and readers in extending our circulation, with the view that additions and improvements will be made as returns justify it. Reports of cases, items of medical news, and practical papers are earnestly solicited, and will be promptly acknowledged and early published. We hope to hear from our medical friends and have report of their most interesting and instructive experience. Our reliance is upon the profession; and from an experience of nearly eight years in journalism we now feel sure of support. The coming year appears to our journal full of promise, and we anticipate greater success, a wider circulation and higher standard of excellence. Will its friends aid in securing it?

BUFFALO

Medical and Surgical Journal.

VOL. VIII. JANUARY, 1869. No. 6.

Original Communications.

ART. I.—*Remarks upon Compound Dislocation of the Elbow-joint—Case, followed by Tetanus—Amputation—Death upon the sixth day.* By THEOPHILUS MACK, M. D., *St. Catherines, Ontario.*

This extremely rare accident is but feebly or cursorily noticed by systematic surgical writers, while those who have confined themselves more exclusively to the affections of joints, with one exception, have not established any satisfactory course to guide the practitioner in the presence of such a casualty. The violent tearing open of any articulation, and displacement of the bones composing it, is at all times a formidable affair, but especially so in the ginglymoid joints of the extremities, and although several remarkable recoveries have occurred in the case of the knee-joint, very few are recorded of the elbow-joint, so few that it is fair to infer that although this dislocation is undoubtedly unusual, it is yet more rarely given to the profession through the medium of the press. The only cases I have been able to lay my hands upon are the following:

Samuel Cooper states, "in a modern publication, an instance of a dislocation of the heads of the radius and ulna backward is related, where the lower end of the humerus protruded through the integuments, and as it could not be reduced, it was sawed off.

The patient, a boy, recovered the full use of his arm." (Evans' Pract. Obs. on Fracture, Comp. Disloc., etc.)

Sir Astley Cooper gives a case in the words of the dresser, Mr. Samuel White, in which "the condyles of the humerus were thrown inwards through the skin; the articulating surface receiving the sigmoid cavity of the ulna being completely exposed to view; the ulna was dislocated backwards, and the radius outwards; the lateral and capsular ligaments were torn asunder, with extensive laceration of the parts about the joint, but the artery and nerve remained perfectly free from injury." The displacement was remedied, the wound in the soft parts properly dressed, a splint of pasteboard was applied, securing the arm in a semiflexed position. On the third day v. s. to the extent of ten ounces was performed, and the boy, aged 13, made a good recovery in less than two months.

In the *Medical Times and Gazette*, July 5th, 1856, a case is reported of a boy aged 12 years, under the care of Mr. Curling: "the lower end of the humerus was found to be protruding to the extent of three inches through a crescentic wound of about two inches in length on the inner side of the elbow. The olecranon and head of the radius are very prominent backwards and outwards. There is great injury of the soft parts; through the wound the biceps and brachialis anticus appear lacerated, and the median and external cutaneous nerves are stretched tightly over the anterior surface of the protruded bone, but are not torn." The dislocation being reduced a well padded angular splint was applied, the wound united by suture and wet lint applied, etc. Destructive inflammation resulting in exfoliation of about half an inch square of the external condyle ensued, and the boy recovered in about three months with a very limited amount of motion in the joint.

At the Salford Royal Hospital, under the care of Mr. Windsor, a boy aged 14, on 18th March, 1856, was admitted. "In front of the left elbow-joint there is a nearly transverse wound through which the whole of the inferior extremity of the humerus has protruded; for about two inches of its extent, the median nerve is exposed, and thrown forwards by the humerus, on which it rests; the brachial artery is exposed to the extent of half an inch, and

is felt pulsating on the inner side of the wound; there is no hæmorrhage at present. The forearm is somewhat swelled and echymosed; both the radius and ulna are fractured near their middle, (simple fracture.") The projecting portion of the humerus was sawn off, the sharp edges rounded and reduction effected. Recovery took place in about two months.

These cases leave an ambiguity greater even than usual; as to the practice to be deduced from them, two recovered without loss of bony tissue, and two recovered with. I am led to surmise that there is so little for self-gratulation in the management of such cases, that few men have experienced any desire to publish results so far from brilliant. I am also inclined to believe that so much injury to nerve tissue occurs, that severe constitutional shock or tetanus is more likely to follow compound dislocation of the elbow than in the majority of compound dislocations. In most other joints the most formidable consequences consist in the pathological changes of the synovial membrane, ulceration of cartilage, pyemia, etc.

In compound dislocation of the elbow the protruding bone is usually the humerus; there is first laceration of the integuments of the front and inner side of the joint. Second; the fibres of the brachialis anticus and the tendon of the biceps. Third; the two lateral ligaments and the capsule of the joint. There may be also injury to a greater or less degree to the following important parts: The broad ligament from the forepart of the humerus to the coronoid process and orbicular ligament, the musculo cutaneous and median nerves, the brachial artery and veins. Externally there will be placed upon the stretch, the supinator longus, the extensor carpi radialis longior, the musculo-spinal nerve and recurrent radial artery; the ulnar nerve in relation with the internal lateral ligament, and the posterior ligament, connecting the back of the humerus between the condyles with the base of the olecranon. The synovial membrane is also extensively reflected upon the other ligaments and surrounds the head of the radius, forming an articulating sac between it and the lesser sigmoid notch.

Druitt recommends generally that compound dislocations should be reduced; the end of the bone to be sawed off, if it render

reduction difficult. The evils to be dreaded are the consequences of inflammatory action generally; nothing is said of particular compound dislocations.

Ferguson recommends in the less severe cases "to try the chance of saving the limb, without or with excision," etc.

Gross recommends amputation, "*if the joint be extensively opened, the muscles torn and the bones seriously involved;*" to avoid the danger from protracted suppuration and ulceration; under more favorable auspices, excision of the ends of the injured bones.

Samuel Cooper reprobates the practice of resection, recommends amputation when unavoidable, but urges reduction and conservatism, and speaks only of the dangers from suppurative inflammation.

Erichsen alludes only to the perils from destructive inflammatory action, and advises in compound dislocations of the upper extremity when the injury is not very extensive, replacement of the bone followed by cold irrigation and antiphlogistic treatment.

R. M., aged 13 years, fell from a tree, a distance of a few feet, and in the act of falling a heavy branch struck him upon the right arm. No more circumstantial or distinct account of the accident can be elicited. After the fall he walked a distance of about four hundred yards. Upon examination the lower end of humerus was discovered thrust through an oblique laceration upon the inner surface of the elbow-joint to the extent of more than two inches; the olecranon could be felt positively, the head of the radius outwards. It was evident that all the ligaments having attachments to the condyles were ruptured as well as the tendon of the biceps and the fibres of the brachialis anticus; it was also probable that the median nerve had been injured. Amputation appeared to be the only resource, and expressed my apprehensions to the boy's sisters that lock-jaw was to be expected without the adoption of that measure, but as both parents were far from home and a certainty was expressed by the other members of the family that the operation would not be permitted, or any operative proceeding, I was obliged to entertain the alternative of replacing the bone; this was effected through the narrow opening in the integuments by the leverage of the handle of a silver spoon, with extension of the forearm sexi-flexed, through the assistance of my brother, Dr. F. L. Mack. The wound having been united by silver sutures,

the arm was carefully and loosely secured to an angular splint, and carbolic acid dressing applied with lint covered with tin-foil.

At 9 P. M., 10th October, a few hours after the injury, the boy appeared easy, and he was ordered one-eighth of a grain of morphine, combined with twice as much tartar emetic, every four hours.

11th, 9 A. M. The little patient slept about three hours during the night, occasional spasmodic action in the wounded limb, not much pain, the intervals between the doses of medicine to be reduced to two hours. Bowels acted at noon, spasms abated in frequency towards night, but were attended with more pain, feverish, joint much swollen, complains of pain in back of neck.

12th, 9 A. M. Slept well most of the night, spasms relieved, removed splint, arm much swollen; it was laid upon a cushion; slight suppuration at the lower end of the laceration. Mother arrived to-day. Dressing as before; omit morph. and ant., beef-tea and wine; Seidlitz to move the bowels, at 6 P. M.

13th. Rested well, no spasms, bowels not opened, a cathartic of hyd. chlor. rhei and bicarb. soda was administered.

14th. Passed a restless night, pulse 120, tense febrile symptoms increasing, bowels not opened. At 2 P. M. bowels acted freely, after enema of ol. ricine and terebinth, beef-tea and wine, etc., given freely. 7 P. M. very restless, suppuration increasing, spasmodic contractions of the extremity have returned, slight stiffness complained of in the lower jaw. Indian hemp was freely exhibited all night, and frictions of chloroform liniment used along the spine. Dr. E. Goodman in consultation.

15th. All the symptoms much aggravated, stiffness of back of neck and inability to open the mouth; the friends having been urged to allow amputation of the arm, the father was telegraphed to for permission. At 1 P. M., assisted by Drs. Goodman, Comfort, Ville, Sullivan and F. L. Mack, amputation at the lower third of arm by a double flap was performed under perfect anæsthesia, the wound was secured by silver sutures, and a solution of sulphate of morphia applied on lint. Chapman's spinal ice-bag was kept applied. Answer to telegraph was received urging a delay of operation, unless gangrene had commenced.

For a few hours after the operation a slight amelioration in the symptoms took place, but severe opisthotonos soon supervened,

the cannabis was given every half hour until unmistakable physiological effects were produced, and chloroform was freely inhaled according as the severity of the spasms demanded. At 1 P. M. on the 16th, the face appeared anxious, pulse tense and quick, respiration frequent and difficult, tetanic spasms constant when effect of chloroform diminishes; from this time to the hour of death, at 6 A. M., the agony of the little sufferer was extreme.

In this case, from the very outset, I had an instinctive dread of tetanus, and amputation upon the spot appeared to me evidently to be the only expedient to avert the formidable catastrophe. Had I even, with the consent of the friends, been able to operate with the conflicting authorities, and from the *charité de metier*, I should, in any event, have been exposed to the charge of *nimia diligentia*, and it is to give weight to the decided opinion of my old mentor and friend, F. H. Hamilton, that I place this unfortunate case upon record. Professor Hamilton is the only author who has condemned the reduction of compound dislocation upon proper grounds, viz.: "the violent strain of the muscles, tendons, and other soft tissues."

In all cases of compound dislocation of the elbow-joint the two following rules should be considered absolute:

1st.—If injury to the nerves or artery has been done, amputate as soon as the pulse will warrant the operation.

2d.—In cases where amputation appears unnecessary, let reduction be effected after resection, never without.

ART. II.—*Statistics from one hundred Patients, whose first and second Confinements occurred under my observation, designed to exhibit the comparative duration of first and second labors.* By H. W. Dean, M. D., *Rochester, N. Y.*

I have adopted in my obstetric records, Murphy's division, dating the commencement of labor with pains recurring at intervals of *half an hour*. The occasional discharge of the *liquor amni* as the first indication of labor, as also the *artificial rupture* of the membranes, sometimes required, cannot be allowed for in statistics of this character, however carefully made up.

Sex of children with primiparæ:

Male,	49
Female,	51
	100

Average duration of:

	HS.	MIN.
1st stage,	12	53
2d stage,	4	47
3d stage,		28

Average of whole labor, 18 hours, 8 minutes.

Sex with secundiparæ:

Male,	52
Female,	48
	100

Average:

	HS.	MIN.
1st stage,	9	26
2d stage,	3	48
3d stage,		25

Average of whole labor, 13 hours, 29 minutes, making duration of first labor 4 hours 38 minutes longer than second. By individualizing the cases, however, I find that several patients were much longer in their *second* than *first* confinements.

From a careful analysis of the cases, I find that *sex* had but little influence on the duration of labor, the average with *male* being twenty-three minutes longer than with *female* children. This differs materially from Dr. Collins' report of the Lying-in Hospital of Dublin, who makes the duration with *male* births *one hour and four minutes longer* than with *female.*

Weight seems to have more influence upon the duration of labor than sex. In estimating the primary and secondary labor unitedly, the children weighing over 8 pounds averaged 4 hours and 8 minutes longer in birth than those of less than 8 pounds weight. The weight of *male* children averaged 10 ounces greater than *female.*

Of the 200 children born:

7 presented the breech.
2 presented the knee.
5 presented the feet.
2 presented the face.
3 presented the hand.
12 presented with os frontis to the pubis.

Duration of Pregnancy:—Statistics of 77 cases, gathered from the preceding, based upon facts gathered from personal inquiry, and recorded at the time.

Average of whole number 279 days. Three of the cases—respectively, 301, 303, and one 314 days from commencement of last menstrual period. The facts in case of the last mentioned, I transcribe from my note book.

"Mrs. I. R., aged 26 years, healthy and regular in her menstrual periods, (28 and 30 days,) commenced to menstruate on August 29, 1861; was married September 10th, following; never menstruated after marriage; was confined February 12th, 1862, 314 days after last menstrual period."

Abating from the number tabulated—the three cases of over 300 days continuance—the average duration of gestation with the balance was 276 days and a fraction.

ART. III.—*Strangulated Hernia.* By O. C. Gibbs, M. D., *Frewsbury, Chautauqua county, N. Y.*

There are but few difficulties more common than hernia, and but few more painful and dangerous to life, when strangulated. Among the adult male population, I think it is safe to say that at least one in ten is afflicted with hernia. I have been in active practice for twenty years, and have never been compelled to use the knife, for the relief of strangulated hernia. Every surgeon knows that the knife is an extremely dangerous expedient in such cases. I perhaps cannot better illustrate my plan of procedure, than to report a case.

January 5th, 1858, was called about 3 o'clock A. M. to see Mr. Knap, twelve miles away. The case was reported to me, as one of strangulated hernia, of forty-eight hours duration, and I was requested to take my instruments, preparatory to an operation. I did as requested, and arrived there about daylight in the morning. As I entered the house, with my case of instruments, the wife and daughter burst out loudly, weeping as though they expected the husband and father was about to be murdered. The history of the case was as follows: The patient had been, for several years, afflicted with hernia, *oblique inguinal;* while at work in the timber woods it had become strangulated. An Eclectic physician had been sent for, and he had labored for twenty-four hours in an ineffectual attempt to reduce it. Failing in this attempt he had ordered a drastic cathartic, to be repeated until the desired operation was secured, and he then left the patient. The result was persistent vomiting, and augmentation of suffering, without accomplishing a cathartic action. At this point a regular physician was sent for, and he attempted its reduction, laboring dili-

gently and long, but without success. He then gave a full dose of morphine, directing them to send for me, with the design of having an operation performed.

At my arrival, breakfast was ready, and I was invited to eat before operating. I went to the bedside of my patient, forced the forefinger of my right hand up the inguinal canal, and crowded the first joint through the stricture, and then used the full force of my right arm in stretching or lacerating the stricture. Time occupied not exceeding two minutes. I then sat down to my breakfast without making the least effort at reduction. The result was a free gush of wind from the bowels, and an urgent demand to get up and use the chamber vessel, which he did effectually, within less than five minutes from the time I dilated the stricture. The hernia had reduced itself, the bowels moved freely, and the patient was out of danger and at perfect ease, within less than ten minutes from the time of my first seeing him.

As before remarked, in twenty years I have never seen a case but what this method of treatment would prove successful, and I believe in ninety-nine cases in a hundred the pain and risk of a knife can be dispensed with.

ART. IV.—*Clinical Remarks upon Surgical Cases in the Buffalo General Hospital—Caries of the Humerus—Artificial Pupil—Glandular Tumor removed from Superior Carotid Triangle.* BY J. F. MINER.

1*st. Caries of Bone.*—This young man, now 16 years old, suffers from what appears to be caries of the upper portion of the humerus. This is indicated by the small openings you observe, which give exit to a constant discharge of pus, by pain, redness and swelling, and above all, by the passage of the probe down upon denuded bone, that is, bone which has no periosteal covering. This condition of disease is of about four months' continuance, and he urges operative interference very strongly, though his malady is, as yet, of comparatively short duration. Caries of bone is analogous to ulceration in the soft parts. Children are most liable to be affected by it, and it is most frequently situated in the soft bones, or in the articular portions of the long bones, where the areolar structure predominates over the compact tissue. The

causes of this disease are not fully known, and it often appears where no adequate cause can be traced, as is the case in the instance before you. The causes are divided into local and general; the latter of which are believed to be the more common and potent. Of the first, all direct injuries, by which bone is denuded of its periosteal covering, and all concussions which in any way interrupt its nutrition, may be the cause of such disease. Of the constitutional causes, all influences which induce debility, and impair the general health, may be included, mercury, rheumatism, scurvy, syphilis and scrofula, to which are added all the acute diseases which often end in great impairment of the system and health. The influence of these causes appears probable, but the connection is certainly oftentimes remote and very uncertain. In the absence of known cause scrofula receives the credit in too many instances. If scrofula is as common cause as is generally supposed, the natural history of caries occurring in young persons must be re-written. Scrofula, or that condition of system which leads to tubercular deposits in later life has very little natural tendency to recovery, after manifesting itself by such obvious organic disease, and if we go still farther and adopt the idea that caries of bone is of tubercular character, we must at once conclude that its natural tendency and termination is progressively destructive. This view appears to me wholly inconsistent with daily experience; these cases have a well-marked and constant tendency to recovery, and under favorable circumstances the great majority of this and similar affections, do progress to a favorable termination, showing conclusively, that at least, they are not tubercular.

I believe this young man would recover if left to himself, and the main object in opening down upon the bone and removing this ulcerated or carious part, is to assist and expedite the process of nature, imitating her example and following her guidance. These operations for removal of diseased bone are rarely followed by much local or general disturbance, so that if we fail to do great good we have no reason to fear much harm.

2*d*. *Artificial Pupil.*—Operation for artificial pupil offers to this patient his only chances of restored vision. The eye has been for a long time the seat of inflammatory disease, and our opportunities of determining his prospects of vision are lost so far as examination

of the retina and choroid are concerned. The pupil has been closed by inflammatory products, and perhaps its margin glued to the capsule of the lens, constituting what is called *synechia posterior.* If so, the chances of success are greatly lessened, almost lost. The operation, as you observe, consists in making a small opening through the cornea, near the sclerotic, introducing a small, very fine hook, and drawing out a part of the iris, which is excised near to the cornea. The wound is carefully cleared of all of the iris, and treated as in operation for extraction of cataract. When both eyes are blind from closure of pupil this operation is indicated, but while useful vision is present in either eye, it should not be made, since nothing can thus be gained. Again, one eye only should be operated upon, and if good results are obtained nothing can be added to it by operation upon the second eye; from the impossibility of making artificial pupil so as to insure harmony in the two eyes, more embarrassment than benefit is liable to result.

Various methods have been proposed for making this operation, all of which will be described to you hereafter. The plan you have observed seems to me as feasible and safe as any, and may generally be adopted. It is remarkable how susceptible and ready to take on inflammation, the iris appears to be, if pressed upon by swollen or dislocated lens, or irritated by lodgment of foreign body, and yet with what safety it can be lacerated and excised. It is rare to observe inflammation of the iris after any of the operations made upon it for iridectomy or for artificial pupil.

Glandular Tumor of the Neck.—We are able to present for your examination what appears to be a glandular tumor, situated as you observe in the *superior carotid triangle*—one of the most important surgical regions. These growths are often located in the neck, and are supposed to be hypertrophied and otherwise diseased lymphatic glands. They are slow in growth, not usually painful, have a degree of elasticity, are generally irregular in outline, with lobulated surface. There can be little doubt of its character, encephaloid tumor being the only form of disease which it resembles. The history of the growth, the appearance of patient, and other conditions lead us to believe that it is not malignant. Upon the conviction that it is benign in character, that it does not involve the important arteries and nerves in this region, and

that it can be safely removed, we open down freely upon its external surface, expecting to separate the diseased from the healthy tissues with the finger and with the handle of the scalpel rather than its edge. Such growths, though not inclosed in a proper sac or cyst, have yet a covering or artificial cyst made by their growth, condensing and pushing back the cellular tissue of the parts, so that a line of distinct separation can be traced; otherwise their removal by operation would be much more difficult, or even impracticable. Thus you observe this growth, weighing five or six ounces, has been safely removed from a deep, important, surgical region, where cutting at its base would be attended with the greatest difficulties and dangers.

ART. V.—*Abstract of Proceedings of the Buffalo Medical Association.*

TUESDAY EVENING, Dec. 1st, 1868.

The President, Dr. J. R. Lothrop, presiding. Members present—Drs. Lothrop, Little, Cronyn, Rochester, Gay and Johnson.

DR. CRONYN on presenting a morbid specimen for examination, observed that it would be remembered that at a recent meeting of the Association Prof. Rochester mentioned the case of a young man with stricture of the rectum that had been a patient of his, further saying that he thought it cancerous in character. Owing to the unfortunate prejudice against post mortem examination it is seldom we have an opportunity of proving the correctness of our opinions in such fatal cases as in life sometimes admit of a doubt. In this case it will be gratifying to the Professor to find his diagnosis fully verified. The specimen exhibited being the proof. For three months there had been no evacuation from the bowels. The abdomen was enormously distended with flatus, there was a great deal of pain for a time, produced chiefly by various medicines which had been prescribed by one or another, who, knowing nothing of the nature of the disease, for the purpose of acting by catharsis this was allayed easily by morphine. There was no vomiting during the whole period, showing plainly that the sympathies of the rectum differ widely from those of the small intestines, or even other portions of the large. An operation for artificial anus was proposed, but would not be consented to; so nothing further than an amelioration of his condition was

attempted; he drank of milk, beef-tea, beef-essence, etc., plentifully and with good appetite, and the assimilation thereof was complete, for on opening the intestines little or no matter was found in them. Here the doctor described particularly the pathological condition of the different organs of the abdomen, found as a necessary consequence of the long continued obstruction, yet notwithstanding how well the stomach and small intestines had performed their functions, the young man died, exhausted, after three months' rectal obstruction. The doctor made several valuable deductions from the whole case as presented.

Dr. Rochester said that he was notified of the *post mortem* but was not able to be present, and was very glad to have this opportunity to see the specimen.

Dr. Lothrop said, that in relation to the rarity of cancer in young persons in addition to what had been already said at a former meeting, he had called to mind two cases of melanotic cancer of the eye and orbit, both of which he saw with Dr. Hamilton, and in one of them assisted to tie the carotid. He had also lately read in Dr. Roger's article in the *American Journal of Medical Sciences*, that of about 30 cases of malignant disease of the scapula, in which removal of the whole or part of the bone was practiced, 10 were under 18 years of age—three or four being under 10 years.

Dr. Rochester said, I think I stated at a former meeting that cancer seems to occur more frequently than formerly. I have in my own experience found more of these cases in young persons than I did twenty years ago, notwithstanding I had better opportunities for seeing this particular disease then than now.

Dr. Lothrop said that when it was stated by friends that there had been no fœcal discharge from the bowels for so long a time as three months, he often thought that they must have been mistaken. He often felt inclined to believe that some fœcal matter must have been passed, in a fluid condition perhaps, which had escaped observation. But whether probable or not, he had known friends to make such statement, which they evidently believed. The late Dr. Wilcox had a case, the patient being an elderly lady, in which there was a tight cancerous stricture at the lower portion of the sigmoid flexure. In that case it was stated that there had been no fœcal discharge for three months. At the *post mortem*

there was found a small cancerous ring, half an inch broad, and not more than one-eighth of an inch in thickness, so narrowing the canal that only liquid could escape through the constriction. The intestine above was dilated into a large pouch, and was filled with fluid material. Even in such cases the intestinal contents from the enlarged pouch above will trickle through and becoming condensed in the rectum below, and be passed away in the shape of a natural evacuation. He had seen one such case, in which there were occasional apparently healthy evacuations, though the constriction was very narrow. This was more likely to be the case when the stricture was high up. When as low as in the specimen presented by Dr. Cronyn, such could not be the case.

Dr. Rochester reported the case of a man admitted to the Hospital of the Sisters of Charity with dropsy. I became satisfied from examination that the patient had enlargement of the heart, and probably granular disease of the kidneys. He was a canal driver and had drank to excess. There was a tumor in the left hypogastric region, large and hard. Thought the tumor might be an aneurism, but from other symptoms there might be abscess of the liver. *Post mortem* examination showed the following condition: Patient, twenty-one years old, five feet eight inches high, weight one hundred and thirty pounds. The kidney weighed fifteen ounces, spleen twenty and a half ounces, the heart twenty-two ounces, and the liver six pounds. He had probably suffered from the heart disease two or three years. There was no obstruction to the circulation; could not account for the hypertrophy of the organs as mentioned.

Dr. Lothrop wished in this connection to speak of a case of enlarged liver which came under his care some years since. In this case a young man presented himself with an enlargement in the region of the liver, which went on increasing until it became very great. There was fever and chills, but no jaundice. Before death it was unmistakably an abscess. After death the right lobe of the liver was found to be an enormous sac containing pus. The left lobe healthy. The abscess contained eighteen pints of yellowish white thick pus. As far as he knew this was the largest quantity of pus in a separate abscess of which there has been any record, though enormous abscesses of the liver are not uncommon.

Dr. Rochester reported a case of sudden death of a young married lady in good health, who was confined November 4th, and attended by Dr. Eddy, who attended her for a week after confinement, and left her as he supposed well. On the 18th of November a messenger came to me in great haste, and said that Mrs. —— was dead. On going immediately to the house I found that the patient was really dead. She had been quite well for several days, and was quite well in the morning, but at this time, thought she would lie down, and while being helped on the bed fell back and died instantly. *Post mortem* showed rigor mortis well marked. The lungs were found in a healthy condition, heart very small, weight about seven ounces. The cavities of normal size, in proportion to the size of the organ. The walls were normal; structure of walls fatty. The uterus was found in a state of metritis, and containing a grumous matter of offensive odor. She had none of the ordinary symptoms of metritis. Two years ago she had severe typhoid fever and had severe faintings. I think she died of metritis. She had taken no medicine, and there could have been no mistake. I only mention it as a remarkable case of sudden death, resulting possibly from pyemia. The blood was entirely fluid. There was nothing to show that air had entered the veins.

Dr. Lothrop wished to make mention of the case of Christian Gotleib, lately convicted of murder. He had been called to examine him in reference to his being insane. The defence set up was insanity. After several examinations, made with Dr. Hutchins, they came to the conclusion that he was to be classed as an imbecile. He was evidently feeble-minded, but not an idiot, for he was capable of some low process of reasoning; nor was he insane, for there was no evidence of any permanent delusion in any direction or upon any subject. The medical experts did not agree, and Dr. Ring thought imbecility a form of insanity. Dr. Ray so classes it. It was proved that the man was in the habit of self-abuse, and the defence made much of its effect to cause imbecility, and to produce even softening of the brain. It seemed to be the opinion of most of the medical experts that self-abuse was a cause of imbecility. Dr. L. thought this opinion was not well founded. He believed that self-abuse was a consequence and not a cause of weakness of mind. That the imbecility itself, inclining to brutal

and indecent impulses, leads directly to the habit. The deteriorating influences of the habit were probably much overstated, even when it is not carried so far as to make idiocy or imbecility chargeable to it. An expert, he thought, should look upon it as an evidence rather than a cause of feebleness of mind.

The subject of masturbation was discussed, all the members present taking part. During the discussion Dr. Rochester said that he was of the opinion that a morbid, deranged condition of the mind or brain was the cause of the masturbation, and that the prevailing opinion among the people and with some medical men that masturbation is the cause of insanity is to a considerable extent erroneous. This was also the opinion of the members present.

Dr. Rochester moved that the fee-bill be so amended as to make the fee for administering chloroform from five to twenty dollars. Laid on the table for one month under the rule.

Typhoid fever and scarlatina were reported as prevailing.

Adjourned. T. M. Johnson, Sec'y.

Miscellaneous.

Carbolic Acid as a Remedial Agent.

BY W. KEMPSTER, M. D., UTICA, N. Y.

It is not my intention to speak particularly of it as a disinfectant, but rather to offer a few suggestions concerning its use as a therapeutic agent.

Pure carbolic acid is a white crystaline substance, the particles adhering with considerable tenacity, and, after standing for some time, especially if the bottle be frequently opened, becomes slightly deliquescent and more tightly packed together. The two varieties of crystalized acid more generally found in the American market are prepared by Merck, of Darmstadt, and Calvert, of Manchester, England. Merck's preparation has a slight reddish tinge. Calvert's is quite white, having the appearance of snow which has been soaked in water. Merck's contains about 98 per cent. of pure acid, and is slightly more deliquescent than Calvert's,

which is pure. Merck's, however, is sufficiently pure for all practical purposes, and is furnished at a lower price.

The first application of this agent, under my own observation, occurred in a case of catarrh, where the discharge was profuse, offensive, and, consequently, very annoying to the patient. Various remedies had been previously tried without success. Hoping to derive advantage from its properties as a disinfectant, it was administered to the patient by inhalation, using one grain to an ounce of water, and conveying the liquid to the affected parts by means of a steam spray-producer. The effect surpassed my most sanguine expectation. It not only relieved the fœtor, but in the course of two or three inhalations changed the character of the discharge and the patient recovered rapidly.

This induced a trial in a second case, not so serious as the first, but still severe, and the result was equally satisfactory, the symptoms all disappearing in the course of four weeks. After the first few inhalations, the patients were instructed in the use of the spray-producing apparatus, furnished with a bottle of the solution (one grain to the ounce) and directed to inhale the vapor for ten minutes at a time, both morning and evening, enjoining upon them not to leave a warm atmosphere for half an hour after each inhalation.

It is used at the present time in the treatment of ozæna, nasal polypi and diseases of the nasal passages in which there is an offensive discharge. Even if it exerted no curative action, its power to correct fœtor would be a great recommendation; but this is not all, it stimulates the ulcerated surface to a healthy action, promotes normal granulation and thus assists in the curative process. This remedy is also employed by some of the physicians who are engaged in the special treatment of throat and lung diseases, particularly French practitioners, who direct that it should be inhaled in combination with other appropriate remedies. They speak highly of its efficacy in case of ulcerated sore throat, chronic bronchitis, and that morbid condition of the mucous surfaces of the air passages which gives rise to a constant expectoration of a muco-purulent material. If a solution of one grain of the acid to an ounce of water does not seem to meet the indication, the quantity may be increased to five grains, or even more, but it is

better to begin with a mild solution, gradually increasing the strength until the desired effect is obtained.

My next use of the acid was in a case of scarlatina, where the breath was particularly obnoxious, owing to an ulcerated condition of the throat. A gargle of two grains of the acid to an ounce of water relieved the fœtor at once and apparently proved beneficial. No other gargle or application to the throat was used.

It would seem to be appropriate in cases of diphtheria, a strong solution of the acid being used for a local medicament; its power to correct the foul breath would be an indication for its use, and its astringent and stimulating properties might prove beneficial. In cases of common sore throat (simple tonsillitis) it is found to answer admirably, with the advantage over the ordinary potassa gargles of relieving the "bad taste" and foul breath.

In the State Lunatic Asylum at Utica, it is successfully used to relieve cases of sluggishness of the bowels, accompanied by offensive breath. The dose is a drachm of a solution of one grain to the ounce (which is the house standard.) A striking exemplification of the efficacy of this remedy occurred in the case of a melancholic patient admitted to this asylum. He had for a number of years suffered from attacks of dyspepsia, accompanied with acid eructations and the formations of gas. Latterly these symptoms became continuous. He complained of intense heat and a pain in the stomach; stated that the eructation of fœtid gas had become unbearable; and the same smell emanated from the cutaneous sur face, so that it was offensive to every one in the room. He was at once put into a warm bath, then thoroughly washed with a solution of the acid (gr. v to the ounce.) Internally two drachms of the standard solution were given three times daily for two days. At the end of this time, the breath was sweet, and no unpleasant exhalation from the skin was perceptible. He was also relieved from the painful distension produced by the formation of gas in the stomach and bowels. Whenever he feels the approach of this difficulty, two or three doses of the house preparation relieve him, at once, from this unpleasant and painful complication.

Yeasty stomach, sometimes consequent upon a meal of rich food, which produces flatulence and expulsion of gas, with a tendency to regurgitation, is usually relieved by a drachm or two of the solution above mentioned; this checks the fermentative pro-

cess. The power it possesses to arrest fermentation would be an indication for its employment in sarcina, but the opportunity has not offered for me to test this. Diarrhœa, produced by eating unripe fruit or other articles which promote fermentation, is speedily relieved by combining a drachm or two of the solution with the usual remedies. As a dentifrice, commingled with myrrh or some aromatic, it removes the odor arising from carious teeth.

As a remedial agent in certain forms of skin diseases it seems to possess decided advantages. A patient applied for something to relieve a disordered condition of the scalp, which had existed for some time. It proved to be a well-marked case of tinea capitis in an advanced stage. The crusts had cracked open, with a straight, smooth fracture, presenting a shining floor, looking as though the scalp had opened and exposed the cranial bones. There were several of these cracks, measuring from a half inch to two inches in length, the principal ones occupying a position over the region of the anterior fontanelle and extending several inches in each direction. Other crusts had formed over the temporal and occipital regions. In order that the acid might be effectually tried, the hair was cut short and the entire scalp washed with a solution of the acid (two grains to the ounce) four times daily. The subsidence of the disease was marked; those crusts in process of formation were checked and the dry, greyish crusts already formed, with those cracked open, were speedily removed. After the wash had been continued for one week, a glycerolate of carbolic acid (strength five grains to the ounce) was applied, which possesses the advantage of being a more permanent preparation. The treatment was commenced January 7th, and at the date of writing (January 28th) the disease has disappeared. No other treatment, either internal or local, was employed. One other case has been mentioned to me, which was even more severe than this, and in which various modes of treatment had been employed without arresting its progress. The treatment mentioned above was resorted to, with an immediate abatement of symptoms and rapid recovery. We have used the glycerolate mentioned in cases of herpes circinatus, with entire satisfaction.

During the month of December, 1867, I was called to see a girl aged four years, who had been taken suddenly ill. The symptoms indicated scarlatina, and, as there were a number of cases in the

neighborhood, that diagnosis was made. She was immediately put upon milk-punch and carbolic acid solution, the one-sixteenth of a grain three times daily. I also directed that her face should be washed in water containing a spoonful of the solution (one grain to the ounce) and that the mouth should be sponged out with the same—directing also the use of the commercial acid solution about the house as a disinfectant. At the end of four days the internal administration was discontinued; not because of any unpleasant symptoms, but its continuance did not appear necessary. The mouth-wash, of which the child swallowed a few drops, and all the other applications were continued; the body being anointed with olive oil, tinctured with carbolic acid. From first to last no untoward symptom appeared; the fever subsided on the fifth day. The throat was not very sore; the tongue was relieved of the creamy coat after the third day; there was no offensive breath and the child made a complete recovery. No other treatment was employed. A brother of this child, two years older, who never contracted the disease, and who was with her constantly, had no symptoms of the disorder. His face was washed twice daily in the solution above mentioned.

The medical superintendent of this asylum, Dr. John P. Gray, informs me that in a family of six children, three were simultaneously attacked with scarlatina anginosa. They were put upon a course of treatment similar to the above, the house being thoroughly disinfected, and made a good recovery.

Dr. Gray has spoken to me of a case (sequel to scarlatina anginosa) in which there occurred a very fœtid discharge of ichorous pus from the ears and nostrils of the patient. A mild solution of the acid (two grains to the ounce of water) was thrown into the nares and auditorius externus, with the effect of arresting the sanious discharge and causing its disappearance.

Dr. Bissell states that he has used a solution of carbolic acid—strength two grains to the ounce, the dose being one drachm—as a vermifuge, and has not been disappointed with the remedy. The *oxyuris vermicularis* (pin worm) may be at once destroyed by using as an injection a drachm of the solution to four ounces of water.

Though it was not my intention to speak of this agent as a disinfectant, as it concerns the sick-room directly, yet some remarks

may not be inappropriate. Nearly every practitioner has experienced the unpleasant odor emanating from the lying-in room. This may be entirely overcome by the proper use of the solution of commercial acid—a half ounce of which, put into a gallon of boiling water, makes a strong solution—all, indeed, that the water will take up—which, if filtered to remove oily matters, may be thrown about the floor with impunity. Two tablespoonsful at a time are sufficient to disinfect and deodorize a large room, and one-half the quantity is generally sufficient. A few drops sprinkled upon the napkins, and applied to the genitalia externa, will remove the unpleasant, pungent odor which accompanies the lochial discharge, thus exempting the patient from a great source of discomfort. A small quantity of the solution put into the close stool before use, destroys the odor which would otherwise occur. Whenever it has been introduced with these objects in view, it has received the unqualified approval of those most interested.

Carbolic acid at once arrests the development of the lower forms of organic life. It stops the fermentation of yeast, kills microscopic infusoria and cheese mites. Nor does its influence end here. In order to test its destructive power over insect and animal life, I procured a cricket, smeared the inside of a wine-glass with the commercial carbolic acid, and inverted it over the cricket, leaving sufficient space at the bottom to allow a supply of air. Immediately after the glass was inverted, the cricket made violent attempts to escape, lasting two or three minutes. It then staggered about and fell over, had a few severe convulsions, and died. A cockroach was next tried, with the same result; it was from ten to fifteen minutes in the vapor.

A mouse was procured, and put into a wide-mouthed, four-quart bottle. A piece of sponge saturated with two drachms of commercial acid was lowered into the bottle and suspended about two inches from the bottom. Five minutes after the introduction of the sponge, the mouse staggered as if intoxicated, the movements continuing for fifteen minutes, when a short respite occurred. These paroxysms were repeated several times during one hour and a half, then the animal became violently convulsed, the spasmodic action lasting thirty minutes, when it died. Upon examination it was found that the membranes covering the brain and spinal cord were injected, some of the vessels being very large. The

lungs were of a slight pink color, many shades above that observed in the normal human lung; they were collapsed. The heart appeared large, and felt hard; upon opening the organ it was found distended with very dark clots, which bulged out as the incision was made.

A full-grown rat was next subjected to the vapor of carbolic acid, and its manifestations were more strongly marked in this than in the former experiments. The animal was a vicious one, exhibiting great ferocity; but in less than one minute after the sponge containing the acid had been introduced, the animal appeared sleepy, and as if intoxicated. Twice the animal reared upon its haunches, as if it desired to climb, but had not the strength to do so, and after each attempt, it fell upon its right side. At the end of forty-five minutes a tremor was observable over the entire body, and it ceased to notice sudden sounds; shortly after this it failed to perceive that it was being handled, and presented all the phenomena of profound anæsthesia. Convulsions followed the tremulousness, which continued to increase in violence until the animal's death, which occurred in one hour and forty-five minutes after the introduction of the sponge. The vessels of the pia mater were found congested, some of them being very much distended. The larger lobes of the brain (cerebrum) presented a greater number of bleeding points than is usually found; the smaller lobes (cerebellum) were highly congested—the vessels being considerably increased in size. The spinal cord appeared exsanguinated in all but the cervical region, which presented a uniform pink blush. The lungs were collapsed and several shades lighter in color than usual. The heart was tense; and, on being opened, a clot bulged out which filled both left auricle and ventricle.

The same experiment has been performed twice since, the result being alike in each case; in the last instance, the convulsions occurred at the end of eighteen minutes; they were more violent in character, and death occurred sooner (fifty minutes.)

A peculiarity was noticed in connection with the convulsive movements of both insects and animals—which was, that the forward legs were first convulsed, the spasm ceasing to a great extent in them, as the posterior members became affected; and also that, as the spasm commenced, the animal fell over upon the right side. —*Canada Medical Journal.*

Utilization and Contagion.

Dr. Wm. T. Thomas, of New York, has furnished a very accurate and thoughtful article in the Transactions of the New York Medical Society.

In 1863 there were 15,369 tenement houses in New York, with a population of about 500,000. There are only two diseases in which the mortality in New York and London are nearly equal, viz.: Small-pox and Remittent Fever. Of the former disease, 1 in 1384 of the population die in London; and 1 in 1303 in New York. Of remittent fever, 1 in 32,954 of the population in London, and 1 in 34,615 in New York.

New York has a less mortality than London, in measles, scarlet fever, quinsy, whooping-cough, erysipelas, carbuncle, influenza, rheumatism, zymotic diseases generally. Thus, 1 in 1772 of population die of measles in London, and only 1 in 4186 in New York. As many as 1 in 585 of population die of scarlet fever in London, and only 1 in 4186 in New York. 1 in 35,802 of quinsy, to 1 in 81,818; 1 in 1333 of whooping-cough, to 1 in 7887; 1 in 6561 of erysipelas, to 1 in 7258; 1 in 51,786 of carbuncle, to 1 in 250,000; 1 in 70,773 of influenza, to 1 in 81,818; 1 in 6666 of rheumatics, to 1 in 18,544.

New York has a greater mortality than London in diphtheria, croup, typhus and typhoid and puerperal fever, dysentery, diarrhœa, cholera and ague. Thus, only 1 in 3755 of population die of diphtheria in London, while as many as 1 in 918 die in New York; 1 in 3111 of croup, to 1 in 901; 1 in 1032 of typhus and typhoid fevers, to 1 in 854; 1 in 13,181 of puerperal fever, to 1 in 10,742; only 1 in 26,851 of dysentery in London, to 1 in 3146 of population in New York; 1 in 1212 of diarrhœa, to 1 in 380; 1 in 18,230 of cholera, and 1 in 7429; 1 in 152,681 of ague, to 1 in 56,259. Of all other zymotic diseases, 1 in 116,000 of population die in London, 1 in 150,000 in New York.

In the tenement houses of New York every 6-story building averages 24 families, of five or more persons each. Each person has a little over 15 square feet of ground area, and 480 cubic feet of air space in the whole house. In the apartments the allowance of air space is only 317 cubic feet, and in the dormitories but 89 feet to each person. A full 1000 cubic feet of air space are required.

The air (if pure) which an adult healthy man breathes *in* contains only 0.4 per 1000 volumes of *carbonic acid;* while that he breathes *out* contains 40 volumes per 1000, in addition to *fetid organic matter* and water-vapor to saturation. It requires at least 2000 cubic feet per hour, of pure air, to keep the exposed carbonic acid at 0.5 or 0.6 per 1000 volumes, and to remove entirely the fetid smell of organic matter exposed, to say nothing of the filth and smell of persons, clothes, cooking and food-utensils, remains of food and offal generally.

The carbonic acid of respiration is equally diffused through the air of a room, and is very rapidly got rid of by opening windows. But neither the fetid or organic matter, nor the watery vapor, diffuse rapidly nor thoroughly.

At least 30 grains, and perhaps 240 grains, of organic matter are given off from the lungs and skin, and from 25 to 40 ounces of water in 24 hours. The organic matter is made up of small particles of epithelium and fatty matter detached from the skin, and partly of an organic vapor given off from the lungs and mouth. It has a fetid smell, and is retained in a room for a long time, sometimes for 4 hours, even when there is free ventilation, showing that it is oxidized very slowly. It is absorbed most by wool, feathers, damphrally and moist paper; and least by straw and horse-hair. It is molecular, and floats in clouds in the air, when the odor of it is not always equally diffused through a room. A large quantity of carbonic acid, derived from respiration, always indicates a large quantity of organic matter, the smell of which generally becomes perceptible when the carbonic acid reaches 0.7 per 1000 volumes; and is very strong when it amounts to 1 per 1000.

Besides the gaseous products strictly derived from the lungs, the air of most dwelling-houses, when examined by the æroscope, is found to contain many *epithelium cells;* most of which are evidently derived from the skin. They are rubbed off and then float through the air, and often become the carriers of the contagion of scarlet fever and measles, as they are saturated with poison when these diseases prevail. The epithelium of the mouth, throat and nostrils, are foliated, and in diphtheria, typhus and typhoid fevers, and thus load the air with poisonous particles.

In all tainted atmospheres of this kind, it seems that the germs

of infusoria abound to a much greater extent than in pure air. The possibility of a direct transference from body to body of cells (or epithelium) undergoing special changes, is thus placed beyond doubt, and the doctrine of contagion receives an additional elucidation. It remains to be seen whether pus or epithelium cells, becoming dried in the atmosphere, can again, on exposure, become revivified. Some protophytes, like the prolococcus pluvialis, may be dried, and yet retain their vitality for years, and may be flown about in atmospheric currents.

The effect of the fetid air containing organic matter, except of carbonic acid and water, is very marked on many people, causing heaviness, headache, inertness, nausea, or even decided symptoms, such as heat of skin, quick pulse, furred tongue, loss of appetite, and thirst, lasting for 24 or over 48 hours.

Usually, the persons who are compelled to breathe such an atmosphere are, at the same time, sedentary, and remain in a constrained position for many hours, are also underfed, and perhaps intemperate. They soon become pale, lose their appetite, decline in muscular strength and spirits. They are very apt to become scrofulous and consumptive. Baudelocque long ago asserted that impure air is the great cause of scrofula, and that hereditary predisposition, syphilis, uncleanliness, want of clothing, bad food, and humid air, are, by themselves, non-effective. In the Dublin House of Industry, where consumption was so common as to be thought contagious, there were in one ward, 60 feet long and 18 broad, 38 beds, each containing 4 children; the atmosphere was so bad that, in the morning, the air of the ward was unendurable. The food was excellent, and the only causes for the excessive prevalency of consumption were foul air and want of exercise. In the prison of Leopoldstadt of Vienna, which was very badly ventilated, 378 prisoners died out of 4280, or 1 in 12; and of these, no less than 220, or nearly two-thirds, died of consumption. There were no less than 42 cases of acute military tuberculosis. In the well-ventilated houses of correction, in Vienna, only 43 died out of 3037, or 1 in 71; and of these only 24, or 1 in 126, died of phthisis. (But consumption is only a personal and family affection; it is not handed from mouth to mouth, or from person to person, and thus made to invade the whole community.) The most important class of diseases produced by impurities in the

atmosphere are certainly caused by the presence of organic matter floating in the air; and thence come all specific and contagious diseases. This organic matter may be present in the form of impalpable particles, or of moist or dried epithelium and pus-cells. It may be contained in the substances discharged or thrown off from the body, as in the discharges from the nose, throat and lungs, of measles, scarlet fever, diphtheria, and whooping-cough patients; or in the epidermic scales of measles or scarlet fever or erysipelas, or in the crusty scabs and pus of small-pox; or in the putrefactive changes in the discharges of typhus fever, cholera dysentery, etc. And from the ease with which, in many cases, organic matters are absorbed by hydroscopic substances, it would appear that they may often be combined with, or condensed in, the water of the atmosphere.

The specific poisons differ greatly in the ease with which they are oxidized and destroyed. Thus, the poison of typhus exanthematicus is very easily got rid of by free ventilation, by means of which it is diluted and oxidized, so that it becomes innocuous at the distance of a few feet. (But if the streets, gutters and sewers of houses in which typhus prevails are loaded with filth, and the scanty back yards are defiled by offensive cesspools and privies, free ventilation with pure air is impossible; then the volatile poison of typhus fever may unite itself with the impurities of the atmosphere, and perhaps convert the whole into a virulent miasma.) This is also the case with the poison of Oriental plague. But the poisons of small-pox and scarlet fever will spread in spite of very free ventilation, and they retain their power of causing the same disease for a long time, and, in case of scarlet fever, for months. (Then the scabs and epidermic scales are doubtless the active agents of propagation. In the one case, the poison may be a mere cloud of molecules; in the other it may be contained in the epithelium and pus-cells, thrown off from the skin in both cases, and from the throat also in one, which adhere to walls, clothing, or carpets, become partially dry; but then, becoming dislodged by sweeping, dusting, etc., are blown up into the air and inhaled into the lungs of some one, where they again become active by means of warmth and moisture. Thus scarlet fever, measles, small-pox, diphtheria, whooping-cough, typhus fever, etc., come up from the tenement houses and filthy parts of the cities, and

are distributed to the well-to-do and wealthy. Convalescent small-pox and varioloid patients return to their work with their hair filled with crusts and scabs, and their clothes defiled with dried pus.

Scarlet fever and measles convalescents visit the houses of their patrons and friends with their unwashed heads filled with the scurf of measles and scarlet fever scales, and scatter it broadcast into the air, from whence it is inhaled into the nostrils, throat or lungs, of some unsuspecting creature. They come also with their clothes contaminated with the dried expectoration of their children suffering with diphtheria and whooping-cough, and shake the dust of these poisons in the houses of the rich and philanthropic. Weavers, lace and ribbon makers, just recovering from small-pox, contaminate the new goods they manufacture, and dirty bank bills are often smeared with the same dangerous elements.—Ed.—*New York Medical Gazette.*

The Abuse of Athletic Games.

The same spirit of misdirected emulation which is the pest of our school system, has invaded a most wholesome public movement towards the cultivation of manly sports. The starved muscles and hypertrophied brains of our school-children seemed about to experience some restoration of the healthy balance of the faculties by a resort to exercise and out of door amusements. But, unfortunately, the same over-stimulated desire to excel, which converts the one into a precocious mental dwarf, drives the other to an expansion of bone and muscle beyond its natural growth. Pedestrians, oarsmen, base-ball players and match skaters, run to as great extremes and with as bad effects, as the phenomena of the schools who scan a Greek Idyl, and ignore the existence of Burns and Goldsmith; or measure the orbit of Uranus, but miscount the fractions in the simplest calculations of every-day life. He who walks, must walk for a wager; he who rows, must train for a prize; he who plays ball, must dislocate his fingers or break his nose in the false ambition to outdo his antagonist, while girls over-strain their slender ankles, and possibly derange the pelvic organs by emulous rivalry beyond their strength, either on skates

with the mercury at zero, or in the crowded German, in a temperature of eighty-five degrees.

Neither time nor courage avail us to assail that compound evil of our school system alike defended by committees, teachers, parents and scholars, but secretly deprecated by all.

But as mentors of the public health we would say a word on the abuse of athletic games.

It has been a subject of general congratulation of late years, that somewhat of English customs in out of door sports was beginning to manifest itself among us, to the obvious physical advantage of our youth.

It was noticeable that the present generation of town-bred boys and girls, was not only rosier, stronger and manlier than the one before it, but even surpassed the average of country children in vigor. No one has been a warmer advocate of the use and pursuit of exercise than our own profession. We object only to its abuse.

The period of adolescence is the period of natural growth, but it is also easily overstrained and perverted. The war proved this; for many a young soldier, whose epiphyses were yet green and weakly soldered, broke down with joint diseases after protracted marches.

It cannot be a matter of doubt that like injury may follow excessive gymnastics, rowing or walking. Parts which are growing, are unfinished and weak.

If we do not give nature time to complete her work, but make demands on her, which only the mature man can fulfill, we surely defeat our object of promoting physical development. The child, left to itself, runs, plays, climbs, falls, with impunity, because it rests when it is tired, and stops when exhausted. So should the youth who seeks for muscular strength. But in the gymnasium, on the ball-ground, or in the wherry, he forgets fatigue in excitement, and he overdoes his muscles and his nervous power. The result is prostration, and not strength. He seeks to keep up his flagging powers by an absurd system of training, so called, where he is subjected to the caprice of certain physical sages, ignorant of physiology and of hygiene.

No college boy can rival the fisherman at the oar, permanently,

because the latter has been in slow and gradual training all his life. Muscular growth, stiffening of bones, toughening of fibre and fascia must come slowly, in order to last. Only in the steady physical laborer can we find that harmonious development which combines strength, wind and endurance. We make a mistake if we expect to attain it in three months. For one part is then developed at the expense of another, and either the joints, the lungs, the heart, or the spinal system suffer in the unequal struggle.

We would by no means be classed with those who would restrain either sex from out of door pursuits. We would drive every boy and girl into the open air several hours a day. We would say, row, walk, swim, skate, and play every hardy game. But do so reasonably, and do not seek to make them the business of life, by a few weeks' pursuit. Make haste slowly. Give your limbs time to rest, and they will grow.

If you want to become an athlete, follow the trade of the fisherman, or the day-laborer, or the organ-grinder. If you have other aims in life, and mean to use your minds as well as your bodies, give time and cultivation to both, at due intervals. But do not expect that you can over-develop the one without dwarfing the other. Intellectual culture alone will make you a nervous, unbalanced, precocious man. Physical culture alone will make you as strong as the hod-carrier—and as dull.—*Editorial Boston Medical Journal.*

On the Use of the Bromides in Cases of Lead or Mercurial Poisoning.

It is well known that several years ago Natalis Guillot and Melsens recommended the iodide of potassium as the best agent for removing lead and mercury from the system. Dr. Raberteau, who has been performing some interesting experiments relative to the action of bromine and the bromides, has been led to substitute these latter for the iodides as eliminating agents of the metals in question. He was brought to the idea by observing that the bromides are very slowly removed from the system, while the iodides pass out soon after administration. The former, therefore, are disposed to accumulate in the body, and hence have a greater opportunity of dissolving the lead or mercury which may

be in the tissues. In illustration of this theory, M. Raberteau cites the following interesting experiment:

He gave a dog 20 centigrammes (about 3 grains) of the acetate of lead. Saturine poisoning was produced, and continued till, at the end of several days, he administered 10 grammes (150 grains) of the bromide of potassium in two doses. The effect was, that all the symptoms of lead-intoxication soon disappeared.

M. Raberteau also adduces the case of a patient, blind, as was believed, from the effects of lead, and whose condition was greatly improved by the bromide of sodium. He prefers this salt to the bromide of potassium, on the ground that it is harmless, while the latter is poisonous.

He then refers to a case previously published, in which a man, affected with mercurial trembling, headache, and obstinate insomnia, was cured by the use of the bromide of potassium, after the iodide had failed.—*Gazette Hebdomadaire.*

Morbid Coxarius.—Dr. Bogue, of Chicago, (Transactions of Illinois State Medical Society, 1868,) believes this an essentially local disease of simple inflammatory character, and that while cod liver oil and iodide of iron, as also nourishment, stimulants, fresh air, exercise, and other hygienic medicines, are very important, especially when the disease has reached the suppurative stage, they are no more curative *per se*, than they would be in case of broken leg; but that proper extension of the limb, and the use of aconite, digitalis, veratrum viride, gelseminum, and other antiphlogistic means both internally and externally are far the most important. It is a non-scrofulous, and non-tuberculous affection, which may arise from exposure to cold and wet, from rheumatism, contusion, sprain of wound, affecting first the synovial membrane, fibrous structures (as a periostitis near the joint) or a simple ostitis of the head of the bone; a large number of cases arise from simple bruising or injury of the ligamentum teres, thereby compromising the nutrition of the head of the bone, and leading to inflammation and change of structure.—*Medical Archives, St. Louis.*

Guy's Hospital—Pneumonia, Bleeding, Rapid Recovery.

[Under the care of Dr. WILKS.]

We quote the following case because of the remarks upon blood-letting which were made by Dr. Wilks, and which will doubtless be read with interest at the present time, when discussion upon the utility or disadvantage of the practice is again being revived:

'Louisa B——, aged eighteen, a servant girl, small but robust, was admitted September 23d. Two days before she became rather suddenly ill, and after a few hours was worse, with a pain in the right side. On admission she evidently had pneumonia; the skin was very hot, the face flushed, and there was a catch in the side on breathing. On examination, there was dullness at the lower part, with bronchophony and a slight pleuritic rub; rusty expectoration. Dr. Wilks remarked that the case was not very severe, and he was unable to tell whether the inflammation would advance or would stay at its present site; he therefore merely ordered some saline and Dover's powder. On the following day she was worse, and towards evening was excessively ill; the fever was very high, and there was great oppression of breathing; crepitation was heard all over the remainder of the right lung, and there was some suspicion of the left lung having been also attacked. Mr. Reginald Stocker having informed Dr. Wilks of her condition, the latter ordered her to be bled, and to have calomel, antimony, and opium pill every four hours. This was accordingly done, and with very marked and quick relief to her oppressed breathing. On the following day she was much more comfortable; bronchophony now heard at top of lung; the left quite free. On September 26th the febrile symptoms were subsiding; physical signs of consolidation of lung pretty perfect. On the 28th, much better; fever departing; sputa bronchial; to omit the pills. In a day or two she left her bed, rapidly convalesced and quitted the hospital quite well on October 14th.

Dr. Wilks remarked that his opportunities were small for treating pneumonia at the onset of the attack, and therefore he was generally obliged to do little more than watch a case in its progress; he had not, however, given up the idea of being able to arrest it by remedies. He stated that he had seen a great deal of pneumonia in private practice during the last summer—in fact, more cases than during the whole of the two preceding years;

and what had struck him as most remarkable was the circumstance that nearly all were alike. Thus in all but two the right lung was the organ affected, the inflammation commencing below and progressing upwards; and in nearly all there was a total absence of expectoration. In nearly every case stimulants were given. All but three recovered. One very bad case, that of a lady aged sixty, did well without the use of stimulants. Dr. Wilks could not draw any important inference from the treatment adopted. He believed the majority of cases would have done on any method; that one or two were benefited by stimulants, and that more than one case was aggravated by their use. If it be true, and no doubt it is, that the tendency is towards recovery if no medicine be given, the question should be, not whether a case does well with bleeding or with brandy, but whether the abstraction of a pint of blood, or the administration of a few ounces of alcohol daily, is sufficient to kill the patient.

As regards blood-letting, Dr. Wilks said he had no data on which he could found an opinion as to its value in pneumonia or other diseases, as an antiphlogistic—that is, as to its power in arresting the inflammatory processes; but he had no doubt as to its good effects in relieving congestion of the lungs under any circumstances. He believed therefore, firmly, that he had seen venesection save life in pneumonia, bronchitis, heart disease, apoplexy, or epilepsy. In pre-auscultatory times it might be that the doctor was apt to style many chest affections pneumonia; but when he was called to a patient sitting up in a chair, livid in the face, panting for breath, and he took out his lancet, and whilst he was bleeding *pleno rivo* he saw tranquility restored, he could not be mistaken as to the good effects of his remedy. Thus it was in the case above reported; immediate relief was obtained, and it may be as Mr. Stocker thought, an arrest to the further progress of the inflammation.

As regards the other old-fashioned remedies for pneumonia, Dr. Wilks stated that he had no doubt opium could arrest inflammation, as the fact could be observed on the outward parts of the body; and he thought there was good reason for believing that antimony had the same tendency. As regards calomel, he considered it a valuable remedy in many morbid conditions, but was not aware of any facts to prove that it had any power of arresting inflammation. Blisters he had long ago given up using in pneumonia. He was not at all inclined to despair of other remedies of the opium class, which might arrest inflammatory action; and as aconite had long had the character of possessing this property, he had been using it whenever an early stage of acute disease came under his notice. Thus he had had a case of pneumonia, and two or three of rheumatic fever, where the symptoms rapidly abated during its use. Why he believed the remedy was efficacious was, that a most remarkable lowering of the pulse took place after the administration of a few doses.—*London Lancet.*

Editorial Department.

Books Reviewed.

Atropia: Its Chemical, Physiological, and Therapeutic Action; together with experiments instituted to ascertain its toxicological properties. By Samuel R. Percy, M. D.

The author writes, first, the history of the drug, which is obtained from all parts of the belladonna-plant, but in largest quantity from the root. He then describes the process for obtaining atropia and its salts, and refers to the various sources of information upon this point, proceeding to a description of its physical properties and its behavior with chemical tests and reagents. He then describes the physiological action of atropia upon animals and relates some very interesting experiments showing its effects when introduced into the stomach, and when injected under the skin, and also when injected into a vein. The antagonistic effects of opium and belladonna when administered to animals is illustrated by experiments. The physiological action of atropia on man is shown by detail of facts and experiments. We make the following quotation upon the antagonistic action of opium and belladonna:

"Prof. A. von Graëfe makes the following observations on the antagonistic action of opium and belladonna injected into the cellular tissue: When a solution of atropine has been injected hypodermatically, three or four minutes afterwards the pupil becomes dilated, the pulse rises to 140–160, and other symptoms of narcosis by atropine are observed. If morphia is then injected, all these phenomena, which would otherwise last for hours, disappear in a very short time. After a hypodermic injection of morphia, a considerable myosis is observed, and the pupil cannot be dilated. This is probably to be ascribed to an active irritation in the sphincter muscle, just as mydriasis caused by belladonna is to be explained by active irritation of the dilatator muscle. A new fact, which Von Graëfe has observed, is the antagonistic action of these medicines upon the faculty of accommodation; although it has not occurred in all the cases in which he has operated. *Atropine causes paralysis, and morphia a spasm of accommodation.* In consequence of this, the space allowed to accommodation becomes greatly limited, and myopia is the result. All distant objects are indistinctly seen; but, if concave glasses are used, this is obviated. It is true that the myopia is not so considerable as it appears to be when trials on both eyes are made, as, if only one eye is experimented upon, distant objects are more clearly distinguished; a circumstance which is, no doubt, due to the weakening action of morphia upon the internal muscles of the eye. But the phenomenon is only temporary, and is generally only observed three-quarters of an hour after the injection. It is probable that, if a stronger dose of morphia were used, it would last longer and also be more constant; but it would not be justifiable to do this in order to satisfy physiological curiosity. The symptoms described are to be explained in the following manner: Opium and belladonna have an antagonistic effect upon the muscular fibres of the tensor chorioidæe, as upon the muscles of the iris; and the analogy would be quite complete, if a double and antagonistic innervation of the tensor chorioideæ, by both the third pair and the sympathetic nerve, was just as certain as it is for the iris."

Of the therapeutics of atropia, we will also quote briefly our author:

"A very large number of persons are troubled with a passive constipation of the bowels. This is especially the case with many females of delicate health and highly nervous sensibility. With such persons, I have in many instances given permanent relief by the careful use of the sulphate of atropia. * * * *

"Atropia has been highly recommended in the treatment of various other diseases, as in asthma, in rheumatism, in whooping-cough, in scarlet fever, in spasmodic

stricture of the urethra, in strangulated hernia, in rigidity of the os uteri, etc.; but these disorders are more easily cured by other remedies that are less dangerous in their use.

"Atropia, as well as belladonna, has been very highly vaunted *as a prophylactic against scarlet fever*. I have tried it many times for this purpose, but all my success, if it can be called success, has been purely of a negative character, and, in many instances where I have used it, it has had no effect in preventing the disease. Children bear a larger dose than adults, and the effects pass off more rapidly.

"To the ophthalmologist, atropia, or its congener, daturia, is indispensable.

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"'Hahnemann and his followers have made the assertion that the administration of belladonna produces a rash similar in appearance to scarlatina, and, upon this assertion, they use belladonna as a cure for scarlet fever. Many eminent medical men accept this assertion as a fact, and, in one of our latest and best works on 'Skin Diseases,' the author, in enumerating articles that produce an erythema, states the reïterated assertion that 'belladonna produces a rash of a rosy hue.' Dr. Fuller, in a paper on the 'Action of Belladonna,' with a view to solve this question, gave belladonna to a large number of patients for some months, 'in doses varying from a quarter of a grain of the extract up to seventy grains daily.' The patients were examined four or five times daily, and the occurrence of any rash or eruption was carefully looked for; but in all these cases no rash or eruption was perceived.'

"I have watched a large number of patients, both in hospital and in private practice, where belladonna or atropia has been used with a like negative result. There are many unfounded assertions on the actions of medicines, but probably none so wide-spread and utterly groundless as this. It is well worthy to be classed with the other 'facts' of Hahnemannic 'provings.'"

Lastly a very full description of the poisonous effects of atropia in overdoses is shown, which we regret our inability to republish.

The essay taken collectively is one of the most interesting and instructive medical papers of the season. The antagonistic properties of opium and belladonna are attracting the attention of observers, and numerous experimenters are now trying to determine the questions involved. The author has contributed a most valuable and suggestive paper upon the subject, which will be regarded with deep interest by all. His experiments will be repeated and varied, and we have no doubt his conclusions will be sustained.

ANNUAL REPORT OF THE COMMISSIONER OF AGRICULTURE, HON. HORACE CAPRON, FOR THE YEAR 1868.—We extract the two following paragraphs from this report, as of especial interest to physicians. We have nothing additional to suggest upon either subject, since it has been presented in most full and impressive manner by the Commissioner. Every member of the medical profession will at once appreciate the value and importance of this report. Nothing could be better expressed, or better directed:

Diseases of Farm Stock.—The prevalence of fatal maladies among all varieties of farm animals, resulting in the annual loss of not less than $50,000,000, demands the prompt attention of this Department, the vigilance of the agricultural associations, and National and State legislation. The past year has not been one of peculiar misfortune in this respect, except in the dissemination of the splenic fever, communicated by Texas cattle; yet horses, mules, sheep and swine, have all suffered from the local prevalence of malignant forms of disease, against which little veterinary skill is opposed, and little more than empiricism and superstitious folly is practiced. A disease may suddenly decimate the cattle or horses of a neighbor-

hood, the only popular knowledge of which is the statement that it is a murrain or distemper. A disease exists locally in several of the Southern States, by which the total loss of a plantation's stock of horses and mules not unfrequently occurs, with scarcely an effort or hope for a cure. The annual losses in swine cannot be less than $10,000,000 or $15,000,000 by the disease commonly known as "hog cholera," for which no remedy has been found; and prevention has proved difficult and uncertain.

On the breaking out of the splenic fever at the halting places of Texas cattle during the past summer, I commissioned Prof. John Gamgee, of the Albert Veterinary College of London, to investigate its character and causes and the means for its prevention. The labor was undertaken at once and continued with zeal and activity in several Western States, including the Texas cattle stations of western Kansas. Post mortem examinations, not only of diseased native stock but of the cattle from Texas, were repeatedly made, and their results carefully recorded, all tending to connect the migrating herds of the Gulf coast unmistakably with the existence and spread of the disease. The report of this investigation, enriched with valuable material collected by the statistical division of this department for a history of the outbreak, will be presented to Congress at an early day, together with a statement of the previous history of this disease in this country, and chromolithographs of internal organs of animals dying from the disease. The department has been cramped for means to conduct this investigation, having no fund from which to defray its expenses, except that for statistical purposes, which is quite too meagre for the absolutely indispensable demands upon it, and congressional aid will therefore be requisite for the completion of the work undertaken and for the proper publication of the report upon it.

While it is deemed important to investigate the cattle diseases prevalent, and to obtain the best professional aid in seeking to diminish the extent of their ravages, it is evident that effort directed toward the cure of any disease which is well developed in any section of the country must be very unsatisfactory and ineffectual. Many of the diseases of cattle, as of men, have their origin and distribution in the unnatural and unhealthy conditions of their growth and management, naturally resulting from what is termed our civilization. These diseases belong to the class of ailments which are preventible. Their causes are known, and means of prevention are at our disposal; and if an enlighted state of public opinion leads to the formation of societies for the prevention of cruelty to animals, a higher appreciation of the dependence of domestic animals upon us, not only for food but for care and protection from disease, should lead to the formation of establishments for the study of cattle in health and disease, and the training of a class of practitioners who would bring the highest medical skill to the treatment of our domestic animals. If motives of humanity should fail to influence, self-interest, in view of the annual losses of millions of dollars in valuable property, should be a potential inducement to prompt action in this direction. The formation of veterinary colleges—not for the treatment of animals, but for the education of a class of practitioners of skill and science, who might become beacons, warning the proprietors of stock of the approach of disease, and pointing out the means of prevention—has been adopted in many European States, from which much benefit to the community has been

derived. I consider it eminently the duty of this department not only to point out the want of such an institution but to initiate its establishment; and I earnestly hope that Congress may authorize at an early day the creation of a division of veterinary surgery for the investigation and prevention of diseases of domestic animals, and for the advancement and diffusion of veterinary science and for its most efficient and beneficent practical operation.

Cinchona Planting.—Among the "new and valuable plants" which the organic law of the department requires it to propagate, cultivate, and distribute among agriculturists, there may be included not merely those useful as food stuffs, or for industrial arts and manufactures, but also those which subserve the sanitary interests of the people. European governments, possessing intertropical colonies, have already taken the lead in the introduction and acclimatization of medicinal plants within their own limits. I would especially call attention to the necessity which has arisen within the last few years for the initiation of prompt measures by the government to obviate the results of the extinction of the cinchona forests on the Andes, which is caused by the negligence of the governments of Peru, Ecuador, and more northern Andean States. The experiments of England, Holland, and other countries, have shown how readily new plantations of cinchona trees may be established in suitable localities, how rapidly the species becomes acclimated, and how early it yields satisfactory returns, and how easily such enterprises are popularized and rendered profitable. The supply of quinine has become a necessity of existence, not merely as a cure, but as a prophylactic agent. During the late war many thousand lives were saved by its use alone. In view of the approaching extinction of the cinchona species, (unless intelligent governments introduce the cultivation within their own territories,) I would earnestly recommend that an appropriation be made by Congress to introduce it, and to propagate and establish a cinchona plantation under the care of this department. The attention of the public has already been called to this subject in the annual report for 1866, and the present is a fitting time for carrying into effect the plan there recommended.

The Physician's Medical Compend and Pharmaceutical Formulæ, compiled by Dr. Edward H. Hance. Hance, Griffith & Co., Philadelphia, 1868.

This is Materia Medica and Therapeutics, condensed into a very small pocket-book, and Poisons and their antidotes, tables of nearly all sorts, directions for writing prescriptions, abbreviations commonly used, and a great amount of other similar material added. It makes a pocket companion for the young physician which might greatly aid him in early years of practice. It is conveniently arranged and beautifully bound, and we have no doubt will prove a great favorite with many—with all, who require a condensed guide in the preparation and dispensing of medicine.

Physician's Daily Pocket Record. By S. W. Butler, M. D.

We are indebted to Dr. S. W. Butler of the Philadelphia Medical and Surgical Reporter, for the most elegantly bound, and in every way the most attractive "Pocket Record" for physicians we have yet seen. It contains all the solid attractions which are ever embodied in these books, and adds to them an elegance not elsewhere observed.

The Materia Medica in its Scientific Relations. Published by Judd & White, New Haven, Conn.

We have received a very carefully written, thoughtful and philosophical paper with the above title, but the author's name does not appear. "*How can the Materia Medica be built up as a Science of Observation?*" is the question discussed. The subject is treated in a masterly and suggestive manner, and we think the author has done himself credit as a careful thinker and sound reasoner. We suggest that he issue a second edition of his pamphlet and let himself be known.

The Present Problems in Abdominal Section; illustrated by a successful case of double Ovariotomy, by Prof. Horatio R. Storer, M. D., of Boston, Mass.

This paper contains a brief discussion of many points in abdominal section, and some suggestions in modes of treatment which the author regards as diminishing the present small mortality from these operations. It also contains a full description of a case of successful removal of both ovaries.

Correlation of the Physical and Vital Forces. Inaugural Address, introductory to the Course on Institutes of Medicine in the Jefferson Medical College. By J. Aitken Meigs, M. D.

This is a discourse upon "certain historical points connected with the great doctrine of the correlation of the Physical and Vital Forces, at present so strongly attracting the attention of the scientific world." The author adopts the following sentiment, or, at least, quotes it from Dr. Metcalfe, as embodying one of the historical points upon which he discourses: "So long as the present doctrine of a vital force in nature prevails, so long will this 'riddle of death' remain unsolved, so long will we stand in the presence of this sphynx, confounded and amazed, so long will the phenomena of life, disease and death remain for the physiologist, the pathologist and physician, a series of facts without co-ordination and without harmony."

He goes on to show that in the latter part of the eighteenth and first half of the present century, physiologists, with but few exceptions, contended for the existence of a vital or peculiar governing principle or power in organic beings as the fundamental cause of growth, nutrition and all the other phenomena of life.

The first to announce an opposite view was Dr. S. L. Metcalfe, who, in his work upon "Caloric," maintained the existence of a substantive vital principle, not distinct from all other things in nature, but, on the contrary, identical with the *essentia caloris*, or, subtle fiery ether, which Pythagoras regarded as the principle of life, animating the whole system of nature. He says that, "with wonderful precision and skill, Dr. Metcalfe heaped fact upon fact, to prove that caloric intimately combined with, and acting through. organic matter as a peculiar medium, is the cause of all the complex phenomena of life; is in fact converted into the vital principle.

This address cannot be abbreviated or condensed, and any adequate idea conveyed of its scope and design; it is to be carefully read that its numerous suggestions may be comprehended. It embodies the many interesting questions now agitated upon the ultimate cause or source of life. and will be perused with the deepest interest by those who have taste and relish for theoretical and speculative truth.

Books and Pamphlets Received.

On the Dynamics, Principles and Phylosophy of Organic Life; an effort to obtain definite conceptions of how do medicines produce their effects? By Z. C. McElroy, Zanesville, Ohio.

Svapnia, or Purified Opium, consisting of Meconates of Morphia, Codeia and Narceia, and made by assay. An important substitute for Morphia and Crude Opium. By Dr. J. M. Bigelow, Detroit.

Scirrhus, or Malignant Disease of the Rectum. By Alden March, M. D., Albany.

An Intra-Mural Fibrous Tumor removed from the Anterior Wall of the Uterus. By William H. Byford, A. M., M. D., Professor of Obstetrics, etc., in Chicago Medical College.

Report on Insanity. By Charles Alfred Lee, M. D., Peekskill, N. Y.

Thirteenth Annual Report of the Trustees of the State Lunatic Hospital at Northampton, Mass.

ADDRESSES.—The Annual Address before the Ohio State Medical Society, by the retiring President, Prof. E. B. Stevens, M. D., of Cincinnati, is before us. He describes the character and acquirements of the "good physician," and explains what he calls the "unity of his art." The address is interesting, instructive, and in the highest sense *eloquent*. We have also received Dr. Stevens' introductory address to the ninth annual course of lectures in the Miami Medical College. Better selected or more elegantly expressed advice cannot be found in the whole literature of introductory addresses.

We have received the Annual Address before the Medical Society of the State of New York, February 5th, 1868, by John P. Gray, M. D., President of the Society and Medical Superintendent of the New York State Lunatic Asylum, Utica. The object of the address is to show the connection between psycological medicine and the whole body of medical knowledge to which it belongs. He says that it was for a long time supposed that the treatment of the so-called diseases of the mind was quite a different thing from the treatment of diseases of the body; and this idea has not yet wholly disappeared. He goes on to show the connection between psycological and general medicine, relating facts which prove insanity to be subject to the same laws, and to present the same general pathological conditions which are found in other diseases. The subject is a highly interesting one, and is treated in a most satisfactory and convincing manner. If we had space we should be glad to republish the whole address, and should make room for it, only we know that many of our readers will receive it in the Transactions of the Medical Society of the State of New York.

Introductory Address of Theophalus Parvin, M. D., before the class of the Medical College of Ohio. Prof. Parvin discourses earnestly and eloquently upon the "Subjective Utility of Medicine." He quotes Abernethy of St. Bartholomew's Hospital, who, on entering the room crowded with young men just commencing their professional studies, involuntarily exclaimed, "God pity you all," and goes on to draw truthful pictures of professional life, such as all students should consider before engaging in the study of medicine.

Erie County Medical Society.

At the Annual Meeting of the Erie County Medical Society, held on Tuesday, 12th inst., the following officers were elected for the ensuing year:

President, O. K. Parker; Vice President, J. F. Miner; Secretary, M. G. Potter; Treasurer, Wm. Ring; Librarian, J. B. Samo.

Primary Board—E. R. Barnes, H. R. Hopkins, W. C. Phelps.

Censors—Anatomy, Physiology and Surgery, Sandford Eastman; Practice of Medicine and Obstetrics, John Boardman; Materia Medica and Botany, M. O. Potter; Medical Jurisprudence, J. Smith; Chemistry and Pharmacy, J. R. Lothrop.

A paper on Pyromania was read by Dr. W. C. Phelps. Dr. J. S. Trowbridge read a memoir of his father, the late Dr. Josiah Trowbridge, which was ordered to be published in pamphlet form.

The following gentlemen were elected to membership on compliance with the By-Laws: Hiram Tabor, G. H. Gail, Jacob Worp Van Peyma, Elias T. Dorland, Albert S. Rogers, Wm. Osborn Taylor, Henry B. Murray and W. S. Talbott.

Valedictory Address by the President, Dr. John Boardman.

Committee to choose Orator for the Semi-Annual Meeting reported names of Dr. H. R. Hopkins for orator, and Dr. Davis E. Chace for substitute.

St. Lawrence County Medical Society.

This Society held its Annual Meeting at Potsdam Junction, the 17th instant, and elected the following officers for the ensuing year:

President, Dr. S. L. Parmerlee; Vice President, Dr. J. H. Jackson; Treasurer Dr. H. A. Boland; Secretary, Dr. R. R. Sherman.

Censors—Drs. S. L. Parmerlee, E. H. Bridges and C. C. Bates.

Delegates to the State Medical Society—Drs. B. F. Sherman, Z. B. Bridges and Caleb Puice.

Discussionists—Drs. E. H. Bridges, Robert Morris, E. G. Seymour and D. McFalls.

Essayists—Drs. W. H. Cruickshank, E. C. Walsh and B. F. Drury.

Committee of Intelligence—Drs. B. F. Sherman, C. C. Bates and C. Puice.

The Semi-Annual Meeting will be held at Governeur, the second Tuesday in June next.

Subjects for discussion—Anatomy and Physiology of the Kidneys and Bright's Disease.

R. R. SHERMAN, Sec'y.

ATLANTIC MONTHLY AND DR. HENRY J. BOWDITCH.—The January number o this literary magazine contains among other instructive and interesting articles, a popular paper upon Consumption—its causes—its eradication. He first describes briefly its nature, speaks of its relative prevalence formerly and at the present time; says it lessens in the United States from North to South; at present kills about one-quarter who die in Massachusetts and one-sixteenth part of those dying in Louisiana. Residence on a damp soil as a cause of consumption is considered

in detail, with illustrative evidence. The questions of hereditary transmission, and contagious propagation, with influence of trades and professions as causes are discussed quite in detail for a paper designed for popular reading. The whole article is instructive and will be received by the readers of the Atlantic Monthly as embodying the present views of the profession.

SWEET QUININE AND SVAPINA.—We have received from Frederick Stearns of Detroit, samples of Sweet Quinine and Svapina, medicines which will at once attract the attention of physicians.

The quinine has very little of the bitter taste of the drug, and possesses on this account decided superiority over all other preparations. To obtain the same effects, it is probable that a little increase in the dose would be necessary.

The Svapina is said to contain only the anodyne and soporific alkaloids of opium, codeia, narceia and morphia, and to exclude all others. We have not had opportunity to test its action, but have no doubt it will be found reliable as an anodyne, possessing advantages where the ordinary preparations of opium act unfavorably.

BRAIN MATTER AND MIND ACTION.—We have received an interesting paper with the above title from Prof. A. J. Steele of St. Louis, Humbolt Medical College, formerly graduate of Buffalo Medical College, and for a time Demonstrator of Anatomy in this institution. Dr. Steele was also House Physician to the Buffalo General Hospital where he won for himself many friends. His paper shows him as formerly, an earnest worker. It consists of cases illustrative of the proposition, that loss of brain-substance will be followed by impaired cerebration, the opposite view having been generally entertained, viz.: that loss of brain matter could be endured to a very considerable extent without impairment of the mental faculties. Many cases are related showing the correctness of the doctor's proposition, and even the cases cited as proving that impaired mind might not follow loss of brain substance are followed out and more carefully noted and finally prove exactly the reverse. The celebrated Tamping-rod case in Vermont, reported by Prof. Gross as recovering without loss of mental power turns out as reported by his attending surgeon, Dr. Harlow, to have been very much impaired.

The paper is highly interesting and instructive, and so far as cases cited, his proposition is fully sustained.

SAD CASE OF DEATH BY CARELESS RENEWAL OF A PRESCRIPTION.—Dr. Philip DeYoung, an experienced physician of Philadelphia, recently prescribed a cathartic pill, composed in part of three grains of assafœtida, for his sister, Mrs. Hecht. The pills were renewed several times, but at last, by some terrible ignorance or carelessness, three grains of *atropine* were substituted for the assafœtida, of course with a speedy and fatal result.

BUFFALO

Medical and Surgical Journal.

VOL. VIII. FEBRUARY, 1869. No. 7.

Original Communications.

ART. I.—*Pyromania—A Paper read before the Erie County Medical Society at the Annual Meeting, January* 12, 1869. By William C. Phelps, M. D.

Having had my attention directed to this form of mental disease by a legal proceeding, I thought that I could not better fulfill the duty which has been imposed upon me, which must be but poorly discharged at best, than by giving what I have been able to glean from the writings of alienist physicians concerning this strange and rare form of mental disease.

Pyromania—the monomania incendiare of Esquirol—is ranked as a disease or perverted action of the moral faculties, and comes under the division of the monomanias without delusion of most writers—the moral insanity of Pricard—the emotional insanity of Tuke. It is difficult to select a name which will satisfactorily designate a mental disorder, for the reason that so little is known as to the nature of insanity in general. Did we perfectly understand the faculties of the mind we could easily arrange a satisfactory nomenclature, according as one or more of them are affected; or did we perfectly understand the physiology of the organ of the mind, we could then name the disease according to the particular part affected, but in the absence of both these data we are obliged to select names which will express most plainly the prominent symp-

toms. Hence the name pyromania which has been given this disease by Marc, the most prominent symptoms being the uncontrollable desire to fire buildings of every description, generally without any feelings of revenge or malice. In order that its nature may be better understood, I will briefly notice the twofold division of the mind.

Metaphysicians in all ages have very generally agreed that the manifestations of the mind are divided into two great classes—the intellectual and the moral or affective. Plato, as quoted by Tuke, tells us that he distinguishes two principal faculties; that of feeling and that of thinking. "To feel," he says, "is to be affected by an external impression; to think is to operate on our own ideas." Modern writers have preserved and enforced this distinction. Reed, in his analysis of the mental faculties, comprises two divisions—the understanding and the will. Brown and Welsh, in their work, divide the affections of the mind into two classes, the intellectual and the emotional; and Martin Payne of our own country, in his Institutes of Medicine, remarks, that "our emotions differ so manifestly from our intellectual states of being by that peculiar vividness of feeling which every one understands, though it may be impossible to embody it in any verbal definition, that it is not a little singular that one should be confounded with the other by any who have simply remembered and compared, and have also loved or hated, desired or feared."

Phrenological and some recent writers still further sub-divide the emotions into the higher sentiments and the propensities. This division is desirable and convenient when analyzing diseases of the emotions, being among the few valuable ideas left us from the wreck of phrenology, which once promised to teach us the correct physiology of the brain, and make straight the crooked ways of our mental science.

The foregoing view—that of the duality of the mind—is the one most generally accepted, as it is sustained by facts obtained from observations of its faculties in health and disease. The opposite opinion, however, that of the solidarity of the mental faculties, is held by those of acknowledged eminence in this department of medical research. They throw aside this metaphysical view of the mind and insist that it is a unit, and that when diseased all

its faculties are diseased together, though some will be more prominently developed than others. This point was strongly insisted on by some speakers in the discussions which occurred at a recent meeting of the Medico-Psychological Society in Paris. But a reviewer of that discussion in the *American Journal of the Medical Sciences*, remarks that "if this were a question of pure metaphysics, there might be some reason for the belief in question, but it must be considered that the brain is not a unit in the sense in which that term is applied to the mind, but a heterogeneous organ, the different parts of which all analogy teaches us exercise different functions in the mental economy."

It is this second division of the mental faculties then—the sentiments and propensities which are primarily affected in pyromania, belonging as it does to that group of mental diseases which includes homicidal and suicidal mania, kleptomania, dipsomania, etc., called emotional or moral insanity, it being, if I may be allowed the simile, but one of the windows at which reasoning madness shows itself. We shall, therefore, consider the general characteristics of the group in connection with the special derangement, pyromania.

The mind is so complex in its manifestations that it is somewhat difficult to determine the point at which health ceases and disease begins. But this difficulty which exists in all departments of medical knowledge is more seeming than real, for if we take the natural and habitual character of the patient, which is the best test of disease, as the standard of comparison, and consider all unnatural manifestations of the mind as due to disease of its organ, either functional or organic, in practice the difficulty in pronouncing between the sane and insane, will be greatly lessened, especially in criminal cases; and I will remark, though it has no necessary connection with the present subject, that the fallacy of "momentary insanity" which was recently allowed by a court of justice in this State, is plainly to be seen from this stand point, for no physician would for a moment assert that the brain could become so seriously and suddenly diseased for a few seconds of time as to cause homicidal mania, and as suddenly return again to a state of health. Disease, says Chomel, "is a notable disorder, affecting more or less of the constituent parts of the living organism, as

regards either their material constitution or the exercise of their functions." And this definition is applicable to the brain as to any other organ, for there is no safe ground for the medical jurist, outside of the theory which is well supported, that unsoundness of the mind is due to disease of its organ.

According to Bucknell and Tuke, to whose excellent work I am greatly indebted, the earliest symptoms which mark the existence of this disease, are those due to a change in the natural and habitual character of the patient, which is generally gradual. He is more absorbed and reserved than usual, and under any provocation is unreasonably irritated. If formerly of a lively disposition and given to the pursuit of pleasure, this change will be most marked, or if formerly circumspect and correct in his deportment, he will commit excesses and carry them to such extremes as to attract the attention of his friends. He becomes suspicious and liable to attribute false motives to those with whom he is connected, and will cast ungenerous reflections on his nearest relatives without any foundation in fact. And as the disease becomes more advanced his acquaintances become conscious that he is greatly changed, without probably supposing him to be insane. He desires to be alone and becomes a victim to most gloomy forebodings. He finds himself susceptible to the slightest mental emotion; loses his sleep; his appetite fails; is conscious of uneasiness about his head; a sense of fulness and dull aching pain, and is distressed by impulses and tendencies which his reason and his moral sense both rebuke. His moral faculties at last are in more or less complete abeyance, and in the case of the pyromaniac, an incendiary act is committed without any reason, or if any motive be assigned, it is of so trivial a character as in no degree to justify the act. If not detected in his first attempt he will continue his depredation against friend and foe alike, wherever his fancy may lead him. Up to this point disorder of the circulation, as evinced by the pulse or of digestion, as indicated by the tongue, fæces or urine, may or may not be notably affected. Some serious physical disease, as epilepsy, will frequently now set in, or if not, and relief be not obtained, the patient as in monomanias in general, either becomes a maniac or passes into a state of dementia, followed by death. "The signs of reasoning monomania," says Esquirol,

"consist in a change in the habits, disposition and affections. The understanding is not essentially disturbed, since it assists in the acts of the insane person, and the patient is always ready to justify his sentiments and conduct. We distinguish three periods in it. In the first the disposition and habits are changed. In the second the affections are perverted, and at length in the third a maniacal excitement appears, or else a weakening of the faculties, more or less rapid, leads the monomaniac to dementia."

The cause of pyromania appears to be disease of the brain in consequence of abnormal development of the reproductive functions, and occurs generally about the period of puberty and early manhood. This was the fact in twenty cases collated by Kein and Platner, and a larger number of girls than boys were the subjects, and all the cases which I find recorded have occurred during early life, nearly half the patients being between the ages of sixteen and nineteen years. Marc observes that the period at which pyromania manifests itself corresponds nearly between the ages of twelve and twenty, and asserts that if an incendiary act has been committed by a person of this age in whom there exists any general symptoms indicative of irregular development, or of critical changes by which the attempt is being made to perfect the evolution of the reproductive system, is probably the result of disease. And he urges the necessity of ascertaining whether there is any disorder of the circulation, nervous system or cerebral functions.

As illustrating the foregoing description I will briefly relate a case which occurred in this vicinity, and will not therefore be without some interest. During the early part of last summer the village of Silver Creek, in an adjoining county, was thrown into a state of consternation and alarm by a rapid succession of fires set to the dwellings and barns of the inhabitants by some unknown incendiary. So great was their fear that they moved horses and cattle from the barns at night, and a watch was set in nearly every house. Watchmen also patrolled the streets at night. Suspicion finally pointed to Milton B. Wells, a native of the town, twenty-three years of age, unmarried, and of previous good character. He had been seen leaving one of the buildings which were burned, at night, and had been in one and at the time occupied the other of two buildings which were burned during the day, as a photo-

graph gallery. There were other circumstances connected with the burning of these buildings which I need not mention that proved beyond a doubt that he was the incendiary. There was no reason why he should have set any of the fires, and particularly the building which he occupied, as there was no insurance on his goods which were destroyed. He was arrested and indicted for setting three of the fires. After having been some time in jail he was let to bail, and brought by his counsel, Josiah Cook, Esq., to Buffalo, at which time I saw him. He was also examined by Drs. Miner and Mixer, at the request of his counsel, for grounds of defence against the charge of arson. The history of the case showed that he in connection with another young man had for a long time been much addicted to onanism, and so well known was this to several persons in the village that they were often derided for their crime against nature. As a result of this practice he had been for a year or more under the care of Dr. Burwell of this city for spermatorrhœa. Previous to his arrest his friends had noticed a gradual change in his character and habits, for which they could not account. Among other excesses he had at times taken to the free use of alcoholic liquor, and this by some was considered the cause of his incendiary acts. At the time of our examination he was reserved and melancholy, refusing to engage in extended conversation, which was unnatural in him, but would answer questions correctly, and was much given to reading. His general condition did not indicate any notable disorder of circulation or digestion, though he was quite anæmic, and his appearance was that of one suffering from some chronic disease. He was taken to a Western State and in three months brought before the court sitting at Mayville, Chautauqua county, for trial for arson. We were present and were called upon by the court to again examine the prisoner in connection with several other physicians as to his unsoundness of mind, which was set up as a defence by his counsel. His condition was greatly changed from what it was three months before. His pulse was 150, his head hot and injected, he recognized no one, could be made to comprehend nothing, was constantly muttering to himself, and his attention rivited to the floor, all the faculties of his mind in fact being entirely gone. As the law forbids the trial of persons of unsound mind the court upon these facts being pre-

sented to it dismissed the case, and restored the prisoner to his friends. He was immediately placed under medical care, but when last heard from his condition was not improved.

It will be observed that this is a typical case of pyromania in cause, course and result, as described by alienist physicians. His insanity was undoubtedly due to excitement and abnormal development of the reproductive organs as the result of excessive masturbation and consequent spermatorrhœa, as these are admitted by all writers to be sufficient causes to produce under certain circumstances this or almost any form of insanity. It was not hereditary, for there had never been a case of insanity in the relatives of either father or mother. Nor was it the result of intemperance, for he had never been addicted to the use of alcohol to excess, or even moderately, until a short time before the fires; and this was but a part of the change in his habits which had been going on for some time, and so gradual had been the change from health to insanity, that his physician, who was also a near neighbor, under whose care he had grown from infancy to early manhood, did not recognize the disease, but was his most active prosecutor for what he supposed to be malicious arson. There was not at any time maniacal excitement or delusion of any kind, and he stoutly denied from the first setting any of the fires which had occurred.

In this description I have purposely avoided allusion to instances of arson by persons of unsound mind occurring in more advanced age. It is possible that some such might be considered true cases of pyromania, but they have generally been maniacs, and cannot therefore be considered subjects of this disease. The majority of alienist writers have seemed to be desirous of placing this among the diseases of early life, on account of its occurring so uniformly at the period at which the reproductive organs are becoming active members of the system, and the frequency of cases of arson by young persons in whom disease of these organs has been discovered. While on the other hand some others, including the medical council of Berlin, have included all cases of this kind under the general head of destructive mania, instead of constituting it a distinct form of mental disease. Enough facts it would seem have been observed to plainly establish it as a distinct disease, and the difference of opinions by those of high authority on psychological

medicine only shows how little is known as to the essential nature of insanity.

It would be a source of pleasure and profit could I now go on and accurately relate the changes which take place in the brain, if it is an organic disease, or what particular function is deranged, and its cause, or it is a functional disorder, but in the present state of our knowledge of mental disease this is impossible. It is surmised by some that the affection is in its commencement caused by exhaustion of nervous force, resulting from excitement of the reproductive organs, producing derangement of the functions of the brain, and according to the law which holds good in all organs, derangement of function produces congestion of that organ, then stasis, inflammation and its consequences. But this conjecture, even allowing it to be true, throws no light on the connection between disordered sexual functions and that state of mind which impels its victim to commit arson without a cause.

Bucknell observes, that "if our knowledge were complete of the cerebral organization we should from any morbid state of the cerebral capillaries and their contents be able to predict the anomalies of mental function which would result therefrom. To this end we should require to possess a knowledge of the state of the cells upon which morbid conditions of the circulation have to act, and herein lies the great difficulty of pathological science, that these minute but all-important constituents of the organization refuse to yield their secrets."

We must, therefore, wait until the relations of mind to brain matter in health and disease are better understood, and as nothing is positively known on these points, I will not longer tire your patience by reciting conjectures and unfounded theories, but will close, thanking you for your indulgence and kind attention.

A coroner's inquiry has taken place in the Wrexham district in consequence of the death of a patient under chloroform for an operation for fistula. The evidence of the two medical men, Messrs. Griffith and Jones, who were jointly concerned in the operation, most completely satisfied the jury that no blame whatever attached to them, the verdict being that "the deceased died from the effects of chloroform properly administered."—*London Lancet.*

ART. II.—*Clinical Remarks upon Surgical Cases in the Buffalo General Hospital—Aneurism of the Femoral and lower portion of the Iliac Arteries—Ligature of the External Iliac.* By J. F. Miner.

Gentlemen:—We have this morning to present before you one of the most interesting and one of the most important forms of disease known to surgeons. The patient, John Holton, is thirty-two years of age, and in every respect of healthy constitution, so far as known. About four months since he observed the first appearance of a pulsating tumor in the left groin. It gradually increased in size and was attended by pain, both locally and extending down the leg. He now consulted physicians, who informed him of the nature of the tumor and of his great danger, advising him to visit Buffalo without delay and place himself under surgical treatment for the cure of his disease. The tumor has now attained the size of the closed hand and appears rapidly increasing in volume. He has been carefully examined by nearly all the members of the medical and surgical staff of the hospital, and no differences are expressed as to the nature of the tumor, or its termination if left uninterfered with. Various methods of treatment, however, have been proposed with the view to avoid the dangerous uncertainties and difficulties attending ligature of the external iliac, possibly of the common iliac, as it is beyond our reach to know how high the tumor may extend. In the uncertainty of this operation we all sympathize, and I undertake it with the double embarrassment of none too great confidence of success on my own part, and not any at all, on the part of nearly all my associates. It is but right under the circumstances that I state to you, and before the physicians of the city who have favored us with their presence, some of the chief reasons for making an operation so fraught with uncertainty and danger, and rejecting all other modes of procedure which surgeons have sometimes adopted successfully.

You have already been instructed as to the nature of aneurism, and understand that it is caused by the dilatation or rupture of the inner and middle coats of the artery, thus giving rise to a pulsating tumor, which is also attended by a peculiar thrill, called by the French *bruit*, which is produced by the passage of the blood current through this enlarged channel. Aneurism may be traumatic (from injury,) or idiopathic (arising from constitutional

causes.) All the means of diagnosis of aneurism will be fully explained to you in the lecture-room, and it is no part of my purpose to go into details as to causes, diagnosis or treatment. I was about to explain why I had resolved to ligate the artery above this tumor rather than adopt any other expedient. Pressure can not be efficiently applied. The tumor which you observe to be irregular in outline is growing rapidly, and appears liable at any time to burst and prove immediately fatal. Though aneurism may, and occasionally does terminate in spontaneous recovery, yet such is only a rare, very rare, exception to a generally fatal termination, and in this case certainly no ground of expectation of spontaneous recovery exists. Obstruction of the vessel by coagulation of the blood or by any other means seems wholly impracticable, and we are narrowed down to the alternative of ligating the vessel and accepting the uncertainty of its results, or supinely folding our arms and waiting the natural, and, in this case, certainly fatal termination.

In no way insensible to the dangers and uncertainties of the undertaking, I propose ligating the artery above this tumor, and for the purpose of exposing the vessel proceed in the usual manner, making an incision through the integument muscles and fascia down to the peritoneum, which you now observe is carefully separated from the iliac fossa, and the external iliac artery fully exposed in its central portion. Here we place the ligature as the most safe and desirable part upon which it can be applied. Pulsation in the tumor ceases entirely upon tying the ligature. The incision, which is four and one-half inches in length, is closed by four deep and six superficial sutures and water dressings applied.

So far as the operation is concerned it has been entirely satisfactory, without accident or delay from any cause; its results, however, yet remain to be determined.* We shall watch the progress

* The patient has made satisfactory recovery. No unpleasant symptoms followed the operation; pulse at no time above 84 per minute. The moderate amount of tympanitis which was present for the first week gradually disappeared. The circulation in the leg was not manifestly disturbed, probably owing to the collateral circulation being largely established by obstruction of the blood current previous to the operation. The ligature separated from the vessel the twenty-third day, and now, thirty-six days after operation, the patient is well, except slight discharge of pus from the point where ligature rested. So far as the operation and cure of the aneurism is concerned the result is entirely successful, but the full history of the case cannot now be completed. Upon the right side, in the same place, and commencing in the same manner, is another aneurismal tumor; report of this may be expected hereafter.

of this patient with deep interest, since it is the first instance of ligature of this artery in the city, and so far as I know, in this part of the State, and since all the circumstances of the case combine to add to the natural interest which all surgeons feel in the results of their operations.

I am under many obligations to my colleagues, Drs. Rochester, Eastman and Lothrop, as well as the Hospital Physicians and Surgeons, for their efficient aid.

I am also much gratified in the interest the members of the profession have manifested in this case, and desire to express my thanks for the assistance and support I receive from the presence and encouragement of so large a number of my professional friends. If, gentlemen, I had any doubts of the propriety of my course, when I find myself sustained and encouraged by you, I know I am right.

ART. III.—*Biographical Sketch of the late Dr. John O'Reilly of New York.*

In the death of Dr. JOHN O'REILLY, the subject of this memoir, his professional brethren have to deplore the loss of a member of extraordinary devotion to the honor and best interest of their profession, and the general advancement of medical science.

John O'Reilly, the son of Gerald O'Reilly, was born at Ballinlough, in the county of Meath, Ireland, in the year 1813. From his earliest years he seems to have responded to his vocation; and both from his natural aptness to the pursuits, and the stimulating example of older members of his family, who distinguished themselves in the same profession; he made every other object secondary to the great end of his ambition, the attainment of high excellence as a surgeon and medical doctor.

After a diligent pursuit of classical study, he entered the Royal College of Surgeons in Ireland, (Dublin,) in 1831, in his 18th year, and for the next eight years of his life he unremittingly devoted himself to the study of surgery and medicine, attending regular courses of lectures on every branch of the profession. He had certificates of attendance for three years at the Richmond Hospital alone, and at the Whitworth Hospital he also spent two years, one

as a dresser, and the other as clinical clerk. He then entered the University of Glasgow, where he passed two years in the study of medicine. Finally, in 1839, he brought his studies to a close, having received a diploma as Licentiate of the Royal College of Surgeons in Ireland; a diploma from same college for Midwifery; a diploma from the Lying-in-Hospital, Great Britain street, Dublin; a diploma for Medical degree from Glasgow University; a diploma from the Ophthalmological Society, Glasgow; and subsequently, 1845, he got the degree of Fellow of the Royal College of Surgeons in Ireland.

Thus regularly qualified he settled down to practice in Oldcastle, the town in which he first went to school, and there he passed the first eleven years of his professional career with very great success—that is, as a practitioner. From the beginning and throughout his whole life, the doctor's great ambition was to prescribe for and heal the sick; every one that sought his aid was equally the object of his solicitude, in proportion to the gravity of his disease and the distress of his condition. Whether his patient was clothed in fine linen or in rags was a matter of total indifference to him—that he was clothed with humanity was all that he required. He was the idol of the poor as their doctor and as their friend. But this was not enough to make him prosperous. The neighborhood in which he practiced was, like most neighborhoods in Ireland, composed of two classes—the rich and the poor—between whom there was, if any, but slender sympathy; and so it happened that this very quality that endeared him to the people—his total indifference to the worldly rank of his patient—was of great prejudice to his advancement with the aristocracy. The consequence was that he never received their patronage. There were many instances in which they thwarted his charitable enterprises; a case for example was where he founded a dispensary at his own expense, in a very poor neighborhood, within the range of his practice; not one shilling of the subsidy, which the government usually contributed to such institutions, could he ever obtain.

He was, it is true, appointed to the Work House and Fever Hospital of his own town, during the terrible years of famine and disease in Ireland, from 1846 to 1849, when the medical officer in charge resigned his place as too laborious for the salary he received.

In 1849—the year of the great exodus from Ireland—the doctor with so many of his countrymen resolved to quit his native country and make the United States the land of his adoption. On his arrival in New York his success was immediate; he was well and favorable known in the profession in a short time, and in 1851 he was unanimously elected a member of the New York Academy of Medicine, on the introduction of Dr. Valentine Mott. From this time forward for fifteen years his career of usefulness in his profession was remarkable; the number of persons that sought his professional aid was immense. At first his practice was general, but he was soon compelled to abandon out-door attendance, except in cases of consultation and of important surgical operations; his time was principally given to patients in his office, where he introduced a plan for the despatch of business, somewhat novel in this country, partly suggested by the custom of distinguished physicians of London and Dublin, and partly by the circumstances of his case. In summer time he was in his office at six in the morning, and in winter as soon as daylight; there he continued up to eleven. He never spoke about fees; this he left to his attendants; he kept no accounts. After the first visit, if his patient needed further treatment, and from his circumstances he was unable to pay, he had a free pass to come as often as necessary until his case was satisfactorily disposed of. Twice a week (Tuesdays and Fridays) his time was totally given to the poor, to whom he gave the price of the necessary medicines. From two in the afternoon he was again in his office, where he remained till five o'clock. On the first visit every patient seriously affected was thoroughly examined, and his case so thoroughly diagnosed that no one ever left him unconvinced that he exactly knew the nature of his disease. To his great natural ability and experience in this respect was due the great confidence which he never failed to inspire into his patient's mind. He rarely saw fewer than fifty patients each day, and the usual number was from seventy to eighty. He was called among his *clientel* "the surgeon," but he was equally good as a physician. Every new remedy that offered in the journals of the day, either in Europe or America, he sought a favorable opportunity to test. But in grave cases he confined himself to those remedies, the effect of which he exactly and undoubtedly knew, and on which he could implicitly rely.

Notwithstanding the amount of duty the doctor thus performed he made time for study; the number of lesser articles which he wrote on the remarkable cases that came under his treatment as surgeon and physician, would, if collected, fill several volumes. About the year 1860 he commenced to give particular study to the subjects of the Placenta and the Nervous Systems, and his anxiety to see them thoroughly investigated by the ablest minds in the profession was very great. Upon this subject he wrote two or three books; but he was by no means satisfied with all he did, and in order to attract the attention of the profession more directly to the point, he offered in 1866, through the Academy of Medicine, a prize of $600 for the best essay on the subject. But this he had not the satisfaction of seeing distributed in his time. For those labors and his writings generally the Royal Academy of Belgium elected him one of their correspondents in 1867.

But the doctor fairly overworked himself, and the consequence was that in January, 1865, his right side was completely paralyzed; he was never the same again; no more than the oak that the lightning has smitten in the forest, did he regain his native vigor. 'Tis true he rapidly regained the use of his limbs, and under the able and brotherly care of his friend, Dr. Nelson, who watched over him untiringly, he grew remarkably well, all things considered, and continued so for a year and a half. From that time forward he was afflicted with slight attacks, at first rare in their occurrence, but afterwards they became more frequent and severe to the close. But his hope never forsook him, the energy of his mind buoyed him up to the last, and in a wonderful way prevailed against the disease. Up to the tenth day before his death he continued to see a limited number of patients, and he prescribed for them with as much effect as ever. And it was only on that day that he fairly gave up. He desired to retire to bed about midday, and as he ascended he remarked that "*it was the last time.*" From this day he sank rapidly, and on the sixth of December, 1868, he expired.

So ended the life of Dr. John O'Reilly, at the age of 56. He was a man decidedly remarkable in his profession, for his great success in the treatment of diseases, and the performance of surgical operations. In this latter respect his *good luck* (as he called

it) was unprecedented. In all his important operations his patient invariably recovered, for he never operated unless he was convinced that thereby he would confer a permanent benefit. The operation for *hernia* was one he very often performed; his plan in this case—as he wrote it in one of his articles—was to lose no time; he made one vigorous effort to reduce the hernia by *taxis*, and if that failed he at once resorted to the knife. His operations of *lithotomy* numbered eight—all successful. In operating he was very rapid; never was there an instant of hesitation or doubt. He operated for cataract four times. He never operated in this case unless the patient was completely blind.

In his diagnosis he was also quick; as if by instinct he almost divined his patient's constitution, age, calling, nay, almost his habits, without being told.

His sympathy for his unfortunate patient was very great. He always thought of them, and with such intensity that his family could tell when he had a serious case in charge. With him money was always a secondary consideration; *he never in all his life demanded a fee.* His private charities he kept profoundly secret; no one would ever have known of them if he carried his own purse. What he did of a public nature he told to everybody. There was absolutely no affectation or conventionality about him. In his family he was childlike; he loved children, and pets of every kind he always kept about him. He was very industrious, always reading or writing. He was of a most amiable character; he really never by word or act injured any one, and his memory no doubt is gratefully enshrined in the hearts of the thousands whom he benefited. *Requiescat in pace.*

A YOUNG MOTHER.—Our correspondent, Dr. King, of Rochford, Essex, has forwarded us a communication in which he states that he had recently attended the confinement of a girl under eleven years of age. The mother and infant were both well. Dr. King verified the fact by an inspection of the girl's register of birth. This is probably the youngest example on record, and we earnestly hope that it may continue to be so, for it manifests a depraved precocity which is truly lamentable in a Christian country.—*Lancet.*

ART. IV.—*Abstract of Proceedings of the Buffalo Medical Association.*

TUESDAY EVENING, January 5th, 1869.

The President and Vice President being absent, Dr. Gay was elected chairman of the meeting.

Members present—Drs. Gay, Ring, Cronyn, Samo, Trowbridge, Diehl, White, Hauenstein and Johnson. The minutes of the last meeting were approved.

DR. T. M. JOHNSON reported the following case of rheumatism: Was called a few weeks ago to see a child then but five days old, which was taken on the morning previous with pain and restlessness, and later in the day with swelling in the right hip, and when first seen by me the right hip and right knee were painful, red and swollen. On the day following the local symptoms had extended to the opposite knee and ankle, but had partially subsided at the point of first attack. There was the usual febrile excitement and other phenomena of acute rheumatism, which continued for four days, when death came to the relief of the little sufferer.

The father of this child had suffered with rheumatism for nearly a year, and until within three months previous to the birth of the child. The grandfather of the child had also had rheumatism. The mother died three days after the birth of the child of pyæmia. The doctor said that he was satisfied that there was no syphilitic taint in the case, but that it was an uncomplicated case of rheumatism, and probably congenital.

DR. CRONYN remarked that he had been very much interested in the case, having never known rheumatism to attack so young a child. He believed that the disease was congenital, and believed that it might, like gout, be transmitted from parent to child.

DR. J. S. TROWBRIDGE said that it had several times been intimated to him by members of the Historical Society that the Society was desirous of having the portrait of Dr. Josiah Trowbridge, now in our possession, transferred to the possession and rooms of their Society. The doctor said that he introduced the matter not with a view to influence any action the Association might take in the matter, but simply to fulfill an obligation to the persons before mentioned.

This matter was discussed by all the members present, none of whom were in favor of the transfer. The sense of those present

will be seen by the following resolution, which was passed unanimously:

Resolved, That the President appoint a committee of five to obtain portraits of the ex-Presidents of this Association and eminent deceased members of the profession of Buffalo.

The President appointed the following gentlemen a committee: Drs. J. S. Trowbridge, James P. White, J. R. Lothrop, Thomas M. Johnson and John Cronyn.

Dr. Hauenstein reported the following case of Spurious Melanosis, and said that this was the first case that he had ever seen in which *post mortem* examination proved the disease to be spurious melanosis. This patient, Mr. Knapf, was a man of fifty years of age, and a moulder by trade. Saw him for the first time on December 1st, and found him complaining of extreme pain in the left side. I learned at this time that about three months ago he received a severe blow upon the middle third of the sternum. The effects of the blow were quite severely felt, but he continued his usual labor. About three weeks before I first saw him he was taken with considerable cough, but he continued work until the day before my first call. I did not determine at this time whether it was pleurisy or neuralgia. Discovered no friction sound. To relieve pain seemed the indication; this was done by hypodermic injection of morphia. The second day found pneumonia existing. On the seventh day I considered him convalescing and prognosticated good results. On the eighth day, however, he had a severe chill with high pulse, followed with a paroxysm of coughing, after which the breath was quited fetid. I thought there might be abscess, but the fetor soon disappeared. I called Dr. J. R. Lothrop to see the case with me; the doctor diagnosed pleuritis with effusion. The treatment recommended was iodide of potassa with opiates. Two days after this Dr. Rochester saw the patient with me and concurred with my views, and we thought it was nothing but pleuritis. The following day I was discharged and Dr. Toby was called. Four or five days after Dr. Toby first saw him he expectorated three pints of black fetid matter, then seemed better for a day, and then expectorated as before, and died about three weeks after Dr. Toby was first called.

Post mortem examination showed the lungs to be as black as

ordinary carbon. They were taken from the thorax, and the left lung was adhered to the walls of the thorax and to the diaphragm throughout their whole extent. The right lung was not so much adhered as the left. The superior lobe of the right lung was of the black color. The left lung was nearly impervious. The pericardium contained seven ounces of fluid similar to that expectorated. The heart was a little less in size than normal. The liver was slightly enlarged. Kidneys and spleen healthy. The coroner's jury in the case decided in their minds that the blow did not produce the disease or the death.

Dr. White said, I do not feel competent to speak upon this subject, never having seen more than three cases, and those in consultation. I cannot conceive that the blow had anything to do with the development of the disease. The first case that ever came under my notice there was abscess of the liver and vomiting of bile. This was a case of melanosis of the liver.

Scarlatina, pneumonia and influenza, were reported as the prevailing diseases. Adjourned.

T. M. Johnson, Sec'y.

Correspondence.

Belladonna an Antidote to Opium.

In the *Buffalo Medical and Surgical Journal*, there is a case reported in which belladonna or atropia was successfully used as an antidote to opium or morphine poisoning. That belladonna is, to a great extent, an antidote to such poisoning, I know from no small and untrustworthy experience, but from repeated and reliable facts. Having been several times called in consultation, in cases of opium poisoning, and, in such cases, found in each instance the attending physician was entirely ignorant of the fact that belladonna possessed any such antidotal power.

As many as fifteen years ago, from observing the opposite effects upon the pupil of the eye, from the above remedies—belladonna enlarging and opium contracting the pupil—I conceived the idea that the condition of the pupil of the eye should be the diagnostic indication for the use of these remedies respectively, in doubtful

cases. Proceeding upon this idea, I was well satisfied with the result, and have ever since made the pupil of the eye my guide in practice in regard to these remedies. Soon after I conceived the idea that these remedies might be used, the one an antidote for the poisoning of the other. Experiments, which it is unnecessary here to detail, confirmed the correctness of this idea, and I had not long to wait for opportunities to test it in practice. I supposed, at the time, the idea was entirely original with me, as certainly it was, but I am not quite sure but others had used the remedies with similar intent prior to that time.

I published my views and experience at different times and in different journals, during the succeeding five or six years. I am yet confident that the fact of the antidotal and dissimilar action of these two remedies is not as well and widely known as it deserves to be. Neither do I believe that the condition of the pupil of the eye of a patient, in any disease, is sufficiently made an indication for the use of these remedies. He who gives opium in any disease, when the pupil is greatly and abnormally contracted, will, if he is at all observing, have occasion to regret it.

Dr. E. Williams, of Cincinnati, Ohio, has experimented quite largely with these remedies, and, in the January number of the *Lancet and Observer*, for the current year, he has the following practical remark: "Morphia, although an antidote to atropia in ordinary cases where water is freely allowed, is hardly an antidote where fluid is entirely withheld."

In the *Medical Times and Gazette*, Prof. A. Von Græfe has the following on the antagonistic action of opium and belladonna: "When a solution of atropine has been injected hypodermically, three or four minutes afterwards the pupil becomes dilated, the pulse rises to 140–160, and other symptoms of narcosis by atropine are observed. If morphia is then injected, all these phenomena, which would otherwise last for hours, disappear in a very short time. After a hypodermatic injection of morphia, a considerable myosis is observed, and the pupil cannot be dilated."

Again he says: "Opium and belladonna have an antagonistic effect upon the muscular fibres of the tensor chorividiæ, as upon the muscles of the iris; and the analogy would be quite complete, if a double and antagonistic innervation of the tensor chorividiæ,

by both the third pair and the sympathetic nerve, was just as certain as it is for the iris."

It is too much to expect that belladonna or atropia, will invariably prove a successful antidote to opium or morphia, in all cases and in all hands. There is, in the use of these remedies, a very great opportunity for the exercise of judgment and discretion, the one as an antidote to the other. The dose of the one should be proportionate to the dose of the other—the antidote to the poison. If a poisonous dose of opium has been taken by the mouth, and has been so long taken as to have wholly entered the system, a dose of belladonna by the mouth may fail, or seem to be ineffectual, because the patient may die before the antidote is made available by its proper entrance into the circulatory system. It is a well known fact that medicines, hypodermatically applied, act much sooner than when taken into the stomach. Hence, when the poisonous operation of the one is in full operation, and the speedy action of an antidote is desired, the other should be brought to bear by hypodermatic injection.

O. C. GIBBS, M. D.,
Frewsburg, Chautauqua Co., N. Y.

P. S. The above was written before the January number of the *Buffalo Medical and Surgical Journal* came to hand, in which extracts are made, from a paper by my friend, Dr. Samuel R. Percy. Neither have I seen Dr. Percy's paper. From extracts in the *Journal* I see Dr. Percy quotes also, and more fully, from Dr. A. Von Græfe.

Dr. Percy was at my house, seven or eight years ago, and I remember well our conversation upon this subject. For the last six or seven years my health and other business connections have precluded the possibility of my keeping myself posted thoroughly in medical journal literature. On renewing my professional journal reading, it seems a little surprising to learn that this subject is just beginning to agitate the medical world.

I have no ambition for the questionable honors of originality of suggestion, even had I the right to claim them, which I doubt, and my only object in writing now is, to add the small weight of my evidence in favor of an important therapeutical fact, which I have long since considered well established. O. C. G.

Miscellaneous.

Prof. Owen's Conclusions on the Origin of Species and Nature of Life.

We showed in a former article that Prof. Owen is no votary of the Divinity of Chance. On the contrary, he believes that as every individual animal passes through a succession of forms—embryonic, infantine, adult, and aged—so each group of similar animals descended from common parents, which we call "species," has an innate and fore-ordained tendency to deviate from the parental type, and to produce new forms of a more specialized character. "A purposive route of development and change, of correlation and interdependence, manifesting intelligent Will, is as determinable in the succession of races as in the development and organization of the individual. Generations do not vary accidentally in any and every direction, but in pre-ordained, definite and correlated courses."

And as with the coming in of new species, so with the extinction of old ones; if the one cannot be believed to be due to fresh acts of miraculous creation, so must the other not be considered due to occasional cataclysm or convulsion, but to the steady operation of law. One cause of extinction recognized by Prof. Owen is defeat in the struggle for existence. In 1850 he had shown this, when he said that, in a dry season, the large mammal will suffer from the drought sooner than the small one; if food be scanty, the large one will perish before the small one; if new enemies be introduced, the larger and more conspicuous will be the earlier victims; and smaller animals are, as a rule, more prolific than large ones.

As a test of the theories which account for the origin of species, Prof. Owen brings forward the coral. The species of existing *Anthozoa* cannot be traced very far back; those with a flexible or with a branched calcareous axis begin only at the tertiary period, and of the genera of eocene lamellate or stony corals all the species are extinct, and have been superceded in their grand and useful operations by those now forming reefs and atolls. As we extend our researches back in time, we find generic and family types of coral polypes passing away; and that the prevalent pattern of stellate cups of rays of *six* or its multiples has superceded a similar pattern of *four* or its multiples.

Now, taking these facts, Prof. Owen asks whether a direct act of miraculous creation must be invoked to account for each successive species of coral. Such an idea he dismisses as contrary to the worthy conception of an all-seeing, all-provident Omnipotence. It is not, he says, above, but against reason.

Let us, then, assume that the modern are the direct descendants of the ancient corals, and with Prof. Owen "test the propounded explanations of their origin by secondary law." That of appetency is untenable, because a coral polype cannot exercise volition. Lamarck's creative machinery can only be applicable to creatures high enough to "want to do something." Is there any difference in the "ambient medium?" We have no knowledge that the polypes of the Devonshire or Cambrian hills worked in an ocean different from the present, or that, if different, it could change a quadripartite into a sexpartite disposition of the coral cells. The "personifying the fact of such transmutation by the term 'Natural Selection,' gives no more insight into the manner of the operations than we learn of that of the budding out of a new leg in a maimed newt by being told that it was done by the 'nisus formativus,' or by 'pangenesis.'"

Prof. Owen sums up the contrast between his own theory of "Derivation" and Darwin's theory of "Natural Selection" in few words, which we thus venture to abridge. "Derivation" holds that each species changes in time by virtue of inherent tendencies. "Natural Selection" holds that this is effected by altered external circumstances. "Derivation" sees the purpose of the Creator in the variety and beauty of creation, and the adaptation of each member of it to others, and especially man, a being capable of appreciating beauty. "Natural Selection" feels that if ornament or beauty in itself should be a purpose in creation, it would be absolutely fatal to it as an hypothesis. "Natural Selection" leaves the origin and succession of species to the fortuitous concurrence of outward conditions. "Derivation" recognizes purpose.

Prof. Owen, dismissing the old doctrines as absurd, and Darwin's pangenesis as absurder, believes to the full in what has been called "spontaneous generation," or the incessant new development of living beings out of non-living material. He sides with Pouchet and Child against Pasteur. He does not believe in "panspermism,"

or the doctrine that all the forms of life produced in decaying organic matter come from germs dispersed through the air. He prefers believing that, when the requisite material and conditions are present, other forces are resolved into vital force; and sees "the grandeur of creative power," not in the exceptional miracle of one or few original forms of life, but in the "daily and hourly calling into life many forms by conversion of chemical and physical into vital modes of force." The "CAUSE which has endowed His world with power convertible into magnetic, electric, thermotic, and other forms or modes of force, has also added the conditions of conversion into the vital mode." "Change of force forms part of the constitution of the Kosmos."

We will not follow Prof. Owen minutely in the comparison which he draws between life and magnetism, and between all the actions of living beings, from the attraction of the amœba by a bit of meat to the highest phenomena of consciousness in man; of which his conclusion is that from the magnet which chooses between steel and zinc to the philosopher who chooses between good and evil, the difference is one of degree, not of kind, and that there is no need to assume a special miracle to account for mental phenomena.

Although these ideas must fairly be called materialistic, and openly oppose the notion of an "immaterial indestructible soul," yet nothing can be further from Prof. Owen's doctrines than the *low* materialism which sees law without a law-giver, force without an author, and no God apart from matter. It must be remembered in the first place that Prof. Owen's ideas of life necessitate the belief in the perpetual presence and working of a personal God, the Lord and Giver of life; that he believes in a future life and resurrection and judgment of the dead, "on the ground of their being parts of a Divine revelation;" and that he shows (and quotes the history of the Witch of Endor and of the doubting Apostle Thomas to exemplify it) that we really are in no condition to say what is material and what immaterial. We only know of force and its effects, but (as Faraday said) as for what causes these effects we get nothing by defining them as material or immaterial. For our own parts, we must not wander into the ground of dogmatic faith, but, as regards reasonable opinion, we must say that Prof. Owen's own doctrines tell quite as much for the existence of an

immortal soul as not; that the results of force must be as indestructible as matter, save by the will of God, and soul is one mode of force; and, if the matter be doubtful, we ourselves are not ashamed to be biased by the spiritual instincts of universal man, and to say, with the Pagan philosopher, "*Si in hoc erro, quod animos hominum immortales esse credam, lubenter erro, nec mihi hunc errorem quo delector dum vivo extorqueri volo.*"—*London Med. Times and Gazette.*

QUACKS AND QUACKERY.—It may be expected from what I have already said, that I shall forthwith proceed to call in question the consort of the people with quacks; or pass an anathema on quacks and quackery individually and collectively. From this I abstain. Consort of the community with quacks is so obviously the result of ignorance, that if the most moderate share of attention were given to the subject, if a tithe of the attention I have prayed on behalf of the profession itself were given to the subject, commun ion with quacks and their foolish arts would naturally cease. As to the quacks, to notice them were to elevate them. Belonging strictly to the worst of the criminal classes, they are moved by no sentiments which the most acute criticisms could touch. A professed gambler may have sense of honor, a pickpocket may have skill, a professed burglar may have courage; the professed quack has the sins of them all, the saving qualities of none. He is, because he is permitted, a forced necessity of morbid minds. One thing only would I note in his history as most wonderful, viz.: that the grand disseminators of human knowledge, the grand teachers of moral truths, the proprietors of the fourth estate allow him unblushingly to deface their fair pages with his falsehood, his snares, his open loathsome sin. Day by day the press, in daring faultless language, and sentiment, exposes vice and purifies the thought of the world; day by day, in the greater number of its organs, it sells itself to the advertisement of immoralities worse than the worst it endeavors to remove.—*From Dr. Richardson's address to the St. Andrews Medical Graduates' Association.—Western Journal of Medicine.*

Resolutions Declaring the Rate of Compensation for Examining Applicants for Insurance.

At a meeting of the Wayne County Medical Society, held in Detroit, on Wednesday, January 6, 1869, the following report of a committee appointed to fix a rate of compensation for examining applicants for life insurance, was adopted:

Mr. President and Gentlemen of the Wayne County Medical Society:

Your committee, to whom was referred for report the question, "What should constitute the proper medical charges for examination of applicants for life insurance, and what should constitute the proper fee for attestation as medical attendant," respectfully submit the following:

The tables of longevity of man are based on the initial of health, and from this stand point all calculations must arise. To obtain this initial of health, the life insurance companies have always, and must necessarily rely upon the opinions of the medical profession, who are the only authority. In other words, the medical profession are the guardians of the whole science of successful life insurance.

Occupying, therefore, as they do, this prominent position, it should follow that in the emoluments arising therefrom, the examining physician should be properly and liberally remunerated for his services. Is he so?

Life assurance companies are now paying for examinations, which inform them of the standard of health of the person they propose to insure, the sum of from two to three dollars. No difference is made whether the risk be for one hundred dollars or twenty thousand. The agent may make his three to five hundred dollars on the amount insured. The officers have high salaries, and the stockholders large and frequent dividends, but the miserable pittance paid the physician is considered a large fee. The profession have themselves to blame only for this state of affairs, and to remedy this is the object of this report. A united effort is only necessary.

Your committee are of the opinion that now is the time, not only for the medical profession of the city, but for the profession of the whole State, (and we might say the whole United States,) to demand that remuneration which would be an equivalent for the service rendered.

What sum should, then, constitute a proper remunerative fee? Upon a careful examination of the whole question of fees, a sum of not less than *four dollars* should be charged for each and every primary examination.

Were the life insurance companies of this city all to combine, and employ only one examiner, at a fee of three dollars for each examination, his income would even then be less than that of any physician of moderate practice, and not entirely satisfactory for an annual professional income, considering the value of the talent employed.

In certifying to the health of the applicant for life insurance by his usual medical attendant without fee, except as obtained from the applicant, a great hardship has been thrown on the profession, without the least consideration of the relation of medical adviser and patient. We are, with surprising coolness, asked to betray that which has been confidentially placed in our charge, and so deprive our patrons of the advantages of life assurance, or to falsify our statements to the interrogatories put, in order that he may be insured, and even then are told the company does not pay, but the applicant should. He does it with pleasure, if insured, but is indignant at the charges if rejected by his physician's statement, and, of course, refuses the bill.

How, then, are the profession to remedy and protect themselves against this imposition?

1st. By refusing to give any such certificate unless with the verbal or written assent of the person to be insured.

2d. By refusing such certificate until the payment of a fee of not less than *three dollars*, if it can be given in the office of the attending physician, and if a visit to the residence of the applicant be necessary, then a further fee of *two dollars* be added, and the whole to be paid by the assurance company.

In making these demands, the medical profession require nothing but what is just, and what every life insurance company can easily and readily pay. They ask nothing more than a united effort will necessarily receive, and speedily accomplish. We therefore recommend the adoption of the following resolutions:

Resolved, That the fee for examination for life insurance companies shall be the sum of *four dollars* for each and every primary examination.

Resolved, That we will not give a certificate as "family physician" without the verbal or written assent of the person to be insured, and even then reserving the right to withhold the same if for the interest of the family of the applicant.

Resolved, That the fee for such certificate shall not be less than *three dollars*, if the blanks can be filled in the physician's office; and if further labor be entailed, a further fee of *two dollars* be added, the whole to be paid by the insurance company; and

Whereas, A united action of the profession is necessary to perfect the above recommendation, and carry the resolutions into proper effect; therefore,

Resolved, That the Wayne County Medical Society respectfully and earnestly ask of the profession, not members of the Society, in the city of Detroit, to cordially unite for the common good in our effort for remunerative fees for examinations and certificates in life insurance, as we believe the charges demanded are equable and just.

Resolved, That the physicians of the State be requested to take like action in this matter; and that to further the same, your committee be empowered to present this report and resolutions to the State Medical Society at its next meeting in June.

Resolved, That the time for the taking of effect of the resolutions regulating the rate of fees be the first day of February, 1869, and until that time no member of this Society will be expected to contract, for any length of time, with any company, at a less rate than the tariff fee.

Resolved, That the Secretary send a copy of this report and resolutions to every medical journal in the United States, to the public newspapers of this city, and a copy of the resolutions fixing the tariff of fees and time of taking effect to each life insurance agent in the city, and the home offices, and that the Treasurer be authorized to pay all expenses attendant thereon.

WILLIAM BRODIE,
J. F. NOYES, } *Committee.*
H. F. LYSTER,

H. O. WALKER, *Sec'y.*

CARL BRUMME, *Vice President.*

Carbolic Acid in Scarlatina.

BY A. M. CARPENTER, M. D., KEOKUK, IOWA.

I wish to add the weight of my testimony to the beneficial influences arising from the local use of the acid in the Anginose variety of scarlet fever. Not only does it materially lessen the inflammatory processes within the fauces, and conduce to the comfort of

the little patient, but it prevents in some way, through its action upon the parts, septic poisoning, heals the ulcerated spots readily, and most effectually prevents the viscid faucial secretions from accumulating to an extent sufficient to embarrass the efforts at respiration. The tonsils, I have observed, resume their normal tint much sooner after its use than from any other local agent. Besides, the liability to consecutive abscess and otorrhœa has been diminished in a very marked degree. So, too, does the tendency to serous transudation seem to be obviated, due precaution being exercised against a change of temperature for three weeks succeeding the desquamative stage, at which time the liability to renal congestion is greatest. Within the past five weeks I have treated nineteen cases between the ages of one and ten years without a single fatal result. In eleven, the febrile movement reached its maximum intensity. Delirium and great restlessness, with stupor, obtained in all these cases—the range of the pulse 140 to 155 to the minute. The heat of the skin was lessened by constant sponging with cool or tepid water and vinegar, iced lemonade *ad libitum*, to allay thirst and soften the parched and swollen tongue, with occasional laxatives, and a solution of chlorate potassa, two drachms to the pint, as a drink, together with the following topical solution to the tonsils twice daily, (℞. Acid Carbol. f. ℥ss, glycerine, Aq. distil. aa. ℥iss, misce) constituted the treatment.

To combat renal congestion spt. nit. dulc. in ten drop doses was relied on. Milk punch and animal essences were freely used when the heat of skin subsided. The acid assuredly supplies a void long felt by the profession; but let us hope that its value will neither be over estimated, nor the remedy discarded, until well tested.—*Physician and Pharmaceutist.*

Recent Improvements in the Operative Surgery of the Eye.

At the Liverpool Medical Association, October 22d, Mr. T. Bickerton spoke of the recent large advances in this department, and to the advantages offered to the scientific physiologist and pathologist by the peculiar construction of the eye, and by the aid of the opthalmoscope. He drew attention to the treatment of

affections of the lacrymal passages, by slitting the puncta lacrymalia on the lower lid, as far as the opening into the sac; and exhibited the instrument used for doing this, and the probes used by Mr. Bowman and Von Graefe. He then showed the ball and needle used for destroying nævа materni on the lids. In trichiasis, the treatment recommended by Dr. Williams, of Cork, was, to dip a needle into deliquesced caustic potash, and insert it into each affected hair-bulb, drawing out the hairs three or four days afterward. This should be done early. If the whole row were involved, it was advisable to excise a piece of the skin and cartilage above the edge of the lid, and then bring the parts together by means of sutures, treating supernumerary hairs by caustic potash. In entropium, the present operation is to make two incisions through the skin and tarsi, and part of the orbicularis palpebrarum; to seize the end of the enclosed skin, and, by vertical incisions, to cut through the muscle and remove it entirely, and then to apply sutures, but no dressing. Squint should be operated upon early. Mr. Bickerton described Leibreich's mode of cutting subcutaneously, and the method which he adopted himself, and which he had found exceedingly satisfactory. The instruments used in these operations were exhibited. Excision of the eyeball was devised by O'Farrell, of Dublin, and M. Bonnet, about the same time, and independently of each other. It was first performed by Doctor Storber in 1841; and Mr. Critchett first performed it in this country. The operation was fully described. The hemorrhage, as a rule, was slight, and could be controlled by a stream of water from sponges. A light pad of lint and bandage over the lids was all the dressing required. Abscission of the anterior half of the eye was an operation in which Mr. Bickerton had no faith. He described the modes of operating for soft cataract; 1, by making a small incision into the cornea and evacuating the lens by one or two operations; 2, extraction by suction. The lens may be removed at once by this process; but no more suction-force should be employed than is sufficient to bring it away with ease. The author found that, when the lens was very soft, suction was not required. In hard traumatic cataracts, Von Graef originated the traction operation; and it has been extended to other cataracts by Dr. Schuft. The various steps of the process were explained, and

the scoops, etc., shown. This did not give good results; and its place had been taken by Von Graef's modified linear extraction. The author went very fully into the mode of doing this; explaining the various steps and the precautions to be taken, as well as the after-treatment. He had found the results in his own hands more satisfactory than those of any other operation on the eye. Capsular cataract was removed by one or two needles; and, if this failed, by a broad needle through an opening in the cornea. In some cases, it was necessary to enlarge this, and to take away a portion of the iris. Artificial pupil should be made as central and well defined as possible directly behind a clear cornea, and that which was least altered in curvature. The modes of doing it were: 1, removal of a portion of the iris; 2, withdrawing a portion of the iris, iridodesis; 3, incision of the iris. It was required for inflammatory adhesions; dense nebulæ of the cornea over the center of the pupil. In the latter, iridodesis was very useful. The author described the several operations, and also a modified one by himself. He then entered into the question of iridectomy, and spoke strongly in its favor, enumerating the several affections in which it should be employed. The *rationale* of its action was uncertain; but it affected a change in the circulation and in the secretion of aqueous humor. There was a very intimate relation, through the ciliary muscle, between the iris, choroid, and retina. In describing the operation the author said he seldom found it necessary to give chloroform; and that he used Von Graef's narrow knife for modified linear extraction, making the incision on a small scale. He had also done the operation with the conjunctival flap, as in modified linear extraction, and had found it very satisfactory. In considering the relative practical value of iridectomy, division of the ciliary ligament, and division of the ciliary muscle, he was of opinion that each was of very great value in properly selected cases. He then gave an interesting history of the operations for puncturing the eyeball, from the time when it was first practiced by Dr. Whyte, of Manchester, in 1802, up to the present time. In conclusion, he alluded to the evacuation of effusion between the retina, choroid, and sclerotic, by two needles, and laceration of these tissues, as practiced by Messrs. BOWMAN and HULKE.—*Medical and Surgical Reporter.*

The Empiric.

We have all of us, doubtless, enjoyed the reading of *Hudibras*, and perchance have floating in our minds many a line or couplet thence derived, to point a moral if not to adorn a tale. But probably even all physicians have not read the admirable sketch of the *Empiric*, by the same author. Those who now read it will see that the character is drawn to the life, for the quack is essentially the same now as in Butler's day.

The *Empiric*, says this author, is a medicine-monger, probationer of receipts, and doctor of medicine; he is perpetually putting his medicines upon their trial, and very often finds them guilty of manslaughter, but still they have some trick or other to come off, and avoid burning by the hand of the hangman. He points to his trials of skill, and challenges death at so many weapons, that though he is sure to fail at every one, he cares not; for if he gets money, he is sure to get off. For it is but posting up diseases for poltroons in all the public places of the town, and daring them to meet him again, and his credit stands as fair with the rabble as ever it did. He makes nothing of the pox, and the running of the reins, but will undertake to cure them, and tie one hand behind him, with so much ease and safety that his patients may surfeit and be drunk as often as they please, and follow their business, that is, whores and him, without any inconvenience to their health and occasions; and he cures with so much secrecy that they shall never know how it came about. He professes no cure no pay, as well he may, for if nature does the work he is paid for it; if not, he neither wins nor loses, and, like a cunning rook, lays his bet so artfully that, let the chance be what it will, he either wins or saves. He cheats the rich for their money and the poor for charity, and if either succeeds both are pleased, and he passes for a very just and conscientious man, for as those that pay nothing ought at least speak well of their entertainment, their testimony makes way for those that are able to pay for both. He finds he has no reputation among those who know him, and fears he is never likely to have, and therefore posts up his bills to see if he can thrive better among those that know nothing of him.

He keeps his post continually, and will undertake to maintain it against all the plagues of Egypt. He sets up his trade on a pillar

or the corner of a street; these are his ware-houses, where all he has is to be seen, and a great deal more, for he that looks further finds nothing at all.—*Druggists' Circular.*

Svapnia, or Purified Opium.

This is a paper which was contributed to the *Detroit Review of Medicine and Pharmacy*, and discusses the relative effects of narceine, morphine, and codeine. He says morphine acts principally upon the brain; codeine especially on the cerebellum, medulla oblongata, and pneumogastric nerves. When one grain of morphine was injected into one dog, and one grain of codeine into another, both slept calmly for three or four hours. Then the morphine dog waked up wildly, recognized no one, looked haggard, and did not recover his good humor till the next day. The codeine dog waked up bright and playful. The experiment was then reversed, each dog being injected with the other's medicine, with exactly the same results. Morphine produces headache and vomiting very soon, and before a dangerous dose is arrived at, while codeine does not produce these unpleasant effects, and hence requires more care in its exhibition than morphine when given alone. Narceine, as an anodyne and narcotic, may be always employed in place of morphine, and is, in every respect, equal to it in value, and even, in a great many cases, to be preferred to it. In *svapnia*, all the narceine of the opium is retained, but the attempt to isolate it from the codeine and morphine produces a decomposition that cannot be artificially re-arranged, without much expense, and a consequent loss of anodyne and hypnotic power. Hence the peculiar adaptability of this new preparation to all the cases where the calmative alkaloids are applicable. In comparing the relative value of Dr. Squibbs' liquor opii compositus and svapnia, he gives svapnia the preference, because it diffuses its sedative influence over the whole nervous system, instead of being concentrated on the brain. He considers that svapnia is just the medicine required by the profession, which, having all the good effects of opium, does away with many objections to its use, being, in fact, more convenient for every form of exhibition. One grain of svapnia is equivalent to half a grain of extract, or one-third of a grain of morphia.—*Dominion Medical Journal.*

Editorial Department.

Medical Papers presented at the Annual Meeting of the Medical Society of the State of New York.

The Annual Meeting of the Medical Society of the State of New York met according to statute, in Albany, February 2d, 1869, and was called to order by the President, Dr. J. V. P. Quackenbush. Prayer being offered by the Rev. Mr. Larimer, the President proceeded to read his Inaugural Address. He congratulated the Society upon the presence of so many of the permanent members and delegates, and that thus they were able to break away from the routine of professional labor and obtain recreation by mingling in social converse with their associates. He then announced, in most feeling and appropriate manner, the death of Dr. Thomas C. Brinsmade of Troy, and suggested that the Society notice in becoming manner his death.

In representing the condition of the medical profession in the State, he spoke of the medical schools as prosperous, and the system of instruction improved and advancing to greater perfectness, pathology of disease being better *understood* and medicine much better taught than formerly.

He announced the establishment within the last year of two new medical journals: the *Monthly Medical Reprint* and the *American Journal of Obstetrics*. He said: "There are now published in the State, the BUFFALO MEDICAL AND SURGICAL JOURNAL, the *New York Medical Journal*, the *Medical Record*, the *American Journal of Insanity*, the *Quarterly Journal of Psychological Medicine*, the *Medical Gazette*, the *Monthly Medical Reprint*, and the *American Journal of Obstetrics*."

The various improved instruments and methods of examining disease were enumerated, most of them, however, failing in one respect, the capability of recording their observations and rendering them permanent. The sphygmograph and the dynamograph were exceptions. Another advance was noticed in the present means of representing disease. All former plans were imperfect, till by means of the stereoscope a painting was obtained, which fully equals a view of the specimen itself, which can now be multiplied to any extent, and the instruction derived from it can be enjoyed by him who sees it, almost as well as by him who made the autopsy.

County Societies were urged to hold more frequent meetings, and greater effort to be made to insure the interest of all the members. State Society was deeply interested in this—drew from the County Societies its strength and support.

Post mortem examinations were also urged as highly conducive to correct knowledge of disease—said to be much more common in Albany than formerly.

The subjects of revision of the By-Laws and of Renewal of Prescriptions was suggested for consideration, and the address, which was very appropriate and well chosen, was closed by thanks for the honor of being elected presiding officer.

The next paper of importance was a Report by Dr. Hutchison of Brooklyn, upon a case of fracture of femur with great sloughing, where suit for mal-practice had resulted in a verdict for plaintiff for $500. The surgeon was fully sustained by the report, and the sloughing shown to have been in no way connected with tight bandaging, as was claimed by the prosecution.

The Secretary read a communication from Prof. Charles A. Lee, on revision of By-Laws, to the end that the President be hereafter elected by open ballot by members of five years standing.

A very interesting and well prepared eulogium upon the life and character of the late Dr. Thomas C. Brinsmade was read by Dr. George P. Hubbard of Troy.

2D DAY.—Dr. *Robert Newman*, Chairman of Committee upon Results of Consanguineous Marriages, read an elaborate report upon statistics, results, facts and laws. It was a valuable paper and worthy of publication, but not suited to engage the attention of the members during the session of the Society.

Dr. *Henry D. Noyes* of New York, read a paper upon Glaucoma, which attracted the attention of all present. It embodied the symptoms, diagnosis and treatment of the disease, and was illustrated by diagrams and prepared specimens, making the paper both interesting and instructive. It was received by the Society with very manifest satisfaction.

Dr. *Hutchison* of Brooklyn, read his Prize Essay upon Accu-pressure. This is a most complete and elaborate paper and well merits the prize. The modes of making accu-pressure, the effects it produces upon the vessels both of men and animals, the advantages it has over all other modes of arresting hemorrhage, and its safety and reliability, were all shown in a remarkably clear and convincing manner. It is a paper which must be the result of a vast amount of thought and labor, and reflects upon the author the highest credit. We are not prepared to adopt all the conclusions as to the universal applicability, great superiority and perfect safety of accu-pressure, but we are wholly ready to admit the great merit of the Essay, and to commend the careful, continued and well directed observation and experiment of Dr. Hutchison to the universal imitation of the profession.

Dr. *March* of Albany, related a case of spontaneous lithotomy, and showed the stone which had ulcerated its way out of the bladder and presented in the groin. The patient was shown and the sicatrix observed by the members.

Dr. *Wheeler* of Massachusetts, made remarks upon exsection of the head of the femur for caries, as found in hip-joint disease. There was nothing especially new presented in the report, and the specimen shown was such as most surgeons can show in considerable numbers.

Dr. *Corliss* related a case where he had operated for "Ovarian Dropsy" with success, by tapping through the vagina. Patient was nearly well; thought many cases now operated upon by ovariotomy might be cured in the same way; that it might supercede the more capital operation of ovariotomy.

Dr. *James P. White* of Buffalo, did not presume that tapping through the vagina could take the place of, or be substituted for, the removal of ovarian tumor by abdominal section. He related a case where ovariotomy was not regarded as advisable, and had been declined by Dr. Miner, who had previously advised in the case. When presented to him the symptoms were severe and very urgent, and agreeing in the opinion that it could not be successfully removed, he had tapped the tumor through the vagina, with at least great temporary relief. Dr. W. defended the removal of ovarian tumor by operation in all suitable cases, and claimed for it a success as great or even greater than amputation of the thigh after injury, giving as the results of his own experience the past year seven recoveries out of eleven operations.

Dr. *Nathan Bozeman* read a paper upon Vesico-Vaginal Fistula, recommending and explaining the button-hole suture. He seemed to believe that with it success was certain, and without it failure almost equally certain. His paper was well prepared and sustained by fact and argument, but after all, we mistrust no one else was convinced that the button-hole suture possessed any advantages over silver wire

or other metal suture secured in the usual way. He presented statistics of the results of his operations, making rather personal comparisons.

Dr. *Bibbins* reported a case of spontaneous recovery from ovarian disease. The report was instructive as showing how nature often institutes modes of recovery which it would appear well for surgeons to attempt to imitate.

Dr. *J. F. Miner* of Buffalo, related a recent case of successful ligature of the external iliac artery, for aneurism, involving the upper portion of the femoral and lower portion of iliac. The point suggested as of special interest was the safe and successful closure of the vessel upon the one side, while the condition of the coats of the arteries were such that aneurism was developing upon the opposite side. The pathological changes which precede and allow of aneurismal tumor were referred to, and the opinion expressed, that little is known concerning the nature or causes of this change.

At this period of the proceedings we were obliged to leave, and as we have not yet seen official report of the transactions of the Society we cannot at present complete a notice of the medical papers brought to the attention of the profession.

The officers of the Society were efficient in the discharge of duty, the President and Secretary uniting in effort to promote the harmony and usefulness of the meeting. The regulation of the exercises and selection of papers to be read before the Society, which is entrusted to the Business Committee, greatly contributes to the interest of the meeting as well as the value of the transactions. This committee, Dr. Sandford Eastman of Buffalo, Chairman, rendered most signal service, and contributed in great degree to the pleasure and profit of the occasion.

Prof. James P. White of Buffalo, was unanimously elected President for the ensuing year. This compliment could not have been conferred upon one more worthy, efficient, or capable, and the profession of Western New York will take pleasure in this recognition of the claims of one of their most distinguished members.

In our next number we hope to give official report of the transactions.

P. S.—The following are the officers for the ensuing year:

For President—Dr. James P. White of Buffalo.

For Vice President—Dr. George Burr of Binghamton.

For Secretary—Dr. William H. Bailey of Albany.

For Treasurer—Dr. John V. Lansing of Albany.

Pastoral Letter by Bishop Coxe.

We desire to extend to the profession, this much of Bishop Coxe's Pastoral Letter to the clergy and laity of Western and Central New York. "If there be a special damnation for the clergy and laity who shed innocent blood," what must be the portion of physicians who aid and countenance infanticide, with a full knowledge of the magnitude and extent of the crime?

Dearly beloved, save yourselves and this untoward generation, from such unnatural, unspeakable crime and villainy.

I have heretofore warned my flock against the blood-guiltiness of ante-natal infanticide. If any doubts existed heretofore as to the propriety of my warnings on the subject, they must now disappear before the fact that the world itself is beginning to be horrified by the practical results of the sacrifices to Moloch which defile our land. [I ask attention to an article on "Population," which appears in a periodical called *Harpers' Magazine*, for February, 1869.] Again I warn you that

they who do such things cannot inherit eternal life. If there be a special damnation for those who "shed innocent blood," what must be the portion of those who have no mercy upon their own flesh?

Dearly beloved, "save yourselves from this untoward generation."

Your affectionate Bishop,

A. CLEVELAND COXE,

Bishop of Western New York, and in charge of the Diocese of Central New York.

Annual Commencement Exercises in the Buffalo Medical College. List of Graduates.

The Annual Commencement Exercises of the Buffalo Medical College took place on the evening of February 24th, at St. James Hall, in presence of a large and highly appreciative audience, Prof. J. P. White, M. D., presiding. The stage was occupied by the Faculty, Curators and members of the Council.

Prof. T. F. Rochester delivered the Address to the graduating class. Robert A. Patchin, member of the class, gave the Valedictory.

Hon. Millard Fillmore, Chancellor of the University, conferred the degree of Doctor in Medicine upon the following gentlemen:

Edgar Leonard DeWitt, - - - Elmira, Chemung Co., N. Y.
John Mathew Dee, - - - - Stamford, Welland Co., Ontario.
Leonard Crysler, - - - - St. Davids, Lincoln Co., Ontario.
Frank Beaty Gallery, - - - Mount Read, Monroe Co., N. Y.
Joseph Ward Stone, - - - - Niagara, Lincoln Co., Ontario.
John Joseph Burke, - - - - - Buffalo, Erie Co., N. Y.
Lysander S. White, - - Trumbull's Corners, Tompkins Co., N. Y.
Robert Acker Patchin, - - - - Livonia, Livingston Co., N. Y.
Frank Albert Jones, - - - - Charlotte, Monroe Co., N. Y.
Erastus Gilbert Harding, - - - Bethany, Genesee Co., N. Y.
Seneca Allen, - - - - - - Cuba, Allegany Co., N. Y.
Dillon Francis Acker, - - - - Hannibal, Oswego Co., N. Y.
George Lewis Beach, - - - Dundas, Wentworth Co., Ontario.
John Thomas Brereton, - - - - Buffalo, Erie Co., N. Y.
Wilber Harmon Greene, - - - - Lyons, Wayne Co., N. Y.
Macy B. Searles, - - - - Wales Centre, Erie Co., N. Y.
William Pardee, - - - - - - Akron, Erie Co., N. Y.
John Hale Taylor, - - - - Brockport, Monroe Co., N. Y.
Dwight Dickinson, - - - Jamestown, Chautauqua Co., N. Y.
Robert Lewis Kinkle, - - - - - New York City, N. Y.
William Henry Oviatt, - - - - - - Utica, Dane Co., Wis.
William Nelson Greene, - - - Hopbottom, Susquehanna Co., Pa.
George Arthur Goodrich, - - Cassadaga, Cattaraugus Co., N. Y.
Simon Augustus Freeman, - - - Canton, Norfolk Co., Mass.
Dwight Gustavus Hubbard, - - Weathersfield, Wyoming Co., N. Y.
Wellington Mortimer Cheney, - - Sandusky, Cattaraugus Co., N. Y.
William Richter Tupper, - - - - Bay City, Bay Co., Mich.
Samuel Ezra Thayer, - - - Borodine, Onondaga Co., N. Y.
Julius Jerome Boyle, - - - - Syracuse, Onondaga Co., N. Y.
George Wright Pattison, - - - - Buffalo, Erie Co., N. Y.

Albert De Alton Atwood, - - -	Lockport, Niagara Co., N. Y.
Manhattan Pickett, - - - -	Columbus, Warren Co., Pa.
Ransom Cary Sloan, - - - - -	Buffalo, Erie Co., N. Y.
James Monroe Andrews, - - -	Rochester, Monroe Co., N. Y.

Surgeon General's Report.

We copy nearly entire the Surgeon General's Report, omitting only the "*financial statement*":

ANNUAL REPORT.

War Department, Surgeon General's Office,
Washington, D. C., October 20, 1868.

Hon. JOHN M. SCHOFIELD, Secretary of War:

Sir:—I have the honor to submit the following statement of finances and general transactions of the Medical Department of the Army for the fiscal year ending July 1, 1868:

At the date of my last Annual Report, Epidemic Cholera and Yellow Fever prevailed among the troops in various sections of the country, a very full and exhaustive report of which was published for the information of medical officers of the Army in Circular No. 1, War Department, Surgeon General's Office, June 10, 1868. To this date, there has been no well authenticated case of epidemic cholera or of yellow fever reported as occurring among troops in the present year.

The monthly reports of sick and wounded for the fiscal year terminating June 30, 1868, received in the division of records of this office to this date, represent an average mean strength of forty-five thousand two hundred and fifty-seven white, and four thousand seven hundred and seventy-four colored, troops.

For the *white troops*, the total number of cases of all kinds reported under treatment was one hundred and thirty-one thousand five hundred and eighty-one, or two thousand nine hundred and eight per thousand of strength—nearly three entries on the sick report during the year for each man. Of this number of cases, one hundred and eighteen thousand nine hundred and twenty-five were for disease alone, and twelve thousand six hundred and fifty-six for wounds, accidents and injuries; being two thousand six hundred and twenty-eight per thousand of strength for disease, and two hundred and eighty per thousand of strength for wounds, accidents and injuries. The average number constantly on sick report was two thousand eight hundred and fifty-two, of whom two thousand five hundred and ten were sick and three hundred and forty-two wounded, or fifty-five per thousand constantly under treatment for disease and eight per thousand for wounds and injuries. The total number of deaths from all causes reported, was one thousand three hundred and fifty-three; of which, one thousand one hundred and seventy-five were from disease, and one hundred and seventy-eight for wounds, accidents and injuries; being at the rate of twenty-six deaths from disease and four from wounds to each thousand of strength. Of the deaths from disease, four hundred and twenty-seven were from yellow fever, one hundred and thirty-nine from cholera, and six hundred and nine, or thirteen deaths per thousand of strength, from all other diseases. The proportion of deaths from all causes to cases treated was one death to ninety-seven cases.

Nine hundred and eighty-four white soldiers, or twenty-two per thousand of strength, were discharged upon Surgeon's certificate of disability.

For the *colored troops*, the whole number of cases of all kinds treated was fourteen thousand six hundred and sixteen; being at the rate of three thousand and sixty-one per thousand of strength, or three cases of sickness for each man. Of this number, thirteen thousand five hundred and fifty were for disease; being two thousand eight hundred and thirty-eight per thousand of strength; one thousand and sixty-six were for wounds, accidents and injuries; being two thousand and twenty-three per thousand. The average number constantly on sick report was two hundred and eighty-three; of whom two hundred and forty-eight were sick and thirty-five wounded; being at the rate of fifty-two per thousand constantly under treatment for disease, and seven per thousand for wounds, accidents and injuries.

The total number of deaths reported was two hundred and sixty-eight; of which two hundred and forty-two were from disease, twenty-six from wounds and injuries; being at the rate of fifty-one deaths per thousand of strength from disease, and five per thousand from wounds. Of the deaths from disease, twenty-five were from yellow fever, eighty-nine from cholera; leaving one hundred and twenty-eight, or twenty-seven per thousand of strength, from all other diseases. The proportion of deaths from all causes to cases treated was one death to fifty-five cases.

Ninety colored soldiers, or nineteen per thousand of strength were discharged on Surgeon's certificate of disability.

During the year, the records filed in the record and pension division of this office have been searched, and such official information relative to deaths, discharges and treatment as they contain has been furnished in reply to the inquiries of the Pension Bureau, in sixteen thousand seven hundred and eighty-six cases; Adjutant General, U. S. A., in fifteen thousand five hundred and eighty-two cases; Paymaster General, U. S. A., in four hundred and seventy-three cases; and in nineteen hundred and twenty-nine cases to other authorized inquirers, making a total of thirty-four thousand seven hundred and seventy.

In the division of surgical records the histories of seventy-four thousand nine hundred and fifty-four cases of wounds and injuries have been transcribed, chiefly from field reports, hospital case books and registers of 1861 and 1862 and the earlier part of 1863.

The records of the office in regard to injuries of the head, face, neck, thorax, abdomen, spine and pelvis have been classified and studied. Illustrative cases have been selected and written out in minute detail, while numerical tables have been prepared, exhibiting the progress and results of the different classes of injuries to which these individual examples belong. To illustrate these injuries, for future publication, there have been completed during the year, eight chromo-lithographs, eight lithographs and three diagrams. There have also been prepared during the year one hundred and twenty-two wood-cuts, to be intercalated in the text descriptive of the various classes of injuries and operations. Five hundred pages of manuscript are in readiness for the printer, and a large amount of the statistical material is in such state of forwardness that it can be made ready for the press at a few weeks' notice. To make the publications of this office as valuable as possible, in relation to the results of the major surgical injuries and operations, and especially in regard to the excisions of the larger joints and other operations embraced under the general designation of conservative surgery, much time and labor have been expended in tracing the ultimate histories of patients who have undergone

such mutilations. This has been accomplished to a very satisfactory degree, through the operations of the examining surgeons of the Pension Bureau, of the Surgeons General and Adjutants General of the several States, of retired volunteer medical officers, and of private physicians. Besides the digestion and tabulation of the surgical data pertaining to the late war, there have been received and consolidated, six hundred and ninety-nine quarterly reports of post hospitals, thirty-four reports of the examination of men, who, having been wounded, presented themselves for re-enlistment at recruiting stations, and thirty-two special reports of surgical operations.

The Army Medical Museum continues to increase in value and usefulness. During the year, six hundred and seventy-three specimens have been added to the surgical section, one hundred and twenty-one to the medical section, two hundred and two to the section of comparative anatomy, six hundred and eighty-seven specimens and one hundred and fourteen photographic negatives of microscopical specimens to the microscopical section. An anatomical section of one hundred and sixty-three specimens has been formed, and is rendered of especial interest by the large proportion of typical crania of the North American Aborigines which it contains. A collection of one hundred and eighty-seven specimens of Indian weapons and utensils has also been added. Two hundred and sixty-six discarded specimens, the histories of which could not be found at the period of publication of the Catalogue of the Surgical Section, have been identified and restored to the collection. For the purpose of exchange with other museums, or with learned societies, either for specimens or publications, four thousand four hundred and seventy-two photographs, illustrative of injuries and operations, have been printed. There were during the year fourteen thousand four hundred and forty-eight visitors to the Museum, including many military surgeons of eminence.

On the 30th of September there were two hundred and eighty-nine garrisoned posts in the various military departments, besides an almost equal number of detachments on temporary duty throughout the South and on expeditions, or protecting the lines of travel on the plains, requiring medical attendance. The number of Surgeons and Assistant Surgeons being altogether inadequate to meet this demand, it has been necessary to employ contract physicians, especially at the South, where but few of the resident physicians could take the oath necessary to their payment, and the fees for attendance in individual cases would be far in excess of the contract rates. The number of physicians so employed upon the 30th of September was two hundred and eighty-two, at rates of compensation varying from $45.00 to $125.00 per month; but a large proportion of these will be dispensed with so soon as the troops are concentrated in winter quarters and the condition of public affairs will admit of the discontinuance of the numerous small garrisons throughout the States recently in rebellion.

Since the date of my last Annual Report, three Surgeons and two Assistant Surgeons have died, eight Assistant Surgeons have resigned, two Assistant Surgeons have been dismissed, and one Assistant Surgeon cashiered. Total, sixteen.

A Medical Board, for the examination of candidates for appointment as Assistant Surgeons, U. S. Army, and of Assistant Surgeons for promotion, is now in session in New York city,

There are now forty-nine vacancies in the grade of Assistant Surgeon.

Most respectfully, your obedient servant,

J. K. BARNES,
Surgeon Gen'l, U. S. Army.

Books Reviewed.

The Published Writings of the late Thomas Addison, Physician to Guy's Hospital. New Sydenham Society, 1868.

In this work we have a biography of Dr. Addison, commencing at the time of his first connection with Guy's Hospital.

The published writings are papers upon the following topics:

I.—Observations upon the Anatomy of the Lungs.

II.—Observations on the Diagnosis of Pneumonia.

III.—Observations upon Pneumonia and its Consequences.

IV.—On the Pathology of Phthisis.

V.—On the Difficulties and Fallacies attending Physical Diagnosis in Diseases of the Chest.

VI. Observations on Fatty Degeneration of the Liver.

VII.—On the Disorders of Females connected with Uterine Irritation.

VIII.—Case of Ovarian Dropsy removed by the accidental rupture of the Cyst.

IX.—On a certain Affection of the Skin, Vitiligoidea.

X.—On the Keloid or Alibert and on true Keloid.

XI.—On Disorders of the Brain connected with Diseased Kidneys.

XII.—On the Influence of Electricity in Convulsive and Spasmodic Diseases.

XIII.—On the Constitutional and Local Effects of Disease of the Supra-renal Capsules.

These papers are all of value, containing results of original investigation, and much thought. Some of them are illustrated in an elegant manner, and thus the text is more easily and more fully comprehended.

The illustrations of diseased conditions of the lungs, which are rare, are truly very superior. The writings of Dr. Addison show how faithfully he studied disease, and how watchfully he guarded his opinions. He was in one of the best schools for observation and did not waste or neglect his opportunity.

Hebra on Diseases of the Skin. Vol. II. New Sydenham Society, 1868.

The second volume of this work treats upon Psoriasis; Lichen; Pityriasis Rubra; Eczema; Scabies; Prurigo; Acne Disseminata; Sycosis; Acne Rosacea; Pustula Eruptions; Pemphigus; Rupia, and Hæmorrhagiæ Cutaneæ.

These diseases are considered under the following heads: history, definition, varieties, course, diagnosis, etiology, prognosis, anatomy, treatment.

The work is written in clear, terse and elegant manner, and embodies all that is known upon the various diseases in question. Perhaps it is not saying too much when we express the opinion that no where can be found a more satisfactory account of these various skin diseases than in this work.

Lectures on the Study of Fever. By Alfred Hudson, M. D. Philadelphia: Henry C. Lea, 1869.

We have examined the teaching of these lectures with some care, and find that the philosophy of fever, the varieties, the distinctions, the symptoms and the pathological conditions, are all presented to the reader in unexceptionable manner, so far as present knowledge can permit. The suggestions for treatment are very numerous, and appear to us to favor an activity and interference wholly unsustained by what is known of these diseases—of their natural progress and tendencies, and of the effects of remedial agents.

Pathological Anatomy of the Female Sexual Organs. By Julius M. Klob, M. D. Wm. Wood & Co., 1868.

This is a work upon the various anomalies of the uterus, and comprises a consideration of all the diseased conditions usually treated in works upon uterine diseases. We have not examined it carefully enough to discover anything especially new, but observe that it is in a style somewhat peculiar to the author, yet embodying a scientific and very careful investigation of the various conditions of disease and displacements common, and uncommon, to this organ. The pathology of the diseases of the uterus is presented more fully and to more recent date than almost anywhere else in similar works, and on this account mainly do we earnestly recommend it to the careful study of all interested in the study of diseases of the uterus.

Practical Observations on the Ætiology, Pathology, Diagnosis and Treatment of Anal Fissure. By William Bodenhamer, A. M., M. D.

The author informs us that the disease termed *fissure of the anus*, is not well understood; the diagnosis not established upon a solid basis; that there is no agreement as to precise meaning of the term, and great diversity as to the best method of cure. The object of the work appears to be, to remove some of the obscurities, the difficulties and the confusion which surround it. Besides, the author is led to call attention to the subject of this disease because there is no systematic treatise upon it and its exceedingly practical importance from its frequency and the great suffering to which it gives rise. So far as the author's treatment is concerned, he says he has nothing new to offer in this work. We believe that the subject has received full justice at the hands of the author, and that the work will be a standard authority upon the subject.

Notice of a set of Instruments, arranged by Surgeon P. S. Wales, U. S. N., (author of the recent work on "Mechanical Therapeutics,") and manufactured by J. H. Gemrig, 109 S. 8th street, Philadelphia. By H. P. Babcock, M. D., late U. S. N., now of Pacific Mail Co.'s service.

These are the most complete cases we have ever seen, both as to selection of instruments, compactness of arrangement, beauty of finish and price. The fact of their coming from Gemrig is sufficient evidence that they are in material and workmanship, as perfect as art can make them. To practitioners, living away from large cities, and where, in emergencies, instruments cannot be at once obtained, these cases are particnlarly valuable as containing everything one is likely to require, and with an obstetric set would be a complete outfit. We give their contents.

"Wales' Capital Operating Case."

In top.—One large amputating saw—two blades; one chain saw; one Hey's saw; one Liston's large bone forceps, with spring; one sequestrum forceps, with spring; one artery continued-pressure forceps; one lithotomy forceps; two conical trephines; one elevator; one brush; four of Brainerd's drills, with handle; one gouge; one chisel; one needle-book, ten assorted needles; silk; silver wire; wax, etc.

In bottom.—Two long, one short amputating knives; one catlin; one saw, movable back; one bone knife; two scalpels; one bistoury; one tenaculum; one tourniquet; one small bone forceps, with spring; one gnawing forceps, with spring; two steel sounds; two lithotomy staffs, direct groove; one Heurteloup's rack and pinion lithotrite. The case of mahogany, brass-bound, lock and key, size, 17 inches by 9¼

inches, by 3¼ inches deep, enclosed in sole leather case, lined with canton flannel. Price $112.00.

"WALES' MINOR OPERATING CASE."

In top.—Six steel bougies, silvered, double curve, Nos. 1 to 12; four silver catheters, No. 5, 7, 9, 11; six gum-elastic catheters, No. 1, 3, 5, 7, 9, 10; one double trachea tube; one paper steel pins; one needle-book, eight assorted needles; silk; silver wire; wax, etc.

In tray.—One Bond's æsophageal forceps; one Gemrig's bullet forceps; one polypus forceps; one Museux's forceps; one dilating forceps; one needle and artery forceps; one plain forceps; one Bellocq's canula; one double canula; three pair scissors, plain, curved on flat, angular; one Nealton's probe; one grooved director; one Mott's artery needle, three points and blunt hook; one tenaculum; one hernia knife; two curved bistouries, sharp and probe; one finger knife; four scalpels; one tenotomy knife; one scarifying knife.

In bottom.—One bone gnawing forceps; one small, straight bone forceps; one curved and one straight trocar and canula; two retractors; one Wales' combination opthalmoscope, laryngoscope, otoscope and endoscope, with head band; comprising one large and one small mirror fitted with three Toynbee's ear specula; one rectal, two urethral specula; three extra lenses; caustic holder; scarifying knife; two laryngeal mirrors, with handle; two sponge holders. The case is of mahogany, brass-bound, lock and key, size 16 inches by 9 inches, by 4½ inches deep, enclosed in sole leather case, lined with canton flannel. Price $150.00.

"WALES' EYE AND EAR CASE."

In tray.—Three pair scissors, straight, curved on flat, angular strabismus; one iris scissors; two iris forceps, curved and straight; one cilia forceps; two cataract needles; one curette; one Tyrrel's hook; one cystitome; one Critchett's spoon; one iris knife; one strabismus hook; one sharp hook; one scoop and hook for foreign bodies; one broad needle; one Beer's cataract knife.

In bottom.—One Anel's syringe, with two terminal tubes; one eustachian catheter; one Toynbee's ear forceps; one Liebrich's opthalmoscope, with two convex, five concave lenses; one Laurence's speculum; two silver styles; one set Bowman's probes, assorted and numbered; one needle-book, with six needles, assorted; silk; silver wire; wax, etc. Case mahogany, brass bound, lock and key, size 9¾ inches by 6 inches, by 3 inches deep, enclosed in sole leather case, lined with canton flannel. Price $70.00.

WORK ON ORTHOPÆDIC SURGERY.—Messrs. D. Appleton & Co. have in press, and will shortly issue, "A Practical Manual of the Treatment of Club-Foot." By Lewis A. Sayre, M. D., Professor of Orthopædic Surgery in the Bellevue Hospital Medical College, etc.

This little work is intended as a manual for practitioners and students, and gives the results of the author's large experience in the treatment of this deformity. The views of the profession regarding the necessity of tenotomy have undergone such modification within the past ten years, that there is a striking need for a work embodying the latest teachings on this subject. Prof. Sayre's work will meet this acknowledged want.

CORRECTION OF NAME.—In our publication of the names of the physicians who joined the Erie County Medical Society at its last meeting, the name of Dr. Wm. H. Gale of Aurora, was printed G. H. Gail.

Books and Pamphlets Received.

Treatise on the Diseases of the Ear, including the Anatomy of the Organ. By Anton Von Tröltsch, M. D., Professor in the University of Würzburg, Bavaria. Translated and edited by D. B. St. John Roosa, M. A., M. D., Clinical Professor of the Diseases of the Eye and Ear in the University of New York, Surgeon to the Brooklyn Eye and Ear Hospital, formerly Surgeon to the New York Eye and Ear Infirmary, etc. Second American from the fourth German edition. New York: Wm. Wood & Co., 1869. Received through Breed & Lent, Buffalo.

Pennsylvania Hospital Reports. Vol. II, 1869. Philadelphia: Lindsay & Blakiston. Received through Theo. Butler & Son, Buffalo.

A Hand-Book of Uterine Therapeutics, and of Diseases of Women. By Edward John Tilt, M. D., member of the Royal College of Physicians; Consulting Physician to the Faringdon General Dispensary; Fellow of the Royal Medical and Chirurgical Society, and of several British and foreign societies. Second American edition, thoroughly revised and amended. New York: D. Appleton & Co., 1869. Received through Breed & Lent, Buffalo.

A History of the Medical Department of the University of Pennsylvania from its foundation in 1765, with sketches of the lives of deceased Professors. By Joseph Carson, M. D., Professor of Materia Medica and Pharmacy in the University of Pennsylvania; member of the American Philosophical Society, etc. Philadelphia: Lindsay & Blakiston, 1869. Received through Theo. Butler & Son, Buffalo.

Transactions of the Medical Society of the State of New York, for the year 1868. Albany: Van Benthuysen & Son, 1868.

Library of Education; selected from the best writers of all countries; some thoughts concerning Education. By John Locke. First edition. New York: J. W. Schermerhorn & Co., 1869.

On the Microscope in the Diagnosis and Treatment of Sterility. By J. Marion Sims, M. D. Reprint from the New York Medical Journal of January, 1869. New York: D. Appleton & Co., 1869.

Archives of Ophthalmology and Otology. Edited and published simultaneously in English and German, by Prof. H. Knapp, M. D., in New York, and Prof. S. Moos, M. D., in Heidelberg. New York: Wm. Wood & Co., 1869.

Report of the Board of Directors of the Eastern Lunatic Asylum for the fiscal year ending September 30th, 1868.

Joined Twins; the Obstetrical and Surgical Management, with remarks. By A. B. Cook, A. M., M. D., Professor of the Principles and Practice of Surgery in the Kentucky School of Medicine, Louisville. Louisville: Bell & Co., 1869.

A new Operation for Artificial Hip-joint in Bony Anchylosis. Illustrated by two cases. Reprint from Transactions of the Medical Society of the State of New York for 1863, with additional notes and letters from eminent medical gentlemen. By Lewis A. Sayre, M. D., Surgeon to the Bellevue Hospital, Professor of Orthopedic Surgery, Bellevue Hospital Medical College. New York: D. Appleton & Co., 1869.

Accidental and Congenital Atresia of the Vagina, with a Mode of Operation for successfully establishing the canal. By Thomas Addis Emmet, M. D., Surgeon in charge of the New York State Women's Hospital. New York: Bradstreet press, 1866.

First Annual Report of the New York Orthopedic Dispensary, located at 1299 Broadway, New York, 1869.

Rush Medical College. Annual Announcement of the Spring Term for 1869. The session commences Wednesday, March 3d.

Excursion to New Orleans in May next.

RICHMOND, IND., Feb'y 19, 1869.

Editor Buffalo Medical and Surgical Journal:

At Washington, in May last, when the American Medical Association decided to hold its next session at New Orleans, I promised several gentlemen to see if a special arrangement could not be made with a large, first class steamer, to take all those who might wish to go down the Mississippi from Cairo to New Orleans, as a kind of excursion party. My correspondence with the steamboat men warrants me in saying that such an arrangement can be made, and I shall be able to furnish particulars for publication by the first of April. Meanwhile I thought perhaps your readers might be interested to know that such a negotiation was being prosecuted.

The time from Cairo to New Orleans will be about four days, and the fare from Cairo to New Orleans and return will not exceed thirty-five dollars. This includes meals and state-rooms. Perhaps better than this can be done, but as soon as I have the affair definitely understood I will advise you.

Prof. Gross and others thought that all who were going via the river, by getting on one good, well ordered boat, might make the voyage both pleasant and profitable.

Very truly, etc., JAMES F. H. HIBBERD.

GYNÆCOLOGICAL SOCIETY OF BOSTON.—This Society organize with the following preamble: "The undersigned, desirous of advancing the study of the Diseases of Women, hereby associate themselves together with that intent, and adopt for their government the appended constitution and by-laws." The constitution determines the *name, objects, who may be members and code of ethics.* The code of ethics is this: "The Society recognizes the code of ethics of the American Medical Association as binding upon its members." The by-laws regulate all other matters of the Society, and are too numerous for notice. Thus it will be seen that our neighbors are reducing the study of the diseases of women to a system, arranged with a *President*, a *Secretary* and a *Treasurer.*

"OPENING FOR A PHYSICIAN."—We are requested to announce that Drs. Wallace and Sage of Elery, Chautauqua county, N. Y., will discontinue the practice of medicine, and that they both desire that a good physician should locate in that place.

A rebellious case of aphonia, instantly cured by electrical excitation of the inferior laryngeal nerve, has been communicated by Dr. R. Philipeaux to the *Gazette Medicale de Lyon*, 1868, No. 30.

Dr. Moore, late Surgeon-General of the Confederate Army, has been elected Superintendent of the Eastern Lunatic Asylum of Virginia.

BUFFALO
Medical and Surgical Journal.

VOL. VIII. MARCH, 1869. No. 8.

Original Communications.

HYGIENE.

ART. I.—*An Address to the Graduates of the Medical Department of the University of Buffalo, February 24th*, 1869. By THOMAS F. ROCHESTER, M. D., *Professor of the Principles and Practice of Medicine and Clinical Medicine.*

'Tis a summer's morn in ancient classic Athens. The golden sun, rising refreshed from his purple couch, is gilding mountain and hill and temple-top and every lofty object, with that bright beaming effulgence which beautifies wherever it gleams, and gives life and warmth to whatever it touches. Westward from the fair islands of Ionia, greeting the god of day, comes a gentle and welcome breeze, nerve-bracing, health-giving, carrying in its breath, like a laugh, the joyous refrain of the thousands of feathered songsters who fill the air with notes of praiseful melody. Morning is just springing from the dark clasp of night, but the whole city is astir. Crowds in gay attire throng the avenues; children, their light locks sporting with the wind; young men and maidens with glistening eyes and blushing cheeks whispering the old-new tale; stalwart warriors plumed and armored; stately matrons grave and proud; old men and aged women marked by the stamp of time; the care-worn invalid; the halting cripple; philosophers, stoic and epicurean—and the *oi polloi*, the great nameless mass, all are there,

and their course, on steed, in chariot and on foot, is toward the grand citadel—the lofty, far-famed Acropolis. 'Tis plainly a festal day. What shrine is to be honored? What deity to be invoked! There stands the lordly statue of Apollo—god of the fine arts—medicine, music, poetry and eloquence. Here the majestic Minerva, proud maiden goddess of wisdom and of war. Between and a little retired—oh! admirable juxtaposition—graceful, buoyant, modest, draped in a flowing robe, with hands outstretched and body poised on springing foot, is a charming female figure. Garlands hang upon and around her. Fresh flowers carpet every approach and float in the libations of generous wine that flow in streamlets past her feet. The pipe and the song are heard. The merry dance goes on, and ever and anon, the grand chorus, the constant attendant of the Grecian muse, sounds in rapturous strain the praises of Hygeia—Hygeia the daughter of Æsculapius—goddess of health.

Nearly three thousand years have come and gone since the gay pageant just described was enacted. The Prince of Peace came, and the ideal creations of by-gone ages were scattered like the myths they were. The "unknown God," revealed and proclaimed in the same Athens, on the Hill of Mars, by the great apostle of Tarsus, is now the acknowledged and reverenced Great Father and Creator of the world, and all that therein is. Let us look again at south-eastern Europe—the scene only removed from that first depicted, by the dark waters of the stormy Euxine. 'Tis Anno Domini 1854; Papal France and Protestant England have rushed to the succor of the infidel Turk, menaced by the strong arm of their christian brother—the feared, dreaded, and envied Muscovite. Fierce is the struggle—terrible the carnage, but great as is the mortality from the enginery of war, greater is the loss from cold and wet and heat—from improper and insufficient food, from deadly pestilence generated and propagated by an utter disregard of all sanitary measures, and—oh! worse than all—by the fearful condition of the immense but crowded, filthy and unventilated military hospitals. The charnel houses of Scutari and Odessa, were justly more dreaded than the fierce metallic hurtle that poured without cessation from the molten throats of beleaguered Sebastopol.

The battle of Balaklava has just been fought, and the parched

earth is moistened deep and strong by the red torrent that flowed so full on the dread field of bloody Inkerman. Where shall the sick and the wounded find succor? "Oh, leave me in God's fresh air," said one who had already tasted, and escaped with life, the horrors of the hospital. Poor sufferer! he knew not the transformation a few short weeks had effected. A band of women, led by one who had for years made sorrow and pain and sickness a study of love, had taken upon themselves the devoted task of cleansing, purifying and regulating these plague spots of filth, neglect and incompetence. Neatness, order, promptness, obedience, fresh air, sunlight, suitable and sufficient food, reading matter, writing material, friends, advisers, sympathisers, substituted for the indescribable condition of preëxisting months, proved how well they had succeeded. Of her who presided over these true sisters of mercy, the *Times* correspondent wrote: "She is a ministering angel in these hospitals, and as her slender form glides quietly along each corridor, every poor fellow's face softens with gratitude at the sight of her." And again: "With the heart of a true woman, and the manners of a lady, accomplished and refined beyond most of her sex, she combines a surprising calmness of judgment and promptitude and decision of character." Listen, too, to this homely, yet most poetic testimony of a wounded soldier: "She would speak to one and to another, and nod and smile to as many more; but she couldn't do it to all, you know; we lay there by hundreds, but we could kiss her shadow as it fell, and lay our heads on the pillow again, content." Another soldier said: "Before she came, there was such cursing and swearing; and after that, it was as holy as a church." 'Tis the living Hygeia of the nineteenth century. *Dea patuit*, and her shrine, the hospital ward. Ah, noble woman! how many canonized saints have equaled thee in devotion! Hail! Florence Nightingale, sister of Anglo Saxon blood, exemplar and prototype of Margaret Breckenridge, and of other hundred heroines, no less patriotic and devoted.

The pictures are before you, gentlemen—Pagan poesy—Christian utility. The former has many attractions, and, to the mere theorist, presents many affinities. Golden dreams of subtle life-essence, controlled by impalpable and imponderable agents, are pleasant to revel in. Mysticism and credulity find propagandists

and victims in the imaginary potencies of inappreciable attenuations and immeasurable dilutions, but the pure scientist treads the hard path of fact, tried and tested by the searching analysis of reason. All mankind seek that inestimable blessing—health. The aesthetic Greek, refined by culture, but unenlightened by revelation, sought it through the benignant influence of a female deity—herself the pure creation of mind—of mind, that divine attribute of man, which, feeling its need, creates what it cannot find, and makes almost true, the ideal of the unattained material. With the same end in view, the mortal of the nineteenth century, better instructed in the mystery of his being, strives to accomplish his purpose, by employing, uncontaminated, what by usage he calls the gifts of nature, meaning thereby the concordant creations of God.

You, gentlemen, have chosen as a profession—medicine, a word derived from the Latin *Medicare*, to heal—but you have read and listened and thought in vain, if you have not learned that it has a broader significance, a wider scope. Confucius was right when he asserted that it was the province of the medical man to prevent rather than to cure disease. You have studied the anatomy and physiology of man; you have seen and made yourselves acquainted with the disorders with which he is afflicted; you have learned how drugs and appliances are employed to control the latter, and it is to be hoped that you have also learned that much of what we call disease, or piously ascribe to "visitations of Providence," arises from ignorance or from willful neglect of known, baneful agencies. To prevent and counteract these and their effects, will constitute no small part of your labors. Fame, success and philanthropy all urge upon you, unwearied devotion to that most essential part of your profession, which we call, often in unconscious homage to the Grecian Diva—Hygiene.

It needs not the battle strife and its sequences of woe; it needs not the pestilence and its horrors, to afford a field for work. It is here at our doors, in our midst, and oh! shame to human intellect and witness of human frailty—the field is often widest where we boast of refinement, progress and reform. Fresh air—sunshine—personal and general cleanliness, and good food properly prepared, are the chief promoters of healthfulness and vigor. These are within the reach of all save the very poor. Let us see whether we

use them or not. We are proud of our public schools; education is free to all, but it is not in every instance the blessing that it seems; it is acquired at too great an individual and general risk. On the proudest avenue of this thriving city is a three storied brick building, Public School No. 10. The first floor is devoted to the primary department. The room is heated with stoves, the ceiling is low, the light is but moderate; there is no provision for ventilation. The seats are short and narrow and close together. Eighteen months ago a meeting of the residents of the district was convened to consider the propriety of repairing the old, or of building a new structure. The principal of the school, in reply to inquiries, stated that the room was always full, that three children had to sit where there was only room for two, that they were packed so thickly that it made it impossible for the children all to rise upon their feet at once; that there was no place to hang up their outer garments, even if they were wet, and that when school was dismissed, if a boy should drop his cap, he could not stop to pick it up so great was the "rush and crush." The tax-payers—a majority of them—buttoned up their pockets and voted to repair; one of them, a wealthy professional man, remarking, "that it was a much better school house than the one he had studied in." Not so, sir! The little, wooden, country school, with its rattling windows, its gaping cracks, and its roaring log fire in the broad chimney, was infinitely superior.

On the ninth of February, 1869, a fortnight ago, the school committee of the common council with the superintendent of schools, made a tour of inspection. I make a few extracts from the report of the same, published in a morning paper of the 10th instant:

"No. 7. The primary department was found to be running over with little children, who have hardly room to breathe and stretch out their little arms."

"No. 11. It is a perfect hive of children; in one room there are two hundred in daily attendance."

"No. 31. The primary department has three hundred and forty scholars, but was calculated only to hold one hundred and eighty. They sit everywhere."

"No. 15. The primary department contained three hundred and seventy scholars yesterday."

From eight to twelve hundred cubic feet of air, with good ventilation, is the amount of space that is required to be alloted to each individual in the United States military hospitals. In British India each jail prisoner has by legal enactment six hundred and forty-eight cubic feet of air. In public school No. 15, each poor child has but fifty-six cubic feet of air. All the public schools are not like these, but that there should be one such, is a burning shame. It is the primary department, this place where the child of five years old and upward, the little darling that yet needs a mother's watchful eye and care, is subjected to such infamous trial and exposure. No wonder that scarlet fever, diphtheria, typhus and typhoid fever, and blood poisons of every description are always more or less prevalent. A large proportion of the cases of these dread disorders are generated in, and propagated by our public schools, and the sordid man who votes against a tax for health and education, cannot guard his own spacious and luxurious abode against the malady his avarice has helped to originate. But acute diseases are not the only result of this criminal crowding. Tuberculosis and brain affections developed at various periods, may be traced but too often to the same source. Better for society, and better for themselves would it be, that these infants were not educated at all, than at such risks. Is it strange that the teacher is wan and pale and weary? Even the developed adult brain and frame are not proof against the trial.

In vain have superintendent and teacher protested for years against the evil. It is for you, my hearers, as parents and good citizens, to stop this slaughter of the innocents.

Now let us pass from these school rooms—these pest rooms rather—to our dwelling houses, and first to those of the wealthier class, almost any one on the same avenue *graced* by "No. 10." The rooms are large, the ceilings are high, comforts and luxuries abound. The apartments are not crowded, at least with people; but the indoor air seems close and rather warm. The elegant thermometer, resting on the fireless mantel marks a temperature of 75 degrees, generally higher. You step near the register and shrink from inhaling the hot, dry blast which strikes you. There are double sashes to the windows, and heavy curtains within. The outer doors are double also, the throat of the chimney is

closed—everything to keep out the fresh air and to keep in the hot. The elegant furniture is dried and cracked. The doors are warped and shrunken. Light chairs fall apart, and the cabinet maker is blamed. Dear madam, they are only doubly kiln-dried! The singing bird on his gilded perch, rarely utters a note; poor fellow! his cage hangs two feet higher than your head, and his throat is parched and his tongue shrunken, for it's very warm up there! There are no plants and fragrant flowers blooming, but their "counterfeit presentment" in ornate vase is seen. This is the atmosphere in which our wives, our daughters, our little children, *exist* for at least half of the year—an atmosphere in which a hot-house plant cannot live. The men and boys can rush out doors and get away. Not only is this *dried* air breathed in the "living room," but it also invades the bed chamber, and often, both by day and by night, is it tainted by the foul fumes of escaping coal gas. What is the effect of this elevated temperature, and dried and deoxydized air? The mother has headache and is cold, rather than hot. The children have big heads, pale faces and little necks; and when an outer door is left ajar, all of them shrink from the invigorating breath of heaven, and seek the torrid, belching blast.

The hot-air furnace is doing much to enervate us as a people. We have not time this evening to further enumerate the present and prospective ills that result from it, but common sense asks: "Why is it used at all?" The dealer, and very likely the good housewife, will reply, "For comfort—for neatness—for economy." The first in every sense we deny; the second we admit and count it very small gain; the last we most emphatically repudiate, save that it sustains the axiom of Malthus, "that it is cheaper to bury than to feed." People who live in houses not overheated by furnaces and by similar *base* burning contrivances, are as a rule healthier and warmer than those who "cannot exist without them." But a grievous error is too often made in the selection of the sleeping apartment of persons of moderate means. From the fact that it "saves steps," a first floor bedroom is generally regarded as a desideratum, and a space of eight feet by twelve is often the dormitory, not of one person, but of several. In one corner there may be a window—usually darkened by closed shutters, and when, at rare intervals the sash is raised, neither the prospect nor the

odor from without is agreeable. But too often, even at mid-day, does the medical man require a light to see his patient, in these closets, (closet from *close.*) The dread of running up and down stairs does not exist in Europe—the *troisieme* and the *quatrieme* are often selected from choice—and there is no good reason why the back of the American woman should be weaker than that of her Gallic or Teutonic sister. In our hotels, and especially in those immense caravanseras styled "first class," there is a fine parlor to which one or two bedrooms are attached, having no direct communication with the external air. There is a head-light over the door and a small sash, rarely opened, looking into a dim, dusty and noisy hall. It is difficult to over-estimate the risk to which these unventilated recesses expose the unwary traveler, necessarily ignorant of the condition of the preceding occupant. Clean sheets will not avert the poison of nascent small-pox or typhus. But some of you will naturally inquire how is it with the dwellings of the poor? Ah! poverty! with insufficient food and scanty raiment and vice, (tempter and beguiler of ignorance and destitution as well as of luxury and pride) with how many ills beset—how often do you reject the only boon that is within your reach—fresh air! We pass over the nameless horrors of the tenement house—foul offspring of pitiless avarice—and look at the hut and cabin. The rooms are one or two. The location from its insalubrity, the cheapest. Without, pigs and poultry—those domestic scavengers, themselves as noisome and filthy as the garbage they consume. Within, the mingled fumes of tobacco, whisky, cabbage, onions, exhalations from unwashed, perspiring human beings, and a mist like a cloud curtain, the product of the begrimed wet floor, and of the dripping clothes hung around the cooking stove, prolific of its own shocking aroma, even the dogs, the ducks, and the pigs, who often share this shelter on terms of equality—with men and women and countless children, even these, contract disease from the contaminated air of the hovel.

From the contemplation of such repulsive scenes, we gladly turn to our public halls and churches. They are usually spacious and often elegant, but they are almost invariably lamentably deficient in ventilation. The congregation are drowsy, and pronounce the clergyman "stupid;" he, poor man, who gives them brain-thought

and work, not for the pittance upon which he manages to subsist, but from earnest interest in their future welfare, is disheartened by their dullness and indifference. Pardon, good pastor and people, you are both in error. The fault is neither mental nor psychical—it is physical. By the breath and the skin the animal body gets rid of much of its used up material in the shape of carbonic acid. This noxious agent when inhaled or absorbed, produces stupor. Its density is greater than that of pure air. A hole in the roof, or aloft at the side, allows hot air, which rises, to escape, but the carbonic acid remains below. A great deal of time and thought and money have been expended uselessly on ventilation; complicated machinery has been essayed, and has generally failed. There is one church* in this city that *is* completely ventilated, and yet it is always warm and comfortable, and without thorough draft. The clergyman is not "stupid," nor are the people "dull." It is a very slight matter. The ventilation is from below. At one end a large chimney with a wide expanse, opens on the floor level—its flue, straight and broad, rises above the roof. A second flue in the same stack carries off the hot smoke and gas of the draught-pipe of the furnace which warms the house. This latter flue thus heated, warms the air in the former, and as the hot air in it rises, the broad chimney draws in and carries off the air charged with carbonic acid. If sufficient fresh air does not enter through the doors and window frames, openings in the walls are uncovered for that purpose. This easy and admirable method of ventilation, may be applied to any large public room, and does away with the objection of the most practicable way of warming it, that is, by furnace heat.

In this connection, brief allusion may be made to the excessive heating and inadequate ventilation of our railway cars. As a rule, too many people are crowded into each carriage, the fires are too hot and the ventilators are kept closed. More "colds are taken" from bad air and from excessive heating than from insufficient warmth. Sooner or later we shall go back to the compartment system (elegantly illustrated by the drawing-room cars) and with extra wrappings get warmth enough, and avoid the worst part—the burning part—of the terrific disasters of Angola and Carr's Rock.

* The Lafayette Street Church.

It would enable us also to dispense with that questionable luxury, the sleeping car.

"*C'est ne que un sot qui batte la mode*"—fools only fight fashion, is a French proverb. As we do not wish to be classed in that category, we are glad to be able to testify that fashion and common sense are of much more accord than formerly as regards the out door equipment of females and children. The thin slipper is supplanted by the stout walking shoe. The train, graceful and appropriate in the drawing room, no longer sweeps the street. The chignon, which a South Sea Islander might envy, is not really as bad as it looks, and the jaunty hat, hanging over the brow, protects the eyes and the forehead, preventing headache and facial neuralgia. The bare necks and limbs of children are no longer paraded in the open air, to the great peril and discomfort of the little ones. But fashion has many sins laid to its charge—and not without reason. There is certainly fashion in medicine. Witness this and that absurd system, which every now and then seizes the sick, or imaginary sick public; fashion in theology—witness, ritualism; fashion in morals—witness, the atrocious soul and body imperilment by the avoidance of the sacred duties of legitimate maternity, by practices both indelicate and immoral. This is called an American fashion; it is certainly a fashion, an immorality, a vice, but it is not an original American fashion. It is derived from that people who are Fashion's chief votaries—who dethroned the God of the Bible, and made adoration of a day to a painted creature—miscalled reason. Medical men were the first to sound the alarm, both in its moral and physical aspects. Philosophers and statisticians re-echo it, in its national and generic relations. The religious and the secular press alike expose and denounce it, and the pulpit implores, persuades and fulminates against it. This usage is not limited to any people, nor is it avoided, as has been stated, by those of any creed. (Medical men know this.) It is one of the banes of civilization. That it finds more congenial soil in our country than elsewhere, cannot, alas! be denied. Poverty and inconvenience are urged in extenuation. These do not excuse infractions of human law, much less of divine; but even the excuse is false; the real culprits are fashion, frivolity, laziness, selfishness, and O tempora! O mores! national demoraliz-

tion. Let no one charge that our language is too plain. When persuasion and argument fail in private, the public heart must be stirred. If we would exist as a nation, this generic suicide must be stopped. Let us not follow, but be warned by the example of France, whose population is steadily decreasing, not from migration, war or pestilence, but from unnatural causes, the death rate exceeding the birth rate by at least 50,000 per annum.

Your attention is now invited to a subject of more importance than, from its title, you would perhaps imagine, to wit: *our food.* Upon it depend not only bone and muscle, but also intellect and brain. Man is an omniverous animal, and derives his complete strength and development from the properly combined nutrients of the animal and vegetable kingdoms. We have them all; not only in sufficiency, but in profusion. How do we use them? We are alive to the dangers of trichinatous pork, (from the investigations of medical men) and we are painfully cognizant of the horrors of diseased and bruised beef. Against these we hope to be protected by appropriate legislative action, but the *vis vitæ* that is thrown away by improper cookery, and by the repeated siftings of our cereals, few but men of thought and science suspect. The juices of both meats and vegetables are mostly wasted by maceration (in boiling) or by the charring (in roasting) to which they are subjected, and thus the nitrates and phosphates—the intellect and nerve-feeders—are lost. Except fruits, all food should be cooked, and thoroughly so; but in such manner that all its ingredients should be preserved. Upon this depend not only flavor and digestibility, but also nutritive properties. The selection of food is not less important than its preparation. Pork and beans are very well for the plowman, but very *unwell* for the man of sedentary habits, or of intellectual avocation. For the latter a fish diet would be far preferable, as it supplies the phosphorous consumed by energy of brain. A recent and forcible, if not elegant writer, says:

"Our Puritan forefathers, who lived on beans, peas, unbolted grains, and the meats, vegetables and fruits, as they came from their fields and gardens, cooked in the simplest manner, best calculated to develop their natural flavor and prepare them for digestion, were not troubled with flatulence, colic and indigestion, and our foremothers were not the pale-faced, flabby-muscled, toothless, chlorotic, consumptive and sentimental race, as are their degenerate daughters of the present generation. Even our farmers and

their wives and daughters have become terribly degenerated. Instead of the robust and healthy men, and the full-chested, healthy, rosy-cheeked, beautiful women of former generations, we see a people almost as feeble and sickly as the city people. And the reason is apparent. The outer crust of the wheat, and the buttermilk which contain the nitrogen, phosphorus and iron on which strength and energy, mental and physical, and beauty of complexion depend, is given to the cattle and pigs, while they take themselves, instead, the butter, fine flour and sugar, which contain only the heating and disease-producing carbonates. The robust Irishmen and Scotchmen, also, who come here with strong, energetic muscles and sound teeth, from their oat-meal, wheat and barley cakes, with their potatoes, buttermilk and cheese, soon fall into our starch and grease-eating habits, and become, or at least their children become, as pale, puny and toothless, as pure-blooded Yankees."

Bread is called "the staff of life." When this name is given to it, as now prepared, is it not by poetic license? Good housekeeper, your white loaves and rolls, made from the "snow-flake" brand, are almost as evanescent as that from which the name is derived. A grand mistake, and made too often by physicians as well as others, is to think that articles which are simply fattening, are also strengthening. The feeding of the race-horse and the roadster is not conducted on this principle. White flour, starch, butter, oil, fats, sugar and alcohol, are carbonaceous material. It has its place in the animal economy, but it does not make good brawn.

Not only do we throw away much that is good in our grain products, but we also impair that of them which we keep, by conditions and combinations that are hurtful. Every dietist knows that hot bread is more or less indigestible; but its use might be allowed but for the detestable saleratus, or acido gypsum compounds, disguised as "baking powders," by which it is tainted, and its consumers are *tinted*. Canned fruits and vegetables are most of them latent poisons. There is more or less lead in tin, and a good deal of lead in the solder with which the cans are joined and closed, and large, loose lumps of solder are often left within. Vegetable acids act upon this lead, and we take in solution in our delicacies, what we try to avoid in our drinking water. In many a small can of tomatoes or peaches, there is more lead in solution than in a tun of hydrant water. Even the glass jars which are used for the same purpose, are not entirely innocuous, as some of them also

contain lead. But apart from this most tangible objection; to mankind were given "the fruits of the earth *in their season*," and that which is healthful and appropriate in warm summer is quite the reverse in cold winter. The adulteration of food is carried to an extent hard to credit, and the same thing is true as respects drugs, which of all things should be pure; but upon these topics we have no time to dwell this evening. For the same reason we can but allude to the location and surroundings of dwellings—to the question of drainage, paving, and pure water supply—to the influence of trade or occupation upon the physical and mental organism, and to various kindred subjects. As medical men you must think and act upon all these matters. From your professional position you must study them, and you will find their consideration no less important than the investigation of disease, and the application of therapeutic agents.

Gentlemen! You are about to embark in a career which has many trials, but also many rewards. In proportion to your disinterested and earnest efforts for the welfare of your fellows, will be your success. But that you may promote the health and happiness of your neighbors, it is highly necessary that you should take care of yourselves. It is all important that you should possess in its truest sense, a home; you must have your own Lares and Penates, and above all your own domestic Hygeia—a good and faithful wife—for she is "a crown to her husband" and "her price is far above rubies."

ART. II.—*Hernia, with remarks.* By C. C. F. Gay, M. D., *Buffalo.*

1. *Strangulated Femoral Hernia.*—I was requested by Dr. Burwell to visit a patient for him, as he was called out of town and was uncertain at what hour he should return. In his note to me he advises an operation.

The patient was a married woman, aged forty-eight years, obese. I first saw her at 7½ P. M. The hernial protrusion was upon the right side, was caused by a fall from her bed, had existed forty-eight hours, and the taxis had been resorted to ineffectually. In the mean time an officious woman had administered a dose of castor oil and two or three doses of senna and salts. The patient was vomiting; bowels much distended; pulse 120 per minute and feeble.

At 9 o'clock P. M., assisted by Drs. Lothrop and Wetmore, the patient chloroformed, I cut down upon the sac, which did not appear to be invested with the usual coverings, divided the sac, and after considerable search found the stricture at Gimbernat's ligament, which was divided by the use of Sir Astley Cooper's hernia knife, the protruding bowel returned within the abdominal cavity, a wetted compress applied and morph. gr. ss administered.

At my visit next morning learned that soon after leaving my patient after the operation, that she had a copious evacuation of the bowels, and that the contents of the bowels had continued to run off during the night time. No abdominal tenderness or tympanitis; pulse 108. Morphia continued every six hours. At 8½ P. M. patient pulseless, and died at 12 o'clock—fifty hours after the operation.

2. *Strangulated Scrotal Hernia—direct—left side.*

W. T., aged fifty years, married, American, intemperate. This is an old hernia of twenty years' standing. The patient has been on a debauch for some days, and by his neglect of his hernial protrusion it has become strangulated. Dr. Strong, who kindly invited me to visit this patient along with him, had found taxis insufficient to restore the intestine. After making trial myself, and failing, and believing further efforts at reduction would do more harm than good, advised an operation. At 2 o'clock P. M. the patient was etherized and the operation made in the presence of several medical gentlemen.

In this case also the sac was divided, which discharged considerable fluid; the bowel was restored, but the opening through the external ring is now so large that the tendency to protrusion exists. Brought integuments together by sufficient number interrupted sutures, applied compress, suspensory bag for the testicles, and administered morph. gr. j, and ordered morphia gr. ss every three hours.

At our visit next morning learned that the patient had slept nearly seven hours during the night, but had vomited considerably, and could take no nourishment; pulse 100 per minute. Anticipating delirium tremens, whisky, morphia and beef essence were ordered. At 5 P. M. stomach rejects everything; pulse 124. Dr. S. directed tr. opii ℥ ij to be given by enema, and to be repeated

every four hours. Stomach rejects everything, even champagne nauseates him. The epigastrium was blistered. Patient has had some days a very troublesome cough. There is no tympanitis now, two days after the operation; pulse 120; morphia sprinkled upon the vesicated surface.

Third day after the operation; much the same this morning. Last evening said his room was full of worms, was delirious in night time, could not keep him in bed. This morning is calmer, pulse more frequent. Continued treatment. Patient is able to take broth and stimulants; add quinine. Delirious again in evening, and died suddenly on the night of the fourth day after the operation.

REMARKS.—Authors, I believe, all agree that the sooner an operation is made for strangulated intestine, after judicious trial of the taxis has been resorted to without success, the greater will be the chances of the patient to live, and the longer the operation is delayed the greater will be the chances of the patient to die; therefore, taxis should not be too often repeated nor too long applied. After a single well-directed effort at reduction of the protruding intestine, made by a single individual, without success, it were then better to advise and make an operation than to imperil the life of an individual by delay and unnecessary manipulation of the tender protruding part.

Had the operation in case of femoral protrusion herein reported, been made within twelve or twenty-four hours, I should be warranted in stating that the patient would have recovered. Recovery, too, might have taken place even though the operation was delayed more than forty-eight hours after strangulation, provided the intestines could afterwards have been at rest, and their peristaltic action had not been excited by hypercatharsis.

In the case of scrotal hernia, it was absolutely certain, and so stated at the time, that the patient would have delirium tremens whether the operation was made or not; such were the fears of the patient himself. Here, then, was a dilemma. If left without an operation he must certainly die from intestinal strangulation, and if operated upon death was almost as certain to ensue from delirium tremens. Yet with so small a chance in favor of the preservation of life, no one I suspect would hesitate to advise an operation.

In an article on hernia, published in the January number of the JOURNAL, the author of which is my ancient friend, Dr. Gibbs, I learn that he has had no occasion to use the knife for twenty years. He simply dilates the stricture with his finger thrust through the canal and within the ring, and eats his breakfast and the patient is cured. This is certainly a simple method for the cure of strangulated hernia, and should it ever supercede the necessity for the use of the knife, or the labor in teaching and studying the anatomy of the parts involved, there would be abundant reason for mutual congratulations.

The remark is often made that members of our profession much less willingly report their unsuccessful than their successful cases, or in other words that the physicians and surgeons report at once and promptly their cases that terminate favorably, while all operations attended by fatal result are not reported at all; now this should not be so. Report of cases are for instruction. Much more instruction may be derived from report of a fatal than from a successful case, and the profession is entitled to the details of any case from which instruction may be drawn.

With these brief remarks I close the report of two unsuccessful cases of operation for hernia with the promise that I shall be just as prompt and willing to report my successful cases.

ART. III—*Abstract of Proceedings of the Buffalo Medical Association.*

TUESDAY EVENING, March 2d, 1869.

The meeting was called to order by the President. Members present—Drs. Lothrop, Miner, Little, White, Potter, Hauenstein, Wetmore, Cronyn, Samo and Johnson.

DR. MINER presented an eye, enucleated a few days since for encephaloid disease. The disease appeared about one year before its final removal, and was at first regarded by those who saw it as ptyrigum, and as such had several times been dissected from its attachment to the anterior border of the sclerotic, and nit. silver applied to prevent re-appearance; the last effort of this sort was made about three months since. Early return of the disease and rapid growth, together with constant pain, convinced his attending physician, Dr. Cornwell, and his son, Dr. Parmlee, that enucleation

of the globe was the only operation which could offer any rational expectation of relief. The profession now unanimously assent to the early removal of the globe of the eye, when it is found to be the seat of malignant disease, but this operation is also called for in another and much larger class of diseases, and mainly on this account was the specimen presented, though of itself it had many points of interest. The tumor, now about one and a half inches in diameter, appeared not to have involved the interior of the globe, since vision remained until the cornea was covered by the overlapping of the fungus mass. The attachment appeared to be mainly to the sclerotic tunic of the eyeball, and did not extend far in it or to the conjunctiva, giving the mass the appearance of having a pedicle. It is now believed that malignant disease of the globe most frequently extends to the tissues in the orbit through the optic nerve; in this instance the nerve and its sheath were to all appearance perfectly healthy. The disease was completely removed so far as could be known by common inspection, and though it was done at far too late a period of its progress, it was undoubtedly proper and desirable.

PROF. WHITE inquired of Dr. Miner his prognosis.

DR. MINER replied: Encephaloid disease is actively malignant, and generally very rapidly progressive. I expect it will re-appear if life continue, either in the orbit or elsewhere. The removal was advised with the hope of at least temporary relief, without expectation of permanent cure.

PROF. WHITE fully coincided with this view, and said his observation and experience fully sustained this prognosis, and the expectation of at least great temporary relief, which might continue some time.

DR. MINER then proceeded to say, that the manner of operation now practiced by surgeons, was so unlike that adopted until within the last few years, that possibly a word in relation to it might not be wholly inappropriate.

Removal of the eye had formerly been justly regarded as one of the most painful and difficult operations in surgery, to be only adopted for removal of malignant disease, and as a last resort; whereas now, it could only be looked upon as one of the most simple and safe. The globe resting in a fibrous cup, (Tenon's cap-

sule) could be removed with astonishing facility, if the anatomy of the parts was well understood. It now seemed most remarkable that surgeons had not earlier discovered the present simple method. If the conjunctiva is divided near the inner canthus, as in the operation for strabismus, and the tendon raised and divided in very similar manner, but much more freely; the curved scissors may now be passed back and divide the optic nerve, when it only remains to pass the same curved scissors around the globe, dividing the conjunctiva and the tendons of the oblique and recti muscles near their attachments to the sclerotic. The vessels divided are very small, and the hemorrhage is rarely troublesome—may always be easily controlled by cold water, ice or pressure.

Enucleation of the globe may be required not only in malignant disease, such as has been presented, but also much more frequently in all conditions of disease or injury causing what is called *sympathetic ophthalmia*, and to this point was it designed to invite particular attention. Patients, and even physicians, shrink from the suggestion of removing the eye when vision is wholly lost, and when the safety of the other eye is greatly endangered by delay. The fact of sympathetic inflammation is established beyond all doubt, and at the present time the necessity of removing an injured or diseased eye when such inflammation is induced by it in the opposite eye, is also as fully recognized by all who pay attention to ophthalmic surgery; however, the masses of the profession still require that their attention be directed to it, for the loss of vision often depends upon lack of appreciation of this fact in physicians, together with a natural dread of such operation on the part of patients. Fruitless efforts are long continued with the mistaken notion that this form of inflammation is in some degree amenable to ordinary remedies. The periods of increase and improvement so common in the disease mislead the unwary, and often the golden opportunity of saving vision in the healthy eye by timely operation, is lost, before the fatal error is discovered. The physician may be held justly responsible for loss of vision if he fails to appreciate the well established facts connected with this subject, and faithfully warn his patient of the danger.

It is well understood that irritations in the ciliary region cause *sympathetic ophthalmia;* that a variety of diseases of the cornea,

iris, capsule of lens, etc., together with lodgment of foreign bodies in the globe produce this form of inflammation in the healthy eye, but the philosophy of this action or the structures through which it is conveyed are not so well understood. Formerly it was believed to be through the optic nerve; division and exsection of this nerve, however, does not interrupt the chain of sympathy, and it is now regarded as almost certain that the ciliary nerves are the media of this influence. Acting upon these views experimenters have divided the ciliary and optic nerves—have exsected the optic nerve, and in various ways attempted to interrupt the function of the ciliary, but as yet no very important results have been gained; these attempts have been made, always however, reserving the established and certain operation of enucleation as a final resort.

With the same view many other operations upon the globe have been long practiced. Puncture of the globe, thus allowing the escape of the contents; excising the corneal or anterior portion, and, later, dividing the globe back of the ciliary region, after it was discovered that it was probably the site of sympathetic irritation, have all been practiced. A desire to save a portion of the globe of the eye for the purpose of better adjustment and motion of artificial eye has been almost universal, and some modes of operation worthy of mention have been proposed. The tunics of the eyeball were drawn together by sutures, but it appeared that the presence of suture in the sclerotic kept up the irritation, and were objectionable. Prof. Knapp of Heidelburg, has proposed suture of the conjunctiva alone to cover the stump after dividing the globe back of the ciliary region, and this may prove advantageous in some cases. The probabilities are, that really the best method is enucleation of the entire globe, since it is followed by more rapid recovery, is more certain in its results, produces less local disturbance, and moreover affords nearly or quite as satisfactory support for an artificial eye. When the globe is enucleated, the artificial eye can be early worn, rests upon the fibrous capsule without irritation, is moved in the various directions by the muscles which after separation from the globe form attachments to the fibrous capsule, and thus all sources of sympathetic irritation are at once and certainly removed. The great argument for retaining a part of the globe, is briefly answered by Græfe, who says: "Enucleation of the

globe affords nearly as good, and in many cases a much better support for the artificial eye."

It may be necessary to remove the globe of the eye in all injuries causing iro-choroideitis; iritis from immovable causes, as when it is involved in a wound; disease of choroid or cornea, or of the vitrious body. Above all, the lodgment of a foreign body frequently necessitates the enucleation of the globe. Disease of the capsule of the lens, choroideitis from reclination or depression of the lens, separation of the retina by effusions; tumors, and all other diseases causing *sympathetic ophthalmia*, require removal of the globe.

The early symptoms of sympathetic inflammation are of importance, and should be carefully observed by the medical attendant, since upon it may depend the loss or preservation of vision. Intolerance of light, lachrymation, dimness of vision, partial loss of accommodation, contraction of the field of vision, pain, and tenderness over the ciliary region, immobility of the pupil, effusions upon the iris, advance of the iris towards the cornea as from pressure, are symptoms which may be present in some degree, at least, while the eye is yet capable of partial or complete recovery if the diseased eye is removed. These symptoms being aggravated and others added, such as complete blindness, closure of pupil from effusion of lymph, separation of the retina and other intra ocular changes and no hope of recovery can be indulged, vision is hopelessly lost and operative interference is no longer advisable with any view of restoration.

Dr. White suggested that Dr. Miner relate the case of a patient where he had invited him to assist in enucleation of the globe, in which was lodged a foreign body, since it would illustrate in some respects the subject he had presented.

Dr. Miner remarked that he could not perhaps relate the details of the case, though it would illustrate many points in connection with sympathetic ophthalmia. Capt. G. was injured by the lodgment of a piece of steel in the globe of the eye sometime in June last. The steel entered through the cornea, making an extensive incision. He was near Detroit, and was there treated by a most excellent ophthalmic surgeon, Dr. Noyes, who made repeated unsuccessful attempts to discover and remove the foreign body.

Partially recovering, he returned to his home in Buffalo and received advice from Prof. White. The symptoms of sympathetic ophthalmia were mild, and at times would seem almost wholly absent, again to re-appear and become as troublesome as ever. Dimness of vision, photophobia and lachrymation were the more prominent symptoms. The globe of the injured eye was shrunken, and the cornea, or what of it remained, was opaque. At Prof. White's suggestion he was consulted as to the necessity of removing the globe of the injured eye. Wholly agreeing with the proposition, he urged the importance of an immediate operation, which was gladly assented to. The steel was found in the center of the contracted globe, which now had none of the appearances and contained nothing of the humors of the natural eye; the tunics of the globe had contracted down upon the steel, now surrounded by lymph. The steel was about half an inch in length, a fourth inch in breadth, and a line in thickness. The wound healed kindly, all the symptoms of irritation in the healthy eye soon disappeared, and the patient is now wearing an artificial eye with comfort and almost perfect restoration of former appearance.

Similar illustrations were a frequent, very frequent occurrence, and the only remarkable feature of this case was the mildness of the symptoms in the sound eye; more commonly, violent sympathetic inflammation would sooner and more urgently demand removal.

Dr. White said, I arise to bear testimony to the propriety of this operation as a means of saving the sound eye. In the case last mentioned by Dr. Miner, I had delayed the operation for considerable time, hoping that the foreign body had escaped. Notwithstanding, the patient had suffered so much in the sound eye from sympathetic irritation that I advised its removal. The operation disclosed the fact that the morbid condition was kept up by a spicula of metal half an inch in length by two lines in width, which was now discovered. The stump recovered without any untoward symptoms, and has had an artificial eye fitted to it which performs its new functions satisfactorily. The remaining eye has completely recovered since the extirpation of the diseased one.

When in London in 1866, I found that both Bowman and Critchett in the Royal Ophthalmic Hospital, urged the importance of removal

of the unsound eye for the purpose of saving the sound one when sympathetically affected. Although this operation had a London origin, being first made by the first gentlemen named, I believe it has been now adopted both in Europe and America, and I think has received too little attention from the profession, and am therefore happy that the subject has been brought up here by Dr. Miner.

Dr. Lothrop said that the case was interesting, and as far as he knew, rare. He had never seen one like it, though he had often seen cases of encephaloid disease of the globe and orbit. Malignant disease arising from the external surface of the eye, etc., thought must be very infrequent, and he believed that was the opinion of authors. There is sometimes seen a fleshy fungus mass growing from the surface of the eye, bleeding easily, and having much the appearance of malignant disease, but not truly malignant. The last arose more often from the optic nerves, or its expansion and gradually filling the globe finally pushed outwards, breaking through near the cornea and rapidly growing. In the case related this could not have been the process, as sight was retained for sometime, even while the external growth was enlarging. The specimen now presented he thought, without doubt, malignant, and though apparently thoroughly removed, almost sure to return.

He could fully concur with Dr. Miner, in remarks concerning the modern method for removal of the globe. The operation as now practiced had ceased to be, as formerly styled, a truly formidable operation. Earlier in life he had witnessed the formidable operation of removing the whole contents of the orbit, and also the incision for evacuating the contents of the globe. Neither of them were pleasant to see or do, but the first was especially to be dreaded. Such being the case, there was often hesitation in removing the globe in those cases in which the sound eye was endangered from sympathetic ophthalmia, and consequently in many cases an injury to one eye eventuated in blindness. The modern operation was not one difficult to perform, and there should be no delay in practicing it. He was glad of an opportunity of saying something in confirmation of the recommendation of Dr. Miner, viz.: an early removal of the injured globe upon the earliest appearance of the unmistakable signs of sympathetic affection of the sound eye, otherwise it will be likely to go on to entire and hopeless blindness.

Hesitation might be felt, if the operation were not simple and effectual.

DR. LOTHROP thought that the reason of the reluctance to remove the whole globe, arose from the belief that when the globe was removed the stump remaining upon which to place an artificial eye was imperfect and inferior to that formed by leaving a portion of the globe. This is now known to be partly an error, besides that there is greater liability to irritation and increased suppuration. Although this liability was recognized, still it was believed that when only the muscles and fibrous capsule exterior to the globe were left, the artificial eye was less comely and less easily controlled. It appears, however, that the stump left after removal of the globe serves well to control the motions of the artificial eye, and is nearly if not quite as useful as when part of the globe is left. He could not, however, but think that leaving out of consideration the increased irritation and suppuration which results, and regarding only comeliness, there was a decided advantage in leaving a portion of the globe. When the whole is removed the artificial eye looks slightly smaller and sunken.

DR. HAUENSTEIN objected to the report of his case of Spurious Melanosis, reported at the January meeting as published in the *Buffalo Medical and Surgical Journal* for February. Dr. Miner made motion, which was carried, that he be invited to report his case in full as correction upon that already published.

DR. HAUENSTEIN then said: Mr. President, with the permission of this Association I take the liberty to present the following corrected statement of the case of Spurious Melanosis, as published under "Abstract of Proceedings" of this Association in the February number of the *Buffalo Medical and Surgical Journal:*

In view of the rapid increase of manufacturing establishments in our city, and more particularly of those which expose persons therein engaged as workmen to the inhalation of carbonaceous matter, and since it is quite probable that spurious melanosis, so called, is more frequently the cause of death than we are aware of, and deserves to be studied; therefore the case in question is one of interest.

In reporting this case, it is with the view only to call the attention of the medical profession in this city to the subject, not being

able, I regret to say, to throw any new light upon its ætiology, symptoms or treatment.

The subject of the case was a partner in a foundry business, and his specialty was that of a moulder. He was a hard worker, and up to November 30th, the day previous to my first visit, was daily engaged in that kind of work, and considered himself healthy with the exception of a slight cough, which had troubled him for the last three weeks, and which was attended with a little expectoration of unaltered mucus, (judging by his description,) and considered by him a catarrhal affection brought on by a "cold."

The case, after my first visit, was diagnosed and treated as a case of pleuritis, (never as pneumonia,) in which opinion I was sustained by Drs. Lothrop and Rochester, and for which opinion and view of the case there was ample reason as the *post mortem* examination has shown. The only symptoms that excited apprehension, in his chest, of more serious trouble than pleuritis, was a few days before the case went out of my hands, that after a lengthy paroxysm of coughing, a strong fetor in his breath was perceptible, but which was not imparted to the expectoration, which, even at this late period, from the thirteenth to the fifteenth day, was still a clear and transparent mucus.

The patient then came into the hands of Dr. Tobie, who informs me that four or five days after his first visit, the patient expectorated two or three pints of black, very fetid liquid, attended with such a degree of prostration as to threaten speedy dissolution; after which the patient rallied again and gave renewed hope of recovery, but eight or ten days later another attack of the same character put an end to his existence.

The friends of the patient, attributing his death to a severe blow upon the middle third of the sternum, which he received about three months before his death, the effects of which were severely felt at the time, requested coroner Dr. Diehl to hold an inquest, and in the presence of Drs. Tobie, Chase and myself, a *post mortem* examination was made December 28th, about twelve hours after death.

In describing the morbid appearances found in the lungs, I can make use, almost verbatim, of the language of Dr. C. G. Gregory of Edinburgh, who first described the *post mortem* appearance

observed in the lungs of a patient who died of spurious melanosis, an account of which is contained in an article on the subject in the *Cyclopædia of Practical Medicine.* Both lungs presented one uniform black carbonaceous color, pervading every part of their substance. The lower lobe of the left lung was much disorganized, and exhibited in its lower half a large, irregular cavity, containing a large quantity of black liquid, like ink; several smaller cavities were observed in the same lobe. The upper lobe of the left lung, although presenting the same uniform black color, was quite pervious to air, and was in fact the only portion of the lungs that could, apparently, perform its function. The entire right lung was condensed and loaded with black serum. The serum when pressed, was of the same black color as the lungs. No cavities were found in the right lung. The lungs were everywhere adherent, the left more so than the right; some of the adhesions had considerable firmness. The pericardium contained from seven to eight ounces of *clear, transparent* serum. The heart seemed to be healthy. The liver was somewhat enlarged; kidneys and spleen healthy.

Dr. Miner offered the following resolution, which was laid on the table until the next meeting:

Resolved, That the fee for examination for life insurance shall be five dollars when made in the offices of physicians, and two dollars additional when the examination is made outside the office.

Dr. Miner also introduced the following with the request that it be laid on the table until the next meeting:

Resolved, That it shall be regarded as a breach of confidence for druggists to renew prescriptions upon which is written, *not to be renewed,* or any other sign or device by which it can be known that such renewal is against the wishes of the prescriber.

Adjourned. T. M. Johnson, Sec'y.

Acupressure at the New York Hospital.—Since the first of December acupressure has been employed at this hospital, in two amputations at the shoulder joint, in two of the thigh, and in one at the knee-joint, with complete prevention of hemorrhage in every case. All the cases but one, which died of pyæmia, either have recovered or are in a fair way to do so.—*Medical Record.*

Correspondence.

Venesection as a Means for the Arrest of Unavoidable Hemorrhage in Placenta Prævia.

Medical literature teems with diverse and contrary teachings. That doctors differ, has long been proverbial, and it is painful, as well as humiliating, to reflect that they differ on matters of the most vital importance. Let a person, uninitiated into the mysteries of medical literature and practice, undertake to study up any important disease that afflicts humanity, and he will soon become painfully bewildered with the most positive assertion of pathological and therapeutic opinions, not only dissimilar, but directly antagonistical. With the thoroughly educated, observing and practiced physician, these contradictions are, perhaps, productive of no harm, and, possibly may be of some utility in stimulating inquiry and a constant alertness to discriminate the false from the true in theory and practice.

These thoughts were suggested on reading a paper entitled "Venesection as one of the Means for the Arrest of Unavoidable Hemorrhage," by C. C. F. Gay, M. D., of Buffalo, N. Y., and published in the *American Journal of the Medical Sciences* for January, 1869.

It has never been my great misfortune to see a case of *placenta prævia*, though in active practice for over twenty years; and, even with the light shed upon the subject by Dr. Gay fresh in mind, and his new "means for the arrest of unavoidable hemorrhage," I do most sincerely hope I never may. I have seen very alarming uterine hemorrhages, and my mind can now recall the ghastly pallor, the faintings, gaspings, and labored breathings of such, and also my alarm and anxiety. As they now present themselves to my mind's eye, I would as soon put a lancet into a corpse as to open a vein in the arm of one of these. Though I have neglected this important "means," I will say I have yet my first fatal case to record of uterine hemorrhage. If I had a cider barrel that I found leaking from a worm-hole in one head, I would as soon think of stopping it by boring a two inch auger hole in the other, as to stop hemorrhage from the uterus by opening a vein in

the arm. It is true, we hear much about derivatives; but is not the two inch auger hole equally a derivative, to or from the leaking worm hole? and is not, in that case, the flow from the latter greatly diminished, but will the barrel be emptied any the slower? or would the former leak necessarily stop, even if the larger hole were subsequently plugged?

But it is not my purpose to discuss the propriety or impropriety of venesection, in the cases referred to by Dr. Gay; but to attempt to show the utter worthlessness of his premise and recklessness of reasoning.

Dr. Gay bases his advocacy of venesection in unavoidable hemorrhage, upon a single case of "*placenta prævia lateralis*," in which a vein was opened, eight ounces of blood taken, *and the patient did not die!* Now let us see his reasoning upon this one case: "I claim that it will, *beyond a doubt, at least, in a majority of cases, arrest* uterine hemorrhage." Will he please tell us *how* he knows this *without a doubt?* His next sentence is, "IF it will do this in *five* cases out of *ten*, the woman is certainly entitled to the benefit." Most "certainly;" but that "*if*" is embarrassingly in the way, notwithstanding he asserts positively that it, (venesection,) will do *more* than this. He assumes a statement to be a fact, and reasons from that assumption. Again, we ask, *how* he knows his *assumption* to be a *fact?* Still more absurd than the above, he says: "*I* have no difficulty in *believing* that the arrest of blood might be made complete by the abstraction of eight ounces of blood from the arm, provided always the patient had not lost already such an amount of blood as to have produced syncope, and I am *clearly* of the opinion that the physician would be justified in so acting, even though he did not accomplish the arrest of flooding with the lancet, *for* the chances in his favor for *success* against *failure* MIGHT be in the ration of *ten* to *one*, and this certainly should be sufficient justification!" Again, I say "*certainly*," if he will remove that *might be* by the certainty of reliable facts. I might as well say, *do not bleed* in such cases, for death *might* be the immediate results, in *ten* cases to *one* recovery, "and this should certainly be sufficient justification" for withholding the lancet.

This case, upon which Dr. Gay bases his advice of venesection as one of the means of arresting unavoidable hemorrhage, occur-

red, the doctor tells us, some sixteen years ago; since which he has seen, in consultation, some four or five other cases, in neither of which did he *recommend* or *practice* venesection, though some of them died. This fact alone suggests the idea that the *case* did not suggest the propriety of the treatment at the time, neither did such treatment occur to him, until after seeing the last of the other cases of placenta prævia. The idea occurred to him, evidently, within the last year, and then he conveniently remembers the case of sixteen years before. This view is sustained by the doctor's own statements, previously made. Dr. Gay reported this same one case, occurring in his practice, and treated by venesection, before the *Buffalo Medical Association*, April 7th, 1868, which elicited strictures and comments at the time, from other members. The whole proceedings were published in the *Buffalo Medical and Surgical Journal* for May, 1868. Then and there Dr. Gay said, "I am *certainly not* an advocate of venesection in placenta prævia; should *not advise* it, and probably shall never have occasion to resort to it again, and probably should not have recourse to it if I had occasion, but in the case reported, occurring in my own practice some years ago, when venesection was more fashionable than now, it were folly to say that the end did not justify the means."

Now I am prepared to assert and maintain just this "folly." The case was, by admission, one of placenta prævia lateralis, and evidently but a very small portion of the placenta overlapped the os, and was detached in the process of dilitation of the os uteri. On examination he found the "os pretty well dilated," and "pains vigorous," and yet he "decided to bleed at once!" flooding was "at once arrested," and "labor was soon completed by the efforts of nature!" Now what arrested the hemorrhage? Was it the venesection? By no means. The patient was just entering upon the second stage of labor; the vertex caught and compressed the detached portion of the placenta, and the vigorous pains completed the labor "by the efforts of nature." All the agency the doctor had in the matter, was to retard *convalescence* just so long as it took nature to restore the eight ounces of blood unnecessarily lost! The reason his imprudent treatment did not *kill* his patient was, because she had not previously lost sufficient blood as to make the loss of eight ounces more necessarily fatal! But the doctor may

tell us that the hemorrhage did not come from the detached portion of the placenta, but from the *deplacented* (if I may be allowed to coin a new word) uterus. It makes no difference. The rapidly advancing vertex could compress that portion of the uterus as well. I do not propose to discuss whether the blood, in such cases, comes from the uterus or placenta. As well might we discuss whether, in case of wound in the thigh, the blood comes from the heart or the great toe! It may come from above or it may come from below the wound, as a vein or artery is severed. So in placenta prævia, if lateral more especially, it may come from the placenta, or from the uterus, or both.

It should have been observed that from the date at which the doctor says, in the Buffalo Medical Association, that he is certainly *not an advocate of venesection* in *unavoidable hemorrhage*, to the time when he *does so advocate* it in the *American Journal of the Medical Sciences*, he has had no further experience at all in placenta prævia, or with venesection as a means to arrest the hemorrhage in the same. This shows conclusively that the advocacy of the means is not deduced from the case, but the case conveniently remembered to support the advocacy. In view of this fact, my readers can judge for themselves how much importance can be placed in his statement when he says, "I have never seen any evidence that this local flowing in the least facilitates expansion, while on the other hand, are we not surrounded by a 'cloud of witnesses,' to testify to the power of venesection in overcoming a rigid os?" Now I have seen an abundance of such "evidences," and presume most other observing physicians have done the same. The doctor's two papers, taken in connection, unfortunately impress one that he first decided to advocate a measure, and then conveniently remembered or disremembered facts or circumstances to support or justify that measure. This idea finds additional confirmation in the fact that, as his case was first reported, it was criticised somewhat; as he remembers the case in his second report, he avoids some points of criticism. I will illustrate by quoting a few passages:

Buffalo Medical and Surgical Journal, May, 1868.	*Amer. Journal of the Medical Sciences*, January, 1869.
"Date not recorded in my note book."	"In March, 1852."
"Aged 28 years."	"Aged 27 years."
"Had *three* children; no difficulty at their birth."	"Mother of *two* children; former labors normal and easy."
"She had taken the upright position.'	"*Sitting* nearly in the upright position."
"Os *partially* dilated."	"Os *pretty well* dilated."
"Pains *vigorous*, and at every pain *profuse* hemorrhage."	"Her pains were regular, but *not vigorous;* she had lost considerable blood during her pains."
"The *emergency* seemed *pressing*, and not knowing what better to do, resorted to venesection."	"Gave *ergot*, and *waited* until I ascertained that at each pain the blood spirted freely from the uterus."

It will be remembered that, when the doctor made his first report, he was severely criticised for not giving ergot, and in his defence he did not then remember that he had! It takes ergot full half an hour for its full effects. Though he now remembers that he gave it, he does not tell us how long he waited; but we may infer not long, as he says, "I decided to bleed at once."

The doctor's study of placenta prævia was, doubtless, mainly made since he made his first report, and since seeing the last of his cases. The Rev. Henry Ward Beecher has given us instances in which he claims a man may conscientiously *remember what never happened*, and possibly the doctor's report, at least, may be an evidence of another case in point.

O. C. Gibbs, M. D.,
Frewsburg, Chautauqua Co., N. Y.

Fatal Mistake.—Dr. W. M. Jennings, a prominent physician of Titusville, Pa., accidentally poisoned himself February 16th, and died in great agony. It appears that Dr. Jennings had been complaining of a pain in the chest, and finally visited a drug store to obtain medicine to relieve it. Arriving at the store, he inadvertently took a dose of what he supposed to be tincture of orange peel, but which unfortunately proved to be tincture of aconite. Powerful emetics and strong antidotes were administered, but all to no purpose. Vomiting was succeeded by convulsions, and a few hours after taking the poison he expired.—*Medical & Surgical Reporter.*

Miscellaneous.

Deaths from Chloroform.

A case of death by chloroform is reported (*Brit. Med. Journal*, December 19, 1868,) in London. A druggist, who had been in the habit of taking chloroform to relieve pain in the face, was found dead in the evening with a handkerchief in his right hand and an empty phial, which had contained chloroform.

Another case of similar kind is recorded by Dr. W. B. Slayter, in the *Provincial Medical Journal* (November, 1868.) A delicate man was found dead in his bed, with a bottle of chloroform lying beside him. From the evidence at the inquest, it appeared that he had been in the habit of inhaling chloroform from time to time to relieve the paroxysms of asthma. On the night of his death he took a little over an ounce.

The same physician records, in the same journal, still another case, which occurred in the Provincial and City Hospital. A man, aged forty, was placed under the influence of chloroform for amputation of thigh owing to inflammation of knee-joint. Chloroform was administered in the usual way on a towel. In a few minutes the patient was fully under its influence, breathing good, pulse strong. The limb was then amputated about the middle third of the thigh, the arteries were tied without delay, and about the usual quantity of blood was lost. Immediately the leg was off, the chloroform was discontinued; at that time the patient was breathing naturally, and the pulse was very good. About three or four minutes after this, the teeth became firmly clinched, respirations stertorous and gasping, pulse very small, and skin covered with a clammy perspiration. The jaws were immediately forced open and the tongue drawn forward; artificial respiration, stimulants, and other remedies were applied, but in vain. The patient died about ten minutes after the first alarming symptoms set in. On examining the diseased joint the synovial membrane was found to be converted into a gelatinous mass; the cartilage covering the inner condyle was perfectly sound, that covering the outer condyle, the heads of the tibia and fibula, was completely destroyed and the bones roughened. *Post mortem* examination about thirty hours after death. The heart substance, valves and aorta, were perfectly

healthy, cavities quite empty. The lungs, stomach, spleen, intestines, and kidneys were all healthy, but quite pale from want of blood. The brain was quite pale, and its blood vessels empty. —*Medical News and Library.*

THE COMMUNICABILITY OF PHTHISIS.—In a letter to the editor of the *Medical Times and Gazette*, R. P. Cotton, M. D., Senior Physician to the Hospital for Consumption, Brompton, says: "My attention has just now been directed to an abstract of a paper by Dr. Elliott upon the communicability of phthisis, in the last number of last year's *Medical Times and Gazette.* Dr. Elliott appears to be a firm believer in Dr. Budd's theory of the zymotic character of consumption, and supports his views by asserting 'the frequency of phthisis amongst the nurses of the Brompton Hospital.' As such a statement (given, I would observe, without any authority,) is opposed to fact, and the question is of grave importance, I hope you will allow me, although somewhat late in doing so, to refer Dr. Elliott and those of your readers interested in the subject to a detailed report of mine on this very matter published in the *Lancet* of November 2d, 1867, as a reply to Dr. Budd's views. It will there be seen that the nurses and other resident and non-resident officials connected with the Hospital for Consumption at Brompton have been always remarkably free from phthisis, affording in this respect very evident and strong testimony in favor of the non-communicability of the disease."—*Boston Medical Journal.*

ARSENIC IN SKIN DISEASES.—Arsenic is of no use whatever in venereal skin diseases, nor in the ephemeral and exanthematous class of affections. It is not useful in the eruptions produced by specific poisons, as many of the forms of lichen; in short, in any eruption which can be traced either to a local or specific cause. With these exceptions, arsenic is almost unexceptionally successful, and in all cases of chronic idiopathic affection of the skin, including lichen simplex, lichen agrius, prurigo, chronic erythema, impetigo, porrigo, alopecia, ecthyma, rupia, lepra, psoriasis, pityriasis, eczema, lupus exedens, etc., provided always, and in all cases, that it be administered discreetly, perseveringly and with such adjuncts (purgatives, alteratives, tonics, or eliminants) as the case may require. It may be added that it is especially useful in those cases of skin disease which depend on uterine irritation or irregularities. (Mr. T. Hunt, in *Braithwaite.*)

Editorial Department.

Unauthorized Renewal of Prescriptions.

During the past few months the questions of the right and the safety and propriety of druggists renewing prescriptions without the consent or knowledge of the prescriber, has been extensively discussed in the medical societies and journals of the country, and legislative action has been proposed with the view of correcting the evil. We do not propose to discuss the general questions at issue, but shall assume that druggists have, at least, no moral right, and that patients would hardly ever, if ever, desire the renewal of a prescription in opposition to the advice of the prescriber. There are instances, where prescriptions are renewed for years, are retained and duplicated and distributed promiscuously through neighborhoods and circles, and made to answer an extensive round of practice, but in the great majority of cases they are used legitimately and fairly. It is with no mercenary intentions that physicians object to unauthorized renewal of prescriptions, though it may be confessed that oftentimes, and especially in the treatment of certain classes of specific diseases, it is a great abuse, depriving the physician of his pecuniary recompense, and at the same time rarely advantageous to the patient. The practice of renewal has grown out of conditions which it is now not so easy to control. In the first place, some patients regard the prescription as their property—as the consideration they have received for their money, and insist upon unlimited control of it; whereas it is really only a private note to the druggist, giving directions to him how to prepare the medicine they are advised to use. But it is not so regarded by many patients. They consult physicians who always give written prescriptions, rather than furnish remedies, because they consider it a standing advice to be used under similar circumstances forever. It is a part of the expectation, and whether justly founded or not, it requires time and judicious management to correct it; but it can be controlled and modified, and in time wholly changed. Again, the druggist has some interests in the premises which are to be considered, though the physician and druggist are nearly related in the treatment of disease, and their interests are not conflicting. Renewal is not more profitable than first compounding, but the druggist when once in possession of prescriptions controls the place of purchase; patients can obtain the medicine of them, and nowhere else. This is the only motive, so far as the interest of the druggist appears, and in this it is only conditional and by consent, for prescriptions are returned or copies are given whenever asked for as an almost universal rule. Patients can thus continue the treatment advised as long as they please, without renewing their advice, giving the physician less opportunity to "watch the case" and renew the fee. To this we do not object, so far as the physician is concerned, or the patient, if it is followed within the bounds of safety and judicious care. But how many of the prescriptions for acute diseases are unsafe to renew; how frequently we write for medicines which are perfectly safe and harmless in the quantity prescribed, but in duplicate would prove injurious and even quite unsafe?

All physicians write some prescriptions which are to be renewed, which it is a great convenience to have renewed; all write some which cannot be renewed and continued indefinitely without injury and risk. It requires no argument to show these obvious facts, and it seems to us that it requires no legislation to correct the evil. When we make prescription we write directions for administration--write the

quantity and the frequency. If the medicine may be continued and renewed we may write, to be renewed; or, if otherwise, not to be renewed. No respectable druggist will disregard this simple request. The druggist will, of course, inform the applicant that his physician advises discontinuance of the remedy without further instructions, and thus all the common dangers and objections to renewal will be obviated. Every one will earnestly and heartily second this much of the plan, since all understand that the most simple and harmless remedies, when properly prescribed, become injurious in the highest degree by improper continuance. There are prescriptions which are given for chronic and specific diseases which are not easily brought under control, in which our directions will not be regarded, and may not perhaps with safety be made known. In such case private advice or direction to the druggist would be safer and better.

The general custom of renewing prescriptions has grown up with us by the mutual consent of all parties, and is not more the fault of the druggist, not so much the fault of the druggist as of the physician, if it may be regarded as from fault in either. Physicians have never written any directions to the druggist in regard to the continuance of remedies, and all instruction concerning this matter has been vested in the patient. Such being the case, it has been all right to renew as often and as long as desired; to sell the compound in greater or less quantities to suit the wishes of purchasers, or if not all right, at least all very natural and excusable in the druggist.

Physicians, we believe, hold this whole matter in their own hands. If it is an abuse, and there is no doubt it is, it is the fault thus far in our history, of the prescriber and not of the compounder of prescriptions. It has been an universal practice, receiving the consent, and we add, sanction of physicians.

What shall be done to correct the custom and insure the proper uses, without any of the abuses which are liable to be made of the advice we give for the care of the sick? All prescriptions, not designed for renewal, should be marked as improper for repetition, and this should constitute a part of the direction in connection with the dose and frequency of administration.

Will any druggist, who desires to compound the prescriptions of physicians, disregard this part of the direction any more than that concerning the dose and frequency? Does it require any other law than the natural one of self-defence, to insure a faithful adherence to such instructions? We believe that the united and harmonious action of the profession will regulate this question upon which so much has been said, with the unanimous consent and perfect satisfaction of all parties. If not, physicians can go back to the former practice of compounding their own prescriptions, a habit which has never been abandoned by some, mainly because of the impositions practiced upon them by improper use of their written directions for treatment of specific and some forms of chronic diseases. We shall strongly incline to the adoption of this method if we find it impossible to control in this important and reasonable action. Speaking for the druggists of Buffalo, we believe they enjoy the confidence of the profession in such degree that they will be found ready to adopt any measures of reform that may be agreed upon by physicians. It is objected, that some druggists would readily and cheerfully second such reform, while others would continue the plan of renewal. Possibly this might be so, but we should soon see how much influence physicians have over the place and manner in which their prescriptions are compounded.

This subject will come up for action in the Buffalo Medical Association. Harmony of purpose and action will insure complete success.

Books Reviewed.

A Treatise upon the Diseases of Infancy and Childhood. By J. Lewis Smith, M. D. Philadelphia: Henry C. Lea, 1869.

The intention of the author has been to present a description of the diseases of infancy and childhood in a sufficiently succinct manner to meet the requirements of practitioners and medical students. He has incorporated into the treatise all recently ascertained facts in this branch of medical practice, and recommended such modes of treatment as are suggested by our present knowledge of the nature of the diseases of early life. He bases his opinions largely upon his own observation, which has been sufficiently ample to justify this course; still the opinions of others are duly respected.

We have examined the work with very great pleasure, and believe that it will prove a favorite text book in its department. It is most admirably arranged, is sufficiently comprehensive, every where bears the evidences of careful observation and mature thought, while the sound reasoning and good common sense of the author lend to it a force which is convincing. We have not space to speak in detail of any of the new views which have been presented, but assure our readers that the reasoning is sound, and the conclusions based upon adequate observation. We have no work upon the diseases of infancy and childhood which can compare with it, and we most heartily approve it as a text book for the student and as a guide to the physician.

Conspectus of the Medical Sciences; comprising Manuals of Anatomy, Physiology, Chemistry, Materia Medica, Practice of Medicine, Surgery and Obstetrics. By Henry Hartshorne, A. M., M. D. Philadelphia: Henry C. Lea, 1869.

This book is prepared with special view to the wants of medical students, to be used mainly while in attendance upon lectures. While we never give utterance to any very high praise of works so brief and superficial, still we must express the belief that this book will answer exactly the object of publication, and that students will find it invaluable in looking up the lectures and retaining the main facts and important points, such as all teachers insist upon students understanding most perfectly. Physicians too actively engaged in practice to consult more extensive works can also extract from it much useful knowledge.

It is illustrated in all departments with over three hundred wood cuts, and this feature adds very much to the plainness and ready teaching of the work. There is no occasion to urge such books upon the attention, the mere announcement is quite sufficient to place it in the hands of the masses of medical students who are generally quite willing to accept some ready method of obtaining a knowledge of their profession.

Schirrhus, or Malignant Disease of the Rectum. By Alden March, M. D.

This is a re-print from the Transactions of the New York State Medical Society for 1868, of a case reported by Prof. March of Albany, in which he removed a schirrhus mass from the rectum by operation. He made incision down upon the mass through the posterior walls of the vagina, divided the intestinal canal above and below, and removed the disease. The intestine he drew down and united it by suture, closed the incision also with sutures, introduced a metallic pile pessary into the gut and secured it with bandage. At last report of the case the patient was quite recovered, was about the house and full of hope.

Operation of Vesico-Vaginal Fistula without the aid of Assistants. By Nathan Bozeman, M. D. New York: D. Appleton & Co., 1869.

This paper was read before the New York Medical Journal Association and published in the *New York Medical Journal* for February. The author first describes and gives illustration of the manner of securing patients upon the knees and chest, so as to be able to give chloroform and not require the aid of assistants in maintaining the patient in position. The different forms of suture are compared, described and reviewed. The speculum is also illustrated and its advantages distinctly pointed out. There is considerable description of Dr. Bozeman's speculum, of his suture, of his treatment and of his results. We think him entitled to credit and great respect, and like the paper very well, it is suggestive and instructive, and all interested in the operation will be attracted by it.

Syphilis, and Local Contagious Disorders. By Berkly Hill, M. B., Lond., F.R.C.S. Philadelphia: Henry C. Lea, 1869.

This treatise comprises a systematic description of venereal diseases, with all the contributions which recent research in this department of medicine has brought to our knowledge. Syphilis is treated as a disease from which arises all venereal sores; the primary ulcer is not called chancre at all, but simply the primary lesion of syphilis, thus reserving the word *chancre* to designate the *local contagious ulcer* which never gives rise to constitutional disease, or shows any vitiation of the general system. Our knowledge of syphilitic disease has increased by so many new facts and the rejection of so many errors that it is now to be re-studied by all who imbibe the views entertained a few years since. "Not long ago it was impossible to describe the whole course of syphilis, for it is only recently that we have been able to assign to their true origin the numerous lesions which are now recognized as common sequences of the disease."

This work is most admirably arranged for both student and practitioner; no other work upon the subject equals it; it is more simple, more easily studied, contains what the author calls a "*summary*" added to each chapter, which embodies the whole teaching in few words. The diseases *called* venereal are separated and made distinct; the treatment is according to the best methods and sufficiently comprehensive to form a complete guide. It is certainly a book to be read by all who practice in this class of disease.

Some Thoughts upon Education. By John Locke. New York: J. W. Schermerhorn & Co.

This is a small volume written for everybody, and contains some very truthful and sensible remarks upon the general education of children. It should be read by all teachers and parents.

Report of the New York Orthopædic Dispensary.

This Dispensary is organized for the purpose of furnishing treatment to the poor with special reference to the diseases and deformities of the spine and hip-joint, and other diseases of the bones requiring mechanical treatment. The report contains statement of cases and results of treatment quite flattering to the present modes. The institution is a benevolence and will at the same time be made to advance some private interests.

Clinical Lectures upon Diseases of the Urinary Organs. By Sir Henry Thompson. Philadelphia: Henry C. Lea, 1869.

This volume, of over two hundred pages, contains twelve lectures upon the diseases of the urinary organs. The lectures are upon the following subjects: Diagnosis; Structure of the Urethra; Hypertrophy of the Prostrate and its consequences; Retention of Urine; Extravasation of Urine and its consequences and Urinary Fistulæ; Stone in the Bladder; Lithrotrity; Lithotomy; Cystitis and Prostatitis; Diseases of the Bladder; Paralysis; Stony, juvenile incontinence; Tumors; Hæmaturia and Renal Calculus.

These subjects are all considered in a familiar and attractive manner, and the lectures may be regarded as a very condensed and truthful embodiment of all that is known of practical value upon the various topics of discourse.

Essentials of the Principles and Practice of Medicine—A Hand-book for Students and Practitioners. By Henry Hartshorne, M. D. Second edition, revised and improved. Philadelphia: Henry C. Lea.

We have no occasion to speak of this work to any of our readers; all understand how it has received the approval of students and physicians. It is as well arranged, full, practical and useful, as any treatise can be having so wide a scope and such limited space. Its title tells just what it is, and every one may be assured that it is just what it claims to be. Students in lecture term may be forgiven for consulting it; physicians who want to learn disease with the view of controlling it, should generally select some other work, otherwise some of the "essentials" even will, after a little, be wanting.

On the Dynamics, Principles and Philosophy of Organic Life. How do Medicines produce their effects? By D. C. McElroy, M. D., Zanesville, Ohio.

This is the President's Valedictory Address before the Muskingum County Medical Society, Zanesville, Ohio, May 6th, 1868. It is philosophical, consistent and well considered, full of suggestion and instruction, but the scope of the argument is such that no idea can be conveyed of it without more space than we have at our command. It must be carefully read to gain any just idea of the author's meaning.

Fibrous Tumor removed from the Anterior Wall of the Uterus. By William H. Byford, M. D.

An extra sheet from the *Chicago Medical Examiner* contains the report of an interesting case of successful removal of fibrous tumor from the walls of the uterus. The tumor was oval in shape, weighed twenty ounces, was five inches and a half long, four inches and three-quarters broad and four and a quarter thick. "An incision was first made in the most dependent part of the tumor, in the anterior lip of the uterus, which extended transversely from one side of the pelvis to the other, and must have been over three inches long;" another was extended up the posterior of the tumor over three inches. The tumor thus reached was enucleated, and extracted from its bed. The patient recovered without unfavorable symptoms.

Report on Insanity. By Charles A. Lee, Peekskill, N. Y. (Extracted from the Transactions of the American Medical Association.)

Prof. Lee speaks of the number of insane, the causes of insanity, and then gives brief history of the Insane Hospitals of the United States. The report embodies a

great amount of statistical matter, and also instructive suggestions as to the best methods of caring for the insane. Prof. Lee has studied this subject from all points of observation, both in this and foreign countries, and no one is better prepared to present the important subjects connected with it, than is the author of this report.

Catalogue of Surgical Instruments manufactured by W. F. Ford, (late Wade & Ford) 85 Fulton street, New York, Instrument Maker to the N. Y. City, Bellevue and N. Y. S. Woman's Hospitals.

This catalogue contains detail description of contents of various cases and sets, and the price of all instruments used by surgeons, physicians and specialists. Those proposing to purchase can obtain by application this descriptive catalogue, and from it order goods almost as well as if present to make personal selections. Microscopes, Ophthalmoscopes, Laryngoscopes, and indeed all instruments in use by the profession are for sale by Mr. Ford, and will be found described in the catalogue with the price appended.

Books and Pamphlets Received.

The Structural Lesions of the Skin; their Pathology and Treatment illustrated. By Howard F. Damon, A. M., M. D. Philadelphia: J. B. Lippincott & Co., 1869. Received through and for sale by Breed & Lent, Buffalo.

Chloroform, and a New Method of Administering it. By A. M. Rosebrugh, M. D., Surgeon to the Toronto Charitable Eye Dispensary.

Pathological Phenomena Generalized. By H. Backus, Montevallo, Ala.

The Life of the Trichina. By Rudolph Virchow, M. D., PH. D., Professor University of Berlin. Translated by Rufus King Brown, M. D.

Remarks on Dr. Sayre's Paper entitled "A New Operation for Artificial Hip-joint in Bony Anchylosis." By Louis Bauer, M. D., of Brooklyn.

Enucleation of the Eyeball. By B. Joy Jeffries, A. M., M. D.

The Part taken by Nature and Time in the Cure of Diseases. By James F. Hibberd, M. D.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia, from December 5, 1866, to December 2, 1868, inclusive.

Medical Department. Georgetown College, 1868–69.

SUB-CUTANEOUS SYRINGE.—We have received from W. F. Ford, surgical instrument maker, 85 Fulton street, New York, a sub-cutaneous syringe, worthy of attention by the profession. It is according to the experience of physicians generally to find when they most want these instruments that they are out of working order. The rubber ones break so easily and are so constantly requiring repair that their use has been almost abandoned. The cheap glass instruments are not worthy even a mention; most of them cannot be used once. Sub-cutaneous medication is established as a necessity, and the manufacture of an instrument which will answer any reasonable expectation is a great advantage in its adoption. The one we have received from Mr. Ford appears to us to combine all the desirable qualities, strength, finish of workmanship, and absolute perfection in easily determining the number of drops administered. We regret our inability to state the price, but no matter what it is a good instrument of the sort is cheap, at any price, compared with a poor one.

American Medical Association.

Meeting at New Orleans, Tuesday, May 4th, 1869.

I am authorized by the Atlantic and Mississippi Steamship Co., of St. Louis, to say, that they will carry Doctors and their Ladies to attend the meeting of the Association, at the following rates, viz.:

From St. Louis to New Orleans, each passenger,	$20 00
" Cairo " " " "	18 00
" Memphis " " " "	15 00
Returning,	
From New Orleans to Memphis, each passenger,	$15 00
" " " Cairo, " "	18 00
" " " St. Louis, " "	20 00

The Company start a first class Steamer from St. Louis every forty-eight hours, Sundays included, and the usual time from St. Louis to New Orleans, is about six days, and from Cairo to New Orleans, about four and a half days. Passengers can go on any of their boats at the above rates, which includes meals and state-rooms.

The Steamer which will, however, take down the great body of the Doctors, wishing to travel by the river, will leave St. Louis at 5 o'clock P. M., on Wednesday, the 28th of April; Cairo on Thursday evening, after the arrival of the afternoon train on the Illinois Central Railroad; and Memphis on Friday evening, reaching New Orleans from Monday noon to Tuesday morning.

Parties arriving by railroad, to take this boat, at either St. Louis, Cairo, or Memphis, had better make their calculations to reach the point of embarkation, at least one train in advance of the time of the boat's departure. But, if any one should arrive at Cairo or Memphis too late for this boat. he will find one or more boats passing for New Orleans every day, at ordinary fare.

It was deemed best to make the arrangement for a definite fare each way, so that one can go either down or up, or both, as he may choose, by the river, and know in advance just what he will have to pay.

To avail himself of this boat, one may apply on board, making it known that he is on his way to attend the Association, or, perhaps better, write me a line as early as convenient, stating how many ladies, if any, will accompany him.

Good Steamers, also leave Louisville for New Orleans every two or three days, occupying from six to seven days in the passage down. If a considerable number of Doctors should wish to take passage from Louisville, and would make application in a body to E. T. Sturgeon, Superintendent Louisville & New Orleans Packet Co., at Louisville, or the Captain of a Steamer, starting at the proper time, he would probably give them a liberal reduction from the ordinary fare, which varies from thirty to forty dollars, according to the style and accommodation of the boat.

From Cincinnati no suitable boat can be taken through to New Orleans, but the Cincinnati & Louisville U. S. Mail Line, will take one going to the Association from Cincinnati to Louisville on one of their fine boats, and from thence to New Orleans by rail, for forty dollars, and return him on the same route to Cincinnati free. Two mail boats leave Cincinnati every day at 12 M., and 6 o'clock P. M., except Sundays, one at 12 M. I am not advised as to what arrangements have been made with other railroads.

JAMES F. HIBBERD, M. D.,
Richmond, Ind.

Oxygen, Carbon, Nitrogen, Hydrogen, Phosphorus and Sulphur changed by Adam's sin. (?)

Prof. Charles W. Chancellor, M. D., of the Washington University, Baltimore, in his charge to the graduates, says:

"You have learned that in Eden all was perfect—the mineral, the vegetable, the animal, until 'man's first disobedience brought death into the world and all our woes.' That a violation of God's holy law not only changed man's moral nature, but the atoms of the whole world became impressed with the wicked influences of the spirit of evil. It made oxygen a destroyer, and fired it with a species of fury to seize upon and destroy its fellow atoms. It made nitrogen fickle, false and unreliable. It so changed the kingly elements of carbon, hydrogen, phosphorus and sulphur in their nature, that they yielded an unwilling and uncertain obedience to the operations of the great forces of the universe. They have no regard for the value or beauty of animal or vegetable life, but are only too happy when the process of disintegration sends them back to revel in the inorganic world of atoms.

The varied forms of disease which afflict mankind are but a tithe of all we may see, resulting from a prevalent want of harmony in the universe; and it is your province, gentlemen, as philosophical enquirers, to take this extended and just view of the original cause and widespread results of evil in the world."

If we only knew what were the properties of these elements previous to Adam, we should be able to judge better about the change. We had heard that Adam's sin inoculated the race with evil, but did not know that it had changed the natural elements. We are willing to accept almost any proposition concerning it, since Adam cannot be greatly injured by any accusation now brought against the purity of his life. Any one who desires to defend Mr. Adam, can put in a plea that he was probably ignorant of chemistry, and did not mistrust that slight changes would produce such fearful and fatal results.

American Medical Association,

Office of Permanent Secretary.

WM. B. ATKINSON, M. D.,

S. W. corner Broad and Pine streets, Philadelphia, Pa.

The Twentieth Annual Session will be held in New Orleans, May 4th, 1869, at 11 A. M.

Secretaries of all medical organizations are requested to forward lists of their delegates as soon as elected, to the Permanent Secretary.

Any respectable physician who may desire to attend, but cannot do so as a delegate, may be made a *member by invitation*, upon the recommendation of the Committee of Arrangements.

W. B. ATKINSON.

DEATH OF DR. ARNOLD OF ELLICOTTVILLE.—We regret to announce the death of Dr. Arnold of Ellicottville, Cattaraugus Co., N. Y. He had suffered for some months from albuminuria, but continued to pursue his usual business up to within a few days of his death, when his symptoms became rapidly serious, and increasing in severity soon ended in death. He was a very successful physician and much respected citizen, and his early death will be an irreparable loss not only to his relatives and near friends, but to the whole community. We regret our inability to publish a suitable notice of his life and character, and hope some of his acquaintances will furnish us the necessary data.

BUFFALO

Medical and Surgical Journal.

VOL. VIII. APRIL, 1869. No. 9.

Original Communications.

ART. I.—*A case of Polypus arising from the Urethra of a Female, complicated with four bands of adhesion of the Vagina, and complete occlusion of the Os and Cervix Uteri.* By W. H. Williams, M. D., *Louisiana.*

Margaret Attaway, (colored,) aged twenty-five years, the mother of three children, was admitted into the Infirmary November 5th, 1868, complaining of inability to retain her urine, and that her monthly sickness was on her nearly all the time, and that she had much pain and a feeling of heaviness in the region of the urino-genital organs. She stated that she had not been able to retain her urine at any time within the last three years, and that her youngest child was about three years old; at the birth of this child she was not attended by either physician or midwife.

At the time this woman was admitted she was very much emaciated; had a haggard and despondent appearance of countenance, walked about and seemed indifferent to all things around her, and would not eat unless forced to do so. We attempted to make a digital examination per vaginum, but found the parts so tender that it was impossible to make a thorough one, and we therefore resorted to chloroform, which enabled us to make a careful examination of the parts, which I will endeavor to describe, as follows:

A polypus, the size of a hen's egg, was found separating the

vulva. Pushing this to one side and continuing the finger up the vagina, another and smaller mass than the first was easily felt, and of the same character; and above this again the walls of the vagina were found bound together by bands of organized lymph, which rendered it impossible for the finger to reach the neck of the womb. We had very little difficulty in satisfying ourselves as to the character and origin of the obstructing growths. By pushing the mass lying in the vulva backward and upward into the vagina, three fingers could without difficulty be passed through the urethra into the bladder; in fact the urethra was larger than the vagina itself.

The polypus masses spoken of above were found attached by a common pedicle to the mucous surface, anteriorly to and just at the neck of the bladder. On examination it was found that this pedicle, forked, and was the root of both polypoids. The pedicle was easily divided by introducing two fingers into the urethra and putting the parts on the stretch laterally and cutting it off with a pair of scissors. This done the bleeding surface was touched with the per chlod. of iron, which soon stopped all bleeding, and enabled us to make a thorough examination of the vagina. This was done by using Sim's speculum, which enabled us to divide the bands of attachment from side to side, until they were all removed, and the neck of the womb brought fully into view. The cervix was large, long, and of a glistening appearance, and there was no sign of an os. The bleeding that followed the dividing of the bands was controlled by the iron as above used. The vagina was filled with cotton saturated with the following combination:

Ol Lini, - - - - -	℥iiss.
Carbolic Acid, Sim's Solution, - -	℥ss. M.

This tampon was not removed for three days, notwithstanding the pain and restlessness were such as to require the free use of anodynes while it was in situ. The cotton was removed from the vagina on the third day, and was not at all offensive. About the fifth day after the operation the urine had ceased to dribble away, and could be voided at will. Fifteen days later the general condition of the patient was much improved and the soreness about the vulva all gone.

We now determined to try to relieve the occlusion of the cervix; Sim's speculum was again used and the cervix brought plainly to

view, which, with a curved volsella, was pulled down a little, and with a tenotome its center pierced to the extent of little over two inches, when it was very evident that the knife had entered the cavity of the uterus. Bilateral incisions were made from this puncture, each way through the os internum and cervix, and a large size sponge tent introduced and retained twenty-four hours, which upon removal was not at all offensive. We thought it best to wait two days before introducing another tent, which was accordingly done and allowed to remain twenty-four hours. In removing this tent there was no trouble in introducing the finger into the womb, and the cervix, external and internal, looked quite healthy. Nothing more was done, nor was it necessary to do anything more in this case. This patient was just two months in the Infirmary, and when discharged was perfectly well.

I will here remark that the way in which I make my sponge tent seems to prevent that bad smell that Dr. J. Marion Sims found so troublesome. My plan may be an old one to some, but I will venture to give it at all events. The combination is this:

℞ Price's Glycerine, - - - -	℥iv.
Carbolic Acid, (cryst.) - - - -	℥ss.
Pulv. Acacia, - - - - -	℥j. M.

The sponge is to be saturated in this in the same manner as in the mucilage. No bad smell will follow the removal of a tent prepared in this way, even if it remains forty-eight hours, provided a pledget of cotton be dipped in glycerine and introduced into the vagina sufficiently high up to come in contact with the neck of the womb.

Operation performed in presence of and assisted by Drs. Cutliff and Clay, and P. B. Tuzavant and Horace Williams, students.

CLARET.—No variety of wine is more dangerous to use than what is called *claret*. It is usually a vile mixture. Thousands of gallons are made by allowing water to soak through shavings, and adding thereto a certain proportion of logwood and tartaric acid, and a little alcohol. Good judges can hardly discriminate between this factitious mixture and the genuine article.—*Boston Journal of Chemistry.*

ART. II.—*Chronic Catarrh, Pharyngitis, Laryngitis, Bronchitis, etc.*

By Wm. M. Cornell, M. D., LL. D., *of Boston.*

Catarrh is a very common difficulty, usually couched under the name of a *bad cold;* and, indeed, we never knew any one to have a *good* cold. In many cases this passes off in a few days and leaves the general health unimpaired. This, however, is not always the case. Often, through neglect or inattention, the difficulty becomes *chronic*, and is not troublesome only, but leads on to serious disease. The symptoms of this disease are more or less pain in the head, usually deep seated, chiefly in the forehead; the nostrils are dry, with a kind of burning sensation in them; the eyes are often filled with tears; there is frequent sneezing, with some fever. These are all common at the commencement of a catarrh.

Few persons understand how cold is taken. If this point were well known, there would not be so many colds. People bundle up, when they go out, and this is well enough, if they are to ride or sit still; but very poor policy if they are to walk. It is not often that colds are taken when persons are out. They are generally taken when they *come in.* When out, the cool air, so far as it comes in contact with the respiratory organs, drives the blood from them; and, when they come to the fire, or from the low temperature out of doors, into a heated room, there is a rush of blood into these vessels which very much resembles the crackling of dry thorns when they burn. It is then that cold is taken. This may be avoided by coming slowly or by degrees into a heated atmosphere. But we rush in haste to the fire, or into a room heated to seventy degrees by a detestable furnace, which ought always to come under the "Nuisance Act" in Massachusetts.

We have stated how cold is taken, because the old adage "an ounce of prevention is worth a pound of cure," is but too true.

After the first symptoms above described, a discharge of a thin, watery fluid takes place, of an acrid character, which irritates the parts over which it flows. Soon this changes from the clear and watery character and assumes a thick, yellowish color. This is the usual course of a *common cold*, or catarrh. The disease, however, does not always subside in this way, nor does it always terminate so favorably. On the contrary, the "dropping from the head" of this acrid matter excoriates the parts below, upon which it falls—

the fauces, uvula, or soft palate, the tonsils, the trachea, or windpipe, and, finally, the bronchial tubes and the lungs. Of course, the tendency is downwards.

Here, again, under proper treatment, these symptoms soon disappear. But in most cases there is no treatment at all. It is not very troublesome at first, and the person lets it alone—lets it take its course, and that course is often from bad to worse. He feels some inconvenience; has a dull pain in the forepart of the head, a little soreness about the upper part of the throat, a constant tendency to cough, and spits up every morning a few mouthfuls of a thick, greenish, sticky phlegm. Thus he goes on for weeks, perhaps months; we have seen cases where this work of destruction has been going on for years.

After the first described symptoms have changed to the second stage the thin, watery discharge having become thick, greenish and tough, the nose and passages above in the forepart of the head, begin to fill up, the senses of smell, taste and hearing become impaired. Then comes on the discharge from the throat of the thick, green, tough substance spoken of above. This is usually called the *third* stage of the disease. In many cases the discharge now becomes very offensive, in some instances so much so that one can scarcely stay in the room with the patient.

In these worst cases, there is usually a *scrofulous* habit, and remedies must be addressed, not to the diseased parts only, as they appear, but also to the general system. Persons subject to chronic catarrh are almost always taking cold, and we seldom see them when they are not "pretty well, only they have taken a little cold." It is a fact that they do take cold readily, on account of the sensitive state of the mucous or lining membrane of the respiratory organs.

After chronic catarrh has made some progress, or, indeed, as soon as it has become *chronic*, there is usually a little hacking cough, and a great deal of *clearing up* of the throat. There is a continual irritation kept up by the falling of the material already described, from the head, and hence this disease goes on from bad to worse. Soon the larynx, or vocal cords, become more or less diseased, being enlarged, inflamed, or ulcerated. The voice then grows hoarse or husky, and the more it is used the worse it feels, and the worse it *is*.

Twenty or twenty-five years ago these *throat diseases* were complained of chiefly by clergymen and singers, but in later years other classes have been attacked with the same troubles, and we now find cases among those who never sing and never speak in public. These arise chiefly from *chronic catarrh;* and persons are as liable to have this, who never use their vocal organs to any great extent, as those who do. It arises from various causes, chiefly a scrofulous constitution or impoverished blood, or some hereditary taint.

A few years ago this disease usually terminated in tracheal or bronchial consumption, as it does now when proper remedies are not applied. But at the present time facilities for treating this disease have been greatly multiplied, and if seasonably applied, often effect a cure. The chief improvement consists in conveying remedies directly to the parts diseased by atomized inhalation.

When Dr. Greene of New York, proclaimed that he could enter the larynx and trachea with a probang or crooked bone and a piece of sponge saturated with some medicated liquid, nearly all the physicians of that city protested that it could not be done, and now to read what they then wrote, though but a quarter of a century ago, reminds one of the persecution of Jenner and of Harvey, by their medical brethren. Greene, however, lived long enough to see his discovery triumphant, which neither Jenner nor Harvey did.

At the present time we have advanced far beyond anything that Greene thought of in diagnosticating diseases of the respiratory organs. Physicians can actually *do* what clairvoyants have long *pretended* to do, to wit: *look into the human body.*

The *laryngoscope!* what's in a name? especially a jaw-breaking one—is a small, round glass, that may be placed in the back part of the mouth, mounted upon a wire, at an angle of forty-five degrees, held by its handle. This comprises the sum total of this instrument. By placing it properly in the back part of the mouth, the reflecting surface shows the inside of the laryngeal box, and the vocal cords in their natural position, and the manner of their action. Even the *chink* of the glotis, as it is called, is laid open to inspection by the naked eye. This is a wonderful improvement in our pathological investigation of these parts. The precise point of disease being thus made visible, a surgical operation may readily

be performed, if necessary, or atomized remedies carried to the very spot on which disease has fastened.

To a child with true croup, but before the false membrane had made much progress, I administered the spray of *lime water*, of the ordinary strength, atomized. In a very few minutes the membrane became softened and came off in small flakes. The child recovered. Medicine was also given.

To a lady with diphtheria, *lime water* of the same strength and in the same manner as in the case of the child, was employed. The lady recovered. Medicine was also given.

A lady with chronic bronchitis, accompanied with very offensive secretions, inhaled *tar water* two drachms, ordinary strength. The secretions, after a few inhalations diminished, and she recovered. A patient with gangrene of the lungs inhaled *tar water* as in case third, with a very good result. In bronchitis, *turpentine* was inhaled with good success, from two to three drops at a time. In asthma, with considerable nervous excitement, the *arsenated liquor potassa*, ten drops, was inhaled with benefit. In a vexing irritative cough, the *watery extract of opium* was inhaled, one-half a grain, with advantage. Whooping-cough in one patient, relief was afforded by the first inhalation of eight drops of the fluid extract of *hyoscyamus*. Spasmodic cough was relieved by inhaling one grain of the extract. Relief was given in consumption by inhaling from five to ten drops of the tincture of *Cannabis Indica*.

A patient with catarrh was relieved by inhaling *muriate of ammonia* up the nasal passages, fifteen grains. In my own case, benefit was derived from inhaling this remedy in bronchial cough and laryngeal irritation, which I reported some time since in the *Buffalo Medical Journal*. I have also used liquor soda chlorinate, or *chlorinated soda*, one-half to one drachm in consumption and in bronchitis with advantage.

Aphonia, caused by chronic laryngitis, was cured by a few inhalations of *sulphate of zinc*, from two to five grains at a time. Ulcerated larynx and enlarged and irritable vocal chords were greatly benefited by inhalations of *nitrate of silver;* eight grains to the ounce of water will usually be found about the proper dose; the face should be covered.

The following case of consumption were relieved very much:

A young man, right lung diseased; various preparations of iron were tried, but the best result was obtained from the *perchloride*, inhaled in one grain doses. In hemorrhage from the lungs it was employed in doses of five to seven grains to the ounce. Of all the various preparations of iron, in the numerous diseases of the pharynx, larynx, bronchi and lungs, the *perchloride* has proved the most beneficial.

Several cases of catarrhal irritation of the bronchial tubes of the larynx and trachea, and of excessive secretion from the mucous membrane of the head have been remedied by inhalation of *alum* in doses of twenty to twenty-five grains to the ounce. In some cases more relief has been found from combining the alum with small doses of conium, hyosciamus and opium. Alum, I think, may be usefully employed in more diseases of the respiratory system than any other one remedy. I have used *tannin* very successfully in numerous diseases of these organs, especially in ulceration of the pharynx, larynx, trachea, bronchi and irritation of the mucous membrane of the head. In these astringent remedies I always consider it safer to commence with a small dose; and, if *that* is borne well, then proceed to the larger. I have recently been using several other remedies in these diseases, but have not yet tried them long enough to make a report of their effects, but hope to do so at a future time.

Let me add, in conclusion, that none of these remedies can be relied on alone to cure consumption. They are only *adjuncts*. *Consumption is a disease of the blood*, and can never be cured by topical remedies alone. As Dr. Rush said, "It is a disease all over." The whole vital fluid is contaminated by the pernicious tubercular condition of "*the blood which is the life of the flesh.*" The whole system must be renovated by good air, gentle out of door exercise, good wholesome food, in as large amount as can be well digested, and a judicious use of such medicines as are calculated to purify and enrich the blood. It is well known that all the fluids and solids of the body can be changed by a proper use of substances taken into the system.

By living properly, consumption may be postponed even in persons predisposed to the disease. When I say, as above, that inhaling remedies will not *alone* cure consumption, I by no means design

to discourage this kind of treatment. Its advantages are many, as it conveys the remedy directly to the diseased organs. But, if these could be healed, so long as the blood remained in that condition which first caused the development of tubercles on the lungs, there would remain also the cause for a new development of the disease. The fountain must be made pure, and then we shall have pure blood flowing to every organ.

ART. III.—*Clinical Remarks upon Surgical Cases in the Buffalo General Hospital—Congenital Cataract—Perineal Section for relief of impassable Stricture.* By J. F. MINER, M. D.

Congenital Cataract.—The young lad which we present before you this morning has cataract in both eyes, which was observed to be present a few months after birth. Such disease when present at, or appearing soon after birth, is called congenital cataract—is called so if it appears at a later period, even after the age of puberty. Whether existing in infancy or afterward, the appearances are the same, and are quite different from those cataracts which appear in elderly people; the grayish or blush-white appearance of the opacity is quite characteristic. Sometimes the opacity occupies only the central portion of the lens, but it almost always extends until the whole is opaque. You will observe the constant rolling of the eyes—oscillation as it is called; this is commonly present where blindness has existed from birth, the patient never having learned to control the motions of the eyes, from having been unable to fix them upon objects.

Hereditary predisposition is said to be the frequent cause of congenital cataract; certain it is, that the disease does sometimes affect several members of the same family. Beyond this I am unable to give you any cause for its appearance, at birth; when it appears later, more obvious causes might be in operation. The prognosis is generally very favorable, and though the case before you has been operated upon, as I understand twice, thus far unsuccessfully, still I have little doubt it can be removed. Thus far it appears the opaque lens has resisted the solvent or absorbent action of the aqueous humor; but it is highly probable that if the capsule is thoroughly divided, and the lens broken up, that the opacity will

disappear. It is true it may resist a first and second operation, but we will give the lens a complete division, freely rupturing the capsule, and it must eventually conform to the almost universal rule.*

Congenital cataract comes under the general head of soft cataract, and therefore may be removed without extraction. It is so soft that when the capsule is ruptured freely, nothing further need be attempted; it will be removed by the natural absorbent action of the aqueous humor, which is now freely admitted to the lens. I have previously described to you this operation and I have no occasion to repeat. The pupil should be dilated. The patient, usually a child, should be anæsthetized so as to ensure greater immobility, and the globe may be controlled by seizing the conjunctiva with fine forceps. I have introduced the needle, as you observe, through the sclerotic, about a line from the border of the cornea, and thus am able to divide capsule and lens most thoroughly, as I am determined to give it a fair chance to be removed; but the needle may also in the operation for congenital cataract, be introduced through the cornea, and the same object attained by slight modification of the procedure. The time requisite for absorption varies in different cases, depending upon the freedom of the division of lens and capsule, softness of the lens and vigor of the patient. A few weeks are generally quite sufficient in congenital cataract for complete absorption; the lens in such cases is softer than in cataract in advanced life except when these latter have resulted from injury.

Perineal Section for Stricture.—Our second patient, Mr. D., is about thirty-two years old; otherwise than the stricture is very healthy. The history which he gives of his case is, that when quite young he contracted a severe gonorrhœa, which resulted in stricture of the urethra. He soon noticed his condition, but neglected attending to it. He says that for the past few years he has been constantly engaged in fruitless and painful efforts to void his urine, and that life in his present situation is not to be endured. Within a year or two various physicians have had him in charge, but no relief has been obtained. Much time has been spent in efforts to pass instruments into the bladder, but no one

* Two months after operation patient returns with perfect result in the eye twice before operated upon, and the lens nearly absorbed in the other eye. Amount of vision not accurately tested for want of opportunity. Oscillation still present, which must greatly interfere with near vision.

has ever yet succeeded. For the last few months he has been under the care of Dr. Phelps of this city, who has made persevering effort to overcome the stricture by dilatation. He has done this so faithfully and judiciously that I accept his experience as my own, and proceed to attempt one of the most difficult and uncertain operations in surgery. I have already accomplished it in three instances in my life, each time without so much delay and embarrassment as I expected, but always with the sincere hope that I might never have occasion to repeat it. Perineal section, for relief of stricture, is only necessary in extreme cases; the occasion for making it is very infrequent since so many means are now at command to avoid it, but there are cases which resist all other modes of procedure, and to these few cases the operation is applicable.

The incisions are made similar to cutting for stone, but when you reach your staff, which has been introduced as far as the urethra is pervious, you may have no further guide, all track and trace of a urethra are absent, and you are to seek unguided the urethra upon the other side of the stricture. It would often be impossible to do this, but for the fact that the constant effort in voiding urine has had the effect to dilate the urethra back of the stricture, and thus make it more obvious to the touch and more likely to be opened into. We have succeeded after much effort, delay and searching to find, I was about to say, the urethra behind the stricture, but really have passed back into the bladder, without any guide at all, so that instruments are now passed easily through our perineal incision into the cavity of that viscus. Such an operation is one of the most uncertain and embarrassing which surgeons ever undertake, and withal is attended with dangers to the life of the patient so great that other, safer and more simple plans, should be thoroughly tried before resorting to it. I shall watch the progress of the case with deep interest and will report to you the result.* The after treatment will consist mainly in keeping a catheter in the urethra, changing it often to prevent deposit upon it, and allowing the parts to heal over the instrument, thus establishing a new and pervious urethra.

* At present writing, the patient is again at work as a laborer. Dr. Phelps, who has had care of him, informs me that the incision healed kindly and that urination is now free and painless.

ART. IV—*Abstract of Proceedings of the Buffalo Medical Association.*

TUESDAY EVENING, April 6th, 1869.

The meeting was called to order by the President. Members present—Drs. Lothrop, Gay, Little, Miner, Samo, White, Wetmore, Ring, Brown, Phelps, Greene, Diehl and Johnson.

On motion the order of exercises was suspended to allow Dr. Weeks to exhibit a pessary.

The Secretary's Annual Report was read, accepted, and ordered placed on file.

The Treasurer's Annual Report was read, accepted, and referred to a committee of one. The chair appointed Dr. White such committee. Dr. White moved that the report be received. Carried.

DR. WHITE moved that a committee of three, including the Treasurer, be appointed to revise and correct the books, which are in an unsatisfactory condition. The motion was carried, and the chair appointed Drs. Samo and Wetmore to act with the Treasurer.

By vote, the Treasurer was authorized to procure blank receipts to be given members on payment of dues.

Election of officers for the ensuing year was then held, with the following result:

President, ...	J. F. MINER.
Vice President, ...	S. W. WETMORE.
Secretary, ...	T. M. JOHNSON.
Treasurer, ...	CONRAD DIEHL.
Librarian, ...	J. B. SAMO.

Dr. William O. Taylor was elected to membership.

DR. GREENE said: Mr. President and gentlemen, I have here a calculus or concretion, which to me is of much interest. The history of this concretion is this: it was dropped by a horse which belonged to myself, and found in the stable covered with manure. On being washed, it presented an oval form and greenish appearance, which became light brown on exposure to the atmosphere. It weighed twelve ounces, and when sawed through in the direction of its long diameter it was found to consist of layers of a crystaline substance, having a shingle nail as a nucleus. The length of this calculus in its long diameter is three and one-half inches; short diamter two and one-half inches. This horse, previous to this concretion being expelled, was subject to colic, but never since. I do not

claim that this concretion has not a precedent, but I do believe they are very uncommon, from the fact that in examining a number of authors on the subject of intestinal concretion in the horse, only one mentions the existence of such. In Robert Jenning's second work on the horse, page 259, mention is made of a conerection weighing as high as six pounds. Through the kindness of Prof. George Hadley, we have chemical analysis, which I subjoin in full.

BUFFALO, April 5th, 1869.

Dr. Greene:—The intestinal concretion from a horse, submitted to me for examination, has a hardness slightly greater than gypsum. Heated before the blow-pipe it swells, darkens, gives off ammonia, and fuses with some difficulty into a white enamel. In muriatic or nitric acid it dissolves without effervescence, leaving a very little floculent organic matter. From this solution excess of ammonia throws down a precipitate, the whole of which is crystalline. Oxalate of ammonia gives no precipitate after careful neutralization. The nitric solution, on treatment with nitrate of silver and with ammonia, gives a brown yellow precipitate. Heated alone in a test tube the concretion gives off water. Heated with caustic potash solution, it evolves ammonia; and, after digestion, the portion remaining undissolved has with nitrate of cobalt the blow-pipe action of magnesia.

This concretion, therefore, contains no lime, very little organic matter, and consists almost entirely of phosphate of ammonia and magnesia. It is the triple phosphate of the books, (Mg. NH^4PO^4 x^6H^2O,) and is identical with the struvite of the mineralogists.

Yours, truly, GEORGE HADLEY.

DR. LITTLE reported the following case of a *post mortem* examination on a young person known as John R., aged 25 years, of Irish parentage, born in New York, of effeminate appearance, having no beard, and never having shaved his face. Had followed the occupation of cook on board of vessels on the lakes; belonged to a military company in the city, and served in the U. S. Army two years. *Post mortem* examination revealed no organs of generation, male or female; neither penis, scrotum or testicles, vulva, vagina, uterus or ovary, but what might be called a miniature penis, not as large as that of a new born male child. On examining it closely, outlines of labia could be seen.

The specimen was carefully removed for further investigation, by sawing through the pubes, and removing the parts in citu, with the bladder and part of the rectum and anus. Dr. Miner was present at the examination and perhaps has since, more carefully examined the parts, as he has the specimen in keeping for the museum of the Buffalo Medical College.

Dr. Miner said, that he had little to add to the description of Dr. Little. The subject had the general appearance and form of the female, and every one, judging from it alone, would unhesitatingly call him a woman; but upon examining the sexual region he would perhaps say, she is a man. Dr. Little has said that "examination revealed no organs of generation, male or female," and with his subsequent explanations he would endorse fully the statement. Certainly there are no developed generative organs natural to either man or woman. He had not himself, and he presumed Dr. Little had not made examination sufficient to be able to say that the neighboring parts contained no rudimentary organs answering to either sex. He had thus far avoided mutilating it by dissection, being desirous of preserving its natural appearance, but dissection could be made and still cause no injury to the specimen. The penis is rudimentary, but still has a foreskin, and as felt through foreskin, a glans penis. The bladder was greatly en larged, containing urine, which, on pressure, freely escaped through the urethra, which terminates naturally in the miniature penis. There are no testicles, unless they are to be found in the inguinal region or walls of the abdomen. There is no womb, unless it is rudimentary and entirely concealed in the tissues between the urethra and rectum; nothing like an ovary could be found in normal position. He thought it possible that careful dissection would reveal rudimentary organs which would more positively determine the sex. He mistrusted this might prove true, because it would be such a rare and perhaps unheard of anomaly, if no sexual apparatus could be found. If she was a man, she had many of the characteristics and appearances of a woman, and if he was a woman, certainly it must require most careful examination to demonstrate the presence of any of the female sexual organs. The case seemed remarkable to him, whatever might be shown by more careful examination.

DR. WHITE remarked that the case related by Drs. Miner and Little possessed great interest to the embryologist. The entire absence of genital organs, both male and female, was certainly very rare. In this instance, so far as could be discovered by the eminent gentlemen making the examination, there are no rudimentary organs of either sex. It is possible that upon a more careful inspection the rudimentary filaments may be discovered, having been arrested in their development at an early period in fœtal growth. Complete absence of the uterus has been doubted by many, because a more careful study of cases recorded as authority rendered the presence of rudimentary organs of one or the other sex presumable or evident. Simply examining the living is by no means conclusive on this point. To arrive at reliable conclusions a careful *post mortem* examination is important. A recent writer, Klob of Vienna, says "complete absence of the uterus, especially where accompanied with defective fallopian tubes and ovaries, is rarely found except in infants with an undeveloped condition of the lower half of the body and incapable of existence. Cases of absence of the uterus with complete development of the rest of the body have been but rarely met with."

Hermaphrodism or a commingling of the organs of the two sexes is much more frequently seen. Ordinarily when one of the male organs is absent a female of analogous character is substituted therefor. Complete hermaphrodism rarely if ever exists. It will be remembered by several members present that there is a cast in the museum of the University of Buffalo, presented me by my friend, the late Professor Ackley of Cleveland, which combines an unusually large proportion of the organs of both of the sexes. There is present the entire male organs, small in size and the testicles in the abdomen not having descended into the scrotum. There is also present a small uterus with fallopian tubes and ovaries. The lower end of the uterus is received into a small vagina which is connected with or rather opens into the male urethra. The external female organs only are wanting to complete the two sexes in one individual. The subject of this curious *lusus* had arrived at the age of twenty-four before he died, and was regarded as an effeminate *man*. He had had frequent sanguinolent discharges from the urethra, which during life, were supposed to come from

the bladder or kidneys, but which are now believed to have been menstrual. He, like the individual described by Drs. Miner and Little, was not suspected of being mal-formed until it was disclosed in the dissecting room.

In a physiological point of view these cases deserve especial consideration. It will be remarked that the individual in whom all the organs were absent and the one in whom nearly all of both sexes were present, certainly all the most essential, were alike effeminate. It is well known that castration in the male produces effeminacy, whilst the loss of the ovaries has the effect of making the individual more masculine, the hair growing upon the face, the voice becoming harsh, and even the ossific pelvis becoming narrower, deeper, and in short, more like the male. A curious physiological inquiry as to what we are to expect of this *neuter*. Is *it* to resemble the female with extirpated ovaries, or the castrated male? But, Mr. President, I refrain from farther speculation until we may have this interesting specimen before us. I am happy to learn that the parts have been carefully preserved without mutilation, and will be submitted to the inspection of the members at no distant period. It certainly deserves the careful examination of all interested in this department, and it is highly probable that farther discussion will be elicited upon that occasion.

Dr. Lothrop had, through the kindness of Dr. Little, had an opportunity to examine the specimen removed from the body. Of the general appearances of the body as indicating sex he could say nothing, not having seen it; but such examination as he could make of the portion removed, without dissection, inclined him to disagree with the opinion that it belonged to a person of no sex. From his examination he was rather impressed with the belief that the person was a woman. In the specimen a large portion of the rectum was removed with the mass. The space, therefore, between the bladder and rectum had not been thoroughly explored. It seemed to him probable that careful dissection would disclose rudimentary female sexual organs. At any rate, until such dissection had been made, no positive conclusion as to sex could be adopted. The external organs appeared to him to have more resemblance to those of the female than to those of the male. The small, protruding organ, which was called a penis, he thought could have

been formed by a prominence of the urethra or the union of the clitoris with it. He could not decide that there were any appearances like the gland penis or the prepuce. The prominences below the organ had quite as much the appearance of labia as of a scrotum. There was no opening to correspond to that of the vagina, but upon separating the slight folds the line of union had a pinkish tinge, and was not raised like the raphé of the scrotum. The arrangement of the hair seemed to him more like that usually seen upon the female. Whether right or not in these impressions, he was unwilling to admit that the person from whom these organs were removed, was of no sex. He was unwilling to believe in such a *lusus naturæ*, as an absolute absence of all trace of sexual organs, in a body otherwise well developed. He therefore desired farther examination in this case, as he could not now call to mind any recorded instance in which there was an entire absence of all organs indicative of sex, apart from other malformations, or defects of development.

Adjourned. T. M. JOHNSON, Sec'y.

Correspondence.

For the Buffalo Medical and Surgical Journal.

Dear Doctor:—I send you a statement of a remarkable case of paralysis, (peraplégia) drawn up by the patient himself, an intelligent, self-educated man, who died several years ago, not long after the description was written. The physician who made the *post mortem* examination, (the late Prof. T. Childs, M. D.,) informed me that the spinal cord was completely disorganized at the point of injury, the lower dorsal and upper lumbar vertebra, so that no nervous influence could have been transmitted to the parts below the seat of the injury. (There was perfect dislocation of the eleventh vertebra.) So far as I know, the case has never been published. I take the liberty of condensing the history somewhat, but without changing the sense in the slightest degree. If you think it worthy of publication, it is much at your service. L.

"To Dr. S. J.:

"Dear Sir:—At your request I am induced to make a statement of some of the effects produced on my system by a painful accident which occurred some *forty* years since, which you seem to think might prove interesting and perhaps useful to the medical profession. I was born in 1782, and was apprenticed to the house building business. On the sixth day of November, 1804, I fell from a scaffold forty feet to the ground, without meeting anything to break the fall. I had no recollection of anything that transpired after the scaffold gave way until I was carried into the house, and the doctor was preparing to open a vein in my arm. The shock was so great that I lay mostly unconscious for several hours. I was believed, however, by those present to be *dead* below the hips. The next morning I was carried on a litter to my father's, about a mile distant, where I was examined by several physicians. When examined I was placed across the bed, with my face downward, and one stout man took hold under my arms, another around my feet, and with their knees braced against the bed-post they pulled lustily, while the surgeons with their fingers felt along the spine to see if they could find anything out of the way, and at one place (at the joint of the lumbar vertebra) they thought at first they discovered a slight depression, but on stripping my brother and placing him in a similar position, they could not be satisfied that there was any difference. There was no fracture nor dislocation apparently of any bones; not a scratch nor even a place where the color of the skin was changed. I apprehend that I must have struck upon the lower part of the back and hips, and as it was a cold day I had an increased quantity of clothes upon me, and these fastened snug and tight, and this I think most likely saved my life, for although no visible or tangible mark could be discovered, yet the whole system below the supposed point of injury, was completely paralyzed, both externally and internally, and has remained so till this day, *a space of forty-four years!* Although there has been some little alteration from the supposed point of injury down to the knee, yet below this no improvement whatever has taken place. I have frequently cut, burned, bruised and injured my legs in various ways without knowing it, until I discovered the wound by sight.

Some fourteen years ago I fell and broke both bones of the right leg, three or four inches below the knee, and knew nothing of the break until I attempted to get up, when I found it to swing round like a leathern strap, instead of keeping its place. I immediately got into my bed, sent for a surgeon, had it dressed, splintered, bandaged, etc., in the usual manner, and after lying upon my back the usual time, I again got to my crutches and walked about without having experienced during the whole time the least sensation in it more than in the crutch I walked upon.

The day after I received the injury a large *trough* was prepared, and for ten or twelve days I was daily put into a warm bath, and smart friction with a dozen hands was applied for a considerable time, but without any apparent benefit, except to remove the extreme soreness with which I was afflicted, after so severe a wrench from the fall. Electricity, it was thought, might be advantageous, and an apparatus was provided, my bed was placed upon glass supporters, and I was frequently insulated and remained for a long time so filled with the fluid that sparks would fly off from the surface on the approach of any substance not a non-conductor. Slight shocks were likewise made to pass across the line of demarcation, where sensibility became extinct. A galvanic battery was likewise procured and shocks passed in the same manner, and although they were so frequent and powerful as to produce blisters, I do not know that I received any benefit from the application. My evacuations were, of course, entirely suppressed, but after making use of the catheter for three or four weeks, I was enabled by making great exertion, to force off my water in the usual manner, and for many years I had but little trouble from that source, unless I neglected it so long or made violent exertions, in which case it would pass off involuntarily. For many years past my greatest difficulty has been an almost entire inability to retain it at all. With the fæces I have much more trouble, for as the sphincter of the anus was entirely paralyzed, I would do nothing by injections, and hence being obliged to take cathartics so frequently, it soon became necessary to increase the dose greatly, which was reducing me quite rapidly. In this dilemma, searching for some relief, I introduced my finger into the rectum, and found hard balls of fecal matter, filling it and pressing upon the rectum.

By the use of the finger and by exerting, at the same time, the muscles of the abdomen two or three times a day, enough was accomplished to keep me comfortable for twelve or fourteen years. This was my invariable practice when I retired to bed and when I arose in the morning. The matter discharged was as dry and hard as the small balls that pass from sheep, and might be handled without soiling the hands. It has since become less dry and hard, and I can generally force it away by natural exertion, though I have occasion even now to have recourse to the old practice. It is, however, never so loose as to soil my clothes, unless when I have diarrhœa, which is very seldom.

I have said that the injury was supposed to be at the second joint of the lumbar region, and from that down the back, seat, scrotum, and under side of the thighs; sensation has never returned. At the time of the injury, this insensibility passed nearly straight around me, but I have perceived that sensation was gradually passing down in front. This, at first, was quite considerable, and continued, though with less and less progress, for nearly a year, when it had reached to within two or three inches of the knees. The sensation was nearly perfect upon the abdomen, and I had acquired so much power over the anterior muscles of the thigh, that I could move and raise and draw up my legs upon the bed; whereas at first I could not even move them as I lay, but they appeared perfectly paralyzed, as much so as those upon the inner side, which were then and still remain perfectly senseless and inactive. The sensation upon the abdomen I think quite restored externally to its former state, even to the groin, as well as to the root of the penis and scrotum, from which it extends outwards a little. I have been tapped three times upon the left side for hydrocele. The first time when the trochar was introduced I felt a sharp stinging sensation; the two last operations were performed by myself with a sharp pointed knife, and I was careful to get as near the seam in the center as I could with safety, and I was so fortunate as to get entirely beyond all sensation, and did the work well without producing the least particle of pain whatever.

My situation, internally, I am not so well able to describe. The urethra is entirely paralyzed, and on inserting the catheter I feel nothing of it until it reaches the prostrate gland. There seems to

be considerable sensation there, and I should think that the bladder was somewhat affected, though the sensation is not by any means entirely destroyed, as I find the same uneasy feeling and desire to void my urine when I have retained it too long that I used formerly to feel, or nearly so. How far the numbness extends up the rectum, I am not able to say; it is total as far up as the injection pipe passes. Crowding upon it, however, produces pain in the parts adjacent, although I cannot feel the pipe itself; and when in pain from the operation of physic or the passage of urine, the pain keeps growing lower and lower till it seems to be very near the *anus*, and stops a very short time before the wind escapes.

With regard to my sexual feelings, I think my situation quite peculiar; for while the penis is entirely void of sensation, the testicles appear to be but very little affected, and perform their office with more energy, (if possible,) than before I was hurt, and quite maintain their ground in supporting the functions of the organ of amativeness, which in my system seems to be largely developed, and I have thought that conversation, amusement, sport and diversion with the other sex, so far as decency and propriety would possibly permit, have done more towards building me up, preserving my health and restoring me to activity, than all the other things put together that have been done for me. To sit in a chair, with my feet down, has always been painful to me, while to have them held on the lap and receive that gentle motion that a mother gives when *patting her baby*, produces the most agreeable effect that I can be made to experience; *although entirely insensible to the touch, externally.* Yet this sudden and gentle jar produces the most delightful sensation imaginable; and I can hardly make myself believe it possible that sensation, and that too of the most pleasant and agreeable nature has not returned. This was generally known among my friends, and many of our most virtuous and respectable females granted me this indulgence for hours, and I shall have reason to remember with gratitude while I live, the benefit which I received in this manner from some relatives at that time residing in the family, and without which I very much doubt whether I ever should have walked, as after this indulgence I always felt cheered, strengthened and invigorated; while by tilting with them on the floor, a contrary effect was produced. The same process has always the same effect, even to the present day.

On my first attempt to walk on crutches, I was supported by one person on each side, and after I had practiced awhile, I learned to balance myself a little; I tried with but one, and eventually I hastened to walk and ride, and from having a little knowledge of the *painting and profile-setting* business, I spent a number of years riding about the country in this employment; but finally my health was giving way under it, and from the awkward and embarrassing situation in which in consequence of my infirmities I frequently found myself among strangers, I was led earnestly to seek for some employment more retired and at home. The shoemaking business offered many inducements, but my feet and legs being entirely paralyzed, how should I hold my work? I at last constructed an apparatus for that purpose, and with joy relinquished my peregrination, and at the age of thirty-six apprenticed myself to the shoemaking business. In a short time I married; soon after which my wife presented me a son; again in 1823, a daughter; in 1826, another son; in 1828, a pair of twins, a son and daughter; and in 1831, my age being forty-nine and my wife forty-three, she presented me with another daughter, which was the last. I had always felt a little fearful that my infirmities might possibly attach to some of my children, but the first five were all smart, healthy and active as others, but the last was more feeble, and from many circumstances I felt quite sure that her lower limbs were equally destitute of muscular action as my own. She died at the age of nineteen months, and I very much regret that I never attempted to ascertain whether they were possessed of any sense of feeling. She would lie in her cradle and raise and throw them about as I could my own, but she never bore an ounce weight upon them, and I do not believe, if she had lived, that she ever would have walked. I think her's were exactly like my own, as she would make the same movements in bed that I could.

You will probably ask, "from whence came all these children?" I reply that from reasons perfectly satisfactory to myself, I have not the least doubt of their legitimacy. It is true the *penis* was paralyzed and all sensation destroyed; but nevertheless, the same causes that before my injury would produce an erection would produce the same effect now. I have now seen sixty-six years, and am at times a good deal troubled with asthma, I find that my

sight and strength and hearing are all rapidly failing; yet I think that should I ever be married again I should not be found altogether unable to perform family duties.

I ought, perhaps, to have remarked, that while passion, imagination, inclination and instinct are all wrought up to the highest possible pitch, there is nevertheless a want of sensibility and of feeling which I formerly possessed, but which now I cannot reach, and although sexual congress has never been attended with any local feeling of pleasure, or sensation of any kind, it has often been a puzzling question in my mind why, under such circumstances, I should experience the same violent passions and sexual desires as formerly? B."

[The name of the patient is omitted, but the facts are literally as stated above, and within my knowledge.—L.]

Miscellaneous.

Bishop Coxe on Science.

We have seen in several prominent newspapers, including one of the respectable journals of this city, extracts from a report in the *Buffalo Christian Advocate* of a lecture by Bishop Coxe of Buffalo. The lecture was on the "Connection of Science and Revealed Religion;" and we are told that it was "full of astonishing facts." It most assuredly was, if the report is an accurate one. For instance, we are informed in it "that the crust of the earth is *just* twenty-one miles thick; that the world's conflagration has already begun, as *the internal fires are tending rapidly to its annihilation;* that earthquakes have multiplied since the Christian era, and *indicate a speedy collapse of our system;* that if the Lisbon earthquake had been a *little* more severe the shock would have *driven out* that portion of the surface; and, *most wonderful of all,* that on the first day of the present century, a little planet was discovered by Kepler in our system; and since then a large family of these little planets have appeared, which are *parts of an exploded world,* and that some of these fragments have fallen on the earth in *showers of meteors.*" After stating this last wonderful fact, the lecturer appears to have

made the sapient inquiry, "If Kepler's planet exploded, *why may not ours?*"

It is pleasant to know that scientific men, who have hitherto estimated the thickness of the earth's crust all the way along from ten miles up to eight hundred, are now agreed that it is *just* twenty-one miles. It is well to have these disputed questions finally settled. It is not so pleasant, however, to be informed that the internal fires of our planet, instead of cooling down by slow degrees, as many of the most eminent students of physics have assumed, are raging more and more fiercely, and that "a speedy collapse" of the globe is to be expected. It is also unwelcome news that the strain upon the earth's crust by the Lisbon earthquake has been so exactly measured, and that a little more force would have "driven out" a piece of it; for we cannot tell how fearful may be the results of the next great earthquake, which, from the increase of earthquakes, may be expected to be "a little more severe." The consequences *may* be such an explosion of our terrestrial ball as the bishop darkly hints at in an interrogatory way.

But concerning the last of these facts, and the "most wonderful of all," we must venture to express a doubt. There is pretty good reason to believe that Kepler died in the year 1630; and we must still adhere to the commonly accepted statement that it was another man who discovered the little planet Ceres on the first of January, 1801. It is true that Olbers advanced the theory that this little planet, and the others like it which were soon afterwards discovered, are parts of a shattered planet; but we supposed that this theory was now almost universally rejected by astronomers. These planets now number about a hundred, and are scattered through a belt of the heavens more than a hundred millions of miles in breadth, or more than the distance from the earth to the sun; and it is difficult to conceive of an explosion that could throw great fragments of a huge planet through distances so vast. There are other objections to the theory which are even more serious. On the other hand, if we accept the nebular hypothesis (of which we gave a sketch in the last *Journal*,) the formation of this zone of minor planets is as readily explained as the origin of our own globe, and the mightier orbs that move in wider circles round their solar center.

Of course we do not believe that the lecturer said that Kepler discovered Ceres. He probably mentioned Kepler in that connection, and the reporter, as reporters sometimes do, got things somewhat mixed in his memoranda. But the good bishop very likely did make most of the other statements ascribed to him; for it is á common vice of unscientific writers on scientific subjects to be very rash and dogmatic on doubtful or disputed points. They frequently have no hesitation in deciding questions which wise men, who have made them the study of their lives, do not venture to consider settled.

Even if the lecturer made none of the statements in the positive form in which they are reported, there can be no doubt that the *Christian Advocate*, and the papers that have copied its report of the lecture, are responsible for the promulgation of these errors and absurdities; and it is certainly to be regretted that there is so general an ignorance of the very alphabet of physical science that these absurd things can be printed, and reprinted, and widely read without challenge or contradiction.—*Boston Journal of Chemistry.*

A New Anæsthetic,

Or, rather, an improvement upon an old one, is proposed by Dr. E. Andrews of Chicago. A recent number of the *Chicago Medical Examiner* contains a paper by Dr. Andrews, giving the results of some experiments with the nitrous oxide in association with certain quantities of free oxygen. The object of these experiments was to ascertain if, by mixing oxygen with nitrous oxide gas, it might not have conferred upon it a *sustaining power*, so as to be applicable to the longest surgical operations. It is well understood that, while nitrous oxide acts promptly, and leaves none but the most agreeable sensations behind, its healthy anæsthetic action cannot be very long continued. For use in extracting teeth, and for minor surgical operations, it is better and more desirable than either ether or chloroform; but for the more serious surgical cases, requiring the patient to be kept insensible for a long time, it has been found to produce unpleasant and dangerous symptoms.

The theory regarding the cause of these effects is, that the oxygen is so firmly locked up in the combination that it cannot aid in the revivification of the blood, and hence is as inert as the oxygen

of carbonic acid. The nitrous oxide needs to hold in mechanical combination sufficient oxygen to sustain life while it is acting to produce anæsthesia. Dr. Andrews claims that his experiments prove that *oxygen-mixed nitrous oxide* is an agent perfectly safe to use in the longest as well as the shortest surgical operations, and that it forms the pleasantest and best anæsthetic known. He recommends one volume of pure oxygen to be mixed with three of nitrous oxide, and remarks that care must be used, in administering it, that no atmospheric air becomes mingled with it.—*Boston Journal of Chemistry.*

Fluid Extracts.

BY JOHN COOPER, M. D.

There is much being written of late in the various medical and pharmaceutical journals regarding the different varieties of the Fluid Extracts found in the market, but no one so far as I can find, has called attention to the mode of manufacturing them, in which lies the root of all the difficulty. I will endeavor to expose the various plans offered, and believe it possible on this ground to show that the process by which they are generally made, is so faulty and irrational as to explain why these most efficacious, convenient and elegant preparations are losing their hold on the profession.

A fluid extract in theory is a concentrated tincture, in one fluid ounce of which there is held in solution all the medicinal properties of one Troy ounce of crude drug; or in other words, all the therapeutical properties of 480 grains of crude drug are held in solution by 480 minims of fluid extract. Here is expressed the great value of these preparations, and if they are properly made, they should be efficient in a dose, the number of minims of which should equal the number of grains of crude drug indicated; but in practice, the profession has been disappointed in them, and they are universally given in doses larger than is required for the officinal tinctures, which are in amount of drug used in their preparation, nearly ten times weaker.

I have given of the fluid extract of ergot, as generally found in

stores, 2 fluid ounces before getting the effect of 20 grains of the powdered drug. Here is a great discrepancy between the preparation as it should be, and as it actually is. Where is the fault? Surely not in the manufacturer, for as a general rule he is a high minded, honorable man, who would not intentionally give the physician an unreliable preparation, with which to fight off suffering and death.

Let us look at the various processes by which they are made, and see if a grave error has not been committed by the revisors of the Pharmacopœia, to which we can trace the difficulty.

A fluid extract is made only of those drugs whose active properties are included in the gums, resins, resenoids, volatile oils, and extractive matters. The first and last of these are soluble in water, and partially in alcohol; the rest are insoluble in water, and generally in alcohol. The gums are, as a rule, very inert as medicinal agents, and the point sought for is to get from the drug all of the others. It is desirable to have them all in the preparation, but no menstruum known will take them all up; so it is best to lose part of the gums, and secure the more active properties. To illustrate the officinal process, we will take buchu, as it is a simple extract, and made clearly by the general rule laid down for the pharmacist.

It is ordered to displace from 16 Troy ozs. of the leaves, in moderately fine powder, 12 fluid ozs. of tincture, and set aside. So far good. Then pass through 32 fluid ozs. more of liquid, which is held to contain all the remaining active properties of the drug not in the first percolate. These added together would give 44 fluid ozs. of tincture, for 16 fluid ozs. of drug, which is wide of the point sought for.

To get this excess reduced to the proper strength, it is ordered to take this last percolate of 32 ozs. and place it in an open vessel over the water bath and evaporator, by a heat not exceeding 150 deg., to 4 fluid ozs., the amount needed to make up the 16 fluid ozs. This is the great error, and it is fatal to the preparation. This last percolate is alcohol of 0.835 sp. gr. holding in *solution* all the resins, resinoids, volatile oils, and extractive matters *not taken up by the first percolate.* These are insoluble in water. The prolonged heat applied to the vessel to reduce the solution most certainly

drives off first the alcohol and the volatile oils, leaving the water, the alcohol and oils being the most volatile. As there is nearly 20 per cent. of water in the menstruum, we have quite 6 oz. (so that the 4 oz.) of it in the 32 ozs. cannot retain one particle of alcohol, and of course the active properties as shown above not being soluble in water, are deposited. This leaves these 4 ozs. worthless, and the active properties of the 32 ozs. destroyed, so far as the final preparation is concerned. Instead of throwing this worthless result upon the ground, it is ordered to mix it with the first percolate, so as to gain the quantity desired, at a reckless loss in quality; for the 12 ozs. like the 32 ozs. holds in solution only those active properties soluble in alcohol of the sp. gr. 0.835, and to reduce it by the addition of 4 ozs. of water, causes a further deposit just as certainly as 4 ozs. of water added to 12 ozs. of saturated tincture of camphor will deposit the gum. Then it is wisely ordered to set it aside for 24 hours, to allow the precipitate to deposit fully, and then filter through paper to get a clear preparation, which will look nicely if it is almost deficient in strength.

This is the officinal process as laid down in the last edition of the Pharmacopœia, and can any one wonder why the fluid extracts are losing the proud position they occupied at first?

To obviate these faults, some manufacturers are now making them in vacuo, but they have overlooked the fact that the fault lies not only in the contact with the air necessary by the officinal mode, but also as in the loss of alcohol, and it is evident to any one who will think of it, that the air pump will exhaust the tincture in the pan, of its alcohol first, and leave the preparation in a worse condition than does the officinal plan, and in practice they as a general rule are poorer in therapeutical properties than the officinal tinctures.

To fully meet all the objections offered to these modes, I know of none so rational and complete as the process of N. Spencer Thomas, which is now adopted by Messrs. Iredell & Co., Philadelphia. They take 100 pounds of drug ground properly, and macerate in 25 pounds of menstruum of proper strength for 24 hours in an air-tight vessel, then subject the mass to a pressure of over 800 pounds to the square inch of presenting surface, which squeezes from the drug the menstruum saturated with the medicinal proper-

ties; this is carefully excluded from the air to prevent loss of alcohol, and set aside. The mass is again macerated as before and pressed, and the liquid added to the first pressing. The same process is repeated again, and the result of the three pressings is mixed and weighed, and the amount necessary for the 100 pounds required, is put upon the mass and after 24 hours subjected to the last pressing. This liquid is mixed with that from the three former pressings, and the result is just 100 pounds of fluid extract, one minim of which will most fully represent one grain of the drug. Here, is no loss of alcohol, no heat, no evaporation, nor prolonged contact with the air, and the preparation is a concentrated liquid holding in solution all the medicinal virtues of the drug as formed by nature.

Inoculability of Phthisis.

M. Chauveau has succeeded in producing tuberculosis in three young heifers, by the administration *per orem* of tuberculous matter taken from the lungs of a phthisical cow. At the end of fifty-two days from the commencement of this experimental diet, the animals were killed, and the lungs, mesentery, and intestines presented marked evidences of tubercular disease. From these experiments he deduces the following conclusions:

"1st.—They place beyond all doubt the virulence and the contagious properties of tuberculosis, and demonstrate that the labors of M. Villemin upon the subject have not been recompensed as they deserve.

"2d.—The digestive tube in man constitutes, as in the bovine species, an avenue of contagion most appropriately arranged for the propagation of tuberculosis, and which may be much more frequently in operation than the pulmonary tract.

"3d.—If bovine tuberculosis belong to the same species as human tuberculosis, there exists in alimentation by butcher's meat, taken from phthisical animals, a permanent danger to public health, a danger to which the army and the poor classes are exposed, and against which it would be important to establish measures of sanitary police."

There are three questions left unsettled by M. Chauveau's experiments: firstly, whether three tuberculous individuals of a notoriously tuberculous species really "place beyond all doubt" the contagiousness of the disease; secondly, whether the malady is

intercommunicable between heifers and human beings; and thirdly, whether the process of cooking "butcher's meat" may not obviate the "danger to the public health," or, in other words, whether Chauveau would not be contradicted by *veau chaud.*—*Med. Gazette.*

Hypodermic Method of Injection.

The following is the *therapeutical portion* of the report of the committees on this subject of the Royal Medico-Chirurgical Society, a committee which embraced among its members such men as Savory, Henry Lee, Holmes, Durham, and its conclusions may be regarded as the best and most recent authoritative teaching we have in reference to hypodermic injections. We copy it from the thirty-second volume of the *Medico-Chirurgical Transactions*, London:

In this portion of their report the committee have drawn their conclusions as to the therapeutical advantages that distinguish the subcutaneous method of injection from experiments with a few active medicines, and though the list might have been extended, it must be borne in mind that many valuable drugs cannot be used in this way, on account of the irritating properties they possess.

The intensity and the rapid sequence of effects which have already been shown to characterize the hypodermic method of administering drugs are important advantages, which are readily appreciated by the patient; and the dread which the slight operation may have caused at first is soon overcome when once the resulting benefits have been experienced.

In the relief of pain this method of introducing anodynes offers superior advantages to those in ordinary use; and in cases of delirium, of mania and of tetanus, where there is resistance or impediment to the ordinary modes of administering remedies, subcutaneous injection secures not only quickness of action, but also certainty as to the introduction of the drug.

Much difference of opinion exists on the question of localizing the injection. Cases have been communicated to the committee from which the superiority of local injection has been maintained; but although they have performed many experiments in reference to this question, the committee have failed to obtain any evidence to show that the local predominate over the general effects. They

must therefore express their opinion that, though no symptom results from injection at the part affected, which is not shared equally by injections at any other part of the body, yet practically it may be advantageous to localize the injection for the sake of those effects upon the mind which localization will sometimes produce.

Injections may be repeatedly practiced in the same locality without any serious or permanent injury to the part. Mr. Roberts injected himself many times successively, in a very limited area, without any worse result than temporary thickening and irritation.

The committee have endeavored to procure details of untoward results following subcutaneous injection. One or two other cases have come to their knowledge, but of these they have been unable to obtain any satisfactory account.

The following are the results of their experiments on man in disease with aconitine, atropine, morphine, quinine and strychnine:

Aconitine.—This drug was tried in three cases of neuralgia, but the local tingling which followed the injection was so severe that the drug was considered unfit for subcutaneous use. In one case, in which the neuralgia was of an hysterical character, the pain was relieved; in the other two cases, no alleviation was experienced. In the first case 1-100th grain was used; in the others, 1-320th grain and 1-216th grain.

Atropine.—The anodyne properties of this drug are exhibited in a marked degree in subcutaneous injection.

In cases of simple neuralgia, atropine, when thus administered, is a very valuable remedy, and, in some cases, where morphine procured only temporary relief, the benefits derived from atropine injections were permanent. Very decided results were observed to follow minute doses of the drug used in this manner.

The pulse was accelerated to a considerable degree in one case, when 1-160th grain only had been injected. A larger dose should be given in cases of severe neuralgia, and the most satisfactory results were found to follow when decided toxical effects were manifested.

The discomfort (the excitement, the dry mouth, and the occasional disagreeable action on the bladder) experienced during the action of this drug presents a considerable hindrance to its general

use. The cases in which atropine was used with advantage were cases of local neuralgia, lumbago and sciatica.

The initial doses are the eightieth of a grain for a woman, and the sixtieth for a man, but in cases of severe neuralgia larger doses may be given with safety. The largest dose mentioned to the committee was one-tenth of a grain.

Morphine.—The value of this drug is materially enhanced by this method of administration, and its action is not only secured with greater intensity and rapidity than by the ordinary modes, but the duration of its effects is prolonged, and some patients can tolerate it far better when it is injected under the skin than when it is given by the mouth.

Injected subcutaneously, this remedy does not invariably lose its virtue by repetition, and instances have come to the knowledge of the committee where the injection has been repeated daily for a number of years without the dose being augmented. Mr. Roberts expressly states that, though the injections were repeated in his own person more than a hundred times, the dose was never increased beyond two-thirds of a grain, and a smaller quantity was often found sufficient.

To confirmed opium-eaters, this method has been found of much service, smaller doses than those previously taken by the mouth being requisite. The largest dose mentioned by the committee was given to such a patient; as many as eight grains of the acetate were injected in this case.

Patients suffering from cancer have derived much benefit from the use of subcutaneous injections. Mr. Reeves mentions that from six to eight grains were injected in one case daily for a considerable period.

In allaying pain, the virtues of the drug are decidedly increased by injection, though the effects are not always permanent.

In cases of delirium tremens this method is often extremely useful, and in some instances was found to succeed where the introduction of the drug by the mouth failed; in a few instances, however, it seemed to have a negative result.

From the few cases of mania treated by injection that have come under notice, it would seem that this method of giving morphine is not altogether free from danger; in one case of mania the injec-

ion of half a grain proved fatal, and the same dose narcotized another patient for four days.

The initial dose for an adult man, under ordinary circumstances, is from one-sixth to one-fourth of a grain; for a woman it should be smaller—from one-eighth to one-sixth.

A few other cases where alarming symptoms have arisen from the injection of morphine have been forwarded to the committee. Briefly stated they are the following:

One-quarter of a grain in a man, not fatal.

Twenty-five minims of the liquor morphiæ acetatis, equivalent to five-twelfths of a grain of morphia, produced narcotism in a man, not fatal.

A quarter of a grain in a young lady twenty-four years of age, not fatal.

In those cases of mania already alluded to:

Half a grain in a woman suffering from acute mania, not fatal.

Half a grain in a similar case, fatal.

In some hospitals it has been the practice to inject a small dose of morphine after operations, for which chloroform has been used; the injection being made before the effects of the chloroform have passed off. It was stated that the sleep is prolonged by these means and the after effects of chloroform prevented, but from the experience of the committee on this point it would seem that the sickness following the use of chloroform is not always prevented by morphine injections, though it may be retarded.

Quinine.—The advantages possessed by this mode of giving quinine, in the treatment of intermittents, over the ordinary method, are well illustrated. The remedy can be given so as to cut short all the symptoms of the fit, even when the increasing temperature has shown its accession, and this is done in the most complete manner, which is not always the case when the medicine is given by the mouth. No local injury followed the injection of five grains of quinine in this instance; but in another, where a larger quantity of water was used an abscess formed, perhaps from the fluid having been too rapidly injected.

Not only, then, are rapidity of action and completeness of result advantages belonging to this method of exhibiting quinine, but also economy of material—a considerable recommendation to med-

ical men on foreign stations, and to travelers in countries where intermittents prevail and the remedy is scarce.

Strychnine.—This drug was injected in a few cases of paralysis, but no peculiar advantage was observed to follow its administration by the skin.

Dr. Beigel, in his evidence before the committee, mentions one case which yielded to this method; and Mr. Charles Hunter also expressed his opinion favorably with regard to the subcutaneous use of this drug.

In those cases of paralysis in which strychnine was used, the initial dose (for both sexes) was 1-80th of a grain, and this was increased gradually to the 1-40th of a grain.

Podophyllin.—No advantages seem to be gained by administering this purgative by the skin beyond those of rapidity of action and smallness of dose, nor is it probable that this method of giving purgatives will supercede those in ordinary use.

The subcutaneous injection of the drug is sometimes followed by irritation, and in one case an abscess was formed.

The cases in which this medicine was used have been recorded in detail, but present no special features for comment.

Conclusions.—The conclusions which the committee deduce from their investigations are—

1. That, as a general rule, only clear neutral solutions of drugs should be injected, for such solutions rarely produce local irritation.

2. That whether drugs be injected under the skin, or administered by the mouth or rectum, their physiological and therapeutical effects are the same in kind, though varying in degree, but

3. That symptoms are observed to follow the subcutaneous injection of some drugs, which are absent when they are administered by the other methods; and, on the other hand, certain unpleasant symptoms, which are apt to follow the introduction of the drugs by the mouth and rectum, are not usually experienced when such drugs are injected under the skin.

4. That, as a general rule, to which however, there may be exceptions, clear neutral solutions of drugs, introduced subcutaneously, are more rapidly absorbed and more intense in their effects than when introduced by the rectum or the mouth.

5. That no difference has been observed in the effects of a drug subcutaneously injected, whether it be introduced near to, or at a distance from the part affected.

6. That the advantages to be derived from this method of introducing drugs are—

a. Rapidity of action.
b. Intensity of effect.
c. Economy of material.
d. Certainty of action.
e. Facility of introduction in certain cases.
f. With some drugs the avoidance of unpleasant symptoms.

This plan, therefore, is most likely to be preferred where very rapid and decided effects are required from drugs which are operative in small doses.—*Western Journal of Medicine.*

Editorial Department.

Meeting of the American Medical Association.

It will be remembered that the President-elect of the American Medical Association, in his address of acceptance, gave the idea that many physicians in the South were disposed to hold themselves aloof from the councils of the Association. He said: "I will not disguise from you, gentlemen, the fact that there are many physicians in the South disposed to hold themselves aloof from your councils. The resolution passed at your meeting in 1866, offering again the hand of fellowship to your Southern brethren, owing to the peculiar condition of the country at that time, and the fact that but little of the medical literature and news of the North circulated with us, met the eyes of but few, and there are still among us those who feel that your hearts are yet steeled against them, and who believe that, notwithstanding some formal declarations to the contrary, most of you, in your private feelings, have not yet been able to rise sufficiently above the prejudices of the past to enable you to receive them in such manner as to make their presence here either agreeable to them or profitable to the Association." * * * * "So far as my observation has extended I am sorry to know these sentiments have prevailed with many, and it is but frankness in me to say so. For myself, and for those whom I represent, I grasp with unaffected pleasure the hands which you have so gracefully and magnanimously offered, and I hope and believe, this sentiment will meet a ready response from all our brethren at the South. *Let us again be united as friends and brothers.*"

We are perhaps unable to appreciate the occasion for all this, but certainly the sentiment is a noble and worthy one. That there has ever been any real alienation in true professional sympathy between the North and South, we are quite unwilling to admit; the leading and intelligent members of the profession, both South and North, indeed, the world over, have always been friends. Was it ever known that the scientific and professional relations of countries were disturbed or interrupted by any political differences which might exist between them? Has it not always been true, that similar objects and aims, thoughts and purposes, beget the purest friendships and truest sympathies?

We have never had any respect for the disloyal sentiments of the South, but always looked upon it with the deepest abhorrence and contempt. The spirit and letter of the rebellion we most heartily opposed, but we could have at all times received any intelligent, faithful medical officer of the Southern army into professional communion. It has never appeared to us that our differences in political opinion could have any influence upon our professional relations. If our friends at the South have ever believed us unfriendly to them as physicians, as honorable and high minded members of the profession, we are sorry they were so ignorant of the true sentiments of our hearts. If they do not desire our company, because we do not agree with their political views, they must long remain separated.

The famous Gardner resolution, voted to be laid indefinitely upon the table, about which so much has been said, now comes up again for review, and is going the rounds of discussion. At this time we have no desire to review the action of the Assoctation, though much might be said in its favor. There is no just ground for construing that vote as opposition to the medical profession of the South, and with that simple declaration we propose to drop, for the present, at least, the Gardner resolution.

The next meeting of the Association is to be held at New Orleans, which, though far distant from us, is yet a very suitable and appropriate place. It is to be hoped that New York and the North generally will be fully represented, and we have no doubt the occasion will be one to unite yet more closely the professional sympathies of the whole country. The idea of Northern and Southern members of the medical profession not being harmonious and in true fellowship with each other, is absurd, and should no longer deface the pages of professional organs, or the records of Society transactions. We are all brothers, not, it is true, holding the same views upon political questions, and having, very likely, differing opinions upon many subjects, but in all true professional sympathy we are *now* and *always have been* most strongly and firmly united.

Through the efforts of the Permanent Secretary and the committees in aid, physicians can attend the meeting at a comparatively small expense; the season will be favorable for such journey, the relaxation from the monotony of every day life, will be conducive to health, and the facilities for renewing old friendships and of forming new ones, will be unsurpassed. We advise all our readers to embrace the golden opportunity.

Books Reviewed.

Treatise upon Diseases of the Ear, including the Anatomy of the Organ. By Anton von Tröltsch, M. D. Translated and edited by D. B. St. John Roosa, M. D. Second American from the fourth German edition. New York: Wm. Wood & Co., 1869.

A text-book which embraces the whole field of aural medicine and surgery, and which is based upon careful observation and thorough investigation, is certainly to be received by the profession with great favor. It would, at first, seem impossible that a volume of near six hundred pages could be written upon the ear, without supplying deficiencies of knowledge with fancy sketches of disease; but when we remember that diseases of the ear are now receiving the attention which their importance demands, and that otology is taking rank with ophthalmology and other branches of special surgery which have recently been enriched by the discovery of so much truth as to have already become new sciences, our wonder subsides and we are ready to presume that the work is really based upon established fact.

We have carefully examined this work upon the ear, with the view of discovering, if possible, if otology had actually reached to a completeness which would require so extensive a text-book to embrace it, and we find that though the whole present science is presented with great completeness, still nothing too much has been said; the author and editor both anticipate the rapid growth of knowledge in this department, believing that only the half of what is to be known is yet discovered.

The work is a plain, practical and comprehensive treatise upon the diseases of the ear. The subjects are all treated with great care, and illustrated with cuts wherever necessary to correct understanding; many of the illustrations are exceedingly useful in conveying correct idea of parts and their relations and of the modes of instituting measures of relief and cure.

The thanks of the profession are due Dr. Roosa both for the translation and for valuable contributions to the text. As now presented the work must stand as *the* text-book in otology both for schools of medicine and practitioners.

A hand-book of Uterine Therapeutics and of Diseases of Women. By Edward John Tilt, M. D. Second American edition, thoroughly revised and amended. New York: D. Appleton & Co., 1869.

Uterine therapeutics at the present time in the history of medicine "draws" largely upon the thoughts and efforts of the profession, and as this work has been thoroughly revised and amended, it must receive all due attention. In its first edition it was one of the most suggestive and instructive works upon the treatment of uterine diseases, and certainly in revised and amended form it is an attraction.

It embodies a thorough discussion of all the remedial measures proposed for the cure of these diseases, and also contains an account of important uterine diseases and their modes of cure, which would do credit to the most pretentious works upon Diseases of Women. The work is characterized by a common sense view of diseases and their modes of cure, which gives it much of its deserved popularity with the working portion of the profession.

Uterine pathology is the growth of a quite recent date. Racamier, in 1816, showed the uses of the speculum, and its necessity in the diagnosis and treatment of uterine diseases; previous to that time the most irrational and absurd views prevailed. The use of this instrument and the application of local remedies to the relief of uterine diseases has now become universal, but it is within our own distinct recollection when almost all our present modes of treatment were opposed and ridiculed by some wise-acres in the profession with bitterness worthy a better cause. The present modes of treating uterine diseases are well described in the work before us, and we earnestly commend it to careful perusal.

Accidental and Congenital Atresia of the Vagina, with a Mode of Operating for successfully establishing the Canal. By Thomas Addis Emmet, M. D.

This paper was read before the New York Obstetrical Society and published in the *Richmond Medical Journal*. The author speaks first of the strong tendencies to contraction after dividing with a knife in case of occlusion or absence of vagina, so that in all, or nearly all cases, the artificial vagina becomes obliterated or narrowed down to a mere fistulous tract. To obviate this, he proposes to divide the tissues with the scissors or by laceration as far as possible with the fingers. When thus divided or lacerated, the parts have not according to his experience the same tendency to contract during the process of healing as when separated by a clean cut. He illustrates these facts with detail of cases. The paper is a highly interesting one and the subject worthy of attention.

A New Operation for Artificial Anchylosis, illustrated by two cases. By Lewis A. Sayer, M. D.

This pamphlet is a republication from the Transactions of the State Medical Society of 1846, of a paper on "A New Operation for Artificial Hip-joint in Bony Anchylosis." The object, the author informs us, is to vindicate scientific truth and his own reputation from the "false" statements of Dr. Louis Bauer in his recent work published by Wm. Wood & Co. The case is re-published and letters from various gentlemen who saw the case, added. We have no disposition to express any opinion as to the merits of the controversy, but certainly Dr. Sayer seems to have fully proved by competent witnesses the accuracy of his report. If physicians are at all to be believed, Dr. Sayer's cases fully sustained it.

Structural Lesions of the Skin; their Pathology and Treatment. By Howard F. Damond, M. D. Philadelphia: J. B. Lippincott & Co., 1869.

The author informs us that "the structural lesions of the skin consist in hypertrophy, atrophy, and pathological new formations," and under these general heads he arranges his consideration of a great number of the rare and some of the common structural changes of the skin. He has chosen congenital canities, cutaneous horns of forehead, elephantiasis arabum, and cutaneous horn of eyelid, as subjects for illustration, and the cuts showing these forms of disease are very beautiful.

Canities, or hair without color, he says, is rarely congenital, has been noticed in a few cases only on one side. A few well authenticated cases are recorded of sudden withdrawal of the coloring principle of the hair, or some chemical change has destroyed the pigment. We have *heard* of hair turning white in a single night from sudden fright, but have not supposed the accounts well authenticated. The cases of elephantiasis are finely illustrated, and the illustration of the horn of the eyelid is quite remarkable. The work is prepared in very attractive style, and the rare and less known structural changes of the skin are very thoroughly and attractively presented. It is our only exclusive treatise upon these obscure forms of disease, so far as we are informed, and all who take interest in dermatology and the rare and important forms of skin diseases here presented will be deeply interested in the work.

A History of the Medical Department of the University of Pennsylvania, with sketches of the lives of deceased Professors. By Joseph Carson, M. D. Philadelphia: Lindsay & Blakiston, 1869.

This work, by Dr. Carson, is a very pleasant contribution not only to the history of the medical department of the University of Pennsylvania, but of the profession generally and of medical teaching in this country. The biographical sketches are of those of the highest reputation in the profession, and will be read with deep interest by many. The work contains many facts in the history of medicine which all will be interested in reading, but especially will the Alumni of the University of Pennsylvania be gratified by the publication of this volume.

Pennsylvania Hospital Reports. Vol. ii, 1869. Lindsay & Blakiston.

This is the second volume of the Hospital Reports, the first appearing about one year since. It consists mainly of papers based on observations made at the hospital, which are consequently eminently practical in character. To the hospital observation is often added the general experience of members of the staff, thus making all the papers exceedingly valuable.

Those physicians who are in possession of the first volume, or who have become in any way acquainted with the value of the work, will be much gratified with the announcement of the appearance of the second volume. It is one of the most attractive books of the year for physicians, and fully establishes the necessity of the yearly appearance of a similar volume. If space would permit we should give our readers an account of the important papers it contains, but to do so is impossible. All must accept the assurance of its value, and if possible, satisfy themselves by personal examination. It is edited by J. M. Da Costa and William Hunt, who have also written many of the most valuable papers which the book contains. We most earnestly hope that each succeeding year will furnish the profession a similar volume of equal merit.

On the Microscope in the Diagnosis and Treatment of Sterility. By J. Marion Sims, M. D. New York: D. Appleton & Co., 1869.

The author prefaces by speaking of incising and otherwise dilating the os uteri, and refers to the fact of his being accused of cutting open the cervix uteri recklessly and unnecessarily. He says: "So far as incision of the cervix uteri for dysmenorrhœa in the abstract, without reference to the sterile state, I wish it to be understood that I have nothing to recant, nothing to undo. But, so far as this operation may be indicated in cases of sterility, properly speaking, I candidly confess that I have a word of advice for my younger brethren; for I am now convinced that I have repeatedly cut open the cervix uteri, for the sterile state, when the operation was both useless and unnecessary." He proposes to settle with the microscope three questions, viz.: if we have semen with spermatozoa, if spermatozoa enter the utero-cervical canal, and if the secretions of this canal are favorable or not to the vitality of the spermatozoa.

The whole paper must be read in order to gain any just idea of the author's teaching. The pamphlet can be obtained of the publishers and is worthy of perusal.

Books and Pamphlets Received.

A Practical Treatise on the Diseases of Women. By T. Gaillard Thomas, M. D., Professor of Obstetrics and the Diseases of Women and Children in the College of Physicians and Surgeons, New York; Physician to Bellevue Hospital; Consulting Physician to the State Woman's Hospital; late President of the New York Obstetrical Society; Member of the New York Academy of Medicine, of the County Medical Society, etc., etc., with two hundred and twenty-five illustrations. Second edition, revised and improved. Philadelphia: Henry C. Lea, 1869. Received through and for sale by Theo. Butler & Son, Buffalo.

The Intermarriage of Relations. By Nathan Allen, M. D.

On the Treatment of Paralysis by Electrization, with an Explanation of a New Galvanic Apparatus; being a paper read before the New York Academy of Medicine, November 19, 1868.

The Probe; an Inquiry into the use of Stimulants and Narcotics, the Social Evils resulting therefrom, and Methods of Reform and Cure. By Joseph Parrish, M. D.

Address delivered to the Medical Class at the University of Michigan, March 31, 1869. By E. O. Haven, President of the University.

Twenty-sixth Annual Report of the Managers of the State Lunatic Asylum for the year 1868.

Twentieth Annual Announcement of the Woman's Medical College of Pennsylvania, 1869–70.

ADMITTED TO THE U. S. NAVY.—We are happy to announce the admission of Dr. Dwight Dickinson of Buffalo, to the U. S. Navy, as Assistant Surgeon. For the last two years Dr. Dickinson has been acting House Physician and Surgeon to the Buffalo General Hospital, and graduated in medicine from the University of Buffalo at its last commencement. The Naval Board of Examiners require the highest standard of attainments, and so rigid are the tests, that only about eight out of one hundred who apply, are able to obtain its approbation. Dr. Dickinson had already distinguished himself in all the examinations of the college, and was regarded both by his class mates and the members of the faculty as first in his class. All who have known him in his position in the General Hospital, and all who have been associated with him in the medical college, will take much pleasure in his success.

Fare to the Meeting of the American Medical Association.

The following arrangements have been made for attendance on the American Medical Association, May 4, at New Orleans:

The great Southern Mail Route will carry delegates to New Orleans and return by excursion tickets from New York, for $70. Tickets must be bought in New York at 229 Broadway. Time, 84 hours.

Excursion Tickets from Philadelphia by the same route *via* the Philadelphia, Wilmington and Baltimore R. R. to New Orleans, will be sold *only* by the *Permanent Secretary* for $66. Time, 80 hours. Those desiring to go by this route must notify the Permanent Secretary immediately. Permission is given to stop at any point and resume at pleasure.

The East Tennessee and Georgia and the East Tennessee and Virginia R. R. will issue excursion tickets at half fare over their roads only.

The Mobile and Ohio, the Louisville and Nashville, and Memphis and Louisville, the Selma, Rome and Dalton, the Lexington and Louisville, the South Carolina and the North Eastern, the Richmond, Fredericksburg and Potomac, Richmond and Petersburg, the Petersburg, the Virginia and Tennessee, the Mobile and Montgomery, the Montgomery and West Point, and the Milwaukee and St. Paul R. R. will return free on certificate of the Permanent Secretary.

STEAMERS.—The Steamship Line from Philadelphia will carry *via* Havana, meals included, for $100 the round trip, or $50 either way.

The Memphis and St. Louis Packet Co. will carry to Memphis or Vicksburg by boat, and balance by rail, for $20 either way, meals on boat included, or $17 and pay for meals.

The Mobile and New Orleans Steamers will issue excursion tickets at half fare.

Dr. Hibberd's circular tells all else, *so far*.

Any additional communications will be furnished you as soon as received.

Truly yours, M. B. ATKINSON.

MARCH 22, 1869.

The following information is communicated by the Sub-Committee of Arrangements of the American Medical Association for this city and Brooklyn:—Rate of passage per New York and New Orleans Steamer, of Livingston, Fox & Co. (office, 88 Liberty st.) *via* Havana, to a delegate of American Medical Association, either way, will be $40; rate of passage to New Orleans *via* Savannah (between S. & N. O. by rail) $48.50. By former route a steamer will leave April 24, by latter April 27.

A company of six or more delegates can each obtain from Mr. J. B. Yates, basement, 229 Broadway, Railroad Excursion Tickets from New York to New Orleans and New Orleans to New York for $70.

Time of passage by first route, 8 or 9 days; by second route, 5½ days; by last route, 3½ days.—*Medical Gazette.*

INVERTED UTERUS REDUCED AFTER FOUR AND A HALF YEARS' DURATION.—Dr. A. K. Reynolds *(Humboldt Medical Archives)* reports that he was called to a patient in whom inversion of the uterus had existed for four and a half years. She had been attended by a midwife, who immediately after her confinement had put the patient upon her feet and pulled upon the adherent placenta until the uterus was completely inverted and protruded externally. A physician came, removed the placenta, and returned the uterus within the vagina, but failed to reduce the inversion. Subsequently it was treated by several physicians, some of whom cauterized the surface, supposing it to be ulceration of the cervix. Dr. Reynolds attempted to reduce the inversion, but after an hour's trial it was found necessary to abandon the operation until the rigidity of the cervix could be overcome. To overcome this an elastic air bag was introduced and inflated. By this means the parts were relaxed and the rigidity of the cervix in a great measure disappeared. A second attempt at reduction was successful in about twenty minutes. The patient made a perfect recovery.—*Medical Record.*

BUFFALO
Medical and Surgical Journal.

VOL. VIII. MAY, 1869. No. 10.

Original Communications.

ART. I.—*Clinical Remarks upon Surgical Cases in the Buffalo General Hospital — Hydrocele — Operation for Occlusion of Varicose Veins—Tumor from Carotid Region—Tumor from Axillary Space.* By J. F. Miner, M. D.

Gentlemen:—I have opportunity to show this morning a case of hydrocele, which has been sent to me from a neighboring town with the idea that it is diseased testicle, which possibly might better be removed. You will at once see the importance of correct diagnosis in such case, and perhaps appreciate the embarrassment of tapping for hydrocele, a diseased testicle, or worse still, a hernial protrusion of intestine. This case is obscure and not well marked in its characters, and if mistake is ever excusable in case of hydrocele, it might be here, but I am quite sure of my diagnosis. The accumulation is but small, the feeling of fluctuation is indistinct, and it appears unusually hard for hydrocele, but it is not hernia, and the testicle is not enlarged; these conditions being certain, I have no hesitation in introducing trocar and canula for the purpose of demonstrating the accuracy of my diagnosis, and at the same time relieving the ill effects of the disease. Hydrocele signifies a collection of serum in the *tunica vaginalis*. It generally appears in a pear-shaped swelling, smooth on its surface, fluctuating if pressed, free from pain and tenderness, causing only a little unea-

siness, mainly from its weight. Diagnosis is very important, and is generally not very difficult. When the *tunica-vaginalis* is filled with clear serum, light held upon the opposite side will show through the tumor with a reddish hue; if, as sometimes occurs, the serum is colored with a small admixture of blood, the tumor is perfectly opaque, and the light test is not available—is liable to mislead; in all instances where the contents of the sac are transparent this test is decisive. It is to be distinguished from hernia, by its forming from below upwards, by its giving no impulse in coughing, by the inguinal canal being unoccupied, and by its history and general appearance. Solid enlargements of the testicle may generally be distinguished from hydrocele by their weight, solidity and tenderness on pressure, and by the absence of fluctuation and transparency; but it must be constantly borne in mind that malignant disease of testicle may have fluid portions, giving rise to fluctuations and possibly to a degree of transparency. This case will not be lost to you if it serve only to impress you with the necessity of correct diagnosis. The treatment is simple and safe. We draw off the serum and inject through the canula tinc. iodine. This is done, as you are all aware, with the view of producing an adhesive inflammation in the membranes of the tunic, causing them to become aglutinated, and thus the sac closed. I think iodine tinc. is as safe and efficient as anything yet proposed, though a great many substances have been recommended. I am in the habit of using it undiluted, as it has much more frequently occurred to me to be obliged to repeat the injection, than to have produced anything of undue inflammatory action. I have never seen any ill effects from its use, and I have never failed after fair trial to obtain the desired effect. There are a variety of forms in which this disease appears, and a great many plans of treatment which surgeons have recommended. I have not now time to mention them, and have simply shown you the operation which adequate experience convinces me is appropriate, safe and successful; there are others, however, which would doubtless secure the same result, and if from any cause you should prefer their adoption, I have no doubt you will be successful in obtaining the desired object.

Varicose Veins.—In this condition the veins become enlarged and tortuous, generally thickened, rigid, and divided into irregular

pouches, the valves incapable of preventing the reflux of blood. This condition is supposed to be caused by anything which retards the venous circulation; the standing posture, loaded bowels, tumors, or other causes which act to obstruct the vessels. It however, often presents in patients where none of these causes are obvious, and where it seems to arise from constitutional conditions for which we have no very appropriate name. This condition of the veins gives rise to pain, weight and distention while in the erect posture, may cause deep ulcers or produce simple excoriation of the skin. The vessels have been known to burst and produce severe and even fatal hemorrhage; occasionally coagulation of blood takes place in the vessel with subsequent inflammation and abscess.

The treatment may be either *palliative* or *radical*. The palliative consists of support to prevent further enlargement and induce contraction in the distended vessel. This may be effected by bandaging or the use of the elastic stocking; various plans are proposed to effect this object. The radical cure consists in obliteration of the diseased vessel, which may also be effected in several ways. The vein has been subcutaneously divided, a portion of the vessel exsected, caustics applied, pressure made over the vessel, and the circulation arrested by pins and twisted suture. Within the past few years another plan, which I like very well, has been proposed, viz.: the injection of solution of persulphate of iron into the vein with the view of coagulating the blood in the vessel, and thus shutting off the circulation. I propose to show how this operation is made, for upon the details of the procedure depends the success and safety of the operation. The solution is to be diluted largely with water—nine parts water, one part solution persulphate of iron; stronger than this is often used, but it is unnecessary and objectionable. If used in strong solution, it will sometimes act upon the parts and give rise to inflammation of the vessel and surrounding tissues with subsequent abscess, or even sloughing. If by mismanagement the fluid is thrown outside the vessel and is of strong solution, a slough is certain. If you observe my directions you will never throw it elsewhere than you desire it to go, and there will be no ill effects whatever from its use. Open the skin and cellular tissue so as to expose the coats of the vein, which will always be known by the dark blue color.

When this has been carefully and fully done, make pressure so as to obstruct all circulation upon both sides of the point where you propose to introduce the syringe, and inject with an ordinary subcutaneous syringe, a few drops of the solution. You may regulate the extent of the coagulum in the vessel by the points of pressure. I generally make it an inch in extent. Your assistant, who places his fingers above and below your point of injection, should continue his fingers upon the vessel for a minute or so, when the coagulation of the blood will be found to be complete, and the obstruction of the circulation satisfactory. I generally dress the parts with flaxseed poultice, with the view of preventing inflammation, and continue this for two or three days until the cure is complete.

Tumors of every variety may be found in the neck, occupying some of the most important surgical regions. Enlarged lymphatic glands, serous and sanguinolent cysts, fatty tumors, adenoid or gland-like tumors, fibro-cystic and cancerous tumors, and other forms of foreign growths are observed in all parts of the neck. It is often quite impossible to determine the exact nature of these growths until after removal, and even then difficult. It is not very important so far as practice is concerned to know their minute characters; the principal and important division is into benign and malignant, and it is generally quite easy to determine if they possess only benign properties; this is, however, not always the case. The growth which we propose to remove is situated in what is called, in surgical anatomy, the "*inferior carotid triangle*," and as you observe its removal depends upon its not being strongly attached to the important vessels upon which it rests. It seems to be cystic or fibro-cystic in character. Certainly it has not the hardness, pain, irregularity and firm attachment so characteristic of malignant growths. It is opened down upon with care, and now its further removal is effected mainly by the handle of the scalpel rather than the edge; in other words, it is peeled out from its bed and removed with comparative ease and safety. If it could not be thus separated from the parts beneath, its removal would be attended with the greatest difficulty and danger.

The remaining operation, which we propose this morning, is for removal of a very large growth which occupies the entire axillary region, extending so high as to press upon the vessels and make it

uncertain as to the possibility of safe removal. It has the hard, nodulated, painful and immovable characters which so often accompany malignant disease. The young man looks like the victim of a fatal malady—is pale, anemic and anxious, and we all agree that there are grounds to fear that the tumor is encephaloid—an active form of cancerous disease. However, we propose to remove it, and hope for the best; if it is of this nature, nothing will be gained by the procedure. You observe that it is at last safely removed, though the difficulty has been considerable and the hemorrhage troublesome. All its appearances justify the opinion that it is malignant, and yet its removal is justifiable upon the expectation of delaying its fatal termination; it will not prevent it.

As the lecture term now closes, I may not have opportunity to meet you again in the operating amphitheatre, and I take this occasion to thank you for the earnest attention and deep interest you have all manifested in the clinical advantages of the General Hospital. We have been able to present before you numerous cases of the most important forms of disease, and you have seen the operative treatment which we regarded appropriate. The success attending these operations has been complete, all our patients have recovered from the operation, and all, so far as I know, have received the expected relief. We watch our favorable results with satisfaction, but we must never be unmindful that the best advised and most skillfully made surgical operations will often terminate fatally. They are made with full knowledge that a certain number, often a large proportion, will thus terminate, but we are not at liberty to refuse surgical aid even though attended with the greatest danger; we have seen how even the most unpromising cases reward our efforts the most signally. Hoping those of you who are now to engage in surgical practice, can look back to the clinical experiences of the last season, and gain confidence and strength, I earnestly wish you success in your labors.

A Lady Apothecary.—A young woman named Doumergue has just passed an examination before the Academy of Montpelier in the section of pharmacy, and been admitted, with one of the first numbers, to follow the lectures on botany, chemistry, toxicology, and elementary physics.—*Lancet.*

ART. II.—*Abstract of Proceedings of the Buffalo Medical Association.*

TUESDAY EVENING, May 4th, 1869.

Dr. J. F. Miner, President, in the chair. Members present—Drs. Miner, Ring, Rochester, Taylor, Daggett, Strong, Gay and Johnson.

DR. MINER presented the specimen of "neuter gender," reported by Dr. Little at the last meeting, and by careful dissection showed the entire absence of sexual organs. There appeared nothing different from the descriptions by Drs. Miner and Little, published in the transactions for last month. It was the unanimous opinion of those present that it was a very rare, perhaps an unheard of, anomaly in human construction.

DR. MINER also presented an atrophied liver, which he had the day before removed from a patient thirty-eight years old, who, up to within about two years, had enjoyed excellent health. About one year since she came under his observation for the first time, supposing herself to have ovarian tumor. Examination satisfied him that this was an error, and nothing was done until about four months since, when she was tapped for ascites, when about twenty-four quarts of serum were drawn off. This operation was repeated about every three weeks up to the time of death.

When the serum was completely drawn off a small, hard, movable tumor could be distinctly seen and felt a little to the right of the lower border of the sternum. It was obviously a part of, or attached to the liver, believed to be a part of that organ. Upon *post mortem* examination the liver was found atrophied so as to weigh only two pounds. It was roughened, irregular, hardened and deformed, so as to not resemble a liver in any respect; its fibrous sheath thickened and attached to neighboring tissues throughout nearly its entire extent. The *ductus communis choledochus* was obstructed by a biliary concretion, and the gall bladder very fully distended. The spleen was found enlarged and softened.

The appearance of the organ corresponded more with his views of the condition in cirrhosis than any other disease of the liver with which he was acquainted, but he had never seen such a liver as the one shown, and thought it must be a very rare thing for the organ to reach such a degree of deformity and contraction. He had presented it before the Society hoping that some member

would be able to give more accurately than himself the pathology of the disease.

DR. ROCHESTER said that he had examined many livers, but had never seen one like this, and did not know what it was. It certainly was not cirrhosis as usually found; he should call it atrophy with induration, the result possibly of innutrition from disease of the hepatic artery or vena portæ.

DR. C. C. F. GAY reported the following case of supposed embolism: Mrs. W., aged thirty-two years, the mother of a healthy child three years old. The first labor was protracted and the child was delivered with forceps in the absence of labor pain. This labor was followed for ten days by a fever, when the pulse was a hundred and twenty, with but little variation until convalescence; also copious perspiration. After her recovery she was in good health until ten days before her last confinement, when she rode out on a cold day in an open carriage, and felt and expressed the belief that she had taken a cold that would result in her death. On the following day she had a chill followed by fever, and pain, referred to the right shoulder, and was thereafter unable to lie only upon the left side; change of position to the back or right side caused pain and spasmodic cough. Labor commenced on the evening of the eighteenth of February, progressed favorably, and terminated naturally, and was of four and a half hours' duration. Chloroform was given from the commencement of the labor. There was but little hemorrhage during or after the labor. During labor she could lie upon her back without pain or discomfort, but soon after was obliged to lie upon the left side as before labor, and continued to lie in this position until she died. The pulse during the whole of her sickness until the morning of the ninth day after confinement, one hundred and twenty per minute. Respiration twenty-eight per minute; tongue red, and perspiration profuse. There was no tenderness of the abdomen and no tympanitis; no pain except of the fore finger of the left hand and in one foot. Lacteal secretion was established on the third day and continued with the lochial secretion until death—both scanty. Quite severe chill on the morning of the ninth day after accouchment, after which the pulse gradually increased in frequency until the same night when she died. The voice was full and strong during the

whole course of her sickness; mind clear, no delirium. Died suddenly on the evening of the ninth day, after having taken food and conversing as usual.

Dr. Strong reported case of sudden death. A drayman, apparently in good health until the day of his death, got up in the morning not feeling as well as usual, had headache, was about his business all day, partook of his usual supper and felt as well as usual, laid down upon his bed to rest, and twenty minutes later was found by his wife in a kind of convulsion, and died in a short time. Was not satisfied as to cause of death, and could not obtain a *post mortem* examination. Did not ascertain that he had heart disease.

By vote, the Secretary was directed to publish the Constitution and By-Laws.

Dr. Gay moved that Dr. Daggett be appointed a delegate to the State Medical Society of Pennsylvania, during the annual meeting for the present year. Carried.

The following resolutions, introduced by Dr. Miner at a previous meeting, were passed unanimously:

Resolved, That the fee for examination for life insurance shall be five dollars when made in the offices of physicians, and two dollars additional when the examination is made outside the office.

Resolved, That it shall be regarded as a breach of confidence for druggists to renew prescriptions upon which is written "*not to be renewed*," or any other sign or device by which it can be known that such renewal is against the wishes of the prescriber.

Adjourned. T. M. Johnson, Sec'y.

Hair-bleaching from Neuralgia.—The influence of neuralgia in decolorizing the hair is well known in the case of a patient lately under Dr. Murray's care in the Great Northern Hospital. This woman, who was admitted on account of a fibrous tumor of the uterus, was remarkable in having the internal half of one eyebrow and the corresponding portion of eyelashes perfectly white, she being a brunette. It seems that three or four years ago, having gone to bed well, she was attacked during the night with a very severe spasmodic tic, which lasted only a few minutes; and in the morning the hair was permanently bleached.—*Lancet.*

Miscellaneous.

From the New Orleans Republican.

American Medical Association.

FIRST DAY.—The first meeting of the American Medical Association ever held in New Orleans assembled yesterday morning in the room in the Mechanics' Institute, once used as the Senate Chamber of the Louisiana General Assembly.

It is an annual session, and was called to order by the President, Dr. William O. Baldwin of Alabama, who invited to the platform the vice-presidents and ex-presidents of the Association, and then, noticing his presence, invited "the distinguished Dr. Stone" to the stand. Dr. Lopez, one of the former vice-presidents of the Association, was also invited to the platform.

Prayer by Rev. Mr. Gallaher of Trinity Church.

The report of the Committee of Arrangements was made by the Chairman, Dr. T. G. Richardson of this city, which was an address of welcome to the delegates from the various States who meet here as a National Medical Association, rather than a dry, uninteresting detail of how the arrangements were made.

If we remember correctly, a resolution was introduced some time since into one of the meetings of the Medical Association of New Orleans, by Dr. George W. Dirmeyer, inviting the American Medical Association to meet here as they have done. The Committee of Arrangements consisted of Dr. T. G. Richardson, chairman; Dr. S. M. Bemiss, Dr. C. Beard, Dr. S. Choppin, and Dr. W. S. Mitchell of New Orleans, and they have performed their duties most creditably.

After the report of the committee was read, Dr. Richardson made a verbal report that the committee saw no reason for a change in the hour of meeting, which was ten o'clock in the morning, and to adjourn at two o'clock. He gave notice also of the places of meeting of three sections or committees, and then proposed the nomination of several medical men as members of the Association by invitation. Among the names was that of Dr. G. W. Dirmeyer.

The Annual Address.

The President, Dr. Baldwin, then read the Annual Address, of which we give an abstract:

Gentlemen of the American Medical Association:

I congratulate you on the return of an occasion which permits us to renew that fraternity of intellect no less than that sympathy of feeling by which our life and vocation as physicians are beautified and ennobled. Of no profession are the inspired words more true than ours, that we are "members one of another." The ideal of our profession is that of complete and thorough oneness. What is scientific truth for one is scientific truth for all. We have a common estate in the facts, aims and purposes that belong to the science of medicine; and hence we do a wise work when we acknowledge the exalted unity of the medical profession by this annual assemblage.

The nature of this occasion reconciles me, in some degree, to the task which I now have to perform. When I remember that the position I occupy was first filled by the distinguished Chapman, and that the succeeding anniversaries have been presided over by men whose genius had shed not only light, but lustre, on the annals of our profession, I feel that nothing but the inspiration which breathes through affections, kindled into life by this Association, could sustain me under the sense of incompetency for the duties to which your kindness has called me. Relying on the same spirit which prompted you to confer on me the highest distinction within the gift of the medical profession of America; and hoping that my deficiencies may be forgotten in the interest and magnitude of the subjects awaiting your deliberation, I proceed to discharge the duty which the custom of my predecessors has imposed upon your presiding officer.

The spirit of a profession is the true sign of its character, as it is the measure of that respect with which its talents and services are regarded. Manly sentiment, springing from broad and genial sympathies, is the soul of every profession, and if it is wanting, no skill, not even usefulness, can prevent it from sure and speedy degradation. The first and last requisite of professional life is not power of intellect, however valuable that may be, nor those acquisitions of knowledge that enrich our thoughts, but that other and

finer quality of generous manhood which, as a subtle and pervading essence, enters with its healthy vigor and animating impulse into all its connections. Of our profession this is eminently true; and, on this account, I rejoice that the records of this Association give no evidence of sectional unkindness and prejudice even during the period of our bloody war.

To me, gentlemen, this occasion is one of solemnity and significance. Standing here in the great commercial metropolis of the South, I find myself surrounded by men representing nearly every section of a country so lately arrayed in hostile strife. At a time when every other organization has been shaken to its center by the passions of deadliest hate; at a time when the most matured conservatism has been over-mastered by the vindictive fury which has swayed the popular mind; at a time when even instinct has been treacherous to its ends; you have been drawn hither from homes far distant, over highways full of painful historic incidents, through territories watered by the blood and tears of a sorrowing nation; and you have assembled here as brothers and friends, to unite your offerings to a common science. The mournful witnesses of this terrific struggle have confronted your eyes; the shadowy phantoms still linger on the stage where these tragedies have been performed; the air we breathe has not yet lost its echoing groans of dying heroism nor the pathetic anguish of sorrowing relatives. Amid these circumstances, so sundering to the most sacred companionships of life, you have met in the spirit of Him who is this world's greatest and best Healer—that Divine One, who, opening and continuing his ministry of service by curing all manner of diseases, finished its majestic self-denials in the reconciliations of the cross.

Eight years ago we were separated by civil war. That war engendered the bitterest feeling in every other national organization, whether scientific, political, or Christian; but the members of this Association, without words of crimination or reproach for one another, assumed the respective places assigned them by the obligations of citizenship. Through the long and bloody contest which ensued, this Association, in its resources, honor and renown, was in the keeping of our Northern brethren; and during those memorable years, when the sense of bitter wrong and burning hate filled all hearts, and when friendships and affections, born of the hal-

lowed ties of friendship and consanguinity, sent their messages—once of love and tenderness—at the point of the bayonet or through the cannon's mouth, what were the feelings which moved this Association? At the first meeting, two years after the war began, they indulged only in expressions of profound regret that "the brethren who once knelt at the same holy altar, and drank with them at the same pure fountain,"* had been separated from them by civil war, endangering thereby the claims of the Association "to an unselfish nationality, and robbing it of the presence and counsel of many of its warmest adherents,"† while praying at the following meeting that the period would soon come when we should again be "one in our political, professional and social relations."‡

The same humane and catholic spirit continued during the war to mark the conduct of the members of this Association. Each of the divided sections met the tasks required by its respective position. But wherever found, whether sharing the hardships of the campaign or discharging the duties of private practice, they comprehended the essential difference between what might prove on the one hand a transitory evil, and what on the other hand they knew would be a lasting good. Accordingly they remained the constant representatives of a noble brotherhood. If they did not sink the patriot in the physician, they did not sink the physician in the patriot. The imperative instincts of each character, true to its trusts and faithful to its requirements, acted for themselves and in the direction of their own ends. Amid the shouts of battle and the shock of arms they raised themselves to the height and grandeur of their calling, and thus stood far above the embittered prejudices that encircled all other classes of men. So far from allowing the fugitive passions of the times to betray them from their professional allegiance, they vindicated their sagacity no less than their manliness by looking to the future—by contemplating results not the less certain because remote—by regarding with thoughts chastened and subdued that state of man in which the interests of life and death meet together—and by considering as paramount to all selfish motives the claims of that science with whose undisclosed mysteries they must yet wrestle for the well-being of mankind. Above all, they looked to the transcendant

* Transactions, 1863. † Transactions, 1863. ‡ Transactions, 1864.

value of a virtue, which should contrast in broad masses of light, its purity and power with the corruptions and frailties of the hour, which should by reason of its disinterestedness diffuse itself through the affections of nations and reach in the large outgoings of its sympathy the hearts of generations yet unborn.

When at last this dispensation of carnage ended, and while as yet the war-path was crimsoned with the blood or whitened with the unburied bones of our brethren, this Association again met. Like the surges of the sea, dark, tumultuous, raging, though the storm has passed from the sky and fled beyond the horizon, the meaner instincts of hatred, revenge and persecution still swayed the multitude. The mob of fanatical intellect unappeased, and the mob of popular passions thirsting for new strife, joined their hands to prolong the wretched alienation. The avenging angel had lifted his brooding wings from the landscape and cried, "It is enough;" but now other vials of wrath seemed to be about poured forth on a land hopeless because helpless. You then met to pour oil on the unquiet waters. Here was scope for a statesmanship, aye, for a generalship grander than any which the war had developed. Here was the best of opportunities to inaugurate a new epoch of fraternal sympathy. Nor were you unmindful of its solemn behests. True to your past professions of regret over our separation, you saw the vacant seats in this Association of your Southern brethren, and, actuated by the higher instincts of manhood, and scorning the base ambition to degrade a fallen antagonist, whom the saddest experience had taught the bitterest lessons of life, you set the nation an example of dignity, moderation and virtue, to which no other organization in the land has yet had the wisdom or the sensibility to rise.

Within a few weeks after the cessation of hostilities, this Association held its regular annual meeting in the city of Boston, and there renewed, with manly sympathy, its former expressions of kindness, inviting us to come again and be their brethren. I quote their own language on that occasion when I say: "The unhappy feud which for years has divided the nation has ceased, and peace has come, we trust forever; so we hope soon again to meet our members and delegates from the South on the platform of

rnity, and to this end we extend to them a cordial welcome."*
a subsequent meeting you repeated this sentiment in the fol-
ng language: "We would fain meet again those from whom
ıave been separated, draw the mantle of forgetfulness over the
, renew to them the expression of regard, and with them dedi-
the hour and the occasion to the sacred cause of learning,
ıdship and truth."†
ıd when at the last meeting we met our Northern brethren,
were we received? They met us as equals in the past and
ıals in the present, saying in effect if not in words: "If quarrel
ever had, it is over; we have no explanations to offer, no apol-
s to demand; we know that we have done our duty; we feel
you have done no more, and that you would have been unwor-
your noble vocation had you done less; we have guarded faith-
y the institution so long left in our charge, in which we now
ım but an equal interest with you; with the incense we have
ıed in its sacred fane we have not permitted the poisonous
it of party to mingle, and we now invite you to go with us to
smiling and peaceful fields of that science whose interests it
l be our common work to foster and advance; here we will
walk with you to the stern realities and moveless grandeur of labor and thought, and find in their quiet paths a relief from the gloom of the past; here we will divide with you the toils and share with you the rewards of labor, the honors of success."

Against the insolence of the day; against its unreasonable pride, its overweening vanity and its shameless scorns, your conduct bore a moral protest, which, while acting directly on our profession, has had no small agency in producing those indications of a return to reciprocal sentiments of confidence and respect in which all the good men of the country rejoice. The mythical war between the Athenians and Amazons led, in the midst of arms, to the most intimate friendship between their leaders. When Pirithous and Theseus finally met on the plains of Marathon, after many a hard fought battle, the former, regarding himself and army as captives, said to the latter: "Be judge thyself; what satisfaction dost thou

* Resolution introduced by Dr. J. R. Van Blesk of New York, and adopted. Transactions for 1865, vol. 16, p. 57.

† Address of Committee of Arrangements, through their Chairman, Dr. C. C. Coxe. Transactions for 1866, vol. 17, p. 10.

require?" The noble Athenian replied: "Thy friendship;" and they swore inviolable fidelity, and were ever after true brothers in arms. Alas, that the nineteenth century has so often to recur to classical heathenism to find its illustrations of genuine magnanimity!

Looking at these facts, am I not warranted in asking if any organization has emerged from our late convulsions with so much dignity? Has it not come forth from the sharp ordeal with those graceful virtues that belong to our higher nature? The world may have its conventional rules of intercourse between man and man—its creed of moral philosophy—its code of honor—its accredited formula of behavior, while it lavishes its praise on the charms of human brotherhood; but it has been left to the American Medical Association to teach practically the intellects of the land one of the most ennobling lessons in the dignity, beauty and glory of refined and civilized life—a lesson that not only hallows the spirit of our professional character, but instructs the physician in those spiritual sentiments which lead to the highest virtues, among which are reckoned Charity and Forgiveness. Of the one, we are told, that the Archangel, who never knew the feeling of hatred, has reason to envy the man who subdues it; while of the other, it is said, that when we practice forgiveness to the man who has pierced our heart, he stands to us in the relation of the sea-worm that perforates the shell of the mussel which straightway closes the wound with a pearl.

No apology, gentlemen, is necessary for dwelling so long on the moral spirit of this Association. If I had not believed that a moral sentiment underlies all profound thought, all true research, all genuine wisdom; that it is the strength of civilization, the security against those court forms of heathenishness and brutality that lurk under the imposing hypocrisies of outward splendor, and the ulterior end for which nations and mankind exist; if I had not been assured that our profession rests on this basis, and can rest on no other, I should not have devoted so much time to this subject. Turning from these reflections, so naturally suggested by the circumstances of our present meeting, I am reminded that other points of great practical significance claim our attention.

Dr. Baldwin then proceeded to examine the subject of medical

education in its practical bearings. Basing his remarks upon the fact that this subject presented itself under new aspects, Dr. Baldwin offered some most valuable and well considered suggestions, which we regret that want of space forbids us from giving. Throughout this branch of the address, which was listened to with profound attention, the President insisted that it was the duty of the Medical Association, originally organized for specific objects, the chief of which was the elevation of medical education, to vindicate its claims to that high mission, by holding to a stricter accountability both those who bestow and those who receive diplomas in medicine.

After the address was concluded, Dr. Eve of Tennessee, moved an adjournment for five minutes. This motion prevailed.

At one o'clock the session was resumed. Letters were read from absent members, explaining the reasons why they were unable to be present.

Reports of committees were called for. Dr. Lemuel J. Deal of Pennsylvania, chairman, reported on the cultivation of the cinchona tree. The report was received and referred.

On alcohol and its relations to medicine, a report from Dr. John Bell of Pennsylvania, chairman, was referred.

Report on the cryptogamic origin of disease, with special reference to recent microscopic investigations on that subject, Dr. Edward Curtis, U. S. Army, chairman, was referred to Committee on Epidemics.

Report on prophylactics in zymotic diseases, Dr. Nelson L. North, chairman, was referred to the Committee on Epidemics.

Report on nurse training institutions, Dr. Samuel D. Gross of Pennsylvania, chairman, was referred to Committee on Practice of Medicine.

Report of commissioners to aid in trials involving scientific testimony, Dr. John Ordronaux of New York, chairman, was referred to the Committee on Medical Jurisprudence.

Report on annual medical register, Dr. John H. Packard of Pennsylvania, chairman, that want of funds rendered the committee unable to accomplish anything.

Dr. Richardson of Louisiana, thought the plan of publication of a register was practicable, and that through the instrumentality of the Postmaster General a report could be obtained from post-

masters of the names of all practicing physicians in the United States.

Dr. Mussey of Ohio, considered this impracticable, and offered a resolution that each State Medical Society be requested to prepare an annual register of all the regular practitioners in their respective States, giving the names of the college in which they have graduated and date of graduation.

Report on devising a plan for the relief of widows and orphans of medical men, Dr. John H. Griscom of New York, chairman, recommended a general plan of mutual aid association. Read and referred.

Report on specialties in medicine, and the propriety of specialists advertising, Dr. E. Lloyd Howard of Maryland, chairman, was submitted, and made the special order at twelve o'clock to-day.

Report on library of American medical works, Dr. J. M. Toner of District of Columbia, chairman, was submitted, and made the special order for one o'clock to-day.

Report on the best method of treatment for the different forms of cleft palate, Dr. J. B. Whitehead of New York, chairman, was referred to the Committee on Surgery.

Report on medical ethics, Dr. D. Francis Condie of Pennsylvania, chairman, was accepted.

No report on American medical necrology, but a recommendation in reference to continuing the committee was adopted.

Various essays were presented, and appropriately referred.

On the climatology and epidemics of the various States, Dr. T. J. Heard of Texas, made a report, which was referred to the Committee on Climatology and Epidemics.

The Committee on Epidemics was authorized to fill vacancies in any of the States.

The report of committee of last year on amendment of the organization of the Association was made the special order for this morning at ten o'clock.

Communication from the Medical Association of Cincinnati, recommending the appointment of a committee to draft a law regulating the practice of medicine in the different States.

Resolutions by Dr. Charles H. Lee of New York, providing for medical examiners to examine all who desire to practice medicine

by each State Association to examine all who desire to practice medicine in the State.

Communication from the Medical Association of Waco, Texas, expressing sympathy with the noble objects of the American Medical Association, and submitting certain recommendations.

These several resolutions and communications were referred to a committee of five, to whom also other similar papers are to be referred, to be appointed by the President.

Announcement of places of meeting of committees were made, and the Association adjourned till nine o'clock, May 5th.

SECOND DAY.—The attendance is much larger than yesterday. A number of arrivals has increased the *personnel* of the Association to near three hundred. The hall is well filled, and the same dignified deportment which marked the deliberations of the members on the opening day is displayed to-day. Much of the facility with which the deliberations were conducted yesterday, and the promptness with which action was taken upon the various resolutions, was, undoubtedly, due to the tact and practical administrative knowledge displayed by President Baldwin.

At 9 A. M. Dr. W. O. Baldwin, the President, in the chair, called the meeting to order.

A paper on "Canula and the New Mode of Applying Ligatures" was submitted by Dr. P. F. Eve, (Tenn.) and was referred to the Section on Surgery.

Dr. J. M. Bush of Kentucky, offered the following resolution:

Resolved, That a committee of five members be appointed by the chair, to take into consideration the subjects alluded to in the President's address, and report at this meeting.

This resolution having been adopted, the President selected as members of the committee Dr. Parvin of Indiana, chairman; Dr. Toner of the District of Columbia; Dr. Pollock of Pennsylvania; Dr. Welch of Texas; Dr. Seeley of Alabama.

Dr. McPheeters of Missouri, offered a communication from the Medical Association of that State, in reference to medical education.

On motion of Dr. Toner, it was referred to the special committee on that subject.

Dr. Eve offered the minutes of the Medical Society of Tennessee, which was similarly referred.

Dr. Gaillard of Kentucky, offered the following preamble and resolutions, which were referred to the same committee:

Whereas, The medical teachers of America have, after a trial of twenty-two years, failed to meet satisfactorily and efficiently the requirements of the great body of the profession in regard to medical education; and

Whereas, The condition of the profession is yearly becoming more deplorable on account of the antagonistic and objectionable policy of medical schools, in making the amount of fees charged, rather than scientific teaching, the basis of competion; and

Whereas, To obtain professionally competent graduates, sound and efficient teachers are indispensably necessary; and

Whereas, Such teachers, to be found throughout the country, cannot be induced to leave their homes without the assurance of competent remuneration; and

Whereas, Such remuneration can only be obtained by adequate fees charged, unless by a system of low fees the number of students be relied upon to make up the inevitable pecuniary deficiency; and

Whereas, Reliance upon numbers of students for this purpose deplorably crowds the already overcrowded professional field, diminishing thereby individual income, judgment, experience, and skill, thereby compelling practitioners to resort to other avocations as a source of supplemental income; and

Whereas, This devotion to other pursuits destroys opportunities for study and improvement, degrading thereby the status and standard of American physicians; and

Whereas, The schools of New England, New York, Pennsylvania, Maryland, Virginia, South Carolina, Georgia, Missouri, Tennessee, Louisiana, Alabama and District of Columbia, now charge comparatively remunerative fees; and

Whereas, The *low system* of fees is charged only in a few of the Middle States, and can with advantage be made to conform to the rate of fees charged elsewhere; and

Whereas, It is as unethical for colleges to underbid each other pecuniarily, as it is for practitioners to do so.

Resolved, That hereafter no medical school in this country, other than those fully endowed, be entitled to representation in this Association, if the amount charged by such schools for a single course of regular lectures be less than one hundred and forty dollars.

Resolved, That all schools charging less than this sum are earnestly requested by this Association to advance their rate of fees to the amount mentioned.

The report of Dr. Lee of New York, the delegate to the Association of Superintendents of Insane Asylums, was offered and referred to the Section of Psychology.

The report of Dr. Gross of Pennsylvania, delegate to Foreign Medical Association, was presented, together with the letter to Dr. Ehrenberg, was read and referred to the Committee of Publication.

The time having arrived for consideration of the revision of plan of organization, it was, on motion, taken up.

A recess was taken to allow the selection of members of the Committee on Nominations.

On re-assembling, the Permanent Secretary announced the following as the Committee on Nominations:

New York, J. C. Smith; Delaware, H. F. Askew; Pennsylvania, A. M. Pollack; Kentucky, H. M. Skillman; Tennessee, J. B. Lindsley; Mississippi, W. Y. Gadbury; Alabama, J. Cochran; Ohio, John Townsend; Indiana, B. S. Woodworth; Illinois, T. D. Fitch; Wisconsin, H. Van Dusen; Missouri, J. S. Moore; Michigan, J. B. White; Georgia, R. D. Arnold; Louisiana, S. Logan; Texas, S. M. Welch; Minnesota, C. N. Hewitt; Arkansas, R. G. Jennings; West Virginia, W. J. Bates; Rhode Island, G. L. Collins; District of Columbia, L. W. Ritchie; U. S. Army, J. J. Woodward; U. S. Navy, F. E. Potter.

Dr. Chaille of Louisiana, submitted a proposition for a common medical nomenclature in the United States, taking as a model an official publication on the subject by the Royal College of Physicians of London, and offered the following resolutions, which were adopted:

Resolved, That a committee of five be appointed by the President to report as soon as practicable to the present session of this Association upon the following:

1. The propriety of adopting and using its influence to have adopted by the entire medical profession in the United States the provisional "Nomenclature of Diseases of the Royal College of Physicians."

2. On the practicability of having this nomenclature published in such manner as may render it easily and cheaply accessible to every member of the profession.

3. To recommend such other practical measures for the action of this Association as may be necessary to introduce this nomenclature into official (military, naval, etc.) and general use.

The Chair appointed the following gentlemen as the committee: Drs. Woodward, U. S. A.; Houstis, of Alabama; F. G. Smith, of Pennsylvania, and Chaille, of Louisiana.

The reports of the Committee of Publication, and the Treasurer were read, accepted and referred to the Committee of Publication.

On motion, the Committee on Nominations were permitted to retire for consultation.

The special order for 12 being the report on Specialists, it was read by the Secretary, and, on motion of Dr. Sayre, the resolutions were adopted and the report referred to Committee of Publication.

The large number of arrivals has increased the *personnel* of the Association to near four hundred.

Dr. L. P. Yandell, Jr., of Kentucky, introduced the following resolution:

Resolved, That private handbills addressed to the members of the medical profession, or advertisements in newspapers, calling the attention of professional brethren to themselves as specialists, be declared in violation of article —— of section —— of the Code of Ethics of the American Medical Association.

Dr. S. N. Davis of Illinois, said it had been the practice to publish cards in medical journals for the purpose of informing the medical fraternity that the advertiser devotes himself to special diseases. These cards were not so much for the information of the public, as for the medical fraternity. He hoped that, now the question was up, it would be discussed fully.

Dr. L. P. Yandell of Kentucky: We have allowed physicians to violate the code of ethics by advertising in medical journals that they are specialists in the treatment of certain diseases. In Europe they are stricter in regard to specialists than here. There, where a physician wins a reputation in the treatment of certain diseases, his professional brethren send cases to him for treatment, but advertisement is prohibited. If we are allowed to resort to advertisements, not as a question of merit, but of money, this Association should so declare. I am sure I am right in principle, and I want to get an expression from this Association.

Dr. Sayre of New York: Let those who understand the best mode of treatment in special diseases instruct their professional brethren through the proper channels, as the honorable way of preferment, not by advertising as a matter of dollars and cents. Let us look the matter square in the face and sustain the resolution of Dr. Yandell. May my hand be paralyzed if I make any attempt to profit by advertising the knowledge I have attained in my profession.

Dr. Mussey of Ohio, moved to amend by inserting "or in medical journals."

This amendment was accepted.

Dr. Davis of Illinois: The question before us is one to settle the interpretation of the existing statute. The question is whether that rule of ethics shall be enforced prohibiting publication of cards calling attention of individuals laboring under particular diseases.

Dr. Yandell stated that he had preferred charges against a practitioner of Louisville for advertising himself as a specialist in the newspapers, and for sending handbills to physicians, but that the medical societies of that city not having sustained him he brought this subject up for the action of this Association. The question is, shall we associate with professional prostitutes and medical outlaws?

Dr. Yandell's resolution was unanimously adopted.

The Committee on Prize Essays reported as follows, their report being adopted:

They have received but two essays—one upon "The Physiological Effects and Therapeutical Uses of Atropia and its Salts;" the other upon "Quinine as a Therapeutic Agent." They agree to present both of these essays to the Association, and to recommend the award of a prize of one hundred dollars to each of them.

S. M. Bemiss, Chairman.

The Secretary broke the seals, and announced that Dr. S. S. Herrick of New Orleans, was the author of the paper on Quinine, and Dr. Robert Bartholow of Cincinnati, was the author of that on Atropia.

Dr. Booth of Mississippi, offered the following preamble and resoluion:

Resolved, That the proper construction of Art. 4, Sec. 1, Code of Ethics, A. M. A., having been called for, relative to consultation with irregular practitioners who are graduates of regular schools;

Resolved, That said Art. 4, Sec. 1, Code of Ethics, A. M. A., excludes all such practitioners from recognition by the regular profession.

This resolution was unanimously adopted.

On motion, the Association adjourned until Thursday, at 9 A. M.

(To be continued.)

Dr. Alexander H. Stevens, late President of the New York Academy of Medicine, died on the 30th of March last, at the advanced age of eighty years.

Carbolic Acid.

Dr. E. R. Squibb was called upon by the President of the Medical Society of the County of New York, and remarked: I have some knowledge of carbolic acid, which I may add to that given in the very interesting paper we have just heard. I confess to a strong prejudice, since first reading Mr. Lister's articles, against what I have regarded as a needless complication of a simple method already well known. Moreover, Mr. Lister's honesty and earnestness grew into fanaticism, and led him to exaggerate and overdose. At first he was inclined to use the undiluted acid in wounds; but he has now got down to two per cent. in water, and finds this strong enough.

We have been misled a little in the use of the crystalized substance known as carbolic acid. The term has ordinarily been applied to three associated substances, phenyl-alcohol, cresyl-alcohol, and xylic-alcohol, belonging to a series which includes most of the aromatic oils. They have all been pretty well proven to be alcohols, and they are not acids by any definition of this word. Of late, however, it has been disputed by Kékulé and others that these substances are alcohols, and this opinion would seem to be gaining ground. Of these three tar-alcohols, the phenyl is crystallizable, and has the lowest boiling point. As these became an object of commercial manufacture, the matter was taken up by a Fellow of the Royal Society, a pupil of Laurence, Mr. F. Crace Calvert. Seeing that there was one of the group which required much chemical knowledge and skill to produce it nicely, and knowing that, should he attempt the manufacture of the others, he would be subject to much competition, he turned all his attention to the production of the most difficult, the crystallized phenyl-alcohol, without knowing that it was the least effective of the three. He had no competition. Up to the time of the investigation of the cattle plague, the other tar-alcohols were supposed not to be antiseptic at all. When Mr. Crookes, and Dr. Smith, and others, took the matter in hand, they had no desire to damage Mr. Calvert's commercial prospects; but were finally compelled to admit that the phenyl-alcohol had no exclusive virtues. In his first report, Mr. Crookes says that the cresyl-alcohol has been supposed to have no

antiseptic properties whatever, but that it seems to be nearly if not quite equal to the crystallized preparation. This remark led me to look into the subject; and some experiments convinced me that the cresyl-alcohol is far more efficient than the phenyl. Mr. Parkes says that the impure acid, that is, the whole group together, is better for all purposes to which he has applied it, than are the crystals. Indeed, the whole group as found combined in the old-fashioned creasote, the ordinary creasote of the market, is the thing after all. Its efficiency has never been excelled by any of the separated "acids," and the result of their separation is merely to enhance the cost. As I before remarked, this whole matter of the antiseptic treatment of wounds has been too much complicated. Simple watery solutions would probably produce quite as good an effect as these putties, plasters, lac, etc. With regard to burns, I can claim to speak from experience. A watery solution of creasote, of the strength of about one-half of one per cent., or the creasote-water of the pharmacopœia diluted about one-half, applied on a single thickness of old pocket-handkerchief, will allay the pain of a burn sooner than anything else. Thus diluted it is a most valuable local anæsthetic. Under this dressing, a burn of the first degree will usually heal without suppuration. One of the second or the third degree will not; nor will it under Mr. Lister's applications. The septic-germ theory of Pasteur, though now commonly accepted in a general way, cannot be made responsible for all the evils of suppuration without grave mistake.

Dr. Jacobi wished to inquire of Dr. Squibb what was the chemical or physical effect of the creasote, undiluted or in strong solution, on healthy tissue?

Dr. Squibb: Its prominent characteristic is to coagulate albumen. A strong solution applied to the surface turns the epithelium white, by virtue of this property. The whiteness disappears after a time, and the epithelium becomes again transparent. But this transparency indicates no return to its normal condition. The albumen once coagulated, it is dead, and must peel off. Another curious effect is noticeable; if too strong a solution is applied to a burn, it does not appear to relieve the pain; I have repeatedly seen a one or two per cent. solution fail to give relief. The character of the pain produced by a strong solution is exactly like that of a

burn; but in the behavior of the two there is this difference: If the part rendered painful by such an application be held up so as to drain it of blood, the pain is increased till it may become almost insupportable; if held down so as to allow the influx of blood, the pain is diminished; herein the pain is like that from chloroform, and is exactly opposed to that from a burn.

I might add that the reason why anatomical specimens are so often rendered opaque and unfit for microscopic examination, by being preserved in carbolic acid, is doubtless the too great strength of the solution employed. I suppose an aqueous solution of one-fourth of one per cent. of the cheap, impure acid ought not to injure a delicate specimen. I have now in progress a series of experiments to determine this point, using solutions varying from one-tenth of one to one per cent., which last, I am convinced, is quite too strong. The best test of the proper strength of your solution is its application to the tongue. If it coagulates the albumen, producing an effect like that of hot tea or coffee, it is too strong.

Dr. Jacobi: I am glad to see, Mr. President, that the chemist agrees perfectly with what many of us have repeatedly seen. I have made the same observation with regard to the pain, and the effect of position upon it. I have felt, too, that, if the antiseptic treatment is to be of any use, it must be simpler than Mr. Lister has made it, for by his plan each patient requires five or ten times as much attendance as usual. I have myself used carbolic acid in a great number of instances, both upon living and upon dead tissues. A solution of one-tenth applied to croupous membrane will cause it to shrivel up in a very short time; and the very beneficial effect of the acid upon diphtheritic membranes is due to its coagulating power. But this very property leads me to think that solutions of one-fifth to one-twentieth applied to wounds, etc., as in Mr. Lister's practice, will have an effect just the reverse of what he intends. He wishes to preserve healthy tissue; I think I have often destroyed it by using a solution too strong. I know that a number of years ago, when I knew less about the subject than I do now, I very speedily destroyed the cornea in a case of diphtheritic conjunctivitis. I applied a very thin layer of a dilution of one part to eight or ten of glycerine and water to the conjunctiva; the cornea

thus became slightly touched by it, and the result was that it was perforated much earlier than in the normal course of the disease. The diphtheritic affection might have caused perforation in thirty-six hours, while I had done it in five or six. I have seen the shrinking and destruction of healthy tissue immediately follow the use of strong solutions; and I agree with Dr. Squibb, that we have not yet reached the minimum of strength desirable. I now commonly employ a dilution of three or four grains to the ounce. I have used it to wash out the uterus in puerperal endometritis; and I am confident that in many cases of this kind, which have lately come under my hands, the patients have owed their lives to this treatment. In very bad cases, I have used intra-uterine injections of twenty grains to the ounce; but then I am careful to use very little of the injection, to throw it directly into the uterus, and immediately to wash out the vagina with a milder solution, to avoid the unpleasant effect which the stronger one would produce upon it. In cases of common catarrh of the external ear, which are often as obstinate as they are uncomfortable, I have employed a three or four grain solution, and found them yield more speedily than to anything else.

Dr. Chadsey had made use of carbolic acid from its first introduction, always in weak solutions, never stronger than one part to forty. A severe burn of the second degree had healed without suppuration under a dressing of the acid covered with oiled silk. He had gained happy results in gun-shot wounds, putrid sores, disease of the ear, leucorrhœa, and gonorrhœa. For the latter cases, glycerine rather than oil should be used as a solvent, to avoid staining the linen.

Dr. Smith wished to know whether tissue, whose albumen had been coagulated by any means whatever, could possibly retain its vitality; and if not, how much devitalized tissue was gotten rid of in wounds subjected to Lister's treatment?

Dr. Weisse thought it was carried away by absorption, and that the results proved this.

Dr. Jacobi doubted whether albumen so coagulated would find any solvent in the fluids of the wound; and if not, then its absorption was impossible, for absorption could take place only after solution or fatty degeneration.

Dr. Griscom had given inhalations of carbolic-acid vapor in a case of abscess of the lung, with a happy effect.

Dr. Weisse, referring to the statement that Mr. Lister had come down from the use of the pure alcohol to that of a two-per-cent. solution, said that he would doubtless come lower yet, only he wished to feel his way carefully, without incurring in any case what he would deem a risk to the patient. Mr. Lister by no means claimed that all suppuration was due to septic germs. He simply said that experience had taught him that you will limit suppuration in a wound if you prevent decomposition of its fluids.

Dr. Stein had made considerable use of the agent. He preferred tin-foil to protect the dressings, as it could be most nicely adapted to the surface. He had assisted in the removal of nearly the entire frontal bone, for necrosis supposed to be syphilitic, the soft parts having previously sloughed. The suppuration, which was excessive, was checked under the application of carbolic acid, and the wound healed very well. Iodide of potassium was freely given.

Dr. Chamberlain, attempting on one occasion to use what he believed to be the impure acid, had found it quite unmanageable, of about the thickness and color of dark molasses, nearly insoluble in water, and indelibly staining the vessel. He wished to know if he had obtained the right article.

Dr. Squibb: "That, sir, is not the 'impure' but the 'crude' carbolic acid. Nothing should ever be used for medical or surgical purposes which is not transparent, though it may be dark. The impure acid is made by re-distilling the crude; it is a combination of the three alcohols, and would much better be called creasote, for it is identical with the old-fashioned coal-tar creasote. A mistake often made is that of prescribing a solution, and getting this; and fearful accidents have occurred from its application pure to burns, etc. The safest mode is to dispense the crystals by measure. The impure acid is never wholly soluble in water, but it should leave merely a slight scum. The tar and oils are rendered more soluble by the addition of alkalies, an occasional adulteration."

"Having answered Dr. Chamberlain, I would say that Mr. Lister began at the wrong end, with the heroic style of treatment. I think it a very interesting question—what did become of the coagulated albumen sealed up by him in his early operations; for he

used a large amount of the acid, dipped his finger into it, and smeared it all around inside the wound. If we could suppose pepsine to be introduced there, and a process of digestion to be set up, one might look for absorption. I think it most probable that the coagulated material, in such cases, becomes encysted, like other foreign bodies, for it is, to all intents, a foreign body. Mr. Lister's system illustrates what seems to be a strong tendency in human nature—to seek complication. I am constantly finding persons leave the simple solution I have recommended for burns, and go to ointments, etc., which are not only useless but hurtful."

The President: "I may say that, two years ago last October, I commenced to direct that the wood-work of all the lying-in wards of Bellevue Hospital should be daily dampened with a solution of the crystals, two grains to the ounce. I afterward replaced this by a cheaper preparation of about the same strength. We have since seen a great diminution in the mortality there; but I would not ascribe this to carbolic acid alone, for we are very careful in our hygiene. In addition, I always direct that every woman in the lying-in ward shall have her vagina thoroughly disinfected. I make it the duty of the interne to see that no woman has any smell of the lochia about her; and for that purpose we have used carbolic acid, Labarraque's solution, and the permanganate of potassa. The last I have now discarded, because the specimens furnished were found irritating, perhaps from some admixture of caustic potash. I am not prepared to say that the carbolic acid is preferable to the Labarraque. Moreover, whenever a woman's vagina is found difficult to disinfect—and we meet with such cases now and then—it is made the nurse's duty to have a large piece of rag, saturated in a solution of the acid, laid near the vagina. We do not rely upon these means alone; when the floors are washed, a bottle of Labarraque's solution is added to the bucket of water; pans of chloride of lime are placed in the wards, and also shallow dishes of carbolic acid; the windows are kept open day and night, and the doors nearly all the time. It is certain that, by one or all of these means, we are getting clear of puerperal fever in that hospital.

"As to the manner in which carbolic acid checks suppuration, it at this moment occurs to me, as a matter worth investigating, whether it may not possibly so affect the capillaries of the part to which it is applied, as to prevent the lymph-globules from escaping."—*N. Y. Medical Journal.*

A Monstrosity of Sex—The case of John G. Allen.

BY L. E. NAGLE, M. D.

Late in the year 1866, the person—John G. Allen—was arrested by the police, in the city of New Orleans, on a charge of being a female. She was masquerading in male apparel, and after a casual examination, was ordered to dress as a female, and was then discharged from custody. In this garb I found the person acting in the capacity of a servant, and answering to the name of Katie. From the person I learned that the parents had decided at his birth that he was a boy, and had treated him as such; and that he had always been recognized as a boy.

This person was nineteen years old in January, 1867. The general appearance is very feminine. The upper lip, chin and cheeks do not present any hirsute evidences. The face, hair and general features are those of a scrofulous female. The neck and shoulders are delicate, and have outlines of conformation similar to the appearance of a woman. The breasts are like those of a female child of twelve years of age. The nipples are very small, and have very little areola. The outlines of the abdomen and the swell of the hips, thighs and beautifully modeled legs, tapering delicately and ending with small, well-formed feet, all indicate female peculiarities. The shrinking sensitiveness, manners and voice are also very feminine. These, however, are the same that would be seen in a person who had been castrated in childhood.

I discovered in this person but one organ of sexuality. This is a penis, which is about an inch and a half long and a half inch in diameter. There are a miniature glans penis, faintly outlined, and an ordinary sized meatus, occupying their correct anatomical positions. The prepuce consists of numerous small, corrugated folds, and constantly covers the glands, thus presenting an entirely distinct form from a clitoris. A urethra passes from the meatus in nearly the proper course as found in males, and the orifice and sphincter are controlled in the manner usual to males. The base of the penis is in the natural situation. There is not the slightest trace of scrotum, testicles, or prostrate gland. There are no evidences of an attempt at labia. The perineum is rather full, but the *raphe* does not exhibit any appearance that nature ever attempted

to establish a vaginal aperture. A male catheter was introduced through the urethra with much ease. The finger was introduced into the rectum, and the exploration assisted by the point of the catheter did not procure any evidence of a trace of a vaginal canal. The examination discovered to me rather a less quantity of interstitial tissue than is usually found in either sex. The exploration did not discover the slightest evidence of folds of vagina or a uterus.

The pulse is strong, and the hand more delicately formed than we usually find in males. The mons-veneris is covered with a small quantity of hair, which is of a very fine texture, and completely surrounds the base of the penis. The general admeasurement of the pelvis is less than the average in females, though the general appearance of the pelvic formation is very feminine, in all its delicate outlines, contour and structure.

This person states that he sometimes has undefinable copulative desires, which doubtless arise from a mental excitation. He thinks they are rather stronger in inclination for communication with males. During a long examination, in which much manipulation and friction necessarily occurred, we did not detect any signs of passion or sexual excitement in the person. He also informed us that he seeks the society and protection of men, and that his disposition is to associate with males, rather than with the opposite sex.

There has never been any secretion from the penis or any other organ of the body, which would indicate vicarious menstruation or seminal evacuation. The person is of hereditary scrofulous habit. Ulcers occasionally appear on the neck, shins, in the nose and other parts of the body. Epistaxis occurs occasionally, but is not periodical or traceable to any menstrual or unusual cause apart from sensitive membranous structure, consequent on this scrofulous taint.

From all these data, I conclude that this person is merely a natural eunuch. Nature forgot to add genitals to him, and he was thus emasculated by default.

In January, 1867, I took the person before the medical class of the University of Louisiana and New Orleans School of Medicine, where he was examined by Surgeon Warren Stone, Professor S. M.

Bemiss, Surgeon Campbell, and others; and the same particulars I have described were elicited and pronounced. We immediately certified to the foregoing condition of the case, and declared it to be our conviction that he was entitled to wear, and should be permitted to wear, the habiliment usual to males. In accordance with the particulars therein certified to, and after a farther personal examination held before Mayor Monroe, his honor gave John G. Allen a certificate to the effect that he was a male person, ordered him to wear the garments of his sex, and guaranteed protection against arrest and molestation on this account.—*N. O. Journal of Medicine.*

Vesical Absorption.

A correspondent of the *British Medical Journal*, in a communication to that paper, remarks:

"That the bladder is able, under special circumstances, to absorb the water from the urine contained in it, I have no doubt, from an observation made in my own person. Some years ago, I started one morning for a walk of many miles along the sea-coast, and when near my destination I was about to stop to pass urine, when I discovered to my consternation that my progress farther was arrested by the jutting rocks. My attention was immediately diverted to my novel position, and for some time I was engaged in various schemes for my extrication. As none were feasible, I was forced to remain an exile on the shore until the morrow allowed me to retrace my steps. It was near midnight when I suddenly recollected that I had been arrested almost in the act of micturition, and I thereupon emptied my bladder, but it was more from the idea of fulfilling a forgotten engagement than from necessity. My surprise was then great when I remarked that the quantity of urine was small, as I was sure, from my own feelings, that the bladder had some hours before been full. The physiological fact of absorption of the urine, or, at least, of its aqueous portion, forced itself upon my conviction, and I have not the slightest doubt that this did take place. I should state that, having no food, my hunger was great and my thirst painfully distressing; now, if the sense of thirst be due to the want of water in the sys-

tem, its requirements were considerable in my case. Of course, I cannot prove to demonstration what amount of urine my bladder held at three o'clock, and what amount at eleven, but I know that the quantity was small at the latter time, and at the former my desire to micturate was as usual after having had no relief since the early morning. I believe, also, that I was the subject of another interesting physiological experiment: that my thirst was subsequently much alleviated by absorption of water from my wet clothes."

The editor of the *Journal*, commenting on this statement, says:

"This subject is of much therapeutical as well as clinical interest, and especially in relation to morphia injections into the bladder in cystitis. Very different conclusions have been published as to the therapeutical effect of these injections. Dr. Braxton Hicks has found them useful; Sir Henry Thompson, useless. In a *résumé* in the *Gazette des Hôpitaux*, March 7, 1868, M. Segalas is described as admitting the absorption, as proved by experiments on animals; M. Demarquay, as finding it very feeble; MM. Russ and Susini, as denying it altogether, from experiments on healthy men. M. Edward Alling reports, in the *Bulletin Général de Thérapeutique*, six cases in which morphia injections, given in rebellious and severe cases, afforded great relief. Like Dr. Hicks, who has found them useful, he recommends full doses of the morphia; and he dissolves the salt in even a smaller quantity of water—thirty to forty drops of a solution, of which each drop contains two *milligrammes* of the salt."—*N. Y. Medical Journal.*

The Sutures for Vesico-Vaginal Fistula inserted by means of Canula-needle, with Report of a Case.

BY PROF. PAUL F. EVE, OF NASHVILLE.

In 1860, I utterly failed to benefit a patient laboring under that most distressing affection in the female, *vesico-vaginal fistula*, in which a clamp suture was tested. There is little doubt now but that this case could have been relieved by the recent improvements in gynecology. Still I have never been satisfied with the practice pursued in introducing the sutures for closing the fistulous opening, after its edges are prepared for reunion. The short, curved

needle, insecurely held and imperfectly directed by long forceps, armed with a long, double silk thread, having attached to it a long silver wire, also doubled, the whole of which is dragged through the entire tract made in the soft parts, with the traction on the cord at right angle to its proper course, is surely difficult, cumbrous, painful, tedious, unscientific, and now unnecessary. Frequently half an hour is consumed in this part of the operation, while the patient is in a constrained and exceedingly unpleasant position. By the canula-needle the ligatures may be applied at any desired point in a few minutes. In witnessing an operation for this sloughing of the vesico-vaginal septum, to which I was kindly invited in the Sisters' Hospital in St. Louis last fall, and, impressed with the difficulty and delay in applying the sutures, the hollow needle was proposed, and fortunately an opportunity soon occurred for proving it.

On the fifteenth of November last, I was called to a case of vesico-vaginal fistula in a young lady, who, during her first delivery, a week or two previously, had had the bladder neglected for many hours, which resulted in a transverse fissure of about an inch and a half by three-quarters of an inch, and situated about an inch and a half from the orifice of the urethra. The sixteenth of January, 1869, assisted by Dr. Shumard, professor of obstetrics, etc., in the Missouri Medical College, and Drs. Poindexter, Prewitt, Moore and Maughs, the patient was placed in the position now recommended by Dr. Sims, and accepted by the profession; the anterior lip of the fistula was freely excised by a knife and the posterior one with scissors, then with the canula-needle, such as I have been using for years, carrying a very fine silver wire, about nine sutures were introduced in some ten minutes. Tieman's improvement, as well as Dr. Bryant's, formerly of St. Louis, now of Lexington, Ky., each consisting of a longer canula, with forceps to hold and assist in pushing forward the wire, were both tried, but found to bend in thrusting it through the parts, and, moreover, permitted the metallic ligature to kink. The simple canula, was admitted by all present to be the best instrument and gave entire satisfaction in planting the ligatures. I prefer, too, the ordinary knot, for one can see the line of union and regulate the pressure in tightening the stitch. The suture-adjuster obscures this, nor can

we tell how many turns to give the forceps in twisting the wire. After one knot, the adjuster may be used.

On the tenth day, after the usual treatment of such cases, which, in this instance, was carried out faithfully, the sutures were all removed, except two, and these on the twelfth, when union of the most satisfactory character was found existing.—*Richmond and Louisville Medical Journal.*

Concerning the Obstetrical Properties of Ergot of Rye.

M. Ameville presented the following case, which gave rise to a discussion upon the properties of the ergot of rye, in the Société Medico-Pratique de Paris:

On the 24th of last May, I was called by a midwife to see a lady, thirty years of age, large, strong, and a primipara. Two hours after the child was delivered, the placenta not having come away, the midwife had administered some ergot of rye; but instead of producing thereby the expulsive pains she had expected, the uterine contractions confined themselves to the muscular fibres of the neck, which closed completely. When I arrived the child had been delivered about five hours. The os would admit only with difficulty the end of the finger; the introduction of the hand to reach the placenta was not to be thought of. Both the midwife and family were greatly alarmed, because from time to time there were slight discharges of blood; and the midwife, fearing a hemorrhage, did not dare leave the patient. Having in the first place reassured their minds, I ordered that an injection of tepid water be made upon the neck of the uterus for eight or ten minutes, and that this be repeated if necessary at the end of an hour. I returned two hours after and found that the spasm of the neck had almost entirely yielded, and that the os was supple and sufficiently dilated to admit the end of the hand shaped into a cone. I therefore gradually produced complete dilatation, and having introduced the hand and detached the placenta, which was still adherent at one of its edges, I completed the labor.

I cite this case, to demonstrate to you once more the impropriety of administering ergot of rye in certain circumstances, in which, on the contrary, direct intervention should be resorted to; and also how its administration may hinder, at least momentarily, the performance of the necessary procedure; and again, to show the influence of tepid injections upon dilatation of the os.—*L'Union Médicale, No.* 24, 1869.

Editorial Department.

Legal Regulation of Medical Practice.

Several of the States have, within the last year, passed laws "Regulating the Practice of Medicine," the main feature of which in all cases, has been to exclude from practice all who have not diplomas from incorporated medical colleges or other legal boards. Having been in practice for a specified number of years constitutes an exception to the general rule, but in their future operation these laws are designed to effect this end. So far as the medical profession is concerned, there appears to be no great gain, as we are yet able to see, but no doubt the general feeling is that of satisfaction; doubtless these laws have been framed and urged by men who have had in view the advancement of medical science as well as the good of mankind. The regular profession require no protection from unlicensed, uneducated or itinerant impostors, and we presume that it was no part of object in "regulating the practice of medicine" to extend any such aid. There are in all these States some physicians who have been engaged in practice who have no diplomas, and yet are not less capable, intelligent or trustworthy than their neighbors, who hold diplomas and are not "regulated" by the law. These must now complete their terms of study and receive the necessary credentials. But diplomas from incorporated colleges, and licenses from legal boards are easily obtained, and these laws all fail to afford the people the protection they so much need.

If people are too ignorant to be able to provide for themselves suitable and safe attendance when sick, their rulers and guides should certainly afford all possible relief, but when this is the case with the law-makers themselves, there can be no great good made to grow out of their interference. It has always appeared to us that but one plan offers any permanent relief. We must in some degree educate the masses; must afford the people an insight into the true principles of rational medicine; must ourselves reject all pretence not founded in fact, and claim for our art that which and nothing more than rightfully belongs to it; must talk correctly about the nature of disease and the true value of medicine, hoping in time to educate a people who will despise and shun pretension and quackery wherever exhibited.

We constantly know of families and individuals who have a very strange relish for being imposed upon; who go the rounds of quacks and patented nostrums with an obstinacy becoming thicker skins and longer ears, and we often think, and sometimes say, if they have any real ills, better to die and get out of the world as soon as possible, giving room for a more sensible race. It is not to be disguised that many of our "good families"—people who read, write, speak, and in other matters think correctly, are too ignorant of themselves and of all medical matters to be capable of self-care when sick. We build asylums for the insane and force those who thus suffer, within their walls, and we have sometimes feared that medical delusion would gain such extensive influence that sick people would in like manner require forced restraint and care.

If the States demand immunity from the ignorant, designing, graceless scamps who call themselves doctors, and will imprison all who practice villainies under such signs, as counterfeiters and thieves are imprisoned, and will rigidly require all graduates in medicine, who are allowed the care of the sick, to be in some degree educated men, then we may truly believe that the government is wiser than the people.

We have never looked to the law as capable of affording any relief from the widespread influence of ignorance and superstition, but if the legislatures which have required a "diploma," will now regulate also the "diploma," the advance in common sensibility will be astonishing. The remedy will be complete if each State will exclude from practice those who are *uneducated*. We have nothing more to desire than that all graduates in medicine be educated men. As it now stands, a few months in any of the *progressive (?)* schools, affords diploma from incorporated (!) college; but, O! what a burlesque upon the diploma which truly represents a medical education. To this point we most respectfully call the attention of law-makers, and hope they will add the finishing clause of an exclusive examining board, independent of all schools of medicine. But, then, only think of an *Independent Examining Board*, appointed by a Governor, or elected by a legislative body; we think it would be likely to be truly *independent*.

Law Regulating the Practice of Medicine and Surgery in Pennsylvania.

The following bill was passed by the last Legislature, has been signed by the Governor, and is now a law:

§ 1. That from and after the first day of June, 1869, it shall be unlawful for any person to commence or continue the practice of medicine or surgery in the counties of Erie, York, Lancaster, Crawford, Venango, Warren, Adams, Bucks, Northampton and Lehigh, who has not graduated with the degree of Doctor of Medicine, and received a diploma from a chartered medical college or other institution, authorized to grant diplomas. Provided, that the provisions of this section shall not apply to persons who have been eight years in continuous regular practice, though they may not have graduated as aforesaid.

§ 2. Any person who shall practice, or attempt to practice, medicine or surgery, or shall prescribe for any sick person, or perform any surgical operation for fee or reward in violation of section one of this act, shall be deemed guilty of a misdemeanor, and upon conviction in any court of competent jurisdiction, shall be fined in any sum not less than one hundred dollars, nor more than five hundred dollars, at the discretion of the court, one-half of said fine to be for the use of the informer, and half for the county in which such fines shall be imposed.

§ 3. Any person who shall attempt to practice medicine or surgery, by opening a transient office in any of the aforesaid counties, or who shall, by handbill or other form of written or printed advertisement, assign such transient office or other place to meet persons seeking medical or surgical advice, or prescription, shall before being allowed to practice, as aforesaid, appear before the clerk of the courts of the proper county, and furnish satisfactory evidence to such clerk of the courts that the provisions of section one of this act have been complied with, and shall in addition take out a license for one year by payment of a license fee, for the use of the proper county, of two hundred dollars: Provided, that the provisions of this act shall not apply to druggists or dentists. And provided further, that physicians commencing practice in any of the aforesaid counties, with the intention of residing permanently therein, shall not be subject to the provisions of section three of this act.

Meeting and Organization of Medical Journalists.

On Wednesday evening, 5th inst., at 8 o'clock, a meeting of the Society of Medical Journalists was held in the office No. 1, Carondelet street, New Orleans. The result of the assembly of prominent physicians was the formation of a permanent society, the election of N. S. Davis, M. D., President, and W. S. Mitchell, M. D., Permanent Secretary. The address of the Secretary is lock box 890, New Orleans. We append a report of the proceedings:

Pursuant to adjournment from the preliminary meeting on Tuesday, the meeting of Medical Journalists was called to order at 8 o'clock P. M., by Dr. N. S. Davis of the *Chicago Medical Examiner*.

The Committee on Organization, through their chairman, Dr. Theophilus Parvin, of the *Western Journal of Medicine*, then presented the following preamble and plan of organization, which was unanimously adopted:

The editors of medical journals in the United States, desiring to cultivate professional courtesies, to facilitate the conduct and general management of our journals, to promote their interests, their usefulness, and make them a still greater power for professional and popular good, and especially to advance the interests of medicine, hereby unite together under the following

ARTICLES OF ASSOCIATION.

Name.—The Association of American Editors.

Purposes.—The cultivation of friendly relations, mutual assistance, community of effort and means, where practicable in a system of receiving foreign exchanges, and of sending our own journals abroad; in urging, with hearty concert, improvements in the present system of medical education, and a higher standard of preliminary education of those who desire to enter upon the study of medicine; the collection of vital statistics; the collecting of the names of all the regular physicians in the United States, age, place, and date of graduation, if a graduate; also, the same in reference to graduation at literary institutions, if such graduation has taken place.

Meetings.—These shall be held commencing at 10 A. M. on the day preceding, and at the place of the annual meeting of the American Medical Association.

Officers.—President, Vice President, Permanent Secretary and Secretary.

The President, Vice President and Secretary shall be elected annually, and shall serve at the meeting of the succeeding year.

Committees shall be appointed where necessary for the carrying out of any of the special purposes of the Association.

These resolutions having been signed by the following delegates: Dr. N. S. Davis, Chicago Medical Examiner; Dr. James M. Halloway, Richmond and Louisville Medical Journal; Dr. Wm. M. McPheeters, St. Louis Medical and Surgical Reporter; Dr. W. R. Bowling, Nashville Journal of Medicine; J. Berien Lindsley, Nashville Journal of Medicine; Dr. Greensville Dowell, Galveston Medical Journal; Dr. Samuel Logan, New Orleans Journal of Medicine; Dr. S. S. Herrick, New Orleans Journal of Medicine; Dr. E. W. Jenks and Dr. George D. Andrews, Detroit Review of Medicine and Pharmacy; Dr. W. S. Mitchell, New Orleans Journal of Medicine, and Dr. S. M. Bemiss, New Orleans Journal of Medicine. The officers, as follows, were unanimously elected:

Dr. N. S. Davis, President; Dr. W. M. McPheeters, Vice President; Dr. W. S. Mitchell, Permanent Secretary, and Dr. J. Berien Lindsley, Secretary.

The following resolutions were unanimously adopted:

That a committee on foreign exchanges be appointed, to consist of Dr. Parvin, as chairman, and the Permanent Secretary.

That the Permanent Secretary be instructed to correspond with such regular medical journals of the United States as are not now represented, informing them of the objects of the organization, and inviting their coöperation.

That a committee, consisting of Drs. Bowling, Dowell and Andrews, be appointed on the Registry of Physicians.

That Dr. Halloway be appointed a Committee on Revision.

That the President deliver at the next meeting an address on the history, progress, etc., of Medical Journalism in this country, and that the members of the Association furnish to him such material and information as they may be able to obtain.

That beside the members already signing the constitution, all physicians connected with regular medical journals, be considered members upon signifying in writing to the Permanent Secretary, their willingness to subscribe to the foregoing articles of agreement, until opportunity be afforded them of signing said articles.

That the President be requested to announce to the American Medical Association the formation and objects of this Association.

That these minutes be furnished to the secular papers, with the request that they be copied.

That Dr. Halloway be appointed a committee to arrange a general plan of commutation between medical journals.

That the Committee on Exchanges be instructed to arrange some general plan for the establishment of agencies in all the principal cities.

There being no further business, the meeting adjourned.

Books Reviewed.

Practical Treatise on the Diseases of Women. By T. Gillard Thomas, M. D., Professor of Obstetrics and the Diseases of Women and Children in the College of Physicians and Surgeons, New York. Philadelphia: Henry C. Lea, 1869.

It is but a few months since we had occasion to notice the first appearance of this work, and to speak of the second edition in detail, would be mainly to repeat what we then said of its contents and character. It has now been before the medical public about one year, and has everywhere been received with marked approval. No department of medicine has made greater advances within the past few years, than the one to which this work is devoted, and a collected, systematic record of this progress is indispensable both to the student and practitioner.

The work is written in a concise and practical manner, yet sufficiently comprehensive to bring the subjects fully up to the recent improvements. The work has been revised in some parts, and additions have been made which add to its value. We have no space to devote to a review of any of the chapters, but regard it as quite sufficient for our present purpose when we announce the appearance of the second edition of a work, now well known to the profession. The illustrations are very numerous, well chosen, and finely executed, greatly increasing its value as a text-book. The publisher is fully entitled to thanks of the profession for the elegant and substantial manner in which his part of the work has been done. This is especially true at the present time when many valuable books are published so cheaply as to make it hardly possible to call them "bound volumes."

Nature and Time in the Cure of Diseases. Massachusetts Medical Society Prize Essay, awarded to James F. Hibberd, M. D. Boston: David Clapp & Son.

This essay fully merits the prize of the Massachusetts Medical Society, and shows that finally the physicians of that ancient and honorable State are ready to acknowledge in some degree, the influence of *nature* and *time* in the cure of disease. Years ago Dr. Bigelow of Boston, wrote truly of "Nature in Disease," and annually, ever since, the suggestion has been made to the Society that *nature* and *time* were, after all, the great curative agents. It is but a few years since the Society was stirred and its indignation aroused by the sentiment that "if all physic was thrown in the sea it would be a great deal better for mankind, and worse for the fishes," but it has now given its prize to an essay which shows that time and nature are the restoring forces in disease, inclosing, however, the following in a parenthesis: "It is understood that the Society is not to be considered as approving the doctrines contained in this dissertation." It is, perhaps, well enough to withhold approval, as a Society, but we venture that every sensible, honest member, half educated in his profession, approves the doctrines and conclusions. If not now, they all will, give them a little more time. The following is the summary:

SUMMARY.—The prominent points presented in the foregoing dissertation may be enumerated as follows:

1. All vitalized matter is the subject of a law of development peculiar to its class.

2. Vital organizations are not active *per se*, but are endowed with a capability of activity under stimulation.

3. Normal stimulants produce physiological activity or health; abnormal stimulants produce pathological activity or disease.

4. Human maladies are always the result of abnormal stimulants acting on the histological elements of the body.

5. Disease in any part continues as long as the pathological stimulant is operative; when this ceases, the part returns to its physiological state.

6. To cure disease it is only necessary to remove the stimulant exciting it.

7. This stimulant is rarely known, and still more rarely can it be removed.

8. In most diseases we only recognize the grosser symptoms, after the initial processes have completed their course.

9. After the stage of recognition most diseases must pursue their course through a series of phenomena under an inexorable biological law.

10. The duty of the physician is to watch nature and assist her as opportunity may offer.

11. All perturbating medicines are themselves pathological stimulants, and should not be administered except under a certainty of abating a greater evil.

12. The present popular professional estimate of the medical virtues of drugs rests, mainly, on the vicious logic of *post hoc ergo propter hoc.*

13. That this estimate is erroneous, is proven by:

a.—Curative diseases are recovered from in the absence of all kinds of drugs.

b.—Curable diseases are recovered from under the most diverse treatment.

c.—The adulteration of drugs makes their strength uncertain.

d.—The state of the patient's mind makes the operation of even pure drugs uncertain.

14. A recognition of the doctrine of the *vis medicatrix naturæ* must underlie all rational therapeutics.

. The principle involved in this phrase has been recognized and deferred t
e the earliest historical era of medicine, and is likely to be immortal.
6. It derogates nothing from the physician, or the agents he uses, that natur
dominant, and art opiferous.

Books and Pamphlets Received.

A Treatise on the Function of Digestion; its Disorders and their Treatment. By F. W. Pavy, M. D., F. R. S., Fellow of the Royal College of Physicians; Se or Assistant Physician to and Lecturer on Physiology at Guy's Hospital. From the second London edition. Philadelphia: Henry C. Lea, 1869. Received thro h and for sale by Breed & Lent, Buffalo.

Two Prize Essays on the Physical Indications of Longevity. Written by J. V. C. Smith, M. D. of Boston, and J. H. Griscom, M. D. of New York, for the Ame i- can Popular Life Insurance Company. New York: Wm. Wood & Co., 1869.

Proceedings of the State Medical Society of Michigan, for the year 1867 and '68.

Semi-Annual Meeting of the Erie County Medical Society.

The Semi-Annual Meeting of the Erie County Medical Society will be held o n the second Tuesday in June, at the rooms of the Buffalo Medical Association, co r- ner of Main and Eagle streets. It is especially desirable that all physicians holdin g diplomas from respectable medical colleges, who have not yet become members of this Society, should be present. Membership in the County Society is the onl y legal criterion of legitimate practice, and without it physicians have no claims to continuance and support from members of the regular profession.

JOURNAL OF INSANITY.—The American Journal of Insanity comes to us, conta in- ing in addition to its usual contents of interesting original matter, stereosco pic representations of the brain in a case of apoplexy, and also a very fine photogr ph of Prof. WILLIAM GRIESINGER, to accompany a memoir of his life. The num ber contains other representations of disease, and is one of which the editors and p ub- lishers may rightfully feel proud.

BROMIDE OF POTASSIUM.—In the *Union Médicale* of January 21st, it is stated that the last number of the Reports of the Medico-Chirurgical Society of Bordeaux contains an account of a case of epilepsy, in which the patient, a woman, took the bromide of potassium in amounts varying from thirty grains to one ounce per *diem*, for a period of about one year. At the end of this time she died, as is alleged, from the debilitating effects of the salt.

MAURICE H. COLLIS, Surgeon to the Meath Hospital, Dublin, the author of valuable work upon Cancer and Tumors, died a few weeks since from pyæmic poi oning consequent upon a slight scratch received by him whilst removing an upp jaw in the operating theatre of his hospital. Mr. Collis was in his forty-fifth year

BUFFALO

Medical and Surgical Journal.

VOL. VIII. JUNE, 1869. No. 11.

Original Communications.

ART. I.—*Advantages of Combination in Therapeutics.* By DAVID E. CHACE, M. D. *Read before the Erie County Medical Society, June* 8, 1869.

Physiological research and experimentation united to pathological investigation have, of late years, materially altered the views entertained by scientific men in regard to the vexed question, diseases and their remedies. To one, who, with careful thought, peruses the pages of historic medicine, it appears as if one stood upon the threshold of a grand and glorious future. An age characterized by one essential feature, progress, in all that pertains to science and to art, must not forsooth be barren in that, which we, I trust, deem as the object of our lives, the advancement of the healing art. The means by which this is to be accomplished have never before been perfectly placed at our disposal. Nay, more, physiology is but of late taught as it should be, and pathology too, has been a secondary consideration until within comparatively a few years. Yet even now, there are many serious obstacles to be overcome ere science shall issue forth from the contest triumphant, and truth be vindicated. For many are there who by reason of long entertained opinions, convictions if you will, or still worse, those who, grasping an idea unaided, have deemed it a wonderful discovery, and made facts

and converts bend to their imperious diction, alike retard progression. Prejudice is a terrible opponent, and be it induced by idiosynerasy of individual or by misfortune of birthplace, it is none the less hurtful or injurious. What we desire in medicine are facts, and come these from whatever nation or people outside our own, let us be men enough to acknowledge their merit. To-day I enjoy the privilege of presenting you thoughts culled from various soils, and though these shall appear uninteresting or unprofitable, my inexperience will, I trust, be my apology. In tracing a new path, I am aware of the difficulties, and led perchance, rather by ambition than by discretion, I have attempted to accomplish too great an undertaking. Be that as it may, should I add one iota to the cause of relief to suffering humanity, I am content.

To the thorough and comprehensive understanding of our subject, it is necessary that we view first, the condition disease, and next the means by which its alleviation, if effected, viz.: remedies. In this paper, general ideas only can be advanced, and certain facts being taken as premises, we shall thence strive to logically deduct conclusions. Disease consists in states induced by the violations of nature's laws, or by an obstruction so situate that the normal function of a part or parts of the human system cannot be performed harmoniously. Taking as a departure, physiological truths, we notice the intimate relation of the various portions of the human body, as well as the fact that when once the balance is never so slightly misplaced, all portions are made to comprehend the inaccuracy. In the nerves system—in those ganglia about which we read so much and know so little, is held the key with which to unlock the hidden mysteries. As yet we have learned but the alphabet of nervous action, and when if ever its language shall be spoken, the clouds that now envelop us will disappear and light may dawn forever.

To resume. This net-work of fibres, embracing every organ, penetrating every tissue, is the medium by which diseased action is made to extend as if by sympathy to portions the most remote. Again, disease once established, passes through a series of successive changes to a recovery or to dissolution. If the former, it necessarily leaves that part or that organ with a lesion, be it of structural change or of perverted function. The increase of dis-

orders hereditary in their nature, the taint of phthisis or the curse of syphilis, together with the malarious and other miasmatic influences brought to bear upon the human family, have, or ought to have, in my judgment, given a new aspect to our therapeutics, a branch of medicine that has of late been, in the opinion of those high in authority, but too little studied. That there is a reason for this omission is obvious to all who reflect. A new remedy is brought forward—is tried—and with success. Forthwith a series of experimentations are made which would be sufficient were the results all satisfactory, to give it preëminence above all other remedies, by reason of its supposed virtues. Time, the great test, however, finds it wanting in most cases, and the physician casts it aside, having tried it in diseases for which it was not originally designed, or by an unfortunate choice prescribed it in but a few isolated or complicated disorders. This method of investigation certainly tends to destroy confidence in medicines and in their powers. Justice claims that fair opportunity and careful procedure should mark the trial of the new candidate for the alleviation of misery.

The rule laid down by authors is, that simples should be used as often as possible, but most of these further state, that a judicious combination of remedies is often far more efficient. The observation of those whose experience and judgment are to be relied upon, and to whom moreover the younger members of the profession are to look for advice, will, I think, bear testimony in favor of this statement. The growing distrust in remedies, manifested by many members of the profession is, to say the least, unfortunate, more especially as it occurs at a time when quackery has unbridled license (in the form of authority) to pay homage to the follies of the people, and triumph over rational and scientific medicine. These gentlemen while devoting their efforts, and with all honesty of purpose I have not the slightest hesitation in asserting, to the cure of affections by simple remedies, do not, I imagine show, other things being equal, a greater number of cures in a given number of instances. When they can do this, or when a specific treatment shall be found for all disorders, it will be just to give credence to their theories. Our great danger is that we are unable to preserve a medium between the two extremes.

Many of you, gentlemen, can recall the period of universal blood-letting, of the inordinate use of mercury and kindred articles of the materia medica, and to-day we are so far reformed that we must forsooth discard these in toto. Because they have been used in excess they must not be employed with toleration in proper proportions and in proper subjects. As it is not true that since many disorders terminate in restoration of health without medicine, we should never employ any in these affections, so it is equally false that symptoms varied in their nature, pointing to as varied complications, can be relieved by entire simplicity of prescription.

The preëminent importance attached to therapeutics, is founded upon the fact that the grand object of medicine, as a science, is to remove disease. In order to accomplish this, the indication necessarily is to restore order to organic functions, and thus to remove any alteration in tissue that may be the consequence of such disordered functions. The precise nature of the disease—the part especially affected is to be discovered by a diagnosis founded upon a knowledge of the healthy functions and condition, as also of the morbid appearances which follow as the results of perverted function or nutrition. This attained, we turn to therapeutical agencies to fulfill the indications presented us by such an investigation. Nor are these to be treated simply, for far beyond this we have the cause of which these are but the results. Reason and judgment combined having found the one, the selection of medicinal agents and the mode of action becomes at once simplified, though perchance our expectations are not at times as fully realized as we could desire. What then are we to gain by a combination of remedies? How are we to know which of the agents employed is chiefly instrumental in producing a cure? Taking the old form of prescription we have the basis—the principal agent which we are aware will, under certain circumstances, produce a given effect, together with this we give others which, as adjuncts, modify or increase the action of such and such an article of the materia medica. Experience is the only criterion afforded us, and the observations made on a large scale in institutions governed by men of acknowledged ability and integrity, are the witnesses which certify as strongly as possible to the truth of such statements. To those who cavil at facts as well as men, nothing can be adduced.

For medicine is not, as I am aware, a science, demonstrable like mathematics, wherein certain truths cannot be gainsayed or disproven.

I. "The basis, then, being united with a substance or substances of like nature, but of less efficacy or energy (individually) in their operation the desired action is materially increased." As this is daily brought into the notice of every practitioner I need only call your attention to a little point demonstrated lately in England, viz.: in regard to the combination of narcotics for the relief of pain. Instances are cited in which neither morphia, opium or belladonna given singly, in reasonable doses, would attain the object, but when two of these, say belladonna and morphia, were combined, pain was allayed, though sleep did not always follow. This is not, perhaps, a new feature, for there are in reality but very few *new* ideas advanced which, if they possess merit, do not have their foundation in something dating back a century or two. Personally I am satisfied that such results do obtain, and for the sake of illustration would mention a case of a lady, a sufferer from an aggravated and painful attack of disease, to whom acet. of morphia was faithfully administered and in comparatively large doses, who was finally relieved by the administration of a small quantity of belladonna and the above mentioned salt. It were almost unnecessary for me to state how jalap and colocynth and rheubarb are rendered more efficient by calomel, or that diaphoresis is more readily produced by opium and ipicachuana, than by either singly, or that digitalis as a diuretic is not always certain unless combined with squills or some kindred article.

II. Again: "The basis may be modified in its action or relieved of some of its otherwise unpleasant effects by judicious combination." Given in quantities sufficient to accomplish desired results, medicines, such as those of the diuretic or cathartic orders, by persistent use, lose their power, and as certain chronic cases require a long continuance of such agents, means must be found to preserve their proper and full effects. Hence aloes in constipation is rendered doubly useful by the addition of hyoscyamus and nux vomica, the one to obviate the pain and griping, the other to give tone to a tract whose nervous energy has been relaxed by reason of impaction within the canal. Sulphate of magnesia is

corrected in its tendency to gripe by sulphuric acid in excess. Elaterium in dropsy, together with ext. hyoscyamus, makes a convenient and easily taken purgative. Croton oil or turpentine are disguised by being given in a small amount of castor oil. To these may be added the various methods of preserving intact the stomach, by the employment of otherwise deleterious substances through a mucilaginous medium.

III. "Two substances employed for different purposes, and different consequently in their nature, can be used with advantage." Perhaps no one remedy has proven this proposition more effectually than iron. Of late we find it used daily, not always it may be with discretion, but certainly with no sparing hand. Quinine, too, has taken the foremost rank, and the records of prescriptions kept by druggists, show the preponderance of these two remedies. The varied preparations of the above mentioned articles, and the comparative facility with which they can be added to powder, pill or mixture, render these invaluable. Hence tonics are administered with purgatives in cases of anæmia, attended with constipation. Astringents with tonics in those in whom an hemorrhagic diathesis is apparent or suspected. Astringents with narcotics in diarrhœa, attended with much irritability of intestine. Purgatives may be combined with tonics, as in dropsy, where the indication is to remove the fluid, as also to support a weakened constitution. Lastly, antispasmodics are advantageously combined with tonic preparations in patients with disordered nervous systems and an anæmic habit. As vehicles the bitter infusions afford us a convenient method of prescribing a tonic; and these may be added to most mixtures, and doubtless with efficacy. For instance a person who, at a remote period, was subject to malarious influence, or who may be surrounded by it, needs at this time a remedy, say iodide of potassium for a particular condition. This agent can be readily given in an infusion of cinchona, and as far as the prescription is concerned, it is rational.

IV. "By combination we may obtain a new substance different from those used in its formation, and one of increased efficacy." To the skeptical this idea affords the greatest reason for opposition, and could we not point to such long established compounds as Dover's powder and the compound calomel pill of the pharma-

copia, we might hesitate to affirm the above. Iodide of potassium with carbonate of ammonia gives rise to the iodide of ammonium, a valuable agent in croupal conditions. Bi carbonate of potassa and iodide of potassium as employed by Dr. Thos. King Chambers, have proven themselves of no mean advantage in rheumatism, to which may be united tinct. of cimicifuga, and in those of gouty diathesis the wine of colchicum.

Moreover, many practitioners deem it best in syphilitic cures to use the bi chloride of mercury in conjunction with iodide of potassium, thus producing a compound which has the merit of being exactly as far as the mercury is concerned at least, in proportion to the wishes of the prescriber. Many articles chemically incompatible, are in daily use, under the forms laid down by the dispensatories. To some this incompatibility of some medicines is a pretext for their exceeding caution in prescribing, and herein lies the secret of the advocacy of simples. Either this or a limited knowledge of the laws of affinity and relation between different chemical agents, must be assigned as the foundation for a denial in toto to combination. Nor am I, I think, too severe. Let us see. There are no men received as authorities by the medical profession who advocate the course of these gentlemen. But I may be answered, this is but a new phase of progress which the this age is calculated to develop! This may be. But as the truths of history, as related by the historian, are rendered more conclusive by the testimony of cotemporaries, so also are the virtues of medicine testified to by men of unquestioned veracity, as far back in the dim ages of yore as even the most profound student of the history of medicine will care to search. To those whom the *vis medicatrix naturæ* is all sufficient, it may be well to remark, that at least it is a very pretty and reasonable fiction to believe that the same power which permits morbific influences to exercise sway over humanity, has given to a body of men devoted to their calling, agents taken if you will, from the great storehouse of nature, but by them, and through them, the means of obviating disease and restoring health.

One point remains to be considered, and did I not deem that it avails more than we give it credit for in the grand process of recovery, I should hesitate before bringing it to your attention.

Rest. In this one word the materia medica has an auxiliary powerful, yet not pretentious, available at all times, yet never incommodious. Nature is the teacher; 'tis she who presents us the rules for guidance, the weapons too with which to wage our warfare. 'Tis she above all others, who daily points out her method of procedure, and fortunate are those who are willing votaries at her shrine. Nature, however, is not always adequate, nor in all subjects to eliminate disease, and even if she were, an extended period of time, precious to most of us, would be required to bring about the desired end. Just at this moment art assumes control, and guiding, aiding and restoring the latent energies, together they succeed. Pain is an evidence of the necessity of rest. The rheumatic as fully knows this as he who, suffering from peritonitis, adjusts his limbs to the most comfortable position. Man may, by force of will, bear the torture and thwart the intentions of his benefactor, but the process of recovery being interfered with, it assumes a different phase and terminates with lesions never to be eradicated or in dissolution. Obedience is demanded, and unless given, retribution is sure to follow. In the process of recovery too there is a call upon the vitality of the individual. Days, weeks, nay, even months, must be bridged over, and if during this period this strength is to be consumed by daily exertion, there is just so much less remaining to sustain an enfeebled system. The process of waste and repair in a healthy individual should compensate each other, but in illness we have added the demand for more help than can be afforded, if all the organs of the body are kept permanently in action. In functional disorders we must certainly allow time and opportunity for restoration, or else we labor under the disadvantage of disturbing the machinery of the whole human organism. The importance of rest is recognized by all who study the characters of disease, both surgical and medical, and few men, I trust, would even in medical cares, hesitate to avail themselves of an aid which the surgeon deems so important.

In conclusion allow me to express the hope that time, as it bears us onward, will award to us in our day, some of the discoveries which science seems prepared to reveal, that the realization of long wished for knowledge may be granted those than whom none have ever been more diligent or faithful students.

ART. II.—*Lake Erie Medical Society. Abstract of Proceedings of a Meeting held at Dunkirk, May 12th and 13th, 1869.*

The Association met pursuant to order, at the reception rooms of the Erie Hotel, and was called to order by the President, Dr. D. D. Loop of North East, Pa.

The minutes of the semi-annual meeting held in Erie, October, 1868, were read and approved.

The officers elected for the ensuing year were—Drs. Edson Boyd of Ashville, N. Y., President; S. M. Smith of Dunkirk, Vice President; Charles Hazeltine of Jamestown, Secretary and Treasurer; Drs. Wallace of Erie, Pa., Strong of Westfield, and G. W. Hazeltine of Jamestown, Executive Committee.

Dr. Dean of Portland, reported a case of eruptive disease, simulating variola, then under treatment, in which the diagnosis was uncertain, and from the presence of variola in an adjoining town much excitement prevailed in the community where the case occurred. The subject was discussed by Drs. Dean, Strong of Westfield, G. W. Hazeltine of Jamestown, and Benedict, Rogers and Smith of Dunkirk, and the opinion was expressed that it was a severe case of varicella.

Dr. Chase of Mayville, reported a case of variola, in which purpura hæmorragica shew itself early in the disease, and it became rapidly fatal.

Drs. Rogers and Van Peyma presented a case of complete dislocation of the tibia and fibula, attended with caries of the tibia at intervals along its spine to the malleolus, with solution of continuity two inches below the tibio-femoral articulation. The subject was a German lad of twelve years, of apparently good constitution and one of a large family of healthy, robust children. The cause for this disease was from thumping the toe of a new and tightly-fitting boot in efforts to get it upon the foot. Pain and tumefaction immediately followed, and the case was placed in the care of one not a regular practitioner. It was treated at intervals for seven months by different irregular pathists with the supposition that it was a case of sprain, rheumatism, fever sores, etc. Drs. Rogers and Van Peyma visited the case, (several miles in the country,) five weeks since, and found the patient in his present condition, with the exception that the solution of continuity was

not then complete. The shortening was two and one-half inches. There was no constitutional disturbance, the appetite was good, and he was able to move about the house with the aid of his hands and the other leg. The parents objecting to any severe operation being performed for the benefit of the boy, they were left with the suggestion that they bring him before this Society for examination. The point of interest in the case arises from the slight cause which produced so serious results. The case commencing in a slight subluxation might have misled those of higher pretensions and larger experience. It was discussed by Drs. Rogers, Van Peyma, Benedict and Smith of Dunkirk, Hazeltine of Jamestown, Strong of Westfield, Thompson of Stockton, etc. The conclusion arrived at was, that the leg should be removed.

Dr. Loop reported a case of fracture of the frontal bone occurring in North East, Pa. The patient, riding along the streets was rapidly approached from behind by a runaway team, and in the collision which followed, received a blow in the forehead, which fractured the bone to the extent of two inches in length by one in width, finely comminuting it, and deeply penetrating the cerebral substance. The man stopped his horses and secured them without assistance. Blood and brains flowed freely down his face, and a portion of brain protruded through the opening. Drs. Loop and Griffin dressed the wound, and report that nearly one hundred pieces of bone were removed, varying in size, from pins' heads to that of a large pea, some being embedded more than an inch in the substance of the brain. The day following the accident he was able to go to his home, two miles distant, and no untoward symptom followed this wound from its reception until its recovery, no coma, delirium, or severe pain, and but slight fever, and it healed kindly.

Adjourned to meet at 9 o'clock A. M.

Thursday morning.—President Loop and Vice President Thompson being absent, Dr. Smith was called to the chair.

Drs. Williams, Hazeltine and Spencer, were appointed a committee to nominate delegates to represent the Society at the next annual meeting of the American Medical Association, to be held in Washington.

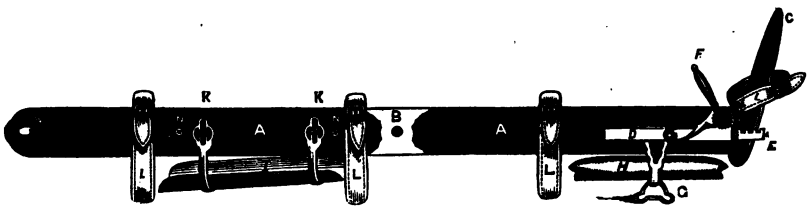
Drs. H. R. Rogers of Dunkirk, G. W. Hazeltine and —— Rath-

burn of Jamestown, John Spencer of Westfield, L. G. Hall of Wattsburg, Pa., and —— Thayer of Erie, Pa., were nominated and confirmed.

Drs. Strong, Stubbs, Chase, Dean, Spencer and Moore, were elected as delegates to attend the meeting of the Pennsylvania State Medical Society to be held in Erie in June.

Dr. Rogers presented appliances for adjusting and treating fractures and for reducing dislocations, the application of which he demonstrated before the Society upon a gentleman present. The full set presented were calculated to meet the indications for treatment in most cases of fracture of thigh, leg, arm, fore-arm and clavicle, and the various dislocations of shoulder, elbow, wrist, hip, knee and ankle. The accompanying plates, with descriptions, will convey an imperfect idea of a portion of the appliances:

Plate No. 1.—For treating fractures of the femur, with or without extension and counter-extension.



A A—Long splint in two parts, united by joint and secured by ferrule (B.)

C—Footpiece attached to extension bar (E.)

D—Extending instrument with ratchet, catch, extension bar and lever (F.)

G—Foot and leg support and rest with bran cushion (H.)

I—Thigh rest, secured to side splint by K K, and fastened by thumb-screws, and made adjustable to suit a thin or muscular thigh and to adapt to the form of the thigh.

L L L—Straps furnished with buckles.

M—Aperture for counter-extending cords.

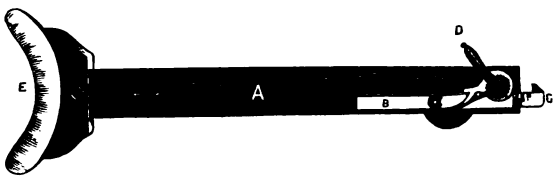
N N—Windlass shaped instruments with spring, catch and lever, with hole passing through shaft of each.

These latter are used as follows: Supplementary, narrow splints, are placed on the top and inner side of the thigh, and strong cords are carried through the instruments and around the limb and the

ends tied tightly together. The lever tightens the cords to any desirable extent. This arrangement supplies the place of bandages, and when in use prevents the necessity of keeping up the extension and counter-extension.

As applied by Dr. R., counter-extension is effected in the early stage of the treatment, when strong muscular contraction is to be overcome, by the perineal roll, fastened at the counter-extending aperture. The perineum to be protected by soft compresses. Following or alternating with the roll, broad adhesive straps should be applied to inner and outer portions of the thigh, and secured by straps crossing these and alternating by bandage. These should be applied at the first dressing of the limb and save the necessity of disturbing the patient when their use becomes desirable. The ends of the plasters should be twisted into the form of cords for convenience of tying. The extending appliances should be adhesive straps secured by bandage. The straps, also twisted into the form of cords and carried through apertures in the extending bar on either side of the foot-piece and tied together. Extension is then made by turning the lever F until the ends of the fractured bone are in apposition. The limb is then secured to the side splint by means of the straps. This splint, as also the following, may be used for either right or left limb:

Plate 2—Leg Splint.

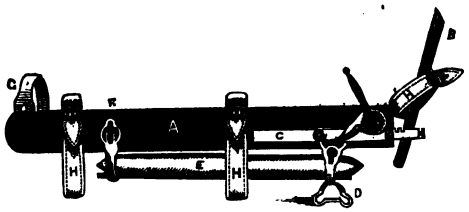


A Splint, B Foot-piece, C Extending Instrument, D E F Supports for foot and leg and long bran cushion; the cushion to be moulded to the form of lower part of the leg; G Counter-extending arch, with apertures at either extremity through which the counter-extending cords pass to be tied in the groove at its upper surface; H H H Straps.

Counter-extension is effected by adhesive straps applied on each side of the leg and knee, and secured by straps crossing these or by bandage. The ends twisted as before mentioned, and passed

through the apertures and tied in the groove; extension as before described.

Plate 3—Dislocation Appliance.



A Splint, B Extension, C Counter-extending bar, D Lever, E Crutch head.

In dislocations of humerus and femur firm pads are applied above the condyles and secured by looped bands fastened by straps and buckles. Cords pass through the loops and around the extending bar. When sufficient extension is effected the surgeon manipulates the bone and an assistant presses upon the catch which causes the strain to yield quickly.

To enumerate all the appliances and their uses would require too much of space. We need only mention farther that the little objects described in plate 1 as windlass shaped, are applied to narrow splints in the treatment of fractures of the femur without extension and counter-extension, and to fractures of arm and forearm.

Drs. Strong, Hazeltine and Hall, were chosen a committee to revise the fee bill of the Society, and a report was presented, amended and adopted, and five hundred copies of the amended bill and Constitution ordered to be printed.

Subjects to be discussed at next meeting—Bright's Disease, Influenza as observed the past winter, and Extension and Counter-extension in fractures.

On motion of Dr. G. W. Hazeltine, Drs. Rogers and Van Peyma were chosen a committee to report the proceedings of this meeting for publication in the *Buffalo Medical and Surgical Journal.*

Adjourned.

H. R. Rogers,
W. Van Peyma.
Committee.

ART. III.—*Remarks upon the different modes of treating the Pedicle in Ovariotomy—Suggestion of a new method, with report of an illustrative case.* By J. F. MINER, M. D.

The results of the operation of ovariotomy already attained, most fully justify the removal of these tumors by the methods now practiced, so that at the present time there is no propriety in discussing the question of justification in removing by abdominal section, cystic disease of the ovary. A few years since, would-be conservative men, opposed the operation altogether, claiming that palliative measures so often removed or postponed the more serious symptoms that the extra hazard of an operation for radical cure was not to be accepted, but recent improved methods of procedure, united with more extensive observation, have placed ovariotomy with the other established operations of surgery. The results are now so favorable that it may not merely be proposed, but should be urged as offering equal chances with most other capital operations. The questions now remaining to be answered are, what are the best modes of procedure? What plan of operation will insure the greatest attainable success? All the steps of the operation are sufficiently settled, except the one of how to treat the pedicle, and this is really the most important part of the undertaking.

Successes have attended all the various methods of treating the pedicle, so that at present no one of the plans can be wholly thrown aside, but doubtless much of success depends upon the selection. Nothing has yet been proposed, which is not open to objection, and a general desire is manifest in the professional mind for selecting something better.

Ligating with silk or silver wire and returning to the abdomen, must leave the products of inflammation, and to some extent, of decomposition within the abdominal cavity; if the wire or silk is cut short, these substances also remain to be disposed of, and furnish additional sources of danger, while if they are left out through the angle of the wound they prevent union—may admit air to the abdominal cavity and are in some other respects objectionable. If the pedicle is short, this plan may be resorted to, and though not satisfactory, is still often attended with success, and may be the best that can be done. If the pedicle is long and small, it may be left in the lower angle of the wound, and retained with the pins used to close the wound, thus allowing the ligature to separ-

ate and the strangulated stump to suppurate outside the cavity of the abdomen; this is a most excellent method of operation, and in cases suited to its adoption, would be chosen above all others by a great majority of operators.

The more recent mode of division with the actual cautery has gained considerable favor, both in Europe and this country, and flattering results have been obtained. Statistics, however, do not thus far show that it has any superiority over former plans, and if statistics should show greater proportion of recoveries they might be deceptive, since it is only applicable to cases where the vessels of the pedicle are small and easily closed, and must necessarily be confined to the simpler and most favorable cases. Division with the cautery may be, and probably is, a valuable addition to the various modes from which surgeons select in making this operation according to the different cases they have to treat, but there are several important objections to it, such as all surgeons will readily appreciate. In the first place, actual cautery will not control hemorrhage in vessels of any considerable size. Again, vessels thus closed are liable to become unsealed and allow of hemorrhage after the return of pedicle and closure of wound. If these objections are removed, we have yet others similar to those urged when ligature is used and pedicle returned, viz.: the products of inflammation and the seared, crisped tissues, must be removed or in some way provided for; these are liable to provoke inflammation and suppuration and afford material for purulent infection. This method, though open to serious objection, is still attended by favorable results. I have been disappointed in its power to control hemorrhage, and have had cases in which it worked admirably. I have observed both its success and failure in my own hands, and in the hands of my associates. Prof. James P. White of Buffalo, has tried it repeatedly and very successfully, and seems to prefer it in suitable cases to all other methods of treating the pedicle yet proposed. I have had opportunity to test by experience all, or nearly all, the different plans thus far suggested, and have been impressed with a growing conviction that nothing yet tested would be long practiced, that something better would take the place of all the present methods. The great improvements which have been made in the operation within the last few years, and the

encouraging results which have attended these improved methods, suggest the possible attainment of yet other and still greater advancements; undoubtedly more settled and better determined plans of procedure will insure more uniformly favorable results.

I have proposed for myself, and desire to suggest to others, a plan of separating the tumor from its attachments to the pedicle which appears to my mind as feasible, at least in some instances, and where practicable, as having decided advantages. A few months since I was invited to remove an immense ovarian tumor occurring in the person of Mrs. Foster of Cattaraugus county, N. Y. It was of years standing, had been repeatedly tapped, but at length the contents proved too thick to be drawn through even the largest size canula, and the distress becoming too great for endurance, any operation which would end it, whatever might be the result, was gladly accepted. The tumor was multilocular, very large, weighing, as near as could be ascertained, between seventy-five and one hundred pounds. It was attached throughout its entire circumference to the omentum, intestines, walls of the abdomen, and all other parts in which it came in contact. These attachments were not so firm but that they could be broken up, and with great care the tumor was separated from the surrounding parts until the pedicle was reached. The process of enucleation had been carried on so extensively and successfully that encouragement was afforded for continued trial; the pedicle was large and extended over a wide surface, but by gentle and patient effort it was separated from its entire attachment to the tumor, and the immense growth removed without the ligation of a single vessel. The terminal branches of the vessels of the pedicle gave out no more blood than issued from the vessels of the attachment elsewhere, and there appeared no more occasion for ligature here than elsewhere. All hemorrhage soon ceased, and the incision was closed by interrupted suture.

The success of this procedure was complete, and the patient continued for more than two weeks without a single untoward symptom, so long that her recovery seemed almost certain. She now commenced to lose her relish for food, grew weak and desponding, and died from exhaustion on the twenty or twenty-first day after the operation. The fatal termination of the operation de-

tracted nothing from the success of this mode of treating the pedicle; indeed, so remarkable was the size and attachment of the tumor that any attempt at recovery is surprising, and yet the feeble, emaciated, exhausted patient, continued to improve long enough to show that the manner of treating the pedicle was at least in her case unobjectionable. Upon these facts is partly based the suggestion that the pedicle in ovariotomy can, in some cases at least, be separated without ligature or cautery, thus avoiding many dangers attending it. At first this proposition will appear startling, and surgeons who have tied large vessels in the operation, or who have witnessed the fearful hemorrhage which sometimes takes place from slipping of clamp or ligature, will regard it with surprise, and perhaps without trial look upon it as wholly impracticable. I should myself, probably, be among this number, had I not had opportunity to demonstrate to my own mind certainly, its entire feasibility. The ovarian tumor is generally composed of a firm, dense, fibrous cyst, containing fluid of very varied color and composition. It may, and it may not, have a solid portion, but usually it does have more or less of a body, the remnant of an enlarged or degenerated gland. Upon the surface of this smooth, dense cyst, is spread out the vascular, fibrous, cellular and other tissues which compose the pedicle, but only the terminal branches of the vessels enter this cyst; the vessels may be quite large at their origin, but soon they are numerously divided and enter the cyst, if at all, of capillary size. The attachment of the pedicle to the cyst is more easily broken than any one would mistrust who has not attempted its separation in the manner described, and I am confident that the same efforts which are made to break up adhesions to the peritoneum, omentum and other parts, if extended to the pedicle, will, many times, be equally successful.

If this method can be adopted without hemorrhage or other difficulty, its advantages are apparent. The pedicle can then be returned into the abdominal cavity without any of the objections which have been urged against this procedure. There is no ligature to be discharged by the ulcerative process, or to become encysted, or to induce inflammation. There are no purulent or inflammatory products to be in any way removed or provided for; the pedicle is wholly a living tissue, and has no irritative qualities

which render its return to the abdominal cavity objectionable. This cannot be said of it when treated by any other known method.

It is probable that all cases are not suited to this mode of procedure; indeed, it may be only a small proportion which can be disposed of by this method, but that in some instances this plan can be carried out, is to my mind certain. The inquiry is often made, how do you *prefer* to treat the pedicle in ovariotomy? and a brief answer to this very pertinent question will close my suggestions on the subject.

First, then, I would enucleate the tumor without ligature. If I found this impracticable, I would, secondly, apply ligature and fasten the pedicle in the lower angle of wound with the suture pins, leaving ligature outside the pins, so that the slough and all the products of inflammation should be external. The pedicle being short, and vessels small, I would, thirdly, select without much choice, between the actual cautery and arrest of hemorrhage upon the principle of acu-pressure, that is, a needle with ligature attached, passed transversely through the pedicle, weaving it in such manner as to make pressure upon the vessels sufficient to arrest the circulation. Where this method can be made effectual, it approaches very near in point of favor to enucleation without ligature, since the needle can doubtless be very early removed, and the parts beyond the point of its introduction need not be strangulated or the vitality destroyed so as to produce slough. Ligature applied and pedicle returned with the ligature extending out of the lower angle of wound, or cut short and allowed to take care of itself, or each vessel ligated separately and pedicle returned, and all similar methods are not to be chosen, they may be accepted as a final resort where all other resources fail. I have not spoken of the clamp, which is sometimes applied and allowed to rest outside the wound, retaining the grasp of the pedicle. It is scarcely worth while to speak of it, for no good can come of its being used and thus retained.

My object will be fully answered provided the feasibility of enucleation in ovariotomy is shown with sufficient clearness to obtain trial by surgeons. It is not expected that all cases will admit of it, but it is believed that some will, and that where practicable it is the least objectionable of all known methods. Again,

the idea of arresting hemorrhage in the pedicle upon the principle of acu-pressure is worthy of consideration. I have never seen or heard of its being suggested or tried, but from what is known of the efficacy of pressure applied in this manner, in arresting hemorrhage elsewhere, it is reasonable to presume that it can be made available in the operation, and if so, that it may have advantages worth knowing.

Miscellaneous.

From the Louisville Journal.

American Medical Association.

THIRD DAY.—Dr. Baldwin, President, in the chair. Reading of the minutes was dispensed with.

On Dr. Parvin's report of Committee on President's Address, your committee desire to present the following report:

We cannot refrain, before entering upon the consideration of the plan recommended by the President for the improvement of medical education, gladly expressing our high appreciation of the general tone of this address, of the broad and catholic spirit which pervades it, finding expression in earnest and eloquent words—in brief, we believe the address worthy the perusal of every member of the profession, in that it was worthy the memorably occasion, and is worthy the annals of medicine.

On the other hand, we cannot refrain, with sadness be it said, from acknowledging the truth of the terrible allegations made against the present condition of medical education, and the little success attending the efforts for improvements in such connection, made during a score of years.

The special recommendation made by the President is in these words:

"I would advise that we appoint a committee of our wisest and best men to digest a plan for one or more National Medical Schools, and to memorialize Congress in behalf of the enterprise. Let the plan embrace as a basis the features presented by the Cincinnati Convention of Teachers; let these schools or universities confer

such distinctions and privileges as will be proportionate to the superiority they demand, and such as will make the attainment of their diploma an object of the ambition of those who engage in the study of medicine; let the choice be open to all aspirants, and the appointment or election of professors so guarded as to secure the very highest talent, the most profound learning, with the most fully demonstrated capacity for teaching. Make the salaries of the professors large, and not to depend upon the number of students; and let the Federal Government assume a proper share of the expenses incurred."

Your committee express their hearty approval of this general plan, but suggest that the effort at first should be for the establishment of but a single school, as more feasible, and beside, one such institution would be a model which other medical colleges might in time be induced to imitate in extent, duration and thoroughness of teaching, in rigidness of requirements for the degree of M. D.

We likewise desire to say that when the details of this general plan are thrown into form, there should be the amplest security against the places and the power of such a medical college as designed, ever falling into the hands of politicians or the proteges of politicians. Medicine is higher than politics; broader than political creeds and party platforms.

In conclusion, your committee reiterate the recommendation of the President as to the appointment of a committee for the special purposes referred to.

The President appointed this committee as follows: Dr. N. S. Davis, of Chicago; Dr. F. Gurney Smith, of Philadelphia; Dr. D. H. Storer, of Boston; Dr. E. S. Gaillard, of Louisville; Dr. Joseph Jones, of New Orleans.

On motion, Dr. W. O. Baldwin, of Montgomery, was added to the committee.

The President appointed as delegates to the British Medical Association: Dr. N. Pinckney, U. S. N.; R. R. McIlvain, Ohio; J. F. Hibberd, Indiana; B. Lindsey, D. C.; G. C. Blackman, Ohio. To the Canadian Association: Dr. Alden March, Albany, N. Y.

Dr. Davis read report of meeting of editors and presented the following from the Association of American Medical Editors:

To the American Medical Association:—I have been instr

announce to your honorable body, that those members of your Association in attendance on this annual meeting, after proper consultation, have effected a permanent organization with the title of "The Association of American Medical Editors." The objects of this organization are the cultivation of friendly relations; mutual assistance; community of effort and views, where possible, in a system of receiving foreign exchanges, and sending our own journals abroad; concert of action in support of improvement in the present system of medical education, and of a higher standard of preliminary attainments for those who propose to enter upon the study of medicine; in proposing laws for the proper registration of births, marriages and deaths; in collecting the names of all the regular practitioners in the several States; and in promoting generally the value and efficiency of our periodical medical literature. The Association thus formed is to hold its annual sessions on the day preceding the annual meetings of this body, and in the same localities. Dr. Mitchell of New Orleans, is the Permanent Secretary, and Dr. J. B. Lindsley of Nashville, Tenn., the Assistant Secretary. Congratulating your honorable body on the establishment of another organized power within the ranks of your noble profession,

I remain yours, most truly,

N. S. Davis, Editor,

President of Association of American Medical Editors.

Referred to Committee on Publication.

In the case of a special violation of the code in Louisville, Ky., Dr. Gaillard desired to remove an unfortunate and incorrect impression created in the minds of the members of the Association by one of the delegates from Louisville, (Dr. Yandell,) in regard to a failure on the part of two medical societies in that city to meet promptly and fully an alleged breach of the code of ethics on the part of one of the members of these societies.

Dr. Gaillard stated that he was satisfied Dr. Yandell had no intention of creating a false impression in this connection. The gentleman against whom charges had been preferred was a German of professional proficiency, who recently arrived, and ignorant of the code of ethics, had advertised himself as a specialist in the daily papers, and had sent private handbills to professional men.

As soon as this gentleman was apprised of his fault he had promptly withdrawn his advertisement from the daily papers and had ceased sending the handbills mentioned. The medical societies of Louisville decided that though there had been a breach in the letter of the code of ethics, the gentleman arraigned had no intention of doing what was professionally wrong. These societies, therefore, declined to expel the member against whom these charges had been preferred. Dr. Gaillard thought it due to those societies and to the gentleman offending that this explanation should go upon the records.

The Committee on Nominations unanimously report as follows: For President, George Mendenhall, Ohio; Vice Presidents, Warren Stone, La.; Lewis A. Sayre, N. Y.; F. Gurney Smith, Penn.; John S. Moore, Mo.; Assistant Secretary, William Lee, D. C.; Treasurer, Caspar Wister, Penn.; Librarian, Robert Reyburn, D. C.

Committee of Arrangements—Thomas Antisell, chairman; Robert Reyburn, C. M. Ford, L. W. Ritchie, W. J. C. Duhamel, D. R. Hayner, C. F. Nally.

Committee of Publication—F. Gurney Smith, Pa., chairman; W. B. Atkinson, Pa.; A. J. Semmes, Ga.; Robert Reyburn, D. C.; Caspar Wister, Pa.; H. F. Askew, Del.; Wm. Maybury, Pa.

Committee on Medical Literature—J. J. Woodward, U. S. A., chairman; W. H. Anderson, Ala.; Theophilus Parvin, Ind.; H. A. Johnson, Ill.; C. W. Parsons, R. I.

Committee on Prize Essays—Grafton Tyler, D. C., chairman; N. R. Lincoln, D. C.; N. R. Smith, Md.; G. W. Miltenberger, Md.; W. R. Dunbar, Md.

Committee on Epidemics add the following to fill vacancies—J. K. Bartlett, Wis.; J. B. Jackson, Ky.

Committee on Education—T. G. Richardson, La., chairman; E. W. Jenks, Mich.; E. S. Gaillard, Ky.; W. M. McPheeters, Mo.

Time for meeting, in Washington, first Tuesday in May, 1870.

J. J. WOODWARD, U. S. A., Chairman.

The report was unanimously adopted:

Dr. Davis offered the following:

Resolved, That a special committee of three be appointed by the President to present copies of the resolutions adopted before the several State Medical Societies at as early a period as possible.

Adopted.

Dr. Chaille of Louisiana, chairman of the committee, presented a report on Medical Nomenclature, which was received and adopted, and referred to Committee on Publication.

The Committee on the Nomenclature of Diseases have the honor to report that it has examined the "Provisional Nomenclature of the Royal College of Physicians" of London, and is of the opinion that it is desirable for this Association to recommend and adopt the same for general use in this country, with such modifications as, on deliberate consideration, may appear to be necessary. The following resolutions are therefore submitted:

1. *Resolved*, That a special committee of fifteen be appointed by the President to take this subject into deliberate consideration, and to report at the next annual session what alteration, if any, are necessary to adapt the proposed nomenclature to general use in the United States.

2. That this committee be authorized to fill up any vacancies which may occur upon it.

3. That the Committee on Publication be authorized to publish for general distribution one thousand copies of the English and Latin portions of this nomenclature, under the designation of the Proposed Nomenclature, prefacing the same with such remarks as may be deemed necessary to secure the criticism and coöperation of as large a number of American medical men as practicable.

4. That the committee hereby appointed be directed to draw the attention of the Surgeon-General of the Army, of the Chief of the Bureau of Medicine and Surgery of the Navy, and of the Superintendent of the Census, to the question of their official adoption of the proposed Nomenclature; to invite them to appoint whom they see fit to represent them on this committee; and to solicit such coöperation as may be necessary to accomplish the purpose desired, viz.: the final adoption of such nomenclature and classification as will receive the conjoint approval of the official medical bureau of the government and of the general profession.

STANFORD E. CHAILLE, M. D., Chairman.

Committee—S. E. Chaille, La.; J. J. Woodward, U. S. A.; A. B. Palmer, Mich.; F. F. Smith, Penn.; J. F. Heustis, Ala.

The following committee of fifteen was appointed: Francis G. Smith, chairman; J. J. Woodward, U. S. A.; R. F. Michel, Ala.; A. B. Palmer, Mich.; S. E. Chaille, La.; L. P. Yandell, Jr., Ky.; Austin Flint, N. Y.; Alonzo Clark, N. Y.; Geo. B. Wood, Penn.; S. H. Dickson, Penn.; E. Jarvis, Mass.; Theophilus Parvin, Ind.; W. M. McPheeters, Mo.; E. M. Snow, R. I.; N. Pinkney, U. S. N.

The Committee on Medical Education having referred matters

at issue to State Medical Societies, Dr. E. S. Gaillard of Louisville, offered the following motion:

Moved, That the adoption of a uniform rate of collegiate's fees, $120, being the *minimum*, be accepted as the sentiment and desire of this Association.

Dr. Gaillard stated that he would not trespass upon the time of the Association in speaking upon this motion; that all of the members present were fully informed upon this subject. He said the profession desired to learn the wish and decision of the Association upon this all important question, and he asked a full expression of opinion and a full vote in regard to it.

Dr. Sayre of New York, opposed the resolution, but, on understanding that it did not prohibit an increase of fees, withdrew his objections. He spoke against cheap medical colleges, which allured young men to an imperfect medical education, who were afterward turned back to the plow.

An amendment was proposed by Dr. Logan of Louisiana, to make the minimum $140 instead of $120.

Dr. Mussey of Ohio, opposed the amendment, and stated that the fees of Ohio had to be kept down to accord with the fees of Michigan colleges. The location of the college and the cost of living made the difference. A hundred and forty dollar college is considered good, simply because a hundred and forty dollars is the fee, while other colleges were equally as good where the fees were only eighty dollars. It is impracticable to accomplish this change at once. A new college starts and comes up to the full standard of the old college in the vicinity, and the latter comes down with its fees. The new college must come down, also, in order to maintain itself.

Dr. McPheeters of Missouri, did not agree with Dr. Mussey that it was impracticable to fix the collegiate fees at a minimum of one hundred and twenty dollars. He favored the original resolution, without amendment.

Dr. Palmer of Michigan, alluded to the remarks of Dr. Sayre of New York, disparaging one-horse and cheap colleges. The University of Michigan was established and allowed a donation from the General Government of two townships of land, and it has husbanded its resources and can maintain itself with moderate fees. Under the organic law of the State, citizens of Michigan were

entitled to the benefits of the university free of charge, and, as a liberal donation had been made by the General Government, students had been admitted from other States on the same terms. Lately, however, a small fee had been charged for students from other States who received the benefits of the lectures. We come up in fees just as far as we think is for the advantage of the institution, and we do not go beyond that point, because it will diminish the numbers. We are willing to put up the fees for students from other States to one hundred and forty dollars if neighboring States will make the same requirements from their students as we do.

Dr. Palmer then commenced describing the *great advantages of this school*, when Dr. Gaillard called him to order; stating that we were present to discuss principles involved and not to listen to eulogies upon special schools.

Dr. Davis of Illinois: I do not object to discuss the fees, but I do claim that it is out of place to advertise the superior claims of State colleges here. We have had no more illiterate students in our Illinois college than have come to us after one course in the University of Michigan.

Dr. Parvin of Indiana: I move to amend by striking out $140 and inserting $100. If we make the fees of colleges uniform, the next step will be to make the fees of practitioners uniform—the same in villages of the West as in the city of New York—and that is not equitable or practicable.

Dr. Logan of Louisiana, advocated the sum of $140 as the minimum of collegiate fees, and advocated the adoption of his amendment. Lost.

The amendment of Dr. Parvin, to fix the minimum at $100, was also lost.

The resolution was then, as originally presented, unanimously adopted.

Special committee on the relative advantages of Syme's and Pirogoff's mode of amputating at the ankle—Dr. G. A. Otis, U. S. A., chairman; Dr. J. M. Holloway, of Louisville, Ky.

Proposed by J. J. Woodward. Approved.

Dr. Bemis presented from Dr. John Waters of St. Louis, Mo., a paper on the Doctrines of Force—Physical and Vital.

Dr. Toner, D. C., moved that a Committee on Variola be appointed—Dr. J. Jones, chairman. Adopted.

Dr. Pinckney, U. S. N., made statements concerning relative grades of rank. The paper was ordered to be spread upon the minutes.

Association adjourned to meet at 9 o'clock A. M., May 7th.

FOURTH DAY.—The Association met at 9 o'clock, Dr. Baldwin in the chair.

Reading of the minutes omitted.

Dr. Joseph Jones of Louisiana, presented a number of specimens of pathology, anatomy and natural history. The explanations were very interesting, and received with applause.

On motion of Dr. Garrish of Kentucky, the thanks of the Association were tendered to Dr. Jones.

On motion of Dr. F. G. Smith of Pennsylvania, the following resolution was unanimously adopted by a vote of the members present, standing as a mark of respect:

Resolved, That the thanks of this Association are justly due and are hereby tendered to the President for the uniform kindness and courtesy with which he has presided over its deliberations, and to the Committee of Arrangements, the physicians, and citizens of New Orleans for the generous hospitality and fraternal kindness with which we have been received and treated during our sojourn in their city, with the assurance that the memories of this visit will always be among the brightest and most enduring of our lives.

Resolved, That we also present our thanks to the various railroad and steamboat companies who have so liberally extended to us facilities of transportation, and to the daily press for their efficient aid in reporting the proceedings of this meeting.

On motion of J. P. Moore of Mississippi, the following preamble and resolution was adopted:

Whereas the contract system is contrary to medical ethics,

Resolved, That all contract physicians, as well as those guilty of bidding for practice at less rates than those established by a majority of regular graduates of the same locality, be classed as irregular practitioners.

The following reports of the sections followed:

Section on Meteorology, Medical Topography and Epidemics reported. Papers accepted and referred to the Committee on Publications.

Sections on Practical Medicine and Obstetrics reported and were accepted, and referred to Committee on Publication.

And the report on Training of Nurses was accepted and the resolutions adopted.

Section on Medical Jurisprudence, Hygiene and Physiology reported. Report accepted and referred to Committee on Publication.

Section on Surgery proposed that their report be received without formality and be referred to the Committee on Publication. Adopted.

After being read, the report was accepted and ordered to be published.

Section on Psychology, the same disposition.

The President appointed Dr. J. M. Toner a committee of one, at Washington, D. C., to assist the Librarian of Congress to keep the books of the Association.

On motion for adjournment, the President delivered this address, which was unanimously accepted and ordered to be published in the transactions of the Association.

GENTLEMEN:—Before I submit the motion just made, and which, when adopted, will practically close my official relations to this body, allow me to return you my most cordial and grateful thanks for the universal kindness which I have received at your hands. Whatever my future lot in life may be, the world holds no honors which to me can equal those conferred by you. The fraternal good will which has so conspicuously marked your deliberations has been to me a matter of infinite satisfaction and pride, and will not be the least among the grateful memories which will gladden my heart as I may hereafter review the incidents of my official connection with you.

To win your judgment and approval, to hold up the dignity of fellowship, the usefulness of association and the interest and prosperity of the profession at large have certainly occupied my most anxious thoughts since my elevation to this position; yet to cherish and promote the intimate and cordial relations of friendship between the individual members of this Association against all sectional distinctions or geographical lines, has also been among the chief objects of my ambition and the earnest desires of my heart. Could I now believe that my efforts have contributed in the slightest degree to enlarging that harmony of sentiment and fraternal feeling which has been so apparent throughout this meeting, I

should feel that I had commenced at least to make some return for the great honor and kindness received at your hands.

It now only remains for me, gentlemen, to again express to you my thanks, to wish you a safe return to your homes and labors, a happy reunion with your friends and families, and to pronounce that sad word, over which the heart of friendship would fain linger, as I bid you an affectionate farewell.

W. O. BALDWIN, President A. M. A.

The Convention adjourned to meet in Washington, D. C., the second Tuesday in May, 1870.

Chemistry of the Cinchona Barks, (Cincho-Quinine.)

The chemical manipulation of the Cinchona or Peruvian Barks reveals the presence in them of quite a number of most remarkable, complex bodies. No vegetable production, except the poppy, affords such a marvelous combination of valuable medicinal principles as the *loxa* and *calisaya* barks, and no substances have been studied with greater care or more intense interest by chemists. Nothing short of the subtle chemical forces controlled by the Infinite One could construct from the elements of the earth and air a bitter principle like quinia, or those other agents associated in bark, so closely allied to it physically and chemically. A handful of the finely comminuted fibres of the yellow bark, which resemble physically a dozen other varieties, is made to yield by the chemist, when treated with aqueous and alcoholic liquids and acids, a dark, bitter solution, unattractive in taste and appearance. If the process is skillfully conducted, or exhaustive in its results, there remains, beside the solution, a portion of woody fibre, inert and almost tasteless. It holds considerable coloring and some waxy matter, together with a little tannin; but the active chemical or medicinal principles have been removed, and are held in the dark liquid. The exhausted bark is not entirely worthless, for it may be dried and used as fuel. But what of the dark liquid? From this the chemist obtains, beside other substances, a portion of beautiful, white, silky crystals; not wholly of one distinct kind, but of several, all of which possess about equal chemical and therapeutical importance. No wonder it seems, to the uninitiated in chemical manipulation,

a difficult work to perform. It is, however, quite easy to the thoroughly instructed. The first principle isolated may be the quinia. This is not held in the bark in its naked alkaloidal condition, but locked up, in the form of a salt, with another principle called *kinic acid*. In the bark it is *kinate of quinine*. We isolate the quinia, tear it from its embrace with kinic acid, throw that away, force it into a kind of matrimonial alliance with sulphuric acid, and in this condition of *sulphate of quinia* use it as a medicine. This kinic acid marries into several other families resident in the bark, prominent among which are *cinchonia*, *cinchonidia*, *quinidia*, etc. Precisely how many of these alkaloidal principles the different kinds of barks contain, is unknown; but it is safe to assume that there are as many as four others which, although not distinctly pointed out, are tolerably well recognized. These *kinates* are all *kindred* in nature, and all labor to the same end, when isolated and set to work as therapeutical agents in the human system.

In one hundred ounces of good yellow bark, we obtain about two and three-fourths ounces of quinia, and two ounces of cinchona, with variable amounts of the other principles, but less than the two named. It is to be regretted that we cannot remove the different families of kinates from the bark in their natural state of saline combination. It seems reasonable to suppose their action upon the system would be more salutary than in other forms. It is easy to isolate the kinic acid, and these having the alkaloids, the kinates of quinia, cinchonia, etc., can be reformed; but in these chemical changes so much disturbance to natural organic combinations is made, that, practically, we realize no marked advantages. It seems unnatural to force a natural alkaloidal base out of its association with an organic acid, and recombine it with a mineral acid. This we do in the preparation of the sulphate of quinia. However, as it has served so good purpose for many years, it is not best to quarrel with the theory.

All the alkaloids of bark possess about equal febrifuge and tonic properties, when isolated and administered in that condition. This has been proved over and over again by all competent chemists and physicians, from Drs. Gomez, Duncan, Pelletier, Caventou, down to the time of Liebig's researches, a quarter of a century ago, and from that time to the present by a hundred careful chemical and medical observers.

How the one alkaloid, quinia, came to supercede the others, and drive them into the background, is easily understood, when we remember that it was about the first that was distinctly eliminated, studied, and experimented with; and the *eclat* it acquired caused everything else to be neglected. The natural bark, holding all the alkaloids, the quinia, cinchonia, quinidia, etc., has always been observed to produce more efficient and prompt results, both as a tonic and febrifuge, than the quinia, or either of the other principles in themselves; but holding also, as it does, tannin, gum, starch, fibrine, and coloring matter, all of which are medicinally interfering or inert, its use is rendered inconvenient and inadmissible in many cases. Beside, it is apt to produce disturbance of the gastric functions of an unpleasant character. Acting upon the idea that the natural alkaloidal principles of bark, in their simple, unchanged condition, separated from the gross, woody, and other matters, would better subserve all therapeutical ends than the barks themselves, or *any one* of the alkaloids separately employed, we have prepared CINCHO-QUININE.

Cincho-quinine contains no external agents, as sugar, licorice, starch, magnesia, etc. *It is wholly composed of the bark alkaloids.* 1st, quinia; 2d, cinchona; 3d, quinidia; 4th, cinchonidia; 5th, other alkaloidal principles present in barks, which have not been distinctly isolated, and the precise nature of which are not well understood. In the beautiful, white amorphous scales of cincho-quinine, the whole of the active febrifuge and tonic principles of the cinchona barks are secured without the inert, bulky lignin gum, etc. It is believed to have these advantages over sulphate of quinine: 1st, it suits the patient better; 2d, is not unpleasantly bitter; 3d, is much cheaper; 4th, it meets indications not met by that salt.

Cincho-quinine admits of several pleasant forms of administration. 1st. It may be given in pill form, mixed up with some pleasant, inert substance. 2d. It may be spread upon bread and butter, and taken in that way. 3d. It may be given suspended in milk or syrups, or in sweet wine, mixed with sugar. 4th. When it is taken in one or two grain doses as a simple tonic, most patients will not object to placing it upon the tongue and swallowing it with the saliva. Its action will, in many cases, be promoted by using in connection a glass of weak lemonade, sour wine, or some slightly

acid drink. If mixed with acid wines, or sour liquids of any kind, a great increase in bitterness is developed, not enough, however, to render it unpleasant to most patients. If eight or ten grains are placed in a glass of water, and a few drops of acetic acid added, a clear solution is produced, which is very bitter. It is doubtful if it can be placed in a form suited to hypodermic use. But few experiments have, however, been made in this direction.

In intermittents, cincho-quinine may be given in 5, 10, 20, or even 30 grain doses, the same as sulphate of quinine. As an introduction to the treatment of fever and ague with cincho-quinine, an ipecac, or other emetic, is often of the greatest service. Ten or twenty grains of cincho-quinine, or of sulphate of quinine, might as well, so far as medicinal effect is concerned, be dissolved in the contents of a waste bucket, as in a stomach loaded with food and the attendant juices. The remedy must act upon the walls of the stomach and the connecting organs, to produce constitutional effects.

In a recent visit to the wards of the United States Marine Hospital, Chelsea, Dr. Graves, the physician in charge, politely invited us to thoroughly examine the numerous intermittent patients, with reference to his treatment of this disease, it being based upon the use of emetics prior to administering the bark preparations. We believe the wards of no hospital in the world can show more cases of prompt and thorough recovery from the affection than this. It is not probable that the marked beneficial influence of the emetic is due alone to its work as an evacuator, but its general influence on the system admirably prepares it for the use of antiperiodics.—*Boston Journal of Chemistry.*

THE HALF-YEARLY COMPENDIUM.—The number of this periodical for January has now appeared. It is full of the choicest selections on all branches of medical science, and should be in the hands of every physician. No synopsis of professional works, or articles, at all compare with it, either in the diversity of sources consulted, or the number of valuable facts accumulated.

The annoying delay in the publication of this number will be avoided in future. The next number may be confidently looked for by July 10th.—*Medical and Surgical Reporter.*

Creasote in Typhoid Fever.

M. Pécholier of Montpelier, has recently been conducting a series of interesting researches on the action of creasote in typhoid fever. Conceiving the disease to be one, *totius substantiæ*, depending on certain changes in the blood, caused by the action of an organized ferment, which draws from the blood the materials necessary for its nutrition, and exhales those thrown off by its decomposition, M. Pécholier has been led to employ creasote as an anti-fermentive agent. Sixty patients at the Hôpital St. Eloi were chosen as the subjects of the experiment. Every day a draught containing three drops of creasote, two of essence of lime, ninety grammes of water, and thirty grammes of orange-flower water was administered to the patients. At the same time, enemata were given, containing from three to five drops of creasote. M. Pécholier states, as the result of his experiments, that creasote employed in weak doses, either in draughts, injections, or in the form of vapor, at the outset of typhoid fever, acts powerfully in diminishing the intensity of the disease, and shortening its duration. M. Pécholier adds that the employment of the remedy as a prophylactic agent in schools, garrisons, hospitals, etc., during epidemics, would be of extreme efficacy.—*Lancet.*

MURDER.—A slip giving the report of deaths in the city of Providence, R. I., during the month of May, 1869, has been sent us with the following passages marked:

"There were two murders in the month of May, which are only counted in the above table as one death, under the head of *criminal abortion.* The victims were a young, healthy, married woman and her unborn child. From some foolish reason, at any rate with no good and sufficient reason, she consented to do violence to the laws of her being, to prevent the high object of the marriage relation, and to become accessory to the murder of her own offspring. In so doing she lost her own life. It would be well if her death might be a warning to others, and if all would remember that this crime can never be done with safety. It is always murder of one human being; there is always possible danger to the life of the mother; there is always certain injury to her health and happiness.

"The murderer in this case received twenty-five dollars for his services in killing two human beings. He assured the deluded woman that there was no danger, but exacted from her a solemn promise that 'whatever might happen, she would not tell any one of his crime.'

EDWIN M. SNOW, M. D.,
Superintendent of Health and City Registrar."

—*Boston Medical Journal.*

Editorial Department.

Medical Volcanic Eruptions.

There are certain pent-up forces which annually require to be "let off" in order to preserve the medical profession from working upon too high pressure. After the recent eruptions upon the subjects of medical education, college fees and elevation of the *status* of the profession have passed, we shall, no doubt, return to our usual efficiency and usefulness as earnest workers and thinkers in the most educated, honored and useful profession in the world. There are defects in our system of medical education; all systems of education are doubtless capable of great improvement, and consequently may be said to possess defects. The great body of so-called educated men, are poorly educated; but very few of the number, comparatively, ever attain to any great eminence or high state of perfection. Education does not consist alone in knowledge of language, mathematics or science. It cannot be said that a man is educated because he has passed the university curriculum and received its honors; many, alas! have done this, and are still quite uneducated. It may be no fault of our institutions of learning that the graduates as a body do not attain to much perfection of knowledge; if a few attain this, it is all that can be expected of poor human nature. Those who know it best, understand why it is that many are called, while but few are chosen to be bright and shining lights in the world.

We have noticed an editorial article in one of our exchanges with some surprise, since it contains views so wholly at variance with our most earnest convictions as to the true comparative merit of the medical profession in this country and Europe, and also the relative rank of the medical profession with the other professions. We do not propose to devote space to a discussion which can end in no good, but cannot withhold from our readers a reply by Prof. S. D. Gross of Philadelphia, which is moderate, truthful and convincing. We only desire to suggest to our worthy cotemporary that the only educated men are those who have learned to *think and reason for themselves*, and that no other profession can at all compare in its training in this respect with the medical profession. The legal mind, it is true, weighs evidence with eminent ability, the theological scholar often draws conclusions from assumed premises with wonderful ingenuity, but it is reserved for the physician to more thoroughly test his facts, or supposed facts; to weigh the grains of proof with more even and more carefully adjusted balance, to gather truth and reject error upon a more perfect scale than is done by any other.

This much for the medical profession of all countries, but read Dr. Gross for the medical profession of this country.

AMERICAN vs. EUROPEAN MEDICAL SCIENCE.

LETTER FROM PROF. S. D. GROSS.

To the Editor of the Medical Record:

Dear Sir:—In the editorial of your journal of the 15th instant, entitled "American vs. European Medical Science," you indulge in a criticism upon the American profession, which, whether just or unjust, is, to say the least, exceedingly severe, if not ungenerous. The impression which the article will make upon our foreign brethren, both in Great Britain and on the continent, will be anything but flattering to our national pride, and will, if allowed to have its sway, tend to confirm the disparaging opinions expressed of us by Sir Dominic Corrigan and others at the meet-

ing of the British Medical Association at Dublin, in August, 1867. I, for one, must enter my caveat against such sweeping assertions.

You say practitioners of medicine may be divided into three classes—surgeons, nurses and physicians—to the first of whom you generously concede the palm of superiority over European surgeons, while to the physicians you assign not only a low, but, in my judgment, a contemptible rank, without education, skill, or scientific attainments. The reason for this superiority, you think, is obvious. It has, to use your expression, grown out of the necessities of our pioneer life. "Therefore, as operative surgeons, as inventors of mechanical appliances, we lead both continents." American surgeons will hardly endorse this assertion. They will hardly admit that they are mere operators and inventors of mechanical appliances. They believe that they are entitled to higher praise, and to a more dignified position in the scale of science and talent, if not actual genius. If, as Chassaignac justly remarked, in the presence of my colleague, Prof. Pancoast and myself, America at this moment wields the surgical sceptre of the world, the expression must have been designed to convey something more than mere mechanical perfection. An operation is one thing, and a very great thing, when it is properly done; but it is a much greater thing to know when it ought to be done, or, in other words, what are the conditions of the part and system which render such a procedure necessary, and what are the circumstances which will enable a man to tolerate the interference. I have always had the greatest respect for a surgeon who, when the emergencies require it, can dexterously cut off a limb, excise a tumor, or ligate an artery; but that feeling would be vastly diminished if, after the operation was over, I should find, upon careful inquiry, that the knife had been employed unnecessarily, or without that judgment and regard for life which every surgeon, worthy of the name, should possess, in order to fit him for a safe professional guide. I have always maintained—and I think in this opinion every rational person will coincide with me—that it is impossible for a man to be a surgeon, in the proper and more exalted sense of that term, unless he is a good physician, thoroughly familiar with the principles and practice of the healing art, considered in its widest bearing. The number of such practitioners in this country is legion. They are to be found everywhere, in the smaller towns and villages as in the larger cities, which are, perhaps, too generally supposed to contained all the science, wisdom, and skill of a nation; a conclusion certainly not borne out by the facts of the case either in the United States or in Europe.

It is said that the proof of the pudding is in the eating. If we compare the results of the practice and operations of American with those of European surgeons, it will be found that they are fully up to the general average, if, indeed, not far in advance. This statement is true alike of our civil and military experience. Where are there better, more enlightened, more able, skillful, or scientific surgical staffs than are to be daily seen in the wards of the hospitals of Philadelphia, New York, Boston, Baltimore, Richmond, Chicago, St. Louis, Cincinnati, Louisville, New Orleans, and other cities? Comparisons are odious. In my visits last summer to the hospitals of France, Italy, Austria, Prussia, Holland, Belgium, England, Scotland and Ireland, I saw nothing to induce the belief that the surgeons of those institutions, many of them veterans, whose names are as familiar to the American medical profession as household words, are, in any respect, superior to the same class of men among us, either in general or professional intelligence, in the art of diagnosis, in therapeutic refinement, or in manual dexterity. I take it for granted

that human nature, civilized, refined and cultivated, is pretty much the same in all enlightened countries, and that professional superiority frequently exists more in the imagination than in the reality.

Are the invention and application of mechanical appliances mere mechanical affairs, requiring neither thought, talent, nor genius? Was the invention of printing, of steam navigation, of photography, and of a hundred other useful arts, a mere matter of chance, or was it the result of "brains," of genius, of the highest reasoning faculties of which human nature is capable? Let history answer these questions. Harvey discovered the circulation of the blood only after the most laborious observations and experiments, aided by the light of the inductive philosophy; and years elapsed before our own Sims was enabled to perfect his operation for the cure of one of the most loathsome affections incident to the female sex. There is a German adage, not over-refined, but so applicable to the present topic, that I can not refrain from quoting it: "A blind hog occasionally finds an acorn"—that is, chance sometimes reveals a great truth to a stupid fellow; but, generally speaking, a great truth can only be solved by great labor, talent and genius.

The late war—the unhappy war, as it is so justly styled—produced the best military surgeons the world ever saw; fertile in all kinds of resources, skilled in the application of remedies, thoroughly acquainted with the laws of hygiene, and most adroit in the use of the knife. They showed a familiarity with the most minute details of their profession, and a complete knowledge not only of "mechanical appliances," but of the higher principles of the healing art.

It is news to me, as it will be to many others, to learn as I do for the first time, that there is a class of practitioners on this side of the Atlantic called *nurses*. You say: "As nurses we are surely as good as the Europeans. We are all acquainted with practitioners of medicine who have little surgical ability, and no profound or philosophical attainment in science, who have no status in the profession, but who succeed in obtaining large and lucrative practice, and are successful with their cases, and are very popular with their patients." Wish to Heaven there were more of such practitioners. Though fools they may be, they are, according to your own showing, successful with their cases, and are very popular with their patients. Could learning and science accomplish more? Good nursing, as some one has justly said, is half the battle in the treatment of disease. If the other part be as well done, recovery will almost be certain.

"As *physicians*, we are just as certainly inferior to the Europeans." You seem to think that a medical practitioner cannot be good for anything unless he is a great scholar, equal, in point of attainments, to the leading scientific men of older countries, in England, France and Germany; and in support of this assertion you quote the language of Dr. John Brown of Edinburgh, the author of Rab and his Friends, of Horæ Subsecivæ, and other charming productions. "A physician is a man of universal acquirements." Your editorial says "a man may be a dexterous surgeon, or a kind and amiable nurse, without even knowing his alphabet, but no one can become a thorough, comprehensive physician without scholarship." Now all this sounds very well, and is equivalent to saying that a butcher may cut up an ox most dexterously without a knowledge of mathematics. A surgeon is no longer, as has been already stated, the mere servant of the physician, a mere operator, a mere mechanic, a position to which your language would reduce him; but he is an educated man, a thinking man, a man who uses his scalpel with brains, who knows what he is about, what is required of him to afford his patient the best chance for

limb and life. "A physician is a man of universal acquirements." I was at Edinburgh last autumn, and I am sorry that the genial author of Rab and his Friends did not show me this extraordinary personage. He himself is a learned physician, and Sir James Y. Simpson, as we all know, abounds in varied knowledge. The Father of Medicine, nearly twenty-five centuries ago, made this pithy and oft-quoted remark: "Life is short, and art is long." Let us not forget this wise saying in an age when the physician has so much to learn.

"In our country we have, as a rule, been compelled to make thought, philosophy, science, attainments, culture, secondary to food, raiment, shelter, in the perpetual battle of existence." I do not see that this rule, of which you here speak, is peculiar to the United States, or to any one of the learned professions. The medical students of Europe are, as a rule, as poor as our own, if, indeed, not more so; and they have, therefore, just as much incentive, when they obtain their degree, to exert themselves for food, raiment and shelter. It is with them, as with us, with rare exceptions, a perpetual battle for existence. They have no more leisure than we have; they have no more wealth; they have no more brains; they have, as a body, little, if any, more scholarship, thought, philosophy, science, attainment or culture. The American mind is the most active mind in the world; and, if the American physician is not as highly educated as the English, French and German—if he does not know as much Greek and Latin, mathematics, astronomy, and the more abstruse branches of a university education—he may justly pride himself upon his superiority of common sense, of Yankee ingenuity and smartness, seldom found in the same degree in any class of citizens in the old world. This Yankee shrewdness is a necessary outgrowth of the genius of our free institutions, where every one thinks and acts for himself, and where every boy, before he is fifteen years of age, is essentially a "live" man. Our partridges often run about with a part of the shell upon their backs, and our children often kick lustily before they have fairly escaped from the secundines of the mother. In Europe, especially on the continent, every one swears by the sleeve of his master; and the consequence is that the mind of the pupil is still in a state of bondage long after he leaves the university.

But is it, as you assert, a fact that great scholarship is essential to the formation of a great physician? What constitutes a great physician? Is it a knowledge of the ancient and modern languages? or is it a knowledge of anatomy, physiology, pathology, diagnosis, materia medica and therapeutics? Which would a man, struck down by disease or accident, rather have, if he could have his choice—the great medical scholar, or the great physician, destitute of ancient lore, but thoroughly versed in the mysteries of the healing art, with all the resources of a fertile mind, quick to perceive the varying changes in his patient's condition, and ever ready to interpose the necessary remedies? It is not difficult to perceive upon whom the choice would fall.

I do not wish by the foregoing remarks to disparage learning in the physician. By no means. At the Teachers' Convention at Cincinnati, in 1867, no one went farther in this particular than myself; and I hope that the day is not distant—I wish to God it would be here to-morrow—when our medical schools will wake up upon this subject, and care more for the welfare of their pupils than the welfare of their pockets. All I desire is to show that great scholarship is not essential to the formation of a great physician; or, in other and more comprehensive terms, that a man may be a most accomplished practitioner of medicine, eminently skilled in all that pertains to his pursuit, and yet be a very poor general scholar, unable to conjugate

a Greek or Latin verb, or to construe correctly a Greek or Latin sentence. If the medical profession of the present day is not as learned as it was in former times, it is far more scientific and far more able to cope successfully with disease. Medicine is a progressive science, and such have been its strides within the last quarter of a century that it takes all the time which a man can snatch from his daily toil to keep himself on a level with it. Just in proportion as he wanders from his profession does he slight its requirements and its solemn duties.

"In all our American colleges medicine has ever been, and is now, the most despised of all the professions which liberally-educated men are expected to enter. A few years ago an instructor in a leading university said to two young students, who were commencing their labors as medical students: 'Don't study medicine; anybody can be a doctor. Study law or theology.' I should be sorry to think that this statement embodied a general truth. My conviction is that the professors of our literary colleges have a high respect for the talents and learning of the medical profession. In no country in the world do physicians occupy so elevated a social position as in the United States. So far as my experience extends, this feeling is universal, not peculiar to any particular section, town, or city. In refinement, in general culture, in force of intellect, and in scientific attainment they have not, I am bold to say it, their superiors in either of the other professions; while in benevolence, in charitable acts, and in scientific research they are far in advance of them.

"Study law or theology," says this sage instructor. And what, if you do? Are lawyers and divines, as a body, more refined, learned, moral, or wise than medical men? If they are, it would require a long search, even with the aid of a much larger lantern than Diogenes employed to find a man, to furnish the proof. There are, and always must be, uneducated, coarse, ignorant men in every profession, the clerical not excepted. It could not from the very nature of things be otherwise; and what is true of this country is true, to a greater or less extent, of every country under heaven. 'Anybody can be a doctor!' Nothing is more true; but it is also true that anybody can be a lawyer or a preacher.

"The profession in America has been inclined to discourage rather than encourage original thought amongst its members." I agree with you, perfectly, Mr. Editor, in this opinion. It is, unfortunately, too much the custom of our physicians to depreciate each other, and yet there are many, many noble exceptions. American writers—young ones in particular—would rather, it seems to me, at any time—perhaps merely to display their *scholarship*—quote a foreign than an American book, although the former should be far the inferior in all the requisites of a great work. With all our independence and liberalized notions, we are still, in a very striking degree, toadies. The time has come when, as a great profession, we should do justice to ourselves, by encouraging one another in everything that is good and useful, cultivating good feeling, improving our system of medical education, rousing our schools to a stern sense of their duty, and fostering and improving our medical literature. Jealousy should be banished from among us; and every man, however humble or deficient in the scholarship of which you so much complain, should endeavor to do all he can to advance the honor and glory of his profession.

You seem to think that our delegates at the recent International Congress at Paris fully deserved the "snubbery" which they received—not as individuals, but as members of our profession—from their French brethren. My impression, from all I have seen of the Parisian physicians and surgeons, is that they intended no such slight. The Congress was essentially a French affair from beginning to end,

intended to enable a few Frenchmen to ventilate themselves, as, I am told, they did, to the great disgust of many of the delegates of other countries. Paris is the hub of the universe, and consequently all outsiders are barbarians. The French are the most polite impolite people in the wide, wide world. They know nothing of our language, and are as ignorant of our profession as the Sioux Indians. Our English brethren, who know us much better, fully appreciate us, and speak in the warmest praise of our wonderful progress and elevated position.

Like yourself, I sigh for the coming of a golden age for our honored and beloved profession. I may not witness its advent, but assuredly the time will come when America will yield the medical sceptre of the world as she now does, in the opinion of Chassaignac, yourself, and many others, that of surgery. Hundreds of young men, good and true, thoroughly educated, eminently scientific, abounding in industry, fidelity and ambition, are, like so many bees, busy at work in every town and city in this great country, collecting honey from every flower, and throwing it into the great storehouse of the profession. Never was there such industry, such talent, such genius, such patient labor as there is at the present moment among the medical men of the Western World. I almost wish myself young again, that I might engage in the great race of glory and renown that are sure to be the lot of the young physicians and surgeons of this prolific, this illustrious age.

I have no desire to criticise your remarks respecting Philadelphia, in one of the closing paragraphs of your editorial. I only wish that they had never been written. So far as my information extends, I am right when I assert that the very best understanding has always existed between the medical men of Philadelphia and those of New York; and I am, therefore, sorry that you have indulged in expressions which cannot fail to wound the feelings of a large number of the physicians of the "City of Brotherly Love."

I have the honor to be, dear sir, very truly and respectfully, your friend and obedient servant,

S. D. GROSS.

Philadelphia, May 20, 1869.

THE LATE DR. ALDEN MARCH.—The Albany papers contain extended obituaries of the late Dr. Alden March, who died on Thursday morning, 17th instant. He was born at Sutton, Mass., in 1795; graduated in the medical department of Brown University, Providence, R. I.; commenced the practice of his profession at Albany in 1820; was the founder of the Albany Medical College, which was organized in 1839, and of the Albany City Hospital. Among the last acts of his eventful life, he donated to these institutions, each $1,000. To the college he bequeathed his pathological museum, the most extensive and valuable in this country, with $1,000, the interest of which is to be perpetually employed for its care and preservation. To the hospital he had given the same amount, the interest to be expended for the purchase of surgical instruments for use in the hospital. As the *Argus* remarks, "His death will be regarded by the medical profession throughout the country as a loss to the cause of medical science. No surgeon in the United States, perhaps none in Europe, was held in higher estimation than Dr. March. Certainly no one in this country, in private practice alone, has performed so many bold and difficult and delicate surgical operations, and with such remarkable success. His reports of cases occurring in his practice, though few in comparison with the magnitude of his operations, have been received with the highest favor here, and widely republished in the medical magazines of Europe."

Books Reviewed.

A Treatise on the Function of Digestion; its disorders and their treatment. By F. W. Pavy, M. D., F. R. S. From the second London edition. Philadelphia: Henry C. Lea, 1869.

This is a most admirable book, and cannot fail to interest every practitioner of medicine. It contains a discussion upon all the general and special symptoms and conditions in indigestion, and also contains valuable instructions as to the best modes of treating it. We cannot withhold quoting a few sentences, since they not only show the character of the work to some extent, at least, but express facts worth knowing:

"'From numerous trials,' says Dr. Beaumont, 'I am persuaded that moderate exercise conduces considerably to healthy and rapid digestion. The discovery was the result of accident, and contrary to preconceived opinions. I account for it in the following way: Gentle exercise increases the circulation of the system, and the *temperature* of the stomach. This increase of temperature is generally about 1½°. . . . . Severe and fatiguing exercise, on the contrary, retards digestion. Two reasons present themselves for this: the debility which follows hard labor, of which the stomach partakes; and the depressed temperature of the system consequent upon perspiration and evaporation from the surface.'

"The influence that temperature exerts upon the process of digestion has been already alluded to. In the summary drawn from a large number of observations upon the temperature of Alexis St. Martin's stomach in different states as regards emptiness and repletion, and at different seasons of the year and periods of the day, Dr. Beaumont shows that the temperature is higher during digestion than fasting, and in both these states higher during exercise than repose. For example, with the stomach empty and the body in a state of repose, the temperature ranged between 98° and 100¾°, whilst during exercise it ranged between 100° and 102°; with the stomach full, the range of temperature observed was between 99° and 102° during repose, and during exercise between 100½° and 103°.

"The practice now so common in luxurious life of eating ice-puddings at dinner and ices at dessert is not in harmony, however agreeable at the time it may be, with physiological principles. From well-ascertained facts, it may be positively asserted that lowering the temperature of the interior of the stomach whilst digestion is going on cannot fail to interfere with and retard the completion of the process. Drinking copiously of cold fluids must also exert the same effect as partaking of ice-puddings and ices. Upon one occasion, with the thermometer introduced into St. Martin's stomach whilst in an empty state, Dr. Beaumont noticed that the effect of drinking a quarter of a pint of water at a temperature of 55° was to occasion an immediate fall from 99½° to 70°. The temperature stood at this point for a minute and a half to two minutes, and then began very slowly to rise; but it was not until after half an hour had elapsed that it had risen again to 99°.

"Alcohol is destructive of the power of the gastric juice by throwing down its pepsin in an insoluble state. It is easily shown by means of experiment outside the body, that the effect of the presence of a certain amount of alcohol is to prevent the process of digestion from being carried out. Now, the same must hold good with regard to digestion in the interior of the stomach; and thus is accounted for the vomiting that constitutes so common a consequence of a debauch, and also the fact that the food which has been taken is found to be rejected in an undigested state. The "petit verre" that is frequently taken after a heavy dinner, or to follow an

indigestible article of food, is taken with the view of its affording assistance to digestion; and notwithstanding what has been said, it is not incompatible that it should do so. It is quite consistent that a small quantity of spirit taken into the stomach may expedite digestion by its stimulating effect upon the glandular follicles, leading to an increased flow of secretion; whilst a larger quantity, by virtue of its chemical action on the secretion produced—by precipitating as it does its active organic principle, should exert exactly the opposite influence on the result."

Meeting of the Erie County Medical Society.

The Semi-Annual Meeting of this Society was held the second Tuesday in June, and was quite largely attended. The paper read by Dr. Chace will be found in the Original Department of this Journal. No other medical papers were read, and no very important business was brought before the meeting. Drs. John J. Burke, Henry S. Ellwood and A. W. Williams of Buffalo, and Dr. Loren F. Boies of Griffin's Mills, were elected to membership.

A committee was appointed to make arrangements for a social festival to be held in connection with the next annual meeting. This is a proposition which we most heartily approve, and we hope every member of the Society will be present and try to cultivate as much as possible the kindly relations which should exist between the members of the medical profession.

CINCHO-QUININE.—We have received a bottle of Cincho-Quinine from the manufacturers, James R. Nichols & Co. of Boston, and have tested its powers, to some extent, in the treatment of intermittent and remittent disease. It is said to possess all the medicinal properties of the bark, and thus have decided advantages over sulphate of quinia. It has very similar appearance, does not seem to be quite so bitter to the taste. The dose is the same, and so far as we have had opportunity to test its efficacy, its effects are the same.

NEW MEDICAL JOURNAL—*The Journal of the Gynæcological Society of Boston.*—This new Monthly Medical Journal is to contain the official publications of the Gynæcological Society, the first number of which will be issued July 1st. The Journal will be under the editorial management of the officers of the Society, Drs. Winslow Lewis, H. R. Storer and Geo. H. Bixby. Each number will consist of not less than sixty-four pages, octavo, printed in large type, on fine paper, and it will be furnished to subscribers at three dollars a year, payable in advance.

Announcement of the Starling Medical College, Columbus, Ohio.—The lectures in this college commence October 20th, and continue to the first of March. The institution is in a prosperous condition, as shown by catalogue of students. Several new men have been added to the Faculty, and as now organized all branches of medical science are to be thoroughly taught.

CORRECTION—MISPLACED CUTS.—It will be observed in the proceedings of the Lake Erie Medical Society, that the cuts which represent Dr. H. R. Rogers' surgical splints are misplaced, the leg splint occupying the place designed as described as the dislocation appliance. This is one of the accidents which human invention and ingenuity cannot provide against, and must be accepted as one of the penalties of Adam's transgression. Our readers will correct the mistake for themselves, as it is now too late for us to remedy it. We regret it, especially since the splints, when properly understood, are eminently suited to the objects in view, and worthy the consideration of all surgeons.

BUFFALO

Medical and Surgical Journal.

VOL. VIII. JULY, 1869. No. 12.

Original Communications.

ART. I.—*Puerperal Eclampsia.* By C. C. F. Gay, M. D.

The true pathology of these convulsions is, at this present moment, and doubtless will for all time to come, remain somewhat obscure. He who reads the writings of our immediate predecessors along with those of our cotemporaries, will be forcibly impressed with the fact that between the writings of the former and those of the latter, there is very great contrariety of views expressed, both in regard to the etiology and pathology of this disease. The cause of these convulsions is pretty well defined and understood by writers and practitioners of our own time. A reference to the views of authors upon the causation of convulsions will, I trust, not be considered out of place by those who may do me the honor to read this paper.

M. Chailly claims that pregnancy is one of the essential causes of convulsions, and included in the category of predisposing causes, he mentions a lymphatic temperament, and particularly infiltration, and under the head of occasional causes, "lively and sudden moral impressions, irritation, and an acute pain." "But," he continues, "the most evident occasional cause, is the sympathetic reaction of the uterus on the economy." Pregnancy, which Chailly regards as an essential cause I should rather be inclined to regard not as cause, but as a condition precedent, merely.

Ramsbotham divides the causes into proximate and remote: under the former he places "pressure on the brain," but adds that the "disease has proved fatal often without any organic lesion being evident on dissection, or without even the vessels being observed to be preternaturally full." Under the head of remote causes he says, "it is not my wish to enter at any length, because the subject is at best, but unsatisfactory, and little understood."

Gooch merely and briefly makes allusion to the preternatural susceptibility of the nervous system and plethora as causes, and thence proceeds to describe the phenomena of convulsions.

Meigs, writing in 1850, says: "there are many circumstances, the concurrence of which tends to the development of the eclamptic convulsions of pregnant, puerperal and lying-in women. For many women, the whole state of gestation, from conception to labor, is a state of nervous excitement or hyperæsthesia, which renders the subject specially obnoxious, under the application of exciting causes, to convulsive or irregular non-conformable innervation." Two years later Meigs writes and putting the subject matter in an interrogative form says: "Can this excess of propensity to eclampsia in primipara be attributed to any other cause than those excessive sanguine determinations to the head above indicated?"

In these brief quotations I have limited myself to these distinguished authors, omitting not inadvertently but purposely, quotations of the earlier as well as more recent authors and writers. After this cursory glance at the causation, I will pass to the pathology of puerperal convulsions. If in this regard our knowledge is limited, it is because of the fact that autopsies have failed to impart as much light and knowledge as could be desired and hoped for. Should I ask: "What is a puerperal convulsion?" I should have much more difficulty in obtaining a satisfactory and intelligent response, than were I to ask, what are the symptoms or phenomena that attend upon a convulsion. Is a puerperal convulsion epilepsy or apoplexy? or, is it neither the one nor the other? Is it a disease *sui generis*, unlike in all essential elements, that of any other disease, and does it have a pathology peculiarly its own, and one dissimilar to any and every other malady? These are questions which come directly in the way and cross one's path

when prosecuting inquires about, and attempting to arrive at, a knowledge of the true pathology of these anomalous convulsions. I say anomalous, because I believe these convulsions may be shown to be unlike those of any other. If puerperal convulsions are neither epileptic nor apoplectic, then must we look elsewhere than to these diseases for the veritable pathology.

It is a singular fact that these several authors whom I have quoted, although their writings are of comparatively recent date, make no allusion to that morbific condition which is now universally accepted as the cause and pathology of these convulsions. It is true that two of these authors make mention of *infiltration*, but are everywhere silent as to the condition of the urinary secretion, of albuminuria, or of Bright's disease of the kidneys, or of their congestion.

Meigs believes that pressure of the gravid uterus upon the aorta and cava, lays the foundation of all subsequent trouble, that "these restraints to the downward circulation tend to hyperæmia of the brain." The same pressure, he says, interrupts the return of the venous blood from the extremities, and hence when that pressure reaches its maximum the feet and legs become œdematous or anasarcous. His theory is based upon mechanical causes alone, and there is no essential difference between his theory and that of the other authors whom I have quoted. In the view of all of them the brain is the objective point; it is the secondary or primary lesion of the brain which puts out the life of the woman, in their view, and yet they acknowledge that dissection may reveal nothing that would lead one to suppose the brain had the least instrumentality in causing fatal result, there being no morbid condition of that organ discoverable.

The views of these several authors being incorrect and their positions untenable, it follows as a logical sequence that their heroic measures of depletion by large and oft-repeated venesection could not be sustained by a constantly inquiring and laborious profession. That Meigs was "well up" in a knowledge of the science and the art of medicine at his age and time of writing, no one will doubt, I think. At the time he wrote, he had no equal as a teacher and writer in this country, and I believe no superior in any country. It is because of my great admiration of him as a man and as

a teacher that I have taken the liberty of quoting from him more fully than from any other author. Had he written twenty years later his expressed views upon the pathology of convulsions would have been in accordance, I have no doubt, with the now commonly accepted views of the entire medical profession. Critics have from time to time been rather severe with him, but compared with Meigs these critics are as rush-lights before the full blaze of the sun at meridian.

It is not my purpose to make quotations from authors of our time, but merely to give a summary of the views of present writers upon the pathology of convulsions. One purpose of quoting authors belonging to the generation just past, has been, to exhibit the contrast between the state of medical knowledge then and now, that it may serve as an incentive to activity and labor, that one may be restrained from the rest that comes from conviction, that there is nothing more to learn, that perfection has been reached, and that there can exist no possibility or probability that our successors by their advances in the knowledge of the truth, will be able as easily to set aside our views and crude theories as we are those who have immediately preceded us.

It appears to us most singular that renal disease, either structural or functional, giving rise to albuminuria should have so long escaped the observations of men, but such is the fact. There may be something yet remaining, some fact bearing upon the subject of the pathology of convulsions escaping the observation of the present generation of physicians. The field, entire, of uræmic poisoning, has not yet perhaps been surveyed. One fact is established, and that is, that urea is possessed of toxicological properties, that it is an irritant when retained in the blood. Experiments demonstrate that when injected into the veins of animals, urea causes convulsions, proving clearly that these convulsions are the result of non-elimination of the toxic element of the blood called urea, the kidneys having failed to eliminate it. Whether this failure depends upon renal congestion, caused by pressure of a gravid uterus upon the large vessels, according to Meigs, or renal congestion caused by some other agency, or whether the renal disease is a primary affection or structural disease, I can have nothing new to offer; at all events, we know that when this toxic element is pres-

ent, whatever its cause, or when by applying the simple test, either of acid or heat, the urine is found loaded with albumen, convulsions may be looked for with as much certainty of their advent as we may look forward for the development of any fact, principle, or law, which science has established.

With these remarks I close the subject of the pathology of puerperal eclampsia, conscious as I am that nothing new has been stated, or attempted to be uttered, that the readers of this article have not had knowledge of from actual personal observations or reading.

A few words now upon the diagnosis and prognosis of this disease, after which I will venture to submit some views upon what I regard the best plan of managing this frightful accident or complication of the puerperal state.

Diagnosis would seem to be so easily made that it may appear supererogatory to say much about it, but I have some thoughts which I wish to submit for consideration, which may possibly be considered of some value to such of my readers as are not hypercritical. It is very likely to be found true that puerperal eclampsia may have been sometimes applied to convulsive disease as a misnomer; convulsions occurring during the puerperal state need not of necessity be puerperal convulsions. A fever during the puerperal state need not of necessity be a puerperal fever, for then any intercurrent disease, as erysipelas or rubeola, etc., might *a priori* lay claim to the prefix puerperal, and we should have puerperal erysipelas and puerperal rubeola. Puerperal convulsions are not of frequent occurrence, neither does apoplexy or epilepsy often occur. There is reason for the supposition, I think, that an occasional case occurs during the puerperal state of some other form of convulsions than that usually called puerperal, and this other form of convulsions may arise from epilepsy or from any cause which would produce cerebral congestion, effusion or extravasation, and therefore in this way the true character of the disease which I am considering may have been obscured and confounded with that of some other form of convulsion, which in all essential characteristics is non-puerperal.

The differential diagnosis between these three forms of disease to which I have alluded, is not difficult; in epilepsy and apoplexy

we should look only for a single convulsion, while in true puerperal convulsions we should expect many consecutive convulsions. But during the puerperal state the cerebral vessels may have, from one cause or another, attained to such a condition of hyperæsthesia as to give rise to consecutive convulsions, and assimilate so nearly those from uræmic poisoning as that the one condition might be mistaken for the other, and that we should fail to resort to venesection in the one case, when it alone could save life, or resort to it in the other when its employment might compromise the patient's life. It becomes of the first importance then when called to the bed-side of a woman laboring under convulsions while in the puerperal state, to form correct diagnosis, and strive to satisfy our minds that the convulsions we witness might or might not have occurred from causes entirely independent of and foreign to the puerperal condition of the woman. Convulsions occur before, during and after labor. The relative frequency of these three several periods is stated by Ramsbotham, in 59 cases which occurred under his observation to be, 14 occurring before labor was instituted, 28 during the process, and 14 after its termination. Convulsions may be postponed after labor until ten, twelve or fourteen days. This fact, viz.: the occurrence of convulsions after labor has been terminated, teaches me that delivery is not a remedy for convulsions occurring in the first two of the three periods above named.

It is of interest to know the relative frequency of convulsions in any given number of labors and the relative mortality attending them. Dr. Collins reports that in 16,414 labors under his care, there were 30 cases of puerperal convulsions, of which there were 25 recoveries and 5 deaths, or one case of convulsions in every 547 cases of the disease. This is probably a near approach to accuracy. Madame Boivin reports that of 20,257 labors under her care in the Maternité at Paris, that 19 were affected with eclampsia, or 1 case in every 1,000 labors. Churchell collected tables of 96,903 labors, in which 159 cases of convulsions occurred, giving 1 in 609. Of the 30 cases given by Collins, 29 were primipara. Ramsbotham, Sr., records 22 cases, of which 15 cases were primipara. Madame Lachapelle estimates the mortality from this disease to be 50 per cent., but statistics show, I think, a much more favorable result.

Preventive Treatment.—Physicians, I have reason to believe, have not often times received credit when credit was due them for having arrested attacks of convulsions. Many more attacks have been prevented by timely aid and advice of the sagacious physician than have been cured. I feel confident that I have several times prevented these convulsions; at least I have had every reason for thus supposing. I have at least given timely attention and treatment to that abnormal condition made visible and apparent by œdema or anasarca previous to the completion of the full period of utero-gestation, and by dispelling the outward and visible signs, viz.: the œdema of the extremities; have been induced to believe that I had warded off what would have resulted in perhaps fatal convulsions. Although my belief may not be well founded, still my convictions will constrain me to pursue the plan of preventive treatment which I have thought to be of so much value.

A lady applied to me for advice in her eighth month of pregnancy; her limbs were enormously swollen, but no albumen was detected in the urine. She feared convulsions, as she had them in her first labor. It is true, as I have shown by statistics, that these convulsions occur most frequently in primipara, for this reason: neither the patient nor myself nor any one else could confidently expect that she would have them in her second confinement, although the same symptoms were present in both instances; besides this, neither the patient nor myself had cause, perhaps, to assert positively that the treatment by saline aperients and venesection warded off the anticipated attack of convulsions, although such was the belief. Treatment in one case might be denied any efficacy on account of the spontaneous subsidence of infiltration and œdema in the absence of any treatment whatever in another case, which not unfrequently occurs. Convulsions in a first labor do not by any means insure immunity from them in a second labor.

As negative evidence in support of the efficacy of preventive treatment, I may cite a case wherein my patient had convulsions in her first and second labors. Both labors were preceded and accompanied by very great anasarca, and no treatment had been instituted for its relief, or of the renal disease which was its cause. Had a physician been consulted in time, I am of opinion that he would by the use of venesection, saline aperients and diuretics, have prevented the advent of convulsions in these two labors.

Within a few weeks I was called to a primipara who was excessively anasarcous, the swelling extending up to and upon the face. She was within two weeks of the completion of the full term. I ordered a saline cathartic of sulphate magnesia ℥i every morning, and also the potassæ nitras. This treatment was followed with the gradual but only partial subsidence of the bloating when she entered the lying-in hospital, and was attended by my friend, Dr. Potter, who informs me that she barely escaped convulsions. The preliminary or preventive treatment, was not begun early enough to positively insure immunity from attack, but sufficiently early, as the statement of Dr. Potter shows, to have brought the case within the pale of safety.

I have on record many cases showing the efficacy of timely medication in the prevention of convulsions, and believe general bloodletting should be resorted to oftener than it is, as it is said truthfully, an ounce of prevention is better than a ton of remedy. I should like, if my space permitted, to dwell somewhat more at length upon the importance and efficacy of preventive treatment in anticipating eclampsia.

In regard to curative treatment, I desire to quote paragraphs from two authors, which I regard of very great value, if they be remembered and heeded by obstetricians. Dr. Meigs says: "The woman ought to be delivered as soon as possible, because the child being taken away, one great cause of, and provocation to, the eclampsia will be removed along with it." By the words "soon as possible"—and this is, I regard, the most important declaration contained in Dr. Meigs' paragraph—"I mean as soon as it can possibly be done with propriety. Of that propriety the accoucheur must be the judge; yet no one can be held excusable who absolutely forces the os and cervix uteri."

Dr. Gooch penned a paragraph which I am inclined to like. He says: "Take care of the convulsions and leave the uterus to take care of itself."

It happened to occur to me in my early obstetrical practice to attend a primipara in severe puerperal eclampsia; her age was nineteen years, of previous good health; she had anasarca, and had consulted no physician. While lying upon the sofa she was suddenly seized with convulsions and fell upon the floor. I saw her

soon thereafter, found her unconscious, and convulsions occurring at nearly regular intervals. She had twelve in all, extending over a period of three hours. She was delivered in her unconscious state of a living child by the natural and unaided efforts of nature twenty-four hours after the initial convulsion, on March 15, 1850, and had a good recovery. I bled this patient twice, but a small quantity of blood was abstracted at either bleeding, the patient seemingly being thrown into a convulsion at each stroke of the lancet, which made venesection difficult. Not to exceed eight ounces of blood was lost; chloroform was used very sparingly, not then knowing that it ever had been used in these convulsions. I think, perhaps, I may claim priority in its use, as I do not now remember a recorded *successful* case prior to this date, wherein this agent had been used by any member of the profession, although the honor or credit, if any honor and credit be attached to priority, in administration of this anæsthetic in this disease—has been claimed by others as early as 1848, or even before the discovery of its anæsthetic properties. But this is a digression for which I must ask pardon.

The opium treatment in this case of convulsions was somewhat heroic. Of course this case antedates the use of the hypodermic syringe many years, therefore opium had to be given by the stomach, if possible, to force it down, or given by rectum. One drachm of tr. opium was attempted to be given to my patient by the stomach, but some portion of it was lost. Soon thereafter two drachms were given by enema, and the same quantity repeated, as I hoped to control the convulsions by opium. The unconscious and comatose condition of my patient after cessation of convulsions led me to think, and a very able consulting physician shared my apprehensions, that I had fatally narcotized my patient. After twenty-four hours or more, consciousness gradually returned. Venesection, chloroform and opium with auxiliary measures as an active cathartic, sinapisms, etc., constituted the treatment.

I refer to this case occurring in my earlier practice with great satisfaction. The happy termination of it was very gratifying both to physician and friends. Since this case occurred I have ever been a fast friend to opium in puerperal convulsions. Dr. Ring will well remember my advocacy of it in a case I once saw

with him, and more recently in another in which Dr. Wyckoff was associated with me, in which case I made free use of sul. morphia sub-cutaneously.

I do not believe the use of opium has yet been pushed to that extent its merit deserves; a woman in eclampsia will tolerate enormous doses of this narcotic, and indeed it is well known that the woman in disease from puerperal causes will usually be benefited, if ever benefited at all, just in proportion to the liberality with which this drug is administered. I believe that while convulsions last, morphia gr. i, is not too much to use hypodermically every half hour. The woman, or the brain of the woman, can tolerate this amount of opium better than she can tolerate convulsions. Too much efficacy has been accorded the use of the anæsthetic chloroform. It is a most valuable agent and indispensable in the treatment of convulsions. Its effect is speedy and powerful, but not permanent and abiding. It has been too exclusively relied upon, but as a remedy, if I were deprived of all others, and were obliged to use but one remedy, I should by all means choose this; but as there are other remedies at hand I would use chloroform as auxiliary and preliminary to any remedy known to be more permanent in its effect, and that remedy would be opium.

I should never think of excluding croton oil from the list of invaluable remedies. It can be more conveniently administered than any other cathartic. Two drops placed upon the tongue will be quite sure to operate speedily, and therefore as a remedy in these convulsions could not with safety be dispensed with.

I am not so much an advocate of general blood-letting as many are, but am of opinion that if blood had better be lost, that a sufficient quantity should be abstracted to make an impression upon the circulation, and resort to it as early as possible. I like it better as a preventive than as a curative agent. Should I treat another case of puerperal convulsions I should follow the advice of Meigs and Gooch, expressed in the two paragraphs above quoted. I should attend to the convulsions and let the uterus alone. I should not deliver my patient as soon as possible, unless the os uteri was fully dilated, and should not allow myself under any contingency to force an undilated os.

In writing this paper I have not sought to enlighten the older

members of the profession. It has rather been my purpose to throw out some hints which may perchance serve as safe guidance to those who have but recently entered upon the responsible duties of a laborious and ever-harassing profession. It is my chief end and aim, in whatever I write, to do what I can and contribute what I can to the cultivation of the science and art of the profession of my choice; if I come short in this honest endeavor, it is not from want of some considerable thought and labor to which failure, in the consummation of such endeavor, can be attributed. He who writes what he expects others to do him the honor to read, becomes painfully conscious of his own imperfections, and these imperfections are fearfully enhanced when the vocation of the writer is such that the time usually devoted to sleep, or the snatches of time from professional and social engagements, are the only leisure moments allotted him. I must, therefore, ask indulgence of my readers, knowing full well that members of a liberal profession who can readily appreciate the difficulties attending the dual office of practitioner and writer, will be most willing to grant indulgence.

ART. II.—*Abstract of Proceedings of the Buffalo Medical Association.*

TUESDAY EVENING, July 6, 1869.

Meeting called to order by Vice President Wetmore. Members present—Drs. Wetmore, Miner, White, Potter, Diehl, Abbott, Burger and Taylor.

Moved by Dr. White, and carried, that the report of the Treasurer be accepted; that each member be furnished with a statement of his account, and that the representation of each member as to payments made, etc., be received.

DR. MINER presented a photograph which he had received from Dr. D. Ingraham of Kennedy, N. Y., of a man some thirty years old, supposed to be suffering from elephantiasis. The history of the case is as follows: Some ten years since, the patient's previous health having been good, the left leg began to increase, and has continued to increase in size with but one intermission, which occurred some eight or nine years ago, when the man was under the care of Dr. Frank H. Hamilton. The treatment then pursued seems to have been of benefit, but the man left Buffalo before a cure was

effected. Since this time he has been gradually growing worse, and the leg now measures, near the body, 2 feet 4¾ inches, around middle of thigh 4 feet 3 inches, just above the knee 2 feet 1 inch, and below it 2 feet 9 inches. Formerly he weighed some 140 lbs.; his weight is now over 300 lbs. The upper portion of the tumor pits on pressure, while the lower portion appears scaly. Its surface is rendered irregular by sulci and from the most dependent posterior part of the greatest enlargement a fetid discharge escapes. The man is a lumberman by trade, and his habits have been rather irregular. Has been exposed to hardships and drank freely. There is no syphilitic history. During these ten years the general health has been fair, with the exception of an attack of typhoid fever, and usually he has pursued his vocation in the spring, going down the river on rafts.

Dr. Miner then remarked that he did not know what the treatment, which had proved beneficial, had been, but thought bandaging, by controlling the circulation and promoting absorption, might have been of service. As to present treatment, he knew of none unless a surgeon could be found willing to perform amputation or ligation of the artery. He doubted if success would attend either operation.

Dr. Wetmore mentioned that elephantiasis was oftener seen and better known in warm climates than in our own; that the disease was very apt to attack the scrotum, and spoke of a case reported by Dr. Sunn, where the tumor was so large that the patient was obliged to wheel it in a barrow before him when he walked.

Reverting to prevailing diseases, Dr. White said that whooping-cough was prevalent; this he had often noticed to be the case when many were suffering from scarlet fever and measles.

Dr. Miner then suggested that Dr. White be invited to give his views upon the treatment of whooping-cough.

Dr. White said he believed pertussis to be a self-limited disease, and that much, if not all, depended upon hygienic treatment. That it was a great mistake to confine patients suffering from this disease, to a hot and impure atmosphere, as it rendered them particularly liable to complications. That our duty consisted in conducting our patient safely through the disease, and not by endeavoring to cut it short by severe medication. The invigorating

treatment was by far the most efficacious; pure air and plenty of it, out of doors, with good food. Many medicines had been recommended, among them iodide of potassium, nitrate of potassa, cochineal, etc. Of late bromide of ammonium and bromide of potassium had been used seemingly with success. Chloroform with bromide of ammonium sometimes relieved the spasm, and counter-irritants were indicated under certain circumstances. Whooping-cough he considered to be but little under the control of medicines, but recommended attention to be paid to hygienic measures, as these were our best agents in this disease. Ordinarily too much treatment was resorted to. Emetics, sudorifics and anodynes were formerly given *ad libitum*. This mode of treatment the doctor entirely disapproved.

Dr. Miner said, he was glad to obtain for the profession the results of Prof. White's extensive experience and observation in the treatment of this common disease of childhood, since he believed the custom was far too common to trust to medicine, or at least, to prescribe medicine, rather than trust to nature and time. He held whooping-cough to be beyond the control of medicinal agents, and said that the effects of time with proper care were not duly considered. He knew of no medicine which would control or limit the disease, and believed bromide of potassium to be of little, if any use, and sometimes even injurious. Anodynes by procuring sleep might in some cases be of service. He believed it generally best to leave the disease to time and nature, unless, as Prof. White had remarked, complications with other diseases made medication proper.

Dr. Wetmore stated that his mode of treatment was to palliate the symptoms during the earlier stages, when he generally exhibited some soothing expectorant. Later he gave alcoholic stimulants, of which he preferred rum given with molasses; he had also procured good results with belladonna combined with bromide of potassium.

Dr. Abbott read the following note, which he intends sending to the members of the profession, and submitted the same to the Society:

Buffalo, July 5, 1869.

To the Members of the Erie County Medical Society:

Dear Sirs:—Having spent most of the time for the past year in New York, studying ophthalmology and otology under the instruc-

tion of Drs. Agnew, Noyes, Roosa, etc., at the New York Eye and Ear Infirmary, and the Brooklyn Eye and Ear Hospital, I have resumed practice in Buffalo, intending to devote special attention to diseases of the eye and ear.

I am aware that a prejudice against specialists exists in the minds of many of my professional brethren, but soon after I commenced the study of this branch of medicine, I found that it was so extensive that it would be impossible to obtain a thorough knowledge of it and continue in general practice, and I hope to gain your countenance and favor in thus informing you of my intention to practice only in this department of medicine, and trust that I may be sustained by you in attempting to rescue the public from the hands of advertising quacks.

Very respectfully, FRANK W. ABBOTT, M. D.

References—Thomas F. Rochester, M. D., Buffalo.
James P. White, M. D., "
Julius F. Miner, M. D., "
Charles E. Rider, M. D., Rochester.

DR. WHITE said that much had been done by specialists for the progress of medicine; that the great draw-back to devoting the entire attention to one subject was the lack of interest it engendered in general medical knowledge, and that it was necessary to be well grounded in all medical sciences in order to be a successful specialist. He saw no harm in having the note forwarded to the members of the Erie County Medical Society, particularly as Dr. Abbott, whom he knew personally, was a good general practitioner. He also remarked that if any member have objection to such proceeding on the part of Dr. Abbott, that he now state such to be the case before the Society.

DR. MINER considered the notice entirely unobjectionable, and looked upon it not as an advertisement, but simply as a notification to the profession that Dr. Abbott intends to devote his attention particularly to the eye and ear. He also said that he did not think that general practitioners were sufficiently well acquainted with many of the more intricate diseases of the eye to treat them with success, unless they made them a special study. If any physician did truly study with earnestness and care diseases of any class, and perfect himself in a complete understanding of them,

his attainments would certainly be known and appreciated by a liberal profession. For himself, he would give to all such a cordial fellowship.

Adjourned. WM. C. TAYLOR, *Sec'y pro tem.*

ART. III.—*A Case of Capsular Secondary Cataract with Calcareous Deposit on Anterior Capsule, following Operation by Division.* BY EUGENE SMITH, M. D., *Detroit.*

Capsular secondary cataract after operations by extraction or division, is very common and frequently met with by all ophthalmic surgeons, who are also aware of the occasional presence of lime in dust-like molecules, which unite and form large grains, and quite often, especially where the cataract originates from inflammation, occurs in large concrements in the cataractous mass or lens substance, but the formation of calcareous matter, and subsequently of capsular cataract must be very rare, as it is not spoken of by our best authors on ophthalmology, and has never been observed by either of several oculists of large experience, with whom I have spoken on the subject. The particulars of the case are as follows:

Miss C., aged 29 years, of a nervous temperament, consulted me with regard to an operation for cataract in both eyes; she, as her parents say, having been born so. An examination of the eyes disclosed simply soft, total cataract of each eye, with no appearance of chalky matter in either. As there was no evidence of retinal disease, I advised an operation. The operation, which was made in May, 1868, was by division, and was very successful, there being at the end of a month good vision, and not a vestige of the lens to be seen, and no indications of capsular opacity. I pronounced her well, and advised glasses, with which she saw nicely. For a month or six weeks I did not see the case, when she called and said the cataract was "coming back," in the right eye. On examination I discovered several white points, evidently forming on the capsule, which was perfectly transparent. I dilated the pupil and by oblique illumination could see quite a number of points, which appeared to be on the anterior capsule, and below the axis of vision. As they did not interfere much with sight I did nothing, but watched the case, seeing it every few days, for seven

or eight months, during which time the deposit increased in size and the capsule became opaque, necessitating an operation for its removal, which was done by extraction in May, 1869, one year from the date of first operation. During the time of its first formation there were no symptoms of inflammation. It is now one month since the last operation, and the eyes seem as perfect as any, after being operated upon for cataract, aside from a considerable degree of nystagmus, which is improving. The patient has commenced going to school, and I hear is learning to read.

The deposit is no doubt of a calcareous nature; it is hard, gritty, and of a whitish-yellow color. In size it is about one-half a line in thickness, about two lines in length in its longest, and one line in its shortest diameter.

STRYCHNIÆ IN EPILEPSY.—Walter Tyrrell, M. R. C. S., states that he has watched the effects of strychniæ upon various forms of epilepsy and has no hesitation in affirming that in a large majority of cases its effects are most beneficial. He found but three cases in which it produced no favorable result, and no case in which it produced an unfavorable effect. He gives a medium quantity as a dose, for a lengthened period, rather than carrying the dose very high at first. The best results are obtained from gr. $\frac{1}{10}$ to gr. $\frac{1}{8}$, twice a day, in solution, the system appearing to regain its nervous strength under the continued use of the medicine.—*Medical and Surgical Reporter.*

COMBINATION OF CHLOROFORM WITH OPIATES FOR THE RELIEF OF PAIN.—Dr. W. Marshall strongly recommends (Glasgow Medical Journal, May, 1869,) this union of remedies for anodyne purposes. From ten to twenty minims of chloroform are combined with one or two drachms of compound tincture of camphor (if the pain be moderate,) or ten, twenty, or forty minims of Battley's sedative (if it be severe.) This generally produces sleep within a few minutes, and its effects are more lasting than those of an opiate alone, and without its disagreeable after-effects. It ought to be given in some thickish solution, such as mucilage, otherwise the chloroform will fall to the bottom.—*The Practitioner*, June, 1869.

Miscellaneous.

Progressive Locomotor Ataxia, or Duchenne's Disease.

By STANHOPE BRECKINRIDGE, M. D., Professor of Materia Medica and Therapeutics, Louisville, Ky.

The symptoms of this most interesting malady, as found described in Trousseau's clinical medicine, Victor Bazirê's report of eight cases, and the article on this affection in Reynolds' system of medicine, are briefly as follows, viz.: *pain*, partial paralysis of the bladder, paralysis of some of the muscles regulating the movements of the eye-ball, a sense of constriction in different parts of the body, loss of cutaneous sensibility, and sometimes anæsthesia of the mucous membranes, and of the muscles and articular surfaces; and lastly, and most important of all, the loss of the power of coördinating muscular movements.

This latter symptom is so prominent that it has given the disease its name. When an ataxic patient attempts to walk, he staggers worse than a drunken man, and rolls from side to side in endeavoring to maintain his equilibrium; his legs fly out from under him, and jerk about with indescribable confusion, and unless he supports himself upon a cane, or other prop, he often falls to the ground. Before the affection reaches this advanced stage, the patient may walk alone, but in a jerky and very disordered manner, particularly when he first starts, and when he attempts to turn round. And yet this irregularity of gait is not dependent on paralysis of the cord, or weakness of the muscles, as was formerly supposed, for Dr. Duchenne (de Bologne) has demonstrated that the muscles retain all, or nearly all, their normal strength, and that the supposed paralytic is usually able to take his medical attendant upon his back and carry him across the ward, if he is allowed to guide himself by the arm of a friend. When these patients are sitting or lying down, it is often impossible to extend or to flex their limbs against their will, showing that their muscular strength is not impaired, but that they have simply lost the power of *coördinating* action.

This progressive irregularity of movement is preceded usually, though not always, by all or part of the symptoms enumerated

above. One of the earliest of these is *pain*, and pain of a peculiar and almost pathognomonic character. It comes in lightning-like flashes, and vanishes as quickly as it had come; or it may be of a *boring* nature, and confined to a circumscribed spot. Later in the course of the disease, these pains become continuous, and cause the most acute and unremitting anguish. Heretofore they have been mistaken for neuralgia—technically speaking—and neuralgic rheumatism, but Dr. Duchenne has shown that they are symptomatic of approaching ataxia.

Another early symptom is partial paralysis of the bladder. The fundus of the organ is first affected, but the sphincter may ultimately become involved.

In nearly half of Trousseau's fifty odd cases, there was spermatorrhœa. It, however, occurred in only one of Bazire's eight cases, and it is not supposed to have any intimate connection with the disease. In the early stage of ataxia, some of the patients possess the power of repeating the act of coitus with unexampled frequency, but they all generally become impotent as the malady grows worse. It was observed by Trousseau that men who possess this semblance of exaggerated virile power are often subject to spermatorrhœa.

The gradual or sudden appearance of strabismus is a common symptom as a prelude to the incoördination of muscular power. The strabismus may be either external or internal, and it may or may not be accompanied by diplopia or ptosis. These symptoms may pass away in a few days, or last for the remainder of the patient's life. The sense of constriction which the ataxic individual often feels is at times very distressing. The patient's shoes feel too tight, and his arms, or chest, or legs feel as if they were girdled by a stout band.

One of the most serious of all the symptoms is the cutaneous anæsthesia, which often becomes more or less general, and involves the deep-seated tissues. When the loss of muscular and articular sensibility is added to the cutaneous anæsthesia, the patient cannot feel the resistance of the ground, and he must keep his eyes fixed upon his legs when he attempts to walk, or he will immediately fall. For some time after attention was first directed to this disease, the loss of sensibility was so uniformly observed, and was such a seri-

ous phenomenon, that some writers regarded it as the cause of incoördination of movements, but several cases have occurred in which the progressive locomotor ataxia was most distinctly marked, and yet in which there was a complete absence of impaired sensibility. As Trousseau remarks, these cases prove that cutaneous and muscular anæsthesia are only secondary phenomena of the disease. It should be observed that the sensibility to *atmospheric changes* never become impaired.

The malady just described usually attacks persons between the ages of twenty and forty years, though it is occasionally seen far out of these limits. One case is reported at fifteen years and another at eighty, but these are very exceptional.

As far as statistics have yet been collected, females are much less liable to this disease than males, the proportion being about as 1 to 4 or 1 to 6.

Differential Diagnosis.—It is scarcely possible for one familiar with all the ordinary symptoms of locomotor ataxia to confound it with any other disease. It has, however, been mistaken for paraplegia, for it generally attacks the lower extremities first, and it may be accompanied by paralysis of the bladder and rectum. The characteristic pain of ataxia and unimpaired muscular power will readily distinguish it from this affection. Cases have been published in which tumors of the cerebellum produced a certain form of ataxia.

Trousseau quotes a case from Herard, (one of the celebrated authors of the latest and best French work on phthisis,) in which the patient had lost the power of associating, combining and coördinating the movements necessary in locomotion, standing, etc. There was no paralysis of sensation or motion. This case resembled quite closely one of ataxia, but it was diagnosed "cere-bellar tumor," on account of the very frequent vomiting which occurred, for this is a symptom, not only foreign to ataxia, but one which, on the authority of Hillairet, is common in cere-bellar diseases. There is very little danger of confounding this malady with other forms of paralysis, or with St. Vitus' dance.

Pathological Anatomy.—Post-mortem examinations generally reveal degeneration of the posterior columns of the spinal cord in the dorsal and lumbar regions, and of the roots of these columns. In a few cases the anterior and lateral columns have been found

involved in the degenerative process, and Dr. Duchenne reports a case in which "the encephalon and spinal cord, on the most careful examination, presented no anatomical lesion appreciable by the naked eye." The morbid changes are described as consisting in "a kind of gray degeneration, and sometimes in a gelatiniform and translucent condition, in a diminution of consistency, or in a state of induration." In the majority of cases heretofore examined, the posterior columns have been found diminished in size, though in several instances they exceeded the normal volume.

Dr. Axenfeld gives the following resume of the microscopical appearances:

"In the *white matter* of the posterior columns, which has now become yellowish or gray, are seen scattered nerve-tubes, pale, shrunken, or varicose, sometimes reduced to their neurilemend only, or filled with granular contents, a few still retaining their cylinder axis. On the other hand, the connective transparent substance (the *neuralgia* of Virchow,) the blastoderma in which these tubes are imbedded, has become fibrillated, and presents amidst a large quantity of amorphous granules, a smaller quantity of elongated nuclei, and a smaller one still of cells. Corpora amylacea, also, are met with in variable quantity, distinguishable by their usual reaction with tincture of iodine. Lastly, the blood-vessels are considerably developed, and their thickened walls, composed of several layers, are encrusted with a deposit of fatty granules.

In the posterior cornua of the *gray matter* the same alterations are found, but less markedly. The reddish tint of this part is due to the injection of its capillary network and occasionally its tint is darker, even blackish, owing to the presence of numerous granules of pigment. The nerve-tubes in these cornua are sometimes destroyed, and the nerve-cells altered in shape, although in general, both the tubes and cells are normal.

The changes noticed in the posterior roots are the same as those of the corresponding columns; and they are the same again in the diseased portions of the bulb, the pores, and the optic nerves.

On the whole, all these alterations clearly point to *atrophy* of the nervous tissue.

In a case of Trousseau's, the post-mortem showed, among other lesions of the posterior columns, that the nerve-tubes had been

mostly destroyed and that nothing was left of them but their sheaths.

And in another case (the examination being conducted by Mr. Sappey,) the posterior cords (in the lumbar region) were very considerably atrophied and the roots had lost two-thirds or three-fourths of their normal size. Their aspect was modified; they were not white, but of a reddish-gray color, looking like bundles of capillary blood-vessels. These lesions are in striking contradiction to what had been anticipated, for it is the accepted physiological belief (considered to be well demonstrated) that the *anterior* columns of the spinal cord control muscular motion.

When we reflect, however, on the true nature of this disease we see that there is no real *paralysis* in it, and consequently that the anterior columns ought not to be affected. The very fact that they remain healthy in many of the worst cases of locomotor ataxia is another argument going to prove that the trouble consists, not in a loss of muscular power, but in a lack of coördination.

This absence of coördinating power, as we remarked above, does not arise from cutaneous or deep insensibility, for several cases have been reported in which the sensibility was entirely normal. We have all been taught to regard the posterior columns as the ones which govern sensation, but it is very difficult for us to understand how sensibility should have remained intact when we see at the autopsy these columns more or less completely degenerated.

Indeed, the experiments of Brown-Séquard, Türck, Philippeau and Vulpian, show that sensibility may remain normal, even after division and removal of a portion of the posterior columns. As Trousseau remarks, this obscurity is only an additional proof that physiology has not said its last word in regard to the functions of the spinal cord. That the posterior columns influence the *coördination of movements* we may feel pretty sure. The pathology of locomotor ataxia is a powerful argument in favor of this view, and the advocacy of it by such eminent phyiologists as those just mentioned almost establishes it as a fact.

As to the nosological classification of this affection, all writers upon it are not agreed. While some consider it to be an idiopathic local disease, Trousseau maintained, till death, his first opinion, uttered years ago, that it belongs really to the class of neuroses.

In other words, the question is whether the material lesions, the degeneration, etc., of the posterior columns, constitute the disease, or whether they are symptoms of it. There can scarcely be a doubt that the spinal lesions produce, in a large measure, the most striking symptom of the disease, the incoördination of movements, but it is urged that they do not account for other and important symptoms, such as pain, and perhaps, cutaneous insensibility. Again, it is true, that the characteristic lesions of the malady are not constant and uniform, for in a few cases where ataxia had been present for years, the post-mortem examination failed to reveal either to the naked eye or to the microscope, the slightest alteration of the posterior columns and roots. The following case is an example, viz.:

A man, aged 44 or 45, had, twelve years before, suffered from the characteristic pains of locomotor ataxia. After three years they left, and were followed by paralysis of the third nerve on the left side, which persisted until death. Amblyopia followed next, ending in double amaurosis, with atrophy of the optic disc. Later, incoördination of movements supervened, and lastly, loss of sexual power. He finally died of small-pox, during the course of which he was attacked by general paralysis, of that kind which occurs in acute diseases, and which has been well described by Dr. Gubler.

Two weeks before his death, Dr. Duchenne examined the patient, and pronounced the case a typical one of locomotor ataxia. There was every reason to expect gelatiniform degeneration of the posterior columns and atrophy of the posterior roots, at the autopsy; but to the surprise of all, the most careful microscopical examination did not reveal these lesions. The *spinal cord* was *generally injected*, but this, it was thought would, at most, only account for the general paralysis which preceded death. The *optic nerves* had a gelatinous aspect, and under the microscope their tubes were seen to be atrophied; the motor oculi on the left side was slightly atrophied also. These were the only anatomical lesions found. Microscopical examination of the cord and its roots, made by Drs. Gubler, Luys and Duchenne, detected no alteration in the posterior columns and roots. On the contrary, when Dr. Duchenne examined transverse sections of the *anterior* lumbar and cervical roots, he found that about one-third of their tubes had disappeared. (Trous-

seau's clinical lectures, page 179.) Cases like this—even though they be few in number—strengthen the position of those who claim that the post-mortem appearances are not the *cause*, but the *effect* of the disease.

Duchenne and Trousseau incline to the belief that the essence of the trouble in locomotor ataxia lies in the sympathetic nerve, but at present its origin and nature remain under a veil.

Nos. 957 and 959, of the *London Medical Times and Gazette*, of date October 31st and November 14th, 1868, contain papers on "diseases of the joints, connected with locomotor ataxia," by Dr. Benjamin Ball, Prof. Agrégé at the Paris Faculty of Medicine.

Eleven cases are reported of locomotor ataxia complicated with what he calls "arthritis," affecting respectively the knee, shoulder, and elbow joints. The articulating joints swell—sometimes enormously; synovial fluid is poured out; the synovial tissues become more or less disorganized, and the bones rub against each other with a distinct crepitation. The osseous structure becomes absorbed, and the whole appearance of the articulating surface altered. Singularly enough, there is no accompanying *heat* or *pain*. This local manifestation of disease always occurs suddenly.

Dr. Ball's papers are not yet (December 19th) completed—or rather not yet all published—but he states that he "is prepared to demonstrate that the phenomena presented by these cases are due to an entirely different source from that of rheumatism, and that the symptoms, the progress, and the anatomical characteristics of spinal arthritis, as far as we are acquainted with them, are totally distinct from those attendant on *rheumatic* affections of the joints." We must wait and see—merely venturing the remark that it is very extraordinary that Trousseau and Duchenne, out of all their cases of locomotor ataxia, should have found none with this peculiar complication, while in the course of the last two or three years eleven cases are reported in the hospitals of Paris; extraordinary, we mean, if there is any real connection between these two diseases.—*Richmond Medical Journal.*

A KNOT IN THE FUNIS.—At the Pathological Society of New York, *(Med. Record,)* Dr. Noolan presented a portion of a funis 24 inches long, tied in quite a firm knot. The child was born alive.

Supra-Renal Melasma.

BY J. C. PETERS, M. D.

Case 3 was that of a convict who had been in Sing Sing for eleven years. In attempting to escape he was shot by a keeper above the anterior superior spinous process of the ilium, and died on the eighth day. The peritoneum was filled with blood and pus, but the ball could not be found. The skin was *bronzed* all over as in Addison's disease, but no supra-renal capsules could be hunted up; on the other hand granular kidneys were found as in Bright's disease.

As this patient was strong enough to attempt to escape from prison, he could hardly have been suffering from the excessive debility and extreme anæmia which attends well developed Addison's disease. As the supra-renal capsules could not be found they were doubtless completely atrophied. Although it is supposed that they perform some important office in the animal economy, and minister in some way to the elaboration of the blood, in common, possibly, with the other ductless glands, viz.: spleen, thymus and thryroid bodies, still all that we know is, that they seem more important to the young subject than to the adult. For, they are always larger than the kidneys in the embryo, about an equal size in very young children, and only about the twentieth as large in the adult. Indeed, as is well known, they are sometimes so small in the latter that they can hardly be found. When they are healthy and of the natural size, they have a yellowish red color, and are from one and one-half to two inches in length, and rather more than an inch in breadth, but are so thin and flat as only to weigh one to two drachms. Their great peculiarity is, that their nerves are disproportionately large and numerous, and are chiefly derived from the solar, though somewhat from the renal plexuses. In a fatal case of Addison's disease Drs. Aitken and Monro found that the sympathetic nerves from the lesser *splanchnic* were greatly increased in size, as were the ganglia of the *solar plexus* towards the side of the supra-renal capsule most diseased or in contact with it. The substance of these nerves presented a light rosy hue as if under the influence of vascular excitement. Aitkin says there are good grounds for believing that Addison himself entertained

the belief that death in these cases was due eventually to the implication of the ganglionic nerves.

However this may be, gastro-intestinal disturbance prevails during life, and a condition of the mucous membranes is found after death, which Aitken supposes may be associated in pathology with the disease of the capsules and of the nerves. The stomach is often ecchymosed and Brunner's glands in the duodenum and the solitary glands in the lower part of the ilium and colon are apt to be very prominent. The mucous membrane of the mouth may be thin, pale and bloodless, although the labial and buccal glands are enlarged. The stomach and substance of the intestinal tube may be uniformly thin throughout. The solitary gastric glands may be remarkably prominent, while the mucous membrane is wasted and atropic. The villi of the ilium and jejunum may be remarkably attenuated; the tubular glands almost entirely gone and their place supplied by granular amorphous material.

In some cases the heart undergoes fatty degeneration; the spleen becomes much enlarged, the kidneys become pale and finally reach the last stage of fatty degeneration; the mesenteric glands become enlarged, and tubercle or cancer may be found in some other organ.

It will now be very easy to understand the symptomatology of the disease, viz.: a morbid state, establishing itself with extreme insidiousness, whose characteristic features are general languor and extreme prostration, expressed by loss of muscular power, weakness of pulse, remarkable feebleness of the heart's action, breathlessness and faintness from slight exertion, dimness of sight, functional weakness and irritability of the stomach, etc. But it is not so easy to account for the peculiar discoloration or *bronzing* of the whole surface of the body; although, as Aitken says, it is true that in malarious, malignant and cachectic diseases, it is not unusual, but rather the rule, for the serum of the blood to assume a dark and dirty hue, so that ultimately the skin closely approaches in color that which obtains in jaundice, differing, sometimes, only from it in being more lurid and dusky. It is believed that the hue of the skin, which becomes of so dark a tinge in some organic diseases, is due to the admixture of morbid matters absorbed from the seat of local mischief, and which so tinges the serum of the blood that the *rete mucosum* is rendered dark. Thus in cancer

there is a dirty straw yellow color of the skin, while the cancer juice appears as a viscid, whitish and creamy or yellowish fluid, which may be squeezed or scraped in considerable abundance from the cut surface of the cancerous part. *Chloasma* or *maculæ hepaticæ* are frequently caused by uterine irritation or torpor, induced by impending catamenia, or amenorrhœa, before the system is relieved, or the blood purified by the natural flux (maculæ amennorrhoicæ;) or when suppression takes place as in pregnancy (maculæ gravidarum.) Chloasma may last through a considerable period of pregnancy, and only cease after the completion of parturition and the attendant lochial discharges. Other exciting causes of chloasma are gastro-intestinal, or hepatic irritation, or a morbidly sensitive state of the solar plexus of nerves. The color of syphilitic maculæ is peculiar; for it has been compared by some to that of dull metallic copper, by others to that of the lean part of ham. There is contamination of the blood, and altered serum is poured out in various parts of the skin. Even Ephelis or sunburn, and Lentigo or freckle, are caused by the pouring out of an excess of serum, with some hæmatin, into the rete mucosum of the skin from the irritation caused by great exposure to the rays of a burning sun. Rayer speaks of the discolored or mottled appearance seen upon the legs and thighs of women who sit over charcoal braziers, under the name of *ephelis ignealis, or umbrosa.*

Wilson says one of the functions of the skin is the formation of pigment, and one of the natural changes occurring at puberty, is the alteration of the skin of the sexual apparatus to a brown color, more or less dark in different individuals, which in rare instances may increase to a deep black. The alteration of color which takes place in the areola around the nipple in pregnant women is an analogous change, which in one very rare instance extended over the whole breast, and up to the throat, and down to the thighs. This disappeared in about a year. Such cases come under the head of *Nigritis*, or augmentation of skin-pigment; but all of them arise from some contamination of the blood, or irritation of the skin, which leads to the pouring out of hæmatin or some other coloring matter into the rete mucosum, causing a more or less transient or permanent discoloration of the surface.

The supra-renal capsules may suffer from many forms of disease

but, according to Dr. Wilks in the true morbus Addisonii the organs get enlarged and changed into a semi-translucent gray colored, soft and homogeneous material; which afterwards degenerates into a yellowish, white, opaque matter, and subsequently softens into a putty like substance, or dries up into a chalky mass. The other diseases of the capsules do not produce morbus Addisonii.

Treatment.—The management of the local disease is similar to that which obtains in the treatment of tubercle and scrofula. If the symptoms be referred to some failure of nervous force acting on the heart, induced by injury to the ganglionic system of nerves, then the most powerful tonics, such as citrate of iron and strychnine, extract of nux vomica, with quinine and iron, used freely and aided by beef-tea, milk punch, made with one-third lime water and two-thirds milk, with a sufficiency of spirits, either Jamaica rum, old brandy or good whisky, or egg nogg, etc., etc.

When the treatment of the disease is commenced sufficiently early, and the above tonics, stimulants and nutrients are given abundantly, it is very possible that the preparations of manganese may facilitate a cure which would otherwise be impracticable.—*Medical Gazette.*

Transactions of the Gynæcological Society of Boston.

In accordance with the desire of several medical men of Boston and its vicinity, who had previously consulted upon the subject, a meeting was held on January 22d, 1869, for the purpose of establishing a Gynæcological Society, the first, so far as can be ascertained, of its kind in this country.

The meeting having been organized, Dr. Storer presented the arguments that had influenced the members to found the new Society. They were the following:

1. That such a Society seems needed, in order to stimulate its members and the profession generally to a deeper sense of the importance of the diseases peculiar to women, and by the combination of individual effort to advance their knowledge of the causation, the pathology, and, still more, of the therapeutics of the lesions.

2. That it would do what can in no sense be just as well effected by other organizations already in existence. What is for everybody's interest is very apt to be done by no one. At a general

medical and surgical society, there is not to be expected that intensity and focalization of scientific interest regarding special points which is necessary to advance the confines of a comparatively new science, which term Gynæcology must be confessed already to deserve.

3. There can be no doubt that the special diseases of women comprise a vast variety of disturbances, direct and reflex, much of which is but partially understood or entirely unknown.

4. That these disturbances are of extreme importance, not merely to the individual sufferer, but with reference to her relations to her family and to society.

5. That their importance, their variety, and their frequency are but partially appreciated by the profession, and still less by the community.

6. That not merely is this statement true of great numbers of imperfectly educated physicians, but it is also true of many gentlemen of acknowledged skill as general practitioners, who have either lacked opportunity to perfect themselves in a knowledge of these diseases, or through an excessive conservatism have hesitated to acknowledge their existence.

7. That the marked advance of gynæcological science and art within the past twenty-five years, gives reasonable promise of a still more rapid progress in time to come.

8. That so far from its being a disgrace to a physician to be interested in uterine diseases, it should rather be considered, if he is known to have been thoroughly educated in general practice, an honor. As with the diseases of special sense, the eye and the ear for instance, the diseases of the throat and the chest, and of the mind, so here, all treatment must rest upon general principles and all methods of diagnosis, as all procedures of practice, not upon guesswork, but upon science and common sense.

9. That many of the great improvements that have been made have been American—as the first successful performance of ovariotomy by McDowell; the suggestion of the rational treatment of vesico-vaginal fistula by Marion Sims; and of flexions of the uterus by Emmet; American gynæcologists have already secured for the country a preëminent position in the world of science; it is for the members of this and kindred societies to make the position the more permanent.

10. And were there no other reason, the fact that every man owes to woman for her love in his infancy, in his childhood, and *in*

his manhood, a debt that no devotion can ever repay; and when as physicians we reflect that her special diseases are manifold more in number, worse in severity, and more dangerous to physical and mental integrity than any affliction we ourselves are called to suffer, we should offer no less a sacrifice to the other sex than a life's work.

These arguments were commented upon approvingly by the gentlemen present, and it was furthermore decided,

11. That as the diseases of women are in great measure capable of being discovered and demonstrated, the same degree of disgrace should attach to physicians prescribing at random for married women complaining of pelvic symptoms, as to those who would do this in the case of diseases of the throat or eye, or who unjustifiably lengthen a patient's treatment for the sake of a larger fee.

12. That as in attending upon childbed all impurity of thought, and even the mental appreciation of a difference in sex are lost by the physician, and an imputation of them would be resented as an insult by the profession, so the care of uterine disease tends to inspire greater respect in a patient for her attendant, and in him for her. It is untrue to say that high-minded and delicate women instinctively desire to be attended by one of their own sex for these diseases, any more than in confinement, just as it is unquestionably the fact that because of the mental and physical disturbance temporarily induced even by healthy menstruation, women, the best of nurses, are unfitted to practice medicine and surgery, in any of their departments, with as much benefit to their patients or as successfully as men; and,

13. That as it is the duty of every searcher for truth to impart what he may find to his fellow-men, so it is incumbent upon the members of this Society to endeavor in every honorable way to exert an educative and persuasive influence upon the profession at large.

The constitution and by-laws were then adopted. They state the purpose of the Society to be the advancement of gynæic science and art, and their due recognition, both in Boston and throughout the country; and recognize as the code of ethics that of the American Medical Association.

Dr. H. R. Storer presented to the Society a masked patient, concerning whom he desired advice, the case being one of obstinate erotomania. This history was as follows:

Age of the patient, 50; American, unmarried, and from the country. Climacteric passed several years since; previous to which time, and subsequently, the general health has been good. At twenty-five, coitus was once indulged in with the overseer of a mill, at which many foreigners were employed; and upon the remembrance of this the patient has lived. The mental and physical condition are both peculiar. There is action and reason—and the question is to decide whether the brain here chiefly affects the genitals, the genitals the brain, or each the other. There has for many years existed a troublesome pruritus, and a constant twitching of the clitoridal region, analogous, apparently, to that of the infra-orbital muscles occasionally noticed. These have been attended by an inordinate longing for the other sex, and a frequent indulgence in masturbation. In addition to these appetites, under the circumstances not at all unusual, there exists a remarkable delusion. The patient thinks that the knowledge of her fault, committed so many years ago, has been communicated backwards and forwards among the Irish throughout the country, so that every man or woman of that nation whom she meets seems by word or by deed to be taunting her. If she hears an Irishman say to his comrade, "It's very hot to-day," she imagines that he applies the expression to her; if he says that "It's very cold," he is upbraiding her for an indifference that she endeavors in vain to attain. So that every person of the kind whom she meets starts, through her morbid self-consciousness and remorse, the old disordered train of ideas, and these, reflexly and always, kindle the vulval congestion, which almost inevitably culminates in orgasm.

Before the patient consulted Dr. S., her clitoris had been excised at Chicopee; no benefit being obtained. After the employment of every local sedative he could think of, borax, tobacco, morphia in lotion and by hypodermic injection, hydrocyanic acid, acetate of lead, the vapor of chloroform, etc., etc., and a corresponding appeal to antiphrodisiacs, exhibited by the mouth, as bromide of potassium up to an hundred-grain doses, etc., etc., without avail, Dr. Storer quieted the pruritus by superficial vesication with a saturated aqueous solution of carbolic acid. The muscular twitching still remained. There was no clitoris left to excise, even if Dr. S. had believed in the efficacy of Mr. Baker Brown's treatment, which, from its unsuccessful employment at his hands in other cases, he did not. He had resorted to an operation which might be a novel one: by passing, with a curved needle, ligatures beneath the crura

clitoridis, and down against the pubic arch, at a distance from each other of nearly half an inch, and allowing these to slough out, he had divided, so far as seemed possible, all nervous communication with the affected parts. Relief, however, had been but partial. The actual cautery and cantharidal collodion had each given temporary quiet, but the symptoms returned. The vagina, urethra, and bladder had been carefully examined, but nothing abnormal could be found. The uterus seemed perfectly healthy, as small and supple as in a virgin who had passed the climacteric, and not at all displaced. To make assurance doubly sure, and to get, if possible, a reflex effect, the acid nitrate of mercury was applied without and within the uterine cervix. No clitoridal response of any kind was elicited.

The rectum was searched for ascarides—none were found—some small hemorrhoids were excised, and the sphincter ani ruptured by forcible dilatation, but the twitching continued as badly as ever. The liver was appealed to in vain, and in vain had blisters been put behind the ears. In desperation, Dr. S. had jokingly said to the patient he believed he should have to sew up her vulva closely, and, now, here was the woman daily begging him to do so, or end her misery by putting an end to her existence. He had little doubt, from the history of the case, that the mental disturbance was in part, at any rate, of pelvic causation, however much the local irritation existing at present was dependent upon the former; and he had little faith that the ordinary moral treatment relied upon in insane asylums for female patients would do this woman any good. He had not as yet iced the spine; and was about inserting a seton in the nucha. He was loth to throw the case aside, if there were any reasonable ground of treatment remaining to be tried; he therefore appealed to the Society for aid.

Dr. Wheeler of Chelsea, after carefully examining the case, remarked, that it was certainly a very unusual and interesting one. He had no doubt in his own mind that in very many instances of insanity in women a cure was possible, and could only be obtained by local treatment. In such a case as that now presented, this must necessarily be often empirical; yet, under the circumstances, such was both justifiable and advisable, and should be long persisted in.

Drs. Warner, Bixby and Dutton, had each seen the case with Dr. Storer, and had studied many details of the treatment.

Dr. Field of Newton Corners, stated that here we had an instance

of the conflict so often observed by physicians between what is demanded by deference to public morality, and what seems required for a patient's health. If this woman could go masked as she is at the present moment to a house of prostitution, and spend every night for a fortnight at sexual hard labor, it might prove her salvation; such a course, however, the physician cannot advise. And so with masturbation. In a case like the present, its indulgence may be a means of getting temporary relief from a local fret, whose influence upon the mind, if not thus relieved, might prove more disastrous.

Dr. Sharp suggested the employment of galvanism, especially by faradization, and of an appeal, in succession, to the various regions of the spinal cord. These had not as yet been resorted to; it was possible their use might yet solve the problem.

The Society then adjourned.—*American Journal of Obstetrics.*

Bromide of Potassium in Epilepsy.

BY WILLIAM A. HAMMOND, M. D., NEW YORK.

In regard to the dose of bromide of potassium in epilepsy, Dr. Hammond states that the symptoms due to large doses of the bromide may be enumerated as follows, in the usual order of their occurrence: 1. Contraction of the pupils; 2. Drowsiness; 3. Weakness of the arms and legs; 4. Depression of mind; 5. Failure of memory; 6. Delusions. The first three of these are the usual accompaniments of a dose of the medicine capable of producing any influence over epilepsy. In adults they never follow less doses than ten grains. Doses of five grains produce no effect.

Hospital of Diseases of the Chest, London.

132.	℞.	Potassii bromidi, ...	gr. x.
		Tincture conii, ...	♏ xxx.
		Tincture valerianæ ammoniatæ, .	♏ x.
		Aquæ camphoræ, ...	f ℥ j.

For one dose, ter die.

Hospital of University College, London.

133.	℞.	Potassi bromidi, ...	gr. x.
		Spirits chlorformi, ...	♏ xviij.
		Infusi quassiæ, ...	f ℥ j. ♏.

For one dose, ter die.

Dr. Marshall Hall.

134.	℞.	Strychniæ acetatis, ...	gr. j.
		Acidi acetic, ...	♏ xx.
		Alcholis, ...	f ℥ ij.
		Aquæ distillatæ, ...	f ℥ vi. ♏.

Ten drops (= gr. 1-50) to be taken in water ter die.

Editorial Department.

Tuum est.

The present number closes our eighth volume, and whatever may have been its character and worth, it is such as you have made it; according to our motto, *it is yours.* And since the Buffalo Medical and Surgical Journal belongs wholly to the profession, to its subscribers and contributors, I may be excused for offering congratulations upon this occasion, a period which marks its age, marks its progress, and, in some degree, marks its worth. Your Journal has passed the critical and tender age of infancy, and you all recollect what a fearful period in the history of this country gave it birth; it has come into years of full age, since it is the oldest medical journal in the State, and one of the oldest in the country. Age is a thing of which you may be proud; it is an evidence of natural vigor and soundness; it is also evidence of experience and worth; it is honorable, it shows strength. You have also made your Journal a successful one, as the world counts success; for it is a great success for a medical journal to be both alive and be paid for, and your Journal, for the most part, is paid for, that is, will be, when the bills to subscribers inclosed in this number are settled. You have made your Journal a progressive one, devoted wholly to rational medicine, not a "medicaster," but a reliable, earnest, firm, consistent supporter of the truth, recording faithfully all true progress in medicine and surgery, but not carried away with every wind of doctrine. In this respect you have made it a model worthy of imitation; nowhere can there be found a sheet which has been more truly "conservative" and more soundly progressive. It has received the sanction of the profession, and when this is obtained, nothing more is required to establish its character; it rests upon a rock.

You have made your Journal the history of the profession within the scope of its influence—of the whole profession. It contains a biographical history of the living medical men of Western New York and vicinity. The histories of some, it is true, being written, fully written, by nothing at all being said about them; their names not even appearing upon the subscription list. Your Journal is faithful in this respect; it is impartial. It photographs the whole family with painful exactness sometimes. I most heartily congratulate you in this respect, for coming generations of medical men will want to know who have lived before them, what were their names, their opinions, their practices, and you are furnishing the whole history, and giving it nearly "life size." For this purpose your medical journal is invaluable, and whatever of error it may contain in theory and practice, in surgery or obstetrics, here it is infallible—furnishes true histories of all living physicians, either with or without their consent. You have made your Journal faithful to the interests of medical men, to the progress and extension of medical science, and to the elevation and perfection of medical education. You have devoted its pages to independent, original thought, and to earnest practical wisdom. You have made it a journal for the medical student, the busy practitioner, and the mature medical philosopher.

This much for its past history; to you belongs the honor of its growth. Its future also rests in your hands; sure guarantee of usefulness. Your editor has made arrangements for the publication of your copy in much improved style and finish, so that volume nine may be expected to present an appearance never before attained. He would also return many thanks for the numerous tokens of favor and approval which he has received at your hands. Deeply sensible of the imperfect manner in

which he has discharged his duty, these evidences of regard impress him more fully with a sacred obligation to serve you impartially and faithfully. To your keeping and care is confidently and trustingly committed the future welfare of the Journal. It is a "joint stock company," and all are invited to make personal effort to increase its capital, to extend its influence, and promote its usefulness; new subscribers thankfully received, and credit given for cash on old accounts.

Meeting of the State Commissioners to locate an Insane Asylum in the Eighth Judicial District.

The Commissioners, Dr. John P. Gray of Utica, Dr. James P. White of Buffalo, Dr. William B. Gould of Lockport, Dr. Milan Baker of Warsaw, and Dr. Thomas D. Strong of Westfield, appointed by the Governor to locate an Asylum for the Insane in the Eighth Judicial District, held their first meeting at the residence of Dr. James P. White of this city. Invitations from different towns inviting the commissioners to visit them and examine proposed sites, as well as consider proposals for aid for the Asylum, if the location should be accepted, were received, read and laid before the commission for future consideration. It was resolved to visit all places extending such invitations, and to inspect the different sites proposed. Dr. J. P. Gray invited the commission to visit the Asylum in Utica, under his charge, as likely to afford better understanding of the importance and extent of the institution they were locating. This invitation was also accepted with much satisfaction as a most important preliminary to the undertaking.

The commission adjourned to meet the 28th day of September, 1869, at the same place.

We should not feel at liberty at present to speak concerning the place of location of this institution, had not the daily press, both in Buffalo and other places, opened the whole question without reserve. We understand that it is designed to accommodate the whole district to as great an extent as possible, and that the various towns which are in themselves very beautiful and attractive situations, must first consider whether they are so centrally and conveniently located as best to accommodate the whole district. The wishes of the few must certainly give place to the good of the many. This institution has been proposed by Buffalo men, and doubtless with every expectation that it would be located in Buffalo. Prof. James P. White and Senator Nichols have planned and thus far succeeded in this enterprise, and there can be no doubt that so far as originating and urging it upon the Legislature gives title, it is ours. But our strongest claims do not rest in this. It is proposed to establish an institution of great importance to Western New York and vicinity—an institution wholly in the interests of humanity, and not of towns and cities. Those who have planned it, and all who are interested in it, will readily concede that its location should be determined upon very broad principles. Buffalo, of course, expects the favor of choice, but, I believe, will be ready to listen attentively to claims which may be presented elsewhere, willing to promote the "greatest good of the greatest number." It is worth an effort in the various towns now proposing sites, for certainly these places would be great gainers in very many respects. The expenditure of nearly or quite a million of dollars in the first outlay and the subsequent supply, is certainly worth to our neighboring towns some effort; it would add to their population, business and wealth. Three thousand persons annually

visit Utica, on business at the Asylum, making a longer or shorter stay, all adding to the business prosperity of the city. The location of a similar institution is a matter in which the wise men of all places will take the liveliest interest.

Buffalo will doubtless rely mainly on her location, believing that the inhabitants of the various towns offering sites will, without exception, be vastly better accommodated here than in any other place except their own. This simple fact is sufficient to determine the whole matter, almost regardless of the liberality of towns or cities desirous of securing it. The Eighth District cannot afford to gratify the natural pride and ambition of her thriving towns and villages by disadvantageous location of an institution of so much importance to all. What Buffalo will do in regard to offering a site, remains to be known. Upon a former occasion she offered generously and liberally; if called upon to do so, it is highly probable that the same wise liberality will prevail. Much might be said upon all the various points, but we propose to leave it with the Commission; composed as it is of men of learning, integrity, and wise discrimination, it cannot be left in truer, safer, or better hands.

Death of Dr. Joshua R. Lothrop—Proceedings of the Erie County Medical Society, July 22.

Members present—Drs. Miner, White, Boardman, Mackay, Chace, Diehl, Ayer, Hopkins, Shaw, Ring, Little, Willoughby, Barnes, Cronyn, Mixer, Bartlett, Green, Gay, Samo, Nichell, Loomis, Brown, Jansen, Wetmore, Strong, Smith, Taylor, O'Brian, Rogers, Storck, Tobie and Potter.

Upon taking the chair, Dr. Miner spoke as follows:

GENTLEMEN:—It is my painful duty to announce the death of our much respected and worthy friend and professional brother, Dr. JOSHUA RIGH LOTHROP. He died this morning, at the residence of a relative, in Plymouth, Mass., where he had gone with his wife, to obtain the repose of country life, and to enjoy the care and society of near friends, hoping thus to regain, in some degree, at least, his former health and vigor; but, alas! he has fallen suddenly from our ranks, and is dead.

My feelings of personal grief and sorrow are too deep for words, and I must leave for you the expression of sadness which the members of the profession all share in the death of one so endeared to them, and so worthy their regard. Dr. Lothrop was a native of Massachusetts, where he spent most of his life. He was a graduate of Dartmouth College, in the year 1844, and in medicine a graduate of the Medical Department of Harvard University in 1852. Early in his professional life he received appointment to the Rainsford Island Hospital, and served with distinguished ability in that institution for a number of years. He came to our city in 1858, and commenced private practice, rapidly gaining the esteem and confidence of the profession, and endearing himself as a physician in many of the most appreciative and intelligent families of the city. As you all know, he has been connected with our public institutions during his entire life among us, and in all the duties of the most responsible positions, has shown himself wise and faithful. During the three years' absence in Europe of Prof. Charles A. Lee, Dr. Lothrop occupied the chair of *Materia Medica* in the Buffalo Medical College, and proved himself a teacher of rare scholarship, of extensive and varied knowledge. As surgeon to the Buffalo General Hospital he won for himself much professional reputation, and has left a record of faithfulness and worth, worthy the highest ambition. He was President of this

Society in 1867, and has received many tokens of respect and favor from the profession, who have always delighted to do him honor. As a private practitioner he enjoyed the confidence of the profession in great degree, and was often called in difficult, dangerous and obscure cases, as one eminently worthy of confidence and trust.

He was greatly admired and beloved by the families who received his professional attentions, and those who knew him best, loved him most; they will mourn his loss as irreparable. Dr. Lothrop was a man of great mind; an original, independent thinker, a true philosopher. He had canvassed the whole field of human knowledge with great care, and rested his beliefs upon the firmest rocks. He said, on my taking leave of him: "I am not anxious for the future; I only fear a long invalidism." He had a true, generous, unselfish nature, and his pure life and character require no eulogy.

He was the idol of a home circle—of a devoted wife, and of a large number of relatives and friends; but I dare not encroach upon the sanctity of their sorrow. You are invited to take such action as you deem proper upon such occasion.

Dr. J. P. White arose to bear testimony to the exceeding appropriateness of the remarks just made and to express profound sorrow at the loss of a devoted Professional Brother. The early intimacy which existed between Dr. Lothrop and himself was recalled with pleasure and only tended to impress the many excellencies of the deceased more firmly on his memory. We have lost in him a courteous gentleman and professional scholar. I therefore desire to offer the following:

Whereas, It has pleased God to remove by death our friend and fellow member. Dr. Joshua R. Lothrop, whom we honored for his professional skill, and loved for his gentleness, modesty and unvarying kindness, and who, in a comparatively brief period, had established in this city a high professional character, and won the friendship of all his brother practitioners, and whose memory is especially endeared to the younger members of the profession as a judicious counsellor and faithful friend,

Resolved, That this Society has heard of his sudden death with sincere regret.

Resolved, That this Society looks back with great satisfaction on his honorable and successful career as an able and accomplished practitioner and teacher of medicine and surgery, and are filled with emotions of sorrow that a life so promising should have been thus suddenly cut short.

Resolved, That we, his fellows, tender our sympathy to the family and relatives of the deceased in the painful bereavement which they have sustained.

Resolved, That a properly attested copy of these resolutions be sent to the family of the deceased and that a copy also be furnished to the *Medical and Surgical Journal* and daily papers of this city for publication.

Dr. Gay said that Dr. Lothrop was a man whom we all respected and loved. He had lived long enough among us to gain the esteem of his professional associates and also to establish himself in the confidence and esteem of a large number of our best families. He had heard almost every member of this Society express admiration of him during his life time. His career was brief but successful. He heartily approved of the resolutions which had been offered by Dr. White, and moved their adoption.

Dr. Boardman concurred with the spirit and tenor of the resolutions and bore testimony to the uniform courtesy and kindness which marked the professional and social career of Dr. Lothrop.

Dr. Strong arose to second the motion of Dr. Gay. Death is said to love a shining mark. It seems that the archer, in this instance, has shown regard for the mark and ability to hit it. It is comparatively rare that we are called to mourn the loss of such a medical man as Dr. Lothrop. He was remarkable in his modesty

and in his accomplishments. We can hardly call to mind one of his age who possessed a mind of such judicial fairness. This characteristic must have made its impression on the minds of all his professional associates. His dispassionate estimate of medical questions rendered his judgment always valuable and his frequent discussions in this and the city Society interesting to all who heard them.

DR. CRONYN arose with no little sorrow to express his assent to the resolutions that had been offered. He had enjoyed the extreme pleasure of frequent conversations with DR. LOTHROP and they had confirmed the esteem in which the deceased was so universally held. Upon leaving the city Dr. Hamilton paid a handsome tribute to the memory of DR. LOTHROP. He said: "Court his acquaintance, Doctor, you will find him a gentleman and a medical scholar of the first order."

DR. RING said that DR. LOTHROP'S example was a most noble one. His regard for the young practitioner was worthy of him and must cause him long to be remembered by them. To men of his own age his regard for medical ethics was worthy of imitation. His fame was a just fame. He was a safe adviser in consultation and an excellent practitioner.

DR. JANSEN said that he was more familiar with DR. LOTHROP than with any other member of the profession. He had learned to admire him, and when he heard of his death he felt not only that the profession of Buffalo had lost one of its bright lights, but that he had himself met with a great personal bereavement.

DR. STORCK said that in behalf of the younger practitioners of the city he was anxious to bear testimony to the appropriateness of the resolutions and to acknowledge that in Dr. LOTHROP we have lost a true and valuable friend, a competent adviser, and one who was always ready to assist whenever an opportunity offered. Dr. LOTHROP was especially endeared to the younger members of the profession. In him we have lost an excellent counsellor and an unselfish friend.

The resolutions were adopted and the meeting adjourned.

M. G. POTTER, Secretary.

The venerable CHARLES D. MEIGS, M. D., one of the most distinguished medical men of the day, died yesterday at his residence in Delaware county. Dr. Meigs was a native of Georgia, but since 1820 he has resided in this city. In the year 1840 he accepted a Professorship in Jefferson Medical College, and for twenty years he labored with much success in that institution. Dr. Meigs was connected with the obstetrical department of the Pennsylvania Hospital for about ten years, and he was well known, both in the Old and New World as a clear and forcible writer on medical subjects, and his published works are considered standard authorities in the medical profession. He leaves a large circle of warm personal and professional friends to mourn his death, and the medical profession loses one of its most distinguished ornaments.—*Philadelphia Telegraph, June* 23.—*Medical Gazette.*

UNBECOMING MEDICAL JOURNALISM.—The June number of the *Nashville Journal of Medicine and Surgery*, contains an article of abuse and scandal, by T. S. Bell, M. D., which is too low and vindictive for publication in any paper, unless conducted in the exclusive interests of roughs and blackguards. The immediate provocation was the review of a work written by Dr. Bell, which appeared in the *Richmond and Louisville Medical Journal*, from the pen of the editor, Prof. E. S. Gaillard.

Books and Pamphlets Received.

A Treatise on the Diseases of the Eye. By J. Soelberg, Professor of Ophthalmology in King's College Hospital, London, Ophthalmic Surgeon to King's College Hospital, and Assistant Surgeon to the Royal London Ophthalmic Hospital, Moorfield. First American edition, with additions. Illustrated with 260 engravings on wood and six colored plates, together with selections from the test-types of Prof. E. Jaeger and Dr. H. Snellen. Philadelphia: Henry C. Lea, 1869. Received through and for sale by Theo. Butler & Son.

A Manual of Elementary Chemistry, Theoretical and Practical. By Geo. Fownes, F. R. S., late Professor of Practical Chemistry in the University College, London. From the tenth revised and corrected English edition. Edited by Robt. Bridges, M. D., Professor of Chemistry in the Philadelphia College of Pharmacy, with 197 illustrations. Philadelphia: Henry C. Lea, 1869. Received through and for sale by Breed & Lent, Buffalo.

A Practical Manual of the Treatment of Club-Foot. By Lewis A. Sayres, M. D., Professor of Orthopædic Surgery in Bellevue Hospital Medical College, etc., etc. New York: D. Appleton & Co., 1869. Received and for sale by Martin Taylor.

Prescription and Clinic Record. The Pocket-Book of every careful and progressive physician. New York: Wm. Wood & Co., 1869.

The American Exchange and Review. A Miscellany of Useful Knowledge and General Literature. Vol. 15, No. 3. Philadelphia: Fowler & Moon.

On Self-Enervation, its Consequences and Treatment. By C. S. Eldridge, M. D. (Homœopathic.) Chicago: C. S. Halsey, 1869.

Notes on the Phenols from Coal Tar, (the so-called Carbolic Acid,) and on Rhubarb. By E. S. Squibb, M. D.

Treatment of Lachrymal Affections. By Prof. Arlt, Professor of Ophthalmology at the University of Vienna. Philadelphia: Lindsay & Blakiston, 1869.

Henry C. Lea's Classified Catalogue of Medical and Surgical Publications, June, 1869.

Woman's Medical College of the New York Infirmary Annual Catalogue and Announcement, 1869.

Anniversary Oration delivered before the Medical Society of the District of Columbia, September 26, 1866. By J. M. Toner, M. D.

The Twenty-eighth Annual Announcement of the St. Louis Medical College, Winter Session, 1869–70.

Transactions of the Twentieth Annual Meeting of the Georgia Medical Association, April, 1869.

College of Physicians and Surgeons, New York. Medical Department of Columbia College. Sixty-second Annual Catalogue and Announcement, 1869.

The Proceedings of the Georgia Medical Association, Constitution and By-Laws.

Dr. L. A. Babcock's Silver Uterine Supporter.—We have received one of these instruments, now being offered to the profession, and judge from examination that it is well calculated at least to hold the prolapsed uterus in its natural position. It is a beautifully made instrument, composed wholly of pure silver, and constructed upon correct mechanical principles. In cases which require mechanical support we believe it better adapted to that end than any other form of pessary, and would recommend its trial. In this connection, however, we would caution against the use of such instruments in all cases where they can be dispensed with, since foreign substances introduced into the vagina for the purpose of supporting the womb, are very apt to be productive of injury than otherwise.