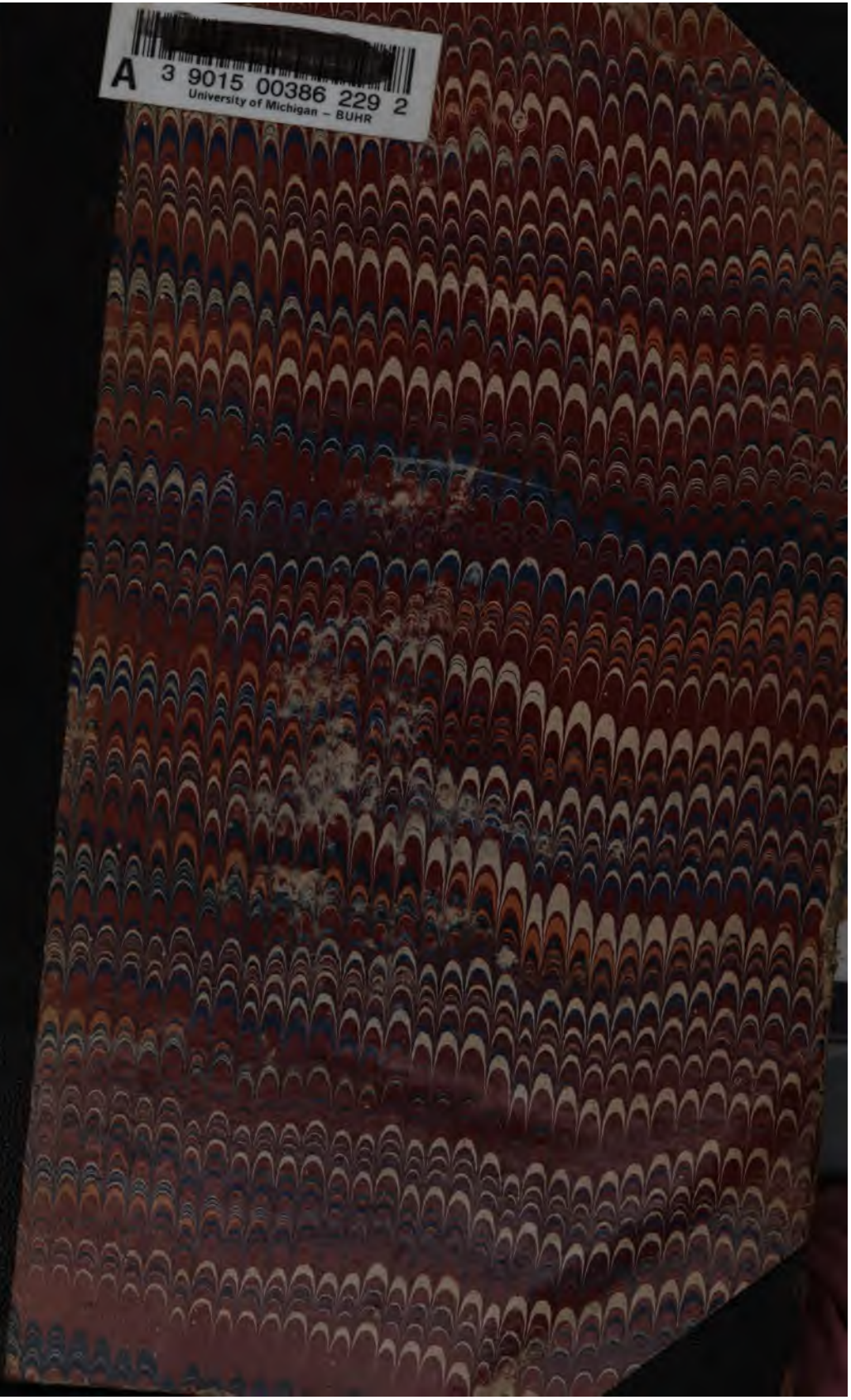
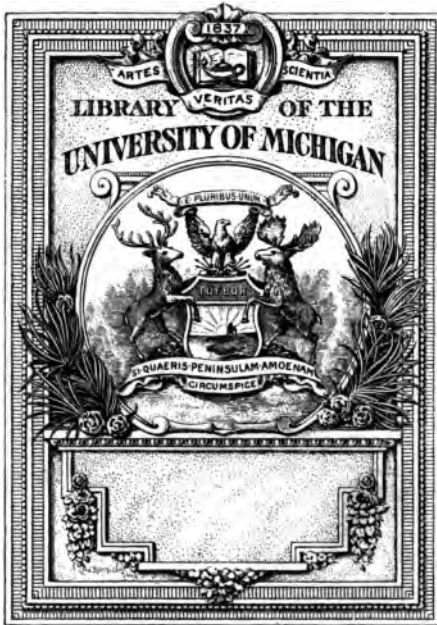


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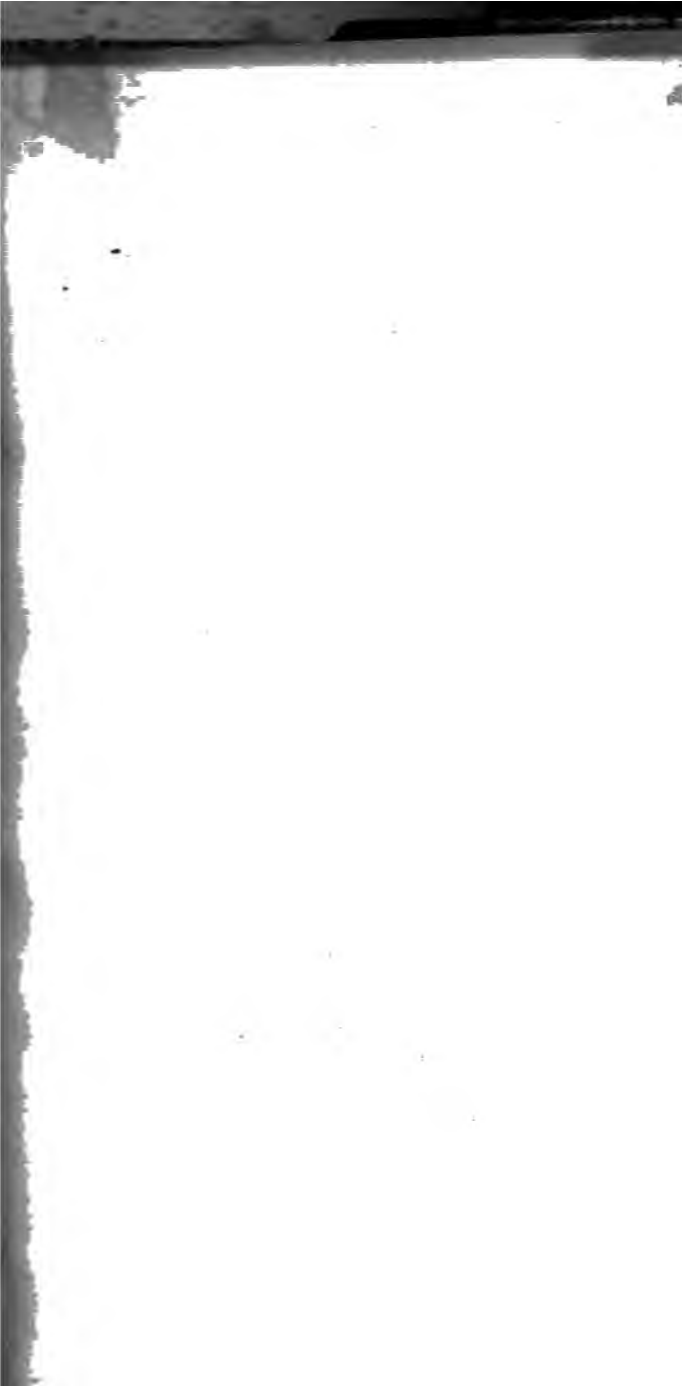


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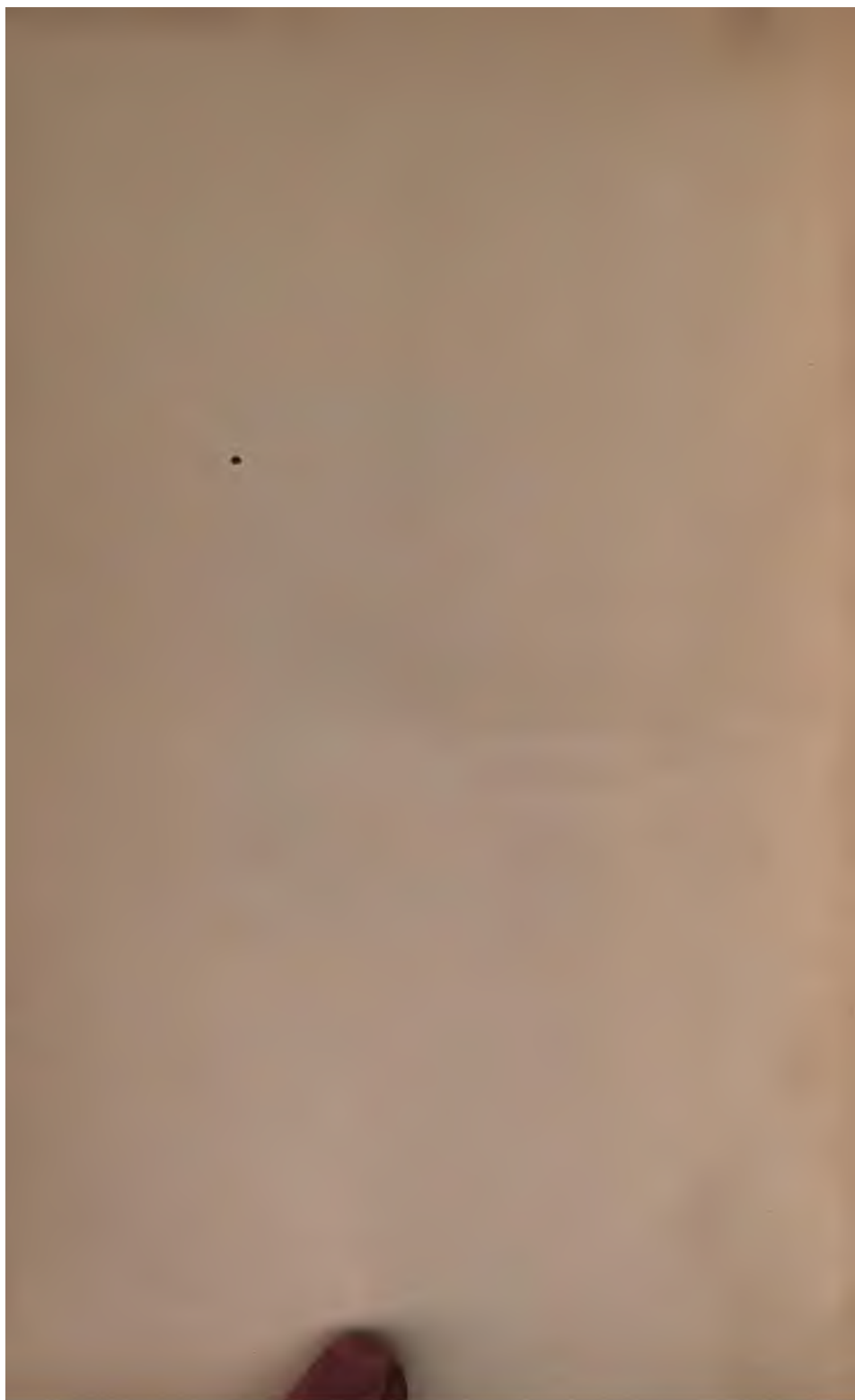
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EDITED BY JULIUS F. MINER, M. D.,  
*Surgeon to the Buffalo General Hospital.*

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Original Communications.

ART. I.—*Two cases of Strangulated Hernia—Operation—Radical cure in one case.* BY J. R. LOTHROP, M. D.

Case 1.—In this case a young man who had been afflicted with inguinal hernia about three years, was subjected to an operation for the relief of a strangulation which had existed about three days—from Sunday to Wednesday following. The hernia, as stated, was generally wholly and easily reduced, and the bowel effectually kept back by a truss. Before the patient came under my observation, taxis had been very thoroughly practiced. I did not, therefore, think it advisable to make an effort at reduction. The symptoms of strangulation were present, viz: a tumor painful to the touch, abdominal pain, vomiting, small quick pulse, cold moist skin, anxious countenance, and restlessness.

An operation being deemed proper, it was immediately decided upon. Assisted by Drs. Pratt, Garvin, and Sheldon, chloroform being given, I made the operation by incision of the sac. The contents of the sac were found to be omentum and intestine. The first portion was omental and irreducible. Behind this was the incarcerated intestine. After a slight incision of the ring the intestine was returned. It was of a dark claret color. Having effected this, a question arose as to what it was best to attempt with the protruding omentum. It was found to be adherent to the

sac, which again was attached in the scrotum, and could not be returned without tearing the adhesions. This was deemed the best course. The adhesions were torn away and the omental portion returned. Before this was done, however, there was some delay to arrest bleeding, which was quite free. Two silk ligatures were applied, one cut short and the other left long, so as to hang out at the external incision—this last, however, by inadvertence, as my intention was to cut both short.

In closing the wound the following method was adopted:—Two deep sutures of silver were inserted, one near the ring and the other three-fourths of an inch lower. The sutures were passed deeply with the intent of including most of the neck of the sac, the finger being passed into the inguinal canal as a guide. These sutures were allowed to remain a week or more, and were then removed. The object aimed at was closure of the neck of the sac, and hence radical cure. This object seemed, for a time, secured. The young man recovered from the operation without any bad symptoms, and was soon about. A hard mass could be felt about the ring, and apparently formed in part, by the adhesion of the returned omental mass over the opening of the inner abdominal ring. As stated above, a radical cure seemed effected. There was no descent of the intestine for four months, though a truss was worn most of the time. After that time, however, a small knuckle of intestine was forced down by an unusual exertion. A gradual increase in the bulk of intestine, at each descent, followed. At the present time the hernia, when not restrained by a truss, is as large as before the operation, but it appears to be wholly intestine, no omentum escaping.

Case 2.—A colored boy, about 14 years of age, was admitted to the Buffalo General Hospital, with what was thought to be a strangulated congenital hernia. As is usual in such cases, previous to admission, taxis had been made pretty thoroughly, and the tumor was painful when handled. Incarceration had existed several days. The usual symptoms of prolonged strangulated hernia were present, viz: vomiting, anxious countenance, small quick pulse, cold sweating. It was evident from examination of the tumor, after anæsthesia was produced, that no decided indications of the presence of intestine were present. There was evidently fluid in the

sac. Assisted by Dr. Sheldon I made the operation soon after the reception of the patient. The incision of the sac was followed by the escape of two or three ounces of bad-smelling, greenish fluid. The neck of the sac was obstructed by a soft mass which the finger pushed before it into the abdomen. This was either intestine or omentum, and may have been the strangulated portion. The sac was one-fourth of an inch in thickness. In this case the same measure was adopted for closure of the neck of the sac by deep silver sutures. Serious trouble followed the operation—extensive peritonitis—sloughing of the sac, and great suppuration. The condition of the patient was such for two or three weeks, as to excite doubt as to the result. After that time improvement took place. In about five weeks he was about the ward. In this case the cure was radical. The neck of the sac was closed, and the intestine did not and has not again descended. In the treatment of the peritonitis, hypodermic injection of morphia was employed and its value fully experienced.

*Remarks.*—It will be observed in the first case, that no apparent trouble followed the return of the torn and bleeding omentum with two ligatures attached. The long one came away in due time without exciting much suppuration. That cut short remained in the abdomen. In regard to the omental mass, there was a question whether to excise or return it. The latter was decided upon. Whether this procedure is preferable to excision is a matter of doubt. If the omental [protrusion is excised, the portion left in the neck, by inflammation and adhesion may close it, and thus bring about a radical cure, but sensations of dragging and uneasiness follow such a course. The return of the omental mass is preferred by most surgeons. Leaving the omental mass unreduced exposes the patient to fresh danger of strangulation by escape of the intestine through the small opening which would remain. This liability also would attend the excision of the protruded portion, if the closure should not be entire. A small opening would be left into which the intestine would most surely be forced, and the occurrence of strangulation likely to take place. In that case, the measures taken to prevent the descent of the intestine, would serve to render the return more difficult.

In the second case the strangulation was not very well made out,

and was somewhat doubtful. The symptoms of strangulation, or many of them, may be present without actual strangulation. But when the symptoms are present, both general and local, it is safest to presume its existence, and adopt treatment adapted to it. It may be that the whole trouble was inflammation of the hernial sac, though the symptoms were those of strangulation. In both cases, care was taken to avoid the vessels of the spermatic cord, and the testicle was not injured.

*Radical Cure.*—From the earliest periods various operations have been performed to close the inguinal canal, and thus prevent the re-descent of the intestine. The ancients applied the *cautery* to the skin over the ring, often deeply. Monro modified it by making an incision first, and then applying the cautery. If this treatment did not cause fatal results, it was not certain to procure the object aimed at, though it really effected some cures. This method, which no one would now practice, was employed till quite modern times.

*Ligatures*, including the integuments and the neck of the sac, and tied tightly, have been used. This method, though effectual in many cases, destroyed the testicle, and probably for that reason was abandoned. Celsus and Paulus Ægineta used the ligature. A mode similar to this called the "*punctum aureum*" was practiced by Ambrose Paré. By this method, a golden wire was passed under the neck of the sac, which was laid bare by incision, and tightened from time to time. The design of this was to partially close the canal and save the testicle. Though in some cases it succeeded, in most it did not effect its object, but sacrificed the testicle.

*The method by suture*, called "the royal stitch," because it did not deprive the subject of the power to increase the king's subjects, though better than the other means mentioned, fell into disuse, and was even condemned by surgeons. It was done in two ways; first, without incision, the needle being carried through the integuments and through the neck of the sac, and a sort of continuous suture made. Secondly, the neck of the sac was laid bare and the continued suture applied directly to it. This method was not always effectual, was looked upon as severe and dangerous, and was therefore condemned. It is not easy to understand why



this method should have met with so severe a reprobation by many modern surgeons, for subcutaneous suture is one of the features of the most popular, and upon the whole most successful method practiced at the present time—that of Mr. John Wood, King's College, London. In the cases above related the method of suture was employed, including a part of the neck of the sac and a small portion of the integument, but saving the vessels of the spermatic cord. This method by suture is only applicable to inguinal hernia.

*Excision of the sac*, either wholly or in part, was another method employed sometimes with success, yet in many cases followed by death. In regard to this method, it is probably true that the disfavor into which it fell, was as much due to the unskillful manner in which it was performed, as to any want of merit in the operation itself. In certain cases the operation is followed by good results.

*Incision of the sac* was practiced so late as 1832. An incision was made from the neck to the bottom of the sac, and portions on each side removed. This was a severe and dangerous, as well as uncertain method.

*Castration*, as a method of cure, less dangerous and less effectual, was, we may hope, mostly practiced by ignorant charlatans, and is not to be spoken of as a method deserving anything but condemnation. This is true in the main of the method of closing the ring by forcing and retaining the testicle in it, except that it is more dangerous. The testicle, probably, can neither be made to remain in the ring nor entirely close it.

I may mention some of the operations which have been practiced by individual surgeons of late years, only to show the great variety of proceedings resorted to. They bear evidence to the recognized importance of curing an infirmity which has occupied the thoughts of surgeons from the earliest periods—from Celsus downwards to the present.

In modern times, PERRI attempted to close the inguinal canal by crowding the sac itself into it, with the hope that adhesion would take place strong enough to resist the descent of the bowel. An opening was first made down to the sac.

GERDY on the other hand attempted closure of the canal by crowding and stitching the integuments into it and removing the cuticle by caustic alkalies. This was called "invagination by the integuments," and is the basis of several recent and rather popular operations.

BELMAS' operation consisted in crowding a pouch or roll of gold-beater's skin into the upper part of the sac, and afterwards into the neck of the sac near the ring, thus attempting the closure by causing inflammation and adhesion.

GRAEFE made an incision at the external ring, cut off the neck of the sac, and crowded a roll of lint into the inguinal canal as far as the internal ring, with the expectation of causing inflammation and closure by adhesion. The introduction of a seton into the neck of the sac for the purpose of closing it, is essentially the same proceeding. This method, rough as it was, effected some cures. The operation of plugging the inguinal canal by leaving the omentum in it, after its protruding portion had been cut off, in the operation for strangulated hernia, was a better and more successful proceeding, though similar in design. Cooper and Velpeau succeeded by this method.

BONNET used pins to bring about the requisite inflammation. The pins were introduced beneath the skin and near the ring, one above and the other below the neck of the sac, in such a manner that the neck could be compressed between them, by bending one over the other, and thus excite inflammation in from six to twelve days.

MAYOR used needles instead of pins, thus carrying a ligature around the neck of the sac and tying it over a piece of sponge. The ligature could be tightened from time to time and allowed to remain long enough to produce the desired effect.

VELPEAU scarified the inguinal canal, a proceeding not devoid of danger from hemorrhage, and Guerin scarified the neck of the sac by a subcutaneous method. Similar to this in idea was the method by acupuncture of the neck of the sac near the external ring, advocated by Malgaine, and practiced considerably in this country and in Europe.

VELPEAU and DR. PANCOAST practiced injection of iodine or tincture of cantharides, in or near the neck of the sac. The former

opened the neck and injected the iodine into it. The latter introduced it subcutaneously by means of a small syringe. It is difficult to hit the sac by subcutaneous puncture.

It will be seen that the object aimed at in all the operations related above was closure or contraction of the neck of the hernial sac. Even Velpeau's proceeding of scarifying the inguinal canal, seems to have no further design than to close the sac in the canal. These operations failed in most cases to bring about a closure of sufficient resisting power to prevent the descent of the intestine, and for the reason as stated by Lawrence that "something more is required; we want a remedy that should contract the tendinous opening; for while that remains preternaturally large a new protrusion is a highly probable occurrence."

Admitting that the operations accomplish all they are designed to do, viz: close completely the neck of the sac, they will not contract the tendinous opening, and hence a new sac may be formed even if the closure of the old sac is perfect, and thus the intestine protrude anew. In order that the case then shall be truly radical, some measure should be devised to close or contract the ring itself. This has been attempted. First, scarifying the ring, an old operation, but not effectual, and not free from danger of wounding the epigastric artery. Second, closing the ring, as practiced by Dr. Thomas Wood of Cincinnati, by means of sutures. The object is to close or constrict the external ring by a tendinous growth, for he remarks "tendons when wounded will unite again by a formation similar to their original structure." Theoretically this operation has an advantage over all others, but it does not seem to have been much employed, and the presumption is, that it has been found no more successful than many other methods.

All the methods described have been successful in some cases, some in a greater proportion than others. The two operations most popular at this time seem to be Wützer's and Mr. John Wood's. The first is essentially the old method of Gerdy, by invagination, the difference consisting in means devised to retain the invaginated integuments in the ring, viz: by means of an instrument. The second is essentially an attempt to close or contract the inguinal canal by means of subcutaneous suture or ligature. It is essentially the old idea of ligature or suture revived, but so applied as to obviate

some of the objections to the old method, especially the destruction of the testicle. Invagination of the spermatic fascia and the hernial sac is also a feature of the operation. It is, therefore, a revival and combination of the old method by suture, and the method of Petit, viz: of crowding the sac into itself. Moreover, the ligatures are so applied as to lessen the tendinous opening. It therefore aims to effect a cure by combining the several methods; of dealing with the sac; of invaginating tissue into the inguinal canal; and of contracting the tendinous opening.

The first method, Wutzer's, is theoretically a method of closing the external ring. Its object is to place a firm substance in the ring and fix it there by adhesion. The operation is very likely to fail, the adhesion of the invaginated portion not being so firm but that the intestine will push down. It fails because the scrotum by its weight draws out the invaginated portion, because it enlarges the external ring by crowding the integument in, and because adhesion does not take place at the posterior part of the canal, thus giving the intestine a chance to escape behind it.

The method of Mr. John Wood he claims has succeeded in many cases; patients having been kept under observation long enough to establish the fact of cure. The cases cured are in the proportion of seventy per cent. to the operations, a ratio of success much greater than has been attained by any other method. It has also this additional claim to attention, that it is a safe operation. Mr. Wood reports one death in one hundred and fifty operated upon by him. It is necessary to wait more than a year in an adult, and especially one at all advanced in years before deciding that the cure is radical. In children and youth the necessity for waiting for time to pass is less, and the probabilities of radical cure greater as time passes and the protrusion does not reappear.

The method by injection was once said to fail altogether. But time has shown that some cases treated by that method were permanently cured, and it will succeed in a certain proportion, the younger the subject the better the chances, which in fact, may be said of all methods. The method is more likely to succeed if the sac is scarified by a tenotomy knife before the iodine is injected, thus in a measure reviving Guerin's method of dealing with the

neck of the sac by a subcutaneous scarification, and adding injection to it.

For an infirmity so common—about eight per cent. of the human family being afflicted with it—so inconvenient, and in some instances so dangerous, it is to be hoped some effectual remedy will soon be discovered, since all methods thus far practiced fail in a number of cases. We may express the hope that the new method promised by a surgeon of Philadelphia—Dr. D. Hayes Agnew—may prove that effectual one, which all surgeons have been anxious to find. Up to this time Wood's operation seems to have afforded most relief and is in most repute.

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

TUESDAY EVENING, July 2d, 1867.

The meeting was called to order by the President at the usual hour. Members present—Drs. Eastman, Little, Smith, Kamerling, Rochester, Strong, Congar, Wetmore, Lothrop, Gay and Johnson.

Reading the minutes of the last meeting was, by vote, dispensed with.

Drs. G. E. Mackay and M. W. Potter were proposed for membership.

DR. ROCHESTER reported the following case:

On the 26th of May a gentleman was attacked with what appeared to be the passage of a renal calculus. He had been treated by Dr. Rochester a year before, for what seemed to be that disorder. He was first seen by Dr. Abbott, Dr. Rochester being professionally occupied elsewhere. There was severe pain in the right lumbar region, stranguary, retraction of right testis and vomiting, with marked chill, followed by febrile movement; tongue coated, bowels costive, abdomen tender and slightly tympanitic, urine scanty, highly colored, with acid reaction and copious lateritious deposit. Dr. Abbott injected half a grain of morphine with hypodermic syringe, and directed hot fomentations and diluent drinks. The patient was much relieved and spent a tolerably good night. He was first seen by Dr. Rochester at 11 A. M. May 27th, who confirmed Dr. Abbott's diagnosis, and essentially continued his treatment. In the evening, however, he found that the indi-

cations were rather those of localized peritonitis with disease of the vermiform appendix. He had before met with one case of this disorder which simulated renal calculus passage. The case progressed rather favorably than otherwise until the evening of the 31st. At 4 P. M. on that day the patient was quite comfortable. At 7½ P. M. Dr. Rochester found Dr. Gay in temporary attendance. Comatose symptoms had suddenly manifested themselves about 6 P. M., and so strongly did they resemble narcotism that Dr. Gay supposed an overdose of morphine had been accidentally taken. The pupils were contracted to a point. The respiration was stertorous. The nails and lips were livid. The surface was bedewed with moisture, and the extremities were cold. The patient could be roused by slapping and by shaking, but immediately lapsed into insensibility. For the last twenty-four hours one-fourth of a grain of morphine and two grains of quinine had been given every four hours, alternately, with four drops of Norwood's tincture of veratrum viride, and twelve hours previously half a grain of morphine had been hypodermically applied. It was ascertained that there had been no error in the preparation or administration of the medicine. There was one very strong indication that the coma was not from opium. The respiration was forty per minute. Dr. Rochester expressed the conviction that the coma proceeded from exhaustion, induced by shock caused by gangrene and perforation of the vermiform appendix. Death took place June 1st, at 7 A. M. Post mortem examination was made by Dr. Abbott, at 4 P. M. The appendix (preparation exhibited) was found to be hypertrophied, gangrenous, and perforated by a large orifice half an inch from its cæcal attachment. The foreign body had escaped into the abdominal cavity, and was not discovered. The usual evidences of peritonitis were present.

Dr. Rochester said that there were several noteworthy peculiarities to which he would call attention. First; the outset of the attack, simulating, from sympathetic irritation, the passage of a renal calculus. Second; the age of the patient, forty-nine years, as this is mostly a disorder of young people. Third; the deep coma, at the last, instead of the usual jactitation and nervous irritability.— This was the eleventh case that Dr. Rochester had encountered in a practice of about twenty years; he had, perhaps, had more than

his share, but he thought the disease was far more common than was usually supposed, and he thought moreover that disease of the appendix was productive of a majority of cases of so called idiopathic peritonitis, particularly in the male sex. It is a prevalent error that this disorder arises from the accidental introduction of a foreign body into a healthy appendix; the appendix is previously diseased. It is liable to a catarrhal inflammation, by which its cavity is dilated, and its walls are sometimes thickened and sometimes attenuated. Into this dilated pouch foreign bodies find access, but these foreign bodies are very rarely what they are called—cherry-stones, beans, raisin-seeds, etc. They are usually composed of hard fecal matter, deposited around a nucleus, the nucleus in most instances being a minute biliary calculus, or a phosphatic intestinal concretion—sometimes nearly the whole bulk is of cholestrine or of phosphates, but generally layers of fecal strata, slowly formed, preponderate. The disease is not necessarily fatal. The appendix may become fast to the cæcum, by peritoneal inflammation, preceding perforation, and the abscess may discharge into the intestine, or it may be circumscribed by organized lymph and find exit through the abdominal wall. Dr. Rochester thinks that he has seen one instance of each of these fortunate terminations. Within the past year two operations have been performed in New York, for the relief of this disorder, and both eventuated successfully. One was made by Willard Parker. But, the difficulty of positive early diagnosis, and the enormous hazard of the procedure, will prevent a very frequent resort to the knife. In the case reported to-night, this operation might have succeeded; the disease is confined to the appendix exclusively; it could have been removed entire, but this could not be foreseen or conjectured even, and the event might have been just as fatal. In Dr. Rochester's opinion the possibilities of a spontaneous favorable issue are greater than the probability of a successful surgical operation.

DR. LOTHROP said, these cases in which Dr. Rochester's experience had been so remarkable, were always of great interest. He was inclined to the belief expressed by Dr. R., that most cases of idiopathic peritonitis in the male, originated in the vicinity of the appendix vermiformis, and were connected with inflammatory conditions of that process. He thought that most practitioners must

have met with cases of pain, and often induration in that region, at first local, but afterwards spreading over the abdomen, giving rise to symptoms often of great severity, many, however, ending in recovery. He could call to mind a most marked case, recently under his care, in which there was great pain, induration and tension in that region, causing great general disturbance, and having some signs of suppurative inflammation, in which he was expecting an opening into the abdomen and consequent general peritonitis. In this case, though there was no sign of escape of pus into the bowel, such as its passage by the anus, yet he thought it was probable. In many, perhaps most cases, he thought the inflammation arose from the presence of a foreign body or faecal concretion, lodging in the appendix. But yet it seemed necessary to presuppose some unhealthy condition of the appendix, in order that these bodies should either pass into it, or excite destructive inflammation. He had seen one case in which a faecal concretion of small size was found after death in the process, a half an inch from its opening, yet no signs of its having excited inflammatory action were visible, the death having been caused by some other disease than peritonitis. It might be that foreign bodies could pass into the appendix without always exciting inflammation, otherwise nature would seem to have made a most "prodigious blunder, in setting such a dangerous trap.

The cases which Dr. James Jackson speaks of in his Letter to a Young Physician, as "a painful tumor near the cæcum," may have been somewhat of this nature, though less acute than those affections in which suppuration is known to take place, and all ending in recovery.

DR. SMITH mentioned a case of peritonitis in which there was at first all the usual phenomena of general peritonitis. He treated it in the usual manner, and the patient soon improved, and had almost entirely recovered, when she was again taken with the same symptoms, followed by the discharge of a large quantity of pus into the alimentary canal and passed per rectum. Sent the case to the hospital and lost all knowledge of it thereafter. The general disturbance in this case was undoubtedly due to the local inflammation.

DR. LOTHROP exhibited the specimen of fracture of the femur, just above the knee-joint, of which he had spoken at the previous



meeting. The specimen showed no trace of the existence of provisional callus, though the bone was removed one month after the fracture, and a certain amount of definitive union had taken place, the fragments not separating till after considerable maceration and handling. There was no osseous formation about the fractured ends externally.

DR. STRONG said that his time had been so occupied that he had not been able to prepare an essay for this evening, but would be prepared at the next meeting.

By vote of the Society the Doctor was excused for not presenting an essay.

DR. STRONG said that he would report, briefly, a case of puerperal fever. A lady was delivered of a still-born child, and the case went on well until the fourth day, when strong febrile action commenced, and with it all the symptoms of puerperal fever. I saw the case with the attending physician on the seventh or eighth day after confinement. When I first saw her the surface of her body was semi-congested and covered with clammy sweat. Pulse about 130; had incipient retching and instantaneous rejection of everything swallowed. Had had a few hours previous a severe chill. The abdomen was tender and tympanitic. The diagnosis was extensive purulent absorption, and the case looked desperate. The treatment adopted at this time was, morphia sulph. gr.  $\frac{1}{8}$ , every two hours; quinia sulph. grs. 2, every four hours, and a tablespoonful of brandy every hour. Oleum terebinth was kept constantly applied to the abdomen. We thought she would not live until morning, but on seeing her next morning found her pulse rather stronger and less frequent, and a little less tympany and tenderness; continued the treatment during the second day. On the third day added to the above treatment three grains of the bromide of potassium every four hours. Gave beef essence plentifully. After the fourth day the symptoms were much better. On the fifth day she was considered out of danger, and is now nearly well. I had never before seen so doubtful a case recover from this disease. The case is one of much interest, and I hope that the attending physician will make a full report of it.

The Committee on the revision of the Constitution and By-Laws ask for more time, which was granted.

Adjourned.

T. M. JOHNSON, Sec'y.

## Correspondence.

### Life Insurance.

BY W. W. JONES, M. D., TOLEDO, OHIO.

Your article on "Examinations for Life Insurance," in the July number, suggests some further thoughts to which the attention of the profession may properly be called.

In theory, at least, the medical examiner holds his appointment direct from the home office of the company, and is supposed to hold an independent position, and be the guardian of its interest, and it would be considered undignified in him to fail to make an honest report of the cases he examines. Under the present plan or rules adopted by insurance companies, the whole of the examiner's report is subject to the inspection and criticism of the agent and applicant, both of whom are anxious that it should be most favorable. In case an unfavorable or doubtful report is necessarily made, the agent notices it, and the question naturally arises, how can this applicant be got through? If the company has more than one examiner, (and in some instances they have as many as the agent chooses to name,) the applicant performs a pilgrimage. The doctor who unequivocally recommends him for a policy is the best fellow in the estimation of both the applicant and the agent, and gradually gets the most of the examinations to do. An agent of one of the most prominent companies recently informed me that it was absolutely necessary to have some *Dutch examiners because the competition was so great*; this company already had several other examiners, not all of whom would be recognized by the profession as medical. I knew a general agent to instruct his solicitors "that when they found that the medical examiner did not work for the *interest of the agent*, to get one who would;" and by reading the report made by the physician they are enabled to judge well how the application will be decided at the home office. They never think it worth while to send on any application that will probably be rejected; neither do they wish to pay the fee.

So long as the interest of the medical examiner and agent are diverse, that of the former depending upon his duty to those he represents, and that of the latter upon premiums, and these upon

the acceptance of the application, these things will happen, unless radical changes are made in the present mode of doing business.

The interest of the profession as well as the companies they represent, demands that the present system of medical examinations be more completely divorced from the agencies, and that the examiners be made entirely independent of the agents. The medical examiner should report his examination direct to the home office, and not permit the agent or applicant to inspect his report. Much that it may contain may be of such a nature (especially if unfavorable to the applicant,) as to create ill feeling, repeated examples of which have happened it is believed to all, who have had much experience in making examinations for life insurance. Advantage is often taken to the prejudice of the medical examiner from the heedless disclosure of facts and opinions which his duty makes it necessary to point out in the answers and results of his examination. I believe, that the experience of most physicians who have been examiners will admit the assertion that their losses from these causes, will go far towards balancing their receipts from the fees for such examinations.

Let it not be inferred from the foregoing that I intend to charge agents with dishonest or reprehensible practices. So long as life insurance companies permit the present system to exist they only take advantage of what they consider as legitimate means to do the most business, and while some resort to dishonest means to get a risk accepted, they are the exception and not the rule.

The certificate of the family physician of the party as commonly obtained, is valueless. The company do not pay him, neither do they keep his counsels. If he has any knowledge which he has obtained through his professional intercourse with his patient that would operate against his obtaining an insurance, it would be against his interest to divulge it, and especially if it were put in pen and ink and subjected to the criticism of an agent. I recollect the first instance where I filled out such a certificate, which was rejected on my statements of facts; it cost me the loss of practice in a family worth over a hundred dollars a year, and I did not even get the fee for the certificate.

The medical examiner would be best able to judge after examining the applicant whether the family physician's statement would

be necessary, and if so, he should be authorized to obtain and pay for it, and treat it as confidential.

I cordially endorse the views you take in relation to the duties of life insurance companies to the profession, and that their permanence depends upon surrounding themselves with all the safeguards—or in other words, seeing to it, *that they take only the best risks.*

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## Miscellaneous.

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### The Operation of Excision of the Clitoris.

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Mr. Baker Brown's operation—for we believe the senior surgeon of the London Surgical Home has no rival claimant for the questionable honor of recommending the excision of the clitoris for the cure of hysteria, epilepsy, and insanity—has been very properly made the subject of discussion by the Obstetrical Society. It is perhaps a pity that in a question of this kind, which has so many relations to professional ethics as well as to medical science, the Society could not express an authoritative collective opinion on its merits. It is true that the accumulated individual opinions emphatically expressed in condemnation of the *rationale* of the operation, and of the principles which appear to have guided the chief operator in his performance of it, by those who spoke, make up a *quasi*-collective decision that must have great weight. But behind the prominent speakers at a great meeting of a learned Society there is always a large body of men of mature experience, of calm and sagacious judgment, alike free from the fervor of partisanship and proof against the arts of rhetoric. The voice of such a body deliberately given upon the simple question at issue, bared of all complicating and irrelevant incumbrances, would be the best representation of the voice of the profession at large.

But there is another arena for the discussion of this question, which possesses some advantages over a scientific Society. After all, appeal must be made to the whole body of the profession, and that can only be done through the press. The case is now brought

to this bar. We cannot shrink from the duty, however repulsive it be, of examining it.

First, then, what is the operation? Secondly, what good is it calculated to effect? The operation has been likened by some to circumcision in the male, but it is more correctly described by Dr. Tyler Smith as analogous to amputation of the penis. Certainly Mr. Brown snips away not only the *præputium clitoridis*, but also the greater part if not the whole of the clitoris itself; and every one must admit that the clitoris is the anatomical homologue of the penis. This is what Mr. Brown, with the pardonable pride of an inventor, means when he speaks of "*my operation*"—his latest if not his greatest discovery. Now the clitoris is undoubtedly a *principal* organ in the large system of erectile and excitable structures in the female. But there are others of scarcely inferior importance; and all are intimately associated to form one whole. The same vascular branches which supply the erectile clitoris supply the other erectile structures adjacent to the ovary, and those which surround the vulva; the pudic nerve, to whose clitoric branches such frightful powers are attributed, also distributes branches to all the other erectile structures of the vulva and vagina. But, contends Mr. Brown—or if he does not so contend then his operation has no meaning—the clitoris is the chief source of peripheral pudic irritation, which, acting on the nervous centres, produces a fearful train of ills, which he thus enumerates:—"1. Hysteria. 2. Spinal irritation, amaurosis, hemiplegia, etc. 3. Epileptoid fits. 4. Cataleptic fits. 5. Epileptic fits. 6. Idiocy. 7. Mania. 8. Death." Certainly, if this be the true sequence of events, the culmination for which "peripheral irritation of the pudic nerve," or "dilection," as Mr. Brown, in barbarous jargon, otherwise calls it, is held responsible, then Nature was wrong in supplying a clitoris, and the operator of the Surgical Home is right in correcting Nature. But where and how, it will be asked by those deservedly eminent for their knowledge of nervous diseases, has Mr. Brown studied and made this notable discovery? We have lately seen a laudatory paragraph in *The Times*, in which the surgeon of the London Surgical Home is described as having successfully brought insanity within the scope of surgical treatment. Have the physicians of the great lunatic asylums at home

and abroad—many of whom are justly celebrated for their profound knowledge of the anatomy, physiology, and diseases of the nervous system, whose lives have been passed in the close observation of men and women suffering from every kind and degree of nervous disease—recognized this sequence? If they have, or shall do, of course they will invite Mr. Brown to make a tour of asylum-deliverance; to hold a grand assize of clitoridectomy. But Mr. Brown does not, so far as we know, cite the evidence of those who are most intimately acquainted with nervous diseases in his favor. He does, indeed, dedicate his book to Brown-Séquard. Does Brown-Séquard endorse Baker Brown? If so, then this repulsive doctrine will be invested with a title to professional respect which it does not as yet possess. Mr. Brown is not, however, so arrogant as to disdain all corroborative testimony. He therefore feels “gratification in being able to name the following gentlemen who have been led to adopt my views and treatment in proper cases:—Sir James Simpson; Beattie, (*sic*,) of Dublin; Sir John Fife and Dr. Dawson, of Newcastle-on-Tyne; Dr. Duke, late of Chichester; Dr. Shettle, of Shaftsbury; John Harrison, Esq., of Chester; Drs. Savage, Routh, and Rogers, in London; my eldest son, Mr. Boyer Brown, now practicing in New South Wales; with my colleagues in the London Surgical Home, Dr. Barratt, and Messrs. Harper, Chambers, I. B. Brown, jr., and Bantock, and very many others.”

No doubt these gentlemen will feel it incumbent upon them to relate their own experience and conclusions. Indeed, they stand, cited as they are, in the light of compurgatory witnesses; they cannot, without being liable to misconstruction, maintain silence. Drs. Routh and Rogers have already given their evidence in the discussion at the Obstetrical Society. (See *The Lancet*, February number, p. 119.) Our readers will judge of its value for or against. Still, giving the full measure of weight justly attaching to the names of the gentlemen cited by Mr. Brown, we look for the opinion of others, who have had more enlarged opportunities of studying the pathology of nervous diseases. This question of the causation of epilepsy and insanity is of infinitely greater variety and difficulty than Mr. Brown supposes. It is not to be solved by excising the clitoris. It is simply monstrous and contrary to experience to affirm that these diseases are due in any considerable

number of instances to unnatural excitation of the pudic nerve. We concur with Dr. West when he says in his admirable letters (see *The Lancet*, February and April numbers,) that "he has not seen any instances in which hysteria, epilepsy, or insanity in woman was *due* to masturbation as its efficient cause." And Dr. Barnes, in his place as President of the Obstetrical Society, declared his conviction that, in the majority of cases of epileptics and insane persons in whom this vicious practice existed, it was resorted to *after* the disease had lasted some time, when the mind had become degraded, and when, being in seclusion, the sexual passion could not be normally gratified.

Has the operation, as a preventive or cure for epilepsy and insanity, a philosophical basis? Certainly this, the first postulate, has not been proved. Can we, accustomed to the rational method of studying medicine, approve the downright empirical method upon which this operation is advocated?

Few physicians will be found to ascribe such dire results to the clitoris. The sources of excitation of the sexual organs are numerous. The periodical congestion of the ovaries occurs independently of the clitoris; the mind alone is sufficient; many accidental conditions of the body produce determinations of blood to the sexual organs, which produce the same result; many diseases of the uterus, vagina, and rectum do the same. The prudent physician endeavors to remove or to modify these causes; he does not unnecessarily talk of, or suggest masturbation.

The matter has gone such lengths that it has challenged serious attention, and may possibly call for some decided demonstration on the part of the profession. The question is no longer one simply of the medical or philosophical merits of the operation. It is now surrounded with the most vital questions of moral and professional ethics. We will state one of these, carefully confining ourselves to the published statements of Mr. Brown himself, or of others who accept the responsibility of their allegations. Dr. West says and deliberately repeats (and he is confirmed by Mr. Paget): "I know that this is by no means a solitary instance of the removal of the clitoris by Mr. Brown without the consent, without the knowledge, of the patient." Who will not concur with Dr. West when he says that "the removal of the clitoris without

the cognizance of the patient and her friends, without full explanation of the nature of the proceeding, and without the concurrence of some other practitioner selected by the patient or her friends, is in the highest degree improper, and calls for the strongest reprobation?"

This, the moral aspect of the question cannot be evaded. We cannot now pursue it in all its bearings. These deeply concern the honor and public credit of the profession, and must be anxiously examined. Not only is Mr. Brown's operation new, but his views of medical ethics are also new. Are we prepared for a revolution in those principles which, for public good, have governed medical men in the practice of their profession since the days of Hippocrates?—*London Lancet.*

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### The Art of Prescribing.

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It is to be doubted whether the improvement in the art of prescribing has kept pace with that of our knowledge of drugs and chemical combinations. Be that as it may, in some of the prescriptions that are handed to the pharmacist to dispense, the most incongruous intermixture of remedies, most dissimilar and contradictory in action, is ordered; whilst chemical considerations are set at defiance, and no regard is paid to the often complex changes that must take place upon the admixture of several different preparations, whose original properties are often completely altered. The real intentions of the prescriber are thus defeated, and the cure indirectly delayed.

Mr. Daniel Hanbury recently discussed this subject at a meeting of the Pharmaceutical Society. He referred first of all to *unchemical formulæ*, giving as illustrations the combination of chloride of barium, sulphate of iron, and extracts of gentian; the chloride being thus rendered inert; and, secondly, a prescription containing iodide of potassium, bicarbonate of potash, citrate of iron and quinine, ammoniated tincture of valerian, and water, the result being the production of a frothy white precipitate of quinia, forming a mass suitable for pills. And this exemplifies a point not sufficiently well known—that quinia does not combine with



ammonia or an alkaline carbonate. *Unexpected combinations* some times result, of which the following is an example:—A prescription was written for a mixture, of which the more essential ingredients were Rochelle salts and calcined magnesia; this was taken without particular remark until a dose was swallowed from a bottle of the medicine which had been prepared some weeks. The effect was so disagreeable, and the taste so caustic, that the patient believed some error had been committed, and special inquiries resulted in the explanation that the calcined magnesia, by prolonged contact with alkaline tartrates, had gradually abstracted their tartaric acid, leaving the alkalies in a free and caustic coadition. *Ill-contrived formulæ* are very frequent; but these are not of serious consequence. *Undue concentration of medicines*, Mr. Hanbury showed, was fraught with special inconvenience to the pharmacist, and with risk to the patient. The economical considerations did not outweigh those of safety and efficacy in the action of drugs; and he quoted actual prescriptions in which the liquid was incapable of holding in solution the alkaline salts ordered, so that they crystalized out or remained as a dense white mass, which could not in some cases be shaken up. One contained chlorodyne, bi-borate of soda, spirits of camphor, aromatic ammonia, and sulphuric ether; in this the addition of the borax to the other ingredients occasioned the separation of a sticky mass, which adhered to the inside of the bottle, and prevented the administration of the proper dose. One prescription noticed contained six grains of corrosive sublimate, a second an ounce of arsenical solution with three drachms of tincture of aconite—manifestly liable to mischief from the common carelessness of patients in measuring doses. These are not, however, to be compared to other more dangerous forms of prescriptions; to those, for instance, in which a bottle containing about 150 doses of the strongest tincture of aconite is ordered, with directions to take a dose every three hours; or where nearly 100 doses of strychnine are placed in the patient's hands at once; or a five-weeks' supply of the same alkaloid in a ten-drachm mixture, with complicated directions; or two grains of arsenious acid are ordered to be dissolved in two ounces of syrup of ginger—a vehicle which, being extremely palatable, would convey the idea that the drops were more or less harmless. Such instances as

these, by no means uncommon, are excessively objectionable; as Mr. Hanbury observed, they are reprehensible for the sake of the patient, who is furnished with a large supply of potent, or it may be dangerous, medicine, which is to be taken for a long period, almost according to his own pleasure and judgment, and especially for the sake of the pharmacist, not so much on account of the diminished remuneration, as of the very serious risk of error and accident, which may at any time place him in an unpleasant position.—*London Lancet.*

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### Raid on the Uterus.

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A distinguished surgeon in New York City, twenty-five years ago said, when Dupuytren's operation for relaxation of the *sphincter ani* was in vogue, every young man who came from Paris found every other individual's anus too large, and proceeded to pucker it up. The result was that New York anuses looked like gimlet-holes in a piece of pork. It seems to me that just such a raid is being made upon the uterus at this time. It is a harmless, unoffensive little organ, stowed away in a quiet place. Simply a muscular organ, having no function to perform save at certain periods of life, but furnishing a capital field for surgical operations, and is now-a-days subject to all sorts of barbarity from surgeons anxious for notoriety. Had Dame Nature foreseen this, she would have made it iron-clad. What with burning and cauterizing, cutting and slashing, and gouging, and spitting and skewering, and pessarying, the old-fashioned womb will cease to exist, except in history. The *Transactions* of the National Medical Association for 1864 has figured one hundred and twenty-three different kinds of pessaries, embracing every variety, from a simple plug to a patent threshing machine, which can only be worn with the largest hoops. They look like the drawings of turbine water-wheels, or a leaf from a work on entomology. Pessaries, I suppose, are some times useful, but there are more than there is any necessity for. I do think that this filling the vagina with such traps, making a Chinese toy-shop of it, is outrageous. Hippocrates said that he would never recommend a pessary to procure abortion—nay, he

swore he never would. Were he alive now he would never recommend one at all. If there were fewer abortions there would be fewer pessaries, and if there were fewer pessaries there would be fewer abortions. Our grandmothers never knew they had wombs only as they were reminded of it by the struggles of a healthy fetus; which, by the by, they always held on to. Now-a-days, even our young women must have their wombs shored up, and if a baby accidentally gets in by the side of the machinery, and finds a lodgment in the uterus, it may, perchance, have a knitting-needle stuck in its eyes before it has any. It is the easiest thing in the world to introduce a speculum and pretend to discover ulceration of the os, and subject a patient to this revolting manipulation once or twice a week, when there is, in fact, nothing the matter. By some practitioners, all diseases which occur in the female are attributed to the uterus. In this class are especially to be included all such as make of the abnormal conditions of the uterus a specialty.—*Extract from the Address of Dr. W. D. Buck, President of the New Hampshire State Medical Society for 1866.—New York Medical Journal.*

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#### Mr. Hoff and the New York Academy of Medicine.

At the last meeting of the Academy of Medicine, the following resolutions were unanimously adopted:

*Whereas*, W. L. Hoff, proprietor or agent of the "Hoff Malt Extract," is issuing publications through the secular papers, and by means of pamphlets and circulars professing to quote favorable opinions expressed in a report of a committee of the Academy;

And, *Whereas*, the said Hoff is widely circulating a letter purporting to have been written by a Fellow of the Academy;

And, *Whereas*, the publications of said Hoff are so adroitly and designedly worded as to impress the mind of the reader with the belief that the Academy has endorsed his nostrum, and has thus apparently compromised its dignity and professional standing; therefore,

*Resolved*, That the New York Academy of Medicine does hereby proclaim and declare that it has not expressed any opinion in regard to "Hoff's Malt Extract," and that any and every use of its name in recommending said Extract is unauthorized by the Academy.

*Resolved*, That a copy of the above preamble and resolutions be sent to the medical journals of this city, and that the medical journals throughout the country be requested to copy the same, in justice to the Academy and the profession.

## Magnetic Somnambulism.

Translated from the French of Nysten.

BY WM. MASON TURNER, M. D., OF PHILADELPHIA.

Somnambulism is an affection of the cerebral functions characterized by a kind of an aptitude to repeat during sleep those actions which are contracted by habit, either in wandering about or in executing different movements, of which, however, on awakening, there remains no recollection whatever. Somnambulism is, perhaps, a physiologic state or condition, a degree more exalted than the ordinary fantasies of slumber, rather than a nervous affection.

*Magnetic Somnambulism.*—This is a peculiar nervous condition, into which we can throw, by a sort of mental influence, individuals of a high nervous sensibility—particularly hysterical women.—When somnambulism is provoked artificially, the most singular phenomena are observed. Some feel the hallucinations of sight, some of hearing, some of odor, etc., and are falsely made to believe in a transposition of the senses which does not exist. In somnambulism we see sometimes the pathetic faculties, intellectual and moral too, acquire a wondrous development. The memory attains an astonishing precision, and thoughts are delivered in a correct and elegant language.

The theory of this mass of phenomena is clearly cleared up by a knowledge of the physiology of the brain, but loses beyond that all that appears marvellous in it, when we have recourse to the state of scientific facts. We know that in a condition of the most mental harmony, that our internal images are dependent on our external sensations; there is a complete subordination of abstract contemplation to direct observation, and to employ here a trite but very just phrase, *we see things as they are*. But it is demonstrated that even in persons gifted with a superior judgment, it is possible by purely artificial means to develop a cerebral condition in which the *within* takes the place of the *without*, and they are made to behold things otherwise than they really exist. This confirmed mental alienation is nothing but a persistence of that condition, in which we make, in the observed phenomena, the most complicated hypothesis. For a long time it was customary to

attribute certain conditions, it may be physiologic or it may be pathologic, to the influence of demons. In the witcheries of magic, as in the science [?] of magnetism, it is necessary to choose well the subject in whom you would produce cries, convulsions, dreams, and ecstasies. Only those practices are otherwise considerably more dangerous than the magnetism, for the former often end by developing *demono-mania*. We can conceive then easily, that a belief in good and evil genii was well calculated to strike with awe, feeble minds.

In the case of somnambulism, a person having been declared proper to exercise the magnetic influence, and for the rest, being inclined by his education to these corresponsive beliefs, familiarizes himself with the administration of the pretended magnetic fluid. Once his technical apprenticeship over, he commences the practice of magnetism, and after a short while, his simple appearance is sufficient to produce profound emotion. In every case, it is easy where one is of strong convictions, and where there are few with whom to deal; for generally it is a matter of no trouble to attract to those who are undecided.

Now this attitude, or that gesture, or these movements, are nothing more than artifice, by means of which there is developed in a person suitably prepared, a cerebral condition more or less decisive, and which can be carried even to that ecstasy which characterizes magnetic sleep. In this condition, moreover, much less frequently to be observed than in simple lethargy, the belief or demi-belief has a power so wonderfully developed in the mind of the patient—of abstract images, of such an intensity, that all direct observation is entirely lost. *General sensibility* can even be annihilated in consequence of this profound interior absorption, and as the meditative organs commence again to exercise themselves on the products of abstract contemplation, the enrapt one can effect a series of ratiocinations sufficiently coherent; and the more, if the auditive impressions continue to operate, there can be established between the magnetiser and the magnetised a connection strongly marked; but in the case of the real ecstasy, the responses of the subject are as vague as those of the Sybil, and in the midst of his devotions the magnetiser interprets them always to the great admiration of his *coterie*.

The convulsive phenomena explain themselves still more easily than do those of somnambulism. When we have studied the procedures of Mesmer, we know how it is that *natural* causes have produced these convulsions. If we wish to consider seriously the veritable cures performed by magnetisers, we will find that they have the same value as the cures of sympathetic medicine, and that cures are performed with the magnetic fluid, as Pyrrhus cured ailments of the spleen by friction made with a *toe of the right foot*, an invention which he shares with Vespasian. The curative power of magnetisers is then a simple illusion, and therein we can here confront two classments of therapeutics which have for each other the greatest affinities. While the magnetiser cures one fluid with another, we have the Homœopaths, who cure the ideal of a disease with the ideal of a remedy. Moreover, nothing should excuse a general system of treatment which enforces, in persons of feeble mind, chimerical beliefs. So the proceedings of magnetisers should be proscribed in therapeutics at once as valueless, and as nuisances. The magnetic fluid administered in *one* day, they say, would be but a very small fraction of an universal fluid, by means of which there is established (according to the theory of magnetisers) a mutual influence between the celestial, terrestrial, and animate bodies.

In going back to the beginning of abstract theories, we find a similar essence, which, under the same name, or that of *love of the world*, serves to bind again our human knowledge, and especially to quench that desire which would explain *all things*. The ease which one has, then, to deceive certain minds, relates not solely to the property which we have, to show without our internal emotions, under any sufficient influence; it rests on the profound scientific ignorance in which the mass of individuals are plunged.

In the phenomenon of the turning tables, we must believe that the table can turn without muscles, without nerves; that it can speak without the organs of voice. But all that is nothing by the side of the rapping-spirits, through the medium of which, every scientific opinion, even the very arches of mathematic phenomena, are shaken. That which contributes again in a great number of cases to the success—happily transient—of these fantastic exhibitions, is that it is not rare to encounter among these believers and

propagators, persons instructed in the sciences. But that should only prove one thing, that judgment and common sense, are independent of literary and scientific attainments. Flint, and then Schiff, have indeed shown, in their experiments on the inventors of these juggleries, that the sounds which they produced, were due to a slight displacement (previously occasioned) of the patella—to the tibia on the femur—or to the tendon of the long peroneus, all jerked suddenly into proper position. This displacement is effected by muscular contractions which are easily acquired. Aided by this physiologic knowledge, it has been an easy matter to baffle their trumpery, by causing them to place the limb in a position, in which muscular contraction was impossible. As for this magnetic fluid, there exists nothing, as we see, but an hypothesis denuded of all proof.

Finally, all that interest, which, according to some authors, should appertain to the physiologist, in the study of magnetism, rests in an habitual ignorance concerning the physiology of the brain—and reduces itself to this, that it is easy enough to place such or such an individual, at first, and then an assembly in whole or in part, in an intellectual condition such that the information more or less vague obtained, of the first, are interpreted by the other in the sense which is desired should be contrary to that to which attention has been directed. It is in such a cerebral condition that is to be found, the explanation of all the singular effects of magnetism, the abstractions occasioned by the juggleries which surround us—the changing effects following the practice of magnetism—all dependent on the cerebral condition of the magnetised.

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A NEW KIND OF ACARUS.—M. Indée has noticed among the Kabyles of Northern Africa a pruriginous complaint somewhat like the itch; where, however, the acarus, forming a black spot on the skin, moving about with energy, is different from the well-known acarus scabiei. The sulphuro-alkaline ointment destroyed the animalcule. In France, M. Rouyer has noticed in the department of Indre, a popular pruriginous eruption, affecting the country people who had handled the wheat somewhat spoiled by the frequent rains of last summer. The same parasites were here observed.—*Lancet*.

### Bromide of Potassium in Epilepsy.

BY HORACE Y. EVANS, M. D.

Dr. Evans relates the three following cases of this disease out of eight within his knowledge, treated with the bromides:

Case 1.—Farmer, aged thirty, living in a miasmatic region. Enjoyed perfect health until attacked with ague; was treated with quinia, and the chills checked. Then followed convulsions, which at first resembled, as far as the pulse was concerned, apoplexy, but soon became clearly epileptic. The attacks returned at irregular intervals of from seven to ten days. He had been carefully treated with remedies such as the symptoms from time to time indicated. When he came under my care he was using tonics and alteratives, and ice-bag to the spine. His pulse was 98, full and strong, tongue furred, bowels sluggish, disgust for food, very restless, severe headache, and marked mental confusion. I continued the ice-bag to his spine half an hour daily, ordered saline purge every day, and farinaceous diet. He was very soon visited by another convulsion, which left him in a dull melancholy condition, severe headache and insomnia, but no paralysis; commenced next day with the bromide of potassium, gr. xv, three times a day; continued the saline mixture, ice-bag, and restricted diet. An improvement in all the symptoms commenced within twelve hours, and at the expiration of four weeks the patient was apparently well; there was no return, or tendency to return, of the convulsion. All treatment was then omitted, and at the expiration of seven weeks from the commencement of the treatment, considering himself well, he returned to the use of animal food, which was followed within ten hours by the most severe epileptic fit of any that he had had, and two days later by another. He then returned to the city, and was again put upon the use of the bromide and the ice-bag. As at first, the improvement was rapid, and at the expiration of a fortnight, without my consent, omitted all treatment. He returned to the country, used promiscuous diet, and has now passed through the fever season of the locality without ague or convulsions. Says he was never in better health than at present.

Case 2.—G. M., a young man twenty-one years of age, apparently in good physical condition, has had epileptic convulsions for the past fifteen years, and at the time of commencing his treat



ment (March, 1866,) he was having, on an average, three attacks a day. He was ordered a saline purge twice a week, ice-bag to spine one hour daily; bromide of potassium, gr. xx, three times a day, and total abstinence from animal food. The interruption in the attacks was immediate; he continued without even an "aura," or any other evidence of the presence of the disease for nine consecutive weeks.

The peculiar effects of the bromine, named by Bazire bromism, having now become developed, the drug was omitted for two days, Huxham's tincture of bark and a more liberal diet substituted. Before the end of the second day a severe convulsion returned, and was followed by numerous aura epileptica, or minor "spells." The bromide was immediately resumed, and its use continued for three weeks without a return of the disease. The increased flow of saliva, sore throat and restlessness again gave premonitions of the return of bromism. The dose was now reduced to gr. x, ter die. Again the lurking foe took advantage of the truce and made several sorties, which were repulsed by the bromide of ammonium, with the iodide of potassium as an ally. Another month now elapsed without an attack, but the combination last used became so offensive to him that it had to be omitted, and the bromide of potassium resumed in gr. xx doses, which is now (November) being used with results beyond the most sanguine anticipations.

Case 3.—Mrs. S. B., aged twenty-eight, the mother of two children. Insanity and epilepsy in her family. After a serious family trouble, was attacked with convulsions at intervals of a fortnight. The disease was diagnosed hysterical epilepsy, chiefly on account of the long duration of the convulsion. The usual treatment for hysteria scarcely palliated the insomnia and almost delirium during the intervals. Having seen an account of Locock's treatment of this disease with the bromide of potassium, I was induced to give it a trial. She commenced with gr. xx doses, three times a day, and an additional dose at night, if necessary, to produce sleep. Within a week every vestige of the disease had vanished. The medicine was continued in reduced doses for a month, after which it was entirely omitted. Four months have since passed without a symptom of hysteria or epilepsy, notwithstanding the continuance and actual increase of her family troubles.—*American Journal of Medical Sciences, January, 1867.*

## Editorial Department.

### Commencement of New Volume.

It will be noticed that the present number is the first of a new volume, and naturally offers an opportunity to invite the coöperation and support of the profession. It is not wholly from selfish interest in the Journal that we would urge upon physicians an effort to promote the science and enlarge the knowledge of true medicine. Every careful observer of the status of the profession in this country, has noticed how little thought the masses of the profession actually bestow upon either the principles or philosophy of cure in medicine—how thoroughly contented they are to even imperfectly understand the symptoms of common diseases, and the usual routine of treatment applicable to them, without ever attempting to add to the general fund of knowledge, or even becoming acquainted with the recent and important discoveries which others have added to what was known of disease and its modes of treatment. After obtaining honorable admittance to the ranks of the profession, all further effort is directed to the one absorbing object of business, pursuing it with commendable zeal, but almost entirely forgetting the higher and truer objects of professional ambition. True success with a physician cannot be supposed to consist in obtaining a large professional income, and it is taking a very incorrect and unworthy view, to regard success in getting business, as any truthful standard of merit. To expose error, or to discover truth, are just objects of professional pride; to perfectly understand what really is known of practical value to physicians is truly commendable, or to add to the amount of well observed and carefully recorded facts, usually shows a disposition to promote the general good, and an active interest in the progress of our art. We believe that no country can furnish a larger proportion of active, intelligent and earnest men, than are now engaged in the practice of medicine in the United States, and that our own vicinity will bear creditable comparison in this respect. Buffalo sustains an enviable reputation, and is not surpassed by any city on the globe, considering its size, for the amount or quality of contributions both periodical and standard to the medical literature of the world. If our reputation in this respect, due largely to men who now occupy other places, can be sustained in the future, we shall have abundant ground for honest pride.

Buffalo Medical and Surgical Journal commences its seventh volume looking confidently to its friends for the choicest material to fill its pages, believing that it will increase in usefulness, and grow in favor, mainly through the partiality of the profession whose interests it desires to promote. It is not the organ of any locality or individual, but is open to the whole profession for the fullest expression of thought, and is earnestly commended to the favorable notice of all who have well considered opinions to express, or would promote a knowledge of the truth in medicine. Sometimes it is intimated that a medical journal belongs to the editor and proprietor and is dependent upon him for success. While we believe that upon his fair-

ness, fidelity and faithfulness to the interests of others, may largely depend the success of such enterprise, still we would also have physicians understand that it belongs to the whole of the medical profession, and its success or failure indicates rather the *status* of the profession than the ability of those who conduct its passage through the press. If the medical journal of a city is devoid of interest and of doubtful value, the profession are generally devoid of intelligence and their modes of practice unscientific and obsolete; it is in as great degree representative of the medical public.

It is with feelings of great satisfaction that we enter upon our new volume, and commence its labors. The interest manifested in its pages, and the support it is now so generously receiving from the profession are sources of pride and pleasure, and we have to thank our contributors and patrons in behalf both of ourselves and the profession for their efforts and aid, and to cordially and earnestly invite their continued support. Relying confidently upon this, we anticipate increasing prosperity and strength, and pledge our best efforts to deserve it.

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### Death of Dr. John Mason Warren, of Boston, Mass.

We see announced the death of the eminent surgeon, Dr. JOHN MASON WARREN. He was the third of his family in direct descent, distinguished in medical annals. For nearly a century his name has been honored by his countrymen. The memory of that one of the name, noble physician and devoted patriot, who laid down his life at Bunker Hill, is still fresh and cherished among us. But the three Warrens, in regular line, have also rendered the name illustrious on both sides of the Atlantic. We do not know whether another remains to bear and maintain, in years to come, the honors justly due the name.

Dr. Warren, at the time of his death, was not an old man. Even in his father's day, under the shadow of his great reputation, he gained distinction as a surgeon. Each year since has added to it, and of late he bore alone his honored name, with no diminution of its honest fame.

He had but just completed a work which will be a magnificent monument to his memory. His book records the surgical experience of his life, related with such candor and modesty, as to make it a model, while its merits will not only add to his just fame, as an able and skillful surgeon, but will create a feeling of national pride. It presents a great amount of excellent work, and will serve as a guide and encouragement in after years to many a surgeon in the perplexities and anxieties of his laborious career.

Those who had the pleasure of knowing Dr. Warren, or have been instructed by him, will remember the excellent qualities of the man, as well as the surgeon. They will recall his simple dignity and kindness of manner, his freedom from ostentation, his conscientious labors. No more kindly face ever looked upon suffering, no more dexterous hand ever guided the knife for its relief. He was a man to be loved, respected, and honored. His professional life was such as most would choose to

lead, but not to all, possible. Raised by fortune above the necessity of labor, he yet devoted more than a quarter of a century to the relief of human suffering, with as much forgetfulness of self and selfish ambition, as is possible to most men. His life and labors were of a kind to adorn our profession and honor human nature.

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## Books Reviewed.

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The Science and Practice of Medicine. By William Aitkin, M. D., Edinburgh, Professor of Pathology in the Army Medical School, etc., in two volumes. From the fourth London edition, with additions, by Meredith Clymer, M. D., late Professor of the Institutes and Practice of Medicine in the University of New York, etc. Philadelphia: Lindsay & Blakiston.

In the plan of this work, the author has aimed at a fuller consideration of the pathology of disease and the philosophy of cure, than has heretofore been attempted in any of our text-books upon the Science and Practice of Medicine. In its range of topics it may be considered as *the most* comprehensive, fairly representing the existing state of medicine; while the vagaries and delusions of the past are carefully excluded from its pages. Designed especially to assist the medical student in the prosecution of his studies of diseases, the arrangement has been such, as to most fully promote this object.

The introductory sections are devoted to consideration of the more "important elements of General Pathology," and the principles upon which a nosological division of disease has been founded. The outlines of general pathology in its various relations to individual disease is investigated most comprehensively, and the intimate relationship of pathology to physiology pointed out, the author truly stating that "just in proportion as our knowledge of physiology and pathology becomes more exact and extended, so will the *cause of disease* be appreciated, and the *occurrence of disease* on a large scale prevented." Again he says: "to physiology, therefore, in its most comprehensive sense, and to a knowledge of the natural and normal development of animal and vegetable beings, we must look for a further progress in pathology, while the means and the instruments which advance physiology will simultaneously advance our knowledge regarding the *nature of diseases*—a sound knowledge of which can only enable us to *appreciate their causes*," and so arrange measures *for the prevention of many of them*, based on the great truths of science. The anatomical changes exhibited in various tissues of the body are extensively and carefully described; the author's description of amyloid or lardaceous degeneration being especially attractive. This peculiar degeneration has excited a deep interest among pathologists, on account of its permanent character, undergoing no softening, exciting no inflammatory action by its presence, and being but little, if any, absorbed; any organ therefore, becoming the seat of this disorganization, is permanently impaired in its functions in proportion to the extent of the same. It would appear from Dr. Aitkins' *post-mortem* examinations, that this degeneration is of greater frequency than has generally been supposed, chiefly attacking the paranchematous structure of the liver,

the spleen or the kidneys, other structures being occasionally the seat of the degeneration. The train of symptoms accompanying this degeneration have not yet been fully studied, although a cachectic state of the system depending either upon necrosis, syphilis, scrofula, or phthisis, when accompanied by a great wasting of the body, the voidance of large quantities of urine, of a sp. gr. of from 1.005 to 1.015, filled with hyaline casts, should excite the suspicion of its existence, and subject the urine to a microscopical examination and the iodine test, which, in the author's opinion, can alone be positive evidence of its presence or absence. The iodine test, based by Virchow upon a supposed resemblance of the amyloid products to starch, the evidence relied upon consisting in the peculiar change which iodine undergoes when brought in contact with this product and sulphuric acid; analogous results however are obtained with cholestrine, and in view of the great uncertainty in which the whole of this subject is involved, we would incline to the belief that the iodine test is not of so much value as the author would make it appear.

The author has arranged the work into three divisions. Division first treating of systematic medicine and nosology. Class i, zymotic diseases; class ii, constitutional diseases; class iii, diseases in the course of which lesions tend to be localized; class iv, developmental diseases; class v, lesions from violence tending to sudden death.

In division second, under the head of the *Nature of Diseases, Special Pathology and Therapeutics*, the writer has described the nature of each disease, considered as characteristic of its class. In so doing the writer says, "each disease or morbid process has been defined, not by a logical definition, but merely by stating prominently its leading characters, so that the student may at once distinguish the general feature of the disease, which he has to study, and which the physician has to treat. Having then established the position of each disease in its *Nosological* and *Pathological* relations, those principles are stated which guide its treatment, and in some instances definite details are given."

Division third is devoted to the consideration of the *Geographical Distribution of Health and Disease*. This important study has heretofore never been introduced in any of our works on the practice of medicine, nor has hardly any allusion been made to it in the lecture rooms. The important relations which this science bears to practical medicine, cannot be overestimated, and much of the value of the study of the nature of diseases and their distribution over the globe, has been lost, by not studying it, in relation to the physical condition of the earth's surface and the variation of their types in different regions of the world.

The realms or zones of diseases, the author says "are intimately associated with the temperature, and generally indicated by the regions of the tropical, temperate and polar zones;" for the better illustration of what is meant by the realms of disease, the map of Mr. Keith Johnston has been introduced. The tropical realm or zone, the author confines to Humboldt's mean annual isothermal line of 77° Fahr., north and south of the equator. The class of diseases characterizing this realm the writer considers as the most malignant forms of malarial (intermittent and remittent) fevers, associated more especially with *dysentery, diarrhoea, cholera indica,*

*specific yellow fever, hepatic affections and their results.* The paludal fevers of this tropical disease-realm prevail in their greatest intensity in flat, low-lying countries, in the vicinities of marshes, the borders of lakes, shores of rivers and of the sea. The maximum intensity of *dysentery, yellow fever, diarrhoea, malarial fevers, and affections of the liver,* is observed in these countries which are situated under the line of the greatest annual mean temperature, namely, 82° Fahr., which is the equator of heat of the globe," the ratio of deaths being 53 per cent. up to the 23°, while from there to the 35° they cause but 14 per cent. of the whole of the mortality.

The second well marked realm is that in which varied forms of *continued febrile disease* take the place of the *malarious or paludal fever* of the torrid zone. The regions where diseases of this type prevail embrace realms to the north and south of the equator which may be generally described as in the north and south temperate zone. The boundary of this realm extends between the 35° and 60°, embracing the healthiest parts of the globe, the prevailing causes of ill health being mainly due to the *condensation of people in towns* and the insalubrious and depressing conditions which necessarily arise from this cause. The third disease-realm extends to the north and south of the 60° or the mean annual isothermal line of 41° Fahr. In this realm the "*catarrhal affections, influenza, scurvy, erysipelas, diseases of the skin and digestive organs, and various constitutional affections,* more especially prevail."

We have thus given our readers a general outline of the plan of Dr. Aitkin's work; a work upon which the highest encomiums of the medical press have been bestowed. The American Editor, Dr. Meredith Clymer, has made numerous additions, which greatly increase the value of a work, whose teachings may be safely followed in the treatment of disease, and which will undoubtedly influence the practice of the profession for many years.

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On the Action of Medicines in the System. By Frederick Wm. Headland, M. D., A. B., F. L. S., Fellow of the Royal College of Physicians, etc., etc. Fifth American from the Fourth London Edition. Revised and Enlarged. Philadelphia: Lindsay & Blakiston, 1867.

"Thus have I succeeded in solving the noble problem, viz: to find a remedy for a given disease." These, the concluding remarks of Dr. A. Pitcairn, in one of his works, serves to illustrate the almost utter ignorance, until quite lately prevalent among medical men, of the *modus operandi* of remedical agents, and no question in medicine appeared to them of an easier solution than the action and choice of a remedy in any particular case. Fortunately, these delusions have been gradually dispelled by our increased knowledge of therapeutical and physiological truths, and the question formerly thought of an easy solution, has proved to be one of the greatest difficulty. Of late years much attention has been bestowed upon the therapeutical action of medicines, and various theories advanced, some of practical and scientific value, while others, especially those based upon the *local tendency* of medicines, are open to grave objections.

In the work under consideration, the author discusses the modes of action of

therapeutical agents when introduced into the stomach, in ten propositions, in the first four of which the general conduct of medicines after their introduction into the stomach, and before their entrance into the circulation is considered, while the remaining six, treat on the behaviour of medicines after their entrance into the fluids of the body. In the first proposition the author affirms "*that the great majority of medicines must obtain entry into the blood or internal fluids of the body, before their action can be manifested;*" which statement is proved: first, that when introduced into any other part of the body than the stomach, the action of the medicine is precisely the same; secondly, it has been ascertained by direct experiments, that a poison will not act through the medium of the nerves only, but that its passage into the blood is required; thirdly, the course of the circulation is sufficiently rapid to allow the most active poison or medicine to be absorbed and carried around the system before any of its peculiar symptoms can manifest themselves; and fourthly, with but few exceptions, all medicines have been detected, not only in the blood, but in the secretions formed from the blood. Having thus conclusively demonstrated the passage of medicines into the general circulation, the second proposition is devoted to the consideration of the laws, by which this transit is effected. The conditions necessary for the appropriation of agents so diversified in their physical properties, will be the presence of proper solvents. This condition is fulfilled for all substances, insoluble in water, either by the gastric, intestinal, biliary or pancreatic secretions, or all combined. But it has been found that a few substances are insoluble in any of the above enumerated solvents, and the question naturally suggests itself, how and in what manner do these affect the animal economy? An erroneous theory has, by some writers, been promulgated, in which they endeavor to demonstrate the actual passage of insoluble substances in a state of minute sub-division between the interstices of the animal membrane. Such a transition, the author, after careful experimental examinations, has repeatedly demonstrated to be a physical impossibility, since the highest magnifying power have failed to reveal even the minutest aperture in the prestine condition of the basement membrane; and although epithelial cells, exhibiting perforations, have been, of late, discovered by K llicker and Virchow, the impermeable basement membrane would still bar the transition of foreign matter. In what manner, then, do insoluble medicines exert their peculiar action on the system? This query the author disposes of by stating that their action is purely local by irritation or otherwise of the mucous membrane, and that in a few instances these local actions may be succeeded by changes in distant parts, on the principle of revulsion. For example: kousso, male fern, santonine, etc., are employed as anthelmintics, which tend to directly destroy the parasite, while the carthartic given in connection is designed to expel them. Again, sulphate of zinc and copper causing, when coming in contact with the walls of the stomach, an irritation, by which the peristaltic movements of that organ is reversed, and its contents ejected without any nauseous feeling. Again, the soothing action of nitrate of bismuth, which can be administered in very large doses, (if chemically pure,) relieves the irritable condition of the alimentary tract, by affording a covering to the irritable mucous membrane, and not by any effect it exerts upon the nerves.

The author having considered the various modes in which medicines gain entrance into the fluids, devotes the remaining part of the work to their behaviour after their absorption. We should be happy to present to our readers the mode of reasoning adopted in this part of the work, but must forbear, simply stating that from a careful examination we find the reasonings singularly conclusive, and in point of originality surpassing all works upon this subject.

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Circular No. 5, War Department, Surgeon General's Office, Washington, May 4th, 1867. Report on Epidemic Cholera in the Army of the United States during the year 1866.

Probably no question has agitated the medical mind more since the last two years than that of Epidemic Cholera, and the numerous books and pamphlets published of late, bearing upon this subject, is highly illustrative of the deep interest felt on the part of the medical profession: With praise-worthy energy Brevet Lieut. Col. J. J. Woodward, Assistant Surgeon U. S. A., devoted himself to the arduous and difficult task of preparing a "Report on Epidemic Cholera," as it occurred in the United States Army during the year 1866, and the history therein transmitted by him to the Surgeon General is entitled to the consideration of all interested in this subject.

From the monthly reports transmitted from each station it appears that out of a total mean strength of 12,780 men 2,708 attacks of cholera had occurred with a fatality of 1,207, or nearly 50 per cent. of deaths of all attacked by the disease. Out of the total number of attacks, 1,749 cases with 706 deaths, occurred among the white troops, with a mean strength of 9,083 men; the remaining 959 attacks with 501 deaths occurring in a mean strength of 3,697 colored troops. The maximum fatality seems to have been on the first and second days after the attack recoveries becoming proportionately more frequent as the disease progressed, the greatest duration of any fatal case being to the fifteenth day.

Regarding the origin and spread of the disease, Dr. Woodward says: "The epidemic appears from the records to have radiated from two chief centers." The first "originating in the overcrowded barracks of Governor's Island, New York harbor, in the immediate vicinity of an infected city, through which recruits passed with more or less delay before arrival. The infection spread by traceable steps to Hart's Island and other points in the harbor, to Tybee Island, Georgia; to Louisiana, by way of New Orleans; to Texas by way of Galveston, etc. The other principal center appears to have been Newport barracks, Kentucky, where the disease was plainly introduced from the infected city of Cincinnati, on the opposite side of the Ohio river, spreading from thence to Augusta and Atlanta, Ga., and Nashville and Memphis, Tenn."

The value of stringent hygienic precautionary measures is strikingly illustrated in the reports of Brevet Major E. McClellan, Asst. Surgeon U. S. Army, in charge of Fort Delaware, who says: "Epidemic cholera has existed to a very considerable extent during the past month in, and around Delaware City, where, in the aggregate of fifteen hundred inhabitants, some thirty odd deaths have occurred. No case has



occurred among the troops of this command, and but one upon the island. The most rigid regulations are enforced as regards communication with either of the adjacent towns, and no fruit is permitted to be landed upon the island." From this and other similar statements of surgeons, it would appear that quarantine exerted a great influence in arresting the disease, and although the question is not conclusively proved, the facts nevertheless are of great significance. Hygienic measures greatly mitigate the severity of the disease making it more amenable to treatment. No new therapeutic methods have been suggested which possess any value, the results being alike, all things equal, no matter what therapeutical agents are employed.

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### Prof. Horatio R. Storer's Lectures to Physicians.

It will be observed by notice in our advertisement sheet that Prof. Storer will deliver a second course of lectures to physicians, upon the Surgical Diseases of Women. His first effort appears to have been eminently successful, and we notice that the physicians who attended the course, were men of experience and attainment in the profession. Perhaps there is no better way of representing the sentiment of his first class than by republishing their own *resolutions*, which we find in the June number of the Boston Medical and Surgical Journal.

"At a meeting of the physicians in attendance upon Prof. H. R. Storer's course of lectures on the Surgical Diseases of Woman, just delivered at Hotel Pelham in Boston, the following preamble and resolutions were adopted:

WHEREAS, We, the attendants upon Prof. H. R. Storer's first private course of lectures on the Surgical Diseases of Women, being regular practising Physicians and Surgeons, have long experienced the disadvantages arising from the very imperfect manner in which these subjects have been treated in our text-books, and by the professors in our colleges; many of the most important diseases and operations being entirely ignored, by men who think deeply and reason candidly in all other matters pertaining to medicine and surgery; and whereas, we cannot but feel that this class of diseases is the most important, believing it to be the cause of more suffering than any other, therefore;

*Resolved*, That we tender to Dr. Storer, our sincere gratitude for taking the advanced step which he has, thereby giving us, as we hope he will hereafter give others, the opportunity of hearing these subjects discussed thoroughly and impartially.

*Resolved*, That a copy of these resolutions be presented to Prof. Storer, and sent to the Medical and Surgical Journal and the New York Medical Record for publication. (Signed,)

CHAS. M. CARLTON, Norwich, Conn.

DANIEL MANN, Pelham, N. H.

E. G. BULLARD, Blackstone, Mass.

J. A. McDONOUGH, Boston, Mass.

M. C. TALBOT, Warren, Penn.

H. GEROULD, Erie, Penn.

E. F. UPHAM, W. Randolph, Vt.

G. J. ARNOLD, Roxbury, Mass.

W. A. I. CASE, Hamilton, C. W.

W. L. WELLS, Howell, Mich.

Boston, June 15, 1867.

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Through the politeness of our friend, Dr. Lewis Krombein of this city, we are in receipt of a specimen of *Ferri Carbonas Effervescence*, prepared by Dr. F. Weidler of Cincinnati. It appears to be a palatable preparation of iron, and may prove acceptable when iron in other forms is not well borne.

THE NEW SYDENHAM SOCIETY.—The aims of this Society are best set forth in the following extract from their laws:

I. "The Society is instituted for the purpose of supplying certain acknowledged deficiencies in the existing means of diffusing medical literature, and shall be called The New Sydenham Society.

II. "The Society shall carry out its objects by a succession of publications, of which the following shall be the chief: 1. Translations of Foreign Works, Papers, and Essays of merit, to be reproduced as early as practicable after their original issue. 2. British Works, Papers, Lectures, etc., which, whilst of great value, have become from any cause difficult to be obtained, excluding those of living authors. 3. Annual Volumes, consisting of Reports in Abstract of the progress of different branches of Medical and Surgical Science during the year. 4. Dictionaries of Medical Bibliography and Biography. Those included under Nos. 1 and 2 shall be held to have the first claim on the attention of the Society, and the carrying out of those under 3 and 4 shall be considered dependent upon the amount of funds which may be placed at its disposal.

During its brief existence of nine years, this Society has published thirty-five volumes upon various medical subjects, all of which being of practical and permanent value. Prominent among these publications is the Society's Atlas of Portraits of Skin Diseases, taken from the plates of the celebrated dermatologist, Dr. Hebra. The annual subscription price of one guinea, or seven and a half dollars, entitles the subscriber to the series of volumes published during the year; the entire series or any part thereof can be procured. All communications should be addressed to the Honorary Secretary Dr. Dunglison, 1116 Girard Street, Philadelphia. The following list of works constitute the series for 1866 and 1867:

SERIES FOR 1866.

1. Bernutz and Goupil on Diseases of Women. Vol. 1.
2. Fasciculus of Atlas of Portraits of Diseases of the Skin (three beautiful colored plates, life size).
3. Hebra on Diseases of the Skin. Vol. 1.
4. Bernutz and Goupil on Diseases of Women. Vol. 2.

SERIES FOR 1867.

1. Griesinger on Mental Diseases.
2. Biennial Retrospect of Medicine and Surgery.
3. Fasciculus of Atlas of Portraits of Diseases of the Skin (colored plates).
4. Hebra on Diseases of the Skin. Vol. 2.

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THE numerous friends of Surgeon J. H. Baxter gained by valuable services during the late war, will be pleased to learn of his advancement to the rank of Lieutenant Colonel. We know of no promotion in the Medical Corps of the Army more deservedly earned and giving more general satisfaction than that of our friend, and we would tender him our sincerest congratulations. The following paragraph we clip from the *Washington Chronicle*:

CONFIRMED.—We are pleased to notice among the confirmations by the Senate on Saturday, that of Surgeon J. H. Baxter, U. S. Vols., late chief medical officer of the Provost Marshal General's Bureau, as assistant medical purveyor, U. S. A., with the rank of Lieut. Colonel. Dr. Baxter served with great credit during the entire war, and this mark of appreciation of his services by the Surgeon General, Secretary of War, the President, and the unanimous voice of the Senate, must be peculiarly gratifying to his friends and to the late surgeons of the boards of enrollment throughout the United States. This promotion will not interfere with the completion of the medical report of the Provost Marshal General's Bureau, upon which Dr. Baxter is now engaged, in accordance with a resolution of Congress.

We are in receipt of the following Circular from George Mendenhall, M. D., Chairman of a Committee on Medical Literature, appointed by the American Medical Association. We hope that each of our readers will render any aid in their power to make the report of the Committee as complete as possible:

CINCINNATI, June 5th, 1867.

The undersigned were appointed at the last annual meeting of the American Medical Association, held in Cincinnati, a Committee on Medical Literature for the current year. The duties of this Committee are defined in the following regulations of the Association:

"The Committee on Medical Literature shall prepare an annual report on the general character of the periodical medical publications of the United States with reference to the more important articles therein presented to the profession, on original medical publications, on medical compilations and compends by American writers, on medical reprints of foreign medical works; and on all such measures as may be deemed advisable for encouraging a national literature of our own."

Being desirous of making as full a report as possible, the Committee desire that you shall forward to the Chairman a copy of all medical books, pamphlets, essays, monographs, periodicals, reports, lectures, proceedings of societies, etc., that may be issued by you, as early as convenient after publication, that they may be brought to the notice of the profession.

These favors will be advantageous to publishers, and will facilitate the objects had in view by the appointment of the Committee, and greatly oblige,

Yours, respectfully,

GEO. MENDENHALL, Chairman.  
R. R. McILVAIN,      GEO. C. BLACKMAN,  
E. WILLIAMS,      P. S. CONNOR.

**CONSANGUINEOUS MARRIAGES.**—We would direct the attention of our readers to the annexed circular of Dr. R. Newman, one of a committee appointed by the New York State Medical Society, "to investigate and report upon the results of consanguineous marriages." This subject has, from time past, elicited the deepest interest throughout the medical profession, and its importance demands from every physician a communication of such facts as may have come under his observation, thus promoting a final decision of this question.

118 W. HOUSTON STREET,  
NEW YORK, July, 1867.

SIR—At the late meeting of the "Medical Society of the State of New York," it was resolved: "That a Committee be appointed to investigate and report upon the result of consanguineous marriages, etc." If such marriages come under your observation, you will confer a favor by answering the following questions, and transmitting such report, before November next, to the undersigned, one of the Committee appointed:

1. Name (initials) and age of husband;
2. Nativity;
3. Age when married;
4. Constitution;
5. Health, deformities, peculiar diathesis;
6. Health of his family, hereditary diseases, deformities, etc.;
7. Name (initials) and age of wife;
8. Nativity;
9. Age when married;
10. Constitution;
11. Health, deformities,

peculiar diathesis; 12. Health of her family, hereditary diseases, deformities, etc.; 13. How are the parties related to each other? 14. How long married? 15. How many children, or sterility? 16. Abortions, cause, how many, and at what period? 17. Children died, at what ages, and from what disease? 18. The constitution, age and present health of living children, deformities, mental conditions, idiocy, cretinism, deaf, mute, blind, epilepsy, albinism, insane, etc.; 19. Remarks and other information.

Hoping to receive your valuable coöperation for the advancement of medical science,

I remain yours, most respectfully,

ROBERT NEWMAN, M.D.

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### Books and Pamphlets Received.

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**The Physiology and Pathology of the Mind.** By Henry Maudsley, M. D., London, Physician to the West London Hospital, Honorable Member of the Medico-Psychological Society of Paris, formerly Resident Physician to the Manchester Royal Lunatic Hospital, etc. New York: D. Appleton & Co. Buffalo: Breed, Lent & Co.

**A Treatise on Human Physiology, designed for the use of Students and Practitioners of Medicine.** By John C. Dalton, M. D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons, New York; member of the New York Academy of Medicine; of the New York Pathological Society; of the American Academy of Arts and Sciences, Boston, Mass., etc. Fourth edition, revised and enlarged, with two hundred and seventy-four illustrations. Philadelphia: Henry C. Lea, 1867. Buffalo: Breed, Lent & Co.

**On Railway and other Injuries of the Nervous System.** By John Eric Erichson, M. D., Fellow of the Royal College of Surgeons, Professor of Surgery and Clinical Surgery at the University College; Surgeon to the University College Hospital; Examiner in Surgery at the University of London, and formerly so at the University of Durham and the Royal College of Physicians. Philadelphia: Henry C. Lea, 1867.

**Essentials of the Principles and Practice of Medicine, a Hand-book for Students and Practitioners.** By Henry Hartshorne, M. D., Professor of Hygiene in the University of Pennsylvania, etc., etc. Philadelphia: Henry C. Lea, 1867.

**The Principles and Practice of Disinfection.** By Robert Bartholow, A. M., M.D., Professor of Materia Medica and Therapeutics in the Medical College of Ohio. Cincinnati: R. W. Carroll & Co., 1867.

**Transactions of the Medical Society of the State of Kansas, for the year 1866.**

**Prize Essay on Medical and Vital Statistics,** by Franklin B. Hough, M. D., of Lowville, N. Y., Superintendent of the New York State Census of 1855 & 1865.

**Annual Report of the Commissioners of Emigration of the State of New York, for the year ending December 31, 1866.**

**Report of the Board of Health to the Common Council of the City of Troy, presented April 4, 1867.**

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**Messrs. A. Simpson & Co.,** New York, announce the early publication of the work of Prof. Julius Klob, of Vienna, on the Physiological Anatomy of the Female Sexual Organs, translated from the German by Drs. Kammerer and Dawson.

BUFFALO  
*Medical and Surgical Journal.*

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VOL. VII.

SEPTEMBER, 1867.

No. 2.

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Original Communications.

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

TUESDAY EVENING, August 6th, 1867.

The meeting was called to order at the usual hour by the Vice President, Dr. J. R. Lothrop. Members present—Drs. Lothrop, Strong, Wetmore, Abbott, Wyckoff, Gould, Nichell, Little, Potter, Lockwood, Jansen, Cronyn, Congar, Gay, Smith and Johnson.

The minutes of the last meeting were read and approved.

Drs. M. G. Potter and A. E. Mackay, were elected members of the Association.

The following gentlemen made application for membership:—

Drs. C. F. A. Nichell, Conrad Diehl and B. H. Daggett.

Dissertations on designated subjects being in order, Dr. P. H. Strong presented the following dissertation:

*Typhoid Fever—Is it Arrestable? The Affirmative Presented.*

Mr. President and gentlemen of the Association:

The subject of *Typhoid Fever*, (so called) has filled a large place in the medical mind, and a large space in medical literature, and that for many years. Some of the best talent of the profession, especially during the present century, has been engaged in exploring the field, and in making record of its explorations and deduc-

tions, insomuch that it may almost seem a trite and well nigh exhausted theme, to dwell upon which, may be thought, if not presumptuous, at least profitless.

I have selected it as the theme for the evening, not to make an historical *resumé* of discarded or received theories and opinions upon it, not to describe its symptoms, nor to enter at length upon either its etiology, therapeutics or pathology. The subject, thus considered, is altogether too vast, and already too well elaborated to make it either necessary or excusable in this presence, and in our brief interviews to give the natural history of the subject. What I have proposed to myself is more a work of *reconciliation*, than aught else; by which I mean, to reconcile medicine with itself.

Fever, in the abstract, as to its nature and essence, has for centuries been an open question. The day has not yet dawned when we can fully solve the problem as to many of its types and forms. But it has seemed to me for years that the time has fully come when the typhoid affection, (which designation I prefer to that of typhoid fever,) should be eliminated from the category of *opprobria medicorum*, at least so far as pertains to its proximate cause, the order and relation of its essential and multiform phenomena, and its indications for treatment.

The tendency of the medical mind of the present day, it seems to me, is more and more strongly to the conviction that every form and phase of disease, howsoever insidious and occult, is the product of some lesion of structure. Not that we can always, with our present means of investigation, trace to its ultimate source and fix the exact point of departure from the normal state, either by unaided or *aided* sense. But the tendency is with ever increasing strength, not to rest short of *just that* goal. Even insanity instead of being regarded merely as a functional phenomenon, as formerly, is found to be in most cases, and believed to be in all, traceable to lesions of brain structure as its *causa sine qua non*. Pyæmia, or any other form of blood poisoning, whether its assaults may be made upon the mysterious organization of the nerves and nerve centres, upon the hardly less intangible structure of the secernents and absorbents, or a combined assault upon both, cannot be allowed to be an exception to the rule. Change and modification of structure probably always exists, and must

always be sought, if we would profitably study or successfully treat disease.

But, not to dwell upon generalities, what is the truth in regard to this point, as pertaining to the typhoid affection? According to *Louis'* post mortem investigations, while other lesions of various organs and tissues were not wanting—such as the mesenteric and mesocolic glands and the spleen, the mucous membrane of the cœcum and colon, of the stomach, pharynx and œsophagus, of the bronchial membrane, and the pulmonary structure, of the brain and its meninges, etc., etc. Yet all of these were ever varying in kind and degree, existing in some cases and non-existing in others, but originating consecutively or secondarily in all. While the *elliptical patches of Peyer* were in varying stages of disease in *every case*, without exception. This disease varied in intensity and in extent of disorganization from a point nearest the ileo-cœcal valve, where was uniformly found its maximum, upward one, two, three, four feet or more of the ileum. Near its lower terminus were found often more or less of sloughing of the glandular structures and of sub-mucus tissues, sometimes the unsloughed deposits of what is called the typhoid material in these parts; next, ulceration of the mucous membrane covering the patches; higher up, or in the direction of diminishing severity, softening and thickening of the patches from one to three lines in depth, and from a few lines to as many inches in surface measure; higher still, yet immediately contiguous, were found lesser stages of softening and thickening, merging to the simple stage of incipient inflammation. (I owe an apology for this very imperfect and almost unintelligible description of a pathological condition, to do justice to which, would require as many pages as my limits will allow me to devote lines.) These unique structural disorganizations and lesions were found so uniformly, (varying only in number and in degree as the history of the case was more or less protracted,) as to deserve and receive from *Louis* the designation of the "*Anatomical Characteristic.*"

Now the question is pertinent: What relation does this singular disease of these patches of glands bear to this affection? Opinions seem to differ upon this point. My time will only allow of my referring to those of Dr. Louis and Dr. Flint, the two highest authorities living or dead, as I regard them, upon this subject.

The question at issue is not so much one of fact, both agreeing as to the existence and the uniformity of the lesions, as of inference and deduction, or, as to what this lesion has to do with the disease under consideration. If I rightly understand Dr. Louis he regards the incipient disease of the patches as the initial point of departure from health, the primary lesion; or, in a word, at once the *beginning* and the *cause* of the fever. If I rightly apprehend Dr. Flint, while he admits that the affection of the agminated glands is a general, perhaps even *constant* accompaniment, it is *only* an *accompaniment* of the fever. In brief, it is one of its symptoms or incidents.

Inasmuch as precisely upon this point will hinge most of what I shall have to offer you, gentlemen, this evening, and in order that no injustice shall be done to my eminent authority, it is only fair to quote his words, to which I would now invite your careful attention.

Alluding to case under analysis, Louis says: "They (the symptoms) commenced at various periods of day, by chills or trembling, or both, headache, universal feeling of lassitude, anorexia, thirst, some pains in abdomen, and, in the majority of cases liquid dejections supervened during the first twenty-four hours. Heat followed the chills, and then recurred several days in succession in nearly all the subjects—after which the skin was constantly more or less hot, and nearly always dry. These symptoms presented nothing in them peculiar to any disease, and showed that the affection had its seat in the abdomen, and they successively became more and more violent. A little earlier or later, at different periods of the disease, other symptoms began relating to the cerebral and abdominal functions, to the organs of sense," etc.

Again he says: "That in these cases, (alluding to cases in which was found the characteristic lesion of the ileum,) the ileum must be considered as having been the principal seat of the disease, and source of the *principal* and *first* changes in the system of the patient. Again, in this case, as in the others, the *first* symptoms can be attributed to the commencing disease in the ileum."

Again—"Between the symptoms and lesions of which we are treating, the relation seems to me to be not less evident than



“that which is obtained between those two orders of facts, as they take place in other affections—in *pneumonia* for example.”

Again—“I do not see how it is possible to doubt that the period at which these lesions began was exactly the same as that of the disease.”

Again—“Facts show that almost all (if not *all*) the symptoms observed in typhoid fever, and especially those that may be called characteristic, *depend on* the peculiar morbid change in the ileum.”

Of other coexisting lesions, he says: “Every time that there were complications, and one could by the aid of the symptoms discover the periods at which the different lesions commenced, that of the patches of the ileum was evidently the *first*.—And as in nearly all the cases which died, the *first* symptoms were connected with a lesion in the intestinal canal, we must conclude that the time at which the alteration of the elliptical patches commenced was the same as that of the disease, and *we must not consider this lesion as one of the effects of the fever*, but that it forms the *anatomical characteristic*.”

So far on the general subject. I will now collate for you a few of his remarks upon the relation of some of the individual symptoms to the primary lesions. Of the extreme lassitude and debility which ushers in and attends the disease Louis says: “But to what cause shall we refer the extreme debility observed in the majority of the cases? When it occurred at a late period of the disease we could to a certain extent, explain it by the condition of the organs, and the long disorder of the functions of the body, although so great a prostration rarely occurs in the course of other acute diseases. But in those cases in which there was considerable debility from the commencement, (which was common,) we could not give this explanation. We could not attribute it to the diarrhœa which did not then exist, or was very slight, nor to the abdominal pains, which were then not severe, nor to the cephalalgia which was generally dull, and the severest attacks of which in other acute diseases do not produce like diminution of strength, nor to any appreciable lesion of the brain, for the reason already given, nor to the state of the mucous membrane of the stomach, which was healthy in many

“cases, where there was extreme prostration of strength, and  
“whose alterations moreover commenced at a somewhat remote  
“period after the disease began. It is, therefore, necessary in  
“order to explain this symptom, to recur to the special lesion  
“which was just beginning, as acting sympathetically upon the  
“brain, or still farther to the cause, whatever it may be, which  
“produces this lesion.”

Of the *diarrhoea* Louis says: “The alteration of the patches was  
“doubtless the cause of the abundant alvine discharges.”

Of the *delirium* he says; “As there was only one lesion which  
“was constant, and always the same in all subjects, viz: the alter-  
“ation of the elliptical patches, we must infer that it is in this last  
“lesion, and not in any other that we must look for the cause of  
“the delirium, and more especially of the somnolency.”

Again—“Therefore we arrive rigorously at the conclusion, that  
“we must place the cause of the drowsiness in the peculiar altera-  
“tion of the patches, and this deduction is strictly true for all  
“the cases.”

The existence of the pain in the right iliac region, whether  
without pressure, as in many cases, or by pressure in nearly all, is  
too palpable and too significant to require citations from Louis.  
And of the other symptoms, attending the development and pro-  
gress of the disease, I will, without quoting, simply make the gen-  
eral remark that he traces them, one and all, to the same prolific  
source—the lighting up and progressive development of inflamma-  
tion and its sequences in the elliptical patches.

And now, concerning the relation of some of the accompanying  
pathological lesions—to the primary affection—I will quote a few  
specifications as types of the whole. He says: “The disease in  
“the mesenteric glands corresponding to the ileum, comes in sup-  
“port of this opinion—this alteration which was severe, necessa-  
“rily having been *consequent* upon that of the patches.”

Again—“It is certain that the increased size and rose color of  
“these (the mesenteric) glands could be attributed to *that cause*  
“*only which produces* so many other secondary lesions, viz: the  
“disease in the ileum. Thus it appears that the typhoid disease,  
“(in the ileum) seems to establish a marked predisposition to  
“morbid changes in the mesenteric glands, but not merely in those,  
“but in those of other regions, particularly of the neck.”

Of the lesions found in the large intestines he says: "The reddening, softening and thickening of the mucous membrane of the large intestines ought to be considered as *secondary* lesions, or as consequent upon those of the ileum."

Of the brain and meninges he says: "The lesions of the brain and its membranes, were generally very slight, and doubtless the product of the last hours or days of life."

And so on, as to the other morbid appearances in organs and tissues, which time and purpose forbid to quote, I will only further give you in this connection his comprehensive and note-worthy conclusions, thus: "Whence we must conclude that it (the typhoid affection) differs from others, not only by its seat and the character of its lesions, but by an important peculiarity bestowed by it, upon the different membranes and tissues of the body, which tend to produce ulceration in them! So that in this respect the typhoid affection is to other acute diseases what phthisis is to chronic disease."

Of a case or two among his post mortem investigations, which, to a less careful and candid observer, might seem to conflict with some of his conclusions based upon the almost unvaryingly extensive and destructive lesions of the patches, Louis says: "It probably never happens that individuals who die of a disease, the seat of which is well determined, are free from lesions in other organs besides that primarily affected; at least I have never met with any example. But in the larger number of these cases, the disorder of the organ is so great that death is explained easily by it, and we can to a certain extent neglect the consideration of the secondary lesions. But in others the primitive lesion is so slight, either from its commencement, or because it has retrograded sometime before death, that death cannot be explained without having recourse to accessory lesions, and we cannot but admit that had it not been for the addition of these to what previously existed, the patient would probably have recovered from the primitive affection."

Let it be borne distinctly in mind, gentlemen, that these quotations from Louis (and they might be extended indefinitely) were not only *bed-side* but *dead-room* conclusions, predicated upon forty-eight cases of fatal typhoid affection, and most scrutinizing inquiry by the knife, into all the organs and tissues of the body, followed by patient comparison and exhaustive analysis.

Now, whatever may be the short-comings of the French medical man, and of Louis, the representative Frenchman, it must be conceded, I believe, that in the *dead-room*, he is a model. His pathological researches are so inquisitively and thoroughly made, so honestly, clearly and vividly recorded—his deductions and conclusions are so rigorous, fair and legitimate, so free from bias and preconception, that it is simply impossible to arise from the careful study of his work on this disease, without the ineradicable conviction that it is something reliable, *something to lean up against* in reference to the facts of the disease after death, and, for the most part, in reference to the inferences and deductions drawn from the order and succession of its varied phenomena during life, and their relation to the fatal issue.

What *were* his conclusions pertaining to what was revealed by the knife, after death, from typhoid affection, and its relation to the development of the disease during life? Briefly these, viz: That from some occult cause disease was kindled up in the Peyrierian patches; that it was the initial departure from health, so far as known; that the first symptoms of febrile movement, the chills or trembling, lassitude, headache, anorexia, thirst, etc., were caused by this incipient inflammation; that these symptoms increased, and others supervened, *parri passu*, with the increase of this local affection, where begun, and its extension to other points; that the first symptoms are *entirely explicable* by this lighting up of disease in these peculiar structures; that the diarrhoea when commencing early in the disease (which was usually the fact,) was wholly referrible to this cause; that when the inflammation was sufficiently developed to cause pain, either without pressure or *by* it, the seat of such pain pointed unerringly and almost without exception to the region of these patches; that the remarkable and continuous heat of surface could only be explained by this structural lesion; that the early accompanying disease of mesenteric glands in immediate proximity was secondary to and caused by the primary lesion; that the later symptoms—the meteorism, the drowsiness, the delirium, the affection of the special senses, the lenticular rose eruption, the sudamina, the ulceration of the pharynx and œsophagus, when existing, and all the other symptoms which are manifested sooner or later, as the disease advances, are all

and singular, the sequence of the advancing and deepening disease of the patches as it passes on to and through its stages of softening, deposition of material, sloughing, absorption, ulceration and perforation, operating through the glandular sanguiferous and nervous systems as a blood poison or ferment, and thus exciting morbid sympathies and developing morbid products with more than geometrical progression. In a word, that all the symptoms manifested during life, and all the revelations of diseased structure after death, have for their initiative, their *fons et origo*, the disease kindled in one or more points in the Peyerian patches, and spreading therefrom. They are all secondary as to time, and sequent as to relation to the primary affection. If I mistake not Louis' opinion is that the affection is primarily a specific inflammation, made such by the nature of the occult agency acting upon these glands or by their peculiar anatomical structure, and their mysterious functions and relations to the mesenteric and mesocolic systems, and through *them* upon the entire organism. So much, and as concisely as possible, for the views of Dr. Louis and those who hold with him.

Dr. Flint, (and others,) whom my space forbids me to quote, as before intimated, while he recognizes the constancy of the Peyerian lesions, and, it may be, their gravity and significance, yet regards the disease as an essential fever, and these lesions as playing a part, perhaps a *leading* part in its symptomatology; or in other words, that the typhoid disease is a blood disease, primarily and essentially, and that the local affection of the patches is only one of its developments or symptoms. I hope and believe that this statement does no injustice to his views without lengthy citations. How he or any one who holds with him, can reconcile the facts that the Peyerian affection is an invariably constant element, while all the other symptoms and lesions are ever shifting and variable in kind and degree, and more especially the stubborn and conspicuous facts, that the very earliest and first symptoms during life, and the lesions after death *point to* and are *solvable by* this affection, while all the others are more or less secondary and consecutive. I repeat, how *any one* can make these facts consist with classing them all alike, as symptoms merely, I will not undertake to say.

My object at present lies not so much in reconciling one author-

ity with another, as in reconciling each with himself. One authority regards it as an essential fever, and treats it as such, and so far perhaps has the merit of consistency. But even *he* admits the affection of the patches is an important element in the fever, and its lesions, though symptomatic, are the gravest and most perilous; admits even that it is the first in the order of succession, and that the nature of the disease is inflammatory, specific and peculiar, if you please, but still inflammation, of a peculiar structure, having a peculiar function and extensive sympathetic relations to and affinities with the whole system.

Now, the query that has long dwelt unsolved in my own mind, and now finds expression, is, why this local inflammation playing concededly so very important and dangerous a part in the fever, as it does, *is not entitled to be treated* as a local inflammation? Inflammation, localized in any other organ or tissue, is *treated* as such—locally, if accessible, and systemically, if needful. Who thinks, for example, of treating inflammation of the brain, or its membranes, or of the stomach, or peritoneum, especially if it is possible to localize it, without efficient *local* treatment? Even when either of these structures or organs become affected consecutively in *this fever*, who fails—author or practitioner—to resort to local means for its abatement? And yet, we meet with the strange inconsistency of allowing *this* local affection, clearly of inflammatory nature in the first instance, confessedly the chief, if not the *only* source of fatal lesions in many cases. and of danger in all, to go unchecked and ignored so far as adapting efficient local measures to it, is concerned.

I do not forget that we are enjoined to give opium to relieve abdominal pain, and to apply emollient and other applications—possibly mustard—but all mainly with the idea of relieving suffering. Do we treat meningitis or pleuritis or stomatitis, with such mild means? To ask it is to answer it.

*Theoretically*, then, it seems unphilosophical and indefensible, in one who only regards the disease as merely a symptom of the fever, and yet admits it to be chief source and cause of danger, to adopt no local means to these local developments of disease and local sources of peril.

But of how much greater urgency is it to rescue from his inconsistency the author who views it as the *initial* point of morbid action, the *fons et origo* of the typhoid affection—the main, it may almost be said, the *only* cause of fatality—certainly the chief cause of the prostration and of the tedious convalescence so common in the disease. For such an one to utterly ignore this local source and cause of danger and death, is passing strange! And yet it is precisely this which Louis does, in his record of treatment, with hardly an exception. I can scarcely call to mind a single instance in which he adapted any local measures to eradicate or obviate the local disease of the patches. So far as *treatment* could indicate it, the idea of disease of the elliptical patches was the merest chimera conceivable. True, he applies leeches, but he finds no good place for them except about the head to obviate secondary brain complication! True, too, he resorts to the epispastic, but only upon the nuchæ, or the arm, or leg, can a suitable place be found, and then late in the disease, and with a vague idea of modifying some secondary symptom or lesion. The true seat and origin of disease, as he regards it, and as *he abundantly demonstrates* it by his post mortem researches, is wholly, systematically left out of view, until, forsooth, death supervened, and then we have a revelation of disorganization and destruction which he portrays for us with photographic vividness! No other adequate cause of fatality than the destructive lesions of the patches, and yet no attention, absolutely *none*, paid to them while under treatment! 'Tis strange, passing strange!

Theoretically then, gentlemen, this mode of treating the typhoid affection seems inconsistent and untenable. I shall relieve your patient attention when I have presented a few facts bearing upon the question at issue, and confirmatory of my position, and a few deductions and observations founded upon them.

Case 1—Called December 1st, 1865, to W. D., South Division street, male, aged 17, well developed, generally healthy and vigorous. He had complained for two or three days of headache, lassitude, etc. Found him unable to sit up from debility and dizziness; had had a partial chill and trembling; now had severe headache, though inclining to sleep, anorexia, thirst, heat of surface, pulse about 95, slight inclination to diarrhœa, pain in abdomen,

slight tenderness in right iliac region. Prescribed spts. nit. dulc. and quieting opiate. Diagnosis as to its being febricula or typhoid fever, undetermined.

Dec. 2d.—Found symptoms much the same; pulse about 100; tenderness in right iliac increased; several dejections from bowels; heat of surface and debility more marked; somnolency, anorexia, thirst considerable. Diagnosis still undetermined. Prescribed calomel grs. v, fiat pulv. ij, one to be taken three hours after the first, to be followed by seidlitz powder, dejection not being secured without; succeeded by opiate.

Dec. 3.—Bowels had been acted on, with characteristic discharges. Found pulse about 100; heat, thirst, sleepiness, prostration, pain on pressure in right iliac continuing much the same, inclining to delirium and slight tympany. Exact diagnosis still in abeyance. Continued treatment.

Dec. 4.—Found pulse about 110; other symptoms much the same, though slightly aggravated; epistaxis added. The diarrhoea and pain and pressure in the right iliac continuing, became satisfied of its continuous typhoid character. Prescribed opiate, spts. nit. dulc., epispastic 4x4 in. over region of right iliac.

Dec. 5.—Found pulse about 110, still inclining to somnolence and delirium; other symptoms not materially different; blister had just drawn. Diagnosis confirmed. Continued treatment.

Dec. 6.—Found him more easily aroused and clearer in his mind. Pulse 105; diarrhoea, thirst, heat, abdominal pain, slightly less. Continued treatment.

Dec. 7.—Found all symptoms slightly abated. Pulse about 95; diarrhoea under control; mind clearer; more tolerance of pressure in right iliac; debility and heat less marked; slight desire for food. Continued treatment superadding two grs. of sulph. quinia every four hours.

Dec. 8.—Symptoms not greatly less, but all in that direction. Pressure over Peyerian patches better borne, though still slightly painful. Continued treatment.

Dec. 9.—Symptoms improved in every respect; culmination apparently reached.

Dec. 11.—Convalescence has continued without interruption. Local symptoms in right iliac hardly noticeable, and so on (not to



dwell) gradually though steadily till well. Attendance discontinued on 16th.

My impression from the *ensemble* of the symptoms, was and is, that it would have been a case of grave, protracted, and perhaps fatal typhoid affection, but for the abortive treatment by the epispassic, etc.

Case 2—Called September 29, 1866, to Mrs. C. P., Perry street, aged about 24, spare, though vigorous. She had had prodromous symptoms, ending in chill, for three or four days previous, keeping about house. I found pulse about 85; anorexia complete; tongue slightly furred and dryish; frontal headache severe and continuous; thirst and lassitude extreme; abdominal pain severest on pressure over right iliac region; manifested great anxiety, etc. Prescribed quieting opiate and spts, nit. dulc. every four hours.

Sept. 30.—Symptoms not greatly varied, though all in the direction of increase; heat of surface marked and unintermitted; bowels inclining to looseness. Full diagnosis in abeyance. Continued treatment.

Oct. 1.—Symptoms slightly aggravated; pulse about 95; headache severe; prostration extreme, inclining to faintness; great intolerance to pressure over right iliac; slight diarrhœa. Prescribed calomel grs. iii, in three hours the same; movement of bowels to be followed by opiate, every four hours.

Oct. 2.—Symptoms aggravating; pulse 110; anxiety changed to hebetude, though conscious of headache and abdominal pain, especially on pressure in right iliac. Becoming confirmed in opinion that she had incipient typhoid affection, prescribed continued treatment, and added epispassic over right iliac.

Oct. 3.—Symptoms not greatly changed, though in the direction of aggravation. Pulse about 105; somnolency and debility increasing; blister had not fully drawn, so continued it and other treatment.

Oct. 4.—Blister complete; symptoms not very different, though with less of abdominal pain and fewer dejections. Continued treatment.

Oct. 5.—Symptoms continued much as before, with slight increase of drowsiness. Continued treatment.

Oct. 6.—Symptoms continuing and of deepening tendency, from

increased hebetude; complained less of pain of head and abdomen; still, as blistered surface would now admit of pressure upon it, found considerable tenderness over right iliac with some meteorism. Satisfied that the disease of the patches, though checked, was not adequately subdued, I directed repetition of blister and continued treatment.

Oct. 7.—Blister well drawn; symptoms not greatly changed—certainly not aggravated; pulse four or five less.

Oct. 8.—Symptoms generally mitigated; pulse 100; heat and thirst less; diarrhoea checked; hebetude somewhat abated; pain not mentioned; more competent and disposed to muscular exertion. Continued treatment.

Oct. 9.—Symptoms still in the direction of improvement. As the seat of the blister would now admit of pressure, found less of tenderness and meteorism. In brief, the disease had culminated, and convalescence was established, and continued very slowly, though very steadily to complete restoration. Attendance was continued five or six days from this date, but with no anxiety or doubt as to the result, so that giving the daily record is superfluous.

Case 3.—Was called November 3, 1866, to Mrs. V. C. N., Tenth street, aged about 38, of fleshy, full habit, and general good health. She had been ill a few days, though about the house. Found her unable to sit up from debility and dizziness. Pulse about 98; had vomited; had headache, anorexia, thirst, abdominal pain, with great intolerance of pressure in right iliac region, great mental agitation, several liquid dejections, etc., etc.

But, in order to abbreviate my paper, rather than give the daily record, I will concisely say, that the history of this case and of its treatment was nearly a repetition of case two, excepting that I applied the epispastic some day and a half earlier, and had a corresponding abatement of urgent symptoms and culmination of the disease, and also obviated the necessity of the second epispastic. If my diagnosis in these cases is open to question, I can only say that they (especially Nos. 1 and 2) lacked few, if any, of the characteristic symptoms of the *early* stages of the disease. Of course the lenticular rose spots, the sudamina, the severe brain and nerve symptoms, etc., were not present, because, according to

Louis and Flint, they are incident to later stages of the affection. The eruption rarely appearing sooner than the second week, and the sudamina and severe brain and other complications at a still later period, and all of these and all of the other symptoms are of ever varying degree, even when existing, which none of them always are. They are all secondary to and symptomatic of, the one primary affection, requiring the kindling of morbid sympathies and the absorption of morbid products of the diseased patches, with the accompanying highly fermentative febrile movement for their development and dissemination.

I do not need to be reminded, gentlemen, that neither one swallow, nor three swallows makes a summer. Neither can three cases settle a disputed question of treatment. I only claim that in these cases the disease, whatever it was, was *aborted* by the thorough application of epispastics, inasmuch as the affection showed not the slightest indication of abatement until this measure was adopted, but a marked abatement immediately thereupon.

To my own mind they serve as strongly confirmatory of Dr. Louis' view of the affection, that it is primarily and essentially a disease of the Peyerian patches. But even upon the supposition that this affection is only one of the symptoms of an essential fever, yet, with the concession that it is one of the *earliest* symptoms, and always indicates the seat of the gravest lesion, and therefore the source of the greatest peril, it seems to me to clearly fulfill the most urgent indication, and by consequence to be the most rational and consistent treatment.

Is the objection raised that it sometimes occurs in this affection that the indication of pain in the right iliac, even by pressure, is slightly or wholly wanting; yet, according to Louis, predicating the affection to be typhoid fever, the incipient disease is none the less *there*, though latent, masked and undemonstrative. And *if* there, I would like to make Louis consistent with himself, by treating it according to its nature and seat.

It perhaps ought to be said, in extenuation of the practice of Louis and others, that, being cases in hospital, and therefore generally coming in hand with the disease fully established and often well advanced, recourse could not be had to abortive treatment with hope of success. But in this class of cases, with the evidence

which post mortem research has furnished, that while the affection of the glands first involved may have passed on to the stage of deposition of typhoid material, or sloughing, or ulceration, yet other portions of the patches in immediate proximity, are in varying stages of inflammation, from the most incipient to the most advanced, it seems still most obviously indicated, that the *extension* of the disorganizing process should be obviated or stopped; and that local treatment by persistent, and if need be repeated, blisters, or these preceded by local leeching will effect just *that*, I firmly believe, and therefore earnestly insist.

Moreover I am very far from conceding that these measures are powerless, or, are not of great potency in modifying and limiting the later stages of this destructive process, viz: softening, sloughing and ulceration. Whatever theory we may adopt in reference to the nature of these processes, while I have no experience bearing upon the point, I believe future observations will establish this treatment, as just what is required, and therefore our most available resource in limiting and controlling these processes, and thus obviating that common and inevitably fatal termination, perforation of the peritoneal coat of the intestine.

I speak above of local leeching, not from observation, but inferentially, and from analogy. To my own mind there is no internal organ or tissue in the whole system that responds more if *so* readily and agreeably to prompt and thorough surface treatment in immediate contiguity, as do the Peyerian structures. In my judgment leeches are decidedly indicated, when for any reason the epispastics are inapplicable or ineligible. It would probably be wise to precede the latter by the former, in any case where there is the least doubt that the epispastic, first or second, would be effectual. In my hands the single epispastic, or its repetition, has proved all that could be desired. But analogically there can be little doubt that in any urgent case leeching is strongly indicated, nor that it might be frequently expected to preclude the necessity of the epispastic. If used at all, of course it must precede the latter.

I would make no issue, gentlemen, upon the received views of authorities, as to the indications for treatment of fevers or other affections, when there are no obvious and palpable causes for the febrile movement. **Being in the present state of knowledge purely**

systemic affections, involving no one organ or tissue more than another, we are shut up to the necessity, perhaps, of treating them *systemically*.

But I humbly submit that, from the light thrown upon our pathway, by the symptoms during life, and preëminently by the scalpel, after death, the affection under review, should no longer be left in that category; to do so, in this particular, it seems to me, is to make questionable the claim for our science and art, to the title of *rational* medicine. Theoretically it is unreasonable and illogical. And the logic of events and of facts speak equally, if not even more strongly, against the received view, and in favor of a reform or an *advance*.

A choice fruit-tree is found shriveling in its foliage and blasting in its fruitage. Does the expert horticulturist spend the least time or thought in directly treating either leaves or fruit? Does he not rather search out for their annihilation, the canker-worms at its root, or apply his remedies to the ill-adapted or pernicious soil? Or, as more closely illustrative: In a long standing case of disease of the os or cervix uteri, do we call it good practice *now*, to waste time and energy in administering directly or systemically to the cephalalgia, or other neuralgia, or to the heart palpitation, or to the general debility and incapacity for exertion? True, the time and within the memory of most of us, when, from our ignorance of its true pathology, and in the absence of the speculum, we spent many months, and it may be years, in ministering to the symptoms and incidents of the disease as they were manifested in distant organs and functions, and ever with unsatisfactory results, either to our patients or ourselves. But now, the direct application of the *caustic*, has changed all that, and our symptomatology and pathology are *reconciled* to our therapy, and the *trio* instead of being discordant as formerly, are brought into unison and harmony, and thereby are a credit and an honor to legitimate medicine. Precisely this, and nothing more, it seems to me is demanded in regard to the typhoid affection.

This done, and while I have no aspirations for the honors of a prophet or the son of a prophet, me thinks there cannot be great presumption in predicting, that ere long, protracted, and especially *fatal* typhoid affection, shall be known only as a thing of history.

DR. GAY said the paper read by Dr. S. was elaborate, well written, and pleased him much, but it had failed to convince him (Dr. G.) that typhoid fever was abortable. The first question presented to our minds in the dissertation is that of the controversy between the solidists and humoralists. The Doctor, it seems, is a solidist, and a disciple of Louis, the primary seat of the typhoid fever is in the glands of Peyer—the mucous membrane inflames and ulcerates; in short, the fever is at first an inflammation, and if promptly met by vesicants, etc., the ordinary phenomena which occur in developed fever will not appear, but the disease will be aborted. The Doctor's reasoning is deductive, and if his premises were well established, his conclusions would have some show of truthfulness. But I assume that typhoid fever is not primarily a lesion of the glands of Peyer; that lesion of these glands is an intercurrent affection, that in obedience to certain immutable laws pertaining to and inseparable from the fever, the mucous membrane, becomes the seat of local inflammation, as in the exanthemata the skin becomes the seat of local inflammation. Scarlatina and variola are recognized diseases, even when there is no eruption; the eruption does not constitute the malady; it is but secondary or consequent upon, and is part of the disease only. The disease itself, is a blood poison, a general disease, whether it be scarlatina, measles, or typhoid fever. What the blood poison is I cannot say; occasionally we see a patient overwhelmed by the poison, and dying at once—post mortem showing no lesion of the intestines. By a process of catalysis, poison, acting upon the blood decomposes the blood, or the blood like any other compound body becomes decomposed without the agency of any poison; when in its decomposed state, from whatever cause, whether it be poison conveyed from without or otherwise, is it not a poison, and a sufficient poison in such abnormal state to account for the production and all the phenomena of fever—the mildness or intensity of the fever depending upon the amount or degree of such decomposition? When a patient is at once overwhelmed, post mortem reveals the blood entirely decomposed, and in a fluid condition; when the fever runs on a mild course the indications are that the blood undergoes only partial decomposition.

If the views of the humoral pathologists be correct, then we

see the propriety of those expressions sometimes made use of with regard to typhoid fever, that it is or is not of the Peyerian type, and the position I assume to be true, that typhoid fever may or may not be complicated with ulceration of Peyer's glands.

To sum up the whole matter the Doctor, it seems to me, has placed, or rather misplaced, cause for effect, and vice versa, and although his paper is interesting and very instructive, he has clearly failed to make his point in the case.

DR. CRONYN, after congratulating the author on the eloquent delivery and careful arrangement of the extracts presented from Louis, took exception to the doctrine of "typhoid affection," as sought to be proved thereby, quoting in corroboration of his opposition to the views of the author and of Louis—Budd, Chambers, Gardiner, Murchison, Tweedy, and others, and further that the antiphlogistic treatment which the author seemed to rely on as a part of the proof of the correctness of his Peyerian gland theory, had been most faithfully carried out by Andral, and *exactly* with corresponding fatality, concluding by insisting that notwithstanding post mortem examinations, such as Louis made, exhibited those glands in a diseased state; it was illogical to conclude therefrom that they were the primary seat of the morbid poison, but rather a secondary effect occurring in the natural process of elimination.

DR. LOTHROP said that he wished to compliment Dr. Strong upon his paper. He thought that in its manner it was admirable, in fact a model of research and style. With the matter of his paper he could not agree. In the first place he could not admit that all diseases involved some structure, so that diseased structure was at the foundation of all diseases. Upon this theory it would be hard to explain the important class of blood diseases, in which no structure was involved, unless it was assumed that the blood globule was such.

If M. Louis' doctrine, that the essential element of typhoid fever is the local affection of Peyer's patches, is true; if it is the primary affection and all else secondary, then Dr. Strong was not only right, but logical, in the treatment he recommended. But even assuming that local treatment of the inflamed patches by blistering may be the best course, the cases which Dr. S. had rela-

ted were too few to prove anything. According to his statement they arrived at the crisis in about seven days, which was ordinarily reckoned one of the critical periods of the disease.

He believed, however, that the affection of the Peyerian patches was secondary. It was a constant lesion; Louis found it in all cases which he examined after death. The best modern authorities consider it secondary, the primary affection being a blood poison. Some think that the affection of the glands is in some way concerned in the elimination of the blood poison, or in other words that the special material in the blood for which the fever poison has an affinity, is eliminated through these glands, and hence the morbid changes in them.

In regard to the abbreviation of the disease, it was probable that more could be affected in the early stages than was generally admitted. We know that if two persons exposed equally to the morbid fever poison, and each equally exhibiting the initiatory symptoms, viz: lassitude, headache, etc., one will go on with a regular course of the fever while the other will escape. We say in explanation that from the outset, though both appeared alike, one was to have a regular fever and the other not. This is probably not a good explanation. It is not right to say that the poison of typhoid is an entity, and if a man gets it he gets the whole, and its effects must go on; that he must either get the whole or none. The probability is that the effects are proportioned to the intensity of the poison. The more intense, the more severe will be its effects. If a man gets only a certain amount of the poison, nature may be competent to eliminate it before it has time to work its disorganizing influence upon the blood. The influence will then end with the initiatory symptoms. There is no doubt that by treatment we may aid nature in the elimination, and thus in a certain sense avert an attack of fever. If the poison is too intense to be eliminated by nature, aided or unaided, it will exhibit its influence in a regular course of fever, going on to crisis, or complete elimination.

But even under these circumstances it is a question whether its course cannot be abbreviated by treatment. Dr. James Jackson, whose opinions are always to be respected, made a number of observations to prove the effect of emetics given early, to shorten



the course of typhoid, and if statistics are worth anything, proved that they shortened its duration. The same was true of cathartics. In other words means which are ordinarily called eliminative had a favorable influence upon the duration of the disease. It was an old belief that fevers could be broken up, and eliminatives, by skin, bowels, and kidneys, were used for that purpose. Perhaps the idea was not as absurd as it has of late been pronounced. There may be more in it than has been granted.

Dr. H. M. Congar was elected to read an essay at the next meeting.

Adjourned.

T. M. JOHNSON, M. D., Sec'y.

## Correspondence.

### Atomized Inhalations in Diseases of the Air Passages and Lungs.

BY W. M. CORNELL, M. D., LL. D., OF BOSTON.

To Dr. J. F. Miner, Editor of the Buffalo Medical and Surgical Journal:

Dear Sir:—I have read your valuable Journal for several years with pleasure and profit, and as I always wish to do something for something, I send you the following, which you may give to your readers if you deem it worthy:

Some family characteristic early called my special attention to this class of diseases, belonging, as I did, to a consumptive family.

In 1850, I wrote some twenty or more pages upon this subject, or rather upon the "Inhalation of Vapors and Powders" in these diseases, then published in the *Boston Medical and Surgical Journal*. In those I gave the experience of the profession in inhalation, down to that period, with my own, in experiments with various remedies, among which the following notices may be found in the edition of the U. S. Dispensatory for 1850, by Wood & Bache, under the article, "Argentum—Nitrate of silver in impalpable powder, mixed with an equal weight of lycopodium, and used by inhalation, has been found beneficial in ulcerated sore throat, laryngitis, bronchitis, and incipient phthisis, by Dr. W. M. Cornell, of Boston." In the edition of the same work, of 1865, page 1014, the same notice is continued, with this addition: "The salt,

used in this way, has since been successfully employed in the treatment of chronic laryngitis, by M. Trousseau, of Paris, and others." In the same manner I then used alum, and various other medicinal articles, with considerable success.

I now refer to these facts merely to remind your readers that I have long paid special attention to this mode of treatment in this class of diseases. Still, I wish it to be understood that I have never employed *inhalation* to the exclusion of general treatment, when it was indicated. However beneficial one kind of treatment may be in some cases, I do not believe in making it a *hobby*, or relying upon it solely in all cases. Recently, you are aware, an improvement has been made in inhaling *atomized* fluids, and the special object of this paper is to state the experience which I have had with this mode of inhalation. The remedies used with the atomized are the same that I used in powders and vapors; but the atomizer, I acknowledge to be an improvement upon my former plan, which had been adopted by Trousseau and others. I did not invent the atomizer, but I readily adopted it as an improvement upon what I did invent or try. I have had under treatment the following cases to report:

1.—Myself. It is now thirty years since I left the pastoral charge on account of a chronic debility of the vocal chords, which caused permanent hoarseness, in consequence of which I was unable to preach. I had no cough—no pulmonary disease. The whole difficulty seemed to be located in the larynx. I am not aware that any medical treatment was of any service, and I soon relinquished all attempts to remove the difficulty by medicine. The hoarseness would come on suddenly, as though by a cold, and leave as suddenly, of its own accord, and usually as soon without, as with medicine. My general health was tolerably good; and, as I had previously studied medicine two years, I completed my medical education and commenced practice in Boston, where I practiced nearly twenty years. A part of this time my voice was clear and strong; but I could place no reliance upon it, as I would be able to speak in public one day, and so hoarse the next that I could scarcely be understood.

In 1852 I spent a winter in Philadelphia. While there I had much less hoarseness than I usually had in Boston. In 1859 I

removed from Boston to Philadelphia, chiefly on account of this difficulty, and I remained there several years. During that time I had very little hoarseness. I then returned to Boston. Last winter I had two severe attacks of my old complaint, from the last of which I did not recover till I went to Philadelphia, and in two weeks I was free from the complaint and my voice good. I have been more or less hoarse several times the past summer in Boston, and at this present time, September, 1867, am laboring under a severe attack of my old malady. What there is in the Boston atmosphere to cause the difficulty, or in the air of Philadelphia to remove it, I do not know. I know only the facts.

I have thus gone into my personal history to prepare the way to state what I have found the most benefit from in the way of atomized medical inhalation. Perhaps I ought to add, during these thirty years I have not been sick or laid aside a day, nor gained nor lost two pounds of flesh, so well balanced have been the loss and the repair.

Your readers must not infer from this statement that Philadelphia is generally a more healthy city than Boston; for, while it is a better climate for lung and throat diseases, as it proved in my own case, it is not so favorable to disease operating upon the apparatus of digestion; and, while I was free from any trouble of the air passages, my wife lost her health and became very feeble by a nervous dyspepsia. But she has improved since our return to Boston.

I had found some benefit from the powder named above, in my own case. I had also employed alum in the same way; but in my case it was not as beneficial as the argenteum. When the *atomizer* was first invented I tried the alum and the argenteum in my own case, but derived only small benefit from their use—not half so much in my own case as I have seen in many others. I have received more benefit from muriate of ammonia, grains x to aqua ℥i, and inhaled three or four times daily, than from any or all other remedies. I had been vexed with a catarrh, hoarseness, and more cough than I ever had before. It had been growing no better for ten days, during which time I had inhaled atomized alum, argenteum, and various narcotic medicines. I tried a very weak solution of muriate of ammonia, only grains v to ℥i of water.

The effect was very perceptible. The voice immediately began to improve; the cough loosened, expectoration was facilitated, the head felt better, and the general symptoms were all mitigated. I then increased the dose to grains x to aqua  $\zeta$ i, and found still more improvement, so that I have since tried no other remedy.

I had purposed to write out from my note book a number of cases, with the various results of treatment; but perhaps I have written enough for one number of your Journal. I will send the others for a future one, if you think it best to publish this statement.

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## Miscellaneous.

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### On the Indiscriminate Use of Alcoholic Stimulants in Disease.

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BY SAMUEL WILKS, M. D.,

Physician to, and Lecturer on Medicine, at Guy's Hospital.

In a clinical lecture delivered at Guy's Hospital on the above subject, Dr. Wilks said, "To my mind, the most important question in therapeutics at the present day is the value of alcohol in disease. If it be said that its frequent use is an evidence of its potency, this is the more sufficient reason why its administration should be watched with the extremest care. Like other drugs, it may be beneficial, useless, or harmful. Fevers will do well without this remedy. So wedded, however, are some to the idea of the absolute necessity of stimulants, that they have expressed almost incredulity when they have heard it stated that fevers will terminate favorably without them. Of course stimulants are often needed; but young persons with typhus and typhoid do far better, I believe, without them. That they make good recoveries on simple milk diet is a fact which my hospital cases prove, and which no arguments can gainsay; and, on the other hand, I have seen a marked improvement take place in some cases where a stimulus has been left off. It is also a fact that in bronchitis I have repeatedly seen improvement after stimulants have been omitted; and, as regards heart-disease, I am convinced that the amount of mis-

chief done by stimulants is immense. In the case of fevers and bronchitis, the weak pulse is often but an indication of extreme capillary congestion, and a stimulus to the heart only aggravates the evil; and in the case of a diseased and weak heart, where repose is indicated, a constant stimulation by alcohol adds immensely to its trouble.

“It causes me daily surprise to observe how the effects of stimulation are overlooked. Often have I been called to see a patient apparently dying, sometimes of a nervous disorder, at another time of a liver complaint, and at another of heart-disease. He is lying in bed, where he (or she) has been for some time, and kept alive (as it is said) by brandy; the breath is abominable fetid; the heart’s action is so rapid that it is impossible to say whether the organ is diseased or not; the patient refuses food, or if this be taken, it is rejected, and so he is plied with brandy to keep him alive; the body is, in fact, saturated with spirit, or its elements. My first remark on seeing such a case is, that a man cannot live on alcohol; he must take some food, or he will die. The correctness of such common-sense remarks is admitted, but qualified with the statement that no solids can be taken, and that if stimulants be omitted, it is feared the patient will sink. It is assumed that the constant administration of brandy is necessary for the temporary maintenance of life, and the idea never seems to have been conceived that the stimulation of the heart causes the weak, fluttering pulse, and the stimulation of the stomach a subacute gastritis. Do you ask me what method I adopt? The simplest possible. I withdraw every drop of the stimulant, and in a few hours the irritated stomach is partly restored to its normal condition, the nervous excitement abates, the patient takes a little food, and begins to mend. Do you ask again, whether I do not fear any frightful results from the sudden withdrawal of the stimulus? I say, not the least; I have no fear of the consequences. Not of delirium tremens? Not in the least. This is a disease not induced by the withdrawal of stimulants, but, on the contrary, is produced by a recent debauch. For the production of delirium tremens the patient must have been such an habitual tippler as to have weakened his brain, and must then have had an overdose of the stimulant to set up the disease. There are no facts to show that the

withdrawal of the accustomed drink is attended with any evil results, although I know that an imaginary fear of this kind leads to an erroneous and vicious method of treatment—the plying the patient with a stimulant during the violence of the attack, the effect of which is to prevent or prolong the cure. Rest and repose, with the avoidance of stimulation, is the treatment which the patient requires. The success of digitals may be mentioned in corroboration of this view. I repeat that there are no facts to show that delirium tremens is produced by the withdrawal of stimulants, whilst it is a fact, as I could illustrate by many cases, that nothing but good results from its absolute discontinuance in the desperate cases to which I have alluded.

“That many cases of disease of various kinds would do far better without stimulants I am perfectly confident. But lately I have seen the case of a gentleman, about sixty years of age, who passed through a most severe attack of pneumonia without the use of stimulants. He had been a tolerably free liver, and would not have been called a good subject; but having before me the case of another gentleman of the same age, who had just died of pneumonia, and who had taken a large lot of brandy, I readily acquiesced in the patient’s own view, that none should be given. It is very remarkable what extremes we have reached, and on how slight a scientific basis is founded the treatment of pneumonia. Not many years ago the antiphlogistic method was adopted, including bleeding, antimony, calomel, etc.; then came the ‘let alone’ method, and now we have the brandy treatment. What the need of this can be with Professor Hughes Bennett’s statistics before us, I do not comprehend. My own opinion is (but of course this is only an opinion,) that in any given number of cases a larger majority would recover under the old antiphlogistic treatment than by the more modern method by brandy. As regards heart-disease, the utmost discrimination is required in the use of stimulants. There are cases where an undoubted benefit is produced by them; but there are others, and these I have seen repeatedly, where alcohol has induced palpitation, fluttering, great distress, and constant sleepless nights, but where, on the other hand, the withdrawal of the spirit, and the substitution of a dose of digitalis or henbane, has been of the most essential service. The administration of a

stimulus, in the attempt to overcome disease, in lieu of good and well-tried remedies, evinces the very worst form of medical skepticism with which I am acquainted.

“It is not only in these severe cases of disease, but in lesser troubles, that your recommendation of stimulants may do incalculable mischief. You visit, for example, an ailing lady, and she details to you a number of troubles of a nervous and dyspeptic character. She is sitting in-doors all day, taking no exercise, living well, and consequently drifting into a weak and flabby condition. You place your hand on her pulse, and, finding it feeble, condole with her on her state of health, assure her that she does not live well enough, and order her a few extra glasses of wine or a little brandy.\* You find that she grows no better for the advice; but perhaps you never reflect that you have been adding fuel to the fire. Knowing not what to do in the way of treatment, you order her out of town, and she immediately begins to improve. She goes to Brighton, rides on horseback, or walks miles a day on the Parade, regains her appetite, craves less for stimulants, and her health is restored. If, on the contrary, you fail to remove her from her home, she goes on from bad to worse; she takes to her bed, eats less food, drinks more wine and brandy, until, having become one mass of fatty degeneration, life can hold no longer, and death ends the scene. This lady has been killed with kindness. This is no imaginary case; my mind’s eye is carrying me to the bedside of more than one such instance. Do not then assume that alcohol is an equivalent to a tonic, and that it must be necessarily administered because your patient is weak. It may be that that very weakness is due to the long-continued pernicious effects of this same stimulant; indeed, as you have often heard me say in the out-patient room, if a man comes into our presence with a tottering gait, bloated face, and his nervous energy all gone, you may be quite sure that he has been taking ‘strengthening’ things all his life”—*Lancet*, April 27, 1867.

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\* The word “little,” it must be remembered, has long ceased to maintain its original signification in reference to eating, drinking, and physicking. It would be extremely vulgar were we to be asked at our dinner table to take otherwise than a “little” more; and the doctor would not be forgiven by his patient were he, in detailing the ingredients of his prescription, to state that he had administered the regular dose, but that he had given only a “little” of this or that. When therefore a patient is ordered a “little” brandy, the objection in no way qualifies the amount.

### On the Diarrhœa of Enteric or Typhoid Fever.

By Dr. George Johnson. Physician to King's College Hospital.

[During a quarter of a century Dr. Johnson has seen two different and opposite plans of treating the diarrhœa of fever. The late Dr. Todd gave repeated doses of opiates and powerful astringents. When the stools were frequent it was a common practice to give an enema of starch with laudanum, twice, thrice, or even oftener, in the course of the day. This practice was not attended with satisfactory results.]

All this has been much changed during the last few years. There has been no change in the type of typhoid fever; the disease is, in every respect, the same as in former years. There is the same intestinal ulceration; but the intestinal symptoms are far less troublesome. There is much less of obstinate diarrhœa, much less of distressing tympanitis; and this amelioration of symptoms is coincident with a complete change of practice. I have described the former mode of treatment. Our practice now is, as a rule, to leave the diarrhœa alone, and rarely to give opiates or other astringents to check it. You will understand, of course, that I am speaking only of the practice in my own wards. It is a most unquestionable fact that, since the discontinuance of the opiate and astringent treatment, the diarrhœa and the other intestinal symptoms have been far less troublesome to the attendants, and far less distressing to the patients.

And it appears to me that the explanation of these different results is not difficult. In most cases of typhoid fever, there must be more or less of diarrhœa; for there is ulceration of the bowel, and, as a consequence of this, morbid secretions are poured out, which irritate the bowel and have to be expelled. This is obvious, without entering upon any theoretical considerations. If now, while this morbid process is going on in the intestines, repeated opiates are given, either by the mouth or by the rectum, the effect is certainly not to stop or to check the ulcerative process in the bowel, nor to prevent the pouring out of morbid secretions from the ulcerated surfaces; but to lessen the sensibility of the bowel, and so to retain the morbid secretions until they decompose, give off offensive gases, and thus become a fresh source of irritation



and distress. I attribute the unfavorable results of this practice mainly to the effect of the opiates in preventing or retarding the expulsion of the offensive secretions from the bowel.

Not long since some of you had the opportunity of seeing the effect of discontinuing the astringent treatment in the case of a young woman who was admitted at about the end of the second week of typhoid fever. She had been under the care of a friend and former pupil of my own, and he told us that she had been treated by logwood and laudanum every six hours, yet, in spite of this, the diarrhœa had been profuse and frequent up to the very time of her admission into Twining Ward. I directed her to be put upon the usual fever diet, and to have a dose of colored water three times a day. The troublesome diarrhœa ceased immediately; the bowels acted only once or twice a-day. She made a good recovery; and my friend frankly admitted that the "let-alone plan" had been much more successful than his opiate and astringent treatment.

In our endeavor to explain the undoubted fact, that the intestinal symptoms of typhoid fever are now much less troublesome than in past times, it is right to mention that in some other particulars our treatment has been modified. We now give much less medicine of every kind than we formerly did; and, in particular, we avoid the risk of irritating the bowels by repeated doses of mineral acids. We give alcoholic stimulants more sparingly and with more discrimination. As a rule, we give none during the early stages of the fever; when I am convinced that their indiscreet employment often increases febrile excitement, cerebral oppression, and gastro-intestinal irritation. In short, our chief reliance now in the treatment of this fever is upon rest in bed, with good nursing, judicious feeding, and stimulants when necessary. Our patients are fed mainly upon milk, beef-tea, eggs, and arrow-root.

If you refer to Trousseau's *Clinique Medicale*, (tome i. p. 258,) you will find that his practice, when the stools of typhoid fever are frequent and abundant, is to give saline purgatives—either sulphate of soda or a Seidlitz powder. This treatment he thinks especially indicated, when the diarrhœa is associated with much flatulent distention of the bowels, and in such cases he repeats the

dose several times. If, after this, the diarrhoea continue, he gives what he calls absorbent powders—nitrate of bismuth in combination with chalk, and in some cases small doses of nitrate of silver, but he makes no mention of opium as a remedy in this class of cases.

When the intestines become much distended by a mixture of air and liquid, the relief which follows evacuation of the bowels is often great and permanent. This may sometimes be effected by a laxative enema, but in most cases more surely by a tablespoonful of castor oil combined with a few drops of laudanum in some aromatic water. In such cases, if we can get rid of irritating secretions by a mild evacuant, we are acting on the principle which should continually guide us in the treatment of typhoid fever, namely: to ensure as much as possible of rest for the diseased intestine. The intestines in these cases may be irritated by uncalled-for drugs, by injudicious feeding, by the untimely or excessive administration of alcoholic stimulants, by the accumulation of morbid secretions within the bowels, by muscular exertion on the part of the patient, or by rough pressure over the abdomen on the part of the practitioner. All these known sources of irritation and of injury ought, therefore, to be most carefully avoided.

In conclusion, let me say emphatically that, when peritonitis is threatened, or actually present, whether the result of perforation of the bowel or of the ulcerative process extending deeply into the tissues, our main reliance is upon absolute rest, light hot fomentations over the abdomen, and opium in full and frequent doses. I have seen cases apparently the most desperate recover under this plan of treatment; one case in particular, that of a girl, eleven years of age, in whom all the symptoms of perforation of the bowel were present. In such a case, when recovery takes place, however sudden and severe may have been the onset of the peritoneal symptoms, it must of course remain doubtful whether perforation of the bowel had actually occurred.—*British Medical Journal*.

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AMBLYOPIA PRODUCED BY TOBACCO-SMOKING.—M. Viardin has reported three cases of amblyopia caused by smoking. In the treatment of these cases the quantity of tobacco smoked was reduced under the direction of M. Viardin, and the sight was restored in the course of a few weeks.

## Blisters in the Treatment of Typhoid Fever.

BY M. LOUIS.

Blisters ought to be banished from the treatment of the typhoid affection. If they exercised any influence upon the duration of the disease in the patients who have recovered, it was by prolonging it a little.

I have not only rejected vesication from the treatment of pneumonia; I have also ceased to employ it in pleurisy and pericarditis. How can we believe that the effect of a blister is to check the inflammation, when this blister is one inflammation, superadded to another? in thoracic inflammations their usefulness is neither strictly demonstrable *nor even probable*.

One thing is most assuredly beyond question, and we should never be weary of repeating it, *that the therapeutic value of blisters is unknown*; that it must be studied by the aid of numerous and carefully noted facts, *just as if nothing at all were known about it*.

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### Extracts from a European Letter to the Medical Record.

FROM PROF. F. J. BUMSTEAD.

Personal interviews with the two physicians just named [Rollet and Diday,] were most agreeable. Diday I should judge to be about 54 years of age. He looks not unlike our friend, Dr. A. C. Post, and has all the activity and vivacity of the latter. He was much interested to know whether anything was doing in America with regard to the prophylaxis of venereal, a subject which at present is engaging renewed attention, both in France and England. A novel and rather questionable idea advanced by Diday is the parasitic origin of all venereal diseases, including gonorrhœa. His argument is this: It is the prerogative of organized beings to produce their like; venereal and other contagious diseases reproduce themselves, and hence must be of parasitic origin. Diday expects that this view will yet be confirmed by the microscope. \* \*

Arriving in Paris a few days afterwards, of course I made it one of my first objects to see Ricord, the Nestor of the syphilitic world, and one of the few bright lights of twenty years ago still remaining. I was told that I should be likely to find him the least

occupied at about eleven o'clock in the evening, when his office hours, which commenced at four in the afternoon, were *nearly* over. Calling at this hour, however, I found his waiting-room still filled with patients, and he afterwards told me that he was rarely through before twelve or one o'clock. Ricord has "aged," as an Englishman would say, since sixteen years ago, but his activity and endurance may be inferred from the amount of work of which he is still capable. If any medical man ever had reason to be satisfied with the well-merited honors that all confer upon him in his green old age, it is certainly he. There was no time to talk over with him any of the mooted questions of syphilis, but there is no doubt (and my friend, Dr. Atlee, of Philadelphia, will please notice the fact,) that Ricord now admits in full the recent doctrines upon venereal diseases, including the duality of virus, the contagiousness of the secretions of secondary lesions and the blood, and also vaccinal syphilis. Such was the universal testimony of his friends in Paris, and I afterwards heard the same from Mr. Acton, in London, who had recently spent several days with Ricord, and had freely conversed with him upon these topics. \* \* \* \* \*

From Fournier's lecture-room I went into Maissonneuve's wards, where I found him making his visit and surrounded by a crowd of students. On being introduced to him, he stopped to compliment the success of American Surgery, and, among several instances, mentioned the remarkable results obtained in ovariectomy as compared with the results of the operation in Paris. I suggested that the atmosphere of hospitals was peculiarly unfavorable to this operation, but I soon found that I had touched him in a tender spot, for he immediately began a lecture lasting at least twenty minutes, in which he attempted to show that atmospheric and local influences have nothing whatever to do with the success or failure of any operation, and that everything depends upon the skill of the surgeon! "When we know how to operate in cases of ovariectomy as well as American surgeons," said he, "we shall have equally as good results." One of the internes whispered to me that this was a favorite idea of Maissonneuve, and that I had better not reply to his arguments if I wanted to see anything of his service, since he would keep on talking all day. Maissonneuve is as fond of using the *ecraseur* and his *urethrotome* as ever.—*Boston Medical Journal*.

## Editorial Department.

### Written Prescriptions.

In all the larger cities, physicians have adopted the plan of making a written prescription, and of entrusting the compounding as well as the selection of the material of which it shall be composed, to the druggist. It is certainly a very great relief to the busy practitioner to thus escape the labor of compounding his remedies; and where both physician and druggist perform their parts faithfully and intelligently the harmony of the transaction is sufficiently perfect. It can hardly be possible that this custom, now so universal, can be essentially changed, and perhaps it is not desirable for any of the parties concerned, that any important change be made, even, if possible; but it will be readily apparent how nearly vital to the reputation of the physician is the faithfulness and fidelity of the pharmacist; remedies, however judiciously prescribed, if poorly compounded, and of inferior quality, are useless. The odium of failure does not rest with the medicine and druggist, but falls back upon the physician; it is to him the patient looks for relief, and when the prescription is filled, it is medicine from Dr. ——— and not from anybody's drug store. There is great pains taken in the elegance and neatness with which prescriptions are dispensed; this is essential to business success, and is really commendable; but a nice label and a neatly done up package cannot compensate for inferior medicine, or unskillful composition, though it must be confessed that taste and elegance in the exterior, is presumptive evidence of purity and genuineness within.

The pharmacist who is skilled in his art, is entitled to adequate compensation for his time and labor, and there can be no fair-minded individual but will readily concede this point. There is, however, another view to be taken which must not be wholly lost sight of in canvassing this question.

The expense of medicine to those who are poor, when also sick, is certainly to be considered, and, indeed, those who are not what may be called poor, often feel when sick or disabled for any great length of time, that they cannot afford the cost of medicine. At the present time we have an immensely expensive way of making up our remedies, which was not common formerly, when physicians supplied their patients, generally without extra charge. We have sometimes thought how much better on their account it would be for patients, if this practice still prevailed, and how unfortunate for the drug trade. The manufacturing chemists have done much to improve the elegance and agreeableness, as well as increase the cost of medicine, but have added nothing to its simplicity, and probably in many instances nothing to its efficiency. They have multiplied the number of articles of medicine indefinitely, and mixed and sugar-covered all the important and valuable substances we use in the treatment of disease, until we hardly know anything of the substances we prescribe, except what is stated by the manufacturer upon the label, which may, or may not, give the names of the medicines and proportions which each parcel contains. If we give iron, our patients pay its

weight in gold; if bark or bismuth or strychnine, or indeed any other medicine is prescribed in the present elegant combinations in which it is offered, the cost is so vastly increased beyond human conception, that most people must regard it, considering its price, as the famed nectar, fit drink for gods. The elixir calasaya, iron and bismuth, is an elegant and useful medicine, and named as a sample of our present *materia medica*—is an elegant and agreeable beverage, useful as a tonic, and much less likely to disturb digestion than most mixtures used for strengthening purposes. It is well enough for the wealthy to indulge in such luxuries, but most sick people require relief by simpler and cheaper means. The tonic remedies, by which is usually meant the bitters and iron, combined with spirits, are the harmless medicines, which those who have been and some who still are sick, take eternally, until their own and their friends resources are exhausted. It is not very uncommon to find people who have scarcely the common articles of food for themselves and children, supplied with calasaya cordial or conium and iron mixture, obtained at fabulous prices, upon the idea that strength is to be gained out of these articles. We have even known mothers set aside milk, and buy "chemical food" for nursing children, as if the Almighty had made a mistake in providing nourishment for infancy; and worse still, we have known this plan adopted upon recommendation of attending physician. Meat and vegetables and milk, the only real strengthening medicines yet known, are never mentioned as tonics. This probably grows out of the fact that their active principles are not profitably extracted, and they are not advantageously mixed up with sugar and spirits in agreeable proportions. The public may not know what is the best tonic; physicians should know that food is almost the only tonic, is certainly the best and most indispensable support. This is suggested only, of a condition of things which requires attention.

Many physicians are perhaps ignorant of the influence our present system of prescribing has upon a great many individuals and families. Their philosophy is this: If we call the physician, in our opinion most worthy our confidence, his prescription is to be filled at the druggists. He always sets the highest estimate upon his own services, and his prescription often costs more than his advice. If we are reasonably safe in calling, some medicine monger of the regular stripe, or some monger of no medicine mould, who will carry what he gives, or rather give what he carries, it will be an economy, at least, worthy of trial; we can go back if we find necessary to the old and true. With something of this reasoning a great many unsettled, unthinking people, who would not be without a show of care when sick, even if the substance is wanting, go over to the realms of the shadowy and intangible; and some of the otherwise sensible public go with them. It is a matter of some importance to physicians that patients receive such remedies as necessary when actually sick without too great expense, and this matter is of importance on many accounts. We shall not intimate that medicines are sold at too great profit, but we propose to say that the necessary and valuable remedies when prescribed in simple form, are both more reliable and less expensive than when combined, compounded and confounded, with each other and with everything else, to suit the ingenuity of the trade. It is largely with physicians to correct a condition which has something to do with the consumption of sugar

of milk, and which has other and more important objections than any which could be urged from this source. How often do our patients, even those in well off circumstances, object to the great cost of medicines, and how often do we find the poor unable to meet the demand. The remedy is with us, more than with druggists, and a moment of reflection will show every physician how he can adapt his prescriptions to the wants and necessities of his patients. If a physician puts nearly all the articles of the *materia medica* into one mess, by the rule of some obsolete prescription, he must expect not only wonderful results, but corresponding prices; and his victims must suffer the consequences. We believe that such prescriptions, quite too common, should be paid for, and it might be well if government should require also upon the bottle an *Internal Revenue stamp* (?) But a common remedy, containing twelve grains of Dover's powder, or the same amount of opium, or a few compound colycinth pills, should not be a very expensive parcel under ordinary circumstances. The custom of charging the same for fluid medicines by the ounce is manifestly unfair, for every one will see that they vary in value to the widest extent. Water is very cheap in Buffalo, and we presume in other towns and cities situated upon navigable lakes and rivers, the same remark may be generally true. If it is put up in bottles, to any great extent, at fifteen cents per ounce, and without a very expensive label, there must be a handsome profit realized upon it. We would simply call the attention of druggists to the obvious truth in this matter, though doubtless all have considered it sufficiently without any invitation from us. We wish, however, in this connection to say for the druggists of Buffalo, that in our opinion more intelligent, high-minded, faithful and trusty men cannot be found in the pursuit of any business or profession, taking them as a body; and that the medical profession in our city are under obligations to them for the faithfulness and fidelity with which they dispense their remedies, and the care and intelligence generally used not only in compounding and dispensing, but also in selecting articles of the best quality. Having said this much in their favor, they will forgive whatever may be said which is not so complimentary, though we have no occasion to propitiate their feelings. The relations between the physician and druggist are so intimate, that their interests may be said to be identical, and that harmony and good will are essential to both. We should regard any intimation derogatory to the business character of druggists in Buffalo, as a personal assault, and would defend them, as much as possible, with the same feelings that we would sustain and support a member of the medical profession.

Some physicians in the city, and all in the country, dispense more or less their own remedies; generally in the city this is not feasible, for many families, even who can ill afford to gratify their fancy, prefer going some distance and paying liberally, receiving their powders in uniform papers, and nicely labeled box, to taking them gratuitously from their physician, when done up in his usually hurried and inelegant manner. Again, the busy physician who wishes to make calls as rapidly as possible, and whose time is fully employed, cannot afford to make up his prescriptions; he must delegate this part of his duty to another; to no one so appropriately as to the druggist. Physicians who can dispense their

own remedies, and who from situation must do it, may congratulate themselves and patients upon their "lines having fallen to them in pleasant places."

The force of all this canvass of the custom of writing prescriptions is this:— We have lost sight of the real articles in medicine by its admixture, concentration, combination and general change. We consequently are less simple, less safe, and less sensible in our means of cure, and our patients take fancy medicines largely, more to test the pharmaceutical cookery of the present time, than for cure of any actual disease. Reform requires no organization or machinery of any kind. A common sense view of the condition and a common sense mode of action, will *make necessary medication* within reach of nearly all, while the other division of practice may safely be allowed to drift *fashionably* its own way.

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## Books Reviewed.

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**The Principles and Practice of Disinfection.** By Robert Bartholow, A. M., M. D., Professor of Materia Medica and Therapeutics in the Medical College of Ohio, etc. Cincinnati: R. W. Carroll & Co., 1867.

Dr. Bartholow has given us a more careful digest of the principles and practice of disinfection than we have heretofore possessed. The views embodied in this monograph are based upon experimental observations; the investigations made to determine the toxic effects of gases resulting from putrefaction, being especially careful. Putriferous decomposition, the author ascribes to the agency of diseased invisible germs or *materies morbi*, suspended in the atmosphere, the destruction of which becomes the office of disinfectants.

The classification of disinfectants adopted is that suggested by Dr. Herbert Baker, who divided them into three classes: "class 1, agents that chemically destroy the noxious compounds; class 2, agents that arrest chemical change; class 3, agents that physically restrain the noxious compounds." To heat, is assigned the foremost rank in the list of disinfectants, as possessing a larger range of adaptability than any other agent, possessing oxidizing powers, thus destroying noxious compounds, being antiseptic through desiccation and acting mechanically by causing atmospheric currents. Ozone from its oxidizing properties, he especially recommends as a deodorizer and purifier of the air of the sick chamber, ranking iodine and sulphurous acid next; should, however, a more decided disinfection be required, than can be obtained from any one of these agents singly, the combination of all three is recommended.

The disinfection of water from disease producing products the author effects best, either by boiling or by filtering through a mixture of freshly-burned charcoal and sand, while that of clothing and bedding is most effectually accomplished by heat. The subject of public disinfection is very carefully reviewed and many valuable suggestions are made as to the best, cheapest and most reliable manner to destroy the deleterious emanations arising from any cause.



**Notes on the Origin, Nature, Prevention and Treatment of Asiatic Cholera.** By John C. Peters, M. D., Second Edition, with an appendix, New York: D. Van Nostrand, 192 Broadway, 1867.

Among the numerous manuals of late, published upon Asiatic Cholera, this work especially commends itself, for the thorough and systematic manner in which the Origin, Nature, Prevention and Treatment of Cholera is discussed. The views entertained upon the most interesting feature of the disease, viz: its propagation, the author claims to have been fully corroborated, by the experience, gathered from our late visitation. But little importance is attached by him to the influences exerted by winds on the distribution of the disease, and while their occasional influence under favorable circumstances is admitted, he considers the communications of individuals from infected districts, the contamination by the choleraic poison, of drinking water, and of clothes, to be the most potent agents in the distribution of the Epidemic, while no amount of filth, and diarrhœa can be productive of true Asiatic Cholera in the temperate zone without the addition of the peculiar cause, which emanate from the discharges of Cholera patients by vomiting and purging.

In the consideration of the treatment Dr. Peters has rather presented a *resumé* of remedies at the command of the practitioner in combating the disease, than suggesting any particular plan to be adopted, and admits that many cases recover under all kinds of treatment, proper hygienic conditions being procured. The claims of homœopathy, in having achieved a greater proportion of recoveries by *their system* are utterly refuted by the report of their own members put in charge of Cholera wards, to test the efficacy of homœopathic treatment, the conclusions arrived at by men having the largest hospital experience, as Fleishman, and others are, that "homœopathy fails completely," the recoveries in their best appointed wards being but five per cent. better than that of the Cholera Ship.

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**Ununited Fractures Successfully Treated, with remarks on the Operation.** By Henry I. Bigelow, M. D., Professor of Surgery in the Medical College of the University of Harvard: David Clapp & Son, 1867.

This paper presents the history of eleven consecutive cases of ununited fractures, all but one (in which there existed interstitial absorption,) being successfully treated by the following operative procedure.] [A free incision should be made over that point of the false joint, where the bone approaches nearest to the surface; the irregularly interlocked extremities of the bone carefully divided and the ends turned out by flexion of the false joint. The ends being exposed "a conical or other regular incision is to be made in the ragged callus which overlies the periosteum at its tip, which should be then seized by strong-toothed forceps, and efforts made to tear it out of the rugous inequalities of the formerly inflamed bone." The periosteum being carefully protected "half-an-inch of sound shaft with an irregular or conical extremity is to be excised," and the end brought in apposition, to be retained by silver or plated copper wire. For this purpose holes are drilled a half-an-inch from the extremities and through one wall only, the wires being inserted from without, inward, in one end, and from within, outward, in the other.

The good results obtained by Dr. Bigelow in the treatment of this class of fractures, commends more extensive trial.

**On Railway and other Injuries of the Nervous System.** By John Eric Erichson, Fellow of the Royal College of Surgeons, Professor of Surgery, and of Clinical Surgery in University College, etc., etc. Philadelphia: Henry C. Lea, 1867.

This book comprises a series of lectures delivered at the University Medical College in the spring of 1866, in which the author aimed "to describe certain forms of Injuries of the Nervous System that commonly result from Accidents on Railways," and which are included under the following titles: I, Introduction. II, Effects of Severe Blows on the Spine. III, On Concussion of the Spine from Slight Injury.—IV, Concussion of the Spine from General Shock, Twists and Wrenches of the Spine. V, Symptoms and Pathology of Concussion of the Spine, of Diagnosis, Prognosis and Treatment.

The importance of these questions cannot be over-estimated. Medical men have been too apt to overlook or treat lightly slight injuries resulting to the spine or brain, but which subsequently have developed themselves into lesions of the nervous system of the gravest character. Not unfrequently cases have come under our observation in which a patient having thus been injured, feels himself quite able to assist his fellow-sufferers, subsequently showing evidences of nervous lesions, incompatible with mental effort, and sometimes even with the continuance of life. We believe that this work of Dr. Erichson will exert a great influence upon the mode of treatment adopted in this class of injuries, and will especially tend to harmonize the heretofore conflicting testimony of the profession in Courts in which such cases may come up for consideration.

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**Code of Medical Ethics adopted by the American Medical Association, revised to date.** New York: Wm. Wood & Co., 61 Walker street, 1867.

Although the conduct of medical gentlemen towards each other is usually marked for its courteous character, the adoption of a universal standard possesses many advantages. The revised Code of Medical Ethics defines the proper course of conduct upon the following topics: 1st. Of the duties of physicians to their patients, and of the obligations of patients to their physicians. 2d. Of the duties of physicians to each other, and the profession at large. 3d. Of the duties of the profession to the public, and of the obligations of the public to the profession.

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### Books and Pamphlets Received.

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**Clinical Lectures on the Principles and Practice of Medicine.** By John Hughes Bennett, M. D., F. R. S. E., Professor of the Institutes of Medicine, and senior Professor of Clinical Medicine in the University of Edinburgh, etc., etc. Fifth American, from the fourth London edition, with five hundred and thirty-seven illustrations on wood. New York: Wm. Wood & Co., 61 Walker street, 1867. Buffalo: Breed, Lent & Co.

**Injuries on the Eye, Orbit and Eyelids; their immediate and remote effects.** By George Lawson, F. R. C. S., Eng., Assistant Surgeon to the Royal London Ophthalmic Hospital, etc., with numerous illustrations. Philadelphia: Henry C. Lea, 1867. Buffalo: Theodore Butler.

- Chemistry.** By Wm. Thomas Brande, D. C. S., F. R. S. L. & E., of Her Majesty's Mint, and Alfred Swaine Taylor, M. D., F. R. S., Fellow of the Royal College of Physicians of London. *Experimentis et Præceptis*. Second American edition, thoroughly revised. Philadelphia: Henry C. Lea, 1867. Buffalo: Theodore Butler.
- The Physiology of Man;** designed to represent the existing state of Physiological Science, as applicable to the Functions of the Human Body. By Austin Flint, jr., M. D., Professor of Physiology and Microscopy in the Bellevue Hospital College, New York, and in the Long Island Hospital College, Fellow of the New York Academy of Medicine, etc., etc. Allimentation, Digestion, Absorption. Lymph and Chyle. New York: D. Appleton & Co., 1867. Buffalo: Martin Taylor.
- The Medical Use of Electricity** with special reference to general Electricity as a Tonic in Neuralgia, Rheumatism, Dyspepsia, Chorea, Paralysis, and the Affections associated with General Debility, with illustrative cases. By George M. Beard, M. D., and A. D. Roxwell, M. D. New York: Wm. Wood & Co., 1867. Buffalo: Breed, Lent & Co.
- Is it I? a book for every Man.** A companion to *Why Not?* a book for every Woman. By Horatio R. Storer, M. D., of Boston, Vice President of the American Medical Association. Boston: Lee & Shepard, 1867.
- Woman's Rights.** By Rev. John Todd, D. D., author of *Serpents in the Dove's Nest*. Boston: Lee & Shepard, 1867.
- Spotted or Congestive Fever.** By C. B. Coventry, M. D., of Utica, N. Y.
- A Plea for an Equitable Distribution of Dividends and a just settlement of Policies of Life Insurance.** By Charles Cochran, M. D.
- Steiger's Catalogue of German and English Books and Periodicals of Chemistry, Pharmacy, Chemical Technology, Photography, Brewing, etc.** E. Steiger, importer and bookseller, 17 North William street, New York.
- The Tree of Life; or Human Degeneracy.** Its Nature and Remedy, as based on the elevating Principle of Orthopathy. By Isaac Jennings, M. D. New York: Miller, Wood & Co., publishers, No. 15 Laight street, 1867.

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### Obituary Notice.

It becomes our painful duty to announce the death of Dr. JAMES JACKSON, of Boston. He died on the 27th of August, after a protracted illness of eighteen months, in the ninetieth year of his age.

Died of nephritis, on the 23d of August, in his seventy-Second year, ALFRED ARMAND MARIE DE VELPEAU. Of humble origin, being the son of a poor blacksmith, he, by the most unflinching zeal, and the intensest ambition, overleaped every barrier obstructing his path until he reached the very pinnacle of professional eminence. "An indefatigable student, a lucid lecturer, judicious operator, and voluminous writer," Velpeau though dead, will forever live in the annals of medical history.

The submarine telegraph brings the sad intelligence of the death of the English chemist and natural philosopher, MICHAEL FARADAY, on the 27th ult., aged seventy-six.

The French lithotritist, M. CIVIALE, expired suddenly, June 13th, aged 75; and M. TROUSSEAU, "after months of cruel suffering" from cancer of the stomach, June 23d.

The German journals also announce the death of OTTO WEBER, Professor of Surgery in the University of Heidelberg, "While performing an operation of tracheotomy on a diphtheritic patient, he attempted to clear the obstructed canula by suction. Failing in it, each of his two assistants attempted the same thing and all died. Weber was only thirty-nine years of age."—*Humboldt Archives*.

SIR WILLIAM LAWRENCE died of paralysis at his residence, July 5th, at the age of eighty-three. At the time of his death he was Sergeant-Surgeon to the Queen, and Surgeon to the Royal Hospitals of St. Bartholomew and Bethlem.

The deaths of the eminent French chemist, M. PELONZE and that of M. FOLLIN, lecturer on Ophthalmology, and one of the editors of the *Archives Generales de Medicine*, are announced.

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Prof. Hyrtl, of Vienna, received a gold medal at the last Paris Exhibition for his anatomical preparations, and Prof. Trichmann, of Cracow, the bronze for the same. Dr. Politzer, of Vienna, received an "honorable mention."

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A NEW METHOD OF PRESERVING THE DEAD.—There is now on exhibition at the New York Morgue, the body of a drowned man, supposed to have been in the water for three days prior to its recovery, and which is being subjected to an experimental preservation. It is inclosed in a metallic case, made perfectly airtight, and, as yet, although forty days have elapsed since the commencement of the experiment, shows no signs of decomposition. This result is obtained by forcing the air from the case and supplying its place with a certain gas, which the discoverer, we regret to state, is inclined to keep secret. He even expresses the belief that the body in course of time will become as hard as stone.—*Medical Record*.

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INTERNATIONAL MEDICAL CONGRESS.—The International Congress was opened on the appointed day by M. Bouillaud. The grand amphitheatre was adorned with paintings and flags of all nations, and was entirely filled by members of the Congress. Having called upon the meeting to elect officers, M. Bouillaud was declared elected by acclamation. \* \* \* \* \*

In the programme of proceedings for Saturday, the 17th of August, we find the announcement of a paper by Prof. Brown-Séquard, under the title of "New Views with regard to the Signs of Cerebral Disease;" and in that for the 27th of August, a paper by Dr. Maxson, of New York, on "Shoulder Presentations;" these are all the contributions from Americans that we see announced.—*Boston Medical and Surgical Journal*.

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THE HUMBOLDT MEDICAL ARCHIVES.—We are in receipt of the first number of this journal. It is under the editorial charge of Drs. A. Hammer and M. A. Pallen, and the faculty of the Humboldt Medical College of St. Louis as co-editors. It is a monthly of sixty pages and presents a fine typographical appearance.

B U F F A L O

**Medical and Surgical Journal.**

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Original Communications.

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

TUESDAY EVENING, September 3d, 1867.

The President and Vice President being absent, Dr. S. W. Wetmore was elected Chairman of the meeting.

Members present—Drs. Wetmore, Daggett, Diehl, Kamerling, Gleason, Congar, Cronyn, Samo, Hauenstein, Gay, Abbott, Potter, Smith, Mackay and Johnson.

The minutes of the last meeting were read and approved.

Drs. Conrad Diehl, C. F. A. Nichell and Byron H. Daggett, were elected to membership.

Dr. J. J. Edmonds was proposed for membership.

The Committee on By-Laws asked for further time, which was granted.

Dissertations on designated subjects being in order, Dr. H. M. Congar read the following dissertation:

*A Section of the Etiology of Uterine Disorders.*

**Mr. President and fellows of the Buffalo Medical Association:**

Gentlemen:—In the course of a life of practical medicine, there is no one of us who does not arrive at conclusions in regard to

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some one or more of the evolutions of human nature, which are overlooked by the mass of the profession; and to which majority, consequently, such final deductions are new, strange and surprising not only, but who, should they tend to invalidate valued prejudices, respected opinions, or to curtail, or deny cherished pleasures, present or prospective, sometimes reject, oppose, and even occasionally denounce them, and especially their advocates. Notwithstanding, in our search for a theme, in compliance with your appointment for this evening, which should, at the same time, entertain, instruct and elevate, we have concluded to present you *one of these very medical unquities*, relying upon your generosity, disinterestedness and friendliness in the charitable interpretation of our motives, in the deliberate judgment of the effects of fact and principle, and in the forbearance of our inevitable imperfections of representation.

In the second year of our practice, (1834) there were two female patients, whose peculiarities are yet distinctly remembered. They were about the same age, had been married about the same length of time, had seven or eight children apiece, and had been nearly bed-ridden for five or six years, from prolapsus uteri, purulent leucorrhœa, chronic bronchitis, and anæmia. They were tall, spare, and, in complexion, brunettes. Their husbands were blondes, tall, large framed, hard-working farmers. As often as the uterine disorders were relieved by treatment, the activity and intensity of the bronchitis without treatment, also abated; and whenever they were aggravated the severity of the pulmonary affection was proportionately increased. When the secondary character of this bronchitis was, to our mind, clearly established, we looked about for other cases. Nor did we long look in vain, for we found them scattered freely throughout that whole region. These cases of secondary pulmonary affections furnished the data for our thesis for graduation in the winter of 1836-7, at Geneva Medical College, having practiced upon county license during the preceding five years. These two husbands died while their wives were in this bed-ridden state. During the first five years of their *widowhood* they gradually, steadily and permanently so improved without any medical treatment as to be free from every symptom of uterine and pulmonary disorders, and continued so when last heard from a few years ago. About three years after leaving that region,

(1840) two other female patients came under our medical attention with the same kind of uterine disorders, just widowed, and each at her father's house in the country. Each without any special uterine medical treatment, in about seven years' widowhood, recovered health completely, re-married, the one having subsequently one, and the other six sons, without any marked return of the uterine affections, which at the close of their first marriage proved very nearly fatal.

During the last twenty-five years cases like these four have been continually appearing to our medical vision, the description of which we spare you. Sir, it is in vain for us to disguise the fact, that this *widowhood cure* of inflammation, ulceration and hypertrophy of the uterus (for when first noticing these facts, specular treatment of uterine affections was unknown in America) made a deep and lasting impression upon us; and led to the notice of another large class of cases of the same affections, which were so improved by the *absence of the husband from home*, some to Europe, a few to Asia, many to the Pacific States and territories, and others to various other sections of our extensive domain, an *absence* varying from three to thirty months, an *improvement* so generally *proportioned to the chronological rest* of the uterine functions, as to merit the cognomen of the *absence cure*, the description of which we also spare you. And no one will be surprised that this last class of cases so deepened the impression made by the first, as to cause us to inquire, could *excess* in the *use of matrimonial privileges* have produced these primary uterine, and these secondary pulmonary disorders, which were so unmistakably relieved and *cured by entire rest of uterine functions?*

In 1833 the works of J. H. Bennett "*On the Uterus*," concentrated our attention to the *answer* of the above question, in presenting us with a graphic description of uterine disorders, so worded and arranged as to show a most striking *similarity* in local and general symptoms and course of evolution, to the progress and symptomatology of the non-specific masculine disorders of the sexual apparatus from venereal excess; and enabled us to give to ourselves a most decisive affirmative. We shall endeavor briefly to exhibit *this similarity*. In paralleling these male and female affections, we shall take the disorders of the masculine apparatus as the standard of comparison. We find in the human male that the effects of venereal excesses in the healthy do not at once show themselves, but are manifested by a process of gradual evolution;

for, it is only after some little time has elapsed that even a state of irritation is first noticed. This is manifested by *heat* in the urethra, when micturating, which soon extends to the bladder, as evidenced by an increased frequency of micturation, and then to the kidneys, as proved by the pains in the loins, and the increased quantity of urine passed in the twenty-four hours. The heat in the urethra is next increased to a tickling, not always disagreeable and a painful itching; the meatus of the urethra is more red and deeply injected; ejaculation is somewhat more rapidly accomplished, and with a slight diminution of the usual pleasure. The state of irritation extends and intensifies. It reaches the prostrate and margin of the anus, as evidenced by the sense of weight and uneasiness in the rectum and perineum, and by the rigidity of the sphincter ani; the intensity of coitive pleasure now rapidly diminishes; ejaculations become very rapid; this irritation follows the cords to the testicles, both of which become very sensitive to, and very painful upon, pressure. About this time, in some, dysuria, and in others occasionally, hematuria, come on, with more or less blood in the semen. Now, in proportion to the diminution of the pleasure of the act, the erections become less prolonged, less complete, and the ejaculations more rapid: so that, when the pleasure is nearly extinct, the ejaculations become so precipitous that intromission cannot take place; in fact, the duration of the act, and of all the functional phenomena, is so reduced to a mere point of time, as to consist simply of the discharge of the semen. Now the emission occurs without emotion, without pleasure, without dreams, and even without any particular sensation whatever; in this condition the patients are not aware when emissions have taken place, except by the stain on their linen when they awake; in this state also the testicles are found soft and reduced, and the cords are relaxed and varicose.

Just following the affections of the prostrate, etc., as above stated, this state of irritation will be found to have passed into subacute, or chronic inflammation; it is sometimes found in the *urethra*, or in the *seminal vesicles*, or in the *vasa deferentia*, or in the *testicles*, or in the *bladder*, or in even the *kidney itself*, or in some *two or more of these organs contemporaneously*.

We will now turn to the local symptoms of like origin in the female, symptoms of what are called *uterine affections*. Here, too, excesses do not at once produce disorder. The first, that is noticed, is heat in the course of the vagina, followed by an increase



of its transparent mucus, of its natural secretion, succeeded by a white semi-opaque secretion. This is accompanied by more or less tenderness of the parietes of the vagina; slight swelling, which is soon followed by pruritus of the vulva. This swelling and pruritus, when followed by tenderness of the vulva is always accompanied with, and is therefore a sure sign of inflammation of the os tinæ. The vulvar irritation soon extends to the urethra, causing a sense of heat in micturition, then to the bladder, producing frequent micturition, then to the kidneys, causing pain in the lumbar regions, and an increased quantity of urine. In the meantime, the white vaginal discharge soon becomes yellow, giving evidence of the secretion of pus from excoriated mucous surfaces; after a short time, in the vaginal discharges, there is noticed a transparent adhesive matter, which also after a while becomes purulent, proving thereby the passage of the inflammation and ulceration from the orifice to the cavity of the neck of the uterus. From the moment of this extension of the morbid affection, there has been a growing sense of weight and bearing down in the pelvis, and an increasing dysmenorrhœa. The pelvic weight and bearing down, and dysmenorrhœa, are sooner or later followed, when not accompanied by dull, deep-seated pains in the lumbo-sacral, ovarian, and hypogastric regions, which after a while become constant; by which it is manifest that the state of irritation has passed from the cavity of the neck to that of the body of the uterus, thence through the fallopian tubes to the ovaries. This uneasiness in the ovaries often amounts to the pain and other symptoms of ovaritis. From the time of the existence of disease in the uterus through the progress of its extension to the ovaries, there has been a gradual decrease of pleasure in the functional excitement of the sexual organs, succeeded by indifference, and terminating in disgust and loathing of it by both the married and the unmarried. Now here we have a complete parallel of disorders in their course and progress, by which organ after organ is attacked until the whole apparatus are unfitted for the normal functions for which they were created, in the male terminating in impotence, in the female ending in sterility, and in both closing with an extreme aversion to amorousness, and a disgust of each other.

We now turn to the general symptoms, commencing as above with the male; pallidity, lassitude, greater in the morning than in the evening; debility, which is increasing; skin dry, but palms of the hands moist; physical development retarded, and its progress

slow; coldness in the extremities; an increasing sensitiveness to cold, heat and changes of temperature; frequent sighing; the gaze mostly averted, and not the expression of a modest confidence when fixed on you; palms of the hands now clammy moist; heaviness and oppression in the head; giddiness; noise in the ears; irritability of temper; sleep broken and unrefreshing; restlessness; timidity; frightful dreams; sadness; dislike of society; melancholy; cornea dull; countenance expressionless; impaired memory; inability for concentration of thought, and other kinds of mental exertion; changes of the character and often entire loss of the voice; wandering pains over any and every part of the body; rheumatism; irregular and constant involuntary movements of the extremities; unsteadiness of gait in walking; paralysis; palpitations; shortness of breath; sense of suffocation, increased by exertion; edema of the lower extremities; hatred of existence; tenderness of the epigastrium; tongue red at its tip and edges; appetite capricious, or entire anorexia; digestion of animal food difficult, and that of vegetables producing uneasiness, flatus and flushing of the face; vomiting every now and then after taking food; abdomen distended with flatus; constipation alternating with diarrhoea; colic, sometimes very severe; marasmus, and death.

We will now look at the secondary affections in the female. Countenance pale in blondes, and sallow in brunettes; skin under the eyes slightly bluish, or leaden colored; the breasts often become large, swollen, tender, and painful; headache, especially frontal more or less intense; lassitude, especially in the morning; development of body more or less retarded; rotundity of figure lost; often imperfect vision and audition; sleeplessness; disagreeable dreams; the morning languor increasing to a very significant debility; sterility; general depression; marked timidity; great change and irritability of temper; great melancholy; emaciation increasing; the skin flaccid and dry, and the palms of the hands clammy moist; the muscles flabby; urine loaded with lithates; great sensitiveness to cold, heat, and changes of temperature; the extremities cold; the pulse generally becomes small, slow, and weak; increasing inability to exercise care, attention to the duties, and forethought concerning domestic and family interests; tongue red at the tips and edges; capricious appetite; flatulence; constipation; anorexia; frequent nausea, and pain upon the ingestion of food; foul tongue; palpitation; flushing of the face; sense of suffocation upon all quick movements; extreme debility; exhaustion,

and death. Here again is a parallelism—a parallelism of general symptoms, progressively evolved from the digestive, nutritive, circulatory, motary and nervous apparatus! Now it is an axiom of reason, “that like causes produce like effects.” But we have presented you with similar and parallel effects. Is it not legitimate to infer, even in the absence of all other proof, that these two sets of parallel local and general symptoms, have a like or identical causation? If, however, to our inference, that *a large proportion of uterine disorders originate in matrimonial sexual excess*, we now add the evidence of this very conclusion, which was given by our *widowhood and absence cures*, are we not justified in believing and asserting that inference and conclusion to be *fact* in a certain proportion of cases? We think so.

And just here, does not the question spontaneously arise to your minds, what is excess of sexual intercourse in matrimony? If most married women have, to a greater or less extent, uterine disorders, and a large proportion of these uterine disorders originate in sexual excess, *what amount of coition is not excess in matrimony?* We shall now proceed very briefly to answer this question. If we look to the opinions of the learned for our answer, we find no two that agree, except those as in the case of the Germans, who follow the leadings of their great men, as they do of J. D. Michaels, who regarded one weekly season of amorous fruition the *rule*, and more frequently *not much out of the way*, while the mass of humanity catch greedily at all that can be obtained! But, do you ask, is there no standard in relation to this matter? We unhesitatingly answer, yes! But it is *where* you would, at first thought, least expect to find it! It is in the Bible! *A book, in the original languages of which, whose every letter, every word, every clause, every sentence, every paragraph, every book, and whose whole is authentic and inspired truth!* In this book our God and Savior has, in the chastest and most delicate phraseology, given us just such a standard, a set of laws in relation to the subject, complete, the most of them having a purely physiological basis; and yet, given to humanity, hundreds of years before there was in existence any such thing as a proper, and written medical, and, especially any physiological science.\* Therefore we shall use the few scripture quotations here adduced, *as matters of undisputed fact, event and principle.*

\* If objection is made to the precedent of introducing into scientific disquisitions supports and proofs from Sacred Scripture, (as has been done) that in effect it manifests a weak cause, is a desecration of the sacred volume, and is therefore disrespectful to an erudite audience; on

We first inquire, how should men and women enter into their first marriages? And answer, by quoting Gen. iii, 7: "And the eyes of both of them were opened, and they saw that they were naked; and they sewed fig-leaves together, and made themselves aprons." Now, if this first human pair, as husband and wife, had, before the fall in Paradise, amorous desires without a higher inciting and governing motive than mere pleasure, and that higher motive, in turn, unincited and uncontrolled by God himself,\* that is, had irregular desires, and gratified them unreservedly like the moderns, as Milton supposed when he wrote in verse 740, of his "Paradise Lost," viz:

" This said unanimous, and other rites  
Observing none, but adoration pure,  
Which God likes best, into their inmost bower  
Handed they went; and eas'd the putting off  
Those troublesome disguises which we wear,  
*Side by side were laid; nor turn'd, I ween,*  
*Adam from his fair spouse; nor Eve the rites*  
*Mysterious of connubial love refused;"*

what could now have made them ashamed to be in each other's sight! The simple facts were, perfectly self-governed, and awaiting the signal from God, they had as yet had no sexual connection at all; but, at once, after their disobedience, the power of self-government having been broken by the severance of their union to God, the sight of the personal charms of each aroused irregular and unbidden amorous desire in the other. This instantly alarmed them; and, in accordance with the moral instinct of self-preserva-

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whose generous forbearance such authors arrogantly venture, we answer: Every man of thought will agree with us; 1st, that the Holy Scriptures should never be quoted in reference to any subject which is to be examined exclusively or mainly by *disputation*, because opposing parties are placed in the false position of antagonism to matters revealed by divine inspiration; 2d, that they should not be irreverently, unnecessarily, frivolously quoted, [and surely none can truthfully say, that this has been done in our paper]; but, 3d, that while being appreciated as made, given, and revealed for *human benefit*, [and not man for theirs,] they may, with all propriety and reason, be ever used in the same manner, and for the same or a like purpose as that to which they were originally adapted, and actually applied by the people to whom they first came, because God, human nature, and truth, never change; therefore, for such objects, we suppose the *anthropological facts, the physiological principles, and the hygienic laws of revelation* to be, at least, just as good, and their relevant and judicious *employment* just as *creditable* to an author and to his productions, as like facts, principles and laws, which have been evolved from French, English, or American science.

\* Mark, we do not say, *amorous "feeling" incited and governed by a higher motive, and that higher motive in turn controlled by God himself*, for this is just what we are confident this first pair did possess! Consequently, to infer from what we have in our paper said, that, "*in order to have the amorousness necessary to propagate his species, man must fall,*" is *illegitimate, illogical, and irrational!* We will in this connection drop a word in relation to the procreation of progeny before the fall. The animal world improves only upon trials, and those of the hardest kind! Man improves only upon *tests of his virtue*, and those of the severest characters! Should we therefore be surprised, when reason suggests, that, probably God did not allow the first human pair to beget offspring until after their first trial, in order that, if successful in passing through it safely and profitably, their children might be daguerotypes of their excellencies not only, but of the improvement of this trial; and if unsuccessful, of the demerit and deterioration of their failure, therein rising and falling together?

tion, they promptly sought to hide the parts which had thus stimulated this irregular, and therefore ruinous soul-action. Therefore, up to the time of disobedience, Adam and Eve were both virgins.

Also, Gen. iv, 1: "And Adam knew Eve, his wife, and she conceived, and bare Cain." Now, if, even after the fall, this first married couple partook amorous fruition upon every movement of desire, as do the married in modern times, would there have been any propriety in *naming specially*, as here, the *conceiving* or *fruitful season*, without, or apart from, the others? In fact, could it have been so known as to have been thus truthfully designated? For ourselves we have long since given a promptly negative answer. We conclude, therefore, that this is the *first amorous fruition of humanity!* And also that, *at its occurrence, Adam and Eve were, both of them, virgins!* Again, Gen. xxix, 21: "And Jacob said to Laban, give me my wife, for my days are fulfilled, that I may go in unto her;" and Gen. xix, 3: "Reuben, thou art *my first born, my might, and the beginning of my strength, the excellency of dignity, and the excellency of power.*" Jacob was evidently a virgin when he was married, when he begat Reuben, his first born, having never destroyed his *vigor*, in either *fornication*, i. e. *masturbation*, or *sexual intercourse*. In their first marriages, *men* should always in this sense be *virgins!*

And further, Deut. xxii, 13—21: "If any man take a wife, and go in unto her, and hate her, and give occasion of speech against her, and bring up an evil name upon her, and say, I took this woman, and when I came to her I found her not a maid, then shall the father of the damsel and her mother take and bring forth the evidences of the damsel's virginity to the elders of the city in the gate, and the damsel's father shall say to the elders, I gave my daughter unto this man to wife, and he hates her; and behold, he has given occasions of speech against her, saying, I found not thy daughter a maid; and yet, these are the evidences of my daughter's virginity! And they shall spread the cloth before the elders of the city, and the elders of that city shall take that man and chastise him; and they shall amerce him in a hundred shekels of silver, and give them to the father of the damsel, because he has brought up an evil name upon a *virgin* of Israel. He may not put

her away all his days; but if this thing be true, and the evidences of virginity be not found for the damsel, then they shall bring out the damsel to the door of her father's house, and the men of her city shall stone her with stones that she die, because she has wrought folly in Israel to play the harlot in her father's house. So shalt thou put away *evil* from among you."

The importance of *virginity* in the first marriages of women is here distinctly asserted, even to the extreme of the death penalty for its proved absence. The reasons are briefly these: *Woman is alone adulterable*. The girl who allows herself *amours* before marriage, has hereby rendered herself incapable of bearing a pure progeny to any other man than her seducer. Her offspring by any other man will ever be hybridous; will never be accurate likenesses, never daguerrotypical images of a present husband in either character or organization. In allowing such defilement she has forever destroyed all her present husband's prospects of leaving behind him a pure and improving posterity through her, which shall be a glory to his name. She does more than murder the offspring which she may have by him; for in transmitting the lack of moral principle which allowed, and the passionate impurity which caused the defilement, she has made them innately *a means of deterioration, a curse* to the race, even for generations after her death. These *facts* cause her to be also the greatest possible disgrace to parents, brothers, sisters, and the whole circle of kindred. Therefore, *women should always in their first marriages be virgins!* Consequently the first law of matrimonial amours is, *parties of both sexes, entering first marriages, should invariably be virgins!*

In reference to the second law, we quote again Gen. 4: 1. xxv, 17: "And Adam knew Eve, his wife, and she conceived and bare Cain, and said, I have gotten a man from the Lord, (*Jahweh.*) And Adam knew his wife again, and she bare a son, and called his name Seth, for God said, she has appointed me another seed, instead of Abel, whom Cain slew. And Cain knew his wife, and she conceived and bare Enoch." Gen. vi, 4: "And also, afterward, when the *sons of God* [the spirit renewed] came in unto the *daughters of men*, [the unrenewed in spirit] and they bare children to them, these [children] became the mighty men, who were of old the men of renown." Now, when, in the procreation of Cain, of

Seth, of Enoch, and of the mighty, the renowned men of those primitive ages, the *act itself* is designated, the *specification* forbids the idea of a customary repetition of it, so frequent, or at such seasons, as to throw the slightest shade of doubt over a certainty of the time of, or of obscurity over a minute knowledge of all the circumstances attending the origin of the new being; for, reference is always made more or less fully to these influential adjuncts of the important event. This certain knowledge of the *time* of conception could have been consciously perceived only by woman, the wife and mother; and the matrons of this age not only, but those of the next dispensation were even more discerning than this; for Job said (Job iii, 3:) "Oh, that the night might perish, when it was said, *there has been a man-child conceived,*" and therein showed that the *time* of conception not only, but even the *sex* of the product of conception, was often, if not generally, known at the close of the coitive act by the wife. Therefore, it is certain that, with such habits and kinds of knowledge, for copulation there would never be, on the part of the wife, an earnest wish, but because of a pre-existing desire for the new being, which the *amour* was certain to produce. This desire for offspring was undoubtedly ever the *human* starting-point of the whole series of events, to which reference is here made in the above quotations. But in reality, this series has a starting-point above the human, which is shown by the fact that Eve obtained Cain as, and *knew him to be a gift*, and received Seth as, and *knew him to be a substitute seed* for Abel, *from God*. This knowledge would naturally be a consequence of a previous *assurance* of what was to come. And this assurance would be an expected result of only an earnest request, a fervent prayer for each of these special gifts, and with the assurance, a divine permission for the procreating act at such a time, in such a place, and with described surroundings, would be sure to be gained. The chronological order and succession of this series of events are perfectly natural, viz: 1st, the desire for offspring; 2d, the invocation to God for it; 3d, the favorable and permissive answer; 4th, the implicit trust in the assurance vouchsafed from God; 5th, the amorous fruition, only however, as a means of accomplishing this object, *permitted and limited by the woman herself*; 6th, the conception; and 7th, the child-birth.—

Therefore, it is manifest, that *the procurement of offspring was, in these primitive ages, the only approvable incitement to amorous fruition*; and that when approved and thus permitted by God, *it was a season to be noted for remembrance*, as here. And we find this very order and succession of this series of events accurately described, as transpiring twenty-seven hundred and fifty years after Adam, in the case of Elkanah and Hannah, in reference to the conception and birth of Samuel, the prophet. Hannah, the childless wife of Elkanah, at the time of making her offering for menstrual purification at Shiloh, when longing for offspring, prayed, wept, and there received assurance from God of a favorable response; and, *after a season of worship*, returned home trusting in the divine assurance, and *then* the record declares, "Elkanah knew Hannah, his wife, and the Lord (Jahweh) remembered her, (and) she bare a son, and called his name Samuel." Therefore, even at this time, among the best of the race, *desire for offspring* was the only approvable motive for indulging in matrimonial amours. And still again the wise son of Sirach, at about the two hundredth year before Christ, wrote for the use of his scholars, "Desire not a woman for pleasure." Here, then, is the second law of matrimonial amours: *after marriage the only legitimate incitement to matrimonial amours is desire for offspring, under divine guidance.*

The third law is evolved from Lev. xv, 16—18: "If any man's seed of copulation go out from him, he shall wash all his flesh in water and be unclean until the evening; and every garment and every skin on which is the seed of copulation, shall be washed with water, and be unclean until the evening; the woman also with whom man shall lie with seed of copulation, they shall both bathe themselves in water and be unclean until the evening." From the first part of this passage we understand that seminal emissions from amorous dreams and other causes, render one unfit during a limited period for unrestricted sociality, and (as we shall hereafter see) the divine services of public worship. The inconveniences of the morning and evening bathing, of the seclusion for a whole day from society and public worship, of the necessary disclosure, in the case of minors of the event to parents, and of the inevitable recognition of the cause of the social absence by their chums, without oral declaration, constituted restraints upon



lascivious imaginings, and actual lechery of every kind, of the most effective character, and thereby greatly promoted chastity, continence, marriage, fruitfulness, and a healthy and disciplinable offspring; and from the last part of the quotation we perceive a provision against the depravation of the natural secretions of the sexual organs into sources of virulent and devastating diseases, which matrimonial negligence and uncleanness would inevitably induce. The salutary restraints which the morning and evening ablutions of the whole person, the washings, both clothing and bedding of married couples after each amorous fruition, put upon the frequency of these nuptials pleasures; and the delicate manner in which the attention of the married was, by these checks, constantly directed to the *objects of coition*, viz: the production of new and improved human beings, incite by their wisdom, our admiration. Therefore, we conclude, that the third law of matrimonial amours is, The most thorough bathing of the whole person, and a full change of night apparel and body linen, should invariably and at once follow every seminal emission, nocturnal and diurnal, and every season of amorous fruition.

The fourth law is evolved from Ex. xix, 10, 11, 14, 15: "And the Lord (Jahweh) said to Moses, go to the people, sanctify them to-day and to-morrow, and let them wash their clothes, and be ready against the third day; for on the third day the Lord (Jaweh) will come down in the sight of all the people upon Mount Sinai. And Moses went down from the mount to the people, and sanctified them, and they washed their clothes; and he said to the people, be ready against the third day! *Come not at your wives!*" And also from 1st Sam. xxi, 4, 5: "And the priest answered David, There is no common bread under my hand; but there is hallowed bread, if the young men have kept themselves from women. And David answered the priest, a truth women have been kept from us about these three days, and the vessels of the young men are holy." From the first of these two passages, we learn that there should be at least a three days' interval between matrimonial amours, and engagement in public divine services; and from the second, that there should be at least a three days' interval between a season of amorous fruition and use of consecrated food. Is the principle of this law transferable and binding upon all the *spirit-*

*renewed* of this dispensation in reference to the use of the elements of the Lord's supper, as Adam Clarke and others suppose! We, for ourselves, believe, and for about twenty years have practiced it; because, in the first place, amorous fruition is, to human nature in its present condition, incompatible with the skillful, vigorous and comprehensive intellection, which is ever implied in all right divine worship; and in the second place, it is to us incompatible also with the self-denial, the self-government and the discipline of the spirit, which is indispensable to a true and full adoration of God. Therefore we conclude the fourth law of matrimonial amours to be, *No sexual intercourse is allowable for three days, at least, prior to all important and characteristic Christian public services.*

The fifth law is evolved from Lev. xviii, 19: "Thou shalt not approach to a woman to uncover her nakedness, so long as she is put apart for her uncleanness," and from Lev. xx, 18: "And the man who shall lie with a woman having the menses, and shall uncover her nakedness, has uncovered (*to destroy*) the fountain of her fertility; and she also has uncovered (*to the causes of destruction*) the fountain of her blood; (*which is the evidence of fertility*;) and they, both of them, shall be cut off from among their people." And from Lev. xv, 24: "And if any man (that is, any husband,) shall lie with her (*who has the menses*) at all, and her flowers (that is, her menstrual discharges) be (by accident) upon him, he shall be unclean seven days, and all the bed on which he shall lie shall be unclean." All that is necessary to say of these passages is, that coition during the menstrual periods, knowing them to be such, is forbidden upon the death penalty. It is clearly a physiological law—a physiological law given seven hundred and fifty years at least before the rise of any medical science, properly so-called, and uttered with the reason for its injunction declared plainly in the original Hebrew, viz: the certainty that its customary violation will inevitably produce *uterine disorder and sterility!* We therefore infer that the fifth law of matrimonial amours is, *No amorous fruition is allowable during the menstrual periods.*

The sixth law is evolved from Lev. xv, 2, 7, 11, 13: "When any man has a running issue out of his flesh, because of his issue, he is unclean; and he that touches the flesh of him that hath the issue, shall wash his clothes, and bathe himself in water, and be unclean until the evening; and whomsoever he that has the issue

may touch, and he has not rinsed his hands in water, shall wash his clothes and bathe himself in water, and be unclean until the evening; and when he that has an issue becomes clean of his issue, he shall then number to himself seven days for his cleansing, and wash his clothes and bathe his flesh in running water, and then shall he be clean." And from Lev. xv, 19, 15, 28: "If a woman have an issue, and the issue in her flesh be blood, she shall be put apart seven days; or if she have an issue of her blood many days out of the time of her separation; or if it run beyond the time of her separation, all the days of the issue of her uncleanness shall be as the days of her separation; she shall be unclean; but when she shall be cleansed of her issue, she shall number to herself seven days, and after that she shall be clean." In the first four verses here quoted, the non-specific gonorrhoeal patient was required to continue seven days continent, separate from society, from public gatherings, and from consecrated food, after the entire cessation of the discharge, like he did when the discharge was running. This requirement of continence is based, as every medical man understands, upon the liability of the organic excitement of coition, during this seven days, to cause a return of the urethral inflammation and discharge. In the last three verses here quoted, the menstrual patient was also required to continue seven days continent, separate from society, from public gatherings, and from consecrated food, after the entire cessation of the menstrual discharge, as when the menses was flowing. Every medical mind perceives this requisition of continence to be based upon the great liability of the female sexual apparatus to take on disordered action from the excitement of coition during this interdicted seven days after each menses. But do any of you say, we have been taught and have believed, that woman was most likely to conceive during this very forbidden period of the first seven days after each menses? We are not surprised, and have anticipated this very objection from the history of physiological opinions; and yet deny that the statement is fact; and bring to the support of our denial the observations of the most thorough, and, so far as we know, the most recent physiological microscopists. "In the human female," says Bischoff, "the passage of the ovum from the ovary to the uterus, occupies eight or ten days;" and he infers that sexual connection, in order to be fruitful, must take place within eight or

twelve days from the cessation of the menses; and Pouchet maintains that "the ovum is fecundated *only* in the uterus, or in the lowest part of the fallopian tubes;" for, according to his statement, "the seminal fluid never penetrates so far as the ovary, and seldom, if ever, extends beyond the middle of the fallopian tubes." [Supplement to Müller's Physiology of Generation. By Baly, pp. 58, 59, 60.] Consequently, if these observations are reliable and truthful, the conceptive period of the human female is the first few days *after* the seven days, which is here by Moses interdicted to sexual intercourse; and we have here a striking illustration of the fact, which is so often perceived by the pious, among men of learning and science, that *true science and revelation always exactly coincide*. Therefore, we conclude, that the sixth law of matrimonial amours is, *no amorous fruition is allowable during seven days succeeding the cessation of the menses*.

The seventh law is evolved from cases of disease, samples of which we proceed to detail very briefly to you. Mrs. L. H. aborted in 1831, in the fourth month of her first; in 1832 she miscarried in the fifth month of her second, and in 1833, in the last of the sixth month of the third pregnancy. From the statements of this woman and her husband in relation to their matrimonial habits, we, as well as they, became convinced that amorous indulgence after conception was the *main*, if not the *only* cause of these matrimonial misfortunes. Again, in February, 1841, we were hurriedly called to see Mrs. P. who was dangerously flooding from her ninth abortive pregnancy in its fourth month, having never had a living child. From the statements of the husband in relation to his marital demands upon his wife, we became fully satisfied that *coition after conception* was the whole and only cause of all these numerous and successive abortions. While his sense of his wife's danger was fresh, having noticed in him a strong desire for children, we, upon the basis of it, obtained from Mr. P. a pledge of continence after his wife's next known conception. We, at this time, however, said nothing to his wife on this subject. We did not expect he would either tell his wife, or keep his pledge; and therefore were not surprised to be, in about six months, again hurriedly called to save this woman's life from her most alarmingly abortive flooding, in the same time of this her tenth pregnancy. **On her convalescence, we mentioned this subject to herself, who,**

finding there was hope of going the full time, and then of having a living child by mere *abstinence from matrimonial amours*, after knowing herself to be pregnant, and by the observance of the usual hygienic measures during the month of habitual abortion, pledged to us to follow the directions given; *and she did it too*. She passed safely the full term of her next, the eleventh pregnancy, with only a few threatenings of abortion during the heretofore fatal fourth month, all of which were silenced by quiet, free bowels, and a light unstimulating diet; and in July, 1843, Mrs. P. gave birth safely to a perfectly formed, well nourished son, to the joy of the whole family circle. These cases must suffice for the present to show the fact that sometimes, at least, coition in pregnancy, causes abortion and miscarriage.

Still further, Miss Mary N., at the age of twenty-six became the second wife of Mr. O. M., when he was thirty-three years of age. They had been married about a year when he came to us asking our medical attention to his wife, who, in the sixth month of pregnancy was very ill, and he feared, going as did his first wife, who, after two miscarriages, purulent leucorrhœa, and prolapsus uteri, went into decline, and died in the fourth year of their marriage; and now, he continued, Mary has the same purulent leucorrhœa, pain in the back, side, and lower limbs, with a constant and distressing bearing down. On visiting her, although she would submit to no vaginal examination, to no special treatment, and not even to vaginal injections by herself, we were convinced of the existence of inflammation, ulceration, and hypertrophy of the mouth and neck of the uterus. On seeing her husband the next day, and informing him of the result, he asked, what *can* be done? We answered, have your wives been generous to you in the allowance of matrimonial privileges after becoming pregnant? O, yes, he replied, although my first wife, in the last year of her life, appeared to dread somewhat my embraces, because of the pain and uneasiness which she said accompanied and remained many hours after them; and so also, he continued, after a moment's pause, does Mary; and, after a moment, he added, why, doctor, what *can* be the *cause* of this trouble to *both* my wives? We responded, and you have never had a suspicion that their dutiful submission to your desires was undermining their health, that their generous deference to your pleasures was sapping the very founda-

tion of their lives? Not the slightest, he replied, do you think so? We answered, we have no doubt of it. Well, it shall be so no more, was the prompt rejoinder. That, we added, is all, perhaps, and certainly the *least* that you *can* do. But mark, Mary will have a tedious and agonizing labor, and, in the first week of her lying-in, will most likely have child-bed fever, which *may* carry her off, and will certainly leave her an invalid for a long time; and you must not attribute these results of existing disease to lack of skill on our part. Well, doctor, do your best. As we expected, her accouchment was tedious and most agonizing; and on the third day afterward she was, as we feared, attacked with *puerperal metritis*, from which she was only just saved. Three years from that time she died of tuberculosis.

Mrs. C. W., primipara, would not take an anæsthetic, was in labor three and a half days, vagina so *sensitive* and *tender* as not to allow a digital examination until just previously to the close of the first stage of the labor; and was also attacked with puerperal metritis on the third day of her lying-in, which was with great difficulty subdued. We, at the time of the labor, pledged this couple that we would inform them of what were the causes of this tedious and agonizing labor, if the wife would let us know as soon as she supposed herself again pregnant. This occurred when her first child was about fifteen months old. After stating to her husband what we supposed the particular cause was, he answered, When my wife became pregnant with her first child, I was informed by unprofessional parties, but by those who, I supposed, knew all about such matters, that the more sexual intercourse the married had during pregnancy, the more relaxed the parts would become, and therefore the more easy would be the labor; consequently I exerted myself greatly to do my whole duty, and the more strenuously as the time of labor approached. He pledged us to be *continent now; and he was so*. This, her second labor, was only three and a half hours long, and in the language of the patient herself, "*appeared more like having a passage from the bowels merely, than like her first labor, and this way of having children is no trouble at all.*" This woman has since had five other children, making in all seven; and each of these five subsequent labors has been equally, or nearly as easy as the second. The lesson from these cases cannot be mistaken. The agony in labor, the puerperal

metritis, and the subsequent invalidism, had, we are certain, no other causation than *coition during pregnancy*. Therefore, believing that matrimonial amours between conception and labor, when carried to any considerable extent, are invariably injurious, producing in many cases *abortions* and *miscarriages*, and in others *agonizing labor*, and *dangerous metritis* soon after lying in, we announce the seventh law of matrimonial amours, viz: *No sexual intercourse is allowable during the entire period of pregnancy.*

The eighth law is evolved from Lev. xii, 24: "If a woman shall have conceived seed, and born a male child, she shall be unclean seven days; according to the days of the separation of her infirmity shall she be unclean; and she shall continue in the blood of her purifying thirty-three days; she shall touch no hallowed thing, nor come into the sanctuary, until the days of her purifying be fulfilled." Here is the same physiological principle in action as in the sixth law; the danger of the occurrence of uterine disorder from the incited orgasm of matrimonial amours during the six weeks after the birth of sons; hence the eighth law of matrimonial amours; *No amorous fruition is allowable during the first thirty-three days after the cessation of all lochial discharges which follow the birth of sons.*

The ninth law is evolved from Lev. xii, 5: "If a woman shall have conceived seed, and borne a female child, she shall be unclean two weeks, as in her separation, and shall continue in the blood of her purifying sixty-six days." Why is the time of the lochial discharges, and of the liability to uterine disorders, here doubled respectively? We, for ourselves, answer: for about twenty years we have observed in the women we have professionally attended, that the time of lochial discharges is, at least doubled after the birth of daughters, and that they do not bear suckling them as well as they do their sons; that they are invariably more feeble. And this, our observation, accords with the observation of Prof. Martegoute, on breeding the Dishley Manchamp merino sheep, who says, "Our monthly weighings show that the ewes, which produce female lambs, are on an average of weight superior to those that produce males; and they evidently lose more in weight than these last, during the suckling period, while the ewes, that produce males, weigh less, and do not lose as much as the others." [Goodale's *Breeding of Domestic Animals*, p. 92.] That is, mothers are in better condition when they *conceive* daughters, and are in better

condition when they *wean* sons than daughters. Hence comes the ninth law of matrimonial amours, viz: *no amorous fruition is allowable during the first sixty-six days after the cessation of all lochial discharges which follow the birth of daughters.*

The tenth and last law is evolved from 1st Cor. vii, 3—5: "Let the husband render to the wife her due; and in like manner the wife also to the husband. The wife has no power over her own body, but the husband; and in like manner the husband has not also power over his own body, but the wife. Defraud not the one the other, except it be with consent for a time, that ye may give yourselves fasting and prayer; and come together again that Satan may not tempt you on account of your (tendency to) incontinency." We here say, matrimonial duty may be demanded of the husband by the wife, and of the wife by the husband, at any time from the seventh day after the cessation of the menstrual and leucorrhœal discharges, and from the thirty-third or sixty-sixth day after the cessation of all puerperal discharges, to the occurrence of conception, or to the manifestation of an approaching menses, as inclination may dictate, when not interdicted by the occurrence of incompatible religious services, as the eucharist, etc., above referred to. Therefore the tenth law of matrimonial amours is, *The husband and the wife may demand of each other amorous duty and privilege whenever sanctioned by the second, and not interdicted by the fourth, fifth, sixth, seventh, eighth and ninth of these laws.*

To recapitulate, we have found ten laws which primitively governed matrimonial amours, viz:

1—Parties of both sexes, on entering first marriages, should invariably be virgins.

2—After marriage, the only legitimate incitement to matrimonial amours, is desire for offspring, under divine guidance.

3—The most thorough bathing of the whole persons, and a full change of night apparel and body linen should invariably and at once follow every seminal emission, nocturnal and diurnal, and every season of amorous fruition.

4—The social intercourse is allowable for three days, at least, prior to all important and characteristic Christian public services.

5—No amorous fruition is allowable during the menstrual periods.

6—No amorous fruition is allowable during the seven days succeeding the cessation of each mense.



7—No sexual intercourse is allowable during the entire period of pregnancy.

8—No amorous fruition is allowed during the first thirty-three days after the cessation of all lochial discharges which follow the birth of sons.

9—No amorous fruition is allowable during the first sixty-six days after the cessation of all lochial discharges which follow the birth of daughters.

10th—The husband and the wife may demand of each other amorous duty and privilege, whenever sanctioned by the second, and not interdicted by the fourth, fifth, sixth, seventh, eighth and ninth of these laws.

We therefore conclude, in answer to the question, What is excessive coition in matrimony? That the more frequent copulation than that which the human female requires for securing to herself conception, that all coition during the menstrual periods, during the first seven days after the cessation of each menses during the whole period of pregnancy, and during the first thirty-three or sixty-six days after the entire cessation of all lochial discharges, is *excessive coition*; and, in answer to the question, What amount of coition in matrimony is not excessive? That *the varying requisitions of unperverted feminine nature for a self-assured conception can never be excess.\**

And now, Sir, in conclusion, if certain intractable and otherwise incurable cases of uterine disorders are relieved and cured by merely *entire rest of sexual functions* sufficiently prolonged; if the inference be entirely sound, that from the complete parallelism of the *symptomatology* and course of spermatorrhœa and uterine disorders, a common and identical causation is shown; in other words that uterine disorder is to the female what spermatorrhœa is to the male; if, in the primitive ante-Mosaic ages, desire for offspring, guarded by physiologic moral instincts under divine guidance, were the only approvable incitement to amorous fruition; and if, in post-Mosaic times, this motive and these instinctive guards were for public obedience expressed in detailed revelation, as quoted for the evolution of the above ten laws, and were designed still further to disclose clearly to us the amount of amorous excess which

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\* We had supposed before reading our paper, that the above mere recapitulation of these ten laws answered with all reasonable accurateness the two questions to which reference is made above; but inasmuch as some gentlemen present seem to think they had not been answered at all, we have added the above in parenthesis. Gentlemen, have you *there* the answers sufficiently definite?

at this time exists everywhere; and to show to us the required also amount of normal restraint upon the hitherto undisputed matrimonial privileges of the present day, we infer and believe our conclusion to be legitimate, logical, and rational, that a large majority of the uterine disorders of married life originates in (the above well-defined) irregular and excessive sexual intercourse.

And be assured, Sir, we have cheerfully complied with the requisition of this hour, and while we acknowledge on account of the great sensitiveness of all minds in regard to this special subject, to have adventurously made it the opportunity of directing the attention of the medical profession to this inadequately appreciated department of the etiology of uterine disorders, we are grateful for the thoughtful attention with which this imperfect discussion has been received by the men of science before us.

DR. CRONYN made a few remarks in relation to the merits of the above paper.

DR. GAY moved a vote of thanks for the paper. The motion was carried.

DR. GAY read the following:

64 MADISON AVENUE, }  
New York, August 29, 1867. }

Dear Doctor:—In my opinion your views in relation to the treatment of fractures near the joints, is essentially correct. I do not think you was fully understood, or perhaps I ought to say, you did not state your views quite so clearly as you might have done. If you mean to say that splints are too much used in their cases by many surgeons, I fully agree with you. In a pretty large proportion of their cases the fragments support themselves, or if they do not, splints do not help us. In a large proportion of cases the displacement of the fragments is of less consequence than the ankylosis which may result. In old persons, especially, is ankylosis most liable to result from long continuance of the splints. I do not think I ever kept splints on, in case of fracture near a joint, forty days—seldom thirty days—and generally not more than twenty-one days. In most cases I direct that the splints shall be removed and passive motion employed daily, as soon as the acute inflammation has subsided—generally as early as the 14th day, (I speak now of fractures near joints,) and then I lay aside the splints as soon as I can safely.

I am sincerely glad you have spoken upon this matter; for whether I have made myself understood or not, I have intended to teach that splints have a very limited use in fractures about

joint. Perhaps what I have written in relation to fractures near the elbow and wrist joints, and of the patella, convey my meaning more fully than what I have written about fractures near the ankle joint.

Very truly yours,

FRANK H. HAMILTON.

To Dr. Gay.

Reports on prevailing diseases being in order, all present coincided in the opinion that there was no special disease prevailing.

Adjourned.

T. M. JOHNSON, M. D., Sec'y.

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ART. II.—*Vesico-Vaginal Fistula.* BY C. C. F. GAY, M. D., *one of the Surgeons of the Buffalo General Hospital.*

The surgical treatment of the unfortunate female who is, or may be the victim of the terrible result of her accouchment styled vesico-vaginal fistula, has been brought to such degree of perfection in our own day, by means of appliances and instruments devised by our distinguished countryman, Dr. Sims, with the aid and assistance of his no less worthy successor, at present surgeon of the Woman's Hospital, New York, Dr. Thomas Addis Emmet, that almost any surgeon possessing the requisite tact in the use of instruments need ever despair of obtaining satisfactory results in any case to which he may be called upon to operate.

It is truly wonderful what measure of progress has been made during the last decade for the relief and permanent cure of this unfortunate condition of the female, but so recently supposed to be a condition irremediable. Credit must be awarded in the first instance to those benevolent women of New York, who first moved in the enterprise which resulted in the establishment of an hospital to be devoted exclusively to the treatment of diseases of their own sex.

This act upon the part of the women of New York provided a field hitherto almost unexplored, wherein the rare gifts and genius of Sims could have free scope. In the absence of these initiatory steps by the charitable of New York, Sims would have been unable to contribute so largely of his experience to the profession of this and the old country. The opportunity was thus

created and given to him, and to show how well he has improved the opportunity, reference only need be made to his words and works. We would say naught to derogate from the great merits of Sims, nor be unmindful of the merit of those who by their kindness and liberality opened up the way whereby the former could exercise his rare gifts and promulgate his discoveries and improvements to the world. All honor to the noble women and liberal men of New York, and all honor to Sims!

This paper proposes only to give some general observations upon the operation for vesico-vaginal fistula, and in a future paper we design to record somewhat in detail some of the difficulties attending the various steps of the operation, to show that some of those difficulties are only apparent, and not real, and to describe how those little difficulties have been overcome by us during the progress of an operation without any fore-knowledge or fore-warning as to the difficulties besetting the way when undertaking the operation.

At the close of an operation recently made in the country, our assistant was led to remark that "after all an egg was easily made to stand upon its end." The greatest difficulty I apprehend in the operation next to that of the necessary preparation of the parts for the operation, is the proper denudation of the fistulous border. Some patients require weeks of preliminary preparation, while others need none at all; if the cul-de-sac be preserved preliminary preparation need not occupy much time; if destroyed then initiatory or operations are frequent. Position is all-important. If practicable the best position is that upon the knees, with the head low. We first saw the advantage of this position while assisting our friend, Dr. Ring, in an operation upon a very obese subject. In this position the fore-finger of the left hand could easily be introduced into the fistula, upon which its uterine border could be raised, held firmly, and the mucous membrane denuded with ease, and with more facility than when raised by the tenaculum. The advantage of this procedure, of holding the parts to be denuded over the usual method by the tenaculum, was first made apparent and practicable by ourself when denuding the mucous membrane in the operation for complete laceration of perenium, the distance from the vaginal outlet being about the same in both cases; this

method of procedure is not of course practicable in every case, on account of the distance of the fistula from the outlet, but when not too remote the parts may be manipulated with great facility, and when the scissors are used the margin may be pared very quickly.

Assisting in an operation some three or four years since, I recommended and urged the use of the interrupted suture, but instead thereof the clamp was used, the operation being successful. But at that time I could not see, neither can I now, any advantage of the clamp over the interrupted suture. The clamp complicates the operation and prolongs it greatly, and time, I conceive, when a woman is in the position named above, is to be taken into account. The parts properly prepared, and the denuded surfaces brought in apposition, the interrupted silver suture will as certainly retain the parts in apposition as well the clamp, provided, always, a sufficient number are used.

In assisting those who have given preference to the long needle, I have been struck forcibly with its great inconvenience, the short needle armed with the silk loop, and used with forceps, is much to be preferred. I have seen one case where the Sims' catheter, or no other catheter could be retained in the bladder on account of the great irritation produced by them when in situ. It was necessary to introduce the gum elastic catheter every few hours, day and night. The operator can readily see, therefore, how important it is that all source of irritation from this quarter be allayed previous to operating.

In all uterine surgical operations, and indeed in all operations of the female genital organs, Dr. Emmet of New York is emphatic in stating his preference for the use of the scissors over that of the knife. I am not sure but the preference for one or the other of these instruments might better be left with the operator than to insist upon the use of the scissors as the superior cutting instrument to the knife, or its *par excellence*.

I am not certain but one surgeon may be more dextrous in the use of the scissors and another surgeon more dextrous in the use of the knife. For my own part I have no difficulty in deciding which to use. In my own hands the scissor is incomparably superior to the knife, and I must say here that I used them in operations involving the female genital organs before it became known

to me that they were used or preferred by any other surgeon. I would like to say more upon the subject of the scissors, their shape, etc., but must reserve the further consideration of this topic for a future paper, and as I have already occupied as much space as I should in speaking of the operation of vesico-vaginal fistula, in a general way, will reserve what I have further to say of the operation in detail, giving the result of two cases, in one of which the clamp and in the other the interrupted suture was used, and both equally successful after the first operation.

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## Correspondence.

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### Alcohol as a Medicine.

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BY W. M. CORNELL, M. D., LL.D., BOSTON, MASS.

Dr. Miner:—I have not forgotten my promise in your September number, to send you some "cases" of atomised inhalation, etc., but, if you will accept this article as a substitute for the present, the others, (D.V.) shall come. My attention is called to this subject now by the article "On the Indiscriminate Use of Alcoholic Stimulants in Disease," by Dr. Samuel Wilks, in that issue. I agree with Dr. Wilks, that "the most important question in therapeutics at the present day is the value of alcohol in disease;" and, I feel the more inclined to say a word on this matter because, in a little book on "Consumption Treated," published seventeen years ago, I spoke particularly *on the use of alcohol in phthisis*. At that time, it may be remembered, nothing, or next to nothing, had been published by the profession, on that subject. As the book is now out of print, save a single copy, you will pardon me in making the following quotation:

"I have seen consumptive patients greatly benefited by alcohol. I hope none of the friends of temperance will feel alarmed at this remark, as I speak of it *wholly as a medicine in this disease*. Long before I was able in any way to account for it, I found it to be a fact, that *spirit-drinkers* were much more apt to recover from *lung* attacks than any other class in the community. The fact, I knew; the why, I could not tell. But, the recent investigations upon pathology and therapeutics appear to me to have thrown some light upon this subject.

"Many morbid anatomists, among whom Dr. Bennett holds a prominent place, have asserted that *puckerings* or *cicatrices* of the lungs—indicating tubercular disease at some former period, which had been cured—are much oftener found in the dead bodies of spirit-drinkers, who have died of other diseases, than of others. This being the fact, may not the following be the reason: alcohol prevents the *arterialization* of the blood, as it circulates in it *unchanged*, uniting with the oxygen in the blood, and forming with it carbonic acid, thus keeping the blood in a *venous* condition, and preventing that abundance of *fibrin* upon which consumption depends. It has long been known that alcohol is not *digested*; and chemists tell us that it has a constant tendency to keep the blood *venous*.

"Now, in every consumptive person, the blood is highly arterialized and abounds in fibrin. The statement of some of the most distinguished pathologists is, that during the whole process of tubercular disease, when it ends fatally, it depends upon this *fibrous* state of the blood; and, that we cannot cure the disease till we can change this state, and bring back the *venous* condition in which the blood usually exists in a healthy person.

"The idea I mean to communicate is this: alcohol does not nourish the body; and, consequently, would do injury in health; but, it enters, undigested into the circulation, and changes the fibrinous condition of it, (where it exists; but may do great injury in a healthy man, by inducing other diseases, for sometimes people die without consumption,) and thus destroys the *aliment* on which *tuberculization* depends; thus staying consumption, as pregnancy does in the female, and as chronic bronchitis and disease of the heart do, both among men and women. Pregnancy stops, or, if you please, cures consumption, till after the birth of the child, and chronic bronchitis often does the same. If the same state of *venous* blood continued, after the birth of the child, which existed during pregnancy, consumption would make no progress. It would be forever *stayed*. Now, if we can produce this state of the blood by alcohol, will not consumption be stayed, or cured by its use?

"I would not encourage *intemperance*. I would prescribe alcohol in consumption, as I would *medicine* in any case, and much sooner than I would some other medicines sometimes used in this disease. *But what has a man in health to do with medicine?* The alcoholic lotion used by M. Hall, and which I have used, for several years, owed its salutary effects to the *absorption* of the alcohol, in my opinion; and similar good results may be had from its internal use in this disease. I use it both externally and internally in consumption.

"One of the most skillful physicians I ever knew said to me, more than thirty years ago, 'If I had a scrofulous or consumptive patient, his medicine should contain half a pint of rum a day.' But, no man should prescribe this for himself, lest he induce a fatal disease, and die before his time."

So much from my book, published nearly twenty years ago; and, though I am of the same opinion now, as to the use of this drug, in *true tubercular consumption*, yet such is the tendency in the community for stimulants, and among some honest physicians to prescribe them, and such the *mistakes* of others as to the *diagnosis* of phthisis, that I have not a doubt but that much injury has been done by the use of alcohol ostensibly for this disease within the last twenty years.

But what then? Are we to relinquish a remedy, indicated in a certain disease, and which we have found by experience to be useful, because unprofessional men abuse it, or because some physicians ride it as a *hobby*, and prescribe it for all diseases, or because others mistake the disease, and prescribe it when they would not, but for their ignorance in pathology? Suppose we were to subject opium or quinine to this test, would the profession be willing to do it? There are thousands who get intoxicated every day by opium; must our profession, therefore, cease to prescribe opium as a medicine?

I fully concur in the opinion of Dr. Wilks, that "its administration should be watched with the extremest care." I even go further than he does. I have seen some most egregious mistakes of the administration of alcohol, and that even by medical men. It was my fortune, some years since, but after the book above referred to was published, to be on several boards of trust with a member of our profession, well advanced in life, a most worthy man, and one who had refrained wholly for many years from the use of alcoholic liquors, though when young he was in the habit of using them freely. I observed, as I associated with him from week to week, that his health was failing, and I said, "Doctor, you do not look well." He replied, "I am not; my strength has been failing for some months, and I am under medical treatment," and he named his medical adviser, a respectable man in the profession. "He has advised me to take *whisky*, and I have been doing it for some time." I inquired, "what do you take it for? You have no tubercular disease." He said, "no, I have no difficulty of the lungs." In fact, he was as far from being a consumptive as a man could well be. He was short, thick-set, broad chested, and in form, a fair candidate for apoplexy, but not for consumption. I said, "I would leave off *whisky*, Doctor." He replied, "my



friend prescribed it, I suppose, because he thought at my age, being seventy, it would do me good." He continued the whisky, and soon died. A *post-mortem* revealed the fact that his death was caused by *chronic inflammation of the stomach!*

I do not suppose such palpable mistakes as this are often made; yet there are many who prescribe whisky for they know not what, as it was in the case of my old friend and colleague.

I have seen some cases very much like the ones which Dr. W. describes in the following language: "Often have I been called to see a patient apparently dying, etc. [The reader can turn to the description.] In all such cases it is astonishing that any physician should be so ignorant, or so unprincipled. In all nervous diseases, (and they are legion,) in all affections of the liver, diseases of the heart, irritation or inflammation of the stomach, and in health, alcohol has a pernicious effect. Indeed, I know of no case in which I would prescribe it, save in phthisis, and in cases where the fever suddenly leaves a patient so debilitated that he would speedily sink without stimulation."

You have seen, in the long examination of witnesses before a committee of the Massachusetts Legislature, last spring, for and against a license law, what various opinions were expressed upon the use of alcohol as a medicine at the present time. Rev. Dr. John Todd, of Pittsfield, said: "It is a matter of fact that physicians in this city, (Boston) and in my place, prescribe alcohol *ten fold* more than they did twenty-five years ago, and, I think, more than they did forty years."\* There never was a grosser mistake than this, which was set right by Prof. Storer, of the Berkshire Medical Institute, who said, "formerly it was the custom for physicians very largely to prescribe alcohol; now a-days, it is not so much the custom. Alcohol was formerly used constantly by physicians; now it is used less. Watery extracts are now used to avoid the use of alcohol."

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\* Alcohol, as a remedy for tuberculosis, was hardly known, even ten years ago; it came suddenly into fashion about that time. Prof. Austin Flint then spoke of it as a new remedy for consumption before the Buffalo Medical Association, and approved its use. Twenty-five years ago alcohol was talked of a medicine, but largely used as a beverage without medical advice, by both the healthy and diseased. Were not Dr. Todd and Dr. Storer both correct? Is not alcohol prescribed "*ten fold*" more now than twenty-five years ago? Are not physicians now—that is, for the last two years—beginning to doubt its universal application more than formerly—six or eight years ago?

## Miscellaneous.

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### Extirpation of the Uterus by Mistake for Ovarian Tumor.

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Dr. E. Krakowizer presented to the New York Pathological Society the body of a uterus, in the walls of which was imbedded a large fibroma, taken from a woman forty-eight years of age. She was always in most excellent health, and menstruated regularly up to the time of the operation. About two years ago she felt that her health was becoming somewhat impaired. One year ago a swelling in the lower part of the abdomen appeared; it did not increase, however, to any considerable degree, or with any marked rapidity, and its presence only occasioned her uneasiness.

Dr. K. saw her for the first time about six weeks ago. The tumor, which was about the size of a child's head two years old, was felt occupying the lower part of the abdomen. It was smooth, elastic, painless on pressure, and movable from side to side. On making a vaginal examination, it was found that the mass bore down behind the symphysis pubis, and had crowded the uterus backward. The os was felt on the posterior part of the tumor. A uterine sound entered with great facility to the depth of two inches and a half behind the tumor. When the sound was grasped by one hand and the tumor held with the other, it seemed to move independently; I therefore concluded that I had a simple ovarian tumor to deal with, and that the uterus was normal and unconnected with it. I supposed that the pedicle was a pretty short one. No examination per rectum was made.

The condition of things was explained to the woman, and she most decidedly preferred to have a radical operation undertaken. Dr. K. then called in Dr. Kammerer, who made an examination, and corroborated the former opinion in every respect, except that he thought that the tumor originated from the left side, while Dr. K. was of the opinion that it came from the right side.

After chloroform was administered, an incision was made midway between the umbilicus and symphysis pubis to the extent of four inches, and the tumor was presented. At the previous examinations, never having felt any fluctuation, Dr. K. was of the opinion that the walls of the cyst were very thick. When the peritoneal cavity was opened sufficiently wide so as to introduce the hand, it

was found that the omentum was adherent in several spots on the surface of the tumor. On the left side a band was detected, with a somewhat cylindrical yielding mass in it, which seemed to be the dilated fallopian tube of the left side. On bringing the hand between the promontory and the tumor, the mass was found to be connected most intimately with the cervix uteri. Before that was done, however, a trocar was plunged into the mass, and on introducing the trocar, Doctor K. became aware that he had to deal with a solid tumor, as no fluid escaped and the end of the trocar was firmly held fast. A great deal of venous oozing took place from the spot. Between the promontory of the sacrum and posterior aspect of the tumor Dr. K. could feel plainly the left ovary, and he could also ascertain that the mass was a continuation of the cervix uteri. The uterine sound was passed to the depth of two inches and a half; it was also evident that the tumor was springing from the lower portion of the body of the uterus, which a little above the inner os was swelling out rapidly into a globular tumor.

The question then arose whether it was better to desist from the operation or go on. The latter was decided on. Dr. K. ligated both fallopian tubes, and of course part of the broad ligament, and after the ligation of these bands, and when the tumor became more movable, he lifted it out of the abdominal cavity, pulling it well up above the symphysis pubis, so that the neck of the tumor could be seen and felt. He then carried the chain of the écraseur around it, and proceeded very slowly to close it. He was fully three-quarters of an hour in accomplishing this, in the fear that by proceeding more rapidly hemorrhage might ensue. After the chain had worked through the rest of the womb, that is, the cervix being still upon the stretch above the symphysis, no hemorrhage was visible, but as soon as the stump was fairly liberated the whole field of the operation was deluged with blood. The stump was again grasped with the forceps, and both uterine arteries were secured, but the uterine veins, as well as several sinuses in the cervix itself, continued to pour forth blood, and these with great difficulty were at length secured. For greater security against accident, a silver wire was then twisted around the end of the stump, and the ends brought out of the wound.

The loss of blood was considerable, but the pulse did not indicate an anæmic condition of the body.

The operation took fully two hours and a half. The wound was closed with five silver wire sutures. A hypodermic injection of Magendie's solution was then administered which caused an hour's sleep. Four drops of Magendie's solution were given every hour during the night. After midnight she became restless and vomited several times. It was then very evident that peritonitis was extending rapidly. A second hypodermic injection was made, and large doses of Magendie were given. At four o'clock she died. No post-mortem examination was made.

The specimen has been incised by a longitudinal cut, and it will be seen that a large fibroma is imbedded in the walls of the uterus, and that this mass has nothing to do with the cavity itself."—*Medical Record*, Sept. 1, 1867.

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#### Reproduction of the Crystalline Lens.

From a pretty full *resume* of an important paper, read to the Academy of Sciences on 28th January, 1867, by M. Milliot, we may extract a few conclusions. The experiments were very numerous, extending over two years, and were performed on sheep, dogs, cats, rabbits, guinea-pigs, rats, and frogs. Extraction was generally performed by the flap operation, aided by free division of the anterior capsule.

He has proved the fact incontestably, that in animals a regeneration or re-production of the crystalline lens does frequently occur, even after complete removal. That this commences about the end of the second week after the operation, but is not completed till from five to twelve months, or even longer in aged animals. That the new lens is never so large as the old one. That sometimes the new one shows all the microscopic characters of the original lens; that more frequently it is an amorphous hyaline mass, which contains a small number of nuclei analogous to those of the cells known as the humor of Morgagni, sometimes fibrous tissue in laminae, containing proliferating nuclei. Occasionally the cavity of the capsule becomes filled with vitreous humor, or, in cases where the iris has intervened, with plastic lymph. That in

human lenses affected by cataract, M. Milliot believes that except possibly in young subjects (which he has had no opportunity of verifying by dissection,) there is no reproduction of the lens. This is due partly to the age of the patients, partly to the changes which have been shown to occur in cataract, in the powers of endosmose and exosmose of the capsule, and through it on the nutrition of the crystalline lens. He has still doubts on this subject, and thinks it possible that in those cases where, in young subjects, vision is good without a cataract glass, that there really may be a reproduction of the lens in whole or in part.—*Ed. Med. Journal*, May, 1867.

[Drs. Cocteau and Leroy D'Etiolle over forty years ago (see *Philadelphia Journal Med. and Phys. Sciences*, 1827, vol. xiv, p. 384) instituted a number of experiments on rabbits to determine whether the lens, after removal, was reproduced, and they assert with an affirmative result. Dr. Barkhausen, of Berlin, however, repeated their experiments (see *Lancet*, 1831, p. 615) with a different result.]—*Ed. Am. Journ. Med. Sciences*.

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#### Death from Swallowing Two Ounces of Chloroform.

The following case, recorded by Dr. D. W. Stormont, of Topeka, Kansas, (*Leavenworth Medical Herald*, July, 1867,) is particularly interesting from the short time which intervened between taking the chloroform and death:

A healthy man, twenty-six years of age, for the purpose of self-destruction, at ten o'clock swallowed, in the presence of his obdurate sweetheart and a female friend, two ounces of undiluted chloroform. He then composedly laid down on a bed, as he said, to die. "In three minutes (estimated time) he could with difficulty be aroused from the stupor into which he was rapidly sinking; could not speak, but indicated that he had severe pain in the stomach. In five minutes he was entirely unconscious, lying still, breathing stertorously. He died in just one hour after taking the draught. Medical assistance, from some cause, did not arrive until a few minutes before he died, and nothing was done to counteract the effects of the poison."

*Post-mortem*.—"The surface was livid; the face, neck, chest, and nails very much so. Bloody froth was issuing from the mouth and

nostrils. On opening the chest, both lungs were found to be dark externally, and fully distended. They were uniformly congested with dark, liquid blood, and the posterior portions were perfectly engorged with it. Both sides of the heart were nearly full of black, uncoagulated blood. The liver and spleen both normal externally, but somewhat softened, and filled with dark, liquid blood. The œsophagus was congested. The stomach, at the cardiac end, and along the greater curvature, and half-way up each side, was discolored externally, dotted over with echymosed looking patches, giving it a mottled appearance. It contained two or three ounces of a light-colored liquid, which had a slight odor of chloroform. At the cardiac end, internally, and along the bottom nearly to the pyloric end, the mucous membrane was of a dark-red color, softened, and easily peeled off with the thumb-nail. Up the sides it was of a brighter red, speckled appearance, and not softened. The intestines were healthy. Circumstances prevented us from extending the examination, which is to be regretted."—*Am. Journal Medical Sciences.*

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### On the Treatment of Infantile Diarrhœa.

BY DR. BUIZ.

Dr. Buiz expresses the following opinions, as the results of his experience, on this subject:

"1.—The diarrhœa of spoon-fed infants generally yields to the addition of a small quantity of bicarbonate of soda or of lime-water to the milk.

"2.—In summer-diarrhœa supervening without any tangible cause, from one-sixth to one-quarter of a grain of calomel three or four times a day, associated with an equal amount of ipecacuanha, will often be found efficacious. If the indisposition is consequent on exposure to cold, minute doses of opium are appropriate.

"3.—Chronic diarrhœa resulting from various causes may in most cases be checked with nitrate of silver, one-sixth of a grain of which may be exhibited without risk. This remedy is sometimes, however, rejected by the stomach, and should then be replaced by tonics and vegetable astringents.

"4.—Diarrhœa combined with anæmia and impaired nutrition, is often the result of a state of decomposition of the blood, for which the best remedy is the proto-iodide of iron. In such cases bismuth is frequently unavailing, whereas in doses of half a drachm three times a day it is invariably successful against intestinal relaxations referable to tubercular ulceration. The causes of intestinal catarrh are, however, so obscure, that in many instances the treatment must be empirical."—*Journal of Practical Medicine & Surgery.*

## Editorial Department.

### To Medical Colleges.

At the Convention of Delegates from Medical Colleges, called for the purpose of revising the system of Medical College instruction in this country, and which convened in Cincinnati, May 3d, 1867, the following resolution was unanimously adopted:

*Resolved*, That a committee of five be appointed by the President, whose duty it shall be to present the several propositions adopted by this Convention, to the Trustees and Faculties of all the Medical Colleges in this country, and solicit their definite action thereon, *with a view to the early and simultaneous practical adoption of the same throughout the country.* And that the same committee be authorized to call another convention when deemed advisable."

The undersigned committee, appointed for the purpose of carrying into effect the instructions contained in the foregoing resolution, respectfully invite the attention of the Trustees and Faculty of each duly organized Medical College in the United States to the four following propositions, of great practical importance, namely:—1st. A positive standard of preliminary education. 2d. A longer time in which to acquire a knowledge of the various branches of Medical Science and practice. 3d. A systematic and successive order of studies for the student. 4th. A certain amount of direct clinical instruction in a public hospital as a part of the senior course. The desirableness of these changes is too apparent to require either argument or illustration. The plan for accomplishing them, adopted by the convention, as expressed in the foregoing propositions, is simple and easy of execution, provided the several colleges will act in concert.

It requires each college to obtain and place on record sufficient evidence that every student admitted to matriculation possesses a certain amount of preliminary education. It requires *attendance* and *pay* for three annual courses of college instruction, as a condition for graduation; and arranges the whole curriculum of the college into three corresponding series of branches, so that each student can limit his attention to one series each year, thereby laying a foundation and building on it a superstructure in their natural order. \* \* \* \* \* We therefore respectfully ask you to give it a full consideration, and return to the Chairman of the undersigned Committee answers to the following questions:

1st. Do your Faculty, together with the governing authority of your college, approve of the several propositions as a whole?

2d. If you do not approve of the plan of revision as a whole, what changes would you suggest?

3d. If you approve of the plan as a whole, or of all its essential features, will your college be ready to adopt it practically, and issue your Annual Announcement for the College term of 1868-9, in accordance therewith; provided all the principal Medical Colleges in this country (or at least those in the cities of Boston, New York, Philadelphia, Baltimore, Richmond, Charleston, New Orleans, Louisville, Cincinnati, St. Louis, Chicago, Buffalo and Albany,) will agree to do the same at the same time?

The great desideratum is to secure both harmony and concert of action on the part of the Medical Colleges, in the adoption of such measures as will at once place the system of medical education in this country on such a basis as the extent of the science and the responsibilities of its practical application in the prevention and treatment of diseases, require.

N. S. DAVIS,  
S. D. GROSS,

GEO. C. BLACKMAN,  
F. DONALDSON,

Chicago, Aug. 1st, 1867.

Committee.

We have not published this Circular entire, for want of space.—Ed.

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### Obstetrical Society of London and Mr. Baker Brown.

The September *London Lancet* contains report of the special meeting for the purpose of considering and balloting upon the proposition brought forward by the Council at a previous meeting for the expulsion of Mr. Baker Brown. The whole discussion is full of shameful bitterness, professional jealousy, personal unkindness and all manner of uncharitableness. What reason for expulsion? If Mr. Baker Brown makes a surgical operation which is regarded as unjustifiable, say so, and publish your objections. If he thinks it is justifiable, let him say so, and publish his reason. Future generations of English surgeons must determine who is right—the present race are monomaniac, and will soon become inmates of mad-houses, unless they cool down upon the subject of clitoridectomy. Mr. Baker Brown was voted out, but the real questions are as much unanswered as ever; nothing was gained, everything lost.

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### Books Reviewed.

Clinical Lectures on the Principles and Practice of Medicine. By John Hughes Bennett, M. D., etc., etc.

This work, on the practice of medicine, has been for a long time out of print, and this fourth edition will be received by the profession with much satisfaction; it has long been a standard work of acknowledged merit, and without change in the text would have been received with favor.

This edition has received many additions and some portions are entirely new; sections upon molecular and cell theories of organization, general laws of nutrition and innervation, of inflammation and tuberculosis, have been re-written. In the treatment of morbid growths the author has introduced a note from M. Velpeau, in which that surgeon demonstrated the correctness of an opinion long held by the author, that *true cancer* may be permanently extirpated with the knife. He says: "The facts Velpeau has recorded ought to put an end to further discussion on the subject."

The author has introduced a full discussion of the *natural progress of disease; the importance of pathology and improved diagnosis; the fallacy of the change of*



*type theory; and an inquiry into the present means of treatment, advocating the idea that physiology and pathology constitute the true foundations of medical practice.*

The work is complete, embracing a wide range of topics and arranged with special reference to the wants of the general practitioner. It is illustrated with five hundred and thirty-seven wood cuts, which add to its descriptions of disease, and of pathological changes a clearness of impression which could not otherwise be obtained. On this account the book has attractions for the student of medicine unequalled by any other. It is unnecessary to add that in its present edition it comprises what is known of disease, and of its rational modes of cure; and is a safe and satisfactory guide not only in pathology but also in treatment.

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**The Physiology and Pathology of the Mind.** By Henry Maudsley, M. D., London.

The author has treated in this work, mental phenomena physically rather than metaphysically, and brought the instructive instances presented by the unsound mind, to aid in the interpretation and explanation of the obscure questions in mental science. He says: "it has been my desire to do what I could in order to put a happy end to the 'inauspicious divorce' between the physiology and pathology of mind, and to effect a reconciliation between these two branches of the same science."

It is impossible to go into any satisfactory analysis of this work, and inconsistent with our space to give even detailed account of its range and scope. The whole physiology of mental operations, the causes of perversion, the various forms of deviation and the import of these abnormal manifestations are discussed in a philosophical and scholarly manner, and cannot fail to interest and instruct every reader. It is a *new book*, the whole of which is so rational and logical as to be worthy careful perusal.

Speaking physiologically and anatomically of the brain he says: "It is extremely probable that different convolutions of the brain do subserve different functions in mental life; but the precise mapping out of the cerebral surface, and the classification of the mental faculties, which the phrenologists have rashly made, will not bear scientific examination. That the broad and prominent forehead indicates great intellectual power, was believed in Greece; and is commonly accepted as true now; the examination of the brains of animals and idiots, and the comparison of the brain of the lowest savage with the brain of the civilized European certainly tend to strengthen the belief. Narrow and pointed hemispheres assuredly do mark an approach to the character of the monkey's brain. There is some reason to believe also, that the upper part of the brain and the posterior lobes have more to do with feeling than with the understanding. Huschkle has found these parts to be proportionably more developed in women than in men; and Schroeder Van der Kolk thought that his pathological researches had afforded him the most convincing proofs that the anterior lobes of the brain were the seat of the higher intellectual faculties, while the upper and posterior lobes ministered rather to the emotional life. Recently some observations have been made with

he view of establishing a theory that a portion of the anterior lobe, the third frontal convolution of the left hemisphere, was the seat of language; but the observations reported are unsatisfactory, directly contradictory observations are overlooked, and it is contrary to the first principles of psychology to suppose that language, complex and organic as it is in its intellectual character as the sign or symbol of the idea, can have so limited and defined a seat in the brain. On the whole, it must be confessed, so far, we have not any certain and definite knowledge of the functions of the different parts of the cerebral convolutions. The anatomists cannot even agree on any convolution as peculiar to man; all that they can surely say is, that his convolutions are more complex and less symmetrical than those of the monkey. 'If man was made in the image of God, he was also made in the image of an ape.'" This last conclusion the author quotes from Hallam, in his introduction to the *History of Europe*. We have indulged in too lengthy extracts, and close our brief notice of this book with, an invitation to all, to read it carefully for themselves.

Published by D. Appleton & Co., New York.

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The Medical Use of Electricity, with illustrative cases. By Geo. M. Beard, M. D. and A. D. Rockwell, M. D. New York: Wm. Wood & Co., 1887.

The therapeutical value, as a tonic, of general electerization in the various neurotic affections is the especial theme of this monograph; the authors presenting the results of their united experiments and experience in a most satisfactory manner. As a body, physicians have manifested great apathy towards electro-therapeutics, arising from the unsatisfactory results usually obtained by them, but which the authors attribute to the imperfect employment of this agent. The treatise is entirely freed from the usual ambiguity and mystification of terms found in works upon this topic, simplicity and clearness of language being maintained throughout.

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A Practical Guide to the Study of the Diseases of the Eye; their Medical and Surgical Treatment. By Henry W. Williams, M. D., etc., etc.

It is but few months since we had occasion to speak of the merits of the first edition of this work; and we can now add but little to our former expressions of approval. The book contains the essential and practical science of ophthalmology as now understood and practiced, and to it as an appendix has been added the author's Prize Essay upon Recent Advances in Ophthalmic Science, thus presenting concisely and clearly, the new facts and principles regarding the optical powers and functions of the eye, which have recently been discovered and demonstrated by Donders, Græfe, Helmholtz and others, and which has done so much to give ophthalmology a high place as one of the departments of medical science. The author has not attempted to embody all that is known upon the subjects considered, but has adapted his book to the wants of the student and general practitioner. It contains, in condensed form, most of what is really practical in this department of medicine, and shows in every chapter a thorough, practical, as well as theoretical acquaintance with the topics discussed, so that the work may

be regarded as, not only recent in theory, but well considered and truthful in its practical conclusions.

The great need of more careful attention to the diseases of the eye, cannot have escaped the attention of any who are at all familiar with the condition of the profession in this respect. This book will supply all that can be desired by the student and general practitioner, and its value cannot be over-estimated.

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**Essentials of the Principles and Practice of Medicine; a handy book for Students and Practitioners.** By Henry Hartshorne, M. D., Professor of Hygiene in the University of Pennsylvania, etc., etc. Philadelphia: Henry C. Lea, 1867.

For many years Dr. Hartshorne has been constantly engaged as a teacher of medicine, and the extensive experience during a period of twenty years, of both private and hospital practice, renders his opinions of great value. The author has not aimed at an elaborate treatise on the principles and practice of medicine, but simply to present his experience in the most concise and practical form, in which endeavor he has been eminently successful. In the treatment of disease such remedies are enumerated as the author has found from personal experience to be the most reliable. This work will prove a valuable companion to both student and practitioner.

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**Brand and Taylor's Chemistry.** Second Edition. Philadelphia: Henry C. Lea, 1867.

The author states the object in undertaking this work, was to furnish the reader, whether a medical student or a man of the world, with a plain introduction to the science and practice of chemistry.

The author adheres to the old method of notation, based upon the equivalent or combining weights of bodies, which, though not perfect, he says, "is based upon simple and intelligible principles." Speaking of the new methods of notation, he says, "they must be regarded as still upon their trial. Gerhardt's system, which a few years ago was generally adopted by 'advanced' chemists, has now given place to another system, and the extinction of this is threatened by a third and an entirely different system, recently proposed by Sir Benjamin Brodie, Professor of Chemistry in the University of Oxford." Again, he says, "it will be found that in the best modern works on chemistry, in the English and French languages, the ordinary notation is adopted, and the new notation ignored even by writers, who have been or are advocates of a change."

This work on chemistry we believe is very popular, both with students and chemists, and though we have not personal knowledge to judge of its merits, and could not, even if we had space, review its ground and speak in detail of its worth, still we see by the little we know, how much might be understood by careful study of this author, and believe his work highly adapted to the wants of students and all others who desire knowledge of the science of chemistry in its present advanced state.

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## Books and Pamphlets Received.

**A Biennial Retrospect of Medicine, Surgery, and their Allied Sciences.** Edited by Mr. H. Power, Dr. Anstie, Mr. Holmes, Mr. Thomas Windsor, Dr. Barnee, and Dr. C. Hilton Fagge, for the New Sydenham Society. Philadelphia: Lindsay & Blakiston, 1867. For sale by Theodore Butler.

- Epidemic Meningitis, or Cerebro-Spinal Meningitis.** By Alfred Stillé, M. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania, etc. Philadelphia: Lindsay & Blakiston, 1867. For sale by Theodore Butler.
- Circular No. 7, War Department, Surgeon-General's Office, Washington, June 1, 1867.** A Report on Amputations at the Hip-Joint in Military Surgery. Washington, 1867.
- The Transactions of the American Medical Association, instituted 1847.** Vol. 17. Philadelphia: Printed for the Association, 1867. For sale by Theo. Butler.
- Synopsis of the Course of Lectures on Materia Medica and Pharmacy, delivered in the University of Pennsylvania, with five Lectures on the Modus Operandi of Medicines.** By Joseph Carson, M. D. Fourth edition, revised. Philadelphia: Henry C. Lea, 1867. For sale by Breed, Lent & Co.
- Studies in Pathology and Therapeutics.** By Samuel Henry Dickson, M. D., LL.D., Professor of Practice of Physic in Jefferson Medical College, Philadelphia, etc. New York: Wm. Wood & Co., 61 Walker st., 1867. For sale by Breed, Lent & Co.
- Hufeland's Act of Prolonging Life.** Edited by Erasmus Wilson, F. R. S., author of "A System of Human Anatomy," "Diseases of the Skin," etc. Philadelphia: Lindsay & Blakiston, 1867. For sale by Theodore Butler.
- Transactions of the Twenty-second Annual Meeting of the Ohio State Medical Society, held at Yellow Springs, Ohio, June 11th and 12th. 1867.**
- A Contribution to the History of the Hip-Joint Operation, performed during the late Civil War, being the Statistics of Twenty Cases of Amputation and Thirteen of Resections, at the Articulation, in the Southern service.** By Paul Eve, M. D., Professor of Surgery in the University of Nashville, Tenn., extracted from the Transactions of the American Medical Association.

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**CONTENTS OF THE PRESENT NUMBER.**—We furnish our readers this month with the most "original" article we have yet published, and hope they will observe the "evolution" of ten new commandments. Our friend, Dr. C., has figured matrimonial "amours" down to a very fine point, but he quotes authority which is unquestioned and his conclusions are logical. The idea that Job's mother knew the night he was conceived, "that a male child was conceived," reminds us of the famous charlatan who based diagnosis altogether upon the appearance of the urine, and was one day presented with a specimen and requested to be very minute and careful in his examination, as it was a very critical and obscure case of disease. After considerable delay and great show of careful observation he announced, "de patient is two or three days pregnant, and de fœtus has de worms."

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**TRANSACTIONS OF THE AMERICAN MEDICAL SOCIETY.**—We publish the following Circular from Dr. Wister for the information of our readers:

PHILADELPHIA, September 28, 1867.

Dear Sir:—The Transactions of the American Medical Association, Vol. 18, are published, and now ready for delivery. Should you desire a copy, please remit five dollars to my address. As there are various methods by which the volume may be sent, inform me which you prefer. If by mail, please forward forty-four cents in post-office stamps, that your postage may be prepaid.

Very respectfully,

CASPER WISTER.

Treasurer Am. Med. Association, 1303 Arch street.

The following volumes are for sale:—Proceedings of the Meeting of Organization, 50 cents. (Vols. 1, 2, 3, 4 and 6, are out of print.) Vols. 5, 7, 8 and 9, if taken collectively, \$5 for the set. If singly, \$2 apiece. Vols. 10, 11, 12, 13 and 14, \$2 each. Vols. 15 and 16, \$3 each. Vols. 17 and 18, \$5 each.

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B U F F A L O

**Medical and Surgical Journal.**

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Original Communications.

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**ART. I.**—*Alleged Poisoning by Morphine—Superior Court of, Buffalo—Frances C. Dustin, Administratrix of James E. Dustin, deceased, against Merrell Eugene Shaw, M. D.*

This action was brought on before Hon. George W. Clinton and a jury, November 12, 1867, under a statute of this State, enacted in 1847, permitting an executor or administrator to maintain an action at law against a physician or surgeon in the case where the death of the testator or intestate is occasioned by mal-practice, in a similar manner to that in which an action for mal-practice was previously allowed to the injured person himself when the injury did not result in death.

The complaint in this cause alleged that about two o'clock in the morning on the 30th day of June, 1867, James E. Dustin, the plaintiff's intestate, being "seized by a sudden and painful attack in the right iliac region," employed the defendant in his capacity of a physician; and that the defendant then administered to him "subcutaneous injections over the right iliac region of large quantities of a poisonous drug called morphine, which entered into the system of said deceased, and that thereby and in consequence thereof at about the hour of nine and a half o'clock in the morning of said 30th day of June the said Dustin died," and that the death of said Dustin was so caused by the unskillfulness, want of proper

care, neglect, wrongful act and default of the defendant. The plaintiff claimed to recover the sum of \$5,000.

The answer of the defendant admitted that at the time mentioned he had given morphine to the deceased by subcutaneous injection, but he denied that he had given it in an excessive dose, or improperly, or that the death of Dustin was caused by morphine, or that the defendant had been guilty of any unskillfulness, negligence, want of care, etc., alleging on the contrary that the treatment was in all respects judicious and proper.

The cause being called and a jury empaneled the plaintiff's counsel read in evidence the deposition of the defendant taken at a coroner's inquest on the body of the deceased on the 1st day of July, in which Merrell E. Shaw being sworn, said: I am a practicing physician and surgeon, No. 209 Seneca street; I knew the deceased; I was called about one and a half o'clock on Sunday morning by Mrs. Dustin; she said her husband was ill, and wanted my attendance; I accordingly went with her to her house; he complained of pain in right iliac region; he said he had an attack about the fourth of July, 1866; he had pain and difficulty in making water, and was attended by Dr. Mead; I treated him for colic pains; he told me he had eaten some greens and drank some beer; I gave a subcutaneous injection of morphine, half a grain as near as I can judge, as I have been in the habit of giving it before; I call that a medium dose; I asked him if he felt relieved; he said he was not relieved; subcutaneously, anodynes have almost immediate effect in relieving pain; I have frequently given them without producing any stupor or deleterious effect; Mrs. Dustin went after mustard; I think I repeated the dose during her absence, about the same quantity at an interval of half an hour after the first; Mrs. Dustin asked him if he felt any easier; he said he did; I then went to my office; before going I left six powders; if the pain was not relieved to give one of the powders in half an hour; they were anodyne powders of morphine, one-half grain; they said they had not given any of them; I was called there about five o'clock in the morning; I saw the patient; he was comatose or stupid, breathing stertorously; the pupils of the eye rather contracted; his pulse rather irregular, varying from 90 to 112; I could see froth by opening his mouth; I tried to get him up on his feet;

I went to the druggists, Smith & Hickey, for some ammonia; I did all I could to stimulate and resuscitate him; I gave him some cayenne pepper and whisky; he let some down; it was rather an involuntary movement, the muscles of the throat contracted; I went up after my father, who came down with me; the dose I gave is about what is given; if he died from the effects of the morphine, it must have been from the idiosyncrasy of the patient; I think he died from the congestion of the brain; from the morphine or stimulants taken into the system; he died at about nine and a half o'clock on Sunday morning.

Frances E. Dustin was called and sworn on the part of the plaintiff, and testified: Am the widow and administratrix of the deceased; he died at half past nine o'clock, June 30th; he was a railroad engineer on the Erie road; I have three children by him; I saw him about seven o'clock on Saturday evening, June 29th; he appeared to be well; he came in and ate his supper; I sat with him; then he went into the dining-room and laid down and went to sleep; he slept till about eleven o'clock; I went to him and asked if he was going to sleep on the lounge all night; he said he would go to bed in a few minutes; I went to bed, and to sleep; I did not hear him get in bed; at about half past one he got out of bed; he asked me if we had any mustard in the house; I said no, I would get some; I asked him if he was sick; he said, no more than having a pain in his stomach, a pain across the bowels; I woke up a neighbor and got some mustard; I put it on where pain was on his bowels; he said it didn't ease him; I then went for young Dr. Shaw; he came with me to the house; Dustin laid down on the lounge when we came in; the Doctor felt his pulse; I asked if I should get some more mustard; he said, yes; my sister went with me for it to the drug store in Seneca street; got half a pound; this was about two o'clock Sunday morning; when I came in he said his pain was easier, but he felt sick at his stomach and dizzy, as if he were drunk; he was after being sick at his stomach and vomiting; I got the mustard ready and put it on where he complained of the pain; the Doctor was still there; he got up to go away; I asked if he thought he would get along; he said he thought so; he said he would leave six powders, and I should give one every half hour if the pain came back, but not to give him any

unless the pain came on pretty freely; told me to come in the morning and let him know how Dustin was; Dustin asked for the slop-pail, said he was sick at his stomach; I brought it; he was on the lounge; he felt easier, but was dizzy and sick at his stomach; he said the Doctor gave him the medicine with a small syringe through the skin; I sat down near him, was sleepy; he told me to go to bed; he said he should go himself in a few minutes; this was about three o'clock; I laid down in the front bed-room and went to sleep; didn't wake up till about half past four; the baby woke me up; heard a dreadful snoring; I called him by name; told him to wake up; I came into the dining-room; he lay on his back just as I left him; I saw the froth and blood was running out of his mouth; tried to get a drink of cold water down; I thought he was in a fit; the tongue was set right up in the roof of his mouth; I unbuttoned his shirt and rubbed him; my sister got up; I called Mr. Matthews' people; Matthews and Chapman came in; Chapman went for the Doctor; Dr. Shaw came and said he was in a heavy sleep; he began rubbing him; told me to get warm water and some cloths; asked for liquor and cayenne pepper; he put a little in his mouth; I didn't see him swallow it; he didn't move, or open his eyes or speak; they tried to set him on his feet; he couldn't stand; the Doctor went for his father and to the drug store; came back with his father; the young Doctor rubbed something on him.

Henry Beathig called and sworn for the plaintiff, testified:— I am a homœopathist; I commenced this year; have practiced before, but not made a business of it; I passed an examination before the homœopathic board of Erie county; I was called to Carroll street on Sunday, the last day of June; I found some persons there; I did not examine the patient; he was in a comatose condition; I was three or four paces from him, room crowded; I declined to do anything as doctors were there; I gave belladonna, 30th attenuation, an antidote to morphine; the pills are pure sugar, moistened with that attenuation; I gave them to young Hager; don't knew whether he administered them; such breathing could be produced by an overdose of morphine; there is a great difference whether morphine is injected under the skin or given to the patient by the stomach; it would take less to kill a man if injected; I think a grain would kill.



Cross-examined.—I was educated at Breslau, Germany; from 1832 to 1834 was a minister; ran away in 1850; commenced to practice for a living this present year; when I first came to this country I had a soap factory; was then a school teacher for about a year; then a daguerrian for about five, six or seven years; then went into a drug store; ran it for five years; got my document from the Erie County Homœopathic Medical Society; have no diploma from any medical college; drug store was on corner of Main and Genesee streets; other causes than morphine would produce breathing such as Dustin exhibited; any man in a comatose state would breathe in the same way; I never injected morphine; never saw it done.

Frances E. Dustin re-called.—I remember the box of pills; it was left on the mantel-piece; *the baby ate the pills*, and they did not hurt him.

The plaintiff here rested.

Julius F. Miner called and sworn on the part of the defendant, testified: I have practiced medicine and surgery twenty years; I knew Dr. Shaw, the defendant in this case; I saw James E. Dustin previous to his death; found him early in the morning, breathing stertorously, insensible, pulse at times almost indistinct; the pupils of the eye were not dilated; they were not what we call closely contracted; he could not be aroused; the respirations would at times cease, and the heart's action was interrupted or so feeble as to give no pulsation at the wrist; I inquired as to the plan of treatment pursued by young Dr. Shaw; I was told that he had called in the night and found the patient in great distress, and had administered subcutaneously what he regarded as half a grain of morphine, and half an hour later the pain not subsiding he had administered the same quantity in the same way, and had left other powders of morphine of the same style to be administered into the stomach every four hours, if in pain, I think; I learned from the family that none of the powders had been given; I examined and weighed the powders; they contained a little less than one-half a grain of morphine; I inferred if the patient had received no more than two doses of half a grain each he could not be suffering so seriously from the effects; a man under the influence of a grain of morphine so administered would *not die*; he was a thick, short,

plethoric, hearty man; did not notice the length of his neck; all men are liable to apoplectic effusions; they said he had eaten a hearty supper; I think the conversation was all in Mrs. Dustin's presence; the act of vomiting might affect the brain, and compression of the brain would produce vomiting; he was comatose; there are various diseases that produce comatose conditions; all men die in one of three ways, by coma, syncope or apncea; his condition so much resembled apoplexy that I could not discriminate it from that, or from uræmic poisoning; a person who had eaten a hearty supper and gone to bed *upon it* would, perhaps, be more liable to apoplexy; the eyes were not sufficiently contracted to indicate narcotic poison.

Cross-examined.—The pupils were somewhat contracted; in apoplexy the eyes are usually dilated; the administration of one grain of morphine in one-half grain doses within a half hour to a strong man, when in great pain, would not be too much; subcutaneous administration has a greater effect than when taken in the stomach; I do not believe a grain could kill him; never thought Dustin died from an overdose of morphine; I inquired into the circumstances before I came to a conclusion.

Re-examined.—To ascertain how the man died I would have made a post-mortem examination; were it a case of poisoning from opium, in the early part of the case, the patient might be aroused; if morphine is administered subcutaneously the insensibility of the patient will supervene sooner; I think a grain could be administered with safety.

Re-cross examined.—The idiosyncrasy of the patient does have its effect.

Merrill H. Shaw being sworn on the part of the defendant, testified: I am father of the defendant; have known James E. Dustin some years; have formerly treated him; was called to his house between five and six A. M. of the 30th of June last; defendant called for me; found the man in a comatose condition; irregular breathing and irregular pulse; adopted various plans to restore circulation; could not succeed; the pupils of the eye were not much contracted, slightly so; the man had no consciousness; could not be aroused; was there half an hour before Dr. Miner came; applied ammonia to the chest and extremities; my son handed the

powders to me; I weighed them. (The defendants offer to prove the weight of the powders—was excluded by the Court.) I remained three-quarters of an hour; there was no change except the gradual sinking of a dying man; I left with Dr. Miner about half past seven; Merrill E. Shaw, the defendant, was a graduate of the Buffalo Medical College in 1864; he served as an assistant surgeon in the 89th and 116th Regiment N. Y. V.; subsequently the defendant pursued the practice of medicine, having his office on Seneca street; Dustin was about five feet seven inches in height; would weigh 160 or 165 pounds; was a person of plethoric habit.

Sylvester F. Mixer sworn for defendant, testified: Have been a practicing physician twenty-six years; such symptoms as are mentioned by Dr. Shaw would be indicated from apoplexy; I have seen persons who died from disorders of the bowels show the same symptoms; I think the treatment by Dr. Shaw was proper; I do not see that the defendant could have done differently; that treatment was not an adequate cause of death; a man who takes a hearty supper and goes to bed on it is more likely to have apoplexy; I have seen patients die from disease of the ileo-cæcal valve with the same symptoms Dustin had; a person would die from uræmic poison from the same symptoms.

Cross-examined.—Morphine produces sickness of the stomach, and will produce dizziness; I have known cases where the eyes were not dilated in apoplexy; could not ascertain what the man died of without a post-mortem examination.

Sandford Eastman sworn for the defendant, testified: I have been a practitioner of medicine and surgery for sixteen or seventeen years; am Professor of Anatomy and Clinical Surgery in Buffalo Medical College; the treatment by Dr. Shaw was perfectly proper; I have given twice the quantity that Dr. Shaw gave without any injury; I frequently give three-fourths of a grain in a dose; a person suffering from pain can take a larger dose than one without pain; if the pain continues the indications would be that the dose was not too large; a person of short stature and short neck would be more liable to apoplexy; the same symptoms might have occurred from half a dozen other causes than morphine; they might have occurred from apoplexy, from inflammation of the stomach, from peritonitis, from disease of the ilio-cæcal valve, and

from various other causes; nothing but a post-mortem examination would prove the cause of the death; contraction of the pupils must be extreme to show narcotic poison; a slight contraction would not show it; in apoplexy you can not restore momentary consciousness.

Cross-examined.—In apoplexy the eye is sometimes dilated and sometimes contracted.

Thomas F. Rochester sworn for the defendant, testified: Have been a physician and surgeon for twenty-one years: have been in this city between fourteen and fifteen years; am Professor of the Practice of Medicine in Buffalo Medical College; know the defendant; he graduated at that college; the treatment was proper; ordinarily it would not be an adequate cause of death; the same symptoms are common to poisoning from morphine and other causes; some persons are more quickly affected than others from opium; a person affected with apoplexy would be perfectly unconscious; perforation of the intestines from any cause would produce similar conditions; have seen one instance where such symptoms were produced when the patient was supposed to be narcotized from opium; autopsy showed the cause; in the absence of a post-mortem examination it could not be known from what cause he died; a stout person, of full habit, is more liable to apoplexy; one after eating a hearty supper would be more liable to apoplectic attack; the symptoms described indicate apoplexy.

Cross-examined.—The symptoms described by plaintiff when deceased was sick at first showed that the morphine affected him, but not necessarily that it was an overdose; a small dose will produce dizziness; in the first stage of apoplexy or poisoning from opium the pupils would be contracted, at a later stage they would be dilated.

The defendant rested.

The testimony having closed the counsel for the defendant requested the Court to instruct the jury to render a verdict for the defendant on the ground that whatever might have been the actual cause of death, it appeared indisputably that the treatment resorted to was, under the circumstances, proper and discreet, and that the weight of testimony to that effect was so preponderating that if a contrary verdict should be rendered by the jury it would be the duty of the Court to set it aside.

His Honor, Justice Clinton, said in substance, that the plaintiff had not shown that the morphine which was administered to the deceased had anything to do with his death; that according to the medical testimony the grain of morphine was not an adequate cause of death. The plaintiff having the burden of proof that the death was attributable to the morphine, has wholly failed to establish that proposition. Physicians are often called upon to act in sudden emergencies, in cases of great distress, often when much doubt must necessarily exist as to the remedy. Omniscience and infallibility are not exacted of them. In this case the defendant has acted in a manner which the other physicians who have been sworn have approved as proper treatment of his patient. The defendant therefore stands wholly vindicated and exempt from blame. A verdict was directed for the defendant.

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ART. II—*Clinical Remarks upon Surgical Cases in the Buffalo General Hospital.* BY J. F. MINER, M. D.

Gentlemen:—I have first to present you some cases, showing the results of operations made by my predecessor in the hospital service, Prof. Eastman. Those of you who attended the preliminary term will remember them; they were made in your presence.

The first was the removal of a scirrhus breast. The tumor was small, but unmistakable in character. It was removed in connection with the mammary gland, which was involved in the disease, and which was also small. You will observe that in two and a half weeks' time the wound is nearly healed and the patient will soon be discharged.

The question above all others in importance concerning it is, will it return? It was a favorable case for removal, and it was beyond all doubt the safest and best, indeed the only rational plan of procedure; but it is *liable to return*. At the present time, some of the best pathologists in the world believe that there is a time in the early history of malignant disease when it is purely local, and when if removed there is no general infection or impregnation of the general system. Others regard the appearance of such growths as local evidence of a constitutional bias, and that the system must first be diseased before such local tumors can make

their appearance. Without stopping to discuss these questions farther than to indicate my belief, that the former seems to my mind sustained by the best evidence, I will close by saying, that all malignant tumors, in their early stages, should be, if possible, removed; it offers the safest and most satisfactory plan of treatment yet proposed. They are liable to return; if certainly malignant in character they will sooner or later make their re-appearance and often should be again and again removed. But there comes a time when they should be no longer interfered with; when the glands in the neighborhood become enlarged and show absorption of the poisonous material; when the general system becomes debilitated, and when to again disturb the local disease is only to sooner hasten the fatal result. Briefly stated then, malignant tumors, when favorably situated, should be removed in their early stages; they will return, but this does not change the propriety and necessity of early operation. A time comes in the progress of such disease when removal is no longer possible or desirable, when it will not do any good, will, indeed, do harm.

The second case to which I will direct your attention was also operated upon by Prof. Eastman. The patient has suffered for a long time with perineal fistulæ, and has been in the hospital several months. When he was first examined here the stricture of the urethra was very close. It has been gradually dilated by the careful introduction of catheters and other dilating instruments until the largest size could be readily introduced into the bladder. It has also been obvious for some time, that the urethra contained calculi or fragments of calculi; no stone could be detected in the bladder. Various efforts had been made to extract these fragments, but all with but partial success, small bits only being removed. The operation, which many of you witnessed, consisted in opening down upon a grooved director, much as in the operation of removing stone from the bladder, the incision was carried along sufficiently to expose the stone and it was grasped by forceps and removed. It would have done itself credit, so far as size is concerned, had it have been found in the bladder itself; it would measure an inch in its long diameter and three-fourths of an inch in its short diameter; was smooth in outline and very much resembled a stone from the bladder. The probabilities

are that the greater part of its growth was attained while situated in the urethra, and it also appears probable that it has been the main cause of all the suffering of the patient. He is not yet recovered, but seems to be doing as well as the nature of the case could permit.

For our third and last patient this morning I will give you opportunity to witness the dressing of a recent case of transverse fracture of the patella. The patient's shoulders are elevated, and the leg is laid upon a well padded splint, and also elevated, thus causing relaxation of the recti muscles which are inserted into the upper margin of the patella.

The fragments are now approximated, as near as possible, though the upper fragment has been drawn five or six inches from the lower; adhesive plaster is applied so as to retain them as near in apposition as may be, and over all a bandage is carefully applied so as to steady the fragments and approximate them, if possible, more closely.

The best result attainable in such a case is not satisfactory. It is probable that the union will not be by bone, but that a ligament will at length be formed, connecting the fragments. The leg will then be useful, and must be accepted by its owner as the best for him which he can have.

This is an important and interesting case, and if any of you should ever meet a similar one in private practice, do not promise anything but an imperfect and unsatisfactory result. There are many instructive cases now in the wards, but our time has been too much occupied in dressings and other manipulations for detailed description this morning. You shall hereafter have ample opportunity of examining them and learning what treatment is adopted.

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ART. III.—*Vesico-Vaginal Fistula—continued.* BY C. C. F. GAY, M. D., one of the Surgeons of the Buffalo General Hospital.

The question has often been asked me which anæsthetic, chloroform or ether, is the more preferable for use in the operation for vesico-vaginal fistula? I unhesitatingly answer, the former is preferable. It is a surprise to me that ether should have so universally superseded the use of chloroform in nearly all surgical opera-

tions, whether major or minor. Should a patient die on our hands from the administration of chloroform, then would we become an advocate for the use of ether, but not till then. It is not exaggeration for us to say that we have administered chloroform since 1848 to several hundred individuals of both sexes, and of all ages, with no unhappy results thus far. We have, therefore, a personal experience which induces us to continue the use of the anæsthetic from which we have derived good results and experienced no bad results. I desire, however, to be well understood, and will say here, that I do not regard chloroform safe nor unsafe in all instances.

A patient of ours, in labor, made not to exceed three inspirations before she became entirely insensible and unconscious from inhaling the vapor from a napkin on which had been poured about one drachm of chloroform. On her restoration to consciousness, which occupied perhaps two minutes of time, the chloroform was repeated. I was admonished to extreme caution on my next trial, but the napkin had scarcely been put within inhaling distance, or scarcely a single inspiration had been made before my patient was soundly asleep; from that moment I desisted from further use of the anæsthetic, regarding it as extremely hazardous to make even another trial. I never had any doubt that had carelessness been exercised in its administration in this instance that one more case would have been added to the record of deaths from chloroform.

One person is much more susceptible than another to its power, and the same person is not equally susceptible at all times; hence great caution and persistent vigilance should be exercised always. Chloroform will enjoy a greater reputation for uniformity in its effects upon different persons, if its use be immediately preceded by one or two ounces of brandy or other stimulus, and therefore as a logical sequence its unsafeness will be averted, or if not averted, will be in the exact ratio to its uniformity of action.

When we become mindful that the operation for vesico-vaginal fistula is a long and difficult one, that the patient need not be continuously anæsthetized, that chloroform acts so much more rapidly than ether, and that the position of the patient is a peculiar position, it seems almost incredible to us that any surgeon would, from choice, in any case involving this particular operation, select ether and discard chloroform.



While upon the subject of the particular anæsthesia most desirable for use in the operation under consideration, it will not be inappropriate, I trust, to our present purpose, and to the subject matter under discussion, if we extend our remarks somewhat and make a brief exploration into a hitherto uncultivated field—not to write up the history of the rise, progress and possible decline of chloroform, but rather with a view to see if there may not have been at work in certain quarters an influence prejudicial to its use, an influence so potent that the advocates of chloroform have been obliged to bow before it. But before proceeding with argument in this direction, I desire to pause for a moment to say that if any thing herein be written that might be distorted or misunderstood as an expression or implication that the writer charges any fatal case from use of chloroform to carelessness in its administration, that he herewith disclaims any such intention or purpose.

Many persons may have recollection of the celebrated correspondence upon the subject of the use of chloroform during the years 1848-9, between Drs. Simpson and Meigs. It was the good fortune of the writer to have been a pupil, though not a disciple, of Dr. Meigs at that time. Dr. Simpson was using chloroform freely in his own practice in his own country, and was endeavoring to gain consent of, and induce the great obstetrician of this country to use it here. While some of these letters of Simpson were noted for elegance of diction, were unexceptionable in tone and style, and logical in argument, others degenerated into sarcasm and invective, and some of the rejoinders of Meigs were written with a pen dipped in fluid strongly tinctured with the bitterness of gall and wormwood.

I remember being present on one occasion when Meigs destroyed the life of a rooster in one minute, and of a sheep in seven minutes, from the inhalation of the vapor, but I observed that he allowed no intermixture of air with the vapor. Turning to his pupils Dr. Meigs exclaimed, "that an agent capable of destroying life almost instantaneously, as he had then demonstrated, was a dangerous agent, and should not be used, and that he should never consent to its use, especially in the practice of midwifery, that if he should be instrumental in causing the death of one individual in a thousand to whom he had administered it, that he would cover himself in sackcloth and cast ashes upon his head and bewail his great misfortune and folly during the balance of his days."

Now, therefore, I simply make the suggestion that the burning words of this great and good man may have had their effect upon his countrymen in turning them away from the use of the more speedy and powerful to the more tardy, inert and safe anæsthetic. Five hundred medical students gave audience to the teachings and adopted the opinions of this learned and enthusiastic Professor. In ten years five thousand students would become converted to his views, and when they disperse and are distributed over a considerable area of territory, occupying different locations in the cities, villages and rural districts of our country their influence is potent for or against truth or error.

Again, the competition and rivalry between medical colleges and hospitals, have had their influence for or against the use of one or other of the anæsthetics. At one time during the history of these agents should you have visited the hospitals of one city you would have found chloroform used. Go to the hospitals of another city and you would have found ether used; one school apparently discarding for no other valid reason than that another school adopted the use of chloroform.

It might not be unprofitable now for a moment to turn to the logic of the mooted question. The advocates of ether claim for it immunity from danger and death. Not a single death, say they, has yet been recorded from the use of ether, while on the other hand chloroform has killed its hundreds; therefore chloroform should never be used. Apply this logic to any one of the remedial agents and observe the fallacy of it. Take, if you please, the narcotics—take the class Papaveracæ, order papaver somniferum and its alkaloids; crude opium is safe as a remedial agent and may even be eaten largely with impunity, it does not cause death. Morphia is more powerful and dangerous; deaths from its use are on record by the hundreds, therefore morphia should not be used.

Space will not permit me and inclination is wanting to pursue this line of argument further, and hence will leave the mooted question of the relative merits or demerits of the two agents to be decided by our readers.

The best method undoubtedly for the administration of chloroform is that now generally resorted to with the folded napkin, on which is poured two drachms of the fluid, and held sufficiently

near the mouth and nostrils to prevent much escape of the vapor and so as to allow as much as possible to enter the respiratory passages with a reasonable intermixture of atmospheric air.—Patients should be directed to inhale and not to swallow the vapor, or rather I should say that patients should be directed to perform voluntary acts of inspiration rather than of deglutition. Such directions will not appear so insignificant and useless when we take into consideration that the large majority of patients seem eager to swallow the vapor, if indeed it could be taken into the stomach, while at first they resist its inhalation or refrain from making the necessary efforts to respire it.

An important desideratum with view to safety, would be to remove the napkin after two or three inspirations and wait to see how it was effecting the patient, then to resume it, and again discontinue its use for a moment; in this way one may ascertain whether little or much of the vapor will be tolerated, and thereby perhaps avoid all danger.

But it was not our purpose to write a dissertation upon the subject of the use of this agent. We had in the onset designed to discourse upon another subject, but as the opportunity presented itself we have indulged ourselves to this extent, and hope to be forgiven by the readers of the Journal if we have too much digressed from our original purpose, and diverting their minds from the description of an operation tangible to the elucidation of a subject somewhat ethereal.

If the readers will take into account that this paper is but a continuation of a former one, it will be conceded that the subject matter herein discussed and the caption on the title page are not, after all, so inappropriate as would appear. If, however, there seems to be in the minds of our readers no connection between the title and body of the paper, I would simply suggest the expediency of substituting chloroform in the heading for vesico-vaginal fistula, and then it will be, in the language of the little Japanese, "all right."

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CLITORIDECTOMY.—M. Caffee, editor of the "Journal des Connaissances Médicales," states that he assisted M. Michon some time ago in an operation of this kind on the sister of a general. The patient, who was suffering from erotic mania, recovered perfectly and remained free from her malady.

ART. IV—*A Case of Poisoning by Oil of Tansy.* BY A. C. BLODGET, M. D., *Youngville, Pa.*

Case—Mrs. O——, aged about 30, of medium size, nervous temperament, and three months pregnant, took at 5 P. M. August 2d, 1866, fld. ʒij of oil tanzý. Saw her about three-quarters of an hour afterwards. She was then suffering from nausea and vomiting, which, having been promoted by copious draughts of warm water, had continued freely for the last twenty minutes. The pulse was 110, small and feeble, surface cool and moist, intellect confused with tendency to stupor, breathing much distressed, and clonic spasms appeared. There was moaning and a general appearance of distress, but she acknowledged no pain. The stomach having been apparently well emptied, she was ordered an ounce of castor oil with an equal amount of whisky, to be followed with whisky and milk, equal parts, as freely as the stomach would bear, until the pulse rose. Also sinapisms over the stomach and feet, and friction with hot water and capsicum along the spine and limbs, as freely as practicable. Within an hour and a quarter from taking the drug she became completely unconscious, with pulse almost extinct; skin cold and clammy, breathing very laborious, and the spasms violent at intervals, varying from five to ten minutes. This condition continued between three and four hours, when copious diuresis occurred, followed, in a few minutes, by free alvine discharges. Within the next half hour the oppressive influence of the poison seemed wearing off. The pulse rose a little, the breathing became less labored, and the surface warmer. Directed the use of the whisky to be lessened, and discontinued as soon as reaction was decided. To use mucilaginous drinks, and morphine as far as necessary to control subsequent pain and restlessness. At 9 o'clock next morning there appeared a general improvement; pulse 90, rather small and quick, intellect clear, free from spasm, some pain in the stomach and bowels with tenderness, occasional nausea and slight headache. Treatment continued; i. e., morphine sufficient to keep pain and restlessness well subdued, and mucilaginous drinks. From this time the case progressed favorably and was convalescent in about three days from the beginning. The quantity of whisky taken during the stage of depression, was about six ounces, and probably one-fourth of this was

vomited. The condition of the patient's stomach together with the difficulty of inducing her to swallow, rendered a more free use of the stimulus impracticable, if it had been desirable. Subsequently, when questioned, the woman insisted that she felt no pain after taking the tansy, until she emerged from the stupor; that about ten minutes after taking it she felt faint and sick at the stomach, and a feeling of numbness with a sensation as though her arms and legs were suddenly swelling. About this time vomiting commenced, her intellect became confused and she remembered nothing more distinctly until next morning. The drug produced no perceptible effect on the uterus, and the woman was subsequently delivered at full time of a healthy child.

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

TUESDAY EVENING, October 1st, 1867.

The meeting was called to order at the usual hour by the President. Members present—Drs. Eastman, Potter, Daggett, Smith, Kamerling, Boardman, Congar, Strong, Wetmore and Johnson.

The minutes of the last meeting were read and approved.

DR. BOARDMAN, Chairman of the Committee on Constitution and By-Laws, presented the report of the committee and pointed out the proposed changes in the By-Laws. He also reported a Fee Bill for the consideration of the Association.

Considerable informal discussion was had upon the subject of the above report.

The President informed the meeting that final action would be had upon the Constitution and By-Laws at the next regular meeting.

DR. BOARDMAN said he would like to inquire if any of the members had seen any unusual sequela of scarlatina? He had seen an unusual tendency to pain in the lower extremities, with swelling and slight redness coming on after the rash and fever had subsided, and lasting three or four days.

DR. EASTMAN said that he had seen several cases of scarlatina within the month, but had not seen any of the peculiarities mentioned by Dr. Boardman.

DR. STRONG had seen no such cases this year, but had in former years.

No especial disease was reported as prevailing.

Dr. Henry Nichell was elected to read an essay at the regular December meeting.

Adjourned.

T. M. JOHNSON, M. D., Sec'y.

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## Miscellaneous.

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### The Activity of the Skin in the Absorption of Medicines.

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BY DR. ROUSSIN.

While it is abundantly proved that many articles of the *materia medica*, united with fatty matters, applied to the skin with a proper amount of friction, are absorbed, experiments with similar articles in a state of solution give different results. According to Laurés, and others, a man may sit for hours in a bath containing 200 to 300 grammes of iodide of potassium, without the urine showing the slightest traces of iodine; in the same way one may remain in a bath containing from 20 to 60 grammes of corrosive sublimate, without the slightest salivation being produced, while it would be occasioned by much smaller quantities rubbed into the skin. Finally, Magendie left a rather concentrated solution of strychnine in contact with the skin without causing the slightest spasm.

The experiments of Dr. Roussin confirm what was previously known on the subject. He remained from an hour to an hour and a half in a bath, containing from 450 to 500 grammes of iodide of potassium; in no instance, when the body was dried or the solution of the iodide washed off on coming out of the bath, could the slightest trace of iodine be discovered within twenty-four hours in the urine, or the saliva. On the other hand, when, on leaving the bath, the solution adhering to the body, was permitted to evaporate spontaneously, iodine showed itself soon after in the urine. In one of his experiments the author wet his arms with solution of the iodide and then permitted the solution to evaporate spontaneously; four hours afterward iodine was found in both the urine and saliva. The experiments show that the skin being unbroken, iodide of potassium is absorbed only when it is left in substance in contact with the skin. This becomes still more evi-

dent from the following experiments:—The author sprinkled the anterior part of his body from the neck to the abdomen with finely powdered iodide of potassium, rubbing it into the skin. The urine for the next twenty-four hours gave abundant evidence of iodine. The same evidence was given when the experimenter wore a shirt which, with the exception of the bosom, had been wet with a solution of iodide of potassium (10 per cent. in strength,) and then dried.

Many other substances behave in a manner similar to iodide of potassium, and in this way we can understand the numerous symptoms of poisoning which have been observed, when through the medium of the clothes, or in some similar manner, poisons come in immediate contact with the skin.

The cause of this passive relation of the skin to medicinal substances dissolved in water with which it comes in contact, arises from the fact that it is not possible for the water to enter the pores of the skin, on account of the fatty character of its surface. On the contrary, water is repelled rather than attracted, just as it is by capillary tubes with fatty walls.

Dr. R. shows that the skin is not in reality wet by watery solutions brought in contact with it; that is to say, the water does not extend in a continuous layer over it, but being repelled by the greasy surface, forms drops upon it. Even after soaping of the skin, the spreading out, the adhesion of the drops which fall upon it, is only apparent; the solution again gathers into drops as soon as the layer of soap, which permitted its adhesion to the skin, is removed. The same thing is observed when the skin is treated with ether. So soon as this is evaporated, the original relations between the skin and watery solutions placed upon it are renewed, because a constant secretion of fat takes place from it. On the other hand, when a piece of skin, taken from the cadaver, is soaped after the removal of the layer of soap, water wets it, spreading itself out, without being gathered into drops.

The absorption of fatty matters by the skin, finds its natural explanation in the laws of capilarity; they can, rubbed into the skin, pass easily through the capillary vessels, and with them the substances with which they are incorporated, provided only they are minutely enough divided.

In like manner we can explain the absorption of solid matters when placed upon the skin in a pulverulent form, and here become mixed with its fatty secretion.

On the contrary, glycerine, which behaves toward the skin in a manner similar to water, is not to be used as a vehicle for substances which we desire to introduce into the economy through that organ.—(Rec. des Mem. de Med. etc. Milit. 3d ser. xviii, p. 134, Feb. 1867, in Schmidt's Jahrbücher, No. 7, 1867.)

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### Reported Death from Inhalation of Ether.

M. Laroyenne of Lyons, France, reported to the Medical Society of that place the following case: "Subject, a female aged 48 years, constitution feeble. Has an old affection of the left knee, with distortion of the lower extremities. Anæsthesia practiced with caution, insensibility occurring after the inhalation of ten drachms of ether. In two or three minutes, the breathing became embarrassed, face pale, pulse insensible. The recumbent position and cold affusions roused her from this first syncope. Hardly had she been put in bed—fifteen minutes after the first syncope—when a new attack came on, and notwithstanding artificial respiration, prolonged insufflation, galvanization of the diaphragm and the intercostal muscles and of the heart by the aid of long acupuncture needles, it was impossible to call her to life. An attentive-examination of the thoracic organs before anæsthesia, had failed to demonstrate any organic lesion. The analysis of the ether by Professor Glenard proved that it contained no foreign substance other than three in 100 parts of water. *Necropsy.* Mucus in the larynx and trachea; pleural adhesions; tubercles in the left pleura; base of left lung congested. The pulmonary tissue was impregnated with the odor of ether. Small quantity of fluid in the pericardium; heart normal; ventricles empty; auricles gorged with blood; nervous centres sound, possessing a feeble odor of ether; a small quantity of fluid in the ventricles. Medulla compressed by a tubercular mass developed in the seventh and eighth dorsal vertebræ, which presented no appearances from without. The alteration had advanced to the left coxofemoral articulation, which presented tubercular masses and osseous fragments within the cap-



sule; head of the femur completely detached; neck totally destroyed. Right hip joint full of blood; recent fracture of the neck of the femur." M. Laroyenne says: "Very evidently the ether was not the sole cause of death in the present case. It acted in favoring the syncope to which the patient was already predisposed by reason of her state of general debility. Assuredly the syncope would not have been produced had the operation been effected without etherization."

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### Surgical Pathology and Therapeutics, and Operative Surgery.

*Treatment of Incised Wounds with a view to Union by the First Intention.*—The doctrine was taught by John Hunter and his pupils that the blood effused from an incised wound often constituted the bond of union. But Prof. Syme, in 1825, (*Ed. Medical Journal*), asserted that the retention of blood between cut surfaces was the great obstacle to their adhesion. The means advised by the Professor to procure union by the first intention were "to delay the closure of the wound until the oozing from it appeared to have ceased; to apply pressure along the course of its sides, and to place some bibulous material over the lips." In a recent article (*Lancet*, July 6, 1867,) Prof. Syme states: "The observations of M. Pasteur with regard to the effect of atmospheric atoms in causing decomposition, which have led to Prof. Lister's treatment of wounds and abscesses, now established in Glasgow and Edinburgh, and certainly the most important improvement in surgical practice of recent times, has led to a complete revolution of ideas on the subject.

In cases of bruise, fracture, dislocation, and even operations of tenotomy, large quantities of blood are frequently effused more or less deeply under the integuments without causing any bad effect, and quickly disappear by means of absorption. How, then, does it happen that blood collected in the cavity of a wound should be productive of so much mischief? It can only do so, as Mr. Lister has shown, through the decomposing influence of atmospheric air, loaded with its myriads of organic atoms, and, therefore, if protected from this agency, would be no more hurtful than in the circumstances just mentioned. He has accordingly found, as

stated in the preceding numbers of this journal, that wounds of the most formidable character may be divested of all their alarming features by means of carbolic acid, applied so as to prevent the impure air from entering.

This remarkable fact has led me to consider the expediency of resorting more frequently than heretofore to the use of "torsion" for the suppression of hemorrhage.

Prof. S. now thinks that *torsion* "may in many, if not all cases, be employed with advantage, instead of the ligature. In order to perform the process effectually, it is necessary that the artery should be seized by catch-forceps, and twisted until they become loose. It has been alleged that such a liberty with the vessel must cause it to slough, and thus disturb the adhesive action. But as this objection is altogether theoretical and contradicted by experience, is unworthy of notice.

He relates two cases to substantiate the facts:

"1st. That torsion effectually restrains the hemorrhage of ordinary sized arteries.

"2d. That its action upon them does not prevent union by the first intention.

"3d. That protection from the air prevents decomposition of the blood."

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### The Inoculation of Tubercle,

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One of the most striking and suggestive pieces of work done lately in the region of scientific medicine is that effected by M. Villemin with a view to ascertain the inoculability of tubercle. The tubercular class of diseases is one of the largest in the nosology of the Registrar-General. It causes the death of some 60,000 persons a year. It is not inferior in importance to the zymotic class. It is superior. For whereas zymotic diseases kill about the same number of persons as the tubercular class, there is something in the tubercular constitution which determines largely the fatality and seriousness of many of the zymotic diseases, and yet, although the tubercular diathesis is so important and so fatal, it is remarkable that we know so little, and have done so little, in the investigation of tubercular disease. We have grand special hos-

pitals for the treatment of the tubercular affections, especially for the treatment of phthisis. The disease is so common, so disabling, and so little amenable to treatment in a general hospital, that the prevalent objections to special hospitals have not been much urged against these. But have they done all that might reasonably have been expected of them in the elucidation of the origin, the nature, and the laws of tubercular disease? Scarcely, we think. Neither the pathology of the disease nor its treatment has received much development from the special hospitals. It is from France chiefly that our knowledge of tubercle has come, and it is to France that we are indebted for the last great conception on the subject, which enlarges and excites all our ideas on it, and which seems destined to be verified by physiological experiment.

It is not our intention to dwell at any length on the experiments of M. Villemin. We thought them so important as to give an abstract of his own account of them. Our present design is rather to direct particular attention to the experiments of later observers, which strikingly agree with those of M. Villemin. Many English pathologists of the greatest weight have repeated his experiments, and, with perhaps one important exception, that of Dr. Andrew Clark, have got similar results, and arrived at similar conclusions. But the most important confirmation of the substantial accuracy of M. Villemin's conclusions is to be found in the Report of a Commission of the Academy of Medicine on the two memoirs of M. Villemin, which we noticed in the July and August numbers, and which is now before us in *La France Medicale* of the 20th of July. This Commission was composed of MM. Louis, Grisolle, Bouley, and Colin. M. Colin read the Report in the name of the Commission, and included in it an account of several experiments by the Commission, which yielded results essentially similar to those obtained by M. Villemin. At the very outset of the Report there occur words which indicate the opinion of the members of this Commission on the main conclusions of M. Villemin. They give him credit for throwing light by physiological experiment on medicine, and say that the two memoirs presented by him to the Academy, on the 5th of December, 1865, and on the 30th of November last, reveal to us a fact of the highest degree—the transmission of phthisis by the inoculation of tuberculous matter.

Their endorsement of M. Villemin's main conclusions is all the more effective from the fact that they do not hesitate to say that in one or two minor points he has come to hasty or incorrect conclusions. Two of these are in particular pointed out. First, they aver that M. Villemin was inexact in believing that sheep were unsusceptible of tuberculosis, and that he too quickly concluded that the tubercles in the cow and those in man were of the same nature. Mr. Colin, as we have said, gives in the Report an account of the various experiments with the inoculation of tubercle by the Commission. Some of these failed; but the most of them succeeded perfectly. The failures were suggestive to M. Colin. He procured from M. Villemin a specimen of the tuberculous matter used by him. This included fragments of various kinds of tuberculous matter, old and recent, transparent and grey, firm and softened. He reduced all into a homogeneous pulp, and inserted portions of this into four rabbits at the base of the ear. Only one of these animals became affected with tuberculosis. M. Colin accounts for the failure principally by the fact that in examining two of the animals he found that the tuberculous matter inserted had become encysted at the seat of wound, and so had become protected from absorption. In his subsequent experiments he was careful to go deeper, and to spread the matter over a larger surface, and so he obtained success. These later experiments are valuable, not only as additional to M. Villemin's, but as made with every distinct form of tubercle used separately. Fine military tubercle, softened caseous matter, hard tubercle taken from an ox affected with the calareous forms of phthisis, yellowish tubercle in course of the so-called regressive metamorphosis, and lastly, slices of a tumor full of strongles taken from a sheep affected with verminous phthisis, were all used, and all with similar results. We shall give as a specimen M. Colin's account of his first experiment. It illustrates not only the phthisical result obtained, but the effects produced in nearly all M. Colin's experiments on the lymphatic vessels and glands, and upon which he founds important conclusions:

"A rabbit was inoculated with fine military granulations taken from a cow. He died, with all the appearances of phthisis, after two months and some days. The lungs were strewed with tuber-

des; the liver, the spleen, and one of the kidneys presented tubercles; the glands of the neck and of the ear were swollen. Finally, from the point where inoculation had been effected there proceeded white tracks, like farcinous cords, [des trainées blanches, semblable à des cordes farcineuses].”

The glandular results are thus described in the second experiment. The rabbit had become tuberculized after the inoculation with softened caseous tubercular matter:

“The inguinal glands, the axillary, the prepectoral on the side of inoculation, were hypertrophied, and penetrated with matter of caseous aspect.”

The principal conclusion to which the various experiments led is thus stated in the report: “Thus in all the degrees of its evolution, and in all its forms, tubercle comports itself in an identical manner.”

The time has not yet come for anything more than the examination of facts on this subject. One immediate effect of the facts already accumulated will be to give great additional value to the study of the localities of tubercle as met with in the morbid conditions of the human system, not only of the more recent and palpable seats of it, but of the glands, cervical and mesenteric, in which it is apt to be developed in the earlier years of life. Whatever may be the fact as to the inoculability of tubercle, it is hard to understand how it can explain the occurrence of the ordinary forms of the disease which we see, whether we believe with M. Villemin in a period of inoculation and a local reproduction of inoculated matter, or with M. Colin in the removal of it to the lungs and other central organs, there to provoke a secondary eruption. M. Colin doubts whether the lung in the adult is always primarily affected, even when it appears to be so. He thinks it may be that the phthisis results from the dissolution and displacement of tubercular matters deposited during youth in the glands and other important organs, and remaining dormant in them for a greater or less amount of time. This hypothesis is very ingenious, but not very probable. It is equally difficult to understand, on M. Colin's theory, how tubercle deposited in glands in early life should not be transferred while yet soft and fresh to central parts; and how, after the lapse of years, when the more

inoculable parts of it have probably been removed by absorption, it should be carried to distant parts and there become active. But these difficulties in no way detract from the value of the experiments and the report of M. Colin and his fellow commissioners.

An interesting question is, the extent to which the contagious or inoculate character of tubercle is possessed by it exclusively. The experiments of the Commission show that a great variety of substances, under the generic name of "tubercle," have the quality of reproducing themselves in the central organs; and they go to show that all inflammatory products have a similar tendency, including pus. The exact relation of tubercle to inflammatory deposits is yet a moot point amongst pathologists. All that can be said here is, that experiment shows that there is a considerable similarity between the deportment of tubercle and other inflammatory products when inoculated. According to M. Colin, the other inflammatory products act in the same direction, but not to the same extent, as the grey graulation. "Les produits morbides présentés comme des resultats d'inflammation ou de regression n'agissent pourtant pas autant que la granulation grise."—*Lancet*.



### The International Medical Congress.

This body of medical men, selected from the whole civilized world—from San Francisco to Constantinople, at least—assembled at Paris, August 16, 1867, for the first session. The meetings are held in the Ecole de Medicine, the great school of the Paris Faculty of Medicine. In some respects, the French are behind the age in conducting voluntary conventions. There has been very little pains taken to render the advent and the stay of delegates agreeable and convenient. All that free-hearted zeal which welcomes our American Medical Association to its yearly gathering, and strives, in numberless ways, to make the members enjoy their visit, is wanting here. The Parisians seem to suppose that it is a sufficient blessing to outside barbarians to be permitted to come to the Parisian Paradise, and hear the medical angels expound their discoveries. The *concierge* at the gate did not know where the

Secretary was, when he would be in, nor whether the Congress was to have such an officer, until numerous inquiries awakened a suspicion of the fact in his mind. No directions were posted, as to where credentials were to be presented, or names recorded. The delegates ran about the building in a bewildered state, inquiring of each other where the Secretary was, using first one language, and then another, as if a man who did not know a fact in French or English, might possibly be aware of it in Dutch. Finally, the Secretary was discovered in a side apartment, with no clue to its location visible. He looks at the credentials, but keeps no general register or directory in a visible form for reference of delegates. Probably, he has a list somewhere, for the records.

At 2 P. M., the President, Prof. Bouillaud, called the assembly to order. About 700 were present. The President then read a lively and brief address, which showed that he had gathered neither loquacity nor dullness, by his advanced age. He welcomed the delegates to Paris, and pointing to the standards of the various nations, grouped around the walls, he said: "Let us salute these flags, then, by uniting our hands, as these interlaced banners are united, in sign of complete cordiality and entire fraternity." The gracefulness of the figure took the audience by surprise and brought down a storm of applause.

After the close of the address, the reading of the papers commenced. The topic of the day was expressed as follows:

*"Anatomy and Physiology of Tubercle. Tuberculization in the different Countries, and its Influence upon the General Mortality."* The papers presented, were by Prof. Sangalli, of Pavia; Dr. Villemin, of Paris; Prof. Crocq, of Brussels; Prof. Lebert, of Breslau; Dr. Marmisse, of Bordeaux; Dr. D. Lee, of London; Dr. Larramea, of Bordeaux; Dr. Ullersperger, of Munich; Dr. Homan, of Christiana.

After two papers had been read, it became evident that the session was likely to last many hours, and the audience became restless.

Dr. Van Lohe, a Hollander, rose and began to express his dislike of the order of business and his desire that the Congress should use its rights, and discuss such topics as it deemed best, instead of simply hearing a series of papers read. He commenced as follows:

"Mr. President, is it allowable for me to ask a question?"

The President said: "Certainly, proceed."

He proceeded, therefore, in this wise: "I am a foreigner; I am a Hollander, and, as a Hollander, was sent into this assembly to assist at the Congress. But, up to the present time, I find myself mistaken. It looks to me as if this were not an International Medical Congress, but a court, or a college where the physicians concerned have got together to hear each other read, and for mutual admiration."

The audience waked up at this thunderbolt, and began to applaud the bold Hollander. The President, however, checked him, and courteously reminded him that there was a regular programme of topics, to which it was necessary to conform. Dr. V. L., however, was not to be put down, and proceeded with his speech. The President tried, in vain, to stop him. Finally, the audience deemed that he was going too far, and hissed him down. He took his hat and went out. He re-appeared, however, the next day, and the President offered him an opportunity to finish his remarks, but he did not choose to avail himself of the permission.

August 17, at 8 P. M., the second session commenced, there having been no meeting during the day.

The first paper read was on a new operation for opening abscesses of the liver, which had been practiced in Mexico. The second was by Dr. Galezowski, of Paris, on the alterations of the retina in the tuberculous diathesis. Some fine colored drawings were shown, displaying the increased vascularity of the retina in tubercular meningitis, as seen through the ophthalmoscope.

Another paper was read on the same topic, the two together being illustrated with some forty colored drawings of diseased retinae. Two papers were also read on the treatment of tubercle. After each reading, time was allowed for discussion, which was embraced with more ease and skill than is usual in the American Medical Association. Each speaker advanced to the tribune, and addressed the Congress in a seated posture, a rather awkward position for a speaker; however, the remarks were brief, vigorous, and lively. There was less stiffness than in American scientific bodies, wit flowed freely, and the Congress laughed with great hilarity.



The discussion on tuberculosis, brought out very contradictory opinions, which are at present irreconcilable.

Mons. Villemin has made elaborate observations and experiments which lead him to believe that tuberculosis is as much a specific disease as syphilis or variola, and that it may be taken by contagion and propagated by inoculation. Mons. Lebert, on the contrary, thinks that there is nothing specific about tubercle, and that its elements are purely inflammatory products. He has made a series of experiments, by which he believes he has proved that tubercle may be produced by injecting into the blood various products of disease, and even mineral substances, such as mercury and carbon. These particles being carried to the lungs by the pulmonary artery, become lodged in the capillaries mechanically, and acting as points of irritation produce tubercles, inflammatory in their real nature, and having all the microscopic and pathological character of the tubercles of consumption.

Between these conflicting doctrines, it seems we must rest, and wait for more light. The general drift of sentiment in the Congress was, that there is no peculiar anatomical or histological element in tubercle, whatever may be true of its diathesis, or of its virus, if any exists.

On the second day, among other topics, came up that of menstruation, as affected by climate, races, etc. Some elaborate statistics were produced upon the subject of the average age at which menstruation commences among different people. M. Langneau gave the following classification of some 15,000 observations:

Race.	Average age of first menstruation.			
North Germans, .....	16	years,	9	months, 16 days.
English, .....	14	"	11	" 2 "
French, .....	15	"	1	" 21 "
Southern Asiatics, .....	12	"	11	" 17 "

Mr. Robert Cowie, of the Shetland Islands, sent a paper on the "*Prolonged Menstrual Life in the Shetland Islands, and its Relation to Longevity*," in which he shows that the Shetland women retain that function very late in life, the average time of the turn of life with them being from 50 to 54 years. By comparison with Scotland, he shows that this late retention of the menstrual function is also accompanied with an increased longevity. He asserts that the age of commencing menstruation does not differ from that of other parts of the kingdom.

On the third day, Prof. Polli, of Milan, known for his experiments on the antiseptic effects of the sulphites in the inferior animals, read a paper on the use of these articles as medicines in septic diseases, and detailed the Italian experience in their use. Both he and the whole Congress seemed to be in blessed ignorance that this matter had been tested and discussed several years ago in Chicago, and that to Dr. Fisher, Dr. Davis, and to the *Chicago Medical Examiner*, belonged the credit of publicly establishing the practical value of the remedies. If the European savants would regularly take and read some of the American medical journals, they would often find that ideas which are quite new to them have been discussed for years in America.

On the fourth day, was discussed the very important topic of the accidents which follow surgical operations, such as erysipelas, hospital gangrene and pyæmia.

The great murderous sin of European hospitals is want of ventilation. They are afraid of pure air, and, consequently, pyæmia is a fearful surgical scourge. Mr. Gosselin, at the Hopital de la Pitie, innocently reports that he has an epidemic of erysipelas regularly, almost every winter (at the season when the weather causes the windows to be closed,) but seemed to have no suspicion that it might be prevented with ease. He also reports, with the utmost coolness, that of the cases which originate in the hospital every third patient dies. I think this is perfect butchery, and I cannot help comparing it with the better practice in Chicago, where, in Mercy Hospital, deaths from pyæmia and erysipelas have become an almost unknown thing, being completely banished by the simple expedient of opening wide the windows, and keeping every surgical patient, night and day, in a current of pure air. Prof. Paget, of London, has recently experimented in the same way, though he does not seem to be aware that we had settled the matter in Chicago, and published it years ago. His report confirms my experience. He says that the most efficient preventive of pyæmia, is to place the patient in a constant current of pure air, an announcement which ought to strike like a peal of thunder on the ears of European surgeons. The effect of foul air in Paris hospitals is such that they do not dare to close wounds by first intention. I have seen them fill the space between the flaps of

an amputation with charpie, as they used to do in the dark ages, and the risk of pyæmia is so great as to render many valuable operations wholly unjustifiable.

The surgeons represented in the Congress generally admitted that ventilation favored escape from pyæmia, but the idea rested in their heads in a very sleepy, foggy manner. Not one of them seemed to be aware of the fact that this cause of death can be completely removed by the means of fresh air. The papers which were read showed that the authors were blindly fumbling about in the *materia medica*, to find some medicament which would enable them to combat pyæmia without pure respiration. Some used a solution of perchloride of iron, applied to the flaps of amputated cases; others applied solutions of carbolic acid; others employed various measures, all very useful and valuable in themselves; but deadly blunders were committed in this respect, viz: they all invited the profession to rely on these secondary measures, instead of *perfecting the ventilation of the hospitals*.

On the fifth day, came up the famous question, "Is it possible to propose to the various governments efficacious measures for restraining the propagation of venereal diseases?"

This question received all sorts of elucidations except clear ones. Those most interested in the discussion, were evidently of the number of those who desired a system of licensed prostitution. Some of the statistics presented were horribly erroneous, as I happened to know from personal investigations, and, on the whole, the discussion of the real question was loose, wandering, and inconclusive.

After the papers were read, verbal discussion upon the subject commenced. The veteran author on syphilis, Ricord, was in the chair. In a few minutes the hot blood of the disputants got the mastery over parliamentary order, the original question was forgotten, and the speakers plunged headlong into a dispute whether syphilitic inoculation was to be commended or not. M. Ricord, though chairman, took an active part in the contest, and pushed his opponents with a relentless vigor that was refreshing to behold, but not very parliamentary for a presiding officer.

The following gentlemen were named as the committee to address the governments on the subject: Messieurs Hebra, Vienna;

Scitz, Munich; Crocq, Brussels; Seco Baldor, Madrid; Galligo, Florence; Palasciano, Naples; Owre, Christiana; Barbosa, Lisbon; Frerichs, Berlin; Huebbenet, Kiew; Fordyce Barker, New York; Wilson Jewell, Philadelphia; Upham, Boston; R. R. MacIlvaine, Cincinnati; Hingston, Montreal.

The facts brought out before the Congress on the subject of syphilization, may be briefly summed up as follows:

Prof. Boëck, of Sweden, treats secondary syphilis by numerous and long-repeated inoculations of the matter of soft chancre. The plan is this: Several inoculations are made at once upon the patient. When the sores are produced, another set is inoculated, and the first ones destroyed by caustic. Thus crop after crop of chancroids is produced, through a period of several months. At length, after an average of about three hundred and forty-five inoculations, a tolerance is produced, and the patient is found incapable of having any more chancroids. He is then pronounced "syphilized" and cured. During this long treatment, the secondary symptoms generally, or at least frequently, disappear.

Against this treatment, it is urged that some patients have been inoculated to complete insusceptibility to soft chancre, and yet have *failed* to be cured of their secondary symptoms; that thoroughly syphilized women have proved that they were not cured, by bearing syphilitic infants. As to the disappearance of secondary eruptions, it is urged that four months is a long time, and that in such a period these eruptions often recede from view, spontaneously. In a few instances, the most disastrous results, and even loss of life, have followed the treatment.

A banquet was held at the Grand Hotel, by such of the members who chose to subscribe for the purpose. About 200 subscribed. The feast opened with great eclat, and good feeling. M. Bouillaud was in the chair. Several short, pithy addresses were read, an awkward way of delivery in dinner speeches, but still, the time went merrily on. In the midst of the festivities, word was brought that the great surgeon, Velpeau, had just died. This announcement cast a gloom over the assembly, which silenced its mirth and rendered the remainder of the evening a melancholy occasion.

At one of the evening sessions of the Congress, M. Milliot exhibited, upon a cat and a dog, a new method of physical diagnosis of tumors, etc., in the visceral cavities. His plan is to illuminate very powerfully the interior of the stomach, rectum, bladder, or vagina by electric light, and then to observe the translucency of the abdomen, on the same principle that we test the translucency of the scrotal tumor to diagnose hydrocele. For this purpose he introduces into the stomach, rectum, etc., small glass tubes, containing an arrangement of platina wires connected with an electric apparatus. In this way, he produces a powerful interior electric light, which renders the abdomen translucent, like a hydrocele. He hopes to use it for the diagnosis of ovarian cysts, but has not yet brought it to any practical usefulness.

At the close of the Congress, the venerable President pronounced a brief farewell address, and declared the session finally closed.

[*Chicago Medical Examiner.*

EDMUND ANDREWS.

## Editorial Department.

### Books Reviewed.

**The Tree of Life, or Human Degeneracy; its Nature and Remedy, as based on the elevating principle of Orthopathy.** In two parts. By Isaac Jennings, M. D. New York: Miller, Wood & Co., 15 Laight street, 1867.

Dr. Jennings, although having arrived at the venerable age of four score years, does not allow himself retirement from active pursuits in his profession, but again enters upon the field of medical literature with a new work on "Human Degeneracy," treated according to the orthopathic or "upright, upward tendency of natural law," and which he reviews in both its spiritual and physical aspects. The sections devoted to the spiritual decline of man are a series of religious discussions, which we certainly should not have expected to find in a treatise designed for medical gentlemen, unless they are to serve as a stepping-stone to the more purely medical part of the work. The causes, nature and remedy of the physical decline of the race, the author has made the subject of a candid but rather one-sided discussion. In his therapeutics the writer occupies a position far advanced to that of his profession; heretofore we have entertained some confidence in the efficacy of various remedies, such as the opiates, etc., but we are told that hygienic conditions, *bread pills* and *water variously colored*, will effect all that can be hoped for from any drug, cases being cited in which the most painful

affections were cured by this bread pill practice. While we are directing attention to some of the inconsistencies of the work, we would most cordially commend the chapters on "Alcoholic Stimulants" to the careful perusal of every reader. The character of Dr. Jennigs is clearly imprinted upon this work, and no one will open its pages but be impressed with the purity and honesty of purpose of the man. The publishers have discharged their task in a most creditable manner, the typographical execution being excellent.

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Circular No. 7, War Department, Surgeon-General's Office, Washington, D. C., July 1, 1867. A Report on Amputations at the Hip-Joint in Military Surgery.

The feasibility of coxo-femoral amputations in military surgery was placed in a most discouraging and doubtful light by the fearful results obtained during the Crimean, Italian and Schleswig-Holstein Wars, and but few surgeons at the beginning of the Rebellion were prepared to meet the exigency or undertake the responsibility of such an operation, with any hope of success. The interesting and elaborate report prepared by Assistant Surgeon and Br'vt. Lieut. Colonel George A. Otis, in an analytical investigation of all authenticated cases of hip-joint amputations thus far performed, but it is especially designed to examine "in how far the experience acquired in the war of the Rebellion has augmented our data for estimating the value of this operation," as a resource in military surgery. And with a view of determining in how far the experience acquired during the late war has increased our means of judging of the value of coxo-femoral amputations after gun-shot injuries, "this report has been divided into an historical summary, an account of individual cases, a citation of the opinions of surgeons and a discussion of results."

From the historical summary it appears that S. F. Morand, a French surgeon, educated in England, after having carefully studied various methods of disarticulation of the femur upon the cadaver, and reported its successful performance in several instances upon inferior animals, was the first to proclaim the feasibility of this operation about the year 1729, yet not until 1773 do we find the first application of it upon a man crushed between the poles of a wagon, by Perault. The patient survived the operation, being subsequently employed in the capacity of a cook at an inn. From this time until the late war 108 exarticulations have occurred in military surgery, there being ten recoveries, "one after a primary, four after intermediate, and five after secondary operations—a percentage of mortality of 96.66." In civil practice 111 operations are recorded, with 46 recoveries, or a mortality rate of 58.56. Of this number the French report eight recoveries and fifteen deaths; the Germans seven recoveries and six deaths; the Poles four operations, which proved fatal; the British sixteen recoveries and thirty-one deaths, and the Americans fifteen recoveries and nine deaths.

Hip-joint amputations in the war of the Rebellion were performed in fifty-three instances; thirty-four occurring in the service of the United States, and nineteen in that of the Confederate. These operations are described and divided into four categories, "primary, intermediate and secondary amputations, and re-amputations." Under the category of *primary* amputations are classed those which have

been performed "in the interval between the reception of the injury and commencement of inflammatory symptoms," which period will rarely exceed twenty-four hours. *Intermediate* amputations are considered those made during the period of inflammatory action. *Secondary* operations comprise those performed during the abatement of inflammation, and "when the lesion has in a measure become local and analagous to chronic disease." *Re-amputations* are those in which "an amputation in the continuity had preceded the amputation in the contiguity."

Primary amputations were performed in nineteen instances, the average interval from the time of the reception of the injury and the operation being seven hours. Eleven of the patients succumbed to the direct shock of the operation, three lingered for two and two for eight or ten days. In two instances the patients were known to have recovered, but their subsequent history has not been traced. One has survived the operation for four years, enjoying good health. Of the eighteen intermediate amputations not one survived, the patients in all instances being ill-fitted to undergo the operation; exhaustion dependent upon surgical fever, hemorrhage and pyæmia being the chief causes of death, but five succumbing to shock. Nine cases, seven deaths and two recoveries are tabulated under *secondary* amputation. The category of *re-amputations* comprises seven cases, four of which recovered. Of the three fatal cases, two sank in a few hours, the third dying from pyæmia.

After a careful recapitulation of the citations of the operating surgeons and an analytical investigation of all the facts in each individual case, the accessions made to our means of estimating the value of coxo-femoral exarticulations in military surgery, Dr. Otis sums up as follows:

"1st.—We have learned that the primary operation for traumatic causes is not uniformly fatal, as has laterly been taught, and are enabled to define three conditions under which it should be undertaken, while two other conditions in which it may be justifiable are left *sub judice*.

"2d.—Much evidence has been brought to counteract the prevailing doctrine that disarticulation at the hip is an exception to the general rule requiring all amputations deemed indispensable to be performed immediately, the eighteen intermediate amputations performed during the war having all resulted fatally.

"3d.—We have proved that secondary amputations at the hip for necrosis of the whole of the femur or for chronic osteomyelitis following gun-shot injuries, may be performed with as successful results as hip-joint amputations for other pathological causes.

"4th.—It has been shown that when, after amputations in the continuity of the thigh, the stump has become diseased, re-amputations at the hip may be done with comparative safety."

Annexed to this report are chromo-lithographs of the seven successful amputations, and two lithographic plates representing the appearance of bones removed in two successful operations, while throughout the work numerous excellent wood cuts illustrate the appearance of gun-shot fractures of the femur, necessitating their removal.

This and other publications prepared under the direction and patronage of the Surgeon-General, Joseph K. Barnes, reflect great merit upon him and entitle him to the warmest thanks of the profession.

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A Treatise on Human Physiology, designed for the use of Students and Practitioners of Medicine. By John Dalton, M. D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons, New York, etc., etc. Fourth edition, revised and enlarged, with 274 illustrations. Philadelphia: Henry C. Lea, 1867.

The remarkable favor with which this treatise has been received by the profession, both at home and abroad, and which it so justly deserves, renders an extensive notice quite superfluous. The present edition has been subjected to a most thorough revision and all recent discoveries in physiological science incorporated. Especially have the sections on the Physiology of the Nervous System received, as the author says, an entire reconstruction, owing to the advances made in the study of the functions of the gray substance of the Spinal Cord by J. Lockhart Clarke, Esq., and those of the Medulla Oblongata and Trapezium by Dr. John Dean, thus placing our knowledge of the base of the brain and of the spinal cord in a new light. We have no doubt that this work will continue to grow in favor, and will be received by students as the text-book *par excellence* on physiology.

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Hufland's Art of Prolonging Life. Edited by Erasmus Wilson, F. R. S., author of "A System on Human Anatomy," "Diseases of the Skin," etc. From the last London edition. Philadelphia: Lindsay & Blakiston, 1867.

This is an elegant translation from the German, re-arranged, with the addition of numerous notes. It is not especially designed for the physician, but for the public in general, with a particular regard for young people. Physical happiness and well-being is not unfrequently completely sacrificed, through an unpardonable and at times criminal negligence of these general principles, tending to secure health and prolong life. The recognition of these facts and a desire to fill this vacancy in popular literature, induced Dr. Hufland to publish his researches and observations made in this direction. The wholesome and healthy reflections to which the perusal of this work lead, cannot fail to exert the most beneficial influence, and we could wish to see it distributed broadcast over the country.

This work does not conflict with the medical profession, and macrobiosis must not be confounded with medicine, their objects, means and boundaries being entirely different. While the medical art aims, by corroborative and other remedies, to elevate mankind to the highest degree of strength and perfection, the macrobiotic seeks the means by which to prolong life. The author does not view his subject alone from a medical stand-point, but also introduces the moral element, justly maintaining "that the physical man cannot be separated from his higher moral object; and that man will in vain seek for the one without the other, and that the physical and moral health are as nearly related, as the body and the soul. They flow from the same sources; become blended together; and when united, the result is, *human nature, ennobled and raised to perfection.*"

The age of the world the writer does not consider to have exerted any percepti-



ble influence upon the longevity of man, people not infrequently attaining the age of the patriarchs, even at the present time, and the remarkable instances of old age which are found recorded in the early history of the world are explained by the chronology of the early ages not being the same as that used at the present time. Hensler, with others, has proved "with the highest probability, that the year until the time of Abraham, consisted of only three months; that it was afterwards extended to eight; and that it was not until the time of Joseph that it was made to consist of twelve."

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Is it I? A Book for Every Man. By Prof. Horatio R. Storer, M. D.

Stimulated by the success of former works, such as "Why Not? A Book for Every Woman." etc., Dr. Storer has startled the public by turning over his attention to the men, who evidently are anxious to know what has happened to them. He discusses the following points: that it is not good to be alone; marriage as a sanitary measure, how early in life to be observed; rights of husband, are these rights absolute, or reciprocal with duties; should mere instinct be the rule? Arguments as to divorce, a plea for women, to which is added as appendix, a woman's view of Why Not?

There is a popular element in the work which makes it attractive, and all will read this book as they have the other works by the same author, with pleasure and instruction. He has opened in upon the topics of interior life with a boldness which is truly commendable, and it now appears certain that something of good is to grow out of the effort. He is, however, handling with great freedom, subjects which the early generations of Puritans are supposed to have thought best to let mostly alone and to themselves. Dr. Storer's writings have already called New England Divines to his aid, who are not going to have the latest and most important discoveries in morality, made by a doctor in medicine, "*not by no means.*" Dr. Storer has said some things very well, said some very good things, and some very true things, which few had ever uttered, for the ear of the public, until he led the way.

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### Law-suits upon Shares.

We take pleasure in publishing the testimony in the case reported in this Journal, brought against Dr. Merrill E. Shaw, for having caused the death of a patient by the subcutaneous administration of a grain of morphine. The verdict or rather the refusal of Judge Clinton to submit the case to the deliberation of the jury is doubly satisfactory. We have learned since the trial, that there were one or two men upon the jury ready to find handsomely for the widow, had opportunity been granted, showing, if so, that our rights and liberties are no more safe in the hands of a jury, than was the life of the lamented defendant in the hands of Western savages.

Within the last few years an unsafe and unprofessional habit has obtained countenance, by which members of the legal profession obtain the conduct of suits upon shares. The terms are such that the chief operator and instigator loses nothing if unsuccessful, and gains one-half or even more, if he wins. The plaintiff advances the necessary costs of the suit, and the operator furnishes the advice

and works up the case. But for this custom, most of the unjustifiable suits now brought before the courts would never be entered upon the records, and many, very many, who now appear as plaintiffs would never have mistrusted themselves aggrieved. We do not think that this operates against medical men more frequently than against all others; it may be seen everywhere, and every fair-minded individual can see the natural effect of such practice.

We have plenty to do to expose and correct the unprofessional habits of members of our own profession, without making attack upon any other, and it is quite provoked or we should not now undertake to condemn a practice which has shown itself in so many instances, as to make further silence impossible. This case against Dr. Shaw was pressed, after telegraphic report of the death of the defendant; and even delay in the trial refused. The whole legal procedure was based upon nothing, and carried on upon the expectation that a jury might favor a widow regardless of right, and herself and *friends* be indirectly benefited by the natural sympathy which men feel for women.

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### Death of M. Eugene Shaw, M. D.

We are pained to announce the sudden death of Dr. M. Eugene Shaw, of Buffalo, who, but a few weeks since, left his practice in this city and joined the U. S. Army in California. On the 17th of October the stage coach in which he was riding, was attacked by a party of fifteen Indians, and Dr. Shaw was shot through the lungs, the wound soon proving fatal. The party were pursued near ten miles, but finally made good their escape, taking with them the body of Dr. Shaw, which they buried at Soda Lake.

Dr. Shaw was a young man in the prime and vigor of life, graduated from the medical department of the University of Buffalo in 1864, and was 26 years old at the time of his death. He was the only remaining son of Dr. Merrill H. Shaw of Buffalo, who, with his family and a wide circle of friends, are deeply bereaved by his sudden and violent death.

Dr. Shaw gave promise of great usefulness in his profession, and was already distinguished as a young physician for his attainments. In the war of the Rebellion he was so impatient for opportunity to share his part, that against the wishes of his friends he enlisted as a private. He was, however, soon detached from his Company and served as Acting Assistant Surgeon in the 89th N. Y. He afterwards served as Assistant Surgeon in the 116th N. Y., until the close of the war, when he commenced in this city the practice of his profession.

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### Boston School of Medical Specialties.

The following physicians have associated themselves for the purpose of giving instruction in their respective departments to advanced students, and to physicians who may be desirous of fitting themselves for special practice. It is thought, also, that there are some general practitioners who will be glad to refresh their memories.

This seems the first effort of the sort in this country, and is undertaken by men very widely and favorably known in their respective departments.

**HENRY G. CLARK, M. D.**, (Bowdoin College) Surgeon to the Massachusetts General Hospital. Lecturer on Public Hygiene and Medical Jurisprudence.

**HORATIO R. STORER, M. D.**, (Harvard University) Pupil of Simpson, of Edinburgh, and Professor in Berkshire Medical College. Lecturer on the Diseases of Women.

Prof. Storer's course, the present winter, will be upon Uterine Diagnosis; and will be exclusive of that upon the Surgical Diseases of Women, to be delivered in December.

**GUSTAVUS HAY, M. D.**, (Harvard University) Pupil of Arlt, of Vienna, and Surgeon to the Eye and Ear Infirmary. Lecturer on Operative Ophthalmology.

**B. JOY JEFFRIES, M. D.**, (Harvard University) Pupil of Hebra, of Vienna; Lecturer in Berkshire Medical College, Surgeon to the Eye and Ear Infirmary, and Physician to the Boston Dispensary. Lecturer on the Diseases of the Skin.

**JOSIAH H. STICKNEY, M. D.**, F. R. C. V. S., (Harvard University) Pupil of Varnell, of London. Lecturer on Veterinary Medicine and Surgery.

**THOMAS B. HITCHCOCK, M. D.**, (Harvard University) Lecturer on the Diseases of the Teeth.

**FRANCIS C. ROPER, M. D.**, F. R. C. S. E., (Harvard University) Pupil of Langenbeck, of Berlin; Physician to the Boston Dispensary, and Surgeon to Out Patients at the City Hospital. Lecturer on Surgical Deformities.

**SAMUEL W. LANGMAID, M. D.**, (Harvard University) Pupil of Mackenzie, of London, and Physician to the Boston Dispensary. Lecturer on Diseases of the Throat.

**DAVID L. LINCOLN, M. D.**, (Harvard University) Pupil of Widerhofer, of Vienna, and District Physician to the Boston Dispensary. Lecturer on the Diseases of Infants and Children.

**JOSEPH G. PINKHAM, M. D.**, (Long Island College Hospital) Pupil of Bloxam, of London, and Professor of Chemistry in Berkshire Medical College. Lecturer on Toxicology.

**FRANCIS B. GREENOUGH, M. D.**, (Harvard University) Pupil of Zeissl, of Vienna. Lecturer on Venereal Diseases.

**GEORGE F. H. MARKO, Member of the American Pharmaceutical Association.** Lecturer on Practical Pharmacy.

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#### THE HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE,

Being a Synopsis of Practical Medicine, Surgery, and Medical Literature.

The first part of this work will be issued from the office of the *Medical and Surgical Reporter* on the first of January, 1868. It will comprise about 300 pages royal octavo size, and will contain a well-prepared synopsis of the articles in the medical periodicals and monographs, and a general review of the medical literature of the preceding six months, both of this country and Europe.

In the preparation of this work we will be aided by many well-known writers, among whom are Drs. L. Elsberg, Samuel R. Percy, R. E. Van Gieson, F. D. Weiss, C. F. J. Lehlback, S. W. Gross, George H. Napheys, W. M. Turner, A. Paul Turner, and others.

The work will be systematically arranged under the following heads—subject to such modifications as time and experience may suggest—and supplied with a copious Index of subjects and authors.

*Terms of Subscription.*—Subscriptions will now be received at the following rates:

Compendium, per annum, two numbers, . . . . .	\$3 00
“ Single number, . . . . .	2 00
“ and Medical and Surgical Reporter, per annum, . . . . .	7 00
S. W. BUTLER, M. D. } Editors.	
D. G. BRINTON, M. D. }	
115 South Seventh St., Philadelphia.	

### Books and Pamphlets Received.

- Catalogue of the Surgical Section of the United States Army, Medical Museum, prepared under the direction of the Surgeon-General, U. S. Army. By Alfred A. Woodhull, Assistant Surgeon and Brevt. Major U. S. Army.
- Catalogue of the Medical Section of the United States Army, Medical Museum, prepared under the direction of the Surgeon-General U. S. Army. By Brevt. Lieut. Colonel J. J. Woodward, Assistant Surgeon U. S. Army, in charge of the Medical and Microscopical Sections of the Museum.
- Lectures on the Diseases of Women. By Charles West, M. D., Fellow of the Royal College of Physicians; Examiner of Midwifery at the University of London, etc., etc. Thrd American from the third and revised London edition. Philadelphia: Henry C. Lea, 1867. For sale by Theodore Butler.
- A Practical Treatise on Shock after Surgical Operations and Injuries; with special reference to shock caused by railway accidents. By Edwin Morris, M. D., F. R. S., Surgeon to the Spalding Dispensary and Union Infirmary. Philadelphia: J. B. Lippincott & Co., 1868. For sale by Breed, Lent & Co.
- Headaches; their Causes and their Cure. By Henry G. Wright, M. D., M. R. C. S. L., L. S. A., Member of the Royal College of Physicians of England, etc. From the fourth London edition. Philadelphia: Lindsay & Blakiston, 1867. For sale by Theodore Butler.
- A Treatise on the Cause of Exhausted Vitality; or Abuses of the Sexual Function. By E. P. Miller, M. D., Physician to the Hygiene Institute and Turkish Baths. New York, 1867.
- The Physician's Hand Book for 1868. By William Elmer, M. D. New York: W. A. Townsend & Adams, publishers, 434 Broome street. For sale by Theodore Butler.
- Transactions of the Medical Society of the State of Pennsylvania, at its Eighteenth Annual Session, held at Pittsburgh, June, 1867. Fourth series, part 3d, published by the Society.
- Report of the Proceedings of the Association of Medical Superintendents of American Institutions for the Insane, 1867.
- New Researches on the Therapeutic Use of Manganese as an adjuvant of Iron. By Dr. J. E. Pétrequin, late Head Surgeon of the Hotel Dieu of Lyons, etc. Superintendent's Report of the New York Institute for the Blind at Binghamton, transmitted to the Legislature February 9, 1867.
- Forty-second Annual Report of the Massachusetts Charitable Eye and Ear Infirmary, for the year ending September 30, 1867.
- Conveyance of Cholera from Ireland to Canada and the United States Indian Territory, in 1832. By John C. Peters, M. D., of New York.
- Base of Brain with Nerves emerging. Arranged by S. W. Wetmore, M. D., Demonstrator of Anatomy in the Medical Department of the University of Buffalo, N. Y.
- A Complete List of the Muscles of the Human Body. By William Little, M. D., Chicago, Ill.
- Smallpox Vaccination. By R. M. Lakey, M. D., Chicago, Illinois.

BUFFALO  
**Medical and Surgical Journal.**

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Original Communications.

**ART. I.—***Acute Inflammation of Psoas Magnus Muscle.* BY J. W. GROSVENOR, M. D., *Providence, R. I.*

Acute inflammation of Psoas Magnus Muscle is a very rare disease. In searching medical literature I find only a single case reported in detail, and that by Dr. C. W. Parsons of this city, in the *Boston Medical and Surgical Journal* of September 10th, 1851. A case is mentioned by Prof. Gross in the 1866 edition of his *surgery*. On page 594 he says: "An instance has been reported of a young man who died from rupture of the psoas muscle, death having been preceded by severe inflammation and infiltration of pus." In a letter to Dr. Anthony of this city, Prof. Gross regrets his inability to refer to the particular case.

Prof. Willard Parker informs me by letter that he has the notes of two unpublished cases which have occurred in his practice. I hope we may soon see them published.

The following case has lately come under my observation:

Lemuel Grosvenor Perry, a student, 19 years of age, strong and healthy from birth, while playing ball on June 27th, 1867, felt something "give way" in his right side. Soon after returning home, on the same day, he was taken sick with vomiting and quite a sharp pain in the right lumbar region. Tongue was slightly furred, bowels constipated, pulse full, and about 90 per minute.

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A cathartic of magnesia in combination with charcoal, acted promptly, by which the pain was considerably relieved, and the vomiting entirely. On the morning of June 29th, patient had quite a severe chill. For the four or five days following there was but little change in the symptoms—pulse fair and about 80 per minute; tongue slightly brown and moist; stomach uncomfortable, tendency to diarrhoea; the pain in the right lumbar region continuing, though not severe. July 4th, a swelling and hardness were observed over the seat of the pain. It was circumscribed and covered a space of about four square inches, its centre being on a vertical level with the anterior superior spinous process of the ilium. For two or three days it became a little more prominent and then remained in *statu quo*. Patient found urination difficult without standing. He could not fully extend his right leg, kept the right thigh flexed on the abdomen and rotated outwards, moved from side to side in bed with difficulty and pain; when on his feet assumed a stooping posture, with the body inclined towards the right side. Abdomen not swollen and not tender on pressure, except in right lumbar and right iliac regions. From the 4th to the 12th, patient was comfortably sick, was able to get up without assistance every day; his pulse fair, the general symptoms being the same as during the few days previous to the appearance of the swelling. At 3 A. M. of the 12th, he was seized with a severe pain and excessive vomiting of a greenish-looking material; cold, clammy perspiration followed; pulse became very rapid and feeble. Vomiting continued, with slight abatement, till death at 6½ o'clock P. M. of the same day.

Treatment previous to the sinking stage on July 12th, consisted in a cathartic at the outset of the disease, as already mentioned, injections of starch and laudanum to control the diarrhoea, anodynes sufficient to relieve pain and procure sleep at night, animal broths and some fruits, occasionally brandy and water. The tumor was painted with tinct. iodine for several days, and leeches applied to it on the 11th. In the stage of collapse treatment consisted in morphia injected hypodermically and iced champagne, to which was added a few drops of chloroform.

During his sickness the patient, who was under the medical care of his father, Dr. Perry, was seen by Drs. Peckham and Parsons of this city, and Dr. Clapp of Pawtucket.

Autopsy by Dr. Mason, 72 hours after death. Greater omentum slightly adherent to small intestines, which were considerably congested. Lower part of ascending colon and appendix vermiformis adherent to abdominal wall. A few fibres of psoas magnus muscle were rough and broken down, and the muscle itself dissected up along its posterior surface and the peritoneum separated from its anterior surface. The anterior crural nerve running along the outer border of the muscle was separated from all attachments for a distance of six inches. About three pints of purulent fluid in peritoneal cavity. The rupture of the peritoneum was apparently between the stomach and liver. Right kidney healthy. No diseased bone discovered. Undoubtedly inflammation commenced at that part of the psoas magnus muscle where the fibres were broken down, an abscess followed, and pus as it was formed burrowed under the muscle, dissected up the peritoneum, and finally burst into the peritoneal cavity on the morning of July 12th, at the time when the alarming change in the symptoms occurred.

I have seen no account of this disease in the English language. In Copland's Medical Dictionary is an article on "Inflammation and Suppuration of the Psoas Muscles." The author mentions psoitis or one of its synonyms, but he evidently refers to psoas abscess, which is a *chronic*, not an *acute* disease. The only article on this subject which I have seen is in the Dictionnaire de Medicine, vol. xxvi, under the heading "Psoite." The rarity of the disease and the meager amount of literature upon it may justify me in presenting a *resumé* of this article.

*Causes of Psoitis.*—Falls, blows on the lumbar region and pelvis, violent motion of body backwards and forwards on lower extremities, raising heavy weights, very severe exercise. Ferrus, the author of the article, thinks rheumatism has a great influence on the development of the disease.

*Symptoms.*—Pain in lumbar region which soon extends to groin and thigh—usually intolerable, rarely almost nothing. Extension and flexion of the thigh greatly increases the pain. Walking difficult or impossible. If patient walks trunk is strongly inclined forwards. Engorgement of inguinal glands. As disease progresses pain becomes severer, and lower extremity of affected side is constantly flexed and slightly turned outwards. An attempt at

extension or rotation gives excessive pain. This position of the limb is ordinarily the most characteristic sign of psoitis. Sometimes there is numbness in the limb. Fever declares itself, digestive organs become deranged; sometimes nausea and vomiting, often diarrhœa, rarely constipation; urine is sometimes purulent, sometimes colored with blood. At last in the groin or lumbar region appears a tumor more or less extensive, fluctuating, not changing color of skin—not painful on pressure, drawing back into interior of abdomen. In this tumor whether it opens spontaneously or is opened by an instrument, is found more or less pus. Hectic fever follows, pulse becomes small and frequent, a cough appears, colliquative diarrhœa supervenes and the patient dies of marasmus.

*Pathological Anatomy.*—The muscle is found in three conditions. First, the muscle is entirely preserved, but softened; in color like lees of wine, infiltrated with black blood, and easily torn. Secondly, vestiges of the muscle remain of the consistency of pulp, blackish in color, and of a disagreeable odor. Thirdly, the muscle is completely destroyed by suppuration. The secretion is not pure pus, but a mixture of pus and muscular fibres, not entirely broken down. Usually suppuration extends towards the surface, but Ettmuller and Withmore have each reported a case in which the purulent matter found its way into the intestines and appeared in the evacuations. These two patients died, and the autopsies revealed a communication between the disease and colon in both cases. Sometimes the secretion follows the psoas and iliacus muscle as far as their insertion into the lesser trochanter, and infiltrates the muscles surrounding the coxo-femoral articulation.

*Diagnosis.*—The symptom which may be considered pathological, is flexion of the lower extremity upon the trunk in the direction of the fibres of the psoas muscle. This sign, taken in connection with the acute pain caused by rotating the limb will enable us to make out a diagnosis in a large majority of cases. Sometimes a diagnosis is very difficult. From abscess due to change in lumbar vertebræ, it may be distinguished by the rapidity of its course, by absence of deformity in vertebral column, by the impossibility of extending the leg, and of easily executing the movement of rotation. Nephritis, although resembling psoitis in the seat of the



pain, differs from it in not preventing the movements of extension and rotation of the limb. In hernia the absence of fluctuation in the tumor, digestive troubles, absence of lumbar pain exclude the existence of psoitis. Sometimes there is great difficulty in diagnosing between coxalgia and psoitis. In the latter as in the former the pain extends along the thigh, and sometimes as far as the knee, and also there is sometimes the same difficulty of rotation in one as in the other. Still the principal seat of the pain at the outset of the disease being in the lumbar region in psoitis and coxalgia in the external iliac fossa will usually prevent any mistakes. (From abscess of the appendix vermiformis and from iliac abscess I think psoitis may be distinguished by the peculiar position of the limb in the latter, viz: flexed upon the abdomen and rotated outwards.)

*Prognosis.*—Psoitis is a very grave disease. Dr. Kyll thinks the prognosis very favorable, all his five patients having recovered, and yet he admits that he is not sure whether the seat of the disease was in the psoas muscle, the lumbar vertebræ or the pelvic cellular tissue. Psoitis does sometimes terminate in recovery, as is shown by a case reported by La Motte. Fluctuation was felt deeply along the vertebræ and loins between the last rib and ilium. A large incision was made and six pounds of pus extracted. After five months the patient recovered. There was some doubt, however, as to the nature of the disease. (Prof. Willard Parker informs me that the two cases which have come under his observation recovered. The case reported by Dr. C. W. Parsons also recovered.)

In the collections of pus which form in the pelvic cavity, the bursting of the abscess into the intestines is considered favorable, but in psoitis such an event is considered unfavorable, as is shown by the two cases already mentioned.

*Treatment.*—As soon as the patient complains of pain along the track of the psoas muscle and other circumstances enable us to predict inflammation, general bleeding is recommended, repeated applications of leeches and cups to the loins and groins, fomentations, frictions with mercury, ammonia, iodine, etc. Finally, blisters and caustics may be employed. If suppuration takes place the painful parts should be covered with warm poultices. Constipation should be relieved by a purgative or laxative. If the abscess points at the surface it should be opened.

ART. II.—*Vesico-Vaginal Fistula.* BY C. C. F. GAY, M. D., *one of the Surgeons of the Buffalo General Hospital.*

After having read over what has been written by us in a former paper upon the use of the anæsthetic in surgical operations, involving the female genital organs, we have feared that the false impression may have been conveyed of the indispensibility of the use of chloroform. We hasten therefore to correct such impression.

It is a remarkable fact that during abnormal condition of the vagina and uterus, there is but little sensibility, especially in the mucus coverings of these organs; hence chloroform is never absolutely necessary in operations involving them. Chloroform being used chiefly and generally to relieve pain, and exceptionally as a pacificator to the patient, and the operations being for the most part painless operations, chloroform is of course of but little use otherwise than as a placebo.

The absence of sensibility of the genital organs when in their abnormal state is most apparent in procidentia uteri. The condition which this turn is designed to represent, is that condition which exists when the os protrudes beyond and outside the vulva from half an inch to four inches, more or less. The constant attrition, friction or rubbing together of the uterine mucous membrane with the vaginal mucous membrane; or to be more definite in form of expression I should say that the constant attrition of the mucous membrane lining the vagina, with that portion of mucous membrane reflected upon the neck of the uterus, producing an inverted vagina, thickens and roughens the membrane to that extent that the process of denudation with the scissors is scarcely felt by the patient until the final cut is made near the neck of the bladder; therefore I repeat, that chloroform is by no means essential in what is usually denominated uterine surgery, and may in the majority of cases be entirely dispensed with.

The only value which I am able to see, that attaches to the report of individual cases, consists in illustration of some difficult point in the case. In the operation for fistula the mode of proceeding in any two cases is not precisely the same. No two cases present the same points of difficulty. As in human faces, no two

that might be selected are alike in contour. So likewise in vesico-vaginal fistula, no two cases which might be selected will present the same points of resemblance; hence in operating in a hundred cases the surgeon must be prepared to vary, although but slightly perhaps, his mode of operation in every succeeding case. It is because of this invariability of the lesion and non-uniform method of procedure, that any considerable value attaches to report of different cases of a malady essentially alike in all its general features.

Mrs. M. presented herself for examination shortly after confinement, complaining that she could not retain her urine. Up to this time she was totally ignorant of the nature of her malady. On inquiring into the history of her case we learned that at her second confinement the head of the child become impacted, and so remained for two or three hours; pains had nearly ceased, and delivery was completed by the use of forceps. Soon thereafter she felt her water dribbling away, and over which she had no control. More than a year passed before this patient came under our observation again. She had suffered so much with this constant annoyance and with the consequent abrasion and inflammation of the parts with which the flow of urine had come in contact, that she readily assented to an operation, leaving for her home with the promise that she would put herself immediately under the necessary preliminary treatment for operation. At the expiration of three weeks the operation was made. She was placed in the semi-prone position of Sims, and chloroform administered. The index finger of left hand was introduced within the fistula, on which was raised the upper border of the fistula; the mucous membrane denuded with the curved scissors with the greatest possible ease. More trouble was experienced in denuding the lower border, which was seized with the tenaculum and denuded with scissors, consuming much more time than was necessary in preparing the opposite border. This done, it was found that the two opposing surfaces could not be brought well together unless so much tension was used that sutures would be liable to tear out, and for the moment it seemed that the operation might prove a failure, but at this juncture discovering several small fibrous bands which appeared to exert an influence in keeping the scarified surfaces from apposi-

tion, these bands were snipped, and a slight incision made upon one side of the fistula at a distance of about three-quarters of an inch, when I was happy to find that the tension was entirely removed. But this process of snipping and making but slight incision caused a hemorrhage which was extremely troublesome. Repeated applications of sol. ferri persulphates, diluted with four parts of water, failing to arrest the hemorrhage, common vinegar was used with success, which almost induces me to recommend this agent as a hæmostatic superior to any other for use in uterine surgery. The parts were now brought together by five interrupted silver sutures. The needle used was three-quarters of an inch in length, armed with a long silk loop. After the silk loop had been passed the silver wire was attached to the loop and drawn through just far enough for the short end of the wire to be bent around the long extremity of the wire, and the long extremity was then given into the hands of an assistant, and this process was continued until the remaining four wires in like manner passed through the two borders of the fistula. The needles were held and passed by the needle forceps. Then beginning with the first suture introduced the wire was seized by the long forceps, and the long extremity of the wire cut to equal length with the shorter extremity, and the wire twister bent to a convenient angle, applied over both strands, and sufficient tension made to unite the denuded surfaces, the wire was twisted down upon the holder when the instrument was slipped from the suture, and the wire cut off, leaving it about one inch in length. Proceeding in like manner with the remaining sutures it was found that the sides of the fistula were nicely approximated.

The operation lasted about two hours, but need not have lasted over an hour and a half had no hemorrhage occurred. This hemorrhage was in consequence of an error of mine, and might, I think, have been provided against before the final operation. It were just as easy to have learned before the operation that small bands held the parts from coaptation, as to have learned this fact during the operation, and should, I think, have been divided when the patient was in process of preliminary preparation for the operation, then hemorrhage would not have come in as a perturbing element to delay the progress of the operation. Tenacula hooked

into either side the fistula border, and brought together, would enable one to ascertain the fact whether there was much tension or none whatever. This simple and easy trial was thoughtlessly omitted, and therefore the operation may be said to have been commenced prematurely.

There is nothing further of note to be reported in this case; the patient made a good recovery without an untoward symptom beyond what may usually be anticipated in any case of the kind. The urethra became very irritable, and Sims' catheter had to give place to the ordinary gum-elastic catheter. The patient is reported to me now as entirely well.

It was my purpose to report, in brief, a case where the clamp was used instead of the interrupted suture, but not having the unqualified authority of the medical attendant to report the case, will make only a remark or two in relation to it. The patient was a German, 28 years of age. She entered the Buffalo General Hospital for the purpose of having the operation done there, but for some reason or other became dissatisfied and left. Six months or a year afterwards the woman became the patient of my friend, who invited me to assist him in the operation. I advised against the use of the clamp, but it was nevertheless used, and brought the parts denuded beautifully in coaptation, but the time, trouble and patience required in adjusting the clamp does not seem to me to justify its use, when experience has proved the interrupted suture adequate to fill all the required indications, provided enough of them are used in any given case. This patient also made a good recovery.

I have recently devised an instrument to which I have given the name Intra Uterine Scissors. Any person who may not deem himself an adept in the use of the ordinary curved scissors, can be greatly aided with the use of this instrument in this operation. It will be found on experience that no other cutting instrument is required, and any one can use it without any prior experience or practice. I hardly think, however, an instrument of this kind will come into general use, because the curved scissors appear at present to answer every purpose in the hands of those accustomed to their use.

This instrument is herewith presented to the profession for the first time for their impartial consideration, with the hope, and I



may say, expectation of having contributed in our humble way, something useful to the armamentaria of our art. Four to six pair of scissors, differing in curve, are usually required by the surgeon who attempts this operation which I have but cursorily discussed, while this single instrument alone is sufficient to accomplish the entire operation of cutting. The accompanying diagram will give the reader an intelligent idea of the mechanism of the instrument. But a section of the handle is here represented on account of the space which is wanting to show it. The cutting edge of the instrument is about three-eighths of an inch in length.

The lever "D" is worked by means of a fine wire passing through guides to the slide "E," which receives the index finger, while the milled head of the inside rod "C" is turned by the thumb; thus by means of the combination of screw, slide and ratchet at "B," setting the arm "A" at any required angle from the shaft. The jaws, "F" and "G," are relatively like those of an ordinary steel-trap, except that the sharp edge of "F" shuts *over* that of "G," so as to bite cleanly and entirely out whatever they may be required to remove. These jaws keep apart when the wire is loose, by means of a spring "I" acting upon an excentric at "H."

This instrument may be found possibly useful for dividing the pedicle of a polypus, or for denuding

the mucous membrane well up in the *cul-de-sac*, in case of uterine displacement, etc.

I am credibly informed by a medical gentleman of Baltimore that this operation for vesico-vaginal fistula has been performed by Dr. Emmet of the Woman's Hospital, New York, and in private practice, two hundred and fifty times. It is truly marvelous from whence come so large a number of cases. Females, doubtless, to a great extent, religiously conceal their physical infirmities, especially when those infirmities select for their habitat the genital organs, consequently in private practice these cases do not come to light, the victims of them perhaps passing through a world of trouble and physical torture more intolerable and dreaded than death itself, preferring to suffer present ills than acknowledge their disability. This is at least one powerful reason why the charities of communities should be exercised in the direction of establishing institutions for the exclusive medical and surgical treatment of the female. May we not hope, before the expiration of another decade, to see established in our city a Woman's Hospital? The time has now come when uterine surgery must be separated from general surgery; there is a distinction between them as broad as that between medicine and surgery. We absolutely need a division of labor, and this need must soon be realized. The field of uterine surgery has just begun to be intelligently cultivated; implements for use have but recently been placed in our hands at all adequate to the demands made upon them, and as we go on with our explorations within this comparatively new field of labor, which is to be set apart from the domain of operative surgery, to be cultivated by itself, it will be found, I trust, that the vast area, which ever has, and does now, claim the undivided energies of the profession, is quite too extensive and large, and that the department of uterine diseases will be set off by themselves as quite sufficient in themselves for the exercise of all the higher intellectual endowments of the wisest physician, and to cope successfully with these protean forms of physical disability, the studies of a life-time may be regarded none too much.

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Dr. Anthony O'Reilly, of Springfield, Mass., has sued Dr. F. D. Mueller, of the same city, for \$5,000 damages, for disparaging remarks touching O'Reilly's professional ability.

**ART. III—***Clinical Remarks upon Surgical Cases in the Buffalo General Hospital—Removal of both Ovaries—Death.* BY J. F. MINER, M. D.

The present interesting case, in an intelligent and highly respectable private patient, who has consented to your being invited to be present, will be explained by Prof. White, who has invited you to see an operation which I understand has been fully described and explained in his lecture this morning, and who has kindly consented to be present and assist in the operation. He will also make such further explanations as he may deem proper, and describe the processes found necessary to adopt in this particular case. The description of the peculiar features present and worthy of especial notice, will be given by him. I shall also be assisted by Drs. Eastman, Lothrop, Wyckoff, and C. Nichell, and by a number of professional friends, both from the city and neighboring towns, among whom I may mention Drs. Skinner, Eddy, Mixer, Loomis, Brown, E. Barnes, Shaw, Smith, Potter, Eddy, of Lewiston, Diehl, Janson, Daggett and others, whose names I am now unable to call.

PROF. WHITE, after expressing his pleasure in having opportunity to take his class from the lecture hall directly to the operating room, and thanking Dr. Miner for such rare opportunity, remarked nearly as follows:

*Gentlemen:*—The patient now presented before you, Mrs. B—, is thirty years old, has enjoyed tolerable health during her whole life until within the last five years. She is the mother of one child, and appears free from disease except what is situated in the abdominal cavity and the effects it may have produced elsewhere. The abdomen is immensely distended, we have no doubt, from serous effusion—that there is *ascites* in connection with and complicating disease of the ovary. Such immense distension of the abdomen is uncommon, and when present in so great degree, is an unfavorable symptom. To determine the existence of adhesion in this case is certainly impossible; in almost all cases it is difficult and uncertain.

The patient has been suffering with the condition you observe, relieved occasionally by tapping, for the last three years, and come at length to desire the chances, whatever they may be, of ovariectomy. As I have this morning told you, statistics thus far, will not justify expectation of a greater than about 50 per cent. of recoveries; making it an operation not to be lightly or unhesitat-



ingly adopted. Recent improvements in making the operation it is believed will raise the per cent. of recoveries, and if only the most favorable cases are selected and these placed in the hands of judicious operators, a very large per cent. of recoveries could be reasonably expected. But the condition of this disease is such that without removal there is *no* hope of recovery; if there is any chance, however small, patients frequently insist upon their right to it, and the humane surgeon cannot refuse operation, though his judgment may decide the chances very unfavorable; he must do his duty and leave the results; sometimes most unfavorable cases unexpectedly recover.

The first procedure in the operation, after every preparation has been made, and the patient has been brought fully under the anæsthetic, is the *exploratory incision*; this, you will observe, has been most carefully and skillfully made, and you can now see through the transparent walls of the peritoneum the clear serum which fills the cavity of the abdomen in so great degree. A large trocar is introduced and something near forty-five pounds of serum removed. This brings the ovarian tumor into distinct view, and the incision is extended through the *linea alba*, five or six inches. Upon examination we find that it is strongly adherent throughout its whole extent to the peritoneum, the connection being by strong, firm bands and broad fascia like expansions, of similar material as the bands, being prolongations, either from the peritoneum to the tumor, or *vice versa*. These are separated at the tumor, carefully broken or peeled off from its surface, and after great care and effort the pedicle of the tumor is reached, which is large, short, and contains several arteries of large size. Upon examination, also, the other ovary is diseased, consists of a sac which is filled with a *steatomatous* material, intimately mixed with hair. These sacs are rare, and have given rise to a great deal of speculation as to their origin, some regarding it as evidence of former extra uterine pregnancy; others believing the hair a growth from the walls of the sac. The small tumor which will weigh three or four ounces, is readily removed by applying the clamp and dividing the pedicle with the actual cautery; no hemorrhage follows its division, and its removal is quite satisfactorily obtained. The large tumor, which has been allowed to remain until after the smaller is removed, is treated in similar manner; but the vessels are large, and though

subjected to ample and satisfactory cauterization, when the clamp is removed, immediately show that the hemorrhage cannot be thus arrested. There are so many of these large vessels that in this case it is deemed best to apply double ligature, tying both ways upon the pedicle and bringing it out at the lower angle of the incision. All the fluid from the tumor and the bloody serum from the torn adhesions which has accumulated, is now carefully sponged from the cavity of the pelvis, and the incision closed by deep silver sutures extending to the peritoneum, and a few superficial ones to more completely adapt the margins. Adhesive strips are applied after the method already described, extending completely around the body so as to insure rest and support. The patient is removed to her room, and has well borne, so far as can now be seen, the fearful operation of removal of both ovaries, and ascitic fluid sufficient to make in the aggregate sixty-one pounds.

Upon opening into the interior of the principal tumor, we find another, much larger sac than before, containing similar matter, and completely filled with long, coarse hair, some of which can be shown to have grown from the cyst wall, certainly to be closely adherent to it at one extremity.

Whatever may be the termination of this interesting and instructive case, the care, skill and judgment in its removal by Dr. Miner could not be surpassed, and it offers the only possible ground of hope which such disease affords, though it seems that in this case recovery cannot be very confidently expected.

NOTE.—The first and second days after operation the patient was remarkably cheerful, hopeful and comfortable, vomiting being the only unpleasant symptom. The third day signs of depression were present, and neither food or medicine retained upon the stomach. Death took place on the morning of the fourth day, from exhaustion.

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#### ART. IV—*Abstract of Proceedings of the Buffalo Medical Association.*

TUESDAY EVENING, November 5th, 1867.

The meeting was called to order by the President. Members present—Drs. Eastman, Jansen, Abbott, L. F. Harvey, C. F. A. Nichell, Wetmore, Strong, Daggett, Gleason, Rochester, Congar, Smith, Potter and Johnson.

The report of the proceedings of the last meeting were read and approved.

DR. ROCHESTER moved that Dr. Eddy, late of Lewiston, now of

Buffalo, be invited to participate in the proceedings of the meeting. Carried.

The Secretary read a communication from the Business Committee of the Young Men's Association, asking this Association to pay the pro rata expense of the janitor.

DR. ROCHESTER moved that the communication be received, and that if the Young Men's Association will guarantee the proper care of the rooms, this Association be directed to pay the amount required by the Young Men's Association. After brief informal discussion the motion was carried.

The President announced that the consideration of the revised Constitution and By-Laws was the next business in order.

DR. STRONG moved that the Secretary read the Constitution and By-Laws as reported by the Committee, and unless objection be made to any part thereof, the whole be adopted as read. The motion was carried.

DR. ROCHESTER moved that Article II. of Chapter VI. which relates to impeachment, be so modified as to direct that when charges of impeachment are made against a member, the case shall be investigated by a committee before coming before the Association. Carried.

DR. STRONG moved that the consideration of the fee bill be deferred until the next regular meeting. Carried.

DR. C. F. A. NICHELL said, that Dr. Miner being unable to be present had invited him to present two specimens of disease of nerve, of rare interest and value. The first is a section of the median nerve, showing in its centre an enlarged condition, the result of a gun-shot wound. The patient, W. C., accidentally wounded himself in October, 1866, the ball passing from within outward, two inches above the condyles of the humerus. Nine weeks from the time of receipt of the injury the wound had closed, but the patient suffered the most excruciating pain in the hand, which was flexed. At the expiration of twenty-two weeks he presented himself to Dr. Miner for treatment, the pain being so intense as to make existence intolerable, and calling for relief by some means, even amputation, if necessary. He was much emaciated, and the digestive functions impaired by the pain and the large amount of opium taken. An incision was made upon the inner margin of

the biceps muscle, four or five inches in extent, readily exposing the median nerve in its course over the brachial artery. The nerve was found closely involved in the cicatrix of the wound, and was with some difficulty dissected out; the surrounding tissues were carefully separated, and three inches of the nerve removed. The long confinement of the fingers, and inflammation of the tissues of the joint, had caused false ankylosis, which was broken up with considerable force, giving way with a snap, similar to that of the fracture of a bone. The wound, mainly, united by first intention, the ligatures separating on the seventh day. Artificial motion was employed to restore the mobility of the fingers, which, at the expiration of ten months, is nearly as perfect as ever. Sensation, except to a certain extent along the anterior surface of the forearm, has not been impaired, and the patient again attends to his business.

Dr. Miner has examined the statistics of the Crimean war, and finds but twenty-three cases of gun-shot injury to the larger nerves, such as the sciatic, median, and ulnar, are reported, of which nine, or forty-one per cent. proved fatal, five dying from tetanus. The U. S. Army Medical Museum contains but two specimens of excised nerves, both instances followed by very partial relief from neuralgic pain.

The second case is that of Mr. M., aged 35 years, who presented himself, a few days since, for the removal of a tumor occupying the lower fourth of the left arm, internal to the biceps muscle. The growth measured about three inches in length and two in breadth, being elastic to the touch, and presenting the characteristics of an encysted tumor. Its history extended over a period of five years, growing slowly, and at no time interfering with the functions of the arm, or causing very great inconvenience, until within the last two months, when it rapidly augmented in size and became exceedingly tender on pressure, and too painful for endurance. An incision of three inches over the tumor having been made, and the tissues pressed one side, the neuromatous condition of the median nerve was discovered, about one-third of the fibres of which were widely separated and expanded over the anterior surface, again uniting with the common trunk just above the bend of the elbow-joint. Upon its posterior surface the nerve fibres were more closely connected with each other, and not so intimately incorporated with the cyst,

their separation from the same being readily effected. The two extremities of the nerve having been divided, the tumor was easily removed, there being no more adhesions than are ordinarily found in encysted growths.

Partial paralysis of the fore-arm and hand followed the operation, but all neuralgic pains ceased. One month from the operation there is partial restoration of the functions of both hand and arm, the remaining disability existing mainly in the loss of the power of the extensor muscles of the hand, while the flexors appear nearly perfect. The fact that so large a nerve can be removed with so little loss of sensation and motion, Dr. Miner regards as of more interest, perhaps, than any other in the cases presented, and on this account, as well as from the rarity of tumor of nerve, and the perfect success of the treatment in relieving pain, has invited me to present them.

DR. EASTMAN remarked, that he fully concurred with the views advanced in the cases just reported. Dr. E. related a similar case of tumor upon the foot of a lady. The tumor was removed with almost entire relief to the patient.

DR. ROCHESTER said, that he might not be present at the next meeting, when the fee bill would probably be acted upon, and would therefore like to call the attention of the members present to the subject of examinations for life insurance. He thought it was well worth five dollars to make such examinations. Had seen articles in medical journals setting forth the necessary care and time requisite to a proper examination and advocating a higher rate of compensation. He arose more especially to speak of the custom now prevailing with physicians of giving certificates to life insurance agents in regard to the physical condition of their patients with reference to life insurance. He had often made such certificates and always charged for them. If our opinion is worth anything, it is worth paying for. It is entirely to the interest of the company to have the opinion of the family physician, and the company should pay for it.

Scarlatina was reported as prevailing to considerable extent.

Adjourned.

T. M. JOHNSON, M. D., Sec'y.

## Miscellaneous.

### Report of the Scientific Committee appointed to Investigate the Physiological and Therapeutical Effects of the Hypodermic Method of Injection.

Without objecting to the word hypodermic, the Committee resolved to employ the term subcutaneous in their report. The conclusions have been drawn from experiments on animals and on man in health and disease; from personal evidence of experienced medical men given before the Committee; from records of facts and other communications in answer to a series of questions drawn up by the Committee. The subject intrusted to the Committee was the physiological and therapeutical effects of this method.

I.—*Physiological Division.* The first experiments were made to determine the quantity of water that can be injected under the skin. It was found that the quantity varies directly as the yielding and elastic quality of the skin at the locality injected. Watery solutions of drugs were used for injection, and it was found that neutral solutions, as a rule, were tolerated, but that very acid and very alkaline solutions were apt to cause irritation. Experiments were made for the purpose of comparing absorption by skin and vein, and it was found that a drug injected subcutaneously was far less rapidly absorbed and less intense in its effects than when it was introduced into a vein. In the numerous experiments made by the Committee no symptoms have arisen which would lead them to conclude that the drug subcutaneously injected had been thrown into a vein. The pain of injection was found to depend to some extent on the density of the skin; the less the resistance presented to the needle, the less the pain presented on the puncture. The Committee directed their attention to the effects of this method of administering various drugs, as compared with those methods in general use, viz: the mouth and the rectum—and the special points examined were, the relative rapidity of absorption, the intensity and duration of the effects following each method of administration. The following alkaloids were used: Aconitia, atropia, morphia, strychnia, and quinia. Experiments were also made with Calabar bean, conia, hydrocyanic acid, iodide of potassium, pod-

phyllin, colocynth, aloes, and Battley's solution of opium. In the experiments with aconitia on animals the local action of the drug was exhibited in different ways, though the general type of symptoms was the same by the three methods—by the mouth the drug affected the salivary glands, by the rectum it irritated the gut, by the skin it gave rise to local pain. The smallest dose found to produce death in rabbits was—by the mouth,  $\frac{1}{60}$ th gr.; by the rectum,  $\frac{1}{20}$ th gr.; by the skin,  $\frac{1}{30}$ th gr. With atropia it was found that there was a stage of excitement which followed the subcutaneous injection of the drug, and was a remarkable feature of this method. Tables of the effects of this drug on man were given, and it was found that  $\frac{1}{100}$ th of a grain subcutaneously was sufficient to accelerate the pulse considerably. The comparative effects of morphia by the three methods were then described; the train of symptoms was found to be closely similar. A table of the effects on rabbits and on man was given in a concise form, showing that the effects of the drug injected under the skin were more rapidly manifested and more intense than by the other methods. Some interesting results were obtained from the experiments made with quinia on man. When the drug was injected into the cellular tissue, considerable elevation of the temperature was observed, this symptom being slight or inappreciable when the drug was taken (in the same quantity) by the mouth or by the rectum. Series of experiments were made in a similar manner with Calabar bean, conia-strychnia, and hydrocyanic acid, and the results obtained were tabulated in a convenient form. Experiments were also made with iodide of potassium on a healthy man who had congenital extroversion of the bladder; the drug produced some local irritation, which prevented the completion of the series. A solution of podophyllin injected under the skin was found to give rise to free diuresis—a symptom which was characteristic of this method of administering the drug. Experiments were also made with solutions of colocynth and aloes, but considerable irritation followed their use.

II.—*Therapeutical Division.* The Committee were limited in the number of drugs that could be used, from the locally irritating properties which some valuable medicines possess. Although many experiments were performed to test the value of local injections, the Committee failed to obtain any evidence to show that

the local predominates over the general effects. Investigations were then made of the therapeutical value of this method of administering various drugs. Aconitia was found to give rise to so much local tingling that the drug was considered unfit for subcutaneous injection. In case of simple neuralgia, atropia was considered to have a very beneficial effect when thus given, and in some cases more permanent relief was found to follow its injection than that of morphia. The Committee believed that the value of morphia was materially enhanced by this method, as the action of the drug is not only secured with greater intensity and rapidity than by the ordinary modes, but the duration of its effects is prolonged. The same advantages characterize this mode of giving quinia in intermittent fevers, but some caution is requisite in giving large doses of this drug, as irritation may arise from its presence under the skin. The conclusions which the Committee deduce from their investigations were—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 chief physiological and therapeutical effects are the same in kind, though varying in degree. 3. But 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 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 effects; (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 adopted where very rapid and decided effects are required from drugs which are operative in small doses.

*Medical Times and Gazette.*



### The Academy of Medicine and the Homœopathists.

*To the Editors of the Evening Post :*

The attitude of the Academy of Medicine towards homœopathy and every other exclusive system of medicine is very much misunderstood by the public. The regular school admits most distinctly that every remedy may be beneficial against some one or more diseases; and that it is the duty of the true physician to make himself acquainted with as many curative procedures as possible. The profession is broadly catholic, and accepts improvements from all quarters; but it is also necessarily somewhat conservative, and will not hastily abandon approved methods until it is sure that better have been found. It also imperatively demands that all so-called improvements shall be in accordance with common sense and good judgment; and while it cordially welcomes every real advance in every department of medicine and surgery, it determinedly resists all extremely revolutionary and completely subversive systems.

Thus it must reject the extreme homœopathist with his one law of treatment and his excessively minute doses. For it knows that the law of similarities is only partial, or even only an apparent truth; because a similar thing *differs* somewhat, as well as resembles a great deal; hence, a so-called homœopathic remedy acts somewhat different from, or really allopathically to the disease it is given to cure. In the regular school, remedies are given which act either similarly, differently, or antagonistically to the action of the disease, just as experience and reason require; for this is merely giving medicines which act slightly, greatly, or extremely different from the morbid action. It has no objection to the law of similarities as a partial truth, but rejects homœopathy when it claims to be the only true system of medicine. It rejects infinitesimal doses because they are not only irrational in themselves, but are rejected by the major part of the homœopathists also. The more rational of the homœopathists not only use doses which are not homœopathic, but they are also often obliged to fall back upon the remedies of the regular school in many cases of severe suffering and great danger. Hence, as many of the homœopathists use their medicine in an allopathic way, and use allopathic remedies besides, they must be rejected as long as they publicly claim that homœop-

athy is an universally true system of medicine. They are simply regarded as recreant allopathists. They get all their knowledge of anatomy, physiology, surgery, midwifery, etc., etc., from the regular school, and a large portion of their materia medica and therapeutics, and merely use a few new or old remedies in a peculiar way. Whenever they condescend to use their own remedies in a rational and professional way, and give their allopathic doses and remedies without mystery or concealment, there will be no quarrel with the Academy of Medicine. Every new remedy which they may discover, every old remedy which they may use in novel and useful ways, will be honestly and carefully tested. The regular school already use many of the so-called homœopathic remedies far more scientifically and wisely than the homœopathists themselves. There is no illiberality against the use of any medicine which is brought forward in a frank, rational and professional way. There is the largest and broadest freedom for the use of any and every remedy which has simple and rational experience in its favor.

P.

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### Legal Responsibility of Epileptics.

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A recent occurrence in Philadelphia has brought up the question of the moral accountability of persons habitually epileptic, in a manner calculated to direct the attention of the medical profession to this important subject with new interest, to lead, we hope, to valuable results. Dr. Isaac Ray, in an article on the subject published in the *American Journal of Insanity* for October, has given an account of the circumstances and discussed the questions involved, in his usual lucid and philosophical manner.

The facts of the case are briefly these. On the third day of May last, George W. Winnemore was convicted in Philadelphia, before the Court of Oyer and Terminer, of the murder, on the 25th of April, of Dorcas Magilton. The unfortunate woman was found by her husband, on returning home after an hour's absence, with her throat cut, quite dead. The prisoner, who was an intimate friend of the family, admitted him to the house, saying that he had just come in, and found her in this condition. The evidence against the prisoner consisted of very few facts. A razor, identi-

fied as his, was found in the privy, two bank bills of two dollars each were in the pocket of the deceased the day before, and two bills of two dollars each were found in the prisoner's pocket. Two witnesses who had been looking from their window towards the house for half an hour previously, contradicted his statement that he had come in only a few minutes before. In their defence, the prisoner's counsel contended that it was impossible to identify so common a thing as a razor, of which hundreds of thousands might be made after the same pattern; and that although the bills in his pocket were of the same value as those in the possession of the murdered woman the day before, their exact identity was not established; and, furthermore, that he was not pressed for money, and could easily have obtained it from a brother if he had needed it. The prisoner was shown to have been the victim of epilepsy from two or three years of age until he was ten or eleven years old, sometimes having thirty or forty fits in a day. Full evidence of his having been liable to fits subsequent to boyhood was not obtained until after the trial. The whole trial, however, seems to have been managed without a proper regard for the rights of the prisoner, and the question of his accountability to have been almost wholly ignored. The prisoner was arraigned eight days after the homicide was committed, counsel were assigned to him who had never seen him before, and who knew nothing specially of the case. They were compelled to come to the trial after only two days' preparation, they were obliged to depend on chance for the witnesses that might appear, without any settled plan of defence or opportunity of consulting experts—who, if they had been called in, would have had no chance to examine the condition of the prisoner—much of the medical testimony was excluded, and evidence of the highest importance came too late, although the utmost despatch was used to obtain it. In this way, the evidence of the surgeon of his regiment that he was an epileptic, and was discharged from the service on that account, was excluded, altho' on its way as fast as the United States mail could bring it.

The reason given for hurrying through the trial with such precipitancy was, that the public good required that so foul a crime should meet with speedy retribution. The same spirit prevented a favorable answer to the prayer of the counsel for a new trial,

and perhaps influenced the government in their consideration of the report of a committee of medical gentlemen, who visited the prisoner at the request of the counsel, a few days before his execution, and made an examination of his mental condition.

It was in evidence in the course of the trial that the prisoner had always been a quiet, inoffensive, well-disposed young man, who never had been guilty of a crime. He was a firm believer in what is called spiritualism, and was subject to the most extraordinary vagaries, which often put his mother and sister in bodily fear. Twice he had made attempts on his own life, and an uncle had committed suicide.

We are obliged to run over this interesting paper of Dr. Ray's in the most cursory manner, and have no room to refer to many of the extenuating circumstances brought out by him. We cannot forbear, however, to give our readers the document referred to above, testifying to the condition of the prisoner after conviction; it is given in the form of a petition to the Governor:

*To His Excellency, John W. Geary;*

The undersigned, all of whom have been engaged for many years in the care of the insane, have, this day, at the request of Damon Y. Kilgore, had an interview with George W. Winnemore, and in consequence thereof, beg leave to make the following statement:

Winnemore now, and probably for some time past, shows indications of an abnormal state of mind; of a mental condition which may be attributable to the epileptic fits to which he has been subject from infancy. In regard to its degrees and kind, we feel unable to speak exactly, because one interview, though prolonged to between two and three hours, was not sufficient for the purpose.

We would also state, that epilepsy, especially when of long duration, oftener than otherwise impairs the mental powers, sometimes in one way, sometimes in another, and therefore, whenever an epileptic is charged with crime, nothing less than an exhaustive investigation of his history and of all the circumstances of the case, can remove the suspicion that the crime may have been committed in one of those abnormal conditions that are so often the sequel to epilepsy.

In consideration of these facts, therefore, we respectfully pray your Excellency to stay his execution for a few weeks, in order that a deliberate, scientific investigation of Winnemore's case may be made by the undersigned.

ISAAC RAY, M. D.,

Late Supt. Butler Hospital for the Insane of Providence, R. I.

J. H. WORTHINGTON, M. D.,

Supt. Friends' Asylum for the Insane, Philadelphia.

J. PRESTON JONES, M. D.,

Assistant Physician Penn. Hospital for the Insane.

These gentlemen speak of the prisoner as a young man of a quiet, ingenuous manner and cheerful expression. He protested his innocence most emphatically, but expressed himself as willing to die, as he was to be sacrificed for some wise and good purpose known only to God. The prayer of their petition, however, was not granted.

We cannot follow Dr. Ray in all the interesting particulars which he gives of this unfortunate young man's physiological condition; but must be content with a brief extract from his argument upon them, and his statement of the impressions which the facts made upon him:

"Whether from hereditary predisposition or not, it is obvious that the prisoner was born with a nervous system strongly inclined to morbid manifestations. One of these, which actually made its appearance at a very early period, was epilepsy, which of all the forms of cerebral disorder, stands among the gravest. Coincident with this, either as a direct effect, or a collateral result of the original nervous defect, there appeared in childhood instances of unconsciousness, which, pathologically considered, may be affiliated to somnambulism and catalepsy. [A state of mental unconsciousness, not syncope, previously described, which lasted several hours at a time, and in which he did acts which he had no knowledge of afterwards.—Ed.] And these continued to occur through the latter years of his life, though not perhaps in so well-marked a form. It could hardly have been expected that his intellectual operations would entirely escape from the influence of this abnormal condition of the nervous system. Hence his distaste for exact and practical knowledge requiring continuous attention and effort, and his fondness of reverie and dreamy speculation, which needed neither discipline nor preparation. \* \* \* \* \*

"For legal purposes it might seem necessary to separate the epileptic element from the rest, and ascertain the precise amount of its influence upon the moral character and conduct. But the elements of nervous disorder were too long and too intimately associated together to allow of this. Even under very different circumstances the effect of epilepsy on the mental manifestations is often determined, somewhat, by the training and habits of the individual. Not to the same extent, certainly, that mania is, but enough

to be taken into the account in any psychological estimate of its consequences. In this case it may have had the effect of rendering his notions on certain subjects still more extravagant and remote from the line of common belief than they would otherwise have been. Whether or not it ever produced delusions, is a point on which the evidence is not very clear. His spiritualistic experience was that, for the most part, of thousands of other people never supposed to be insane, and yet it is difficult to draw the dividing line between this kind of experience and downright insanity. \* \* \* \* \*

“Spiritualism in any shape is a matter of temperament rather than a deduction of evidence and reason, and thus is furnished an additional proof that Winnemore was endowed with a nervous system peculiarly liable to abnormal activity. I do not mean to convey the idea that the facts of spiritualism are entirely the creation of fancy or of fraud. Many of them are susceptible of proof, and are attested by evidence that places them beyond a reasonable doubt. They indicate the existence of agencies, certainly, that have not been admitted into the philosophy of the schools. It is to be regretted that the prevalent tendency is to ignore them entirely, rather than to make them a subject of scientific investigation. It is surprising that physicians, especially, with such well recognized affections before them as catalepsy, somnambulism, ecstasies and double consciousness, should jump to the conclusion that all the facts of spiritualism and animal magnetism are utterly anomalous and impossible.

“Winnemore’s notion about his being a victim, which might seem, at first sight, to be a genuine delusion, was, probably, only a rational notion carried to the utmost verge of extravagance. When his innocence should be proved hereafter to the satisfaction of everybody, as he believed it would, the consequence would be an utter change of popular opinion on the subject of capital punishment, and thus he might regard himself as a sacrifice offered up for the good of humanity—not merely as a martyr whose blood, in the ordinary and regular course of events, would become the seed of a great benefit, but as the favored child of a magnificent destiny prepared and arranged in the councils of the Almighty.”

Dr. Ray, in conclusion, seems to incline to the opinion that Winnemore, if guilty, did the act in one of those states of uncon-

sciousness to which he had been subject, but which were not testified to at the trial. He closes his paper as follows:

"In view of what we already know of epilepsy and of what still remains to be learned, we have a right to require the utmost circumspection and the closest investigation whenever the legal liabilities of epileptics are in question. The fact of its existence being established, is it going too far to say that legal responsibility is presumptively annulled, and that the burden of proof lies on the party that alleges the contrary? People are scarcely ready for it yet, perhaps, but to that complexion will they come at last."

We lay this hasty sketch of this most painful case before the profession, in the hope that it may direct their minds most seriously to the important medico-legal questions which it contains. The evidence of the medical men summoned as witnesses seems to have been of the most unsatisfactory character, and worse than useless. Dr. Ray's paper should be read by every one who has the misfortune to be called to testify in such a case.—*Boston Med. Journal.*

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### Memorandum on the Nature and the Mode of Propagation of Phthisis.

By Wm. Budd, M. D., Consulting Physician to the Bristol Royal Infirmary.

"He that would follow philosophy must be a freeman in mind."—PROLEMY.

[Note from Dr. Paget to the Editor of the *Lancet*.]

Sir:—The paper I send enclosed was received by me last December, in a sealed packet, from Dr. William Budd, of Clifton, with a request that I would take charge of it until he should direct me to break the seal. At his desire, I opened the packet a few days ago, and I now send you the contents, requesting the favor of their early publication in *The Lancet*. They are an epitome of what Dr. W. Budd has been for some time intending to publish in a more complete form; but his intention has been frustrated, and is still delayed, by the engrossments of professional practice and other circumstances beyond his control.

You will at once perceive the originality of his views, and their very high importance if established. If the evidence now given of their truth be incomplete, it is at least abundantly sufficient to raise them out of the region of mere hypothesis, and ensure their careful consideration by pathologists.

In a letter to me Dr. W. Budd says he can show strong reason for believing that his views on tubercle, with certain qualifications, apply to cancer also. I am, etc.

G. E. PAGET.

Cambridge, Sept. 30, 1867.

The following are the principal conclusions to which I have been led regarding Phthisis or Tubercle:

1st. That tubercle is a true zymotic disease, of specific nature, in the same sense as typhoid fever, scarlet fever, typhus, syphilis, etc., etc., are.

2d. That, like these diseases, tubercle never originates spontaneously, but is perpetuated solely by the law of continuous succession.

3d. That the tuberculous matter itself is (or includes) the specific morbid matter of the disease, and constitutes the material by which phthisis is propagated from one person to another, and disseminated through society.

4th. That the deposits of this matter are, therefore, of the nature of an eruption, and bear the same relation to the disease, phthisis, as the "yellow matter" of typhoid fever, for instance, bears to typhoid fever.

5th. That by the destruction of this matter on its issue from the body, by means of proper chemicals or otherwise—seconded by good sanitary conditions—there is reason to hope that we may, eventually, and possibly at no very distant time, rid ourselves entirely of this fatal scourge.

The evidence on which these conclusions are founded is drawn from the following principal sources:

(a) Considerations based on the pathology of phthisis, as showing it to consist in the evolution and multiplication within the organism of a specific morbid matter, with a universal tendency to elimination and casting forth of the same, after the type of zymotic diseases generally.

(b) Actual instances in which there was evidence to show that phthisis was communicated from one person to another.

(c) The geographical distribution of phthisis in past and present times, and, especially, its great fatality now in countries which when first discovered by Europeans were known to be entirely free from it.



(d) Its much greater prevalence in low levels and among crowded communities, and its entire absence, unless by casual importation, at very high levels—conditions which are well known to rule, in the same directions, the spread of zymotic diseases generally, and especially of that group in which, as in phthisis, the morbid matter is cast off in a liquid form.

(e) Its very high rate of prevalence in convents, harems, barracks, penitentiaries, etc.—that is to say, under the very social conditions which are known most to favor the propagation of diseases of the zymotic group.

Among the data relating to geographical distribution the following striking facts may be here mentioned:

1st. When the South Sea Islands were first discovered phthisis did not exist there. Since the aborigines have come into intimate contact with Europeans, the disease has not only made its appearance among them, but has become so wide-spread as to threaten their extermination.

The contrast between original entire immunity and present extreme fatality is very striking, and can only be rationally explained by the importation of a new and specific morbid germ.

Try every other supposition, and the facts are inexplicable; make this one supposition, and they are at once explained.

2d. The late Dr. Rush, of Philadelphia, who made very accurate inquiries to determine the point, satisfied himself that when America was first discovered, phthisis was unknown among the native American Indians. Now it is very fatal to them.

The very significant contrast here exhibited between the past and present history of these two races, in respect of phthisis, is exhibited at once, and at the present time, among the negro race in Africa, in different parts of the area of that great continent.

It is well known that negroes are peculiarly liable to phthisis.

Now, everywhere along the African sea-board where the blacks have come into constant and intimate relations with the whites, phthisis causes a large mortality among them. In the interior, where intercourse with the whites has been limited to casual contact with a few great travelers or other adventurous visitors, there is reason to believe that phthisis does not exist. Dr. Livingstone and other African travelers have given me the most positive assurances on this point.

The idea that phthisis is a self-propagated zymotic disease, and that all the leading phenomena of its distribution may be explained by supposing that it is disseminated through society by specific germs contained in the tuberculous matter cast off by persons already suffering from the disease, first came into the mind, unbidden, so to speak, while I was walking on the Observatory hill at Clifton, in the second week of August, 1856. The close analogy in many quite fundamental points between this disease and typhoid fever had often impressed itself on me with very great force while I was engaged in the study of the latter, and in the preparation of the papers I have published on it. I now saw with a clearness which had never occurred to me before, that, with the exception of the qualifications necessary for their application to a chronic disease—for the most part of slow evolution and indefinite duration—the leading conclusions to which I have been led respecting the propagation of the fever, might be applied with the same strictness to phthisis also.

This idea had no sooner taken possession of my mind than considerations of great force and in overwhelming number crowded upon me in illustration of it.

In the course of the same evening I drew up some notes on the subject, and before the end of the month my views upon it had taken, in outline, the exact shape which they now have. The long interval which has occurred between the summer of 1856 and the present date has been occupied in collecting data bearing on the various questions raised by this new theory—in accumulating evidence of various kinds, and in examining and carefully weighing difficulties. During the whole of this long time the subject has scarcely ever been absent from my mind. The result has been only to confirm me more and more in the truth of my first conclusions. I earnestly hope that they will not be lightly rejected. At any rate, I can say that they have not been brought forward in haste or without due deliberation. I have, in fact, considerably exceeded the ten years, which, with a fine sense of what is due to such an enterprise, the Roman poet prescribed as the time to be given to every composition intended by the writer to endure.

Many causes have helped to prevent me from giving my views on this subject sooner to the world. Chief among them I may

name want of time to put them into that scientific form, and clear logical order, under which alone an innovation so daring has any chance of being entertained, much more of being accepted, by the profession. This task, however, I hope to complete in the course of a few months. Meanwhile I have thought it well to place this memorandum, by way of record, in the hands of a friend, to be made public at any moment should occasion seem to require it.

Manor House, Clifton, Dec. 1st, 1866.

[*Western Journal of Medicine.*

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**Aneurism of the right Subclavian Artery treated by direct Pressure on the Arteria Innominata.**

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In the *Medical Press and Circular* for July 3 and August 7, 1867, Mr. Porter, Surgeon to the Heath Hospital of Dublin, reports a case of aneurism involving the three portions of the subclavian artery. The patient had also another aneurism of the right femoral close to and passing above Poupart's ligament.

"As the subclavian aneurism was evidently thinning and threatening soon to become diffused or burst externally, Mr. Porter considered his a fair case to give him the chance (although unpromising) of a cure by occluding the artery on the distal side of the tumor. He therefore decided upon attempting to obliterate the aneurism by placing an acupressure needle under the axillary artery in its first stage for fifty hours. The general tendency to aneurism in his system induced Mr. Porter to prefer giving this mode of closing the vessel a trial, instead of throwing a ligature round it, which might, in the first instance, suddenly cut through the artery if diseased, or, when coming away, be followed by fatal hæmorrhage.

"June 26, 1867.—Mr. Porter laid bare the axillary artery in its first stage, after an external incision, four inches in length, extending in a curved direction inward, from the junction of the deltoid with the greater pectoral muscle, and at a level of half an inch below the clavicle. He then isolated the artery with an aneurism needle, and passed a silver probe slightly bent beneath it, and bridged over the vessel with a loop of wire, after the manner of Sir James Simpson's *third* mode of acupressure. The tumor immedi-

ately became reduced one-third in size, and all pulsation in his brachial and radial arteries ceased. The patient was then removed to bed, and a small bag of ice applied to the tumor."

On the 28th, the probe and wire were removed without hæmorrhage. The tumor was smaller and more firm, but the pulsations had not entirely ceased. The wound healed perfectly and the man was up and walking about in three weeks; but the pulsations gradually returned, and he became as strong as before the operation.

As the disease was increasing rapidly, Mr. Porter determined to attempt the cure by placing direct pressure on the innominate artery.

"July 31.—Mr. Porter laid bare the vessel after a tedious and careful dissection, which occupied nearly forty minutes. The operation he selected was almost similar to that performed by Mott. Instead of using the acupressure needle and wire, as on the former occasion, he employed a most ingenious instrument invented by Doctor L'Estrange, which somewhat resembles a double aneurism needle without eyes. It is furnished with a moveable handle. One blade is first carried under the vessel, and the second is then passed down on the artery, and is made to compress it like the manner in which the jaws of a lithotrite are closed, with the exception of the blades of this instrument being perfectly smooth and rounded. The blades are approximated by means of a screw, and when sufficiently brought together the handle is removed, leaving the needle in the wound. The patient bore the operation well, and all pulsation in the tumor was arrested by the instrument. He did not suffer the slightest inconvenience from shutting off the current of blood from that side of his head. A bag of ice was then applied to the tumor.

Aug. 2.—Mr. Porter removed the needle; no blood followed, but pulsation returned strongly in the aneurism.

The case is, we believe, the first on record in which occlusion of the innominata has been attempted by pressure without ligation.—*New York Medical Journal*.

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Dr. J. J. Rooker, of Castleton, Marion Co., Ind., proposes to prepare some statistics, showing the effects of balls retained in the human body. Any one having cases of such injuries from fire-arms, and willing to report them, will be furnished with *blank forms* upon application to the doctor.

## Editorial Department.

### Dr. Gardner and New York Academy of Medicine--Consultations with Homœopathists.

Dr. Gardner has recently been suspended from membership in the New York Academy, charged with repeated consultations with a homœopath. Dr. Gardner makes no denial of the offense; says, under like circumstances, he would repeat it. The Academy, could, it seems to us, have consistently done nothing less, and Dr. Gardner, though a prominent and highly respectable physician, cannot afford to bear the odium which is certain to follow the course he has pursued. It is inconsistent and absurd on both sides, and very difficult to see why either physician or homœopath should consent to holding a consultation with each other. The *Tribune*, *Times*, &c., &c., have undertaken the defense of Dr. Gardner, but their articles all show profound ignorance of the real question, and go but a very little ways towards justification. We are highly gratified in having all who wish it, able to obtain advice and treatment from a homœopathist—should feel very sorry if any should be deprived of such gratification; but our sympathies would be much greater for the homœopathist if asked to mix regular medicine with his “thirtieth dilution.” It would, undoubtedly, entirely subvert the effect of the dilution, while certainly the regular medicine would operate as usual. It would be the unkindest and meanest thing conceivable to thus interfere in the operations of a system of medical practice which requires such great care in patients that nothing be taken to neutralize the effects of its remedies, and whose adherents often strive weeks and months before the system can be cleared of the simplest and most harmless medicine by regular physicians. If Dr. Gardner can be so *cruel* as to impose thus, upon his opponents, he ought to be discharged from the New York Academy of Medicine, and summarily dealt with by the “Society to prevent cruelty to”—others.

### Orthopathy and Dr. J. Jennings.

We have received a letter from Dr. Jennings, the author of the “*The Medico-Religious*” book, reviewed in our last number calling attention to the aims and objects of his work, and explaining what he understands to be the Orthopathic doctrine of disease. In his book, he defines Orthopathy to be “the upright upward tendency of natural law;” and his letter and book explains this definition so that, speaking medically, it means the doctrine, that disease has a natural tendency to terminate in health. He says, after illustrating the point with a case, “What will the *BUFFALO MEDICAL AND SURGICAL JOURNAL* say to it? I pause for a reply.” If the doctor had been a faithful reader of this journal, he would have saved some time—would not have had to “pause” at all, but would have known what it had said, a great many times upon this very subject.

That most functional diseases terminate favorably, by force of “natural law,” is now conceded by all intelligent physicians. It is generally believed by physicians

that most cases of disease which terminate favorably under the best treatment, would sooner or later thus terminate without treatment, that care, as well as cure of the sick, is the legitimate sphere of medical practice.

Our intelligent and venerable medical friend has mixed up with his Orthopathic doctrine, and sanctioned, the swindle of bread pills, &c., &c. He is a very religious and honest man with well people, but when his friends grow sick, he fools and imposes upon them bread pills and other inert compounds, showing his honesty by subsequently acquainting them with the cheat—the exposure being greatly to his credit. Physicians do this frequently, and continue the deception, but it is down right quackery and imposition; is a disgrace to the regular profession, and has lowered it to a level with similar impositions.

If there is any “upward upright tendency” in human nature at all, it will soon manifest itself by contempt for the low tricks of unwashed villany, and respect for honest, candid, truthful representations of the nature of disease and its means of cure. Physicians have given bread pills and colored water, homeopaths sugar pills and sugar water; and other quacks have imitated both, and combined their impositions until common honesty requires a change.

We hope no one will wait very long after this, to know what the **BUFFALO MEDICAL AND SURGICAL JOURNAL** has to say upon the downright, downward, damnable tendency of dishonesty, practiced upon people who are sick. Dr. Jennings will please accept our warmest personal thanks for both letter and book. We cannot publish the letter for want of space.

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### Books Reviewed.

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Catalogue of the United States Army Medical Museum. Prepared under the direction of the Surgeon General U. S. Army. Surgical Section, by Alfred A. Woodhull, Assistant Surgeon and Brevet Major U. S. Army. Medical Section, by Brevet Col. J. J. Woodward, Assistant Surgeon U. S. Army, in charge of the Medical and Microscopical Sections of the Museum.

An examination of this beautiful and elaborately executed work cannot fail to impress every one with the richness of the Army Medical Museum, and the great amount of statistical and valuable information which may be gathered from it. The total number of preparations, 6988, are mainly contributions from the medical staff of the Army; and this collection will forever stand as a monument to their fidelity and zeal in the cause of science, proving them to have been men thoroughly fitted for the performance of the responsible duties which devolved upon them.

The Surgical section, prepared by Brevet Major and Assistant Surgeon Alfred A. Woodhull, numbers 4719 specimens, which are arranged into 30 classes, with a view to the different regions and structures of the body. A uniform plan of subdivision, wherever practicable, has been adopted in each class, by which lesions the result of gun-shot injuries, lesions *not* the result of gun-shot injuries and surgical diseases are grouped together. We can conceive of no more perfect and systematic classification than that adopted by Dr. Woodhull. The preparation of the Medical and Microscopical sections—the former numbering 2120, and the latter 149 prepar-

ations—was made by Lieut. Col. and Asst. Surgeon J. J. Woodward. The diseases peculiar to each organ or system of organs are classed together, and the wet preparations are prepared in such a manner to allow examination without injury.

The Catalogue shows there has been great care and skill in the preparation of these specimens. The illustrations by wood cuts and lithographic plates add very much to the value and interest of the work. One fact is greatly to be regretted, viz: but few copies have been ordered, only sufficient to furnish the principal contributors, editors of medical and scientific journals and American and foreign libraries. Many physicians would be glad to pay any price for the book, which cannot now be obtained in any manner. It is to be hoped a new edition will be required and this condition corrected.

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Transactions of the American Medical Association, Vol. xviii, 1867.

The minutes of the Association at its last meeting have been published in the *Journal*, and require no notice. The first paper, then, in the volume not already before our readers, is the Address of the President, Dr. Henry F. Askew, which is well chosen and appropriate. His suggestions are valuable, essential we might say, to the prosperity of the Association and profession. He manifests the highest sense of professional honor, and urges upon the profession the "avoidance of all narrow selfishness, and boastful pretension," and makes suggestions of so vital importance upon many subjects, that we hope every physician will carefully read the Address. The volume also contains the following reports and papers:

Report of the Section on the Practice of Medicine and Obstetrics.

Extra-Uterine Fœtation and Gestation, and the Early Signs which characterize it. By Stephen Rogers, M. D., New York.

Remarks on Heart Diseases as observed in the Military Service from 1861 to 1865 inclusive. By M. K. Taylor, M. D.

Report on the Section of Meteorology, Medical Topography, and Epidemic Diseases.

Report on Meteorology, Medical Topography, and Epidemic Diseases of Illinois. By R. C. Hamill, M. D., Chicago, Ill.

Report of the Section on Surgery.

On the Action of Belladonna in Disease of the Cornea. By Joseph S. Hildreth, M. D., of Chicago, Ill.

A Report on the Use of Plaster of Paris in Surgery. By James L. Little, M. D.

Ligation with Depletion of Varicose Veins of the Leg, with a Case of Radical Cure. By B. Howard, M. D., New York.

Report of the Committee on Ligation of the Subclavian Artery. By Willard Parker, M. D., New York.

A Contribution to the History of the Hip-Joint Operations performed during the late Civil War: being the Statistics of Twenty Cases of Amputations and Thirteen Resections at this Articulation in the Southern Service. By Paul F. Eve, of Nashville, Tenn.

A Statistical Table on Lumbar Colotomy (Amussat's Operation) for the Relief of Non-Congenital Obstruction and of Vesico-Intestinal Fistula. By George C. Blackman, M. D.

Report on the Section on Psychology.

Report of the Delegates to the British Medical Association.

Report upon the Rank of the Naval Medical Staff, By W. M. Wood, M. D., United States Navy.

Report of American Medical Necrology. By Christopher C. Cox, M. D., of Maryland.

Report of the Committee on Medical Education. By S. D. Gross, M. D., of Pennsylvania.

Report of the Committee of Medical Teachers. By A. Stillé, M. D., of Pennsylvania.

Report of the Committee appointed to call a Convention of Delegates from the several Medical Colleges in the United States. By N. S. Davis, M. D.

Report of the Committee on Medical Literature. By Alfred C. Post, M. D., New York.

Report on Insanity. By Isaac Ray, M. D., late of Providence, R. I.

Report of the Special Committee to whom were referred the several Reports and Papers presented to the Meeting of the American Medical Association during its Session in Cincinnati, May, 1867, and not acted upon by the appropriate Sections, By N. S. Davis, M. D.

Report of the Committee on Local Anesthesia. By Ernest Krackowizer, M. D., of New York.

Epidemic Cholera: its Causes and the Means for its Prevention. By Elisha Harris, M. D., of New York.

PRIZE ESSAY.—On the Cause of Intermittent and Remittent Fevers. By J. R. Black, M. D., of Newark, Ohio.

PRIZE ESSAY.—On the Treatment of Certain Uterine Abnormities. By Montrose A. Pallen, M. D., of St. Louis, Mo.

Plan of Organization for a National Medical Association.

Code of Ethics of the American Medical Association.

The volume, as a whole, is unusually creditable to the Association. The papers and reports are highly interesting, and will be found instructive to every member of the profession.

The Secretaries of the Association and the Publishing Committee, have discharged the duties of their offices with great fidelity. The Association and profession certainly owe them a vote of hearty thanks.

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The Physician's Hand-Book for 1868. By Wm. Elmer M. D., New York: W. A. Townsend and Adams.

This pocket record, which now makes its eleventh annual appearance, has been received with marked favor by the profession; and the several improvements and corrections to which the present edition has been subjected, will certainly win for it increased patronage. As it appears now, we have no doubt that it will fulfill its intended mission of facilitating the daily work of the physician, in the highest degree. The Record of Practice will especially commend itself, having been so arranged that all the names occurring in a physician's practice can be alphabetically recorded.



**The Physiology of Man; designed to represent the existing state of Physiological Science as applied to the functions of the Human Body. By Austin Flint, jr., M. D., Professor of Physiology and Microscopy in the Bellevue Hospital Medical College, New York, and in the Long Island College Hospital, etc., etc. Alimination, Digestion, Absorption, Lymph and Chyle. New York: D. Appleton & Co., 1867.**

A little over a year ago we had occasion to notice the first volume of this series, in the preface of which the author announced his intention of issuing the work in four separate parts, according to the natural sub-division of the science of physiology, hoping by this plan to be enabled to accomplish his task more efficiently and with a greater degree of elaborateness than could otherwise be attained. The great ability with which the discussions in the first volume have been carried out has prepared the profession for a just appreciation of the succeeding volumes, the second of which we have now before us.

The subjects presented in the present volume, are the functions of regeneration of the animal organism, is a division of physiology certainly of the greatest importance and interest, and deserving of the careful investigation which it has received at the hands of Dr. Flint. With few exceptions, physiologists generally have not given that prominence which the processes converting matter into organized structures deserves, and a minute acquaintance with which is acknowledged by the profession to be vital in the successful practice of medicine.

The chapters devoted to the consideration of alimination are very complete and systematic. The remarks made upon the phenomena of hunger and thirst and the description of the proximate principles will not fail to interest and instruct the student, many valuable ideas and practical suggestions being made throughout the text. The effect of improper and insufficient alimination has received a careful investigation, the author being enabled to incorporate in the same the observations made by Prof. Jos. Jones in charge of the Andersonville Prison, in which some important physiological facts are presented. Contrary to the commonly received opinions that typhus fever is epidemic, where men are subjected to crowding and filth, as well as defective nutrition, this disease was entirely unknown, while contagious fevers were of rare occurrence. Dysentery, diarrhœa, scurvy and hospital gangrene were the prevalent diseases, and the main causes of the extraordinary mortality of hospital gangrene demanded the most serious and earnest investigation, a large number of operations requiring to be performed on account of slight injuries and abrasures which were followed by gangrene, a large proportion of these terminating fatally. In almost all post-mortem examinations Dr. Jones found, more or less, serious effusion into the abdominal cavity. The views entertained by the author, regarding alcoholic stimulants, are in accordance with the present received opinions, namely: that they cannot, physiologically considered, be regarded as alimentary principles, but that their principal effects upon the organism is an exaltation of the nervous system; yet he does not admit that it increases the capacity for endurance of severe and protracted bodily exertions, summing up its influence as a therapeutical agent, "in promoting assimilation in certain conditions of defective nutrition, in relieving shock and nervous exhaustion, in sustaining the powers of life, in acute diseases, characterized by rapid emaciation and abnormally active

and destructive assimilation." Succeeding the general remarks upon alcohol, we find analytical investigations of the various distilled and fermented liquors, as also an investigation of the physiological effects of coffee, tea and chocolate, which will be found of practical and scientific value.

The mechanical process of digestion has received a most satisfactory and complete description. The process of emesis is shown to depend mainly upon the diaphragmatic compression of the stomach. The various processes of digestion are considered under the heads of Salivary, Gastric, Pancreatic, Biliary and Intestinal.

There are many other subjects discussed in this volume which we have not space to notice, the completeness of the work leaving nothing within its scope which does not receive exhaustive investigation.

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The Base of the Brain, with nerves emerging. By S. W. Wetmore, M. D., Demonstrator of Anatomy in the University of Buffalo, N. Y.

This chart is a representation of the cranial nerves, illustrated by a wood cut of the base of the brain. The descriptions of the origin, foramen of exit from skull, principal distribution and functions of the nerves are arranged in a tabular form, presenting this intricate portion of anatomy in the most convenient manner for study. We could wish to see this chart in the possession of every medical student, upon whom Dr. Wetmore has certainly conferred a great favor in presenting this subject in such a clear, systematic and concise manner.

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Biennial Retrospect of Medicine and Surgery and the Allied Sciences. Edited by Mr. H. Power, Dr. Anstie, Mr. Holmes, Mr. Thomas Windsor, Dr. Barnes, and Dr. C. Hilton Fagge, for the New Sydenham Society. Philadelphia: Lindsay & Blakiston, 1867.

This work comprises reports upon Physiology by Henry Power, Practical Medicine by Dr. Anstie, Surgery by Thomas Holmes, Ophthalmology by Thos. Windsor, Midwifery and the Diseases of Women and Children by Dr. Barnes, Medical Jurisprudence, Materia Medica and General Therapeutics and report on Public Health by Dr. C. Hilton Fagge.

These reports embody a great many interesting and instructive facts, and comprise the recent discoveries and advances made in all the various departments of medicine and surgery. The editors, who fully understand the real *status* of knowledge in their several departments have canvassed the ground, and we have thus presented the most interesting and important papers and views which are afforded by the progressive efforts of the profession in all countries. This work of about 500 pages comprises a vast amount of discussion and description, and should be in the hands of every member of the profession.

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Spotted or Congestive Fever. By C. B. Coventry, M. D., Utica, N. Y.

This monograph is a careful digest of the existing knowledge of the symptoms, both general and special, pathology, diagnosis, prognosis and treatment of spotted fever, and constitutes a valuable addition to the scanty literature upon this obscure and often fatal epidemic.

**Lawson on Injuries of the Eye.**

This work comprises the minute and comprehensive description of all injuries of the organ of vision and of the best medical and surgical means of treatment. He considers the superficial injuries, the effects from scalds, burns and chemical agents, penetrating wounds and other injuries of the cornea and iris, traumatic cataract, capsular opacities and dislocations of the lens, foreign bodies within the eye, traumatic intraocular pressure and rupture of the globe, gun-shot injuries of the eye, sympathetic, ophthalmia, injuries of the orbit, and of the eyelids. It also contains abstract of the surgical reports of the Royal London Ophthalmic Hospital, Morefields, 1866, and Jaeger's Test-types. We have examined the work with great care, and believe it to be a valuable addition to our surgery of the eye. It is illustrated with numerous wood cuts, wherever these would add distinctness and value, and is published in a very neat and becoming manner.

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Transactions of the Medical Society of the State of Kansas, for the year 1867.

Although the actual existence of this Society dates back but one year, we are pleased to observe the evidences of a vigorous life, exhibited in its transactions. The essays are able and instructive productions, the report of the Committee on Climatology by T. Sinks, M. D., and an essay on "The Malarial Miasm pervading Non-Malarial Diseases," by C. C. Sheyer, M. D., possessing high merit,

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**Reported Resignation, by Prof. C. A. Lee, of the Chair of Materia Medica, in the Buffalo Medical College.**

On account of ill-health, during a portion of last summer, Prof. Lee offered resignation of his professorship, which, however, was not accepted by the Faculty, and returning health has enabled him to discharge its duties with his usual vigor and ability. We are happy to be able also, to state, that his aims and purposes, in this respect, have changed, and that he no longer desires the acceptance of his offered resignation.

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The Physicians' Visiting List, for 1868. Philadelphia: Lindsay & Blackiston.

Messrs. Lindsay & Blackiston have again published their popular Physicians' Visiting List, for 1868. This little work has enjoyed a most deserved reputation amongst physicians for the completeness and compactness of its arrangement, and its success demonstrates its value. Its table of contents is as follows: Almanac; Table of Signs; Marshall Hall's ready Method in Asphyxia; Poisons, and their Antidotes; Table for calculating Utero-gestation; Blank leaves for visiting list, monthly memoranda, address of patients, nurses, accounts, memoranda of wants, obstetric and vaccination engagements, record of births and deaths, general memoranda, etc. This visiting list appears to us as superior to most books of similar kind, and certainly these pocket records now appear to be regarded as indispensable.

### Long Island Medical College.

It will be observed by our advertisement sheet, that this institution will commence its *ninth* regular session on the first of March, 1868.

It will also be observed that this College has made changes in its organization. The Chair of Anatomy is filled by Professor C. L. Ford, who is well known as one of the best teachers in his department. Professor Foster Swift, of New York, takes the Chair of Obstetrics, and Diseases of Women and Children. Prof. Armor is transferred to the Chair of Theory and Practice of Medicine, Prof. Austin Flint retaining Chemical Medicine.

As thus constituted, with most of its old professors retained, this College offers a teaching force which cannot be surpassed, and will be an attraction to students who desire to attend a Spring Course of Lectures.

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### New Medical Works.

Among the new announcements of Medical Works shortly to appear, we notice that Messrs. Lindsay & Blackisten, of Philadelphia, are preparing a volume of Surgical Reports and Clinical Lectures, by the Medical and Surgical Staff of the Pennsylvania Hospital. The reputation of this institution, now in the second century of its existence, the corner stone having been laid by Benjamin Franklin, warrants us in anticipating a very valuable and interesting volume. It will be brought out upon the plan of "Guy's" and "St. Barthelomew's Hospital Reports," published so successfully for many years in London. The first volume will contain an introductory article by Prof. Meigs, formerly connected with the hospital, giving many interesting reminiscences of its early history, and the physicians who have served it. The articles will be illustrated when necessary, and the work will be continued from year to year.

The same publishers will also issue early in January, an Annual of Therapeutics Pharmacology, &c., &c., by A. Bouchadat, Professor of Hygiene, &c., to the Faculty of Medicine, Paris, translated and edited in this country by M. J. De Rosset, M. D., Adjunct to the Professor of Chemistry University of Maryland. The eminently practical character of this volume, which has now been published for twenty-eight successive years in Paris, with a large circulation all over the continent, warrants the supposition that it will meet with a very favorable reception in the United States.

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### American Medical Association--Prize Essays for 1868.

The American Medical Association offers two prizes of *One Hundred Dollars* each, for the best two original essays upon subjects of professional interest; the Committee reserving the right to reject all unless deemed fully worthy.

Competitors for these prizes must forward their essays to Dr. Charles Woodward, Cincinnati, Ohio, free of expense, on or before the 1st of April, 1868.

Each essay must be accompanied by a sealed note containing the author's name and address, and on this sealed packet must be inscribed some sentiment, motto or device, corresponding to a like sentiment, motto or device on the essay.

CHARLES WOODWARD, Chairman,	} Committee.
W. W. DAWSON,	
E. B. STEVENS,	
ROBERTS BARTHOLOW,	
P. S. CONNOR,	

B U F F A L O  
**Medical and Surgical Journal.**

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Original Communications.

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ART. I.—*General and Local Treatment of Inflammation.* By J. F. MINER, M. D.

Only the most general rules and principles can be with any propriety proposed in the treatment of a condition which differs so much according to age, cause, location, constitution of the patient, and other influences; yet there are some general considerations which are worthy of attention and may be proposed with advantage. The practice of to-day is nearly as diversified and contradictory as ever, and very little has yet been gained towards uniformity and harmony, though the most wonderful changes and revolutions have taken place, and the most astonishing progress made in discovering the pathological changes and inherent tendencies in that condition of disease which we call inflammation. A very large portion of the time and attention of the general practitioner is expended in the management of affections essentially inflammatory in character, and from the extent and frequency of this pathological condition, if from no other consideration, it may be interesting to consider, what conclusions are best sustained by modern investigation, and what of the formerly received views are shown to be unfounded. This is a subject upon which volumes have been writ-

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ten and volumes more are yet to be written, but condensed is capable of expression in fewer words.

The local deviations from health, which we designate as inflammation, are pretty well understood. The increased flow of blood, distension of vessels and stagnation in the blood current, the effused products of this condition and their effects upon the various organs and tissues according to their functions and structures have been faithfully studied, and but few differences of opinion at present prevail upon these points, while the causes of this action and the best modes of controlling it, are perhaps as undetermined as ever, or at least as great differences of opinion now prevail as at any period in the history of medicine. Perhaps it will not be far from the truth to say, that our present knowledge of inflammation does not permit us to know the causes and many of the changes in nutrition, circulation and other processes essential to, and comprising that condition which constitutes inflammation; that though many plausible theories have been invented, still the exact truth may not yet have been discovered.

These questions are not now to be discussed, but the single and practical one of treatment. What medicines, if any, are known to exert any controlling influence in this common condition of disease, and what other measures, not strictly medicinal, are shown to possess curative or controlling power? A great many remedies have been said possess such properties, and it is an interesting and practical question to inquire, how far such statements are sustained by adequate evidence? The author might undertake the answer to these questions with embarrassment, if the accusation of suffering under "*surgical hallucination*" was expected to greatly influence his readers in their estimate of his knowledge of the value of medicine in the treatment of disease; but as he has exclusively devoted himself for nearly a quarter of a century to the study and practice of medicine, at all times with ample opportunities of observation, it can hardly be supposed that any surgical tastes he may have acquired, could pervert or diminish his apprehension of medical truth. This fact also justifies, in some measure, the expression of personal opinions, since to recite only the views and conclusions of others adds nothing to the amount of positive testimony, and involves the necessity of much writing, to express

what had been proposed to be embodied, as far as possible, in few words.

It is to be constantly remembered in the treatment of inflammation that there is a tendency to recovery, which is a part of its natural history, and that in the vast majority of instances this result is attained without assistance from drugs. In inflammation of the lung, the disease passes through its various stages giving out its characteristic products, and terminating in perfect recovery without the administration of medicines considered as curative, indeed without any treatment whatever. The same is observed in inflammation of all other structures, both of internal and external organs. This fact should be so well understood and so constantly acted upon as to require no further repetition, but after all it is liable to be forgotten. This central truth was for a long time almost wholly overlooked, and all inflammatory and febrile diseases subjected to the influence of general blood-letting, which was supposed by many, as capable, if employed early enough and freely enough, of *control* in inflammation.

It is no part of the present purpose to discuss the question of general blood-letting, a subject which, if really commenced, is nearly without end. That inflammation is more often a condition of debility, rather than otherwise, and does not require or bear general blood-letting is the present prevailing opinion, modified by exceptions and subject perhaps to some qualifications.

To come, then, directly to a consideration of the medicines reputed as exercising control over inflammatory diseases, reserving the external remedies, supposed capable of producing this effect for later disposal, mercury must of necessity be expected to stand at the head of the list; unpleasant as it is, to speak of his medicinal majesty, especially if it is desirable to do so in a summary manner.

*Mercury* was for a long time, with wonderful unanimity of opinion, regarded as capable of exercising great influence over inflammations of all varieties, especially of the serous membranes, and in pneumonitis, pleuritis, pericarditis and peritonitis its administration was universal and its necessity undoubted. A change has now taken place, so great, that mercury is no longer administered in these diseases with such view, and its use is restricted to the

treatment of syphilitic inflammation affecting the eye, larynx and skin, and to its employment as a cathartic. That mercury has controlling influence over secondary syphilitic disease, is very well established, but it is not a specific for this disease, and is not essential in its management. Syphilitic iritis often appears greatly benefited by this remedy, but many cases are successfully treated without it. The real or apparent efficacy of mercury in syphilitic iritis, contributed considerable to the confidence in it, for inflammations generally, since the diseased condition could be clearly seen through the cornea, and its increase or disappearance easily noted. It was well calculated to mislead, and it is not remarkable that it required time and more careful observation to determine its real value and import. Lymph effused into the iris or upon its surface, often disappears rapidly under the influence of mercury, and the other symptoms of syphilitic disease abate as rapidly, but the same disappearance of this disease in the iris is observed without mercury, and the idea that in all cases of effusion in simple or specific inflammation, mercury is to be administered, is wholly opposed to the better doctrines of present practice. Mercury then, in brief, is not a remedy for inflammation in general, though its virtues in appropriate cases is not to be lost sight of, while it is nearly restricted to specific forms of disease, and to its uses as a cathartic. It is valuable as a local remedy and in some diseases of the skin.

*Antimony* is also a remedy supposed to be of value in inflammation. In bronchitis, laryngitis, and indeed in all inflammations of the mucous membranes, it has been regarded as an important remedy. It diminishes the force of the heart's action, produces nausea and vomiting, probably promotes secretion from the mucous membranes and may have its uses in some very acute forms of inflammation. It is apt to induce irritation of the stomach and bowels, greatly reduces the strength, and in young children should be generally avoided. Its value in cases of inflammation of internal organs is not clearly established; pneumonia, pleurisy and bronchitis, are managed more safely and certainly in almost all instances without the administration of this drug.

*Ipecacuanha* appears valuable in inflammation of mucous membranes, and is not so depressing and objectionable as antimony; it



has undoubted influence, and is of value especially in combination with other remedies. *Squill, senega, blood-root, lobelia, etc., etc.*, are remedies of the same class; inferior in most respects and require no separate mention.

*Opium* and its principles and compounds comprises the most important known remedy in the treatment of inflammation; in many forms it is directly curative, and in nearly all, paliative in greater or less degree. It is designed to avoid the speculative part of the subject, but in considering the wonderful effects of anodynes over inflammation it cannot be amiss to suggest that this action appears to be through the nervous system, and so strongly shows the power of nervous influence upon inflammation, that there are not wanting careful observers who believe the causes of inflammation to consist wholly or in part in perverted nervous action. However this may be, opium more certainly than any other remedy, if rightly prescribed, exercises not only a curative but a paliative influence; quiets the pain, regulates the circulation, procures sleep, and may be chiefly relied upon in most forms of the disease. Opium is regarded by many as inadmissible in inflammatory diseases of the brain. That there are conditions of disease within the cranium which do not require opium is certain; the coma from pressure of effusion should not be increased or complicated by narcotism; the increased fullness of the vessels, as in apoplexy or preceding the appearance of the disease, may contra indicate opium; but it is wide of the truth to say, that inflammation within the cranium is always or generally increased, or its evil effects augmented by the administration of this drug; on the other hand it is often useful, and its beneficial effects are as manifest and unmistakable as in inflammations elsewhere. Opium, in its various forms, is of more value in the treatment of inflammatory diseases than all other medicinal substances combined, and correct appreciation of its value, and full knowledge of the indications for its employment are essential and absolutely indispensable to the best management of inflammation. In pleurisy, peritonitis, pericarditis and inflammations of serous membranes generally, it may be made to supercede and remove the necessity for depletion, or, is of great value after venesection, should this remedy be thought necessary. In inflammation of mucous surfaces it is also

of equal or even greater value, in many is directly curative, in all paliative. It may be misused in pneumonia and in bronchitis, where the accumulation of mucus is to be removed by coughing, but its judicious employment is attended with the greatest advantage. Too great care cannot be observed in its employment with infants and very young children.

*Iodide of Potassium* is a remedy of deserved reputation in the treatment of some forms of syphilitic inflammation, especially in the later manifestations of the disease—in periostitis, ulceration of fauces and larynx, and in all the tertiary affections. It is also curative of periostitis and some cases of inflammation of bones when no syphilitic disease is present. In some inflammatory affections of the skin it is also manifestly useful.

*Digitalis*, *Veratrum viride* and all other arterial sedatives, have been employed in the treatment of inflammation; in pneumonia, acute rheumatism, typhoid fever, dysentery, puerperal peritonitis and all other diseases where the rapidity of the heart's action was greatly increased. That they act only as sedatives, reducing the frequency and force of the pulse seems probable; that this reduction in force and frequency is curative of inflammation is not certain; that it is productive of any beneficial influence may admit of doubt, though some of these medicines are prescribed with great confidence by the best informed practitioners. If one lung is rendered useless by inflammation, and the other is doing service for both, while the heart is aiding in the process by increased action, thus trying to compensate for the obstruction in the circulation and oxygenation of the blood, it is difficult to explain how any depressing effect upon it, can be productive of benefit. Clinical observation is referred to as sustaining the belief that it is useful. Facts are more stubborn than theory, and if such observations are established, satisfactory explanation will not long be wanting.

*Purgatives* are used in inflammation to free the bowels of morbid secretions and undue accumulations, and are of the first importance on account both of their direct and indirect influence. One of the most remarkable effects of purgation is often observed in elimination of urea or other constituents of the urine, in acute uræmia. The brain is relieved by purgation in some inflammatory affections. The liver is also thought to be and probably is, favor-

ably effected by the indirect influence of purgatives. That they have been used more indiscriminately and more injuriously than most other remedies is probable; that they should not be wholly neglected is certain.

*Local remedies* are also employed in the treatment of inflammation. Local blood-letting naturally claims attention as the most powerful, direct and efficient remedy, and in some instances it appears reasonable to suppose that its effects are highly salutary. It is capable of emptying distended vessels and relieving the tension of tissues in external and local affections, but its controlling influence is not as apparent as the theory of its use is plausible; it is not as often necessary or as certainly useful as formerly supposed. Leeching and cupping are remedies having some objections which wholly or in part counteract their curative action, and it is well to inquire in the selection of these measures, if they will probably remove more inflammation than they are liable to cause.

*Cold* is a valuable remedy, supposed to act by constringing the vessels and interrupting the force of the blood current.

*Warmth* is often useful; it serves to allay pain, is supposed to soften the tissues and lessen engorgement by favoring exudation. Warmth is to be preferred in inflammations of the bowels, and within the chest; in rheumatism, erysipelas and in all cases likely to terminate in suppuration, since it is believed to quicken this process.

Among the local remedies for the treatment of inflammation we have blisters, sinapisms, turpentine, ammonia, croton oil, tartar emetic, issues, setons, moxa, all supposed to act upon the principle of revulsion, diverting the blood from diseased organs to those which were formerly healthy. In the early stages of inflammation these remedies are certainly quite inapplicable; they are supposed to be valuable in the later periods, serving to promote absorption of effusions; but that they are any time productive of more benefit than harm is not certain. The plan of counter-irritant treatment has been shamefully too common, and without denying its possible capacity for good, its manifest liability to do harm, is not to be forgotten.

Depressing treatment, in inflammation if unnecessary, is always injurious, and though a great majority of cases will recover if sub-

jected to it; yet a still greater proportion might terminate thus favorably if left to themselves or treated by milder means, and earlier sustained and strengthened. Patients suffering from inflammation should certainly receive the support which exhausting disease will always cause the system to require. That much may be done to aid the vital power to overcome the most depressing influences cannot be doubted. Timely support, stimulation and relief from pain, will in all probability do much more than can be done by any of the depleting remedies. But it must not be carried over to the other extreme, and stimulation substituted as the prime object of cure. I have sometimes feared that physicians of the present day worked as much mischief by unnecessary, useless and injurious stimulation as did the physicians of former times by bleeding, blistering, purging, vomiting, mercury, antimony, low diet, and all the routine of unsanctified medication.

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ART. II.—*Clinical Remarks upon Surgical Cases in the Buffalo General Hospital—Operations for Strangulated Femoral Hernia and Fistula in Ano.* BY J. F. MINER, M. D.

Gentlemen:

I am much gratified in being able to invite you to witness the operation for *Strangulated Femoral Hernia*—one of the most important forms of hernial protrusion, and one requiring operative interference, but very rarely in the practice of surgery. Yesterday I had opportunity to demonstrate to you the surgical anatomy of femoral hernia, and to show the different coverings of hernial protrusions, and the important relations of the internal epigastric and obturator arteries, calling your attention to the practical bearings which the relations of parts have in this operation. I am now able to show you this operation upon the patient, more forcibly impressing the practical lesson than could be done by demonstration elsewhere, however fully or frequently presented. This season you enjoy some of the rarest opportunities of combining the theoretical and practical in your education which were ever offered to medical students. Ovariectomy in the lecture-room and upon the operating table, femoral hernia in the lecture-room, both surgically and anatomically, and practically upon the operating table, are certainly forms of disease which circumstances rarely admit of

presentation before classes in medical colleges, and on this account I have taken much pride and pleasure in being able to afford you such opportunity. You are but very infrequently to make either of these operations, but when they are required they are absolutely indispensable. The latter, when required, must be immediately and unhesitatingly made or the "golden opportunity" is lost, and death claims a victim, which it was your privilege and duty to save.

This patient, Mrs. D—, has what is called *strangulated femoral hernia*. The hernial tumor has been noticed for some time, but its true character unknown to the patient. Fourteen days since she was seized suddenly with great pain, referred to the same side as the hernia, but mostly to the bowels, and even as high as the umbilical region. For the last five days stercoraceous vomiting has been constant and very distressing. In this way the bowels have been relieved, which however unpleasant, was perhaps safer than accumulation of matter which should pass the other way. The appearance and history of the patient I am unable to give in detail, but when I saw her last evening the prostration, cold perspiration, vomiting, and as I learned, failure to obtain any dejections from the bowel, at once attracted my attention to an examination of the hernial regions with the expectation of finding either concealed, obscure, or fully formed hernia.

You will observe that the tumor is obvious and has the location, appearance, and general symptoms of femoral hernia. After making a little effort to reduce it by taxis, and finding it impossible to do so, and believing it unsafe to make very continuous or strong effort to do so on account of the unusual period since strangulation and the possible condition of the strangulated portion, I advised removal to the hospital with view of operation as soon as circumstances would permit, delaying a little in order that you might be present.

You will please observe that the incision is made in a direct line from above Poupart's ligament, extending over the prominent part of the protrusion. It is carried down through integument, superficial fascia, cribriform fascia, and the other less important coverings, to the peritoneum; the dissection being made carefully and without haste. The dark, congested, or inflamed appearance of

this membrane contrasts strongly with the former tissues divided. The peritoneum, which constitutes what is called the hernial sac, is now opened, and an escape of serum shows that we have reached the cavity containing the strangulated intestine. Upon examination it is believed to still be capable of return to healthy condition, and that it should be returned to its natural place in the cavity of the abdomen. A grooved director is now passed through the constricted neck of the sac, and a small probe-pointed knife guided by it to the place of stricture, which is enlarged by simply turning the edge towards the parts to be divided, when, without much sawing motion the constriction is readily and sufficiently divided, and the intestine returns easily to its place. The sac has been protruded for a long time, and has formed connections with the adjoining parts, so that it cannot be returned. The stricture was formed by the sac itself, and not by the fibers of the fascia lata as they arch around and form the saphenous opening, which is the usual seat of stricture.

In this operation you see how the various coverings of hernia, so carefully demonstrated in surgical anatomy are scarcely distinguished at all, and you will naturally infer that this minuteness in anatomical detail is not observed in actual practice. This is wholly correct; yet you cannot but have been impressed with the importance of exact and full knowledge of the anatomical relations of parts, which is the essential and indispensable prerequisite to safe and successful operations for hernia. The successful return of the protrusion and the condition of the parts justifies the confident expectation of perfect recovery, though there are yet sources of danger.

In such case it will be sufficiently obvious from the single symptom of stercoraceous vomiting that there is some obstruction of the bowel; this symptom is not present in inflammation, and the cause is most frequently hernia; if no hernia can be detected, it should yet be considered if concealed hernia does not exist. If not hernia, *intussusception* of the intestine may next be suspected, and after this some very rare forms of obstruction are mentioned by authors, but all looking to mechanical obstruction to the natural evacuation of the bowels.

*Fistula in Ano.*—This case of fistula in ano presents nothing unusual in appearance. These fistulous tracts after a time are

lined by a kind of false mucous membrane, which has no more tendency to unite with its fellow of the opposite side, than has other mucous surfaces. The causes of these tracts are obvious. Inflammation of the cellular tissue around the intestine, however caused, may eventuate in fistula—suppurative disease, opening first into the intestine, and afterwards increased and extended, opening externally forms a false passage. The operation consists simply in cutting from within outward all the superimposed tissue and allowing the parts to heal by granulation. The false mucous membrane is removed from the base of the incision, and the cure is usually complete. Time prevents further notice, but when I have opportunity to report results, I will complete what should be said upon fistula in ano.

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

TUESDAY EVENING, December 5, 1867.

The meeting was called to order at the usual hour by the President. Present—Drs. Eastman, Strong, White, Congar, Whitney, Eddy, Rochester, Samo, Potter, Little and Kamerling.

Dr. H. M. Congar was elected Secretary *pro tem*.

DR. WHITE moved that the regular order of business be suspended, and Dr. Hazeltine of Jamestown, Chautauqua county, be invited to participate in the proceedings of the meeting. Carried.

DR. WHITE reported a case of the removal of a foreign body from the rectum of a woman a few days since. The patient had experienced much local pain and tenderness and difficulty of defecation, and had become anæmic and emaciated. Finding no hemorrhoids on tactical examination, a foreign body was found, which, on removal, with considerable pain and hemorrhage, proved to be a child's diaper pin, much corroded. The patient was entirely relieved. Nourishing food, tonics and rest, is fast restoring the patient to health.

DR. BOARDMAN reported a case in which a nail two and a half inches long was swallowed by a ruptured child. In a few days the nail was felt in the rupture by the mother, and in due time was passed by the rectum.

Dr. B. also reported a case before reported by him of an adult who, ten or twelve years since, swallowed a twenty dollar gold

piece. It was pushed into the stomach at the time. At the end of three or four years the health of the patient was good, but nothing had been heard, seen or felt of the money.

DR. STRONG said he had nothing new to report in the direction suggested by the case just reported; nor did he think it necessary, inasmuch as he believed he was still ahead as to cases of marvelous swallowing and escape, and so might perhaps rest on his laurels. But it may never have been seen by some of the younger gentlemen present, and perhaps is forgotten by others, that some ten years since, more or less, I reported a case of the swallowing of an old-fashioned copper cent by a child of some two and a half years old, and of less than average size and vigor, it being the most delicate of a family of eight children. The cent of the old coinage is pure copper, an inch and two lines in diameter and two lines in thickness. That a metallic body of that size could by any possibility be got into the esophagus of a child so young, seemed so incredible, that for a few days I was in doubt about it, the only evidence being that the child was playing with such a cent, and was seized with a kind of choking, and when asked what he had done with it he pointed to his mouth. I first made a digital examination of the cervical esophagus, and could not find it, and inasmuch as my patient was in no wise suffering, except from occasional retching, I deemed it best to trust unaided nature for the result. This expectant course was followed for four or five days, and the symptoms continuing I introduced a probang, armed with an ivory ball some three-eighths of an inch in diameter down to a point near the top of the sternum. Meeting with obstruction at that point I pushed with considerable force down to the stomach. The child could previously swallow fluids without rejecting them, but soon thereafter could take bread with impunity. No symptoms presenting other than occasional vomiting and loss of appetite, I prescribed rest without medication, deeming it quite uncertain if it were even *in* the stomach that it could ever get *out*. But, incredulity notwithstanding, it *did* get out, and after three or four weeks passed per anum. It was impossible to longer doubt for the cent was brought to me for examination.

To my own mind this case is the most astonishing on record of perilous accidental swallowing and escape, when the extreme tenderness of age of the patient and the dimensions of the object swallowed, are taken into account.



*A priori*, I should have said that a metallic substance of that size could neither pass through, *nor be pushed through*, the esophagus of a child two and one-half years old, without rupturing the tube. But the logic of facts is stronger than any—a priori reasoning.

Since this experience I have been entirely composed and at ease, (and this I would inculcate on my younger brethren,) at any ordinary accidental swallowing, such as the nickel cent, the two shilling piece of a former generation, or aught analogous to them in form and dimensions.

On investigation I find the case reported in No. 1 of Vol. xiii of *Buffalo Medical Journal*, to which any one can refer who wishes to read the case more in detail.

DR. ROCHESTER reported a case of angina pectoris.

DR. EASTMAN mentioned the case of premature labor formerly reported to this Association.

DR. WHITE named a case of extra uterine pregnancy occurring in the practice of Dr. Mack of St. Catharines, C. W., who will soon give a full report of the case to this Association.

On motion, Dr. Henry Nichell was allowed more time to prepare his essay.

DR. WHITE moved that the essayists hereafter appointed be allowed three months to prepare their essays. Carried.

DR. POTTER was elected to read an essay at the regular meeting in March next.

DR. ROCHESTER moved that when we adjourn we adjourn for one week, and that the adjourned meeting be for the purpose of acting upon the proposed new fee bill. Carried.

The application of Dr. William C. Phelps for membership was received.

Scarlatina was reported as prevailing.

Adjourned.

H. B. CONGAR, *Sec'y pro tem.*

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Adjourned meeting held December 10, 1867.

The meeting was called to order at 8 o'clock by the President. Members present—Drs. Eastman, Kamerling, Potter, Trowbridge, Brown, Stone, Wetmore, Cronyn, Samo, Lothrop, Jansen, Smith, Rochester, Boardman and Johnson.

The President stated that the meeting was called for the purpose of discussing and deciding the fee bill.

DR. JOHNSON said that he wished to see the fee bill disposed of in some manner, but thought that final action ought to be deferred until a larger number are present, and would therefore move an adjournment.

After considerable talk the motion to adjourn was lost.

DR. STRONG moved that the Secretary read the different items in the proposed bill, and that any member wishing to alter or amend any portion thereof should call attention thereto when read. The motion was carried.

The Secretary then commenced the reading of the bill, which, with few exceptions, was adopted as read.

DR. STRONG moved that members shall, in no case, make out a bill for professional services at a less rate than the minimum established by this fee bill. Carried.

DR. ROCHESTER moved that the Secretary notify the Insurance Agents of this city that after January 1st, 1868, the fee for a certificate in life insurance, as family physician, will in all cases be five dollars, and chargeable to the company for whom the examination is made.

The Secretary was directed by the President to have a sufficient number of the fee bill printed, and in such form as he may think most convenient.

Adjourned.

T. M. JOHNSON, M. D., Sec'y.

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ART. IV.—*Causes of the Formation of Cataract.* BY ALBERT MOOREN, M. D. *Translated from the German by C. F. A. NICHELL, M. D.*

It has been at all times of the greatest interest to both physicians and laymen to investigate the causes of cataract formations. The old were pleased to search for the same in, and attribute them to the disturbance, the result of any accidental dyscrasia. A later age discarded these views, because they had been too indefinitely stated, but it certainly carried the negative too far, when it assumed that the causes of cataract are entirely unrecognized. It appeared to be determined that only one disease favored the development of

cataract, namely—diabetes mellitus; in general we contented ourselves in the majority of cases to look upon cataract as the expression of old age.

About eight years ago I treated a laborer, 50 years of age, suffering from a severe iritis, associated with considerable opacity of the aqueous humor. The case recovered without any synechia and with complete subsidence of opacity. Five months later I again saw the patient presenting a cataract in the completely restored eye at the time of his discharge. The appearance of this form of vision disturbance, which I observed before and after a number of cases, which had been preceded either by an abscess of the cornea and simultaneous opacity of the aqueous humor; an iritis, or an opacity of the vitreous humor, influenced me in bestowing the most careful attention to the pathognomy of cataract.

Should I express the result of my observations in a few words, I could state them in this hypothesis; that the formation of cataract is never a primary but always a secondary phenomenon. Its appearance is only made possible by certain inflammatory or atrophic changes in the sphere of the uveal tract. No processes of disease of the nervous opticus, or of the retina, unassociated with changes of the vitreous body, exert an influence upon the development of cataract. The old position, that rheumatism, arthritis, syphilis, etc., lays the foundation to the development of cataract, finds accordingly its confirmation, but only in that sense, as these or other forms of disease give an impulse to pathological changes in one or the other part of the uveal tract. The key to the success or non success of many operations for cataract, I was only enabled to find, as time had taught me, to properly estimate these pathological disturbances and to seek in them the factors which as well introduce the formation of cataract, as they also determine, in coalition with technics, the result of the operative closing scene.

The most favorable forms of cataract are the so-called age cataract; their gradual development and the hardness of the lens, permit them to appear rather as the product of senile changes than as the result of pathological disturbances in the back-ground of the eye. Very often these forms are stationary, especially when they are associated with narrow, radiating lines of opacity. I can recall cases, which nine and ten years ago, were standing upon the same degree of development upon which they are standing this day.

A developing cataract, with dense opacity of the lens, gains from that moment a softer consistence in its peripheral strata and advance unproportionally more rapid, if an acute appearing pernicious influence should have attacked any part of the globe of the eye, be it either in the form of a slight jar, or due to the influence of a transient opacity of the vitrious humor.

A formation of cataract which results after iritis or abscessus cornea under the influence of a pathological changed aqueous humor presents a hard coherent but never a radiating conformation. It appears that this fact stands in connection to the observation, that a soft cataract exposed by division to the influence of the aqueous humor, progresses steadily in its absorption only so long as the iris remains free from inflammation. So soon as through the accompanying iritis an altered fluid of the eye is secreted, the absorption ceases, and the previously soft lens becomes dense.

Should a rapid formation of cataract takes place, after separation of the retina (by effusion or other causes,) then the consistence of the same is soft, probably because through displacement of the normal consistence of the vitrious humor a more abundant secretion of the watery constituents has been established. From that moment, however, in which a re-action on the part of the inflamed iris takes place, or that the vitrious humor becomes the seat of diseased transudations, the lens ceases to be soft, and attains a great density throughout all its parts. A cataracta accreta hardly ever occurs as a soft formation, not because this form is generally only observed in the advanced periods of life, but because its consistence is the product of the development of a diseased vitrious humor.

A child aged four months, that was born blind, through foetal irido-choroiditis, the result of secondary syphilis, presented as a complication, a hard, yellowish appearing cataract. The same hard form I also observed in a child 17 months old. It is true that the forms of cataract occurring during the period of childhood are soft, nevertheless I have seen the yellow, waxy formation of cataract with an unusual tough nature in a boy eight years old, who, after previously performed iridectomy upon both eyes, was subjected to division of the lens. Notwithstanding the greatest precaution, a purulent choro-iritis became developed, which resisted

all remedies, and finally ended in the complete destruction of the eyes.

Viewed from a purely technical stand-point, such a result is absolutely unaccountable, and it only then receives its proper explanation when we look upon the waxy cataract as the expression of a latent choro-iritis, which may assume the most dangerous dimensions upon any operative interference. All forms of cataract which can be traced back to a previous cyclitis or an acute developed glaucoma, are distinguished by their hard consistence. When in general the maxim is true that rapid formations of cataract favors a soft consistence, those resulting after cyclitis and glaucoma must be excluded. Upon several occasions I observed the formation of the hardest forms of cataract within a few weeks, without noticing radiating lines at any one time. Again a developing radiating cataract would receive a different conformation when an inter-current complication of acute glaucoma presented itself. When we take all these circumstances into consideration, we are involuntarily forced to the conclusion that the character of the developing cataract depends more or less upon the preceding disturbance of vision.

That diabetes mellitus pre-disposes to the formation of cataract is a long recognized fact. It appears in this form only as the prototype of a series of disturbances which are capable of being carried back to a great poverty of the blood as a general and original cause. Seldom only was a posterior polar opacity of the lens observed as the point of origin of a cataract formation, the rule being that only a trifling, or at least a very moderate nucleus is formed, the substance of the lens having undergone a half soft and half hard transformation, the color always being a shade into the bluish white. The concurrence of these phenomena is so constant that I have accustomed myself to see in them the expression of marasmus. The occurrence of this form I observed mostly attacking the middle-aged, after exhausting metrorrhagia, expectoration of blood, poor and insufficient food, as well also as after depressing mental influences; it appears that the loss of the nutritive blood-elements which the organism has sustained, leads to an absorption of the watery constituents, which not only exert an influence upon the formation but also upon the consistence of the lens.

Young women, who, during the period of lactation, are attacked by a transient transudation of the vitrious body, are especially exposed to posterior polar cataract. To the same processes also are exposed firemen, puddlers, and all such who in the nature of their occupation are exposed to the influences of an intense fire, which not only exerts a dazzling but also a congestive influence upon their eyes.

After slight contusions and concussions which the ball of the eye had received through the intervention of a foreign body, I could trace in ten or twelve cases the rapid formation of a posterior polar cataract, notwithstanding complete integrity of the capsule of the lens. It appears that by such traumatic occurrences the connective relations between the lens and the cup-like depression in the vitrious humor becomes somewhat loosened, and by the relative destruction of the nutrition of the lens, the character of the cataract is stipulated. A few months ago I saw a miner, who, while at work in the shaft, felt a dull pain, with sudden obscuration of vision, upon the thus far excellent left eye—phenomena which could only be attributed to effusions of blood into the vitrious body.

At the first examination, occurring three weeks subsequently, the seat of hemorrhage could no longer be established, but in connection with slight opacity of the vitrious humor there existed an opacity of the capsule involving two-thirds of the posterior wall of the lens. The trouble remained stationary; subsequently I adopted artificial ripening of the cataract; restoration of vision resulted in a few weeks after extraction.

There exists no doubt that the condition of the vitrious humor is of the greatest importance for the transparency of the posterior pole of the lens. All processes of atrophy occurring in the choroides as they appear in the form of retinitis pigmentosa, sclerotico-choroiditis posterior, choroiditis disseminata, necessarily also involve an obliteration of the nutritive network of the vitrious body. It therefore cannot be due to accident when the above mentioned diseased processes favor the development of cataracta polaris posterior. In eighty cases of retinitis pigmentosa I observed this complication twenty times upon both sides, and twice upon one side; furthermore, seventeen times with choroiditis disseminata and frequent with sclerolico-choroiditis

posterior. It is noticable that this form of cataract when associated with retinitis pigmentosa, remains in the majority of cases upon a very low stage of development, having during the whole period of my practice observed but one instance of developed radiating cataract occurring in the person of an aged female peasant. The diagnosis of co-existence of retinitis pigmentosa was regarded probable prior to the operation. The successful extraction of the cataract from both eyes gave to the patient an exceedingly imperfect, hardly mentionable power of vision, but to me the opportunity of an ophthalmoscopic examination of the back part of the eye.

When contrary to our prognosis polar conformations of long duration, assume an unexpected rapid course, it is safe to assume with great certainty that inter-current opacity of the vitreous humor has become established. In a woman, near forty years old, I saw a cataracta polaris posterior complicated by retinitis pigmentosa, which for many years had remained stationary, rapidly increase double in circumference as opacity of the vitreous humor became developed without any traceable cause. The same condition I could establish twice with choroiditis disseminata. When we observe in connection with sclerotica choroiditis posterior, infrequently a stand-still, but generally a rapid development, it is probably to be attributed to the circumstance, that the vitreous humor is here more frequently exposed to opacity on account of the hidden anomalies in the choroid, and thus more readily exert an unfavorable influence upon the nutrition of the lens.

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*Liquor Ferri Persulphatis as an Anti-periodic.*—Dr. G. H. Lenoir states (*Southern Journal Medical Science*, Nov. 1867,) that he has tried the liquor ferri persulphatis in several cases of intermittent fever, where quinia had failed, and even produced unpleasant effects.

“Immediately after the administration of the iron the chills ceased, and in but one case was there a recurrence of the malady, and in that the patient had but one chill, after which there was no symptom of a recurrence.”

He gave the solution in doses of from eight to fifteen drops every four or six hours, generally preceded by a full dose of pil. cathart. comp.

## Miscellaneous.

### Materia Medica, General Therapeutics and Pharmacy.

*Bichloride of Methylene as a General Anæsthetic.*—We extract from an extremely interesting lecture by Dr. B. W. Richardson, published in the *Medical Times and Gazette* (Nov. 2, 1867,) the following particulars with regard to this new anæsthetic agent.

The following are its physical characteristics:

“The bichloride of methylene is a colorless fluid, having an odor much like the odor of chloroform. It is pleasant to inhale as vapor, and it produces very little irritation of the fauces and air-passages. It boils at 88° Fahr. Its sp. gr. is 1.344. The sp. gr. of its vapor is 2.937; it is, therefore, nearly three times heavier than air.

“That we may have before us all these facts, and that we may be able to compare and contrast the properties of bichloride of methylene with those of other anæsthetics, I have written a table which will explain itself:

	Bolling point. Fahr.	Sp. gr. Water 1000.	Density of vapor. Air 1.
Chloride of methyl.....	6°	-----	1.745
Bichloride of methylene.....	88	1.344	2.937
Terechloride of formlye—chlorof.	142	1.495	4.122
Tetrachloride of carbon.....	172	1.599	5.321
Ether C <sub>2</sub> H <sub>5</sub> O .....	92	0.720	1.547
Amylene C <sub>5</sub> H <sub>10</sub> .....	96	0.659	2.419

“A glance at this table gives at once the physical positions, absolute and relative, of the bichloride. It boils at a lower point than any of the other anæsthetics—lower even than ether, and fifty-four degrees lower than chloroform. Its specific gravity, both as a liquid and a vapor, is lower than chloroform, but much higher than ether or amylen. From its position physically, it combines many of the properties of chloroform with those of ether, and these peculiarities must be remembered in its administration. From its easier evaporation, it requires more free administration than chloroform; and from its greater density of vapor, it requires less in quantity than ether.

“There is another physical difference between the bichloride and chloroform to which I would particularly invite your observa-



tion. If I take chloroform and diffuse the vapor of it through air in a bell jar thus, I find, when a taper alight is plunged into the jar, that the light is extinguished—in other words, the combustion is stopped. On further inquiry, I also find that the chloroform itself, though it has stopped the combustion, has itself undergone no obvious chemical change. We say, therefore, that the chloroform has acted by a catalytic process; it has stopped oxidation by its mere presence, without undergoing decomposition. I take next the bichloride of methylene, diffuse that in vapor through the jar, and plunge in the lighted taper. And now see the difference; the vapor burns in a brilliant flame, filling the jar. Here I have decomposed the substance; the carbon has been turned, by union with oxygen, into carbonic acid, and the hydrogen and the chlorine have been turned, by their new union, into hydrochloric acid. The proof of this latter fact concludes a singularly pretty experiment; I pour a few drops of strong ammonia into the jar in which the bichloride of methylene has been burned, and I produce a dense cloud of chloride of ammonium in white vapor, which pours out of the jar like water. I have been careful in showing these experiments with chloroform and bichloride of methylene, and the different behaviors of the latter in the presence of flame, because the experiments bear on one of the most able and ingenious theories ever put forward to explain the action of anæsthetics on living organisms. Some of you will know that I refer to the theory of Dr. Snow. Snow, observing that the vapor of chloroform extinguished flame, as we have just seen, reasoned that, as it thus stopped the combustion of a taper, so by its catalytic action it stopped the combustion of blood, from which arrest all the after phenomena of anæsthesia took their origin. 'I could demonstrate all the phenomena of anæsthesia on a farthing candle,' was one of his striking epigrams. But here we have a true anæsthetic, which will burn readily, giving brisk combustion. This fact, in so far as it goes, is not in accordance with the theory of my late distinguished friend, and in pointing out the fact I do no more in correction than I should for a favored theory of my own, or than he would, were he here to speak for himself.

"The bichloride of methyl mixes readily and well with absolute ether, and as the two fluids have nearly the same boiling point—

four degrees of temperature being the extreme of difference—when they are combined they form a compound which vaporizes evenly and equally. The difference in the specific gravities of the two vapors is the only objection to the combination. The bichloride further combines with chloroform in all proportions.

“One more physical matter in respect to the bichloride of methylene, and this part of the subject may be concluded. The fluids should have at all times a neutral re-action to test-paper. If it show any acidity, there is present a trace of hydrochloric acid, and the vapor, which under such circumstances would also contain the acid, would be irritating to the throat, and perhaps dangerous to life.”

After learning by repeated experiments on inferior animals that it could be safely administered to them, Dr. R. inhaled it himself until it produced insensibility. “I found the vapor,” he says, “very pleasant to breathe, and little irritating, while drowsiness came on and unconsciousness without any noise in the head or oppression. I recovered also as the animals seemed to recover—at once and complete. I felt, in fact, as though I had merely shut my eyes and had opened them again. In the mean time, however, I had performed certain acts of a motor kind unconsciously; for I inhaled the vapor in the laboratory, and there went into sleep, but I awoke in the yard adjoining. This was on September 28th last. I inhaled on the occasion from a cup-shaped sponge. Since then, I have inhaled the vapor in smaller quantities from several instruments, was the effect of proving that there is little difference required for administration between the bichloride and chloroform.”

Like all other general anæsthetics, the bichloride of methylene has power to destroy life. Its safety must, therefore, be accepted as relative rather than absolute. Dr. R. has tried to ascertain its relative value, and the result, he says, leads him “to hope that the balance of safety is on the side of the bichloride. Three observations bring me to this reasoning. First, I find that if two animals of the same age and kind, say pigeons, be placed in chambers of the same size, and exposed at the same temperature, and under other conditions the same, to equal values of chloroform, tetrachloride of carbon, and bichloride of methylene, the resistance to death will be as fourteen to five in favor of the bichloride of meth-

ylene against the tetrachloride of carbon, and as fourteen to nine against the chloroform.

“In the second place, when animals are exposed until they are killed by these vapors, there is a marked difference in the maintenance of muscular irritability. The tetrachloride of carbon destroys the muscular irritability first, the chloroform next, and the bichloride of methylene last, and this difference I have found so striking as to represent in one experiment a period of seven minutes for extinction of irritability by the tetrachloride, twenty-three minutes for the chloroform, and fifty-eight minutes for the bichloride of methylene. This distinction rests, I think, on difference in the amount of chlorine in the three substances, and I point out the fact not merely as showing the lower destructive power of the bichloride, but as affording a hope that in a case of accident from it the means resorted to for restoring animation would be more likely to succeed, the muscular power remaining more directly under the influence of excitants to renewed action, and for a long interval.

“Thirdly, the condition in which the lungs and heart are left after death from the bichloride is favorable.”

The following are Dr. R.'s general conclusions in regard to the bichloride of methylene:

“1. It is an effective general anæsthetic, producing as deep insensibility as chloroform.

“2. In action it is rather more rapid than chloroform, but to develop effects more of it is required, in the proportion of six parts to four.

“3. It produces a less prolonged second degree of narcotism than other anæsthetics.

“4. When its effects are fully developed, the narcotism is very prolonged, and is re-produced with great ease.

“5. Its influence on the nervous centres is uniform, and it creates little, if any, disturbance or break of action between the respirating and circulating functions.

“6. Its final escape from the organism is rapid, so that the symptoms of recovery are sudden.

“7. In some cases it produces vomiting.

“8. When it kills it destroys by equally paralyzing the respirating and circulating mechanism.

"9. It interferes less with the muscular irritability than perhaps any other anæsthetic.

"10. It combines with ether and with chloroform in all proportions."

Dr. R., with characteristic candor and modesty, remarks: "I leave the bichloride of methylene with the profession for its observation and experience. I have proved the agent, by experiment on the lower animals, to be a good general anæsthetic. I have inhaled it myself with safety, and I have administered it to the human subject with success in the extremest operations for which general anæsthesia is demanded. Here, as an individual inquirer, I come back into the ranks and rejoin the rest of my brethren as an observer. Having no other ambition than that of being a physician in the widest sense, having even a painful aversion to speciality, and having no desire to press any subject unduly. I have produced this lecture as a contribution to pure science and nothing more, holding myself as free as any one else to condemn, improve, or approve, as future knowledge, framed and squared and fitted by wisdom, shall determine. When twenty thousand persons shall have slept away pain under the influence of 'Chloromethyl,' as Mr. Spencer Wells has tersely named the bichloride of methylene, and those of them who have slept too deeply shall be counted as fewer than ten, an advance over chloroform will have been proved, but not sooner, nor with less of that tribulation through which we must ever attain to the good that is great and persistently beneficent."—*Am. Jour. Med. Sciences.*

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### The Course and Effects of Syphllis when Untreated by any Remedies.

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We have reason to believe that the papers which have appeared from time to time in this journal, have done something towards advancing the knowledge of syphilitic diseases in this country; and we take an opportunity of stating afresh, in a concise way, what we have mainly endeavored to inculcate. While mercurialists have ranged themselves in two opposing factions, and have been energetically arguing their respective claims, and advancing

their own line of facts, it would almost seem as if one important matter had been well nigh lost sight of altogether. Syphilis is a disease depending upon the evolution and development of a specific blood poison, and like all the other diseases with which it is in these respects allied, it is liable to great variety in the severity and character of its morbid manifestations. Nobody is likely to deny this with regard to small-pox and scarlatina, for example. In these disorders such differences are everywhere recognized, and we accordingly speak of any given case as simple, benign or malignant, according to the severity or otherwise of its symptoms. Those who have enjoyed the largest field for the observation of syphilitic disorders, and who have had the best opportunities for watching the natural evolution of that disease, cannot avoid perceiving that we want less of statement and more of results impartially drawn from a series of comparative observations. A great deal of hasty generalization would then be swept away, and we should not have men confounding the natural products of a severe type of syphilis, with those artificially induced processes resulting from mercury. It can not be too strongly urged that syphilis tends to run a pretty regular and definite course, and that great differences exist in the severity of the manifestations in different cases, irrespective of drugs—specific or others—that the milder forms of the disorder frequently recover under all plans of treatment; that some cases—where there is no such disturbing element present as mercury to accuse as the cause—are extremely severe, and a few even die from pure syphilis or of the asthenia induced by that disease; and lastly, that it seems to be practically pretty well settled that mercury, on the whole, is, nevertheless, the most reliable agent we possess for its treatment. While we quite agree with those who think that mercury is capable of exerting a baneful influence in some constitutions, and in certain forms, stages, and variations of this disease, and while we would extend the most ample field for liberty of action, and regard skepticism in all matters not yet proved, as the first step towards getting them proved, we do not consider extravagant statements, advanced by advocates on one side or the other, calculated to lead to any good, and least of all to the good of science. It was fortunate for one individual who, disbelieving in such a thing as syphilis at all, and for a great

number who refer all the worst forms of it to the drugs employed, that some of the members of the late Admiralty Commission, we learn, had the opportunity of seeing a soldier patient in whom the constitutional effects of syphilis were so formidable that he died of that disease within six months of contracting the primary lesion; and in that case, at any rate, no mercury whatever had been exhibited. We gather some important facts from Dr. Paynter's report on the French troops serving in Algeria, bearing on this subject of the effects observed in the natural evolution of the disease. The paper is to be found in the sanitary section of the new Army Medical Blue-book. Dr. Paynter says that among the native Arab population syphilis is the only really prevalent disease, both in the towns and in the country districts. As a general rule these people never seek any advice or treatment, and one meets with most dreadful objects suffering from the malady in its various forms. Extensive disease of the bones, where no kind of treatment had been at any time adopted, is frequently met with amidst these people. The appearance of some of the sufferers, even to those accustomed to witness disease, is described as most revolting. One French army surgeon had seen a native woman, the bones of whose face had been completely ulcerated away by the disease now under consideration. She had never received any treatment whatever, either for the primary or other stages of the affection. Where these native people first contracted this disease, or how it was introduced among them, it is difficult to form any idea; but it is quite evident that it exists to a most lamentable extent, and may, with other causes too numerous and varied to define, eventually and at no distant period, exterminate the subdued tribes from the face of this most beautiful country.—*London Medical Times and Gazette, November 30, 1867.*

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RESECTIONS IN LONDON HOSPITALS.—Prof. Edmund Andrews, in a letter to the *Chicago Medical Examiner*, writes as follows:

“Resections of the knee are extensively practiced, even in children. The surgeons deny that it will prevent the limb from growing, provided you do not remove the whole of the epiphysis. The practice here is very often to amputate or resect inflamed knees,

in cases where a Chicago surgeon would save the limb and effect a cure. They operate in the first stages, while the disease is yet a simple inflammation, without suppuration or caries; and while, according to American experience, the knee is perfectly curable. In justification of this practice, they say that the cure, if accomplished at all, would be excessively slow, and, therefore, the hospitals could not keep the patients long enough. They would go out and run about on their limbs, and exasperate the disease to actual caries; therefore they think it better to operate at once. The real fact is this: They treat their patients only by medicine, local applications, and rest in the foul air of the wards, and find that they die. As a general rule, they are grossly ignorant of the fact that adhesive-strap extension and pure air will cure the patient without operation. So they take the easiest course, and cut out the joint, or cut off the limb, and thus end the matter, and frequently kill the patient."

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### Ozone.

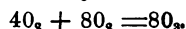
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It is now confidently asserted that, through the persevering labors of several distinguished chemists, the true nature of this important agent has been discovered. In the *Medical Times and Gazette*, Oct. 5, 1867, will be found a very interesting paper on this subject with a resumé of the various hypotheses on the nature of ozene, which have been propounded from the time of its first observer, Van Marum, in 1785, or of its real discoverer, Professor Schönbein, in 1840, down to the satisfactory solution of the present day.

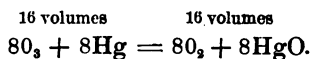
Andrews and Tait, in a paper presented to the Royal Society in 1860, confirmed the previously known fact that only a small proportion, in extreme cases only one-twelfth, of the oxygen can by the electric discharge be converted into ozone, found that a constant and considerable diminution of volume accompanied the change. 100 volumes of oxygen, when subjected to the silent discharge, may contract to about 92 volumes. Hence ozone must be denser than oxygen. But another important fact was observed. Mercury, or some other oxidizable substance, was introduced into

the ozonized oxygen, and the ozone was entirely absorbed. Strange to say, the oxygen which remained behind was found to have precisely the same volume as it had before the removal of the ozone. If 92 volumes of ozonized oxygen were so treated, 92 volumes of oxygen free from ozone would in all cases remain behind, so that the density of ozone appeared to be absolutely infinite. On the other hand, if the ozonized oxygen were heated, the original 100 volumes would be obtained, because, as every one knows, ozone is destroyed by heat.

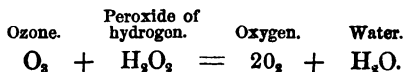
Andrews and Tait did not attempt to account for this extraordinary fact; but soon afterwards Dr. Odling suggested an explanation which has recently been confirmed in a most striking manner by an experiment of Soret's. (*Comptes Rendus*, Nov. 27, 1865.) It is conceded by nearly all chemists that each molecule of oxygen in the free state consists of two atoms—that, in fact, the true formula for free oxygen is  $O_2$ . Odling suggested that the formation of ozone might really be the condensation of another atom of oxygen into each molecule, and that the formula for ozone might therefore be  $O_3$ , and its density one-half greater than that of oxygen. When 100 volumes of oxygen were reduced by ozonization to 92 it might be supposed that 8 volumes of oxygen combined with 16 volumes, and produced 16 volumes of ozone. The change might be represented in this way:



a molecule of ozone  $O_3$  occupying the same volume as a molecule of oxygen  $O_2$ . The absorption of the ozone by mercury, iodine, etc., might really be only the removal of the third atom of oxygen, which would of course leave the volume unaltered.



The same view would account for the mutual reduction which ozone and peroxide of hydrogen exercises upon one another, and, in fact, for all known re-actions of ozone.



This beautiful hypothesis, however, must have remained a mere hypothesis but for the remarkable experimental verification which it has received from the hands of M. Soret. We have seen that



all ordinary substances are only capable of removing one atom of oxygen from each molecule of ozone; but Soret has at length succeeded in finding a body—oil of turpentine—which absorbs the whole molecule, the whole three atoms of oxygen. To take our previous illustration, if the 92 volumes of ozonized oxygen were treated with oil of turpentine, a dense white cloud would appear, the ozone would disappear, but instead of the volume remaining the same it would contract to 76 volumes, the 16O<sub>3</sub> having been removed bodily instead of being merely reduced to 16O<sub>2</sub>.

This experiment seems to place the matter beyond a doubt, and instead of the mass of hypotheses which so lately reigned, we have now a simple, beautiful, and coherent theory which affords an intelligible explanation of known facts. It is the more to be rejoiced at, since the importance of ozone in art as well as nature seems to be rapidly developing, and it is impossible to say how high that importance may rise.—*Medical News and Library.*

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#### Gentian Root as a Dilator.

Professor Winckel in Rostock, recommends (Deutsche Klinik, 1867) the radix gentianæ rubræ as a new, simple, and cheap means of dilatation for surgical and gynecological purposes. His attention was first directed thereto by an article of John Jacob Haeberl, published in 1834, in which the author states that having operated for atresia uteri and desiring to keep open the orifice made by the trocar, he introduced a good, firm plug of radix gentianæ, and that on the following day he found no small difficulty in withdrawing the same, which had increased to twice its former size. According to Dr. Winckel's observations the gentian root has the following advantages over laminaria: 1st. Its cheapness, the ease with which it can be obtained, and the fact that the physician can so easily cut plugs and bougies of any size to suit his requirements. 2d. Its somewhat smaller power of absorption, as compared with laminaria, is compensated by our being able to obtain larger pieces of it (one and one-half to two inches in diameter) so that it can be used for the dilatation of openings already too large for laminaria. 3d. The fact of its *remaining free from smell* constitutes an immense advantage, for even laminaria, though in a much less degree than sponge-tents, often becomes quite foetid.

The radix gentianæ may therefore be used with special advantage in strictures of the vulva, vagina, and uterus; for tamponing the uterus in smaller hæmorrhages, for the induction of abortion, for dilatation after operations for atresia of the genital organs. Whether it is also applicable to stricture of the urethra, to affections of the lachrymal ducts, etc., remains to be seen.—*All. Med. U. Zeitung*, 1867.

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### Two Cases of Locomotor Ataxy Treated with Nitrate of Silver.

BY C. A. HINGSTON, M. D., LONDON.

A sparely nourished, very intelligent, old-looking man, aged forty-four, residing in Plymouth, became a dispensary patient in January, 1866. He was quite blind and confined to his bed, and gave the following account of himself:—About four years ago, he first noticed a weakness of his sight, which gradually increased, until it disappeared first in the right eye and then in the left. His eyes were at the time examined with the aid of the ophthalmoscope, and he was told that the optic nerves were excavated, but without any other morbid condition. About eighteen months ago he began to suffer from shooting pains through his limbs and body, followed by slowly increasing weakness of the lower extremities, until recently he has been compelled wholly to keep to his bed.

The following were the symptoms observed:—His skin, pulse, tongue, bowels, and urine were apparently natural. He complained of constant pains of a shooting or darting character through the limbs and body; these pains were of equal severity during the day and night, and such as almost entirely to prevent sleep. There was almost complete loss of sensation of touch in the feet and legs, though temperature was well preserved. The muscular power of both limbs were very considerable, and he was able powerfully to resist flexion and extension, so much so as to render the production of those movements impossible without his consent.

On attempting to make him walk, the loss of co-ordination of movement was very marked; his legs flew about in all directions, and unless supported, he fell. He stated that the ground felt as if composed of round balls.

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The case had been considered as one of paraplegia with rheumatism, and the ordinary remedies for that complaint had been administered without relief to the pain. Nitrate of silver was now given in quarter-grain doses three times daily, with the effect of producing immediate and complete cessation of pain. At the end of six weeks the remedy was left off, for fear of producing discoloration of the skin; and not only was he quite free from pain, but his power of walking had in some measure increased. Almost immediately, however, after leaving off the silver, the pain returned as severely as ever; and after a fortnight's interval, at his earnest request, the medicine was re-commenced, with again the effect of immediately curing the pain; and during the second six weeks he continued the treatment, he had not an hour's pain, though there was no further improvement in his power of walking. On once more stopping the silver, the pain again returned, though in a much mitigated form, so much so as to be quite bearable, and has not returned since with such severity as to require a renewal of treatment. When seen a few days since, he stated that the only time during his illness in which he had been quite free from pain was whilst taking the silver pills, and that though no essential improvement had taken place, yet the disease, which was previously steadily advancing, has since the commencement of treatment remained stationary.

The second case occurred in the wife of a laborer, aged thirty-nine, also residing in Plymouth. She came under treatment in June of last year, when the disease was in a much earlier stage than in the last instance. She stated that for the last two months she had been losing her power of vision, and was unable to see to read small print, or to do fine work. Soon afterwards she began to suffer from severe darting pains through her ankles and legs, not extending to the thighs. The pains were worse during the day than during the night, and were more severe in the right leg than the left; there was no tenderness to the touch; on the contrary, sensation was decidedly impaired in both legs, and she was unable to distinguish the number of fingers which touched her foot, even when they were placed very far apart from one another. She had been treated with alkalies and iodide of potassium, and all the acknowledged remedies for rheumatism, without effect.— The peculiar character and position of the pain, darting as it did

through the calves of the legs, and not in the bones or joints, led to a suspicion of the commencement of ataxia, which was confirmed by the history of impaired vision. Nitrate of silver was at once administered, with the result of immediately curing the pain. After taking the pills for three weeks, she was well enough to leave off medicine; and though the pain slightly returned, it was not sufficient to inconvenience her, and her sight has not further deteriorated.

These cases are recorded as confirmatory of the conclusions which have been arrived at by other observers of the extreme value of nitrate of silver in the treatment of ataxia, not only in relieving the pains, by far the most harrassing of all the symptoms, but also in apparently arresting the nervous changes, and maintaining the disease *in statu quo*.—*Medical Times and Gazette*.

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#### Puffing of Doctors by the Newspapers.

By reference to the report of the proceedings of the *Atchison County Medical Society*, it will be seen that body has passed a resolution denying the right of the editors of newspapers to use the names of physicians, in their report of accidents and cases in general, without the consent of the physician previously obtained. We heartily endorse this action, though we have no doubt when the reportorial fraternity come to hear of it, they will find in it new evidence of the proscriptive and illiberal spirit of the medical profession. The barbarians of the outside world are utterly oblivious of that fine feeling of ethical justice, which is possessed by every true gentleman of our profession. Hence, they are not slow to censure a physician, who politely declines to become a party to the bad treatment of another of his cloth. They cannot understand why they are not at liberty to bring in a new attendant in a case of sickness, without notification of the desire to change, to the old one; although the latter may have far more ability to conduct the case than the former, and be doing all that human knowledge could suggest, at the very time.

So when a man gets knocked down in the street, and Dr. A. is called to render his assistance, the reporters think it strange they should not be indulged in the privilege of a sensational article,

in which the name of Dr. A. shall figure prominently, as being the means, not through Providence, but his own extraordinary abilities, of having rescued his fellow-citizen from an untimely death. They do not consider for a moment, that they know no more of the merits of the case than they do of the nosology of diseases in general; that even if Dr. A. has pursued the intelligent course, which a thorough knowledge of his profession points out, he has done no more perhaps than dozens of other *within the same community* could do, and that by thus singling out as an object of eulogium, a downright injustice is done to his peers, his betters, and even to the people themselves, in thus investing him with an exclusive skill which he does not, in ninety-nine cases out of one hundred, possess. No true physician desires this kind of notoriety. If he be really learned in his profession, and be possessed of more than ordinary ability, he knows where to display it, that he may reap a fame above the suspicion of having purchased it—that is through the organs of his profession.

But to do the reporters justice in these particular cases, we must admit that we have seldom seen these unfair puffs concerning physicians, except the doctor has himself had a hand in it. It is true that in recording a casualty in the daily papers, it is generally stated as a fact pertinent to its relation, that Dr. A. or B., dressed the man's wound, or extracted the ball; but so long as the mere fact is stated as an item of news, and no effort is made to pay a glowing tribute to the doctor's skill, we do not know that we could find much fault with it, or stop the practice if we did. It might result as did the case of an over-sensitive friend of ours, who, observing his name mentioned in a paper, as being in attendance upon a man who had recently been hurt, excitedly called upon the editor to forbid his using his name publicly again. The editor mistaking the nature of his offending, and anxious to rectify his error, stated the next morning, that our friend, Dr. —, was not attending the case at all. This brought the doctor once more to the editor's sanctum, and he was informed that the apology was worse than the offense, inasmuch as it contained a falsehood. The obliging editor said in his next paper, that he was mistaken in his previous issue that Dr. — was not in attendance upon the man recently hurt; that the doctor after first denying it, had now

acknowledged that he was in attendance, and from the fact that the man's death had just been announced, he, the editor, was inclined to believe the doctor's last assertion to be the true one.

From our own observation, the irrelevant portion of newspaper articles referring to physicians, as we have before said, is most usually—not always of course—prompted by the doctor or his agents. That this is true will appear from the character of the article itself. This, apart from the mention of a physician in attendance upon an emergency, generally consists of a notice of a particular operation performed by the talented Dr. Marvellous; and it is really amusing to observe how small an achievement is sometimes made the basis for a huge display of fanfaronade. We remember well a local notice which appeared a few years since, in one of our city papers, stating that Dr. — had, upon the day before, performed a most difficult surgical operation, that of *extracting a needle* from beneath the skin of a woman's chest; and adding that the result was no less gratifying to the numerous friends of the doctor, than it was to the friends of the woman *whose life had been so skillfully saved*. The gentleman of whom this was said, claimed to be a respectable physician.

Editors are like all other people in the world (*except physicians*,) in this, that whatever they do beyond the requirements of an exact justice to their fellow men, and an ennobling *amor patriæ*, they do for a consideration; in other words, they are much too shrewd to blow anybody's horn, unless they are furnished the wherewith to *raise the wind*.—*Leavenworth Medical Journal*.

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A NEW MODE OF VACCINATION.—It is performed by means of a silver ring, split in two, and having a small capsule in which is inclosed enough vaccine for thirty inoculations. The operator places the ring at the extremity of the left thumb, and thus deposits by direct application, the virus in a wound made by the right hand. According to the inventor, Dr. Carenzi, of Turin, it is possible to inoculate quicker and better than from arm to arm. It is now to be decided whether the vaccine thus preserved is more successful than that preserved by other means; it is not probable. *Union Medicale*, Oct. 5, 1867.

## Editorial Department.

### Books Reviewed.

A Contribution to the History of the Hip-joint Operations performed during the late Civil War in the Confederate service. By Paul F. Eve, M. D., Professor of Surgery in the University of Nashville, Tenn.

This pamphlet presents the statistics of twenty amputations and thirteen resections at the coxo-femoral articulation occurring in the Confederate service during the late war. Of the twenty amputations three primary and one secondary operation proved successful, giving a ratio of one in five. This result Prof. Eve rather exultingly compares with that presented in Circular No. 6, War Department, in which twenty-one hip-joint amputations are recorded, three of which proved successful. One of these cases appears from later investigations to have been erroneously recorded, thus reducing the ratio of mortality to one in ten, which would make it double to that of the Southern service. We greatly regret that one of the most distinguished and able surgeons of the South, and one whose statements are so universally accepted, should have permitted himself to arrive at such premature conclusions, for since the publication of the source from which Professor Eve has drawn his information, and while he had his pamphlet in construction, the War Department was preparing and shortly afterwards published Circular No. 7, July 1, 1867, a Report on the Amputations at the Hip-joint. From this report it appears that thirty-four coxo-femoral disarticulations were performed by Federal surgeons, one recovering after primary, two after secondary, and four after re-amputations, giving a total of seven recoveries, or a little more than one in five.

In reviewing the cases claimed by Professor Eve as successful, we first notice the case of Dr. Grant, reported as a successful primary amputation. This patient was operated upon October 19, 1862; "he was taken to a neighboring house where he was seen by the operator three days afterwards. The Federal forces occupying the place Dr. G. did not see his patient again, but heard from him October 30, eleven days afterwards, but no information was ever after received, and it is altogether probable that the patient died," as stated in the Surgeon-General's Report. Again, the case of private Robinson, upon whom a primary amputation was performed by Surgeon Compton, cannot be regarded as authenticated beyond doubt, since the history of this case is not traced beyond six months after the operation, at which time the patient reported himself in "good condition." This case is excluded also by the Surgeon-General.

Furthermore, we direct attention to the discrepancy of statement, that these results were obtained under the most unfavorable circumstances due to "the destitute and isolated condition of the South." Although, in itself, this statement may be perfectly correct, yet it does not appear that this class of patients did not receive all the sanitary comforts which they required, Dr. A. T. Gilman feeling "convinced" that the recovery of Williamson was due to the nutritious regimen upon which he was placed, "a messenger being sent daily to Richmond

for egg, milk, and other delicacies." Nor does it appear that *any* of this class of patients suffered more hygienically than those of their Federal brethren, while all were more favorably situated as regards the climatic influences.

In table No. 2, thirteen cases of resection of the head of the femur are tabulated, four of which were successful, or one in every two and a half cases. In Circular No. 6, War Department, S. G. O., thirty-two cases are recorded, with but four recoveries, or a ratio of one to eight. While we are disposed to give all due credit to the successes of our Southern friends, we are fully persuaded that when the history of this class of operations will have been as carefully studied and recorded as that of hip-joint amputations, no such disparaging difference will be found to exist as the investigation of Professor Eve would make it appear.

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Shock, after Surgical Operations and Injuries, with special reference to shock caused by Railroad Accidents. By Edwin Morris, M. D., F. R. C. S. Philadelphia: J. B. Lippincott & Co.

Upon the meaning and true nature of "Shock" a great deal has been written, and authors have endeavored faithfully to explain its causes and modes of operation. The author of this work has added to our literature upon the subject a very carefully considered discussion of all the facts and circumstances attending the condition known as *shock*, and every one must be deeply interested in careful perusal of the volume. We indulge in an extract to show what the author has collected upon the generally believed erroneous statement, that hair may turn white, in a single night, from mental emotion.

"Shock from mental causes has a very powerful effect upon the human frame. 'A lady who was deeply *shocked* on receiving the intelligence of a great change in her worldly condition, and who had a remarkable quantity of dark hair, found on the following morning that the whole of her hair had become of a silver white.'

'My hair turned white  
In a single night,  
Like some have done  
With sudden fears.'—BYRON.

Several historical writers have recorded instances of the severity of mental *shock*. 'I was struck,' says Madame Campau, 'with the astonishing change misfortune had brought upon Marie Antoinette's features; even her hair had turned almost *white* during her transit from Verennes to Paris.' 'The Duchess of Luxembourg was caught making her escape during the horrors of the French Revolution, and put in prison; the next morning it was observed that her hair had become *white*.'

'A practical joke was played upon a brave Spanish officer of the Duke of Alva's camp, to try his courage. The provost marshal, with a guard and a confessor, awoke him in the night from his sleep, stating that he had an order for his immediate execution. He confessed, said he was prepared to die, but declared his innocence. The provost marshal laughed, and said it was only a joke. With a ghastly paleness, he ordered the provost out of the tent, saying that he had 'done him an evil office,' and the next morning, to the wonder of the whole army, the hair of his head, from a deep *black* color, had become perfectly *white*.'



**Wright on Headaches.** Philadelphia: Lindsay & Blakiston, 1867.

This is a little book discussing, quite philosophically, all the causes of the various affections classed as "headaches." He has almost regarded and treated headache as a disease, appearing under widely differing circumstances, and from a great many different causes, though we do not think he has any such view of it, or holds to any other than the most correct opinions. The relation headache bears to disease as a symptom, and the importance of not neglecting it under most circumstances, together with the best means of cure, seems to be the topics upon which the book is written. The practical question of treatment is evidently uppermost, and to it has been devoted a great amount of attention. The remedies proposed are those well known to the profession, but a full table of Formule which is appended to the work will be attractive to those who desire to perfect themselves in the old English method of combining nearly all compatible and valuable medicines in the same mixture.

His discussion of disease and its causes, is very rational and consistent, and his methods of cure are not greatly objectionable, the only fault, so far as we observe, being the administration of medicine in too great variety. This work will be found very interesting and instructive upon a symptom of disease, worthy of more careful attention than it usually receives.

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**Lectures on the Diseases of Women.** By Charles West, M. D. Philadelphia: Henry C. Lea.

The well known standing and merit of this work makes it quite unnecessary for us to go into any detailed statement of the doctrines it contains, or the subjects upon which it treats. It has long been regarded as one of the standard books upon this department of medicine, and includes a consideration of nearly every topic which comes within its scope. The chief changes in this edition will be found under the heads of uterine hematocoele and ovarian diseases, though the whole work has been carefully revised and additions made whenever increased knowledge afforded the possibility of making important improvements. We have long regarded West on the Diseases of Women, as really one of the best works upon the subject; correct, complete, candid, practical, and every way worthy of confidence.

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**The Atlantic Monthly.**

This valuable journal, devoted to literature, science and art, is, beyond all doubt, the most attractive, interesting and popular journal of its kind published in this country, being a never-failing source of instruction and interest.

**Every Saturday.**

This periodical aims to give its readers the best and most readable papers that appear in European Magazines and Reviews, and is almost indispensable to every intelligent American. Ticknor & Fields, Boston, are the publishers of the above journals.

**Stillé on Epidemic Meningitis.**

This is a beautiful, complete, and scientific treatise upon Epidemic Meningitis, a disease which, until its morbid anatomy was discovered and carefully studied, had passed under various and vague names, all, now showing the absolute ignorance prevailing as to its true nature. The local lesion appears to have been discovered many years since, but the relation which the local disease held to the general phenomena must have been unappreciated. We should like to make copious extracts from the work, but every physician should be in possession of the book, which contains too much fact and conclusion to be neglected by any one who means to keep himself acquainted with the progress of practical medicine.

**Carson's Synopsis of Materia Medica.**

This outline of Materia Medica has been prepared by Prof. Carson, for the special benefit of students attending his Lectures, in the University of Pennsylvania. It is only a frame work, which the author says, may be, with ordinary industry, filled in, by notes, taken at the time the lectures are delivered. Students attending the Lectures of the author, will certainly appreciate the work; students elsewhere might make it useful, but probably not to such degree as those attending his course.

**A Treatise on the Causes of exhausted Vitality: or Abuse of the Sexual Functions.**

By E. P. Miller, M. D. New York: 1867.

The prejudices and repugnance pervading the public against any discussion of the sexual functions has generally deterred physicians from publicly directing attention to the evils arising from the abuse of these functions until silence is no longer a virtue. While Prof. H. R. Storer, in his excellent monographs, has pointed out the dangers arising from procured abortion, etc., Dr. Miller calls attention to the dangerous practices so extensively and ruinously pervading among the young and unmarried. The author has presented the subject in all its relations, in a plain and practical manner, and we have no doubt that this book will fulfill its mission wherever read.

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### Books and Pamphlets Received.

**A Practical Treatise on Surgical Apparatus, Appliances, and Elementary Operations; embracing Bandaging, Minor Surgery, Orthopraxy, and the treatment of fractures and dislocations.** By Philip S. Wales, M. D., U. S. N. With six hundred and forty-two illustrations. Philadelphia: Henry C. Lea, 1867. For sale by Theodore Butler.

**A Practical Treatise on the Diseases of Children.** By D. Francis Condie, M. D., Fellow of the College of Physicians, etc., etc. Sixth edition, revised and enlarged. Philadelphia: Henry C. Lea, 1868. For sale by Theodore Butler.

- On Diseases of the Lungs and Air Passages: their Pathology, Physical Diagnosis, Symptoms and Treatment.** By Henry William Fuller, M. D., Fellow of the Royal College of Physicians, London, etc., etc. From the second and revised London edition. Philadelphia: Henry C. Lea, 1867. For sale by Theodore Butler.
- Pennsylvania Hospital Reports, vol. 1., 1868-** Philadelphia: Lindsay and Blackiston. For sale by Theodore Butler.
- Obstetric Clinic: A practical contribution to the study of Obstetrics and the Diseases of Women and Children.** By George T. Elliot, Jr., A. M., M. D., Professor of Obstetrics and Diseases of Women and Children, in the Bellevue Hospital Medical College, etc., etc. New York: D. Appleton & Co., 443, 445 Broadway, 1868. For sale by Martin Taylor.
- Chronic Diseases of the Larynx, with special reference to Laryngoscopic Diagnosis and Local Therapeutics.** By Dr. Albert Tobold, Lecturer to the University of Berlin. Translated from the German, and edited by George M. Beard, A. M., M. D., Lecturer on Nervous Diseases in the University of New York. Wm. Wood, & Co., 61 Walker street; 1868. For sale by Breed, Lent & Co.
- Plastics: A new classification and a brief exposition of Plastic Surgery.** A reprint from a report in the transactions of the Illinois State Medical Society for 1867. By David Prince, M. D. Philadelphia: Lindsay & Blackiston; 1868. For sale by Theodore Butler.
- The Treatment of Diseases of the Throat and Lungs by Inhalations, with a new inhaling apparatus.** By Emil Siegel, M. D. Translated from the second German edition by S. Nickles, M. D. Cincinnati: R. W. Carrol & Co., Pub., 1868. Max Mocher. Price \$1.25.
- Spermatorrhœa: Its Causes, Symptomology, Pathology, Diagnosis, Prognosis and Treatment.** By Robert Bartholow, A. M., M. D., Professor of Materia Medica in the Medical College of Ohio, etc. Second Edition, Revised and Enlarged. New York: Wm. Wood & Co., 61 Walker Street; 1867. For sale by Breed, Lent & Co.
- Ophthalmiastresche Beobachtungen von Dr. Med., Albert Mooren, Berlin, 1867.** August Hirshwald. N. Shaws, 7 & 9 Brown street, New York.
- Twelfth Annual Report of the Trustees of the State Lunatic Asylum at Northampton; 1867.**
- Observations on the Nature and Treatment of Polypus of the Ear.** By Edward H. Clark, M. D., Professor of Materia Medica, in the Harvard University, etc. Boston: Ticknor & Fields; 1867.
- The Philosophy of Human Life, with especial design to develop the true Idea of Disease. Its nature, immediate occasion, and general remedy.** By J. Jennings, M. D.
- Pharmacy of the Cinchonas and of Podophyllum, with suggestions upon their therapeutic uses, modes of application, and tests of quality.** By Edward R. Squibbs, M. D., Brooklyn, N. Y.
- Seventeenth Anniversary Meeting of the Illinois State Medical Society, held in Springfield, June 4th and 5th, 1867.**

Twenty-fourth Annual Report of the Managers of the State Lunatic Asylum, for the year 1866; transmitted to the Legislature February 5, 1867.

Union League Club of New York. Proceedings in reference to the Death of Gov. John A. Andrew, November 11, 1867.

Speech of Hon. Stephen I. Calahan, on the Admission to the Practice of Medicine and the Dispensing of Drugs.

Annual Report of the Surgeon-General United States Army, 1867.

Forty-second Annual Report of the Massachusetts Charitable Eye and Ear Infirmary, for the year ending September 30, 1867.

Annual Circular and Catalogue of the Long Island College Hospital, Brooklyn, N. Y.

How far do the Facts accompanying the Prevalence of Epidemic Cholera in Chicago, during the autumn of 1866, throw light on the Etiology of that Disease? By N. S. Davis, M. D.

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### Erie County Medical Society—Annual Meeting and Election of Officers.

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At the Annual Meeting of the Erie County Medical Society, held at their rooms on the 14th instant, Dr. Frank W. Abbott read a paper on "The Sources of Muscular Power," for which a vote of thanks were tendered him, and a copy requested for publication.

Dr. J. R. Lothrop, the retiring President of the Society, delivered an able and interesting valedictory address. A vote of thanks was also tendered Dr. L., and a copy of the address requested for publication.

A committee appointed for the purpose, consisting of Drs. William Gould, E. R. Barnes and M. G. Potter, submitted the following preamble and resolutions:

WHEREAS, Dr. M. E. Shaw has been removed by death, while exposed to unusual dangers in the discharging of his duties as a physician, and under circumstances peculiarly calculated to enlist our sympathy; therefore

*Resolved*, That while we bow to the will of Providence, we deeply regret the loss of one who, in his brief career, showed himself faithful to the discharge of his duties, and displayed abilities which gave promise of a life of honor and usefulness.

*Resolved*, That we deeply sympathize with the bereaved parents of the deceased, who, by this blow, have been deprived of a son whose qualities of heart and mind were such as to render him peculiarly dear to them.

*Resolved*, That a copy of these resolutions be presented to the family of the deceased.

The resolutions were adopted, after which the following officers were elected for the ensuing year:

*President*—Dr. John Boardman.

*Vice-President*—Dr. O. K. Parker.

*Secretary*—Dr. M. G. Potter.

*Treasurer*—Dr. William Ring.

*Librarian*—Dr. James B. Samo.

*Primary Board*—Drs. Thomas M. Johnson, James B. Samo, J. S. Smith.

*Board of Censors*—Drs. S. W. Wetmore, S. F. Mixer, Thomas Lothrop, P. H. Strong, John Hauenstein.

Drs. E. R. Barnes, of Buffalo, and A. R. White, of Tonawanda, were elected to membership upon compliance with the by-laws.

T. M. JOHNSON, M. D., *Secretary*.

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Original Communications.

ART. I.—*Annual Address before the Erie County Medical Society.*  
By J. R. LOTHROP, M. D., *President.*

(Published by vote of the Society.)

It has seemed to me that it will not be inopportune to speak of some things which relate to the public estimation of the profession, and its present position as to its aims, limits, and duties.

The profession has a standing of trust and honor with the public. This is true, even though there are those who doubt its methods, disparage its motives, and would deprive it of its just honors. They wish to bring it into discredit, because through ignorance and prejudice, they hold wrong opinions of its aims and its powers. Even its true friends, while they give it honor, somewhat misjudge it. They do not rightly estimate its functions, or fully appreciate its limits; i. e. they do not form correct notions of just what medicine, as a profession ought to attempt or can accomplish. The physician is too much regarded in his relations to the cure of disease, and therefore as of service only to the sick. He is too little thought of as an adviser to those in health. They are apt to forget that, in his true function, he is a doctor; i. e. teacher of the laws of health, as well as those of disease. Moreover, in his relation to the sick, he is, almost always, expected to effect more, by his medicines, than can be reasonably hoped for,

may, even more than he is willing to promise, however prodigal of promises individuals of his class may be.

This arises from the fact, that there is in the popular mind, a wide-spread belief that diseases are cured only by medicines. This belief, in part well-founded, is in so wide a sense erroneous. Diseases are cured by medicines; no one will hesitate to accept this as a truth; but all diseases are not, neither are they curable by them. Therefore the prevalent feeling that they are curable only by medicines, is without foundation. Yet this belief has had a very important influence upon the practice of medicine. Physicians have often felt compelled to use medicines, governed in doing so, more by the influence arising from this belief, than by any necessity created by the disease. They have not felt free to withhold them, even when to do so would have been the best course, because the feeling has almost always existed, that they were needed.

I do not mean to say that the belief has not had its influence on medical men, and does not now exert it. Without doubt there are many physicians who feel an unwise confidence in the curative powers of medicine. They are not influenced by any feeling of what the public may expect; they use them from a conviction of their necessity and usefulness. Such, however, are not the best minds in the profession. The ablest and wisest physicians know and teach, that medication has its limits, which must be regarded in practice. They feel that the office of the physician is higher and nobler than that of a mere dispenser of drugs, and that he does not cease to be wise and useful, because he does not propose them to the sick.

Whence arose this wide-spread belief in the powers of medicines? Whence came such a notion of disease; as if it were a devouring agent, only to be stayed within the body, by some antagonism brought into it from without? It may be answered, that the profession is largely accountable for it. It has sent it forth, and to its doors must it be brought back. Physicians, in all ages, have sought to inspire confidence in their medicines; partly because they believed in them, and partly because they were moved by the desire to be as helpful as possible. For, it is doubtless true, that benefit comes of having the beliefs of the sick on the side of the means the medical may employ, medicines among

others. Hence the teachings of the profession, from the earliest times, have had the effect of fixing in the popular mind, faith in the curative powers of medicines. This belief, then, as it exists to-day, is the growth of centuries, and has become firmly rooted, too firmly to be easily removed. The wrong teaching and wrong learning of two thousand years cannot be corrected in a day. If truth exerts a power by appearing venerable, the same is true of error. It is the more pernicious and difficult to correct that antiquity gives it a false value and currency. The medical mind of to-day is largely emancipated from the old teaching and belief, but they will linger yet a long while in the popular mind, even under the better teaching which the best men of the profession encourage—that better teaching which is the imperative demand of to-day.

I have said that as regards just what he can accomplish by medicine the physician is placed in a false position in public estimation. This I said depends upon a wrong notion of the powers of medicines; a notion almost universal, but originating mainly in erroneous medical teaching. There is another feeling concerning the physician and his medicines, that operates, though in a less degree, to influence public judgment. It is, however, far from being universal, it affects only a portion of the public, and that not the educated or thinking portion. Partial as it is, it yet has its influence. It is but a remnant of old superstitions, which, in the early and rude ages of the world, when diseases were thought to have a supernatural origin, pervaded all minds. We cannot say that now any portion of a modern enlightened public, has the old belief in the power of incantations, charms, or magic to avert or cure disease. This, we trust, has ceased to exist, but there still remains a feeling which borders on it, enough at least to mark its traces. There yet lingers excessive and unwise credulity, a belief in something occult, something which lies just outside of the common experience of the working of natural laws. Hence medicine is much less likely than any other profession to get a candid judgment, and pass for just what it is really worth.

True as this is of medicine itself as a profession, it is even more true of individuals. The estimate of particular men is partial, or exaggerated. One gets more credit than another from the feeling that in some way he has got possession of the hidden things of nature, not by having wrung them from her, through force of mind

and study, but by special insight or peculiar endowment. As in times past the superstitious beliefs so ruled minds that something more than simple truth was needed to gain faith, so under this modern feeling, plain truth is not always the most likely to be received. Truth, in her simplicity, has much less the look of reality than ingenious error.

The error underlying such notions is very apparent. The successful practice of medicine is a matter of mental capacity, not of special gifts, or accidental discoveries. One man, more than another, may have a mental aptitude for the physician's work. Doubtless a fitness, more or less peculiar, exists in some men for any one business or calling, above another. When the calling and the man are mutually suited, we see the best achievement. But, except with genius, whose powers are exceptional, this is much less than is often supposed. The physician forms no exception to this general statement. Any man of such force and abilities, as would give him success in other professions, will, with equal effort, secure the same success in the practice of medicine. No one man of good capacities has, above another, the special power to wring from nature a secret which shall fit him to deal with diseases. Good original powers, thorough study and experience, are the physician's best gifts. Therefore the best men ought to secure the greatest confidence and success. I am not prepared to deny that they do, but still it is true, in a measure, that a belief in the possession of special gifts, or of some secret of nature hidden from most men, has an effect, *small* it may be, and *unjust* it must be, on the popular judgment of a physician's merits.

This must not be taken in too broad a sense. Yet there is in it a partial truth. It has its influence in medical matters to such an extent, that the choice of a physician or some one having the relation of physician, by men of good judgment, is not made with the same sagacity that they show in other affairs of life. In ordinary business they do not place trust, or give credit for ability, without evidence that they are justly due. But for dealing with their diseases they require little or no evidence of fitness for the important work. Confidence is given often to him of whom they know least, and of whose fitness for the important work they entrust to him, they have no proof whatever. When they bring the same common sense to bear upon the treatment of dis-



ease that they do upon business affairs, the physician will be more truly judged and more justly honored. For what is the office of the physician, let me say of the well-instructed and honest physician—not every one who undertakes to treat the ills of flesh—but as he is called, the regular physician. This can be best answered by stating the aim of medicine, I may say its practical aim, for it has its scientific side, seeking to prove what is true for truth's sake.

The statement can be briefly made. It is all comprised in this, that it seeks to prevent and cure diseases. Prevention has been less prominent than cure, for the reason that medicine has had more authority in the latter. Its teachings for preventing disease have had much less weight, than its measures for its relief, and very wrongly so, for its office of prevention is equally important. It is as important to know the laws of health as those of disease. This has not happened, because medicine has been untrue to its noblest function. It has happened, because men have chosen rather to persist in unhealthy modes of living, and call upon the medical art to rescue them from the result, than to heed its teachings. They have been much less inclined to be at the trouble to avoid the causes of disease, than to avail themselves of the means of cure. Advice has been much less welcome than medicines. It is not to be expected that medicine can have much weight in private hygiene, till it is tolerated. If men will not be told that they eat and drink improperly, wrong sleep, and construct and heat badly their houses, it must not be charged upon medicine that diseases come. It should not perhaps be broadly stated that in these respects men always consciously err, for there is much ignorance as to what is best, and men ought to be willing to be taught how to gain and keep that health, which once lost, medical treatment may never restore. But it is largely true, that if medicine has been wanting to its highest trust, it has been due to the slight authority which has been given it.

These observations do not bear equally upon public hygiene. In this noble science, medicine has wrought most worthy achievements, and secured its purest and best triumphs. It has lifted up its voice for all sanitary measures likely to promote public health—pure water, drainage, healthy food, pure air, and cleanliness. It has cleared up the mystery which shrouded the source and nature

of epidemics, and thereby stayed their fearful march. In public hygiene, however, the medical profession is hardly enough regarded, and public sanitary regulations would be more wisely ordered if physicians were more often consulted.

But however medicine may have failed of the highest good in prevention, in the cure of disease, there has been no lack of the most earnest and careful labor. It has pushed its inquiries throughout all nature. Immense has been its work, and immense have been the results. It is not proper here to enumerate what has been done. It is enough to speak of the spirit and aim of its efforts. Its spirit is as broad and its aim as noble as truth, nothing more or less. It has no theory to propound to which facts must bend. It works in no narrow lines. Whatever experience has shown to be, or whatever promises to be of service in human ailments, all remedies, if really remedies, external or internal, liquid or solid, it brings into its service. It employs drugs in doses large or small, as may be most useful, whatever the theory of their action. In spite of its alleged hostility to anything new, and its proclivity to walk in old ways, I believe it willing to follow the leading of truth, demonstrated truth, let it lead whither it may; even if it should thereby be brought to the doctrine of similarities, or to the absurdities, as they now appear to it, of the "attenuations." But as yet it has no doctrine of similarities nor of contraries, nor of some other method which is neither like, unlike, nor contrary. It is not truly described by any of the "pathies." For it is neither homeopathic, antipathic nor allopathic, or as it is sometimes called heteropathic, however heterodox it may be thought by some. Regular medicine proposes no theory of the action of medicine which shall cover the method of cure. It is difficult enough to ascertain what will cure, without being at the trouble to find out or describe the method according to which it is effected.

We may then say of it, that its chief work and purpose concerns the human body with its complex structures and functions, its health, its diseases and the means of relieving them. Medicine is charged with an obstinate conservatism because it is not ready to adopt whatever is untried, and because while it can only arrive at anything useful by a study of facts, it will not accept as fact everything that has the appearance of it. Medicine is not unwilling to try what is new, it is only unwilling to adopt hastily everything

new. Its labors have brought out nearly all discoveries that are of any value, at the present time, however much some recent systems may claim. In some branches this is entirely true. All that is known in anatomy, physiology, and pathology, is the results of its labors. In the treatment of diseases, although this is not wholly true, as the proverbial "old woman" must have the credit of some discoveries, it is mainly so. If it has resisted in a few instances the use of remedies which have been proved to be useful, and afterward adopted them, it has resisted and banished thousands of worthless, disgusting, or harmful ones. Its conservatism is a salutary protection to the public, which has received a thousand times more injury from disregard of its unwillingness to adopt the untried, than ever has or ever will be experienced from its unwise or wrong use of its chosen means.

Having said thus much of medicine, commonly, though not very correctly called allopathic medicine, and having made allusions to methods of cure, it appears to me not out of place to speak of homœopathic medicine. This can hardly be avoided in connection with the consideration of the opinions held by the public as to the cure of diseases. It is not to be presumed that the public is interested in systems of medicine, any farther than concerns their success and usefulness. It mainly seeks its own benefit, irrespectively of the truth or falsity of methods. But inasmuch as homœopathy claims not only more truth, but even a greater success than regular medicine, I deem it not ill-timed to endeavor to speak upon these points, aiming to do so in all fairness and candor. I do not desire that it shall prove to be untrue. I have no wish to detract from its merits or to undervalue its success. If they exist I am willing that they should be taken at their just value. It is undeniable that homœopathy is believed in and adopted by persons in the community who have good sense and judgment in their business affairs and general conduct of life. It seems to them to have merits which are special, and thus commends itself to their choice. That sensible men and women believe in anything, is a sort of evidence that there is something in it. It is not enough to say that it is a mere delusion. It requires something more tangible than mere imagination to govern the convictions of people of good sense, for any length of time.— What they observe about it, is probably this, that in many cases

sick people get well as quickly when treated according to its methods, as by any other methods. Granting that this is a genuine observation—though I think homœopathsists will not be content with so small an admission, but claim that the sick in all cases get well *more* quickly—granting I say that their observation is correct; it is easy to understand why they should prefer small doses of medicine. And, theory apart—which probably does not enter into the thoughts of many who call upon homœopathy—that in it, which most affects them is, that its medicines are not hard to take. In other words their preference is almost wholly governed by its small doses.

Homœopathy is founded upon a theory of the action of medicines. Its distinctive feature is the doctrine of similarities, or as commonly stated, like cures like. According to this doctrine medicines in order to cure must cause symptoms similar to those to be removed; or to state it in other words, medicines which cause certain symptoms will cure those symptoms when they appear. In order to cure headache you must apply a medicine which will cause it, even cause more headache; for Hahnemann taught that a stronger artificial disease must be created by medicine to remove the natural one, and then an end could be put to the artificial disease by taking away the medicine which caused and kept it up, leaving the body in health. It is largely a treatment of symptoms, and has little to do with causes; yet it must attempt to treat of causes, as no system which ignores them can long be worth notice. Added to this is the doctrine of infinitesimal doses. Homœopathy is a system of practice, and does attempt anything beyond the treatment of diseases by medicine. It has no different system of anatomy, physiology, or pathology. It takes them as taught and improved by regular medicine. It adds nothing to them. It has contributed no facts to either, nor shed any light upon the nature of diseases. Its claims rest upon its theory, its medicines, and its doses. Take away its materia medica, and it would be left with nothing but its doctrine. Men get a good deal of comfort out of a sound doctrine, provided its soundness is beyond question. To establish the doctrine there is a sort of appeal to facts in their "provings," which, it must be granted, might prove something, if conducted fairly and upon a large scale. For if a symptom is constant in a large number of provings, it

has a fair claim to pass as a fact. But there are no provings made with the requisite care and precaution, and in sufficient numbers, to make them of any value. Many of the recorded provings are trivial, absurd, and even indecent in their enumeration of symptoms.

But however much the argument may run against its theory and its practice, it is sufficient to its friends, that they can believe it to be successful. Its *success* is its vital point, and so its friends feel. For if it is not successful it cannot hope to endure long. Nothing but success could carry along a doctrine and practice which in many respects contradict common experience, and which to the plainest common sense, in other respects, seem to border on absurdity. Accordingly a great deal more is said of its wonderful success, than of the truth of its doctrines.

It must be admitted that many who are treated by it get well. This is not so very wonderful when we observe that under all kinds of treatment, perhaps we may say in spite of all kinds of treatment, sick people get well. But that they do so more speedily, or more certainly under it, there are no facts in proof. That there is a belief of this sort need not surprise us, when we remember the history of medical delusions, and of all kinds of quackery. The most absurd measures for cure have hardly been too absurd to prevent their getting the faith of some adherents.

That its advocates believe they have facts is true, but their attempts to draw inferences from experience must fail, because they do not and cannot know how to interpret experience. No one but a student of the physical sciences can understand the great precaution needed to get at a fact, and therefore the common experience of life does not fit men to judge correctly of what is actually true in such matters.

The argument against homœopathy rests, first against the theory. The doctrine of similarities is not a truth. At best, if there is anything in it, it is but partially true, and therefore is a poor foundation for a system of treatment. It is, however, but a truth in appearance, not in reality; a seeming, not a real truth. However some instances may be brought forward which seem to confirm the doctrine, the doctrine itself is entirely baseless, as much so as the old doctrine of signatures from which it appears to have arisen. The old fanciful doctrine of signatures was based upon

resemblances in the medicines themselves, and not in the symptoms they caused to the organ they were to affect, and many of the remedies employed according to it, are now included in the homoeopathic materia medica, and for the same uses. These resemblances related to form, color, quality, etc. When we read of burnt foxes' tails as a remedy for asthma, because the fox is long-winded, we are reminded of some of the fancies of the doctrine of similarities. It is not true that diseases are cured by creating an artificial disease with similar symptoms, any more than that bryony cures dropsy because its root has the shape of the swollen foot of dropsy; or that the little plant, eye-bright, cures diseases of the eye because it has in the centre of its flower a black spot resembling the pupil of the eye. Yet this absurdity had once believers. It certainly was a sort of doctrine of like cures like, and was probably not without its influence on this modern one.

In the second place, the doctrine of infinitesimal doses seems too much of an absurdity to have been proposed or believed by any reasonable being. Imagine the mental status of a man, in sound health, who could sit down under the influence of a decillionth of a drop of laudanum, or of a grain of charcoal to prove its effects and note its symptoms. Much more of a sick man who could have faith in the efficacy of such a dose, though often repeated. But even if we are compelled to admit, as is claimed, that however absurd it may seem, it is possible that there are positive effects from such a dose, it certainly is contrary to common experience in all other matters, that the potency of medicine is increased by lessening the dose, so that, in a sense, the less a man takes the more powerful is the effect.

Of about the same value is the oft-repeated saying that their medicines can do no harm if they do no good. First, because the dose is small, and secondly because being given to remove one disease by causing another, if in any way they fail of this, they have no bad effect. If a medicine is powerful at all, it will do harm in proportion to the dose. The less the dose, the less the harm. It is asserted that in small doses medicines are even more powerful for good than large; why not then for harm? But many of our best medicines have a power of harm proportioned to their capacity for good, the one being almost a measure of the other.

To give a medicine then that can do no harm, is equivalent to giving one that can do no good. The mere negative of doing no harm is a poor recommendation.

But the greatest argument against the system is, after all—I believe the assertion is not untrue or unfair—that it is not adhered to in practice. Medicines are given by homœopaths upon the theory of contraries, as much as upon that of similarities, and in sensible doses; and consequently there can be no honesty in a practice which claims to be very different from, even antagonistic to, regular practice, and yet is not. Homœopathy if it is not true to itself, has no peculiar merits, it is simply giving medicines as given by the regular profession, in small doses. It would not be difficult for us to admit that medicines in small doses are often quite as good and perhaps better than in larger ones.

I am not going to deny that homœopathy has, apparently, had some influence on the course of regular medical practice. The belief on the part of the public that less medicine was equally efficacious, has had upon the whole the result to lessen the amount. It would be useless to deny that there has been over-medication, and let homœopathy claim its share, whatever it may be, in lessening it. But it must not claim too much, for the progressive tendency of medicine has had a thousand fold more agency in producing it. It has yet a high work to do, viz: to teach that in many diseases not less medicine is needed, but that the result is as good without any, and thus it will be more honest and more useful than homœopathy could be if true to itself; satisfying the belief that medicines are needed, by an appearance only of giving them, and thus keeping the promise to the ear and breaking it to the sense.

And now to learn this part of the subject, I think I may say that, setting aside its theory which is at least only partially true, if it is honest it is simply appearing to give medicine, while people get well; or if dishonest, it is an unworthy way of influencing people into a hostility to regular medicine while it uses its remedies and experience. If it has been of service to humanity let us give it honor, if it has any basis of truth it will endure, we need not fear to speak candidly of it, lest we help it. Speaking as fairly as is possible of what one feels to be a delusion, it seems to me it can only rank as a pseudo-science, not having even

the merit of discovery, as it seems certain that its essential dogmas is to be found in the old and fanciful doctrine of signatures. No system of practice founded upon a mere theory ever has been long-lived, nor will any so founded probably long endure; while regular medicine has survived centuries, accumulating wisdom, aiming at progress, seeking earnestly for truth, and enriched by the lives and labors of pure, able, and noble men.

Having spoken of the relation of the profession to the public, it remains now to say a few words of the profession itself, and our duties to it. The profession imposes upon us duties. It is our duty to increase its honor and estimation among men, and to fitly and thoroughly educate ourselves for its work.

Our first duty to the profession is to present truthfully its claims to public confidence. Not claiming for it more than it deserves, but always, candidly and fairly stating its powers and its limits. What is its position to-day? As far as it is a science, one of progress and promise. As far as it an art, imperfect, without laws, and even destitute in a great measure of clearly-ascertained, well-established facts. Yet the medical art of to-day is a vast gain upon that of the past. Clinical experience, the microscope, and autopsies are every day more clearly teaching what can and what cannot be done; or at least what it is wise to attempt and what not. Our measures are not as purely empirical. Though we have no laws of therapeutics, we are more definite in our aims, and we can count upon more certainty in our results.

But we should state fairly its limits, for we are well aware that they exist. No duty is more imperative than to correct the erroneous notions held by the public as to the powers of medicines. We must teach that medicines in many cases do not cure diseases, and are therefore not needed; nay, are even perturbative.

In spite of all fears that may be felt lest harm may come to our art in the loss of confidence, truth and honesty demand it. A profession which deals honestly with the public must inevitably secure its trust. Homœopathy thrives to-day in consequence of the belief that medicines are always necessary for the cure of diseases. They have medicines for every symptom which may be felt or imagined, and they are to-day the most thorough advocates of the necessity of medicines in diseases; and in that respect fall



in with the popular belief, or seem to do so. As far as the public is concerned, it matters not that their doses or medicines are inert, as long as it satisfies the belief and answers to the desire for dosing. It cannot be worse for regular medicine to honestly declare that in many diseases medicines are not needed. For once let the belief become fixed, and men will be better satisfied to take no medicine, than to take even the most minute doses of it. However distant it may be, we may look forward to the time when the advice of an honest and enlightened physician will be of as much value as his medicine, and when reasonable men will be convinced that a cure can be effected as quickly by the former as the latter. Men do not take medicine, even in infinitesimal doses for any pleasure that it gives them, but from a belief that it does them good. Remove this belief and they will not take it for an amusement. They will not, as now is often the case, take small globules, or even bread pills every day in the year, for real or imaginary diseases, and be about the same at the end as at the beginning.

Let it be borne in mind that I am not discrediting medicines. I believe in their benefits. Many of them have directly brought health and solace to humanity. They are most distinctly curative in many diseases. Their proper use annuls pain, controls disease, and gives new hope to man. If their use is restricted to cases needing them, they will occupy their proper place, have honor and escape reproach.

Our duty to our profession demands a higher and broader standard of education. We need minds trained to a wider range of study, in order to get the best progress in medicine. A narrow and untrained mind is incapable of making the most of its experience. In order that observations may lead to correct conclusions, the mind must be kept right by a habit of sound induction, and correct inferences from facts. In a study like that of medicine in which established facts are hard to be found, and in which rules are almost impossible, there is a necessity for the best mental training to save from theories and hasty generalization. The need of the time will, perhaps, have the result to bring about the fulfillment. But as a profession we should make our demands for a better education. The movement in our colleges in that direction is a salutary one. It is not contended that for professional suc-

cess in the best sense, i. e. a success which is founded upon making the best use of what is known in medicine—that the education should be what is called liberal. It need not embrace classical study. But it should be such that a physician is not only capable of understanding the common physical facts of the world in which he lives, but should be also capable of appreciating the best thought and knowledge of the time. He certainly ought to have such a knowledge of elementary scientific truths, beyond his special science, as shall enable him, if not to speak with authority himself, to know what is genuine science and what is not.

I hold, that the broader a man's culture, the better he can read such facts as his experience gives him, the sounder will be his conclusions, and the more useful and honorable will be his career as a physician; to say nothing of the elevation and dignity it will impart to his profession. It may be said that as a science medicine is extensive enough to occupy all the time and thought which is not taken up in practical work. But this is not so. It is possible to combine a thorough knowledge of all that pertains to medicine, with a great deal of general knowledge of other subjects. If it were true that a man could know but one thing well, or to know it well he must neglect all others, we might well feel that progress was endangered. Continue the argument a little further and you might confine study to a single branch of a single science.—Already specialists in medicine are advancing this idea. They say it is not possible to know everything, therefore know one thing well. Were the idea carried out, and medicine divided up among specialists, it would be destructive of any large views, and physicians would become the most narrow, and except in one direction, the most ignorant of educated men. For all purposes for which a man of breadth and culture is worth something to the world, he would be of little value. He would live in his own narrow sphere, and in the midst of his own narrow prejudices, useful to that extent, but of little service to human interests in any other. A man may confine himself to one branch or specialty in medicine, in practice, and do his particular thing better than any one else, but if the pursuit of one branch limits his study of all, and excludes general knowledge of many other things, the particular excellence is attained at too great a cost of advancing small things at the

expense of the greater. It ought to be, it must be, one of the aims of the profession to insist upon an education which shall not only make its own particular science as well known as it can be, but give some knowledge of other subjects, which concern the world and human beings, and thus make itself capable of enlarged views of its own work and its relation to the public.

Finally, Mill says, "the most incessant occupation of the human intellect, throughout life, is the ascertainment of truth." The physician, as much as any investigator of the truths of science, is interested, and needs to know what is actually true. Besides, that in the dark paths he must go, it is hard to ascertain, he urgently needs it, for upon a knowledge of it depends so much which may be of incalculable benefit to human beings. He, above all men, is interested not to shut his mind against it. And by so much as he is in need of it, by so much should he adhere to and declare it; declare it in reference to his art, which is yet limited and imperfect; in reference to his own knowledge and what it is possible to know; in reference to what is best in his dealings with the well and the sick. Regular medicine can afford to be truthful, for if there is much yet that is uncertain, and still more unknown, it cannot charge itself with lack of study or labor to comprehend the unknown, and reads the secrets of nature. If a physician knows all that medicine, up to this time, is in possession of, he need not be unwilling to confess that there are some things he does not know. He need feel this reluctance only when he has failed to possess himself of the knowledge there is. When this spirit actuates the profession, its members will feel the poorness of mere personal aims; and point all aspirations and energies in an unselfish direction. It will give them a new and higher notion of what constitutes success, and will lead them to a reward, which is the best that an unselfish man can desire, viz: that which follows noble aims and endeavors.

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BLOOD-CORPUSCLES IN CHLOROSIS.—M. Duncan, of St. Petersburg, has just pointed out the remarkable fact that the blood-discs of chlorotic persons yield up their coloring matter more easily than do those of healthy subjects.

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

TUESDAY EVENING, January 7th, 1868.

The President and Vice President being absent, Dr. B. T. Whitney was elected Chairman of the meeting. Members present— Drs. Witney, Diehl, Congar, Edmonds, Daggett, Potter, Smith, Samo, Kamerling, Abbott and Johnson.

The minutes of the last meeting were read and approved.

Dr. H. M. Congar read a paper on the "Production of Sex."

DR. SAMO moved a vote of thanks to Dr. Congar for his interesting paper. Carried.

DR. B. T. WHITNEY said that in behalf of his associates in dentistry, he wished to ask the coöperation of this Association in the endeavors now being made to procure the enactment by the present Legislature of this State, of a law to regulate the study and practice of dentistry. The Doctor explained the substance of the law sought for and the necessity of such a law, and at the close of his remarks offered the following resolution, which was unanimously adopted:

*Resolved*, That this Association heartily concur in the efforts now being made to secure the passage of some law by the Legislature that may tend to regulate the study and practice of dentistry and to protect the people of this State from unskillful dental operations.

Scarlatina was reported as prevailing.

Adjourned.

T. M. JOHNSON, Sec'y.

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AVERAGE DURATION OF LIFE IN ITALY.—The director of the Italian Life Assurance Society, M. W. Rey, has published some interesting statistics showing the average duration of life in Italy as compared with that in other countries, from which it appears that the mortality of Italians is exceptionally great. He shows that in Italy, 22½ per cent. of the infant population die yearly, and that, even in the healthiest districts, the average duration of life is 33.43 years only, while in France it is 38.33, at Geneva, 42.02, and in England, 39.31. The number of births, too, is relatively much smaller in Italy than in England and France.

## Correspondence.

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

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Mr. Editor:—A friend in Buffalo has kindly sent me your *Journal* for January, containing a notice of my contribution to the hip-joint operations performed during the late war in the Southern service. It is there stated I “rather exultingly compare” the result in the late Confederate army, with that published in Circular No. 6, from the Surgeon-General's Office of the United States; and moreover it is greatly regretted that one whose statements are so universally accepted, should have permitted himself to arrive at such premature conclusions, for that while his pamphlet was in construction, Circular No. 7, July, 1867, was issued by this same officer of government, which it is alleged contradicts my figures.

I respectfully solicit space in your *Journal* for the following remarks and corrections in reference to the insinuation above made touching my statements. I should not have troubled you, and would have permitted the spirit of criticism, emanating as it does from the old sectional feeling, which I had hoped was buried forever, especially in medicine, to pass unnoticed, but for the attack upon the veracity of my conclusions.

1st.—Let the readers of the *Buffalo Medical & Surgical Journal* know, a fact carefully concealed from them, that my investigations on the subject of the hip-joint operations were made at the special request, and for the use of the Surgeon-General of the United States Army; and that in this very Circular, No. 7, referred to, my contributions are acknowledged again and again, and my *co-operation* declared the most *cordial* and intelligent. Moreover, my article was accepted by the American Medical Association at its meeting last May in Cincinnati, and on its very cover bears its *imprimatur*.

2d.—It is not *true* that I stated Dr. Grant's case to be a successful primary amputation. Opposite to it in my statistics are

the word, "result *doubtful*." Drs. East's, Fauntleroy's, Compton's and Gilmore's, (not Gilman's as published in your Journal,) make *four*, without adding Dr. Grant's case.

3d.—I thought when Dr. Gilmore wrote that to sustain his patient he had even to send a daily messenger to Richmond, the capital of the then government, for necessary supplies, it was surely good evidence of the destitution in the South at that time. It will take stronger arguments than the reviewer urges to convince us that our poor wounded soldiers received all the *sanitary comforts* and *nutritious regimen* which they *required*, or that any class of them thus fared. We of the South still, and always will, believe that even those in health had a pretty hard struggle for life. The war certainly cost us something.

4th.—To make out an apparent contradiction in my report as to the success of the Federal service compared to the Southern, the reviewer *has actually taken one of my own cases*, Dr. Fauntleroy's, to make his seven recoveries. *Four*, too, of the seven, were re-amputations, the success in which no surgeon will admit now as a fair or true ratio in amputation at the hip-joint. Deduct these cases, and which every statistician knows is right and proper, and from the critic's own admission, he has only *three successful in thirty-four* coxo-femoral disarticulation; but putting it aside, the figures will read 3 in 20, with one doubtful on the Southern side, while on the Northern there were only 3 in 34. How, too, was I to know that in Circular No. 7, the three re-amputations would be added when this was published months after my report was issued from the press? I used one case of re-amputation in four successful, the reviewer four of this class in seven of his recoveries, ~~one~~ of them being mine. To this I object.

5th.—I stated that in carrying out the request of the Surgeon-General of the United States Army, the searcher after truth ~~had~~ been led "*unwittingly*" to a most favorable result on the side ~~least~~ expected, when we consider the destitute and isolated ~~condition~~ of the South during the war. This is the whole of my ~~exultation~~ over the comparison of the hip-joint operation in the two ~~services~~. Unwittingly does not mean to *exult*.

I believe courtesy requires that when ~~ever~~ ~~author's statements~~, the editor of the

notify him of it, that he may have space in the same paper for defense. May I request that you will be pleased hereafter to observe this good rule? Should you decline to publish this, do return it.

Respectfully,

PAUL F. EVE.

Nashville, Tenn., Feb. 13, 1868.

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RACINE, Wisconsin, Feb. 14th, 1868.

Editor Buffalo Medical and Surgical Journal:

*Dear Doctor*.—In the report of the proceedings of the Buffalo Medical Association for January, Prof. White gives a case in which he removed a child's diaper-pin from the rectum of a woman. Strange pin-cushion that! Dr. Boardman, a case where a nail, two and a half inches long, had been swallowed by a ruptured child, and which produced no unpleasant symptoms, but passed in due time. Also a case reported to him, of an adult, who disposed of a \$20 gold piece in the same way. With Dr. Chapman we should of course expect that to pass, "if it was good." Doctor Strong, (no mis nomer, either,) calls up his case, reported many years ago, of a child two and a half years old, swallowing (with the Doctor's assistance,) an old-fashioned copper cent, "an inch and two lines in diameter, and two lines in thickness." This, too, "did get out, and after three or four weeks, passed per rectum."

Now, Mr. Editor, I can tell a larger story than either of these, or all of them tied up in a bunch, and just as true. In 1860, when practicing in Warsaw, Wyoming county, N. Y., I was sent for in great haste, to visit a child only two years of age, a boy, who had actually *swallowed his father and mother*, and if possible, stranger still, *both went down at the same time*. You can hardly imagine the consternation and horror written upon the countenances of all in the house, who had become acquainted with this sudden disappearance of both parents of the child. That they had been swallowed there was no doubt, for at least a dozen responsible persons testified to it at once. My countrymen!! wasn't I in a dilemma? How in the name of the father of medicine and surgery, was I to get them out? I had a little hope, at first, that ~~they would~~ explode, and, thus at the expense of its own life, ~~it would~~ explode; but no, it wouldn't go off. I debated in

my own mind a few minutes, what course to pursue; but knowing both parents as *they went into the stomach* to be pretty *hard* customers, I had little fear of their digesting, for I felt quite sure they could stand confinement (not solitary) as long as Jonah did, so I began to breathe easy, and take time for a philosophical solution of the situation.

Now then for an explanation, which doubtless has already been anticipated by the reader. The patient had been left in charge of a nurse girl, who had given it, as a plaything, a double locket, containing a likeness of both its father and mother. The child, almost as soon as it came in possession of it, conveyed it to its mouth, and the girl becoming frightened in her attempt to get it out, actually thrust it down the throat into the œsophagus, where it remained nearly three hours, but it had passed completely into the stomach a few moments before I arrived, as I was distant about three miles from the patient, when sent for. The exact size of the locket, I cannot now state, but it was certainly as great in diameter as the old-fashioned cent, and of course much thicker. It remained eight days in the intestinal canal. Not an unpleasant symptom occurred during its stay. On the eighth day the parents became very anxious, (why should they not?) and from the operation of a very large dose of castor oil, which I had ordered, the locket passed.

I think Dr. Strong will cheerfully pass over the "laurels" to me, and call my case the most wonderful. For a father and mother to be swallowed by their own child, a little boy, of only two years of age, and to travel his entire length, through sphincter and all, in eight days, and to be safely deposited in a *pot-de-chambre*, is rather remarkable, even for this fast age, and a little beyond Dr. Strong's "copper."

I did not inquire of the "parents" after their second advent into this world, whether they took "notes by the way" or not, but if Dr. S. is not yet willing to pass over the laurels, I will do so, for they still live in glorious old New York.

JOHN G. MEACHEM.



### Dental Surgery.

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Editor Buffalo Medical and Surgical Journal:

There is an effort now being made, which is pushed forward with vigor, to bring before the present Legislature a bill, which we hope may become a law, to regulate the study and practice of dentistry, and for the formation and control of dental societies in this State. So far, dentistry has had no legal status, no less in regard to the qualification of those to be entrusted with the care and treatment of the teeth, or the diseases connected with them. The mass of people who may be most benefited by conservative dentistry, have no means of judging of qualification, except by sad experience in the loss of their natural teeth. A large mass of dentists have no knowledge of, or ability, to save the natural teeth, or to give them proper care—are uneducated in anything but the manual labor, as mechanics, in pulling them out and putting in artificial ones.

While we may not be able to weed out that class, or even to place restrictions upon any that are already in the business, this law will have the effect, so much desired, of demanding and receiving an established term of pupilage, as that of the medical student, an examination by a competent board of censors, who shall decide upon their qualification, and the result of this examination will be evidence to the community where he may locate, of his qualification. This will secure a better educated class of men, and a much higher standard of qualification of all who are hereafter to come into dental practice.

The bill, as framed, is much the same as the law pertaining to the medical profession—remodeled from it—but so changed as to meet the wants of the dental profession. The State and local societies are to be legalized on the same principles.

The following preamble and resolution were adopted by the New York State Medical Society, at its session just held in Albany:

*Whereas*, The Dental Profession of the State of New York, now numbering about two thousand practitioners, are about to petition the Legislature of the State for such legal enactments as will tend to regulate the practice of Dental Surgery, and to make some distinctions between the meritorious and skillful, and the ignorant pretender, and to give this profession a legal recognition, it is by this, the Medical Society of the State of New York.

*Resolved*, That this move on the part of the Dental Profession of this State, to procure such general laws for its protection, as now pertain to the medical profession, meets with our hearty approval, and that we hereby join in the prayer of their petition for this purpose.

The Erie County Medical Society and the Buffalo Medical Association passed similar resolutions at their January meetings. The *Syracuse Courier* speaking of Dental Surgery, says: "We are glad to see the medical profession as such, and in official as well as private capacities, recognizing and acknowledging the merits of this scientific art, not merely as an art, but as a collateral branch of the *healing* art, as a specialty of general surgery. Why this profession has not long since applied to our Legislature for some enactment to regulate its practice, and to protect the public against imposition from dental quackery, has to us been a wonder. But we see they have now gone about this work in earnest, and it is pleasant to see the *medical* profession promptly stepping forward to aid them to perfect this desirable object."

Yours, &c.,

B. T. WHITNEY.

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## Miscellaneous.

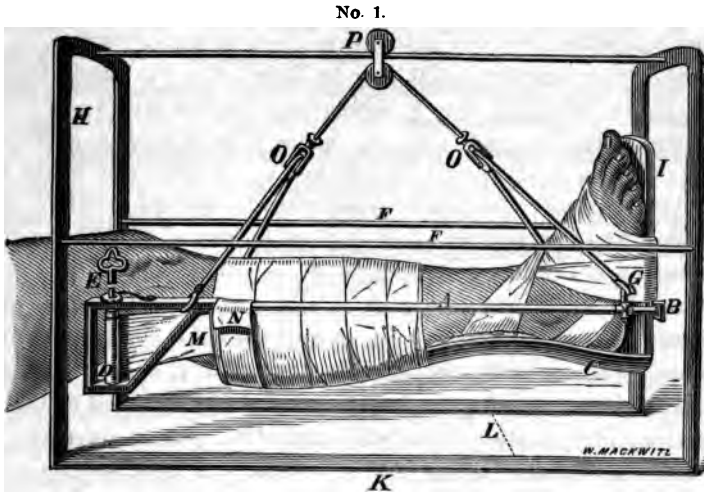
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### A Suspension Splint, for treating Simple and Compound Fractures of the Leg.

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

The great necessity for a well adapted apparatus in treating fractures of the leg, suggested the utility of the instrument I have designed in the following wood-cut, which, not only answers every practical purpose in treating this class of fractures, but also contributes very much to the comfort of the patient, who, while he is enabled to execute every movement of which the sound limb is capable, yet, cannot displace the fracture or modify the force of extension. In presenting this apparatus, I claim an advantage over those invented by Hutchinson, John Neill, Crandall and Salter, not only for the means of extension and counter-extension, but also its adaptation to the treatment of compound fractures of

the leg, as represented in figure No. 2. And considering the simplicity of this instrument, with its cheapness and application to every variety of fractures of the leg, will certainly give it the precedence with those who may venture to use it in a single case. The apparatus is such as may be made by any blacksmith, or indeed by any ingenious surgeon in a case of necessity, when a wooden frame and two hoops with a common iron pulley will answer quite as well as the instrument which I have had made of iron on the following plan:

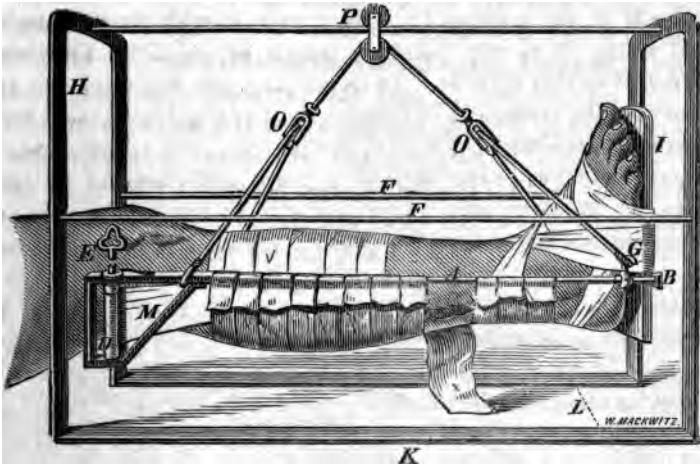


The two arches represented by the letter (H), at one end, are made of iron bars one-eighth of an inch in thickness, and three-fourths of an inch wide. These arches are continuous with the bottom pieces (K), which support them upon the bed and measure twenty-two inches in length, making the distance between the two arches, which are also supported on the sides by the two slender bars (F. F.) While the bar extending across the top, upon which the pulley (P) glides, should be made flat, with the long diameter perpendicular so as to prevent it bending with the weight of the leg. The width of the arch under which the leg is suspended—as indicated by the letter (L), should be fifteen inches, and the arch eighteen inches from the surface of the bed.

This description will be sufficient to indicate the proportions of the exterior apparatus. The bars represented by the letter (A),

in which the leg is suspended, should be about two feet in length—unless when the fracture is too close to the knee, and it may be necessary to attach the adhesive straps (M) above the knee, then the bars may extend to near the perineum if necessary. The cross-bar passing beneath the bracket at (B), and upon which the foot rests, should be flattened and five inches in length, so as to allow ample space for the limb to rest between the bars; the space between these bars at the upper end should ordinarily be about six inches. The splint (C) upon which the leg rests in figure 1, should be fluted upon its upper surface so as to conform to the shape of the leg, while it is also made oval upon its under surface, so that both the leg and the splint may be included in the bandage shown in figure No. 1, by which means any displacement may be corrected in the fracture and the bones kept in perfect apposition. The foot piece (1) should be attached to the posterior splint at an obtuse angle, so as to correspond with the natural position of the foot. The foot is bound to this piece by means of adhesive straps which may embrace the whole of the foot, and extend partly over the ankle, but not so as to arrest the circulation, as by the figure of eight bandage used around the ankle for making extension. The leg then, as seen in figure No. 1, is supported upon the cross-bar passing under the bracket (B) attached to the foot-piece, and by resting upon the strap (N), pinned over the bars (A) on either side; while the extension and counter-extension is effected by means of the bar across the foot-piece below, and above by means of adhesive straps three inches in width, as indicated by the letter (M), which are attached to the sides of the leg, beginning just above the point of fracture and passing up to the wound around the cylinder (D), which is three and a half inches in length, and turned by means of an ordinary clock key, represented by the letter (E.) This cylinder is held in any position to which it may be turned, by a ratchet and wheel placed upon the upper surface of the bar, as indicated in the diagram.

No. 2.



It will be observed in figure No. 2, that there is no posterior splint as in the other diagram, but the leg is supported entirely by strips of muslin pinned over the bars on either side, which renders this apparatus more appropriate for the treatment of compound fractures in which the wound may be examined and dressed when necessary, by removing one or more of these strips which may be replaced by new ones without disturbing the fracture. The attachment of the foot-piece in this dressing does not in any particular differ from that of figure No. 1. The means of suspension is the same in both these dressings, which, by means of the pulley at the letter (P), the patient is enabled to move his limb, or even his body, forward and back to the extent of the length of the bar upon which it glides, and by means of the cord playing over the under wheel in the same pulley, the patient is able to flex and extend the knee by depressing or elevating the foot, which movement can be executed by a very slight effort on the part of the patient, while at the same time he can swing the leg from side to side to any extent within the space of the arches; and by means of the cords playing through the pulleys at (O. O.), the leg can be rotated to any extent, even to allow the patient to lie upon his side if he desires, without disturbing the fracture in the least. It will be observed in the diagrams that at the letter (G) there is a thimble, which can be made to slide upon the bar, by means of

which the lower end of the leg can be elevated or depressed at the will of the patient, by sliding this thimble forward or back, and fixing it at any point by means of the little thumb-screw attached to this thimble. In developing the utility of this apparatus for the treatment of fractures of the leg, I have tried various means of attaching the foot at the bottom, such as the muslin and flannel bandages in the form of a figure eight around the ankle, covering the foot also, as far as the toes; but have always found them objectionable from the great amount of pressure and consequent arrest of the circulation in the foot, though the flannel bandage is much less objectionable than the muslin. But I have been able to obviate this objection, by the use of the adhesive plaster attached over the front of the foot, and around the foot-piece, as shown in the diagram; this I have ordinarily found quite sufficient, unless in rare cases, when an unusual counter-extending force is required, it may become necessary—as very aptly suggested by Prof. Hammer of this city—to pass a strip of adhesive plaster beneath the heel and around the foot-piece, which adds very much to the strength of the dressing. I have recently treated six cases of fractures of the leg with this apparatus, in which both bones were fractured, and in which there was more or less shortening in each case, with excellent results in all of them, without allowing the least deformity or shortening, while the patients were all grateful for the comforts allowed them by this apparatus during their confinement.—*Humboldt Medical Archives.*

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### Medical Society of the State of New York.

#### Sixty-First Anniversary.

##### FIRST DAY—MORNING SESSION.

The Society met, pursuant to statute, in the State Geological Rooms, Albany, at 11 A. M. on Tuesday, February 4, 1868.

The President, Dr. John P. Gray, of Utica, called the meeting to order, when there being no clergyman present, the Society, on motion of Dr. March, proceeded to regular business.

*Address of the President.*—Dr. Gray next read his inaugural address, and in compliance with the by-law on the subject, gave a

sketch of the progress of medicine during the past year. He alluded to the fact that two new medical journals had been started in the city during the time referred to, the *Medical Gazette* and the *Quarterly Journal of Psychology*, and in passing urged the members to sustain all the various medical periodicals by earnest support, both literary and pecuniary. In alluding to the subject of medical education, he deplored the low grade of requirements, and the non-existence of any law which would compel the student to study any specific time. He suggested the propriety of recommending to the legislature, not only the passage of an act naming some particular time for study, but also that the period should be four full years. The question of regulating the proper sale of drugs also came up for consideration, and some legislation was believed to be necessary to accomplish the desired object. Another point made by the speaker in his elaborate, well-timed, and able address, was the necessity of clearing away the stumbling-block to prosecutions for abortions, in the proper understanding of the term "quickening," it being desirable to make all fully amenable to the law who should destroy a foetus that was viable.

Dr. Bissell, of Utica, offered the following, which was adopted:

*Resolved*, That the President's inaugural address be referred to a committee of three, to examine and report such action thereon as may be deemed necessary on the part of the Society.

The following committees were next appointed:

*Business Committee*.—Dr. E. R. Squibb, of Brooklyn; Dr. S. O. Vanderpoel, of Albany; and J. Foster Jenkins, of Yonkers.

*Committee on Credentials*.—Drs. Hyde, P. P. Staats, and W. H. Bailey.

*Committee on Reception*.—Drs. Allen March, Doolittle, and W. B. Bibbins.

*Committee on President's Address*.—Drs. Brinsmade, Banks, and Rochester.

The Rev. John F. Peck, at this stage of the proceedings, apologized to the Society for his absence at the time of the opening of the session, having been detained some distance from the place of

by the sickness of some of his parishioners.

H. Armsby offered the following, which was carried

*Resolved*, That a committee of three be appointed to invite the physicians who are members of the Constitutional Convention and the State Legislature to participate in our deliberations during our meeting.

After which Drs. Armsby, Hall, and O. White, were appointed as said committee.

Dr. Bissell announced the death of Drs. John M'Call and Nichol H. Dering, making remarks and offering resolutions.

Prof. White, of Buffalo, made some appropriate remarks in regard to the deceased members.

*Appeal to the Society by an Expelled Member from a County Society.*

Dr. Squibb, as Chairman of the Business Committee, presented an appeal from Dr. N. K. Freeman, of West Farms, Westchester county, from a decision of expulsion from the County Society, at the same time suggesting that it would be desirable and proper to refer the matter to a Committee of Censors, who should report their decision to the Society for ultimate action.

The propriety of this measure was discussed, and culminated in the passage of the following resolution, offered by Dr. Bissell:

*Resolved*, That a standing committee on medical ethics, to consist of three members, be annually appointed, to whom all papers, resolutions, and other matters presented to the Society for consideration, involving questions of medical ethics, shall be referred.

Drs. Brinsmade, Hyde, and Banks, were appointed on the aforesaid committee.

Dr. Hun, Chairman of the Committee on the Revision of the By-Laws, read an elaborate report, which was finally referred back, with instructions to report a complete set of by-laws at the next meeting, and have a sufficient number of the same printed for distribution at the commencement of the next annual session.

A communication was next read, inviting the members to an entertainment to be given by Drs. March and Armsby, at the City Hospital, on Wednesday evening, at 9 o'clock.

#### FIRST DAY—AFTERNOON SESSION.

The Society met, pursuant to adjournment, at 3 P. M., and was called to order by the President. At the suggestion of Doctor Squibb of the Business Committee, the minutes of the meeting were to be read every morning.

The President announced the following Nominating Committee:



Dr. Jos. C. Hutchinson, Dr. Geo. J. Fisher, Dr. Thos. Hun, Dr. F. Burdick, Dr. D. P. Bissell, Dr. W. C. Wey, Dr. W. Manlius Smith, and Dr. C. C. Wyckoff.

*Legal Enactments to Regulate Practice of Dentistry.*—On motion, Dr. Wescott, dentist, from Syracuse, was solicited to read a report concerning the efforts being made to obtain legislation upon the practice of dentistry. The report was received, and the following preamble and resolution, offered by Dr. Squibb, was adopted:

*Whereas*, The Dental profession of the State of New York, (now numbering about two thousand practitioners,) are about to petition the Legislature of the State for such legal enactments as will tend to regulate the practice of dental surgery, and to mark some distinction between the meritorious and skillful, and the ignorant pretender; and to give this profession a legal recognition, it is by this, the State Medical Society,

*Resolved*, That this movement on the part of the Dental profession of this State, to procure such general laws for their protection as now pertain to the Medical profession, meets with our hearty approval, and that we hereby join in the prayer of these petitioners for this purpose.

*The Sulphite of Soda and Glycerine.*—Dr. John H. Griscom, of New York, read a paper entitled "Therapeutic Value of Certain Articles of the Materia Medica of Recent Introduction," in which he treated more particularly of the uses of sulphite of soda as an internal, and glycerine as an external remedy. The former, by its peculiar antiseptic property, was considered by him as one of the most valuable alteratives, especially in those cases of functional dyspepsia, where it was necessary not only to arrest the fermentative process, but also to furnish an alkali. The latter substance, in consequence of its affinity for the watery elements of the blood, had, according to his observations, a marked effect in melting down all inflammatory indurations.

The paper was, on motion, referred to the Publication Committee, not however without some humorous allusions by Dr. Corliiss to hobbyism in new remedies generally.

Dr. Marsh introduced Prof. Barker, of New Haven, formerly of Albany. Prof. Barker gracefully responded to the introduction. Also Charles L. Ives, of New Haven, who also addressed the Society; as did also Drs. Foster, of Portland, Maine, and Lewis A. Pendleton, of Maine.

Dr. Squibb read by title the following papers: "Method in Medicine," presented by the Albany County Medical Society, by Dr. Pomfret; continuation of paper on "Monstrosity," by G. J. Fisher, of Sing Sing; all of which were referred to the Publication Committee.

FIRST DAY—EVENING SESSION.

The Society met at 8 P. M., and was called to order by the President.

Dr. Squibb presented the "Biographical Sketch of Alden S. Sprague, M. D.," by C. C. Wyckoff; "A Report from the Madison County Medical Society, upon some of the Diseases of that County," by Dr. Saunders. All of which were referred to the Publishing Committee.

Dr. Garrish read his report on "Tsan-Tsi or Rhynchosia Excavata in Amenorrhœa." Referred to Publication Committee.

Dr. Wolff moved to lay the whole subject on the table. Lost.

Dr. Garrish next presented a specimen of an acephalous monster.

Dr. Bates, from Columbia county, made a report as delegate to the Massachusetts Medical Society; after which the Society adjourned until Wednesday, 9½ A. M.

SECOND DAY—MORNING SESSION.

The meeting was called to order by the President, Dr. Gray, when the Rev. Mr. Smart, of Albany, offered a prayer. The minutes of the meetings of the previous day were read and approved.

Dr. Coventry, of Utica, presented a memoir of the late Dr. John M'Call, which was referred to the committee on publication.

*The Uses of the Sphygmograph.*—Dr. S. O. Vanderpoel, of Albany, exhibited, by request, the workings of the sphygmograph.—He stated that Dr. Hun, of Albany, was the first gentleman who had brought the instrument to this country, and that with him he had tested its extended applicability in a large number of cases. After stating that the instrument was destined to do for cardiac disease what the stethoscope had done for chest troubles, he described the manner in which the pulse-waves were registered, and the significance of the tracings.

Dr. March introduced Dr. Hitchcock, a delegate from the Massachusetts State Society.

Dr. Allaben, of Delaware county, read a report of a case of compound fracture of the leg, which had occurred in that county, and for the treatment of which he had been sued in the sum of \$500 for mal-practice, in causing mortification, as was claimed, by tight bandaging. The facts of the case, as they appeared in the report, were adverse to such a decision. His object in presenting the case to the Society was to obtain some expression of opinion, not only upon this case, but upon similar ones. The report was referred to the Committee on Publication.

On motion of Dr. Lee, of Peekskill, the whole matter was referred to the following committee of three: Drs. Armsby, Hutchinson, and Wolcott.

*Anastomosing Aneurism of the Orbit.*—Dr. Armsby introduced the Rev. Dr. Hartwell, who, a year before, had been seized with an inflammation of the left eye, terminating in a slight protrusion of the eye-ball, which had gradually been increasing until the present. The tumor was strongly pulsating in character, and could be diminished somewhat by pressure upon the carotid of that side. The diagnosis had been that of ophthalmic aneurism. The question as to an operation of ligation of the carotid came up, and would in all probability have been performed, had not an aneurismal varix suddenly made its appearance upon the prominence of the left shoulder. The patient's health was beginning to break down, and the expression of opinion on the part of the members was solicited as to the propriety of any operative interference.

Dr. March gave it as his opinion that the disease was an aneurism by anastomosis, and believed with others present that the case was a hopeless one for surgical benefit.

Dr. Quackenbush read the Treasurer's Report, showing a balance of over one hundred dollars to the credit of the Society.

*Holt's Instrument in Stricture*—Dr. Hutchison, of Brooklyn, read a paper on the uses of Holt's instrument in the treatment of stricture, and cited some illustrative cases. As this paper will be presented to our readers at some future time, we shall not here make an abstract of it.

Dr. March related a case of cancer of the rectum, for which he had removed two inches of the gut. This case will also probably be published *in extenso* at a future time.

*Report of Committee on President's Inaugural.*—Dr. Brinsmade, as Chairman of the Committee on the President's Inaugural, offered the following, which were unanimously adopted:

The committee to whom so much of the President's address was referred as pertains to legislative action, respectfully report:

*First*—That in their judgment, laws should be enacted, if possible, to secure proper qualifications and restrictions, on the part of those to whom the preparation, compounding, and sale of drugs and medicines is entrusted.

*Second*—That criminal abortion is of such frequent occurrence, and is so lightly regarded by the community in general, that its wickedness and enormity, and destructiveness to health, can only be made apparent by the united expression of the medical profession; and that it is the sense of the Medical Society of the State of New York, that the words "with a quick child," in chapter 22, § 1, quoted in the address, should be stricken out, and the statute thus amended made to cover the whole period of gestation.

*Third*—That the remarks on the preliminary education of students, and on their proper medico-collegiate course, are most fully and thoroughly endorsed, and that all legitimate action to secure the same is most earnestly commended.

*Fourth*—Without further specification, the committee advise the publication and wide dissemination of the address, as presenting the sentiments of the Society and of the profession at large; and lastly, they recommend the appointment of a local committee to present, if practicable, the necessary documents to the present Legislature of the State of New York, to procure such legal enactments as shall accomplish the end desired—and if that cannot be done, to present the same to the next Legislature at the commencement of its session.

THOS. C. BRINSMADE,  
JAMES F. BANKS,  
THOS. F. ROCHESTER.

Dr. Corliss offered his report, as delegate to the Rhode Island and Vermont Medical Societies.

The following committee on the above resolutions of Dr. Brinsmade, as Chairman of the Committee on President's Inaugural, was announced: Drs. Brinsmade, Banks, and Rochester.

*Microscopical Examination of Damaged and Valuable Papers.*—  
Dr. E. H. Parker, of Poughkeepsie, remarked on the use of the microscope in detecting alterations in valuable papers. The remarks were based upon two very interesting cases of forgery, to which the doctor had been called as an expert.

The first was one in which it was an alleged promissory note, signed by a blind man who had deceased. The gentleman in question had become blind by cataract, but was nevertheless in the habit of signing all important papers. The body of this note was written by a different hand, in blue ink, and the name in black ink. The question came up as to whether the body of the said note was written before that of the signature or not.

The paper folded end to end across the middle. Prints of black ink were transferred from the black signature, and were found on the opposite side. In several places the blue and black ink of the dots were in conjunction. It was impossible to tell which was put on last, till a place was found where the bottom of a letter *y* and tip of a letter *h* came together over a dot, and showed the blue ink on top.

The same paper read, "*one day* after my death I promise to pay," etc. It showed clearly under the microscope that it had been written "*one year*," an erasure having been made and *day* written in.

The other paper was an alleged receipt for \$2,000, paid on May 11th. That amount had been paid May 1st, and this alleged payment was denied to have been made. Examination by microscope showed that the first figure 1 of the date was in *brown-black* ink, while the second and the rest of the paper were in *blue-black* ink. Transfer had been made of the *brown-black* ink to the other end of the paper by folding, showing that it was put on last. The two shades of black show only under the microscope; to the naked eye they are alike.

Dr. Squibb, in this connection, referred to the following case: A number of U. S. bonds were stolen some time since from a party, and their payment stopped. For a long period nothing could be discovered in relation to them. Finally, however, two bonds with the same numbers were found in Wall street, and it occurred to the parties concerned that one of these must be of the lot that had been stolen. The difficulty was to decide which was

the genuine, and it was cleared up by a microscopical examination of the ruled lines upon which the figures were written in red ink. The magnifying glass showed the tracings of the old figures underneath the new, the red ink of the former having been previously removed by a chemical process.

Dr. R. H. Ward, of Troy, next read a very lengthy paper with the following title: "Allopathy; an Inquiry into the Relation of Sects in Medicine."

Dr. Corliss related a case of ovarian dropsy which he had tapped through the vagina.

Dr. Squibb, in behalf of the Business Committee, stated that information had been received from Dr. Ives, of New Haven, that Elial T. Foote, a permanent member of the Society, had been a declared charlatan for many years. The said party was a resident of New Haven, and had done much, with such influence as he possessed, to damage the interests of the profession at that place.

A motion was accordingly made to drop the said name from the roll, which, after much discussion, was carried.

The Society then adjourned until 3½ P. M.

#### SECOND DAY—AFTERNOON SESSION.

The Society met at 3½ P. M., agreeably to adjournment. The meeting was called to order by the President.

Dr. Cobb moved that the Society request the Nominating Committee to present the name of Dr. Corliss for our next President. This was lost.

Dr. W. White made his report as delegate to the Maine Medical Society, which was referred.

Dr. Squibb presented the report of Dr. A. N. Bell, from Committee on Hygiene. Referred.

*A Worm in the Aorta.* (?)—Dr. Coates, of Batavia, presented a portion of the arch of the aorta containing a lumbricoid which was discovered in that artery during a post-mortem examination of a soldier in the Ladies' Home Hospital, of New York city. The patient had died in 1864 of pneumonia, following an attack of measles. On attempting to remove the lungs by severing the vessels at their roots, the worm referred to was found alive in the cavity of the aorta. It was preserved *in situ*. The gentleman, Dr. Tozier, who forwarded the specimen, not having sent a com-

plete history of the case, Dr. C. was unable to give any further particulars.

Dr. Squibb pertinently remarked at this juncture, that in all probability the worm had accidentally found its way into the interior of the vessel after the death of the patient.

The Business Committee read by title a paper entitled, "Removal of Encephaloid Testicle," by Dr. Ferris Jacobs, and one on "Cæcal Inflammation and Ulceration complicated with Diseased Appendix," which were referred.

*Case of Inverted Action of Uterus.*—Dr. P. P. Staats, of Albany, reported a case of foot presentation, which was accompanied with repeated and forcible recession of the parts. The feet were finally delivered, when a large retained placenta was found at the fundus.

Dr. Squibb suggested that the placenta in that situation, acting as a splint, so to speak, interfered with the action of the uterine fibres, and gave a chance for those below to press the lower parts of the child upward.

Dr. Wm. B. Bibbins offered the following resolution:

*Resolved*, That a physician of this State will not be received by this Society as an invited guest, unless he is either a member of a county medical society, or a member of the New York Academy of Medicine, or a member of the faculty of a medical college, or a member of the legislature.

Adopted.

Dr. White, of Buffalo, offered the following, which was adopted:

*Whereas*, Observations have been made, during an informal discussion yesterday in this Society, questioning the propriety of continuing the publication of the essay of Dr. G. J. Fisher on "Compound Monsters;" and *whereas*, Dr. Fisher in his remarks intimated that he should "feel delicate about offering to the Society anything further on the subject."

Therefore *Resolved*, That this Society recognizes the scientific value of this essay, and earnestly requests Dr. Fisher to continue his monograph, and furnish it to the Committee of Publication.

Dr. Beadle moved the following: That the Committee on Pharmacology be directed to report to this Society the name of a member to supply the place in that Committee of Dr. Townsend, deceased. Adopted.

Dr. Squibb moved that the Society meet Thursday morning, at 9½ A. M.

On motion, the Society adjourned, to meet in the Assembly Chamber at 8 o'clock, to hear the President's Address.

The Society convened in the Assembly Chamber at 8. They were called to order by Dr. Tefft, Vice President; after which the President, Dr. Gray, delivered his annual address.

*The Annual Address.*—The subject which had been chosen was the relation of the study of insanity to general medicine. After showing that insanity was properly a branch of general medical science, he gave an historical review of the progress which had been made in this study; and proved that it had been in proportion to its study as a branch of medicine rather than of mental philosophy. He stated that the ancients regarded it as a bodily disease, hence they were tolerably correct in their treatment; but during the middle ages it fell within the domain of philosophy, and was consequently misunderstood. In modern times its progress in Europe and this country had been due to the investigations of medical men taking it from the control of metaphysical speculators. He remarked that the history of the subject showed that, freed from the above-noted retarding influences, its progress had kept pace with that of general medicine, of which it was legitimately a part. Insanity was now recognized as a physical disease, and it should be taught as such in medical schools. The advantages of such teaching were then dwelt upon, after which some practical hints were offered as to how such a plan might be carried out.

It was moved by Dr. Van Dyke that the thanks of this Society be tendered to Dr. Gray for his very able and interesting address. Adopted.

The Society adjourned, to meet at 9.30 A. M. Thursday.

After the adjournment, the members assembled at the City Hospital, to respond to the invitation to an entertainment by Drs. March and Armsby. Telling addresses were made by Mr. Bogart, the Hon. Mr. Brooks, and others, after which all present partook of a bounteous and elegant supper.

(To be continued.)

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*Toothache Drops.*—An admirable mixture is made by combining in equal parts, creasote, laudanum, chloroform, tinct. aconite, tinct. of iodine, and lead water. To be applied on a pellet of cotton.



## Editorial Department.

### Annual Commencement Exercises in the Buffalo Medical College. List of Graduates.

The annual commencement exercises of the Buffalo Medical College, took place February 25th, at the Opera House, in the presence of a large audience. Prof. J. P. White presiding.

The following Curators were present:—Drs. Hovey and Montgomery of Rochester, Lauderdale of Geneseo, Strong of Westfield, Baker of Warsaw, Flood of Elmira, Townsend of Bergen, Craig of Churchville, Menzie of Caledonia, Bennett of Erie, Pa., Eddy and Samo of Buffalo, and Lapham of Aurora.

At the meeting of the Council of the University, Dr. Geo. E. Hayes, of Buffalo, was elected Member to fill vacancy caused by death of the late Jesse Ketchum, Esq.

*Curators.*—At the same meeting the following gentlemen were elected Curators: Dr. C. C. Wyckoff, of Buffalo; Dr. Harvey Montgomery, of Rochester; Dr. Francis Burdick, of Johnstown, Fulton county; Dr. Robert Menzie, of Caledonia; Dr. A. W. Fuller, of Le Roy.

Hon. Millard Fillmore, Chancellor of the University, conferred the degree of *Doctor of Medicine* upon the following gentlemen:

John Morton McWharf, Java Village, Wyoming county, N. Y.

Miles Gaylord Myers, Breesport, Chemung county, N. Y.

Frederick W. Hogarth, Smithport, McKean county, Pa.

Hiram Parker Trull, Varysburg, Wyoming county, N. Y.

John Krebiel, New Haven, Huron county, Ohio.

William James Barry, St. Catherines, Ontario.

Frank E. Bliss, Eagle, Wyoming county, N. Y.

Malcom Ney McNaughton, Galesburg, Kalamazoo county, Mich.

John Mulvany, Dunnville, Ontario.

George Barry Jones, Corfu, Genesee county, N. Y.

Dwight C. Chase, Lima, Livingston county, N. Y.

Eber Smith Carlisle, jr., Johnson, Jones county, Iowa.

Arthur Martin Gerow, Sterling, Hastings county, Ontario.

Luke Arthur Harcourt, Arthur, Wellington county, Ontario.

Henry Lane McCoy, Smithport, McKean county, Pa.

Emmet Fleming Pyle, Pekin, Niagara county, N. Y.

Albert Harlow Flood, Elmira, Chemung county, N. Y.

Wm. Urias Truckenmiller, McEwensville, Northumberland county, Pa.

John Fletcher Falling, Lyous, Wayne county, N. Y.

Oscar H. Hall, Marilla, Erie county, N. Y.

Loran Fernando Boies, Aurora, Erie county, N. Y.

Luke Chandler Higgins, Corfu, Genesee county, N. Y.

Cassius Marcellus Ackley, South Dansville, Steuben county, N. Y.

Frank Granger Osborn, Holland, Erie county, N. Y.

David Estep Chace, A. B., Buffalo, Erie county, N. Y.

Oran Amasa Dean, Rochester, Monroe county, N. Y.  
 Joseph Quinlan, Buffalo, Erie county, N. Y.  
 Proteus Posket Bielby, Little Falls, Herkimer county, N. Y.  
 Matthew Willoughby, Buffalo, Erie county, N. Y.  
 Frank W. Crane, Corfu, Genesee county, N. Y.  
 Henry S. Ellwood, Buffalo, Erie county, N. Y.  
 Galette B. Gilbert, Alexander, Genesee county, N. Y.  
 Henry Platner Hall, Sinclairville, Chautauqua county, N. Y.  
 George Washington Allen, Urbana, Champaign county, Ill.  
 Claude Wheeler, Farmer Village, Seneca county, N. Y.  
 Elliott H. Woolsey, Ferrington, Monroe county, N. Y.  
 Francis Martin, Mount Read, Monroe county, N. Y.  
 Robert Fowler Dunlap, Darlington, Beaver county, Pa.  
 Patrick Francis Madden, Buffalo, Erie county, N. Y.  
 John Dumbach, Louisiana.

The honorary degree of Doctor of Medicine was conferred upon Theodore Evans, of Paris France.

The charge to the graduating class was delivered by Dr. J. F. Miner. Dr. Matthew Willoughby, member of the graduating class, gave the Valedictory Address, which was well written and very appropriate for the occasion.

The graduates, in the general examination, acquitted themselves with high honors, and as a general rule, gave promise of future honor and usefulness. The rigid and careful sifting of merit by both the Faculty and Curators proved them ever faithful janitors, guarding with jealous care the entrance to the medical profession.

*To Prof. J. F. Miner :*

At a meeting of the members of the graduating class, held immediately after the close of the commencement exercises, upon motion, a resolution was adopted, that Prof. Julius F. Miner be requested to allow the publication of his "Address to the Members of the Graduating Class" in the *Buffalo Medical and Surgical Journal*.

PROTEUS P. BIELBY,  
 J. W. WILLOUGHBY,  
 DAVID E. CHACE,  
*Committee.*

BUFFALO, February 25, 1868.

*To Drs. Bielby, Willoughby and Chace :*

GENTLEMEN: I have to thank you and those you represent, for your very polite invitation to allow the publication of my address before the graduating class. I had proposed to withhold it from publication, but a strong desire to gratify the wishes of yourselves and associates, and also for the purpose of correcting the fearful errors of "short-hand reporters," who have represented me as saying precisely the reverse of what I did say, or would be willing to say, may so far change my purposes in this respect as to allow its publication, according to the request of the class.

With much regard for yourselves and associates,

I am ever, yours truly,

J. F. MINER.

## Books Reviewed.

**On the Treatment of Diseases of the Throat and Air Passages by inhalation, with a new inhaling apparatus.** By Emil Siegle, M. D. Translated from the second German edition, by S. Nickles, M. D. Cincinnati: P. W. Carroll & Co., Publishers. 1868.

The treatment of diseases by inhalation of medicated vapors has, since its introduction, found many warm and enthusiastic advocates, some of whom are receiving it as a grand accession to our therapeutical means. The present volume is a careful resumé of the history, mode of administration, and the diseases which may be treated by inhalations. It also describes a new inhaling apparatus, of which steam is the motive power. This apparatus, which has been improved by Messrs. Codman & Shurtleff, of Boston, by an addition of a shield for the protection of the patient's face from unpleasant contact with the medicated vapors, is said to possess the following advantages over similar instruments: 1st. In producing the finest spray of atomized fluids. 2d. That it is not easily obstructed, and 3d. There is no disproportion in the force of the spray, a thermometer being connected, which will indicate the exact amount of pressure. The author of this work has been intimately associated with the history of inhalation, and by his efforts and perseverance this plan of treatment has been materially advanced.

**Annual Report of the Surgeon General United States Army, 1867.**

This document, after presenting a summary of the financial condition of the department, enters upon some interesting statements connected with the health and mortality rate of the army, the mean average strength of which, (white troops) during the past year is stated at 41,104 men. The number taken on sick report, for disease, was 111,660; and for wounds and injuries, 10,104, a total of 122,121 sick-reports, or nearly three entries for each man. The constant sickness rate, from all causes, was a little less than 6 per cent. There occurred during the year 1,527 deaths from disease, or 3.7 per cent. mean strength, and from wounds and injuries 155, or 3 per cent. mean strength; a total mortality from all causes of 1,682 men, or 4 per cent. Seven hundred and twenty-three deaths resulted from epidemic cholera, which, when deducted, the per centage of death from all other causes will be reduced to 20 per thousand mean strength, or 2 per cent. The proportion of deaths from all causes, to cases treated, was one death to every seventy-three. The average strength of colored troops is represented at 6,561; number entered on sick-report for disease, 18,800; for wounds and injuries, 894; total of 19,694, or three entries for each man. The constant sickness-rates was 4.3 per cent. for diseases, and 2 per cent. for wounds and injuries, or a total of less than 5 per cent. The deaths from all causes was 12 per cent., mean strength, which is reduced to 3.9 per cent. upon deducting 7.1 per cent., or 536 deaths from epidemic cholera. The proportion of deaths from all cases treated was one death to every twenty-five cases.

During the year, the histories of 45,551 men were entered upon the surgical records, making a total entered upon permanent register of 207,941. The department is sparing no effort to ascertain the ultimate results of both operative and conservative procedures, and through the coöperation of Surgeon Generals of

States, private practitioners and various other sources, has been eminently successful, the result of no less 6,373 amputations having been learned from manufactures of artificial limbs. The literary contributions from this office for the year have attracted universal attention, both on account of their great intrinsic value and style of execution. Assurances of continued activity are extended, and the early publication of the first volume of the Medical and Surgical History of the War may be expected, the necessary revision and correction of statistical data for the same being nearly completed. The succeeding volumes are also in construction, and it is designed to push the work forward as rapidly as is consistent with accuracy, and the importance of the faithful record of the medical and surgical experiences of the war.

The deaths of three surgeons, six assistant-surgeons and seven acting assistant-surgeons are recorded for the last year. Five of these died of yellow fever and three of Asiatic cholera.

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**Mechanical Therapeutics.** By Philip S. Wales, M. D., Surgeon U. S. N. Philadelphia: Henry C. Lea. 1867.

Although our various surgical works generally describe more or less the different surgical appliances and dressings, nevertheless a volume offering to the student and practitioner a systematic and careful description of the mode of application and uses of surgical appliances, an unbiased discussion of their respective advantages and disadvantages, and an avoidance of the embarrassing generalities usually employed in the description of the different steps of surgical dressings, cannot but be regarded as a valuable acquisition to medical literature. These indications the work before us fulfills in the highest degree, embracing within its teachings the art of applying surgical dressings, practice of minor surgery, treatment of fractures and dislocations, orthopraxy, etc. The plans of treatment suggested and described, have mostly been subjected by the author to actual trial, either in hospital or private practice, and, to convey a better understanding, the subjects treated have been illustrated by nearly seven hundred engravings, drawn from the latest surgical appliances and from various surgical works. The publishers have rendered the work in a most acceptable style, the typographical execution being clear and distinct, while the illustrations are very good and add greatly to the value of the work.

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### Books and Pamphlets Received.

On the Signs and Diseases of Pregnancy. By Thomas Hawks Tanner, M. D., F. L. S., Member of the Royal College of Physicians, etc. From the second and enlarged London edition; with four colored plates and illustrations on wood. Philadelphia: Henry C. Lea. 1868. Breed, Lent & Co.

Annual Abstract of Therapeutics, Materia Medica, Pharmacy and Toxicology, for 1867; followed by an Original Memoir on Gout, Gravel and Urinary Calculi. By A. Bouchardat, Professor of Hygiene, in the Faculty of Medicine, Paris. Translated and edited by J. M. De Rosset, M. D. Adjunct to the Professor of Chemistry, University of Maryland. Philadelphia: P. Lipsday & Blakisten.

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Original Communications.

**ART. I.**—*Address delivered before the Graduating Class of the Medical Department of the University of Buffalo at its Annual Commencement, February 25, 1868.* BY J. F. MINER, M. D.

*Gentlemen:*—Receiving your diploma is very far from ending your labor; it only opens to you another course of education, more pressing in its obligations, and which, in this life is without end. If the diploma has been your object, you are unfitted for the duties of a profession, which imposes upon its members the most sacred obligations to preserve life, and to relieve pain, suffering and sorrow. If your object is to acquire fortune, or honor, or ease, you are as unfit for the profession as the profession is for you. You must look for reward, to the consciousness of being qualified and able to do your duty, and in having done it, even though misjudged and censured, by those you have benefited, and who are incompetent to form any idea of your capabilities, or of the long and anxious labors by which they have been reached. You now belong to a profession which gives you frequent opportunities to practice upon the command, "Do good to those who despitefully use you," and are expected to give up all control of your time, and be constantly prepared for the most momentous and trying emergencies. You must expect to pass anxious hours and sleepless nights from the responsibilities which rest upon you,

and the consciousness that the lives of others are dependent upon your skill and judgment. And yet, after all this, you will find very many, from the lowest and most ignorant, to the highest and most learned in other respects, advancing positive opinions in opposition to your own, and recklessly undertaking the care of the sick, and prescribing for their diseases, which is to you such source of mental anxiety and care,

"As fools rush in  
Where angels fear to tread."

Such are the contingencies of the new life you have now entered, that you will gladly listen a moment to the reflections and observations of one who has preceded you in the experiences of professional labor, who has met the discouragements and been subjected to the opposing influences to which you will be exposed.

To one educated in the profession of medicine, a very different and much more expanded view is presented, than others, not acquainted with it, are able to gain. He sees in it the various divisions of labor and vast arrangements for it, spread out over the whole civilized world, acting with all the power which can be derived from an aggregation of the highest order of intellect, disciplined and strengthened to the utmost for its work. In every one of the various departments of his profession, the medical student sees a collection of distinguished individuals, whose mental power demands the admiration of all who can appreciate their labors—labors to which nothing short of the greatest intellectual strength is adequate, studying man in health and disease, from the microscopic elementary atom of each organ, up to his full development, and arrangement into families, tribes, and nations. Medical chemists, day and night, amid the machinery of their laboratories, hunting nature in her hidden recesses, and exposing the principles and laws of combination; medical microscopists finding beauty of form and structure, where the naked eye sees not at all, or sees only a confused speck; observing changes in texture and growth, and developing principles and systems, as wonderful in their minuteness, as that of astronomy in its magnitude. The Anatomist, the Physiologist, the Pathologist, concentrating all their powers and observations upon the various subdivisions of these extensive sciences. These men are occupied in gathering in discoveries, in trying supposed truths, with every precaution against fallacy, and then sending forth the proven results of their investigations.

The medical science of the present time, is distinguished from the practice of the earlier ages, by this fact, that it has been joined to, or proceeds from the natural sciences. What is it that has corrected our medical teaching and practice and given such impetus to our medical progress, that has revolutionized our systems and started us anew in the study of diseases, and their modes of cure, carrying away the dogmas and isms of past generations, and subjecting the present principles of medicine and surgery to the critical tests of experimental research? You are all now ready to the answer. Careful and intelligent observation of nature, has taught us all, or nearly all we know, and since we have discovered the fountain of real knowledge and have improved our instruments and modes of observation, we have truly grown much wiser, more clearly understanding what is truth, and the great care necessary to obtain it. Physiology is comparatively a new science, but it has already added to our knowledge of disease and its modes of prevention and cure, many of the most important facts, establishing principles of paramount value, and undermining false theories which had long been cherished. The study of *life in nature*, may be regarded in the practice of medicine, as the compass, rudder, and chart in navigation, showing the dangers of the sea, and guiding to the polar-star of truth. Anatomy has long been recognized as the basis of medical and surgical knowledge, and its necessity is too obvious to admit of comment. It is readily apparent how surgical practice depends upon it, and how medical knowledge also derives from it much of its accuracy and force. Chemistry also furnishes not only principles in medicine, but our means of curing disease—is at once the source of our principles and practice of medicine. Thus it is seen how legitimate medicine is founded in the natural sciences; how it stands by no assumed or supposed truths, but *is truth* itself, and much of it as capable of demonstration, as are the problems of mathematics.

In the survey of his profession, the physician sees yet other important aids and appliances. What railroads, steamships and telegraph lines have done for commerce and trade, the arts of printing, photographing and electrotyping have done for medicine. Associations are now issuing annual volumes of their transactions, giving permanent record to every established fact, and to all subjects worthy of further investigation; medical conventions and

national associations, giving abiding place to every subject which has the least claim to respect, and constantly adding to, revising or correcting every principle of practice, or therapeutical conclusion, which the most careful examination shows capable of revision or improvement. In the various modern languages, we have going forth, through the channels of the medical press, and bearing to the most remote and humble member of our profession, whatever of fact, truth and wisdom has been discovered, tested, and found worthy of permanent record. Most of the medical journals of all countries are in charge of men of eminent literary and professional ability, and all of the leading ones will be found upon careful examination, to contain evidences of thought, study and investigation, as well as of intellectual ability, of which not only the profession, but human nature may well be proud. They embody the new discoveries, medical and surgical reports, bibliographical notices of standard works. in every department of science and medicine, and are the repositories of all real progress in medicine and surgery. Standard works, illustrating with lifelike exactness every form and phase of disease, describing every symptom and the effects of all known remedies, are issued in vast numbers and in all languages. Printed texts, photographed likenesses of rare and important forms of disease or injury, rendered permanent and capable of being repeated in countless numbers, thus supplying all who wish, making the combined learning, experience and wisdom of the world available to all faithful, earnest seekers after truth.

Could all see the profession of medicine in its true light, could they comprehend the magnitude of its operations, and the learning, faithfulness and fidelity with which the search for truth is made, I could this evening draw a picture of your future lives far different from what I am now compelled to foreshadow. There are not wanting those, who charge upon your profession, limited selfish, and interested motives, opposed to truth, and ready to adhere to *old* and *obsolete* opinions. Nothing saves those who utter such illiberal sentiments from contempt, but the total blindness in which they are uttered—a blindness which pertains to those not educated in the profession, and not living under its obligations. The professional man sees with an enlarged vision into regions closed to his unprofessional brother, observes the



results of a vast system of intellectual machinery, while the latter forms his conclusions from a few crude and disconnected facts, or supposed facts, seen only in the limited circle of his own untutored experience and observation. It is as though one upon an eminence looks over a broad landscape, and speaks of its brilliant and varied scenery, while the man blind from birth obstinately contends that no such things exist, and that all is one uniform darkness, or as one by unaided vision sees in the pupil of the eye, a circular opening and a dark back-ground, while with the aid of our art and the use of the ophthalmoscope, you are clearly discerning the circulation in the vessels of the retina, and looking in upon the movings of one of the most intricate, delicate, and beautiful organs which the wisdom of the Almighty has ever created. The rude savage gazes at the blue arch above him, and sees only the fancied regions of future hunting-grounds lighted by dim and unknown tapers, but the astronomer with telescopic vision, sees worlds and systems of worlds, no less real than our own. While then, you are in possession of clearly-defined and well-demonstrated truth, *forgive* those who dwell in darkness and undisturbed ignorance.

There is imposed upon the science of medicine a no less boundary than pure truth; all which comes within its scope is yours, and belongs to legitimate medicine. Allow no one then to believe that you are from any cause unwilling to know what is truth, for this is a principle implanted in the human mind, which in all countries and ages, and in all sciences, has held its ground, and will at length assert its power against every opposing influence. To attain this, is directed the undivided efforts of the best, most highly educated, and most earnest men in our profession. The best minds in the world are engaged in the pursuit, stimulated by ambition, rivalry and an unselfish purpose to discover truth and banish ignorance and error. A profession, such as yours, rests upon principles far above schools, dogmas and isms. It has every protection against fallacy which human reason can know; is independent of the teaching of individual genius, and the follies and absurdities of unworthy members. It includes within its scope every principle which can be established, and every system of practice which can be shown to commend itself to an enlightened judgment. It is yours to seek for truth wherever it may be ob-

tained; to amass knowledge from every available source; to draw wisdom from all open fountains.

It is familiar to you, how counterfeit physicians have always practiced by the side of the real, and have in all ages and nations stamped history with their impositions. In the early history of medicine and mankind, all science, morality and religion, were wrapped up in the dogmas of the schools, and traditions of the fathers, and men surrendered their minds to superstition, absurdity and vague unreasoning conjecture. Astronomy and chemistry, so exact now, wandered in the mazes of astrology and alchemy. Visionary theories agitated the profession of medicine, and as there was no law of truth and fact, by which to try them, there could be no limit to the wildness of unrestrained imagination. Now, all true science repudiates systems and theories, or only recognizes them as based upon established facts. That investigation which works within any exclusive system, is too limited and narrow to embrace the whole truth; a system can no more contain the whole science of medicine, than can the less contain the greater. Your profession rests upon certain well-determined facts, and there are various theories which have been drawn from them by different individuals, and investigation is carried on in various directions, with the view to confirm or confute these theories. Such, however, are very different from the wild schemes and visions which have been engendered, and the facts imagined or asserted to sustain them—theories and schemes which now lie scattered in ruin, monuments of warning to all who dare exclude the ground-work of truth, presuming to build permanent structures upon imaginary and vague foundations. The science of medicine, by its very nature, by the principles which govern the human mind, by every consideration of interest and ambition, can limit itself to nothing short of all attainable truth, and cannot be limited by, or bound by any system.

Such, then, is the profession you have chosen, and upon whose duties and responsibilities you now enter. As you are to meet with some embarrassments and disappointments growing out of the nature of your profession and the relations which you sustain to the public, it is but natural that I should briefly indicate their character and the causes from which they spring. You commence the practice of medicine with the sealed approval of the Faculty

and other officers of the Medical department of the University of Buffalo, and it will everywhere be accepted as proof of creditable attainment in your art, but it does not confer age, experience, or that entire confidence in the public, which is the only passport to the care of those whose lives are in peril. In other words, you are yet to gain your professional standing with the public, and often to wring it as an unwilling tribute to your faithfulness and zeal, from a reluctant and unappreciating people. "It is told of a wealthy, impudent and influential quack, who, being called upon by a wondering friend who had known his former low estate and great ignorance, asked, how with so few claims and merits have you risen to fame and fortune? He took his friend to the window overlooking a crowded London street, and asked, how many wise or sensible persons may be supposed to be in the passing crowd? Not more than one in a hundred, was the reply. He says, the remainder are mine." This, though perhaps a little overdrawn, is a sad but truthful commentary upon the mental acuteness of mankind. A love of the marvelous, a blind faith in the unknown and intangible, a confidence in traditions and superstitions, and an inexplicable readiness to adopt opinions without evidence, often in opposition to the clearest and most positive proof, constitutes the basis—the stock in trade—the chief reliance in medical imposition. It would seem that after so many years of teaching by the profession, the public would understand more of disease than it does, and have more sensible and rational notions of its causes, modes of termination, and means of cure. The influence of the medical profession over the public mind, has always been controlling in everything of science or art, in all hygienic and sanitary law, in everything in which it has harmoniously and consistently exercised its power. Why is it, then, that so far in the progress of the world, we are yet so primitive and simple in this respect? Why is it that inconsistencies and absurdities which would have disgraced the earliest races of men, find believers and advocates at the present time?

I have indicated some of the causes, so far as the *public* is concerned, and in this I was intentionally very brief. There are reasons which belong to the other side—to those who have, or should have been, the educators of the public mind, and as you are hereafter to stand in this relation, it is more appropriate to

dwell upon these causes of failure. It is not to be concealed, that a great many physicians have, to some extent, practiced the modes of quacks, or rather, quacks have imitated the manners of physicians who made extravagant and untruthful pretensions, which were well calculated to mislead, and have misled the people in a great degree, giving a blind faith instead of a correct understanding. But a few years since, for an intelligent patient to inquire of the nature of his disease, and especially of the proposed means of cure, was looked upon as an imposition, often construed as betraying want of confidence, and at least, as uncourteous and impolite, meriting some curt and unsatisfactory answer; such was the general manner of the medical teacher of the public. Who in the profession, faithfully and truthfully spoke of disease, telling of its origin, progress and natural termination in health? Who ever instructed the people of possible recovery without the aid of medicine, even in self-limited diseases? Who described the true nature of remedies, and the effects which might reasonably be expected to follow their use? And where, O! where, could a physician be found, who, when consulted in disease, gave *advice* instead of medicine, or colored water or bread pills? who plainly, truthfully and fearlessly explained the uselessness, in such case, of remedies, and the probable progress and termination of the disease? Bread pills and colored water in the profession, has found its counterpart and imitation out of it, in sugar pills and pure water; but who, O! who, has ever taught, or can teach the public, the immeasurable swindle of both? and when will that medical millenium appear, when those who advise the sick, will attempt no imposition upon their credulity and give a sufficient reason for their opinions? I have intimated that the prevalence of public error in medicine, is due in part, to the false reasoning and untruthful teaching of the profession, and as a natural consequence you will infer, that in so far as you would aid the prevalence of truth and banish from the public mind whatever is founded in error, you will adhere to it under all circumstances, never hesitating to risk your reputations upon its standard. For a physician to claim for himself or his art, anything not rightfully belonging thereto, is wholly inconsistent with the high obligations he is under to himself, his profession and the world.

I have thus briefly indicated what the profession is, which you have chosen, in its true dignity, strength and purity, and what its

unworthy members may become, by neglect, short-sighted selfishness and down-right imposition. Nominal membership in an honorable profession, will not raise you above the level—the low level—of the charlatan and impostor, if you follow similar practices; but if you disdain to deceive, unhesitatingly adhere to the truth, both in your representations of disease, and your means of cure, reject all pretense not founded in fact, and discharge the duties of your profession intelligently, faithfully and truthfully, then I welcome you to all the honors we have this day conferred upon you, and all the rewards which gather as a halo of light around the brow of the *earnest, truthful, intelligent* physician. To become distinguished for extensive knowledge, or great wisdom—to be known widely as capable of wisely adapting means to the removal of disease, or skilfully determining its nature and cause, are objects of just and manly ambition. To obtain an enviable reputation, is the common and almost universal object of the members of your profession, much of it growing out of a natural desire to succeed in business and to gratify a personal pride and ambition. The means for accomplishing this end are carefully considered, and the surest and safest, as well as readiest and easiest, are fully estimated, often, however, forgetting the old and true maxim—“whoever would gain the rewards of diligence must suffer its fatigues.” Far from intimating that the members of the medical profession are too ambitious for fame or business success. or any of the rewards of great merit, I am rather compelled, reluctantly to admit, that very many are ready to settle into a routine of thought and practice, neither benefiting themselves or growing more capable of doing good to others. I am pained to believe that some in our profession, are still using the same infallible and unvarying calomel and jalap, like the unchanging Democrat who still casts his vote for Andrew Jackson for President. Dead theories and dead practices, dead hundreds of years too late, yet long enough since to be covered in the grave of forgetfulness, thus find place and memory in the profession. To these men, recent discoveries in medicine and surgery, are new-fangled notions, unimportant and useless; improved instruments and methods of investigating disease and of making diagnosis positive, are in their estimation, only complicated machines which add nothing to the practical value of our art. Estimating the frequency of the pulse, and

observing the condition of the tongue, affords them satisfactory knowledge of nearly all forms of disease, and leaves little more to be desired. The newly published books are presumed to contain little new to them, and medical journals nothing of interest. These, and such as these, have been the medical educators of the public in too great degree, until in recent years they have been gradually superceded by more active, intelligent and worthy men, and it is believed that the influence which these are exerting, will manifest itself in truer appreciation of the real value of legitimate medicine, and the total worthlessness of all isms, and pretended systems, which do not come within its sphere, and cannot be regarded as commending themselves to the approval of an enlightened understanding.

There are many ways which are constantly being tried, to obtain professional reputation and fame, while in reality there is but one avenue to its possession. Some of these various roads do lead to temporary notoriety, but never, any of them end in true professional worth, and thus, obviously, not in high honor. It is scarcely necessary to enumerate these false passages in professional life, and still, as a word of warning it may be well to briefly sketch some of them. Every young man in commencing business, must compete with other members of the profession and be compared to, and estimated in connection with them. One of the most fearful and fatal passages, thus opened up for him, and others in his interest, is detraction from the worth of his rival, and undue and exaggerated representations of personal merit. *Speak kindly of your opponents, and, above all, not boastingly of yourselves.* He is also expected in commencing business, to meet the requirements of social and religious life; the club, secret or political society and church, are at once presented, as avenues to acquaintance, social position and oftentimes professional preferment, but they are all, also, false passages and the character of their rewards well known. I do not oppose membership in these for legitimate ends, but seeking them for purposes of professional advantage, is *certain* to end in disappointment. It is true that *friends* as they patronizingly call themselves, may be gained thus, and patrons sometimes, who will "*damn you with faint praise,*" and urge your preferment, because you belong to their club, lodge, or church, they will temporarily favor you because you join their

circles, but they will call your rival when in imminent peril, because he belongs to the profession, and the profession to him—has no narrow, sectarian dependencies, and stands erect and firm among his fellow men, trusting in the great "Fatherhood of God" and believing in the true fellowship of men. Such alliances for professional advancement are to be avoided; reverently it may be said, that even the holy record of church influence cannot save such narrow-minded selfishness from contempt, and when proposed by the one, and accepted and acted upon by the other, shows by what dim light both are led, and by what ready means the synagogue of Christ is occupied by satan.

Physicians are to be men with other men, to join in their amusements, be interested in their welfare, to be first in benevolence, charity, education, morality, religion—to be *educators* of the people, not only in medicine, but in all respects to sustain the character and discharge the obligations which naturally devolve upon men of culture, education and attainment. They have duties to society and the world, as well as duties to themselves and their profession, and all these obligations are to be discharged with faithfulness and fidelity; but *true honor* in your profession cannot spring up by accidental influence—cannot be conferred by any unnatural or uncertain force. *True fame* grows as years and centuries grow—grows by earnest and continuous thought, by constant and patient study, by faithful and unselfish effort. With these alone it is yours. Your deed of titleship is already made out, but you must inscribe with your own hands to its conditions. You must rise up early and sit up late, you must work diligently and faithfully, and it is yours.

But I must not detain you longer from the warm greeting of friends, and the cordial welcome of all to the new field now open before you. In behalf of my colleagues and myself, I welcome you to membership in an honorable profession, and to all the high and holy trusts which are to be confided to your keeping. Impelled as I know you are, by a desire to excel in your profession, looking upon it, not as a trade, but as a high mission, and desirous of adding to its intelligence and worth, rather than of receiving from it undeserved favor, I bid you a most hearty welcome—welcome to all the honors and rewards which spring from high aims, and pure purposes—to all the pleasures and joys which flow from

the nearest fellows of friendship, the kindest sympathies and interests of those who receive your ministrations, and welcome to a faithful keeping of their most sacred trusts; for into your hands will be committed interests dearer than life. I must also bid you welcome to all the toils and hardships, to all the watchings and anxieties, all the trials and disappointments, all the labors and dangers of professional life. Dangers, did I say? Yes, dangers. Your profession has its martyrs, a great company whose names are written so high as never to be forgotten. They were inoculated with disgusting and fatal diseases, pursued their calling side by side with the pestilence, until the fearful struggle ended in death, or lost their lives in defense of their country. Their heroic self-sacrifices embalm their memories, and are more enduring monuments than bronze or marble. Again, thrice welcome to the companionship of those you most admire and honor; to a share in like labors and rewards—delving in the same mines of truth, and drinking from the same fountains of knowledge.

Wherever Providence assigns your lot, accept its conditions, and cheerfully, hopefully and earnestly pursue your calling. In prosperity remember that the jealous eye of your *Alma Mater* will steadily watch your progress, and claim your successes as her own—will take pride and pleasure in whatever promotes your real prosperity. In times of difficulty and trial, remember, also, that a cordial hand of good fellowship will be extended, to defend you when right, and shield and correct you if wrong. Go forth, then, on your mission of love and good will to men, neither dismayed by temporary and apparent defeat, or over elated by unexpected success.

“ With wing on the wind, and eye on the sun,  
Swerve not a hair but press onward, right on.”

And—

“ In the tempest of life, when the wave and the gale  
Are around and above, if thy footing should fail,  
If thine eye should grow dim and thy caution depart,  
‘ Look aloft,’ and be firm and be fearless of heart.”

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THE “International Societies for aid to the Wounded in Time of War” have awarded to Mr. Condy, of Battersea, their medal, in recognition of the importance to military surgery of his discovery of the disinfecting properties of the alkaline permanganates, and the great sanitary value of Condy’s fluid, as proved by the experience of the Prussian army surgeons during the late Bohemian war.



ART. II—*The Sources of Muscular Power.* BY FRANK W. ABBOTT, M. D.

The study of the vital forces is of so much interest to members of our profession, that I have presumed to make one branch of it the subject of this paper, although it is a little apart from the topics usually discussed by this Society. Of course in such a subject as this there can be no attempt at originality by one who has but just commenced the general practice of medicine; but the field of our studies is so broad, that the corner where I glean may not have been lately visited by some of you, and so my handful of gathered ears may be as new as though it were a bundle of one of the original reapers.

In the study of the "sources of muscular power," as in all the other natural sciences, sure progress could only be made when the ancient methods of speculation were given up for the critical analyses and rigid demonstrations of modern science; and here, too, the achievements of collateral sciences are essential instruments for progress. The theory of muscular power which we shall endeavor to sustain, rests for its proof upon the theory of the correlation and conservation of forces, and as this is of comparatively recent enunciation, it may be well to consider it more closely for a moment. By the correlation of forces then, we understand that the five forces—one mechanical or molar, viz: motion, and four molecular, viz: heat, light, electricity, and chemical force—are severally interchangeable, and can be transformed each into the other, and that there is a definite, fixed ratio between them.—Indeed the experiments of Tyndall, as detailed in his "Lectures," prove that heat is merely a molecular motion, and the theory of caloric having had its day must take its place with that of phlogiston. By the conservation of force we understand that force is indestructible; if it disappears in one form it re-appears in another, and therefore that as the sum of matter in the universe is the same as on the day of creation, so the sum of force in the universe is the same that it ever has been—none has been created, none destroyed—it merely varies its form and manifestations to suit the varying needs of the universe.

Starting from this point we shall not be satisfied with the text books which the physiologists give us, when we ask what is the source of muscular power. They tell us of a "peculiar force

which is generated by living animals," which they call "vital force," and observing that muscular tissue contracts under some stimuli, they say that contractility or "irritability" is an inherent property of muscle, but to all questions as to the source of this vital force they are either silent or return very unsatisfactory answers. Chemists have studied the ingesta and excreta, and from these it was learned that much the greater portion of the food taken into the system consists of substances containing but very little oxygen, but the excreta and exhalations are very highly oxydized. Observing that the oxydation or combustion of matter external to the body was always accompanied by the evolution of force, usually in the form of heat, it was very natural to infer that the *heat* of the body was caused by the oxydation of food. It would be interesting to trace the progress of belief on this subject, but my time is too limited. I must be content with a brief statement of the theory supported by the powerful name of Liebig, and which, as is well known to you all is generally received. He divided food broadly into two classes, viz: albumenoids, or nitrogenous, such as lean meat, eggs, etc., and non-nitrogenous substances, such as the starches, sugars, fats, etc. Of these the nitrogenous alone are assimilated, and enter into the composition of the tissues of the body, while the non-nitrogenous are oxydized without being transformed into tissue, and their oxydation produces heat, and heat alone, and the source of muscular power, or mechanical work of the muscles is the oxydation of the muscular tissue itself. The reasoning seems good; force is neither created nor destroyed; in muscular action force is expended; in the oxydation of matter force is liberated; we recognize in the the excreta the products of oxydation of muscle, therefore the oxydation of muscle is the source of muscular power. But this theory was put to the test of experiment, and like many another ingeniously wrought theory, it failed to pass the ordeal. There are three data which must be obtained to test this question, which are these:—

1. The amount of mechanical work performed by the muscular system in a given time.
2. The amount of muscle consumed in same time.
3. The quantity of mechanical work which the oxydation of a given amount of muscle is capable of producing.

An experiment to ascertain the first two data for our problem was performed by Profs. Fick and Wisenlenus of Zurich, who for this

purpose climbed the mountain of Faulhorn, whose height is accurately known, and calculated carefully the amount of muscular work required for the ascent. They added to this the estimated amount of work done by the circulatory and respiratory systems. The sum gave them our first wished for datum, the amount of muscular work done in a given time. At the same time they measured the amount of nitrogen secreted in the urea during the ascent, and for six hours after, to allow for the elimination of all the urea produced during the ascent, and from this they calculated the amount of muscle consumed during the ascent, which gave our second datum.

Dr. Frankland, from whose lecture before the Royal Institute of Great Britain, delivered in June, 1866, I have taken the following details and calculations, calculated the amount of work which could be done by the oxydation of this amount of muscle, and found that it was by no means equal to the work done during the ascent.

But to bring this subject more distinctly before you, I will give a brief summary of the details of these experiments, reducing the meters, kilogrammes and meter kilogrammes of Dr. Frankland's lecture to feet, lbs., and foot-lbs. In these calculations we shall use to express the relation between heat and mechanical work the 772 foot-pounds of Joule. He found that the force generated by a pound weight falling 772 feet, if converted into heat, would elevate the temperature of a pound of water one degree, or, conversely, that the heat required to elevate the temperature of one pound of water one degree; if transformed into motion would be sufficient to lift it 772 feet, or, which is the same thing, to lift 772 pounds one foot. He took the force required to lift one pound one foot as his unit of force, and called it a foot-pound, and as we have seen the heat required to elevate the temperature of one pound of water one degree, whether produced by the oxydation of charcoal or muscle, is equal to 772 foot-pounds of mechanical work; if a man weighing 140 pounds climbs a mountain 1000 feet high, 140,000 foot-pounds will be the mechanical work done.

In the experiments referred to, Fick with his equipments weighed 146 lbs., Wisenthalin 168 lbs.; the height of the mountain was 6,418 feet, which being multiplied by the weight of the parties, gives for the external work of Fick 937,028 foot-pounds; of W. 1,078,224 foot-pounds. To this we must add the work performed

by the heart, which is estimated at 4.63 foot-pounds for each systole. Fick's heart averaged 120 pulsations per minute; the time of the ascent was about  $5\frac{1}{2}$  hours, which would make the force expended by the heart about 183,348 foot-pounds. The force exerted by the muscles of respiration is estimated to be 4.56 foot-pounds for each inspiration. Fick breathed 25 times per minute, and this gives us 37,610 foot-pounds as the muscular force expended in respiration, making the total of internal and external work 1,157,986 foot-pounds. The total internal and external work of W. was estimated to be 1,336,008 foot-pounds, and this is evidently less than the actual amount of work performed, since we have left out of account all other muscular action except the circulation, respiration, and the force necessary to raise the body perpendicularly to the height of the mountain.

The calculation as to the amount of muscle consumed in doing this work is as follows:

	Fick.	Wiscen.
Amount of nitrogen excreted during the ascent,.....	51 gra.	50.15 gra.
"    "    "    "    succeeding 6 hours, ..	37.4 "	37.26 "
Total, .....	<u>88.4 gra.</u>	<u>87.41 gra.</u>
Amount of dry muscle corresponding to 88.4 & 87.41 gra. nit.	571.4 gra.	569.8 gra.

allowing that 1 gr. of nitrogen represents a little less than 6.5 gra. of dry muscle. This will certainly not seem to be an under estimate, when we consider that at this rate the whole muscular tissue would be consumed in about 46 days in work alone.

Dr. Frankland's beautiful and conclusive experiments to ascertain the actual energy evolved in the combustion of muscle cannot be detailed here; suffice it to say, that he calculated that the actual energy evolved in the combustion of one grain of muscle is equal to 868 foot-pounds of mechanical work; if we multiply this by the grains of muscle consumed, 571.4 for Fick, and 569.8 for Wiscenlinus, we get as the actual energy capable of being produced by the muscle consumed during the ascent for Fick 495,975 foot-pounds, W. 494,586 foot-pounds. We saw that the mechanical work performed by Fick was 1,157,986 foot-pounds, and by W. 1,336,008 foot-pounds; but at the most liberal calculation no more than one-half the actual energy developed in the consumption of muscle appears as mechanical work, (in the best steam engines less than one-tenth of the actual energy developed in the

consumption of the fuel appears as work,) the rest taking the form of heat, etc., so it is evident that for these 1,157,986 and 1,336,008 foot-pounds of work, at least 2,315,972 and 2,672,016 foot-pounds of actual energy must have been produced in the body; if we compare this with the amount of actual energy capable of being produced by the amount of muscle consumed, 495,975 foot-pounds for Fick and 494,586 foot-pounds for W., we see that "scarcely one-fifth of the actual energy required for the work could be obtained from the amount of muscle consumed."

The following table is a concise statement of this calculation:

	Fick.	Wisencinus
Amount of dry muscle consumed, - - - - -	571.4 grs.	569.8 grs.
Actual energy capable of being produced by the consumption in the body of 571.4 and 569.8 grs. of dry muscle, - - -	Foot-pounds 495,975	Foot-pounds 494,786
Measured work performed in the ascent, (External Work,) - - -	* 937,038	1,073,224
Estimated work, Circulation, - - - - -	183,348	214,906
"    "    Respiration, - - - - -	37,610	43,873
Total work performed, - - - - -	1,157,986	1,336,008
Multiplying by 2, - - - - -		X.2
Amount of actual energy required to do this work, - - -	2,315,972	2,672,016

The experiments of Smith upon prisoners in a tread-mill, of Houghton upon military prisoners engaged in a shot-drill, and Playfair upon common laborers, although not so thorough as the one detailed, all tend to substantiate the view that the source of muscular power is not to be found solely or even chiefly in the oxydation of the muscular tissue itself. Indeed it seems as though the waste of muscle is not much affected by the amount of work done, not much more nitrogen being secreted during severe labor than during rest.

Our time so far has been taken up in pulling down old theories of the source of muscular power; let us see if we can find a new one which is more satisfactory. Careful observations have shown that the amount of carbonic acid gas exhaled in respiration varies directly with the amount of muscular exertion. In one experiment the following results were obtained:

\* Since making these reductions from the Metrical system, I have seen some of the same in print, differing somewhat from mine, but as the most of my reductions were carried out from three to six places of decimals, and a careful repetition has only confirmed their correctness, I have not seen fit to change them.

During sleep the amount of carbonic acid gas excreted, per hour, was, grains	292.6
Lying down and sleep approaching, " " " "	354.2
Sitting down, " " " "	446.8
Walking at the rate of 2 miles per hour, " " " "	1097.8
Walking at the rate of 3 miles per hour, " " " "	1592.3
Upon a tread-mill ascending 28.65 feet per minute, " " "	2890.8

Hence we see that increased muscular exertion is accompanied by an increased excretion of carbonic acid gas. When we look for the source of this we find that the principal supply of carbon comes from the starches, sugars, and fats taken as food, and as force of some kind must be produced by its oxydation, and as the increased heat of the body during exercise is not sufficient to absorb this surplus force, the most natural supposition is, that the muscular system is in the main a machine in which the force, or actual energy, generated by the oxydation of the non-nitrogenous elements of the blood, which circulates through it, is changed into mechanical work. But accurate observations as to the relation between the amount of work done by the muscles and the amount of carbonic acid gas exhaled from the lungs are needed to establish, or perhaps to overthrow this theory.

In this connection a sentence which occurs in an essay written by Dr. Carpenter, the distinguished physiologist, before these experiments were made, is interesting as showing the drift of thought in this direction. He says "motor force may be developed like heat by the metamorphosis of constituents of food, which are not converted into living tissue; an inference which so fully harmonizes with the doctrine of the direct convertibility of these two forces, now established as one of the surest results of physical investigation, as to have in itself no inherent improbability." And again, "it can scarcely be regarded as improbable that the constant activity of the heart and respiratory muscles, which gives them no opportunity of renovation is sustained not so much by the continual renewing of their substance, (of which renewal there is no histological evidence whatever) as by the metamorphosis of matters external to themselves, supplying a force which is manifested through their instrumentality."

From the table given by Dr. Frankland of the actual energy produced by the oxydation in the body of one gramme of various articles of food, I have calculated the amount of work capable of being produced by the old army ration, with this result:

20 oz. of beef,	-	2,477,415	foot-pounds.
18 oz. of bread,	- -	3,357,299	" "
0.15 lbs. of sugar,	- -	683,313	" "
0.16 lbs. of peas,	- -	832,315	" "
<b>Total,</b>	- - - -	<b>7,350,342</b>	

The average external work of a soldier is estimated to be about 347,232 foot-pounds per diem; the internal work, i. e. in the circulation and respiration 578,763; total, 925,995 foot-pounds; multiplying this by two, as in the preceding experiments, to get the estimated amount of actual energy required for this amount of mechanical work, we get 1,852,010 foot-pounds of actual energy required, and comparing this with the 7,350,342 foot-pounds of actual energy capable of being produced by his food, it certainly appears to leave sufficient force unemployed for the extra muscular work, such as the peristaltic movements of the intestines, the continual tonic contraction of the muscles, etc., for the heat of the body, the force probably consumed in digestion, assimilation, and (we are conscious that here we tread on very uncertain and perhaps dangerous ground,) the actual energy which may be required to produce nerve force, and even what we are accustomed to call purely intellectual forces, such as volition, perception, reflection, etc.

There are many interesting and practical questions connected with this subject, but fearing lest I may already have taxed your patience with this array of theories, facts and figures, I hasten to a conclusion, thanking you for the honor conferred in choosing me to read this paper, and for the kind attention it has received.

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**ART. III.—*Uterine Surgery.* BY C. C. F. GAY, M. D., *Buffalo.***

To learn anything new and to become acquainted with any new theory or principle involves an exercise of the mind somewhat difficult, and a task sometimes hard of attainment, but it is harder and still more difficult to forget past errors and to unlearn that which has been already learned or accepted and practiced for a series of years, as principles established and long held to be trustworthy, without a passing thought that they might be false. **Have we anything to unlearn or forget in the treatment of uterine diseases? Can it be shown that our theory has been founded upon**

a false pathology, and that such theory has led to erroneous treatment? I think a proposition of this character susceptible of demonstration, and therefore propose, in writing this paper, that one of its objects shall be to discuss this proposition, and attempt to show as clearly as I am able that the practitioner of the present day who has either occasionally practiced his art in this department of medicine, or has indeed made it in some degree a specialty, must now lay old theories aside, dispose of his preconceived ideas as best he may, put away his old instruments to rust, and, in a word, begin *de novo* to study up the true pathology and treatment of uterine disease. It will be conceded a difficult task to lay by an old instrument with the use of which we have become habituated from long employment, and take up another with which much time is required to familiarize ourselves to its dextrous management, but it has come to this, and the fact had better at once be conceded, and promptly acted upon, if we desire to keep ourselves *au courant* with the progress of our times, and dispense the largest amount of good to our disabled race in the shortest possible space of time. This branch of special practice must be learned over again, we must start out on our journey anew, if we do not tacitly consent to be left to loiter by the way-side, or to be left with the stragglers in the rear of the army of men of progressive ideas.

Dislocation of the fundus uteri, anteriorly or posteriorly, constituting that departure from its normal condition, called antiverision and retroversion, is not a cause *per se* of much pain or disability to the female, only as the fundus impinges upon the bladder or rectum, or becomes either engorged or congested, and occludes the cervix, producing dismenorrhœa. Diagnosis of these displacements has always been easy and made latterly by the introduction of Simpson's sound, an instrument which causes much pain, and is not always unattended with danger of producing pelvic cellulitis. This instrument must be abandoned and the silver probe substituted in its place—not however for the purpose of being used as a lever upon which to replace the fundus in its normal position, for experience has shown, I think, that the fundus will resume its former position as often as the sound has placed the fundus in its normal position, but the silver probe should be used, simply to ascertain the direction which the curvature of the cervix takes.



Antiflexion may be diagnosed without the use of the sound most easily and correctly; the female with an antiflexed uterus will have a pain at the top of her head, which may be regarded as pathognomonic of antiflexion; she will *look* and *act* antiflected, so that one may diagnose this displacement correctly by the physico-physiognomy of the patient. The relative number of antiflexions and retroversions, I suppose is unknown, probably one of the former to fifteen or twenty of the latter. These displacements constitute at present the appropria of the specialist in this department of medicine; nothing but failure has as yet attended the efforts of the most skillful to restore permanently the uterus to its normal position, and nothing but failure will attend all our best directed efforts, until other means than those at present devised, are brought into requisition. The intra-uterine pessary has been tried and found wanting; the cotton pessary, made of immense size, and crowded up by the side of the cervix, and indeed the vagina tamponed with cotton, is no better; all these appliances and temporising plans of treatment must give way to something more effective. It is reserved for some surgeon to gain immortal honor and fame by the discovery of an operation which shall take the place of these temporising and unsatisfactory modes of treatment, and which shall be adequate to the radical cure of these displacements of the uterus.

That such a consummation, so devoutly to be wished, is within the range of probabilities, I need only cite the advance made by Sims in the surgical treatment of procidentia. While the efforts of our profession were directed in the way of inventing a pessary which should hold the hypertrophied cervix in place, and while these pessaries of divers forms and patterns have accumulated until if collected into one store-house, they would constitute a curious and cumbrous cabinet, the mind and efforts of Sims took a wider range; he originated an operation which Emmet has perfected, by which the os tincæ may be kept up in place without the aid of a pessary, the principal feature of the operation consisting in the diminution of the vaginal calibre.

It is not within the scope of this paper to more than thus cursorily pass in review the displacements of the uterus. The writer purposes in a future paper to resume the subject. Enough, however, has been said to accomplish the aims of the writer as set

forth in the beginning of the paper, wherein he proposed to show that many of the appliances now in use for the supposed good of the female whose fundus uteri chooses to deviate from its normal and healthful position have given way to the more effectual procedure of operative interference.

The writer proposes to limit the residue of this paper to the subject of abrasions, congestions and ulcerations of the os uteri. This being the most common condition of the organ with which the physician has to deal, the treatment of these conditions most probably being the limit of the experience and practice of most physicians. The causes of these ulcerations will be left out of the paper entirely as not being pertinent and relevant to the discussion. We propose to examine the question under consideration practically, only, without proposing to enter into the merits or demerits of the subject from an etiological or pathological stand-point.

We assume that an abrasion or ulceration upon the os uteri, as presented to view through a cylindrical speculum, is amenable to cure in a very short time by appropriate local applications, and we likewise assume the position that when these ulcers, so-called, appear to be healed and cured after a two or three months' treatment, are in fact not cured at all in many instances, because the real seat of disease is higher up, has not been reached by our local applications, and hence the frequent relapses so soon after the patient has been discharged. We assume that the diseased portion of the uterus brought to view by this form of speculum is but a manifestation of that disease existing within or beyond the external or internal os, and that remedies to be effective must be carried within and through the cervix uteri.

Applications to the os of nitrate of silver have been made every four or five days, extending over a period of three months before we have been able to assure our patients that they need no further treatment. This method of treatment is comparatively modern, and has opened up the way for much imposition practiced on the part of the physician towards his patient. An ulcerated point may be produced upon the healthy os by a single application of the solid stick of argenti nitras, and after being thus produced may be healed in three days by a single application of glycerine, or by the use of the cotton pessary partially saturated with equal parts of iodine and ol. morrhue.

I have said that much imposition has been practiced upon patients by this method of local medication, not however by members of the regular profession, but by those impostors who infest our ranks, and in whom numerous persons, even of intelligence, are willing to intrust their lives and health. Such practitioners subject their patients to a long course of topical treatment, either through ignorance or love of money. The guilt of the transaction is alike in both cases, of equal enormity, and the names of such practitioners should be written down in the roll of those who love money more than they love their fellow-men, and they should be branded as impostors and quacks, and be known and acknowledged as such by all honorable men.

Leucorrhœa, a disease, or symptom of disease, so intractable to internal medication, has long been regarded as the result of diseased os, or cervix, and the speculum employed, and very properly employed at once, before wasting time in the use of a course of medication, in order to ascertain whether or not the discharge results from ulcerations of the os. Instruments heretofore employed have enabled us to reach only that diseased portion brought into view through the speculum. Sometimes, however, the solid stick of nitrate of silver has been made to penetrate a short distance within the cervix, but when, after a course of treatment, extending over a considerable period of time, the parts made visible have assumed healthy aspect, and the local disease appeared to be cured, it has been found that the leucorrhœal discharge continues as before. The explanation of this, in my opinion, is to be found in the fact that the seat of disease had not been reached by the applications made, owing to faulty construction of instruments, or rather to want of instruments properly constructed. To supply this deficiency the writer devised and had constructed some years since an instrument which measurably supplied the want. One-half the length of the instrument was made of copper, the other half of silver; the latter made to screw into the former; it was flexible, the end provided with a shallow groove, into which was poured smelted nitrate of silver. Indeed, construction of the instrument at its extremity was the same as that of the *porte caustique*; its size was one-eighth of an inch in diameter. This instrument, armed with the caustic, was bent at the required curve, and introduced directly into and through the cervix, answering a

good purpose whenever the caustic was required to be employed, but for carrying into the uterine cavity any other medicinal agent it will be seen that the instrument was entirely useless. The instrument I now use is made of virgin silver, flattened and quite flexible, around the extremity of this instrument for a space of two inches from and including the point, a coating of cotton is entwined and the instrument dipped into any fluid preparation which the disease in hand requires, and then carried through the cervix to the fundus. This instrument or applicator, before using, is bent so as to adapt itself to the curve of the cervix, and in order to ascertain the required curve the silver flexible probe is first introduced and withdrawn, which gives the proper degree of curvature required of the applicator.

I believe the ordinary cylindrical speculum and the bivalve speculum have had their day, and that they must now be numbered among the things that were. Having been useful in their day they are of no longer use when a better instrument can supply their place. Sims' speculum, with the patient in the semi-prone position, is by all odds the best instrument yet invented for exclusive and general use, for all cases, whether involving operation or simply for topical applications, where the employment of the speculum is indicated. It unhappily possesses one demerit, in that it requires the aid of an assistant as a general rule. To surmount this defect Dr. Emmet of New York, has devised an instrument which is self-supporting; it is in all its essential features a Sims' speculum with Emmet's addition, and the addition is certainly no improvement, provided an assistant could always be at hand to properly hold the instrument of Sims. I am now using the Emmet speculum, and in the absence of an assistant it answers the purpose well. I much prefer it to the cylinder, but do not prefer it to the Sims' speculum when placed in the hands of a competent assistant. With this instrument *in situ* the mucous membrane of the os may be seized with the tenaculum without causing any pain or hemorrhage, unless there be considerable engorgement, and drawn down to view and thus held until the applicator prepared as above described has been introduced and withdrawn from the cavity of the uterus.

After the topical application has been made it has been for a long time a custom of mine to introduce a ball of cotton wadding,

so constructed as to possess a stem or pedicle, made by entwining thread around the stem. This stem serves as a convenient handle in removing the ball or cotton pessary. The cotton is moistened and sometimes saturated with glycerine and retained *in situ* from four to twenty-four hours, the time being regulated by the degree of annoyance it may cause the patient. All will concede, I think, that the treatment of these diseases of the os uteri has heretofore been somewhat irrational, if not empirical. The great want of the profession has been an instrument, by the use of which remedial agents might be carried directly in contact with diseased tissue. In the construction and use of the applicator, which is herein described, that want is supplied, and treatment made effectual. We need not now tell our patients that two or three months are required, when as many weeks are sufficient to restore the os uteri to a healthful condition.

The diseases appearing to our view upon the os uteri being only an index and sequence of disease within the cervix, treatment becomes rational when the abraded or ulcerated os is passed by, and remedies brought in direct contact with diseased tissue beyond. The tongue is protruded to give us an indication of the state of the mucous membrane of the stomach; if we find upon the tongue an aphthous condition or epithelial tissue destroyed, we do not expect to cure the disease by application of caustics or astringents to the tongue or the walls which encircle it, but knowing the condition of the tongue to be but an index of that pathological condition to be found in the mucous membrane of the stomach, if it could be seen, our remedies are addressed to the relief of this organ, and so soon as diseased tissue is made convertible into healthy tissue, the tongue resumes its normal aspect. Rational treatment here is in all respects what we should call rational treatment in cases under consideration.

I now desire to devote a little space in calling attention to the class of remedies usually accepted by the profession as appropriate for local application, and in regard to some remedies of this class, to speak somewhat in detail. A great variety of agents have been in demand, ranging from the light antiphlogistic touch with the crayon of caustic, to the powerful escharotics and actual cautery. Standing at the head of this class of remedial agents should be placed the chromic acid, whether there be much or little disease,

this acid possesses the merit of attacking diseased tissue and non-interfering with healthy tissue, its caustic or escharotic properties being destroyed or suspended almost simultaneously with its application. The strength of the acid which I have found to be most desirable for use, is that made with three parts of water with one part by weight of the acid. When the lips of the os have become ragged from deep ulcerations, the strength of the acid may of course be greater, and I have often used it with equal parts of acid and water, but the introduction of the acid into the cervix of this strength causes so much pain as to necessitate the recumbent position and rest for some days thereafter. This acid I apply with the applicator, around the extremity of which had previously been laid a coating of cotton; this cotton is well wetted with the acid and quickly applied. Another remedy, and a favorite one, is the tr. iodine, with equal parts of cod liver oil or with glycerine. Sol. of subsulphate of iron is most valuable, but the permanent stains upon the instrument or upon whatsoever it comes in contact, makes it a somewhat disagreeable remedy to use. These remedies proving so satisfactory the nitrate of silver has almost fallen into disuse in our hands, although it is no doubt one of the most valuable remedies of this class.

I think I should hesitate a long time, and exhaust the *materia medica* in search of a remedy and exhaust my practice too, before resorting to the actual cautery. It appears like a barbarous remedy, if it be not such; and the civilization of our time would be much less shocked, and science receive greater homage and respect by limiting the use of this method of treatment to the brute creation, and forbearing to use the actual cautery as a remedial agent for diseases of the female sexual organs. I may entertain this much of disrespect for the use of the cautery, and at the same time acknowledge its usefulness in certain instances. Did I not make this acknowledgment what has been herein written, would indicate disrespect to the teachings of Ricord, and others, whose opinions are always entitled to consideration.

Mention might be made of other agents of this class, but this article has already exceeded the limits proposed for it in the outset, and must be brought to a close. Nothing could be gained by going through the whole catalogue of remedies; some one or all of which might be made available, although not possessed of equal merits.

As pertinent to the question of imposition I recall to mind now an extraordinary case of skilled diagnosis by a popular physician at the head of a "water cure establishment." He possessed the astonishing ability of looking through the speculum into the cavity of the uterus, through the uterus into the peritoneal cavity, and there beholding the work of destruction which had been going on for years, and explained to the satisfaction of his patient that certain bands within the abdominal cavity as a result of previous disease, had so much contracted as to draw down the whole abdominal viscera into a heap, which, of course, was the cause of her ailment, and that the treatment he should adopt would expand these bands and restore the parts to their former condition. The most extraordinary thing connected with this extraordinary diagnosis is, that the aforesaid physician made a most intelligent and cultivated lady believe in his absurd statement. On examination of this lady some time afterwards we found simply a retroverted womb.

The community of women, much more than members of the medical profession, are, or should be, interested in the subject matter of how they may enjoy immunity from medical imposition. In the absence of institutions managed by a corps of competent and skilled physicians, these women seek, as a dernier resort, a "cold water cure," and are at once put upon a course of treatment for uterine disease extending over a period of months. If perchance one escapes this treatment, it is only an exceptional case. If the physician in charge be competent and honest, all is well, but if he be incompetent, then upon the poor uterus rests the curse; then is the unfortunate uterus made to pay tribute to ignorance and the penalty for the overweening and misplaced confidence of its possessor.

It is time the profession had awakened from apparent lethargy; there is pressing necessity that the profession bestir itself, not indeed so much on account of itself, as on account and in behalf of those who are victims of misplaced confidence — of those who annually congregate at these popular places of resort for medical treatment. The profession should at once take this large class of invalids out of the hands of pretenders, by creating healthy public sentiment, and inciting the community to the importance of establishing a *place of refuge* adequate to the exactions of the opulent and the necessities of the poor.

## Correspondence.

### Removal of a Neuromatous Tumor.

BY GEORGE D. SLOCUM, M. D., WYOMING, N. Y.

Dr. Miner:—In the December issue of your Journal I noticed the remarks concerning your extirpating two tumors of nerve, and the perfect success of the treatment in relieving pain, and I therefore send you the following account of a case which recently came under my observation:

The patient, Mr. Edwin Stanley, aged 70, consulted me over a year since, in regard to a tumor situated on the inner side of the leg, just above the knee-joint. I advised removal, to which operation he consented on the 15th of January last. The tumor had existed for over eight years, gradually increasing in size, and measured two and one-half inches in length and one and one-half in breadth, ovoidal in shape, firm, and inelastic, and exquisitely tender on pressure. He could assign no cause for its occurrence, having never received any external injury—as wound, blow, or bruise. He experienced much inconvenience in walking, though no decided pain in the tumor itself, except from pressure, but down the inner side of the leg and foot he suffered exceedingly severe, sharp, and stinging neuralgic pain, felt most at night, and in proportion to the amount of exercise during the day. An incision three inches in length was made over the tumor. The tissues separated, when the filaments of the internal saphenous nerve were found separated, about two-thirds spread out upon the posterior surface. These immediately uniting in a common trunk at the lower extremity of the tumor. The tumor was easily removed after dividing the nerve above and below. The internal mass was quite ~~se~~se, nearly white, and homogeneous. The wound was closed by sutures, and a firm compress applied beneath the part, and treated in the ordinary manner. It healed nicely, and the sutures were removed on the sixth day. The relief from pain was complete, he resting better at night than he had for years before. The third day he complained of the neuralgic pain returning, and he suffered severely therefrom, but that gradually subsided, and at this time—one month after the operation—he enjoys perfect freedom from pain, there being only a loss of sensation and coldness on the inner side of the leg, which will probably remain some time.



## Miscellaneous.

### Medical Society of the State of New York—(Concluded.)

#### Sixty-First Anniversary.

##### THIRD DAY—MORNING SESSION.

The meeting was called to order by the President, and after a prayer by the Rev. Dr. Reese of Albany, the minutes of the previous meeting were read and approved.

*Delegates to International Medical Congress.*—Dr. Brinsmade, on behalf of the Committee of Delegates to the International Medical Congress at Paris, made the following report:

The undersigned, delegates from this Society to the "International Medical Congress," held at Paris on the 16th day of August, 1867, respectfully report, that they might make sure of being duly admitted to the Congress, they called on the 15th of August, at the office of the Secretary, M. Jaccoud, No. 4, Rue Brouot, with the certificates of their appointment by this Society, and after sending up cards and waiting for some time in the ante-room, we were informed by the female concierge that M. Jaccoud was engaged, but that we might record our names in a little book lying upon the table, and take a green "carte de membre adhérent," on which were the names of the President, M. Bouillaud, and the Secretary, M. Jaccoud, the filling up of which we were allowed to do as we might think proper.

Inasmuch as our credentials were not required we of course reserved them for future use, if necessary. They were *never* called for, or examined by any officer or committee, showing to us that less discrimination was observed in order to give character and distinction to a scientific assembly than we were accustomed to in our own country. The card informed us of the *day* of the first *séance*, but neither the place nor hour of meeting was designated. After not a little inquiry we learned that the place was the great Hall of the "Faculty of Medicine." On presenting ourselves at the door, no cards or certificates were demanded, and we entered with the crowd to find seats for ourselves. The bare benches of the amphitheatre were arranged in the usual semicircular manner, without any support for the back; and gentlemen were compelled

to step upon them to reach the forward seats, and in sitting were forced to use the one in front for their feet, bringing boots and coat-skirts in disagreeable proximity. The room was indeed a large one, but so imperfectly ventilated that respiration was quite difficult after remaining a few minutes. The dirty and uncomfortable seats, the heat, and the irrespirable atmosphere, prevented a majority of the audience from remaining during the entire session.

It did seem to us that in the elegant city of Paris pleasanter accommodations might have been secured wherein to receive *invited* guests, who were the accredited representatives of governments and of learned societies from all parts of the world. Your delegates deemed themselves honored by their appointment to represent so large a Society from so large a State as that of New York, equaling in population and size several of the kingdoms of Europe; and confess that they felt themselves, in virtue of their office, entitled to some consideration.

But, according to French arrangements, *any* person having access to the ante-room of M. Jaccoud could avail himself of all the privileges procurable by the green ticket.

About the 6th of January last your delegates received through the mail a ticket which seems to be intended as an acknowledgment — perhaps rather tardy — that they were entitled to the “*Carte de membre adhérent.*” A large proportion of the audience seemed to be young men, perhaps young physicians, and medical students of Paris and vicinity. There were present, however, adding grace and dignity to the assembly, from cities, towns, and schools of continental Europe, many of the most distinguished medical men of the world.

Great Britain and Ireland sent but few, scarcely any, of their great surgeons and physicians. America was represented by some of our ablest men.

The names of Virchow of Berlin, Halla of Prague, De Méric of Brussels, Bérard of Montpellier, Baron Larry and Ricord of Paris, Frérichs of Berlin, Ernest Hart of London, Sangalli of Pavia, and of many others of equal celebrity, would confer honor upon any congress.

It was announced by the Secretary that on Saturday evening, August 24th, a banquet would be prepared at “*Le Grande Hotel*” for those who would send their names, with a Napoleon, to the

Secretary. About two hundred gentlemen were present at the dinner—members of the Congress, and other distinguished physicians from Paris and other cities on the continent. The dinner was as at "Tables des Hôtes" in first-class hotels, with perhaps a few more courses, and a greater variety of fine wines. After dinner brief speeches were made by the President, M. Bouillaud, M. Palasciano of Naples, M. Teissier of Lyons, M. Jaccoud, M. Gallico of Florence, M. Piorry, M. Ricord, and Mr. Ernest Hart of London.

Your delegates received the most polite attentions from many distinguished members of the profession in Paris, and, although they feel that the result of the meeting has not been as useful to the cause of medical science as was anticipated, nor the extension of acquaintance equal to what was hoped for, yet many pleasant associations were formed, a healthful, vigorous, and generous emulation was excited, a wholesome and dignified "esprit de corps" was experienced; and I doubt not most of us, when recalling to ourselves the many pleasant and intelligent faces we have seen, the cordial greetings we have received, the evidence of ability and zeal manifested by medical brethren from various countries, will forget the uncomfortable seats, the irrespirability of the atmosphere of the hall, and will be willing to make liberal allowance for differences in the arrangements and manner of conducting scientific associations and social reunions in different countries, and will remember with gratitude the originators and managers of the International Medical Congress, and this Society, who conferred the honor and gave us the privilege of representing it in this first attempt at an international assembly of men who do honor to their race by their benevolent efforts, and with whom all may justly feel pride in associating. The subjects of the papers which were read and discussed were some of the most important in medical science, and their character can be judged from the abstracts which have been published, and from the great ability of the authors and speakers. There was much talent exhibited, and many facts, deductions, principles and practices were brought out which will make the first International Medical Congress long memorable.

It would be useless for your delegates to attempt anything like an analysis of the papers, as they will doubtless be published separately or together; and such ample notices of them have appeared

in various medical journals, that members can obtain more correct views of their value than we shall be able to present in this report; and we simply subjoin the programme, giving the subjects in the order of their consideration, thinking it may be useful as a matter of reference.

THOMAS C. BRINSMADE,  
JOSEPH C. HUTCHISON,  
HENRY S. DOWNS.

*Registration of Births and Marriages in the State.*—Dr. Lansing, as chairman of the committee to present to the Legislature the subject of registration of births and marriages in this State, etc., made the following report, which was adopted:

The committee appointed at the last meeting of this Society, to present to the Legislature the subject of the registration of births, deaths, and marriages in this State, and to solicit the passage of a law providing for a thorough and efficient system of such registration, respectfully report:

That a hearing was granted your committee by the Judiciary Committee, both of the Senate and Assembly of 1866-67, and the subject duly brought before them, with such explanations and arguments on the part of your committee as seemed suitable to the occasion. The result of such interviews was an unfavorable report on the part of the committee of the Senate, who, while conceding the importance and desirability of such a law, seemed to doubt if it could be practically carried out, and to stumble at the fact of the present existing law on the subject, which remains a dead letter on the statute book.

The committee of the Assembly noticed the subject favorably, and reported a bill substantially the same as the one contained in our last volume of Transactions, and the same was printed and placed on the files of the Assembly.

Owing to the multiplicity of other business before the Assembly, and the late period of the session at which it was brought before them, the matter failed of further progress.

The next step of your committee was to bring the subject before the Governor, and a suitable memorial was prepared and submitted to him, with the expectation that he would communicate the same to the Legislature at its present session, with favorable recommendations for the passage of some such law as is desired by this Society.

It is believed that in such expectation your committee will not be disappointed. Such is the present position of the matter in charge of your committee. Its final success in the Legislature would seem to depend upon the merits of the measure itself, and the exertions of its friends.

Respectfully submitted,

T. F. BRINSMADE,  
JOHN V. LANSING,  
J. S. MOSHER,  
F. B. HOUGH.

The report of the Nominating Committee was received, and on motion, it was adopted.

It was then moved to substitute the name of John P. Garrison for permanent member in the first district, for that of J. Marion Sims. Adopted.

The President, according to the action of the Society, cast a ballot in favor of the officers named by the Nominating Committee, excepting the first district, for which the Society balloted separately, with the result of the election of W. B. Bibbins and S. D. Hubbard.

*Officers Elect for 1868.*—The following is the report of the Committee of Nominations:

For President—Dr. J. V. P. Quackenbush, Albany.

“ Vice President—Dr. James P. White, Buffalo.

“ Secretary—William H. Bailey, Albany.

“ Treasurer—J. V. Lansing, Albany.

For Censors, Southern District—J. F. Jenkins, of Yonkers; Samuel H. Purdy, of New York; Edward R. Squibb, of Brooklyn. Eastern District—B. P. Staats, of Albany; T. C. Brinsmade, of Troy; P. McNaughton, of Albany. Middle District—M. M. Bagg, of Utica; C. B. Coventry, of Utica; A. F. Doolittle, of Herkimer. Western District—Sandford Eastman, of Buffalo; Edward Hall, of Auburn; Alexander Thompson, of Aurora.

For Committee of Correspondence—The present incumbents.

For Permanent Members, 1st District—Wm. B. Bibbins, Sam'l T. Hubbard, New York. 2d District—Clark A. Nicholson; Lewis H. White, of Fishkill. 3d District—J. V. Lansing, of Albany; J. R. Boulware, of Albany. 4th District—John P. Shaver, of Little Falls; Isaac J. Buckbee, of Fonda. 5th District—William

Russell, of Utica; Alonzo Churchill, of Utica. 6th District—E. G. Crafts, Binghamton; E. Odell, Unadilla. 7th District—H. D. Diadama, Salina; H. N. Eastman, Geneva. 8th District—John F. Whitbeck, of Rochester; David Little, of Rochester.

Eligible for Permanent Membership, 1st District—Edward H. Janes, New York; George F. Shradly, New York. 3d District—P. V. S. Pruyn, Kinderhook; Wm. Lamot, Charlotteville; Jacob S. Mosher, Albany; William H. Craig, Albany. 4th District—Francis Burdick; Henry H. Greene, Paine's Hollow. 5th District—J. K. Leang; Robert Frazier, Camden. 6th District—L. Griffin, Binghamton; J. W. Thompson, Schuyler Co.; J. Dolson, Bath. 7th District—A. W. Marsh, Palmyra; H. C. Hendricks, McGrawville; E. J. Schoonmaker, Magee's Corners. 8th District—M. W. Townsend, Bergen; Charles E. Rider, Rochester; Julius F. Miner, Buffalo.

For Honorary Members.—N. D. Benedict, Florida; Joseph K. Barnes, Surgeon-General U. S. A.; Isaac Ray, Providence, R. I.; Thomas S. Kirkbridge, Philadelphia.

Eligible for Election as Honorary Members.—Professor Stokes, Dublin; Prof. Rawdon McNamara, Dublin; Dr. H. C. Lombard, Geneva, Switzerland; Dr. T. R. Varick, Jersey City, N. J.; Dr. William Livingston, St. John, N. B.; Sir James Y. Simpson, Edinburgh.

For Honorary Degree of Doctor of Medicine.—Lewis Post, Lodi.

Delegates to the National Quarantine Convention.—Present incumbents.

Delegates to Connecticut State Medical Society.—J. C. Hutchison, Brooklyn; Philander Stewart, Peekskill; E. S. F. Arnold, Yonkers; Arthur S. Wolf, Plattsburgh.

Delegates to Massachusetts State Medical Society.—J. F. Jenkins, Yonkers; H. D. Bulkley, New York City; G. J. Fisher, Sing Sing; Alden March, Albany.

Delegates to New Jersey State Medical Society.—Ferris Jacobs, Delhi; Samuel Hart, Brooklyn; Frederic Hyde, Cortlandville; William Govan, Stoney Point.

Delegates to New Hampshire Medical Society.—M. R. Holbrook, Poughkeepsie; Hiram McNutt, Warrensburgh; E. R. Peaslee, New York; W. B. Bibbins, New York.

Delegates to the Vermont State Medical Society.—Drs. Francis Burdick, Johnstown; J. G. Orton, Binghamton; Thompson Burton, Fultonville.

Delegates to Pennsylvania Medical Society.—Drs. Caleb Greene, Homer; W. C. Wey, Elmira; George Burr, Binghamton; H. C. Stiles, Brooklyn.

Delegates to Ohio State Medical Society.—Drs. C. C. Wyckoff, Buffalo; Sandford Eastman, Buffalo; Thos. F. Rochester, Buffalo; H. W. Dean, Rochester; H. H. Langworthy, Rochester.

Delegates to Maine State Medical Society.—Drs. Ellsworth Eliot, New York; E. L. Beadle, Poughkeepsie.

Delegates to Rhode Island State Medical Society.—Dr. J. H. Burger, Brooklyn.

Delegates to American Medical Association.—The present incumbents, leaving out H. A. Carrington, C. S. Wood, Seth Shore, C. M. Crandall; and adding Wm. Govan, Stoney Point; Joseph Bates, James P. White, Buffalo; H. N. Eastman, Geneva; J. F. Jenkins, Yonkers; E. S. F. Arnold, Yonkers.

Committee on Statistics.—Present incumbents.

Committee on Prize Essays.—Present incumbents.

Committee on Publication and Revision of By-Laws.—Present incumbents.

Dr. C. A. Lee then proposed the following resolutions in regard to an amendment of the By-Laws to be offered for consideration at the next meeting, February, 1869:

1. *Resolved*, That the By-Laws of the New York State Medical Society, requiring the President and Vice President to be nominated by a committee appointed by the President, is hereby repealed.

2. *Resolved*, That, hereafter, in all elections for officers, the President and Vice President, it shall be done by ballot by open nomination in convention, and that whoever shall receive the largest number of votes, shall be declared elected.

3. The election shall take place on the second day of the meeting, during the morning session.

After considerable discussion, the resolutions were laid on the table, with the understanding that they be taken up and considered at the next annual meeting, the President elect also having intimated that he should call the attention of the Society to the subject, in his opening address.

Dr. J. G. Orton, through Dr. Saunders, offered the following:

*Resolved*, That the Standing Committee on Statistics be instructed to issue a suitable circular under the direction of the Publishing Committee, inviting reports from the profession of any epidemics which may prevail during the present year in this State. Adopted.

Dr. Joseph C. Hutchison offered the following:

*Resolved*, That the chairman of the delegates from this Society to the American Medical Association, be requested to present to said Association, as the desire of the Medical Society of the State of New York, the following resolution, and to urge its adoption:

*Resolved*, That the Faculties of the several Medical Colleges of the United States be recommended to announce explicitly in their annual commencement circulars and advertisements, that they will not receive certificates of time of study from irregular practitioners, and that they will not confer *the degree* upon any one who may acknowledge his intention to practice in accordance with any exclusive system. Adopted.

Business Committee read by title the following paper:

Report of Cholera at Quarantine, by Dr. John Swinburne, for 1867.

Moved that the Secretary be directed to advertise three times the prizes offered by this Society in medical journals of this State. Carried.

On motion of Dr. Bibbins, a vote of thanks to the State Agricultural Society was passed, for the gratuitous use of the Agricultural Society Hall during the session of the Society. Adopted.

Business Committee read by title Carbohc Acid, by D. P. Bissell.

Dr. Bissell moved that the thanks of this Society be tendered the Committee of Arrangements, for the good accommodations and comfortable arrangements made for this Society. Adopted.

*Resolved*, That the thanks of the members of the Medical Society of the State of New York be tendered to Drs. March and Armsby, for the kind and generous hospitality tendered to them at the Hospital Building, Wednesday evening, Feb'y 5, 1868. Adopted.

Dr. Brinsmade, on behalf of the committee appointed to memorialize the Legislature, asked that the committee be continued. Granted.

Dr. Squibb offered the following, which was adopted:

*Resolved*, That the thanks of the Society are due, and hereby tendered, to the President and other officers of the present annual session.

*Resolved*, That the thanks of the Society are tendered to the reporters who have been present, and have reported the transactions.



Dr. C. A. Lee moved that the thanks of this Society be given to Dr. E. R. Squibb, for the very able manner in which he has performed his duties as Chairman of the Business Committee. Carried.

*Does the Negro have Delirium Tremens?*—Dr. B. P. Staats stated that he had considerable experience in the treatment of delirium tremens in the County Penitentiary, and had never seen one case in a negro. He asked the experience of members present.

Dr. Brinsmade, as chairman of the committee to try the case of Dr. N. K. Freeman, reported progress, and asked that the committee be instructed to report at the next meeting. The request, after a little discussion, was granted.

The Society then adjourned to the first Tuesday in February, 1869.

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### Experiments to prove that the Capillaries of the Lungs do not Anastomose.

BY G. P. CAMMANN, M. D.

As it is still a question among anatomists,\* whether the Pulmonary Capillaries do or do not Anastomose, the following experiments may not be without their value:

*Experiment 1.*—We injected water colored with gamboge into a branch of the pulmonary artery going to a section of lung, and found that a defined portion became moderately distended with the fluid; the water then commenced flowing from the accompanying bronchus† (?) and vein. The latter being secured by ligature, we continued to force in the injection, until this portion of lung became very tense. The injection continued confined to the same original extent of lung; the surrounding parts remained perfectly flaccid, and not a drop of the fluid escaped from any of the bronchi or veins.

*Exper. 2.*—A similar injection was forced into a branch of the pulmonary vein. The fluid flowed only from the accompanying bronchus and artery. (The injection entered with such facility as to show that its course was not interrupted by any valves.)

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\* Reisselassen, Marshall Hall, and others.

† How can the Injection into a pulmonary artery or vein escape "from the accompanying bronchus" unless by rupture of the bronchial mucus or nosicular capillaries? Is this what the writer means?

H. N. EASTMAN.

*Exper. 3.*—We moderately inflated a section of lung through a bronchial tube and secured it by ligature. The accompanying pulmonary artery was then injected, and it was found that the injection extended exactly as far as the inflated portion of lung, following closely the indentations so marked at the boundaries of the bronchial ramifications; the surrounding parts remaining flaccid.

*Exper. 4.*—We substituted the vein for the artery with similar results.

Having, to our entire satisfaction, repeated the above experiments a number of times, we proceeded from the larger arteries and veins to the more minute; gradually approaching the periphery or free border of the lung, and at each advance necessarily including a smaller section. We found in these experiments, as in the former, that the injection of colored water remained confined to the ramifications of the artery or vein under examination, and did not interfere with the neighboring branches. We thus pursued the arteries and veins until they became so minute that it was impossible to insert the finest tube. In other words, we approached so near the terminal branches as to inject only a lobule or a part of a lobule.

To confirm the preceding experiments, and place the matter beyond doubt, we had recourse to another series.

*Exper. 5.*—We injected a moderately-sized pulmonary artery with a strong solution of tartaric acid, and continued to fill the vessel, until from the accompanying bronchus and vein there streamed out a fluid which, when tested with bicarbonate of soda, proved to be the acid.

*Exper. 6.*—Having previously secured by ligature the accompanying bronchus and vein, we injected a branch of the pulmonary artery with the acid solution, until the portion of lung to which it was distributed became distended and tense. We then, in a similar manner, injected an adjoining branch of the artery with a strong solution of the bicarbonate of soda, and applied force almost sufficient to rupture the tissue. The two solutions were apparently in close contact, yet not the least chemical action ensued, although we kept the vessels thus distended until we were apprehensive that the chemicals acting through the tissues might lead into error. Neither in this nor in the former experiment did any liquid come from the neighboring vessels.

*Exper. 7.*—When the two solutions were injected successively into the artery and vein accompanying the same bronchus, the lung was rent in every direction by the disengaged carbonic acid.

*Exper. 8.*—We pursued our investigations from the larger branches of the pulmonary vessels to the more minute, and carried them down as far as practicable.

If anastomosis of the capillaries had existed, the effervescence from the soda and acid would have burst the pulmonary tissues as in experiment 7.

As the preparations from the above experiments were of a perishable nature, we injected sections of lung with mucilage of gum Arabic, colored with indigo, and then suspended them in alcohol. The injection passed only to the lobule or lobules to which the vessel was distributed. We possess many of these preparations, in which portions of lung have been injected, the intermediate spaces being entirely free. The surrounding lung remained perfectly flaccid and free from discoloration, even when a degree of force was employed sufficient to rupture the capillaries and form collections of injections either in the substance of the tissue or beneath the pleura. A distinguished pathologist observed this, on submitting sections of the lung to a powerful microscope. So perfectly distinct were the lines of demarcation between the injected and uninjected portion of lung, that we could readily dissect the one from the other, without causing the least escape of fluid. These preparations strikingly illustrate the perfect fidelity with which the experiments had been performed.

In performing these experiments, certain precautions were necessary to ensure success. 1. While cutting off the piece of lung for experiment, care was taken not to draw down the edges, lest the vessels to be injected should be on the apex of a cone, as the terminations of some of the lateral vessels might thus be above the incision. 2. The piece of lung was so held that the colored water flowing from the accompanying bronchus and vein could not run into the neighboring vessels. 3. The surface of the cut lung was wiped so dry that any oozing of fluid could be detected. 4. The injection was passed in very slowly, in order that none of the capillaries or tissues might be ruptured. The liquid was entered rather faster than it flowed from the accompanying vessels. 5. The bronchus and vein were not closed too soon, lest the air,

which was, in some cases, forced before the injection, might rupture the capillaries. 6. On approaching as near as possible the periphery of the lung, and after inserting the tube, by compressing with spring-forceps some of the branches of the vessels under examination, a very small portion of a lobule could be injected. 7. In the small lobes of the lungs of the sheep the vein runs superficially for an inch or two, it afforded great satisfaction to observe the colored injection as it returned by the vein, and which continued to flow for some time before it escaped from the accompanying bronchus, proving that it must have passed through the capillaries; and if there had been any communication with the neighboring capillaries, they would have become distended. 8. The warmest weather of summer was found to be the best season for making experiments and preparations. At this time of the year the lungs retain their elasticity, whereas they become dry and do not freely accommodate themselves to the injection after being hardened by a reduction of temperature and then subjected to artificial heat.

We have thus ascertained that there is no anastomosis of the capillaries of one branch of an artery or vein, however minute, with the capillaries of any other branch in the pulmonary circulation; or in other words, that the capillaries of each minute branch of an artery or vein are perfectly isolated and independent of any other capillaries for a collateral supply of blood. We hold it, then, as proved, that there is no anastomosis between the capillaries of one lobule with that of another, nor, as far as analogy will warrant, between the capillaries of one minute or terminal artery with those of another. If any additional confirmation were required, it might be furnished by an examination of the preparations, when it could be seen that the interstitial cellular membrane, even of the most minute lobules, remain perfectly free from any discoloration from the injection.

If we allow the structure of the pulmonary blood-vessels to be as it is generally supposed, and the anastomosis of their capillaries to be as intimate as Dr. Marshall Hall and others describe, we would expect that almost every case of profuse hæmoptisis from pulmonary apoplexy, congestion, or any other cause, most necessarily prove fatal,\* from the continual action of the lungs pump-

\* We would certainly anticipate such a result, when it is remembered with what facility the injections entered the bronchus.

ing, as it were, the blood from the vessels so easily supplied by the very numerous and freely-communicating capillaries, and from the difficulties which would thus be presented to the formation of coagula. Now, we know, on the contrary, that immediate danger is comparatively slight, notwithstanding, as stated by Bichat, and verified by others, that the lungs, especially when inflamed, are more frequently than any other organs, flooded with an immense quantity of blood. Bichat well says, "Voyez le poumon d'un péricapneumonique; en le fendant vous diriez au premier coup d'œil, que ce sont les solides qui y sont augmentés, il a souvent comme l'aspect du foie dans la masse pesante qu'il représente; mais mettez-le macérer, blentôt, tout s'échappera en fluides. Or, examinez comparativement la peau, l'estomac, le foie, les reins, etc., devenus le siège d'une inflammation aiguë qui a fait succomber le sujet; ils ne présentent rien d'approchant de ce surcroît énorme de fluid dont le poumon inflammé dans sa substance est surchargé." Again; what prevents the occurrence of exhausting hemorrhage when there are abscesses and excavations in the lungs, surrounded by perfectly healthy structure, without even the intervention of false membrane? According to Baillie, this is "principally the case when the abscesses are small and placed at a considerable distance from each other." Yet, even then, we would suppose that the blood would be continually forced out into the cavity by the action of the lungs, while the free communication of the capillaries would furnish an ample supply. The preceding remarks are also applicable to an excavation from pulmonary gangrene; for, as Andral says, "the parietes of this cavity are, in general, not lined by any false membrane; the pulmonary parenchyma which surrounds it is in some cases perfectly healthy."

In the pathological conditions of the lungs there are appearances which are very peculiar, viz: the abrupt and perfectly-defined margin that frequently exists between the healthy and diseased parts. These singular boundaries, as if marked out with a pencil, are found in no other organ, except, perhaps, in the brain. In inflammation, or as the effects of inflammation, in other organs, the surrounding tissue is involved; and as we recede from the point of most active disease, the remote parts are less affected, but there are no lines of demarcation; indeed, we can scarcely pronounce where a healthy condition commences, whereas, in very

many of the diseases of the lungs, the separation between the morbid and healthy parts is perfectly defined, as has been remarked by every pathologist. Addison says that, "especially in certain atonic forms of pneumonia, these changes are confined to individual lobules, more or less remote from each other, the common cellular membrane forms a distinct boundary to the inflammation." Grisolles speaks of isolated lobules being the seat of pneumonia; and Andral alludes continually to this disease as being circumscribed. With respect to pulmonary apoplexy, Laennec observes, that "it is always very exactly circumscribed, the induration being as considerable at the point of termination as in the centre. The pulmonary tissue around is quite sound and crepitous." Andral makes the same remark. He also, in his *Clin. Méd.*, has very interesting observations and facts upon the lobular nature of tubercles, but they are too long to be transcribed.

The experiments of Dr. Marshall Hall on the batrachia, will not apply to warm-blooded animals. In Roget's *Animal and Vegetable Physiology*, it is beautifully shown how, as we ascend from the lower order in the scale of beings to the most perfectly organized, the pulmonary structure materially varies, so that analogy will not hold good between the different orders of beings. He observes, that in the frog a limited portion only of the blood thrown out from the heart goes to the lungs, so that any inconvenience from intimate communication of the capillaries is prevented; and proceeds to show the perfect and well-developed structure of the lungs of the mammalia. He states, also, that the torpid and cold-blooded reptiles are separated from the mammalia by a very wide interval; for though the former respire air, that air influences but a part of the blood, as the pulmonary is only a branch of the general circulation.

It is allowed by the best anatomists and physiologists, that the capillaries are differently arranged in each organ, being so modified as to accommodate themselves to the tissues through which they ramify. Bichat considers it certain that their distribution and formation differ in the tendons, aponeuroses, muscles, etc.

If we admit that there is no anastomosis between the capillaries of the lungs, we can satisfactorily explain many points in the physiology and pathology of the pulmonary organs. 1. We can easily perceive how, in pulmonary hemorrhage, the arterioles or capilla-

ries, having no collateral supply of blood to instantly rush in and keep them distended, readily contract, and allow the formation of coagula, which effectively prevent excessive loss of blood. 2. We can explain why, in small abscesses where there is not a false membrane between the parietes and healthy structure, there is not a continual flow of blood into the cavity, for as the capillaries discharge themselves they shrink; although in large cavities where, from extent of surface, an exhausting hemorrhage might occur, nature provides a false membrane. 3. We can read understandingly the facts recorded by Bayle, Laennec, Andral, Barth, and indeed by all the correct and skillful pathologists. We understand why pulmonary inflammation, congestion, apoplexy, gangene, etc., are so exactly circumscribed and defined; and why in inflammation we do not, as in other tissues, always observe a gradation in the degree of engorgement, as we recede from the centre of disease. We find the correctness of Andral, when he describes inflammation as attacking isolated points of the pulmonary tissue; and when he speaks of even vesicular pneumonia, of which Grisolles observes, that "Billiet and Barthez seem to show that this lesion, described by Andral, is only vesicular bronchitis, in which a portion only of the pulmonary vesicles are inflamed and distended with puriform fluid." We see reasons for Andral's statement, that "even in those parts where the hepatization seems most perfect, it rarely happens that some small bronchial tube may not be found still permeable to air; and we sometimes find, that when the lobe of a lung which appeared uniformly hepatized throughout, is dried and carefully examined, we can discover some capillary tubes and air-cells which, instead of having their calibre diminished, are very considerably dilated, and are at the same time free from any appearance of congestion." 4. We can understand when we turn to physical signs, why the crepitous râle is so frequently accompanied by the respiratory murmur. We also ascertain why crepitous râle without respiratory murmur, shows very considerable engorgement; and when respiratory murmur is present, much of the lung is still healthy. We likewise advance towards an explanation of lobular pneumonia in children, and account for the frequent relapse and only apparent convalescence in pulmonary inflammation, from small lobules and vesicles remaining in a condition of active disease, after all physical and

rational signs of functional derangement have disappeared.— Finally, we comprehend the cause of the following phenomena observed by Stokes: "I have frequently seen," says he, "all the signs of solidification subside within two days, and have even observed great modifications in the course of a few hours. \* \* \* On this subject more extensive observation is wanting."

We have thus demonstrated how, by being composed of an aggregate of isolated portions, the lungs are protected from the extension of disease; and how, but for this safeguard of nature, organs so essential to existence would be more liable to permanent injury, when a portion of their tissue is incapable of performing its functions.

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## Editorial Department.

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### Books Reviewed.

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**Diseases of the Lungs and Air-Passages.** By Henry Wm. Fuller, M. D. From the second and revised London edition. Philadelphia: Henry C. Lea, 1867.

Commencing with the principles of physical diagnosis, and their application to the investigation of diseases of the lungs, the author proceeds to a complete discussion of all subjects pertaining to diseases of the respiratory organs and their proper treatment. He gives the topography of the walls, and describes and illustrates with wood cuts the contents of the various regions of the chest; shows the importance and value of inspection and physical examination of the chest, and describes the methods of making these examinations; points out most clearly what is to be observed and the import and significance of symptoms elicited from the alterations which the various organs undergo in disease.

In part second we have the Pathology, Diagnosis, Symptoms and Treatment of Diseases of the Lungs. Pleurisy, Pneumonia, Bronchitis and Pulmonary Consumption are the diseases which have received principal attention. All the numerous questions concerning tubercular disease, not yet settled, are discussed, and the opinions of the author and the facts sustaining his opinions are introduced. Hereditary transmission of the disease, age at which consumption occurs, influence of cold and wet and the atmospheric changes in producing or predisposing to it, furnish favorite topics, upon which the author entertains opinions not wholly in harmony with the generally received doctrines of authors or the public. Upon one single point we quote our author, because we can so heartily endorse most of his views, and have often presented and urged the same against strong opposition. "Fistula in ano is another symptom which must not be lightly dealt with.



As long as the discharge is insignificant in amount, it is advisable to confine our efforts to treatment of the constitutional malady, and not to disturb the fistula. But I do not hold with those who maintain that a fistula in ano occurring in the course of phthisis ought never to be interfered with. In some instances the discharge is profuse, and constitutes an important source of waste; the patient is so distressed and alarmed at its continuance, that no treatment can be of avail until his nervous apprehensions are overcome. He can neither eat nor sleep for thinking of it, and his whole system is depressed in consequence. In such cases I have known the greatest benefit result from an operation, combined with an issue in the arm, the use of proper diet and administration of cod-liver oil, quinine, iron and other appropriate remedies. Not only has the fistula healed, but the general health has improved, the patient gained flesh, and the physical signs of pulmonary disease have greatly lessened." If the statement of "combined with an issue in the arm" had been omitted, the sentiment would have been worthy a recent author. This part of it we believe the effect of routine in sentiment and practice, and such issue useless and injurious—injurious in proportion to its size and the irritation and ulceration it occasions.

Our new books are better than our old ones, our knowledge is greater and more definite, and our practice of medicine and views of disease are constantly growing more correct and satisfactory, but the mistakes and errors of the past, however clearly pointed out and well defined, are rejected and abandoned only by degrees. The author of this book has done his part faithfully, and furnished the medical public a clear, philosophical, correct and valuable work upon diseases of the lungs and air-passages. It has many attractions for the medical student, in its first part especially, while the practical portion of the work as embodied in its second division, renders it a valuable guide in the treatment of all diseases of the lungs.

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**A Practical Treatise on the Diseases of Children.** By D. Francis Condie, M. D., Fellow of the College of Physicians, Member of the American Medical Association, etc., etc. Sixth edition, revised and enlarged. Philadelphia: Henry C. Lea, 1868.

Dr. Condie's Treatise on Diseases of Children is so favorably known and so highly appreciated by the profession, that any extended notice of it is altogether unnecessary, while declarations of approval could be only a repetition of commendations already many times expressed. The present edition has again been thoroughly revised and every important advance in the knowledge of infantile disease has been incorporated in the respective sections, so that as the work now appears it will continue to be an accurate and faithful guide in the treatment of children, and be regarded as one of the most complete works in this department of medicine. Much attention in the commencement of the work has been devoted to a consideration of the hygienic management of children, which embraces a discussion of the influence of light, temperament, cleanliness, bathing, clothing, food, sleep, exercise and moral treatment. It is remarkable that in the face of the acknowledged influence of hygienic regulations as a preventive of disease, and the neglect of which is the cause of nearly all the ills of childhood, physicians

should fail to instruct and impress those in charge of infants with the importance of a strict compliance with sanitary laws, and not as is but too frequently the case, through carelessness and sometimes ignorance, allow mothers and nurses to subject these tender beings to the most pernicious influences.

In treating of congenital malformations and accidents, the author entertains a not commonly received view of the pathological cause giving rise to the non-development of the lateral processes of the vertebræ in spina bifida. The disease he considers as a true congenital dropsy either of the spine or of the spine and brain; "*the deficiency in the vertebræ,*" as well as the external tumor, being the result of the accumulation and pressure of the fluid within the spinal or cranial cavity, and that when the tumor in the spine is not formed, death usually occurs within a month, with symptoms of hydrocephalus.

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Pennsylvania Hospital Reports, Vol. 1, 1868. Philadelphia: Lindsay & Blakiston.

The inauguration of publishing annual volumes of Hospital Reports, thus placing the acquired experience of hospital practice upon a permanent record, and making it possible for the profession at large to avail itself of the same, cannot fail to meet with universal approbation and support. Works of this character have been issued by the principal hospitals of England and upon the continent with great success. This is the first effort of the kind in this country, so far as we are informed, but we are assured that reports from some others may soon be expected.

The present volume embraces twenty-three articles, prepared by the hospital staff, arranged by Drs. J. M. Da Costa and William Hunt.

The introductory paper prepared by Dr. Charles D. Meigs, is a brief sketch of the history of the Pennsylvania hospital and reminiscences of the physicians and surgeons who served in the same. Dr. H. Agnew follows with a careful and well-considered paper on the history and treatment of laceration of the female perineum. The other members of the staff have equally well discharged their tasks, presenting in an exact statement the experience of the past years in their respective departments. The action of Narcine has been made the subject of a monograph by Dr. J. M. Da Costa, from whose paper we make the following extract:

"On the skin it produces but little effect, far less perspiration than morphia or the other ingredients of opium.

It does not, as a rule, give rise to headache, or to nausea and vomiting and loss of appetite; but it is an exaggeration to say that these effects do not occur. Moreover they seem to happen more constantly or markedly in women than in men. It does not constipate, may even relax the bowels.

It is not an excitant; yet the face is not uncommonly flushed after its use in decided doses. Scarcely any action on the pupils is observable.

No marked influence on the temperature, respiration and pulse is perceptible subsequent to its employment. So far as noticed it somewhat lowered the temperature, and slightly lessened the pulse; the latter, however, not constantly.

No such decided effect as has been ascribed to it on the urinary functions, was met with. In so far as it was seen to have any action, it seemed to diminish the tendency to frequent urination, rather than to suppress the amount of secretion.

And with reference to its soporific anodyne properties, it appeared in doses in which morphia is prescribed, totally destitute of either; and in larger doses uncertain and often palpably inert. It does not allay irritation."

What will the French physicians say to this, with whom *Narcine* is fashionable? Dr. Eulenberry prefers it to any other narcotic, and gives it in neuralgia, iritis, cystitis, orchitis, and all painful diseases, stating that it produces sleep, and is preferable to morphia, acting pleasantly when morphia fails.

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### Books and Pamphlets Received.

**The Diagnosis, Pathology and Treatment of Diseases of Women, including the Diagnosis of Pregnancy.** By Graily Hewitt, M. D., London, F. R. C. P., etc. First American from the second London edition, revised and enlarged, with one hundred and sixteen illustrations. Philadelphia: Lindsay & Blakiston, 1868. For sale by Theodore Butler.

**A Practical Treatise on the Diseases of Women.** By T. Gaillard Thomas, M. D., Professor of Obstetrics and Diseases of Women and Children in the College of Physicians and Surgeons, New York, etc., with two hundred and nineteen illustrations. Philadelphia: Henry C. Lea, 1868. For sale by Breed, Lent & Co.

**The Principles and Practice of Obstetrics.** By Gunning S. Bedford, A. M., M. D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Obstetrics in the University of New York, etc., illustrated by four colored lithographic plates and ninety-one wood engravings. Fourth edition, carefully revised throughout and enlarged. New York: Wm. Wood & Co., 1868. From the author.

**Atlas of Venereal Diseases.** By A. Cullerier, Surgeon to the Hôpital du Midi, etc. Translated from the French, with notes and additions, by Freeman J. Bumstead, M. D., Professor of Venereal Diseases in the College of Physicians and Surgeons, New York, etc., with about one hundred and fifty beautifully colored figures on twenty-six plates. Part 1, to be completed in five parts. Philadelphia: Henry C. Lea, 1868. For sale by Theodore Butler.

**Address before the Philadelphia County Medical Society, delivered January 23, 1867, agreeable to a provision of the Constitution.** By Wm. Mayburry, M. D., at the close of his official term as President. Published by order of the Society.

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*Cæsarian Section.*—Prof. Wm. Warren Green reports in the *Boston Medical and Surgical Journal* for February, a successful case, in which mother and child were saved. The details of the case are interesting, and if possible, we shall republish it in our next journal.

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*Ophthalmic Dispensary in Toronto.*—This institution was opened last May, and during the first six months there was an average daily attendance of fifteen patients. It is simply a dispensary, no beds or hospital accommodations are yet provided. It is organized under a board of directors, chosen by the benevolent who have contributed to its support. The medical staff under its present organization is as follows:—Surgeon, A. M. Rosebrugh, M. D.; Assistant Surgeon, R. A. Reeve, M. D.; Consulting Surgeon, W. H. Cumming, M. D. The success of its first year's operation shows the beneficence of the design and the faithfulness and fidelity of those to whom its interests have been entrusted.

### A New Property of Bromide of Potassium.

Dr. Alexander J. Stone of Boston, announces a new property in Bromide of Potassium—"the power of checking the Reflex Nausea induced by the administration of Anæsthetics." He claims that nausea is the almost universal effects of ether, and then relates thirty cases where it was either prevented or relieved by the administration of thirty or forty grains of this drug.

His cases *appear* to sustain his conclusions, and still it remains for more extensive trial to prove them correct. His observations were made by the advice and partially under the direction of Prof. H. R. Storer, and his cases are well related.

Bromide of potassium is having its "benefit," and must yet suffer the reputation of doing a great many very remarkable things, and after having attained a desirable reputation, possibly, will sink into almost complete forgetfulness, something like its countless predecessors.

It is not well to be too skeptical in the effects of remedies, neither is it wise to accept as wholly true, what may appear true of their medicinal properties. There is hardly a single drug in the whole *materia medica* really having the properties they are represented to possess, and this fact should place us on guard in all our experiments to determine the effects of medicines. Ether does not in our experience "invariably" produce nausea and vomiting. If given, as in Doctor Stone's cases, after fasting, it more rarely produces this effect, and if patients vomit and thus empty the stomach, nausea and vomiting often cease from that time without the bromide of potassium. We most heartily thank Dr. Stone for the suggestion, and accept it, subject however to future trial. Before writing down as one of the reliable effects of this remedy, "a power to check reflex nausea after anæsthesia," indeed before positively saying that it possesses many of the properties now attributed to it, we would respectfully suggest that its effects be carefully noted in greater number of cases. It is said to have worked wonderful cures on all the diseases of the nervous system, both functional and organic. It is prescribed with as little discrimination as any drug was ever given, and properties attributed to it as varying and unreal as were ever attributed to any medicine. We believe it has some valuable remedial properties, but we do not believe that it has half as many as some suppose.

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#### New Medical Journals.

"Half-Yearly Compendium of Medical Sciences."—This journal is designed to embrace a digest of the whole field of medical literature with a view to that conciseness and practicability which best suits the general practitioner. Edited by Drs. S. W. Butler and D. G. Brinton, Philadelphia. Price \$3 per annum, in advance.

"New Orleans Journal of Medicine."—This medical periodical is a consolidation of the two medical journals, lately published in New Orleans. It is to be published quarterly, and to be under the editorial charge of Dr. W. S. Mitchell, M. D. and W. H. Lewis, M. D. Price \$6 in advance.

"L'Événement Médical."—This weekly journal is under the editorship of Prof. Piorry, France. The numbers are regularly received by us in exchange. Prof. Piorry has recently been elected member of the Academy of Medicine.

"The Medical Repertory."—The first number of this journal has been received. Each number is to contain thirty-two pages. It is designed to make this journal the exponent of the medical profession of the West. Prof. J. A. Thacker has the editorial management.

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Original Communications.

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

TUESDAY EVENING, February 4th, 1868.

On motion of Dr. Johnson, Dr. J. F. Miner was elected Chairman of the meeting. Members present—Drs. Miner, Little, C. F. A. Nichell, Mackay, Abbott, Edmonds, Gay, Kamerling, Henry Nichell, Eastman, Wetmore and Johnson.

The minutes of the last meeting were read and approved.

Dr. Henry Nichell read the following Essay upon the treatment of Asiatic Cholera:

*Mr. President and Gentlemen of the Buffalo Medical Association:*

In a former meeting you have appointed me to the honor of reading an Essay on some medical theme this evening. In compliance with your invitation I shall propose to you, observations and facts concerning a certain plan of treatment of Asiatic cholera adopted by the writer during the epidemics of 1852 and 1854, in the city of Buffalo. I sincerely hope the subject selected, although it may perhaps disappoint your just expectations, is yet worthy of your earnest and thoughtful consideration.

All modes devised for the prevention and cure of this formidable malady, have been censured by modern and quite recent writers, more or less severely, and I may add in part, perhaps,

justly. It was the late venerable Dr. Velpeau, who boldly declared before the Academy of Medicine in Paris, "that we know nothing more of treatment of cholera now than on its first appearance in 1832." "All our remedies and modes of practice," he says, "have failed." You will, therefore, pardon me when I frankly confess that it is not my fortune to offer to you any superior method or plan as regards the treatment of the disease in question, but to present to you simply "observations and facts" about what had been termed the treatment of cholera with calomel and opium, as employed in the second stage, and also to a certain extent, in the state of collapse of epidemic cholera. This mode of treatment has of late been bitterly attacked and condemned by some eminent authorities, although not a few articles upon the subject also show its enthusiastic advocates and able defenders.

Dr. R. Nelson, in his monograph on Asiatic cholera, page 174, does not hesitate to use the following language about physicians prescribing such agents, especially calomel:

"So potent were a wrong education, a defective physiology, a badly acquired habit, a blind faith in false doctrines, and a pernicious obstinacy in adhering to habit, that almost all physicians made use of calomel. One gave a grain, with or without opium, every half an hour, another two or five grains, finding these doses inefficient, ten to twenty grains; others, bolder, gave half a drachm, one or two drachm doses. Should one or two patients out of three (the average number) recover, the recoveries were boasted of, as cures."

For a long time the small, the medium and the heroic dose doctors published how successful had been their practice. In time, however, this abuse of calomel declined, but it is not yet extinct among that numerous class of practitioners who cannot rise above the grade of routinists or mere medicators.

Again, Drs. E. and A. B. Whitney, in their treatise on the subject, page 112, speak as follows: "Has calomel any influence or power to arrest this disease, to quiet the nervous system, relieve the cramps or restore warmth to the body? Its specific action, as far as known, can have no tendency whatever to relieve the system in any essential particular, or stay the progress of disease, or delay its inevitable result, if it remains unsubdued by the action of other remedies.

Here we may ask, will opium aid or give the relief so urgently demanded? However serviceable as an astringent and anodyne in the premonitory stage of the disease, it cannot be exhibited in the second stage to so good an advantage, as, its direct influence is, to aid and promote congestions in those cases, where a tendency of this kind is already in existence.

Again, Dr. Hartshorn on cholera, page 65, says: "Unhesitatingly, I should hold the opinion that calomel is of no earthly use in cholera. The clinical experience, quoted for its success, is accounted for by the addition to it, almost always of opium in the prescription. Nor is the amount of success, with it, even then, great.

You observe that I have quoted three medical writers of quite recent times, who indeed are entirely averse to the treatment of cholera by calomel, with or without the addition of opium, for given reasons. Before I shall, however, proceed to say something as respects observations and facts relative to the employment of just these agents, I desire to lay before you the most positive convictions of no less high authorities, such as I consider rather advocates of this treatment.

Thus Prof. A. B. Palmer, who, according to his statements, had during three seasons, about two thousand cases under careful observation and management in Chicago, in his remarks on Epidemic Cholera, page 19, says: "I am by no means insensible to the injurious effects, both proximate and remote, which the free use of mercury, under many circumstances produces. I have no sympathy with that class of practitioners, for ever seeing some 'liver complaint or bilious obstruction,' and hurling heroic doses of calomel or everlasting blue pills at these, so often imaginary difficulties. But mercury is a medicine of power, and has its uses, and cholera is one of the diseases where its remedial virtues are greatest. In this disease it seldom produces salivation, or other remote injurious consequences, and even if it did much more frequently, considering the extreme danger of the patient and the good effect it produces, we should be justified in its use. The use of this article (calomel) I consider of exceeding importance. My observations upon it have been careful and abundant, and I think I cannot be mistaken. The discharges may often be checked without its use, but unless the secretion of the liver is excited,

(and calomel when properly given and retained, tends powerfully and far more than any other article to excite that secretion,) the cholera discharges will again return and severe consequences follow. When mercurials, however, are used with opium, such returns of the symptoms are exceedingly rare."

He also says, page 32: "Some of the most remarkable recoveries of this kind, viz: the fully collapsed state, which I have witnessed, have been after large and repeated doses of calomel."

Further: Dr. N. L. North, on Epidemic Cholera, p. 24, remarks: "The calomel treatment, according to the reports of those who have used it, whether in larger or smaller doses, has produced better results than almost any other treatment, and it is said the patients are not apt to have consecutive fever, and that they are generally well in from three to five days."

Prof. Thos. F. Rochester, of this city, in a very ingenious and well-digested article, entitled "A few remarks on Cholera, (*Buffalo Medical & Surgical Journal*, vol. vi, Aug. 1866,) in respect to the treatment of calomel, page 4, expresses himself thus: "If the writer indicates a plan of treatment to be generally followed, he does so in no spirit of egotism, and with all respect to the opinion of those entertaining different views. It is the result of extended personal observation and experience; he has tried and has seen tried very many methods of treatment, and while he candidly admits that nothing is very reliable or satisfactory, his decided preference is as follows," etc.

And further, he adds: "It has been argued that calomel should not be given in the manner advocated on account of the great liability of salivation. It will salivate but very few, but if it is potent in permanently arresting the serous diarrhœa, and also in arresting some of the choleraic sequelæ, salivation is of minor importance."

What, however, has by distinguished modern observers been said, either to favor or condemn the use of calomel in this disease, the same applies also to the employment of opium.

Prof. Maclean, cited by Drs. E. and A. B. Whitney, in their treatise on Asiatic Cholera, page 66, remarks: "Opium in cholera should be given only in the premonitory diarrhœa. At this stage in combination with a stimulant, it is of the highest value. persevered in, particularly in the strong doses, it is a dangerous



remedy, inducing fatal narcotism, at least, interfering with the functions of the kidneys, and so leading directly to uræmic poisoning."

Dr. Nelson, whilst he, as we have seen, in the strongest terms condemns the use of calomel in cholera, seems to be an enthusiast, however, as regards opium. In his monograph, page 188, he says: "Throughout the whole reign of cholera, opium has been had recourse to, with benefit, when judiciously employed, but which, alas, has seldom been the case, for there are only a few practitioners who are deeply versed in the recondite action of this heroic remedy, while the great majority see in it only an every day drug, and are totally ignorant of its mysterious power; a larger dose than one grain might so paralyze the stomach as to arrest its power of ejecting what ought to be discharged and lock it in, to the injury of the patient "

Again, page 190, he observes: "When opium is administered at the proper time and in proper quantities, it will not only allay a state of vomiting, which is not longer needed, but it will also sooth the whole economy in a notable degree and pave the way to a recovery."

Dr. Nelson here doubtless means the use of opium in small or medium doses in the second stage of cholera.

Drs. A. and E. B. Whitney, although according to page 112 of their treatise, they really appear as sharply opposed to the employment of opium in the second stage of the disease, as you will please to recollect, nevertheless they at p. 191, strangely enough, advise the temporary addition of tinct. opii to certain injections into the bowels in cases in which on account of the great irritability of the stomach, their favorite combination of chloroform cannot be retained.

Prof. Palmer, in his remarks on Epidemic Cholera, p. 17, says: "Opium in proper doses and combination in certain stages of cholera, before the vital powers are much exhausted, and while irritation of the stomach and bowels is the most prominent symptom, is the great remedy in the disease, or at least one of the prominent and essential items of a correct treatment. It is by far the most potent remedy we possess for allaying that irritation, arresting the flow of fluids to the mucous surface and controlling the debilitating discharges, and when from its use these effects are

produced, the system by other proper aids, is generally enabled to rally and struggle successfully against the morbid influences.' He also says: "No language can be too strong in condemning the use in larger quantities in the advanced stages of the disease."

Dr. Blacklock regards the exhibition of opium as a poison in cholera.

Dr. Cox, quoted by Dr. Peters in his treatise, p. 153, remarks: "It is quite powerless to check the vomiting or purging, or to relieve the cramps, and is totally inadmissible in any stage or any dose."

Dr. Warring says: "Dr. Cox's opinion is perhaps too sweeping, but that it is injurious in large and frequent doses, either alone, or in combination, is a fact that few will be inclined to doubt."

I could quote a great many more medical writers, either advocates or opponents to the employment of opium alone or combined; for my present purpose, however, the number cited above seems to be quite sufficient. One could believe that physicians might be rendered skeptical in medical science by such conflicting statements and opinions, but it strikes me the profession will, on the contrary, but improve in this respect. We learn thereby a great truth, that opium in cholera has been abused, that it had been given in too large doses, or when in small quantities, its use too long persevered in and administered even frequently in impending and complete collapse; in short, that it had often been given without a clear view of the indications which this medicine fulfills. Exhibited in such improper doses and at improper times, opium has doubtless proved to be a very dangerous agent, and must have fearfully added to the bill of mortality in most of the irruptions of a disease which of itself appears so appalling and destructive in its effects. On the other hand we find the great practical utility of this remedy well established and recommended in cholera by such medical men, who have always made a wise and careful use of it in proper quantities and at proper stages of disease, closely watching its effects on the system.

We finally observe with some surprise and satisfaction, that even such authors as in principle as well as practice, are opposed to its employment in cholera, under certain circumstances, however, seem to be forced to its use and advise it in such cases in spite of all their *a priori* reasoning.

Mr. President and gentlemen of the Association:—After having tried various plans of treatment during the last three epidemics of cholera in our city, I feel it my duty to state, that none has given me such entire satisfaction as what has been termed the treatment of cholera by calomel and opium conjointly with stimulants; and this evening I feel indeed happy when I am enabled to recount to you the history of Mr. P. B., whose life had three times been in extreme danger in the cholera epidemic of 1854, but who fortunately escaped each time by being subjected to this mode of treatment. These three severe attacks succeeded one another with fourteen days' interval of apparently restored health. The two latter attacks taking place soon after great imprudence in diet, as I learned from his wife. In the attacks in which I have seen him, strange as it may appear, always in a more or less collapsed state, his pulse and heart sounds were then almost imperceptible, respiration greatly oppressed, his voice in the second and third attack nearly extinct, *vox cholericæ*, his tongue and general surface icy cold, the latter in the third attack covered with clammy perspiration, shriveled and corrugated, and at the extremities already cyanosed. His features had become ghastly. He likewise presented in each of these states, alternately, a picture of great restlessness, or of entire apathy and indifference, only craving for drinks; in fact, a series of phenomena were exhibited which could only be the result of the powerful action of the cholera poison, due to the great loss of fluids from the system by the incessant and profuse vomiting and purging and the severe cramps he had to endure. This patient afterwards enjoyed a full, vigorous health up to this present day. Indeed he represents a true type of the Teutonic race. I could also report the cases of two unmarried ladies who were twice and other patients who were once in such a dangerous condition during the two latter epidemics in this city, having recovered under the adopted plan of treatment.

I shall proceed now to describe in detail the method I have pursued, and which in good constitutions afforded encouraging results. For instance, I visited an adult person in the second stage, greatly suffering from copious vomiting and so-called rice-water discharges, cramps of the extremities, etc., I gave my patient a powder composed of calomel 20 grains, opium 1 grain, ipecac  $\frac{1}{2}$  grain, in a teaspoonful of sweetened water, a small piece

of ice being added. Did the stomach eject the medicine immediately, or a few moments afterwards, the same dose was re-administered. Ice was ordered to be taken into the mouth *ad libitum*, in preference to drinking much water, which usually was thrown off as soon as it reached the stomach. At reasonable intervals a teaspoonful of brandy also, with the addition of ice was given to the patient, until contra-indicated. After the lapse of two hours a second powder was exhibited.

I shall state as a fact that in the majority of cases in which the first dose of the comp. calomel powder had been retained for about fifteen minutes, the vomiting, as a rule, ceased, the profuse rice-water evacuations gradually diminished in copiousness and frequency, until after the lapse of several hours a less exhausting bile-colored diarrhoea became established, which finally disappeared under the further use of a few fractional doses of powdered opium and ipecac,  $\frac{1}{2}$  of a grain of each. In exceptional cases of a very grave character, more than two, compound calomel powders were found necessary, the addition of opium to calomel of the composition mentioned, must be called a mere medium dose. In such a combination opium, to which ipecac is added, will produce no deleterious effect on the brain, while it will suffice to act satisfactorily as an anodyne and sedative, to allay the great irritation of the stomach and intestinal tube.

I should here mention that in a number of instances the gums of the patient after the expiration of ten to twelve or more hours, appeared to be more or less swollen and somewhat painful; in some cases salivation was produced, which, however, yielded in the course of a week to very small doses of iodine combined with iodide of potassa, and a gargle containing a small amount of diluted hydrochloric acid. Warm stimulating poultices were placed around the limbs suffering from cramps, and also over the bowels, which seemed to add at least to the relief of the pain more than sinapisms or repeated rough frictions made by the bystanders, which under the circumstances even did harm. As soon as the vomiting ceased the patients were supported by proper nutriment in small quantities, spoonful by spoonful, at reasonable intervals, as chicken-broth, beef-tea, or also milk with a little soda water, etc. This principally constituted the medication in the second stage of cholera. If the patient was seen in the condition

of impending collapse, and the dejections were still continuing, the same treatment was pursued, together with the occasional employment of spirits of camphor, tinct. of capsium, etc., and also aided by the application of artificial warmth to the surface until re-action became established, if possible. In complete collapse the patient was rather left to the efforts of nature, than of being subjected to active treatment. Good results have followed some times by the continued use of small pieces of ice and beef-tea.

What by the lamented Dr. Newman in his able paper (published 1854) had been termed "congestion of the brain," and spoken of as a stage of cholera, dependent upon irritation of this organ, excited in the course of the disease, and which to others and my own experience, will be observed in one epidemic more than another, or also may fail to make its appearance, has been treated by me by ordering cold application to the scalp, one wet cup behind each ear, (in two instances,) one grain of calomel to be given every two hours, and as much ice placed on the tongue as the patient desired, until all dangerous and distressing symptoms seemed to subside.

I must, however, mention that of the cases which came under my observation, (five in number,) three had been under the care of Eclectics, having been treated chiefly with tablespoon doses of powdered ginger, but which were always ejected from the stomach; while the remaining cases had received no medical attendance previous to my being called. All these patients, among whom was a woman who shortly before had given birth to twins, and having had no medical aid during her suffering from cholera, soon did well. In the treatment of these cases as an average, six grains of calomel together with the applications mentioned, was usually sufficient to relieve the congested state of the brain.

After having described the mode of treatment I have pursued, especially during the two latter cholera epidemics, I shall now attempt to point out the probable action of the remedies under consideration. Calomel combined with opium in proportions already mentioned, appears to act first as a sedative, and second to produce a certain alterative effect on the system in general, but not as has been assumed, to act as a chologogue, a mere restorer of biliary secretion, since the gall-bladder has been found filled

with bile after death. The combination of calomel and opium seems rather to restrain and effectually check not only vomiting, especially with the frequent administration of small quantities of ice, but also to arrest more or less rapidly the profuse, so-called rice-water dejections, and finally change them into healthy stools. Even when a certain collapsed state has taken place, re-action has by the judicious use of calomel sometimes been established, however hopeless the condition of the patient did appear. In such cases animal heat will gradually re-appear, the general surface lose its death-like feeling, the circulation be restored and become more and more equalized; a warm moisture will take the place of the cold condition of the skin, and with the resumption of the pulmonary function of æration, the restlessness will vanish, and the voice, before husky or nearly extinct, gradually becomes natural, the sensation of oppression of the precordia, the insatiable thirst, the sharp and contracted state of the features will disappear; also the lost nerve power, the secretions, especially that of urine be restored, etc.

Finally, since it cannot be denied that the deleterious effects of the cholera poison are decidedly manifested upon the great sympathetic and pneumo-gastric nerves, in consequence of which their functions appear to be seriously disturbed or even suspended, and since also a great many good results have in epidemic cholera been observed from the employment of calomel and opium conjointly, I may perhaps be permitted to conclude that it possibly may exert a certain beneficial, although up to the present time but little understood influence over the organic nervous system, probably sedative and alterative in its effects, in consequence of which a salutary change of the disturbed functions of organic life and even of the deranged chemico-vital condition of the blood itself might be established, and thus pave the way to a final restoration of health. This must, however, be regarded as a mere hypothesis; indeed various articles of the materia medica employed in cholera, in very different ways and modes, have undoubtedly produced very happy results.

Mr. President and gentlemen of the Association:—When during the last three or four years I have read articles or treatises on epidemic cholera, I confess it has often been with mixed feelings of joyful surprise and also of sorrow, for very obvious reasons.

While we have not yet found the means of preventing entirely the spread and dreadful ravages of this deadly pestilence, yet more has been done in this direction by the medical profession during the just mentioned period than ever before.

As to the treatment of cholera, it must be admitted no remedy whatever seems to have fully satisfied the medical mind up to this very day. Of late several agents have strongly been recommended by some observers, especially for the purpose of a more speedy relief of the severe spasms and cramps in the second stage, as the employment of hypodermic injections of morphia, with or without the addition of atropia, or the internal use of chloroform; the latter in certain combinations is also said by some to rank first among means to meet powerfully and fulfill most promptly the indications of any stage, and even that of the "algide condition," and to succeed in effecting a cure in nine-tenths of cases of those attacked.

Still I should mention that the same success in treating Asiatic cholera is claimed by Prof. Palmer of Chicago, an eloquent advocate of the calomel treatment, according to his own plan. It may however be truly said, that with but few exceptions, nearly every writer on the topic which is still involved in so much obscurity, prefers to recommend his own favorite mode of treatment, and takes pains to criticise all, or most others, or even ventures to condemn them more or less, not only as irrational and unsound in principle, but also as quite ineffectual in practice, which expressions cannot in fact always receive the sanction of a profession so enlightened and high-minded as the medical. Indeed, we as the friends of suffering humanity, must content ourselves with the consciousness of having done our full share of duty in having attempted to save lives in the darkest hours of peril, always to the best of our ability and conviction, in spite of the great discrepancy of opinions and theories. And should it seem to be proper to defend our modes of treatment, we should not hesitate, we must do so in honor to the profession at large and medical science.

The President, Dr. Eastman, having arrived, took the chair.

DR. MINER moved a vote of thanks to Dr. H. Nichell for his well-considered and able essay.

DR. EASTMAN suggested that the motion include the request of a copy of the essay for publication.

DR. MINER replied, that he preferred not to put the motion in that form; not however because he did not think the author deserving the compliment, but because it is entirely unnecessary, for the reason that all papers read before the Association, and worthy of publication, will be gladly published as proceedings of the Association without a special request. Voting to have them published could only add to the embarrassment of the editor of the Journal, who must exercise some discrimination in selecting the material composing the pages of the Journal. Papers and communications of interest locally, and not very objectionable when presented before the members of the Society only, were sometimes of no general interest to the profession, and when published, were not only of no value, but exposed the Society and author to derision and ridicule. Nothing was more unpleasant, than to reject such papers when designed for publication.

DR. EASTMAN replied at some length, sustaining Dr. Miner in his views, and justifying and approving his position, regarding it as not only proper but absolutely indispensable both for the credit of the Journal and the respectability of the Society that most careful supervision be exercised in this respect. The Secretary reports the proceedings, and cannot be expected to reject or change written papers presented by members. The editor of the Journal must exercise this power, and should be sustained and aided in an effort so manifestly important, not only to the Journal, but to the credit of the Association and reputation of its members.

The motion of Dr. Miner was carried.

Scarlatina and diphtheria were reported as prevailing.

Adjourned.

T. M. JOHNSON, Sec'y.

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*Position in the Reduction of Inguinal Hernia.*—Dr. Bond, of Nova Scotia, writes to the London Medical Times and Gazette, that he has never failed in the reduction of inguinal hernia when the patient stood erect, even after previous long continued, but unsuccessful attempts in a recumbent position. His attention was first called to this position by having a patient who was unable to reduce his own hernia except when standing. Dr. Bond offers no theory on the subject, but states that it is not on account of the erect position causing syncope.



**ART. II.**—*Clinical Remarks upon Surgical Cases in the Buffalo General Hospital—Radical Cure of Hydrocele—Spinal Curvature—*  
By J. F. MINER, M. D.

*Gentlemen:*—We first present before you to-day, a case of hydrocele, and propose to make operation for what is called its “radical cure.” The disease consists of an accumulation of serum in the cavity of the *tunica vaginalis testis*, or there is another form in which the accumulation takes place in a serous cyst of the spermatic cord; this is very rare, in comparison to its common occurrence in the vaginal tunic of the testicle. This disease may exist on both sides, or be only on one side; more commonly it is confined to one side; double hydrocele is said to be very infrequent in this country, so that this case which is double, has at least one feature thought to be of rare occurrence, and to be noticed on this account, though my own observation does not justify such belief. The history, appearance, feeling of fluctuation and transparency of the tumor when illuminated, as you now observe, by darkening the room and placing a light opposite, enable us to make diagnosis, and to distinguish hydrocele from the common forms of disease which in any degree resemble it. The fluid is not always clear and transparent; it may be bloody, milky, purulent, fibrinous, and in various other ways changed, so that this transparent appearance you observe may be absent in some instances. You must not allow this to lead you into error; blood is often mixed with the water when injury to the parts has been sustained, but the feeling of fluctuation and all the general symptoms of hydrocele are present, and will prove sufficient, in most cases, for correct diagnosis.

The effusion of serum into the cavity of the *tunica vaginalis testis*, it seems to me, must be the result of inflammation, even though no change in the condition or appearance of the membrane can be discovered. In some instances thickening, granulation, and other changes, obviously the effects of inflammation are plainly observable; and the presumption is, inflammation is present in all, though possibly of so low form that no change in the membrane secreting it, can be observed.

The questions of more especial clinical importance, are, how to distinguish it from diseases which resemble it, and how to operate for its cure. It resembles somewhat and has sometimes been

mistaken for hernia, orchitis, sarcocele, malignant disease of the testicle, and, in rare instances, for some other forms of disease. Its history, peculiar shape, manner of growth, transparency, fluctuation, freedom from pain, together with absence of the symptoms which characterize other forms of disease with which it is liable to be confounded, will enable you to avoid error as to its true nature.

Various methods of cure have been proposed, such as inserting a seton through the cavity of the *tunica vaginalis testis*, injecting the cavity with tinct. iodine, solution of iodide of potass, port wine, or other stimulating fluid, or opening the cavity by long and free incision, and keeping the parts open in such manner as to expose the cavity to the stimulating influence of air until adhesive inflammation supervene. All operations yet proposed are open to objection, and nothing has yet been devised which is safe, certain, and wholly satisfactory. I inject the cavity from which the serum has been drawn with undiluted tinct. iodine, and this indicates sufficiently the plan which commends itself most strongly to my approval, while time will not permit the mention of the reasons for adopting it, or for excluding the others. You observe how the trocar and canula is introduced, and how injection of the iodine is made through the canula after the fluid has been withdrawn, thus avoiding all danger of throwing it elsewhere than desired. With this operation I have always succeeded, not always by the first effort, but always in the end, or after a second, or possibly in rare instances, a third trial.

Whatever plan of operation is adopted, the object is the same, viz: agglutination of the two surfaces of the serous membrane constituting the *tunica vaginalis testis*, thus obliterating this cavity, and uniting or closing in the surfaces which furnish the secretion.

*Spinal Curvature.*—We also present before you this morning an interesting case of angular curvature of the spine, or as sometimes called, posterior or tubercular curvature, which is a disease of very common occurrence, and which is of very great importance for you to understand. While I cannot enter into a discussion of spinal curvature; cannot even enumerate the various and conflicting opinions which have been entertained concerning its nature, causes or cure, I will try to point out briefly some of the more plain and obvious clinical facts concerning it. Since I cannot

give you any idea of the various opinions of surgeons as to the nature or causes of this disease, much less any *resumé* of the arguments or modes of reasoning by which the various theories have been defended or sustained, it may be well to say simply, that the causes and true nature of spinal curvature is not fully determined—is not wholly understood. Many of the early views concerning it are no longer tenable, and the more recent and rational ones are not entirely satisfactory.

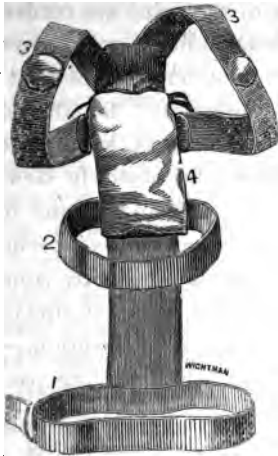
This little boy, now near eight years old, about one year since began to grow weak and pale, did not play and run with his usual activity, complained of being tired after slight exertion, lost his relish for food, became restless and disturbed in his sleep, and gave evidence that he was in some way unwell. Examination showed commencing deviation from the natural form of the spine. I was consulted at this early stage as to the nature and best remedy for his disease, but his parents being poor and his father dying soon after of acute disease, my advice could not be followed, and he has now been admitted to these wards for care which he did not receive at home. As yet there is no suppurative disease of the spinal bones or articular cartilages, but this is the same disease which does so often result in suppuration, and in some instances in formation of psoas abscess. Psoas abscess, then, is ulcerative disease of the bones, articular and connective tissues of the spine, and you will always examine the condition of the spine, when you estimate the importance, or attempt to treat what is called psoas abscess. In angular curvature of the spine you will also watch for symptoms of psoas abscess—for evidences of suppuration.

Protrusion of some one or more of the vertebral bones, tenderness upon percussion or pressure, deformity, and symptoms of general debility with considerable distress and discomfort, are the usual symptoms which accompany this disease. Many other and much more serious ones are sometimes added, especially in its advanced stages.

The indications for cure are to my mind quite obvious. The spine is no longer suited or capable of sustaining the weight of the head and upper part of the body, and this weight should be removed as far and as early as possible. The system should be sustained and never reduced by general or local depressing agen-

cies. The bones, cartilages and ligaments of the spine are tender, irritable and painful, and all these conditions indicate relief from pressure, support and rest—rest if possible without confinement; long confinement induces debility and depression. To answer this indication a great many ingenious instruments have been invented, most of them more or less suited to the object in view. Some surgeons claim for their favorite machines and means of cure much more than can be accomplished—than can be accomplished with safety. The spine having once deviated greatly from position, and sharp angular curvature produced, it is not always wise or safe to attempt its restoration to perfect position.—The support which I have advised for these cases, for the past years, and which appears as satisfactory, safe, and successful as any, has been applied also to this case, and proves at least a comfort and support, rather than a torment and injury. It does not make great pretention to rectify all deviations, as is done by many others, but it is believed to answer all reasonable expectation.

You will allow me to quote from my former description of this instrument, and after five years' constant use, in a great variety of cases, confirm all that was then expressed in its favor. "Similar cases being frequent, an effort to supply mechanical support resulted in the invention and manufacture of an instrument, easily applied, comfortable and efficient, to which might be added a spring for sustaining the head, or this might be omitted in cases where the curvature was lower down the spine, or did not require that the head should be sustained. This was made of steel springs, fitting accurately to the spinal curve, and sustained at the base by a firm steel support passing around the pelvis, somewhat in the style of a truss. The following cuts represent the instrument and the spring appendage when applied, and by them a perfect idea of its construction may be gained:



1. Pelvic bands.
2. Abdominal elastic bands.
- 3-4. Shoulder straps.
4. Pad for pressure upon seat of curve.



This instrument can be made by mechanics who follow other trades; is stuffed so as to be comfortable, and even to afford relief to the youngest patients. It is made to fit accurately to the spine, and with it may be treated with some benefit all cases of spinal curvature, capable of mechanical relief. A pad is placed which may make pressure where required in posterior curve; lateral deviation is rectified by having an arm placed on either side as different cases may require, while an extending spring coming up over the head, will afford means of support in cases of curve or disease in the cervical bones, or in any cases where it is desirable to relieve the weight of the head. This instrument may be made useful, with its modifications and additions, in the treatment of a great variety of cases, and is to be preferred to more complicated machines in some respects; is more simple, less expensive, more comfortable to the patient, and for these reasons, if for no other, more likely to prove an available adjunct in the treatment of the various deformities of the spine.

Small children often suffer from this disease, and use of any retentive apparatus is regarded as uncomfortable, and with them, almost impossible of application; this is a mistake, it is not infrequent to obtain the greatest relief. *Extension* is often desirable, but *support* is useful; support which shall secure rest, without

extending force, is oftentimes curative. As in fracture of bones, so in curvature of spine, rest will allow of cure; not, perhaps, without deformity, but, nevertheless cure, while in many cases, it is believed that to attempt perfect restoration of form, would be to insure permanent disease."

While I have advised means for relieving pressure—for sustaining the weight above the curvature, and have spoken of rest and general or constitutional support, I have almost forgotten to caution you against adopting that old and barbarous practice of counter irritation or derivation; blister, seton, issue and moxa, have been the names of the various modes of torture, which have been adopted as means of cure, in every way I believe opposed to all pathology and good reason. These means of cure were adopted when the tubercular theory of causation predominated, but how they could ever have been supposed capable of removing tubercular matter if deposited, or prevent or in any way overcome the tubercular tendency if present in the constitution, it is wholly impossible to conceive. Clinical experience was referred to for defense of this practice, but facts of this nature did not however exist except in the minds of those who had already determined to see the most favorable results, generally only in the minds of those who never saw unfavorable effects from favorite remedies.

Observe carefully for yourselves; meanwhile accept my assurance that these measures are not only wholly incapable of good but largely productive of evil, creating irritative fever, disturbing rest and appetite, and causing drain upon the system, now requiring support and rest. While I do not ask you to adopt my opinions, I beg of you to observe the effects of these remedies in the practice of others, as I am sorry to say, frequent opportunity will permit, before trying them in your own.

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*Mortality after Amputation of the Thigh.*—M. Hussan, in publishing the statistics of the Hospitals of Paris, embracing the returns of 100,000 patients, gives the following results of amputation of the thigh: In 1861, 42 amputations, and only 7 recoveries; a mortality of 83.33 per cent. In 1862, 40 amputations, and 19 recoveries; a mortality of 52.50 per cent. In 1863, 40 amputations, and 15 recoveries; a mortality of 62.50 per cent. Average mortality for three years, 66.11 per cent., or 41 recoveries in 122 operations.—*Boston Medical and Surgical Journal.*

**ART. III.**—*Review of Dr. C. C. F. Gay's Article upon "Uterine Surgery," in the March Number of the Buffalo Medical & Surgical Journal.* BY FRANK W. ABBOTT, M. D.

When an article on any particular branch of medicine appears in a medical Journal, the natural and reasonable expectation of the reader is, that the author has either something new to communicate, drawn from his own observation and found useful in his own practice, or has studied faithfully the latest deliverances of acknowledged authorities, and has collected from them such facts and theories as are of practical or speculative interest. Moreover, when the author speaks in a tone of authority and assumption, it is but natural to infer that he is an acknowledged authority in the branch of which he treats among those whose names appear as contributors to the Journal, and is the exponent of their best ideas and practice. With these thoughts in mind, let us look for a few moments at an article on "Uterine Surgery, by C. C. F. Gay, M. D.," which appeared in the March number of this Journal.

The author proposes, as we learn from the first paragraph, to show that "our theory" of uterine disease "has been founded on a false pathology, and that such theory has led to erroneous treatment," and that the practitioner of the present day, whether engaged in general practice or devoting some attention to uterine disease as a specialty, "must lay aside old theories," "dispose of preconceived ideas," "put away old instruments to rust, and begin *de novo* to study up the true pathology and treatment of uterine disease." Surely this arraignment of the whole medical profession for ignorance and false practice must be supported by pretty strong proof to be received as true. Let us look at his statements, one by one, to see how he has sustained his position.

He commences by speaking of dislocations of the fundus uteri (the os remaining in position we suppose) as retroversions and anteversions, while those who have hitherto been regarded as authorities, call these displacements flexions, and limit the word version to those mal-positions where the whole body is displaced, constituting a very different condition. One who recognized the difference between versions and flexions would not thus confound them. But with reference to the treatment of these displacements, he says that "Simpson's sound *must* be laid aside," giving as a reason that it causes much pain and may produce pelvic cellu-

litis. We venture the assertion, appealing for proof to the general experience of the profession, that in the great majority of cases the introduction of the sound by skillful hands is not attended with pain, and when the uterine canal is of normal size its use is safer than the use of the probe, as it fills the canal, and is less likely to be caught in the lacunæ or folds of the mucus membrane lining the cervix or body. The pathognomonic physico-physiognomy of the anteflected female, as detailed in the next paragraph, must have been introduced as a bit of burlesque, for, since pain in the top of the head accompanies many forms of uterine disease and other diseases, even in that part of the human family who have no uterus, it is manifestly absurd to call it pathognomonic of any particular disease.

As to the statement, that as yet nothing but failure has attended efforts to permanently restore the uterus to its normal position, the author has probably been unfortunate in his authorities, as we can point out to him, in his own city, women who have been permanently relieved by the use of the sound, together with stem and other pessaries and appropriate general treatment, and have since borne children. While we are waiting for some surgeon to gain immortal honor by discovering an operation for the radical cure of these displacements, is it not best to continue to use the measures which have often been found to fulfill the requirements of the case? While we would reprobate the use of the sound in careless or unskillful hands, we think that it should not be laid aside, for, the dislocated uterus does sometimes retain its normal position after simply being replaced by it, and not very infrequently, if after being thus replaced it is kept in position by stem pessaries, etc., and we think also that by no other means can we so easily and safely diagnose displacements of the uterus, whether idiopathic or caused by hæmatocele or pyocele, etc., or intra-uterine tumors or polypi.

The writer closes this part of his article with the satisfactory exclamation, that he has accomplished his aim of showing that many appliances, now in use for the relief of displacements of the fundus uteri, have given way to the more effectual procedure of surgical interference; but after carefully re-reading his article we fail to find that he has mentioned any surgical interference whatever, but on the contrary he says, we must lay aside the instrument which in other hands has accomplished the desired object.



The writer then turns to the subject of abrasions, congestions and ulcerations of the os uteri, proposing to treat of them practically, and not from a pathological or etiological stand-point, but what has become of his opening proposition, viz: to show that our false pathology has led to erroneous treatment? We have not found any pathology, so far, unless it may be in the case of the aforesaid pathognomonic physico-physiognomy.

Briefly stated, the assumptions of the next paragraph amount to this: Ulcerations of the os uteri may be healed in a very short time, but when they appear to be healed they are not healed, for ulcers of the os are not ulcers of the os, but only manifestations of disease within or beyond the cervix. The inconsistency of these assumptions is only equaled by the error of the last, for it is the testimony of those who have made careful *post mortem* examinations, that in ulcerations of the external os, the disease but very rarely extends beyond the cervix.

But we hasten to see what of practical good is to be learned from this apostle of progress, and the first thing is, that he has applied nitrate of silver every four or five days for three months, before effecting a cure, and the next thing is that "glycerine" or "equal parts of iodine and ol. morrhuae" will in three days heal an "ulcerated point" caused by the application of nit. of silver. We are not yet utterly overwhelmed by the proof of our ignorance, for we have heard of applying nit. of silver to the os uteri before, and also that the "ulcerated point" caused by its application will in three days heal spontaneously.

In his paragraph on leucorrhœa, the author speaks as though it were the result simply of a diseased os or cervix or lining membrane of the uterus, and to be treated solely by local applications, utterly ignoring the general causes which may produce it, as phthisis and other lung diseases, valvular disease of the heart, etc., or more local causes, as irritation from excessive coition, polypi and fibrous tumors, retro and ante-versions and flexions, catarrhal inflammation of the vagina and diseases of the neighboring parts, as hæmorrhoids, vesical catarrh and calculi, etc., etc., and yet he set out with the proposition that the whole profession must learn *de novo* the true pathology of the special subject concerning which he assumes to write, without giving a single fact to sustain his assumptions.

But as it may sometimes be necessary to apply medicaments to the interior of the uterus, let us look at the instruments which he has invented to see whether they supply a vacant place in our armament. If he had attended lectures at the Medical College in his own city at any time during the past fifteen years, he might have learned to use Lallemand's straight *porte caustique* for precisely the same purposes for which his first instrument is designed, with this advantage, that the caustic may be covered until the precise point desired is reached; and to supply the place of the second he might have seen whalebone probes of any required size which by simply heating may be bent to any angle, and they have this advantage, that the cotton adheres better to them than to silver, and they are also cheaper.

With regard to the kind of speculum to be employed, the writer certainly has a right to his opinion that the cylinder and bivalve have had their day, but the assertion that Sim's or Emmet's is "the best by all odds in all cases," unsupported by a single argument, is rather sweeping. They certainly are invaluable in some operations, but American ladies, as a rule, will not submit to the presence of a competent assistant, and for ordinary purposes the cylindrical speculum, which may be used with the patient lying supine, and which brings into full view the os, without pulling it out of place with a tenaculum, is so much more convenient than the complications of the Emmet speculum, with the patient in the uncomfortable semi-prone position, that we doubt whether the profession generally are willing to exchange the one for the other, unless some better reason be given than the mere assertion that the new one is by all odds the best.

As for the cotton stem pessary, it has for a long time been the custom and teaching of some of our physicians to form a stem by twining a thread around a part of the cotton, to rest on the *perineum*, or a *perineal band*, to keep the ball in contact with the os uteri, and the ends of the thread are to be left long enough to be easily laid hold of, but the idea of leaving a stiff handle sticking out far enough to be seized, we are sure never entered their heads, when for this purpose a bit of tape attached to the cotton ball would do just as well. Imagine the sensation experienced in walking about for a day with such a handle protruding far enough to be grasped!

We will only call our author's attention to the concluding statement of this paragraph, which is, that by the use of his applicator, treatment has been made so effective that diseases of the os uteri, without limitation, can be cured in two or three weeks. This sounds so much like a patent medicine advertisement that we would fain believe our author spoke inadvertently.

He assumes again, in the next paragraph, that diseases appearing on the os are *only* an index and sequence of diseases within the cervix, but if we should judge of the truth of this assumption, simply by the truth of the illustration, the case would go against him, for the observations of Beaumont on Alexis St. Martin, demonstrated that the condition of the tongue is not at all an index of the pathological condition of the stomach. As a matter of practical interest we would like to inquire of our author, whether in a case of apthous stomatitis he really considers the mucous membrane of the stomach to be the seat of an exudation similar to that on the tongue, and uses remedies simply with a view to their local action on the walls of the stomach? With regard to remedies adapted to local application, chromic acid is worthy of a more extended use than it now has, and its judicious use has long been taught in Buffalo and elsewhere. It seems to attack diseased tissue more quickly than healthy, probably because its vitality is less; but if any one trusting to this should thrust a swab, wet with equal parts of this acid and water, through the os uteri, and allow the fluid which is pressed out by the pressure of the cervix around the applicator to flow down into the vagina, we fear that a vaginitis would supervene, which would be very likely to necessitate rest and the recumbent position for several days. When our author speaks of mopping out the cavity of the uterus in this heroic manner, is he ignorant of the fact, that while the application of powerful escharotics to the os and cervix uteri is rarely attended with danger, the mucous membrane lining the fundus is much more susceptible, and that their application here is likely to be followed by severe endo-metritis? Has our author ever tried the ground glass points which are used by several of his cotemporaries, by which the acid can be applied, in just the quantity and strength desired, to the particular point where it is

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raph concerning the use of the actual cautery reads

more like a pandering to common prejudice than an argument for the real good of the suffering, for the cautery is not only one of the least painful of escharotics, but it supplies a place not filled by any other. We can refer to cases of hard fibrous tumors, and soft tumors with broad bases which have been removed and healthy action established by three or four applications of the cautery, which would almost certainly have resisted the action of other escharotics for months and perhaps years, and we have also seen patients immediately after its application walk a mile or so, to their homes without inconvenience. Is this more shocking to civilization and a cause of greater disrespect to science than to apply a caustic which produces such pain that some days are required for recovery? But as a word of friendly warning, we would bid the Doctor beware how he recommends the use of the actual cautery on the brute creation lest he fall under the ban of the S. F. T. P. O. C. T. A.

This closes the practical part of the article. There only remains for us to give a brief comparison of what was proposed, with what was accomplished. It was proposed to show that our theory rests on a false pathology, which leads to erroneous practice. Not an item of commonly received pathology has been proved false, or a new one advanced unless it be the bare statement, unsupported by a single fact, that disease appearing on the os is only a manifestation of disease within the cervix and body. He speaks with disfavor of two methods of treatment, viz: the use of the sound and the actual cautery, and of the arguments against these we will speak soon. As to the instruments which he would have us lay aside to rust, he confesses that nothing which has as yet been discovered accomplishes that which is often done by the aid of Simpson's sound, and gives no reason why in ordinary cases Sim's or Emmet's speculum should be preferred to the cylinder. As for practical points, he speaks of treating leucorrhœa, without discrimination, by making applications within the cavity of the uterus with instruments of his own invention, while the use of instruments as good for this purpose, if not better, has been taught in this city for years; his use of the cotton stem pessary is simply absurd.

In regard to applications, he recommends the almost indiscriminate use of chromic acid, the discriminate use of which has long

been known to his contemporaries, and speaks of iodine and sol. of the subsulphate of iron in combinations which are not new, while he condemns the actual cauterization which we know from personal observation to be very useful; and this closes his teachings covering seven pages of the Journal. *Parturiant montes nascitur ridiculus mus.*

We find not a single new fact of practical value drawn from his own experience or the writings of others, and our object in writing this review is, that such an article shall not go forth unchallenged, as an exponent of the ideas and practice of the contributors to the Journal, or the physicians of Buffalo.

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## Miscellaneous.

### Case of Cæsarean Section—Mother and Child both Saved.

By WM. WARREN GREENE, M. D., Professor of Surgery in Berkshire Medical College, the Medical School of Maine, and in the University of Michigan.

On the 20th of August, 1867, I was called in consultation to see Mrs. B., aged 28, in her first labor, which began twenty-six hours previous to my arrival. Her physician, Dr. D. N. Emery, now of San Francisco, then spending the summer in Western Massachusetts, informed me that his patient had a pelvic deformity, which he feared would render delivery impossible, and he had for this reason called counsel. Upon examination I found the antero-posterior diameter of the superior strait less than two inches.\*

Her pains were strong and frequent, and she began to exhibit marked symptoms of exhaustion, to which her consciousness of peril contributed not a little. The child was very active *in utero*. Upon explaining to herself and friends the probable impossibility of delivery *per vaginam*, and that even were there a bare chance of success by evisceration, she would, in her exhausted condition, incur greater risk from the operation under such circumstances than from abdominal section, the latter operation was assented to.

The case was so urgent as to admit of no delay, and we were therefore obliged to proceed with less assistance than I could have

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\* She had rickets severely when a child.

desired. We were, however, fortunate in having the aid of Mr. Lewis Le Berne, of New York, a medical student, who happened to be in the neighborhood—a very intelligent and efficient man—and in addition we had the services of two of the most efficient ladies it has ever fallen to my lot to meet in the lying-in room—calm, self-possessed and intelligent.

The patient took a full dose of fluid extract of ergot with a little brandy, after which ether was administered. When under its influence, she was placed on a table, in the ordinary position for ovariectomy. I now, standing at her right, and while the abdomen was carefully supported on either side by assistants, with a common scalpel made an incision in the median line from a little above the umbilicus nearly to the pubes, which was soon carried through the abdominal walls and the uterus exposed. This organ was then incised from the fundus downward about six inches, the knife being used very cautiously until the cavity was opened and the *liquor amnii* evacuated. On carrying my right hand into the uterus, I readily seized the feet (which were on the left side, it being a vertex presentation,) and with little delay extracted the body, but some difficulty was experienced in delivering the head, occasioned by the powerful and unremitting uterine contractions, intensified, as I suppose, by the ergot. This, however, was soon accomplished, and the little fellow—a boy of eight pounds—cried lustily. Without waiting to sever the cord, an assistant supporting the child, I again introduced the hand in search of the placenta. This was attached on the left side about midway between the neck and fundus, and about one-third of it was detached. The remainder was readily separated, but its extraction, which was soon accomplished, with the membranes, was by no means an easy task. I had not anticipated so powerful muscular action in an organ thus mutilated.

There was considerable hæmorrhage during the delivery, but not sufficient to cause any serious apprehension, and it ceased at once upon the removal of the placenta, the edges of the uterine wound being nicely approximated by the contractions of that organ. Unquestionably the ergot had fulfilled the indication for which it was given, namely, to control hæmorrhage and secure apposition of the cut edges by its action upon the uterine muscular fibres.

After carefully cleansing the parts with sponges dipped in water

at blood heat, and then thoroughly moistening them with artificial serum at the same temperature, the external wound was closed by interrupted sutures placed half an inch apart, and including the entire thickness of the parietes except the peritoneum. These were of silk soaked in boiling wax, as we had no silver wire at hand, a fact that caused me not a little anxiety at the time, although I may say, not only from its use in this but in many other instances, that smooth, well-twisted silk sutures thus prepared approximate very closely in value to those of silver.

The abdomen, which had been unremittingly supported by the hands, was now enveloped in a firm bandage, and the woman put in bed well covered, and dry heat applied to the extremities, which were rather cool. They soon became warm, however, and as soon as she could swallow she got twenty-five drops of fluid extract of ergot and half a grain of morphia. After the effect of the ether had passed away, the pulse was over 100 and rather feeble. Countenance pale, with that peculiar expression which indicates a marked shock. She was rather restless and *wakeful*. She now got morphia and brandy, with beef-juice, and from 6 P. M. till 3 A. M., she took one grain of morphia and *one quart* of brandy. (This amount of morphia in addition to the half grain which she took at 5 o'clock, just after the operation.) Just after 3 A. M., she fell into a quiet sleep, which lasted five hours, from which she awoke in excellent condition.

The treatment now instituted was perfect quiet; anodynes *pro re nata*, ten drops of fluid extract of ergot and twenty-five drops of tincture of muriate of iron every four hours, the two alternating—the former to be omitted in forty-eight hours and the latter to be continued, if borne by the stomach, until the external wound was healed.

The farther history of the case contains nothing of special interest. The external wound healed throughout by first intention. A moderate peritonitis followed, but not sufficient at any time to require *heroic* doses of opium. The iron was well borne throughout, and the lochial discharge occurred and continued as after an ordinary case of labor.

In a letter dated August 30th, (tenth day after the operation,) Dr. Emery says:—"Have just returned from Oak Hill, and am happy to report Mrs. B. in fine condition. I have removed the

last stitch. There is very little fulness or tenderness of the bowels." The mother and child are now in excellent health.

Too much praise cannot be bestowed upon physician and nurses for the skillful and careful after-treatment of this case, and especially to Mr. Berne, who hardly left the bed-side for a week after the operation.

Before closing this paper, I cannot forbear saying a word about that old-fashioned and somewhat homely remedy, the muriated tincture of iron. While all members of the profession admit its virtue as a restorative hæmatic in some degree, yet I believe very few are aware with what *rapidity* and *certainly* it increases the plasticity of the blood. Why the difference I do not know, but I feel very sure that no other chalybeate preparation is to be compared with it for this purpose. Given for a time previous to, or immediately after operations, as a prophylactic against erysipelas, phlebitis, ulceration, secondary hæmorrhage, etc., it is invaluable. But it must be borne in mind that for a decided and rapid impression, *large* doses are requisite, or smaller ones given very frequently; and these doses are usually well borne if care is taken to *dilute* and *sweeten* it thoroughly. It can thus be made for a patient a little thirsty a comparatively pleasant drink. My friend, Prof. E. Andrews, of Chicago, some years ago called the attention of the profession to these facts, and it gives me pleasure to corroborate his views and statements from my own experience.

Pittsfield, Mass., Nov. 5, 1867.

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### University of Michigan and Homœopathy.

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One year ago the Legislature of Michigan passed a bill appropriating annually to the University the fraction of a mill on every dollar of the State assessment, tacking to it the condition that the Regents should establish a chair of Homœopathy in the Medical Department. At a recent meeting of the Board, *in secret session*, the condition was accepted, and an individual, a so-called homœopathist, was appointed. Profs. Ford, Armor and Greene promptly resigned, and the other members of the Medical Faculty will do so immediately, if they have not already. We understand that this condition was appended through the combination of a few



members calling themselves homœopathists and the enemies of the appropriation, no one supposing that the Regents would accept it. After a year's delay, they have taken this action, hoping by the miserable subterfuge of locating the thing outside of Ann Arbor, to secure the money and at the same time so relieve the curse that the Faculty would endure it.—*Boston Medical Journal*.

**Protest of the Medical Faculty against the Action of the Regents.**

We learn with deep regret the recent action of the State Legislature in attaching the conditions for the appointment of a Professor of Homœopathy to the much needed appropriation recently made for the benefit of the University. Fully appreciating the importance of adding to the pecuniary resources of the institution, we beg most respectfully to present our remonstrance against such an appointment or Professor, and any recognition of him as one of the Medical Faculty, and accompanying it with the following reasons:

First.—It will destroy all good discipline in the medical class. It is utterly impossible for the Faculty to control the conduct of a class of over five hundred students or young men of an average age of over twenty-five, assembled in one class, except that they are actuated by motives of respect to the professors. A Professor of Homœopathy could never command that respect essential to good discipline. He would be inevitably subjected to such insults from the regular students as would render it practically impossible for him to continue his lectures, while on the other hand the regular professors would be equally insulted by the Homœopathic students. Thus strife and ill-feeling would be engendered between the two classes of students that would speedily terminate in uncontrollable riot and disorder. This condition of things is based upon the assumption that the two classes of students assembled in respectable numbers, an assumption which we consider as scarcely warrantable.

Second.—It will seriously if not fatally reduce the number of students. We are dependent upon the good will and good opinion of the medical profession for our students, as the advice and control of the preceptor is certain to give direction to the student. The medical professors regard the practice of Homœopathy, or any other exclusive system, as a species of dishonest quackery,

unworthy of their recognition and support; and any affiliation with or countenance of it, they would regard as dishonorable in the extreme. We could no more command the respect or secure the patronage of the medical profession with such an amalgamation in our Faculty than a Presbyterian Theological School could secure students in Theology and instruct them in peace and quiet with a Professor of Mormonism or Infidelity lecturing in its halls as a recognized member of its Faculty.

Third.—It would destroy the good name and standing of the Medical College in the country. An affiliation with Homœopathy would be a violation of the code of medical ethics of the American Medical Association; a highly respectable body, representing the sentiments of the profession in this country. This written code of medical ethics is law unto the profession over the entire Union, and this violation would inevitably lead to the expulsion of the Faculty and the graduates of the institution from every medical association or society in the country. We, the Faculty and graduates, would be outcasts from the profession, and our diplomas would not be worth the parchment upon which they are printed, as passports to admission to the medical profession. Our certificates of attendance would be worthless to the student desirous of attending lectures in another college.

Finally, we feel called upon in duty to ourselves, to the medical profession, and to the department in which we have so long labored with great pride and satisfaction, to express to your honorable board our unqualified conviction that the creation of a chair of Homœopathy in the medical department of the University, and compelling the Medical Faculty to associate with the professor on terms of equality, or on any terms, will deprive the department of the support and sympathy of the profession; will cause its professors to be rejected and expelled in disgrace from every medical association or society in the country; will leave it unrecognized among the medical colleges of the world, and most certainly terminate in the complete destruction of the medical college as a regular school of medicine.

If the substitution of a school, held by an old, honorable and highly eclectic profession, as having its origin in a myth and a fiction, and as being guided and controlled by principles of dishonorable and disgraceful quackery, for the most flourishing Med-

ical College in the country; if the loss of over five hundred good and earnest students, and fees amounting to over \$13,000, is a fair and just equivalent for the \$15,000 derived from the State, then the hard and earnest work of seventeen of the best years of our lives, and all the wholesome influences upon the medical profession that have been and are being created, are made a sacrifice by the most hasty, inconsiderate and unconsciously injurious legislative action that has ever been made on the subject of public education.

Respectfully submitted in behalf of the Medical Faculty.

SILAS H. DOUGLASS, Dean.

Medical Department, March, 1867.

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### The New Anæsthetic, Bichloride of Methylene.

Dr. Richardson claims for this substance the following characters:

1—It is an effective general anæsthetic, producing as deep insensibility as chloroform.

2—In action it is rather more rapid than chloroform, but to develop effects more of it is required, in the proportion of six parts to four.

3—It produces a less prolonged second degree of narcotism than other anæsthetics.

4—When its effects are fully developed, the narcotism is very prolonged, and is reproduced with great ease.

5—Its influence on the nervous centres is uniform, and it creates little if any disturbance or break of action between the respiring and circulating functions.

6—Its final escape from the organism is rapid, so that the symptoms of recovery are sudden.

7—In some cases it produces vomiting.

8—When it kills, it destroys by equally paralyzing the respiring and circulating mechanisms.

9—It interferes less with the muscular irritability than perhaps any other anæsthetic.

10—It combines with ether and with chloroform in all proportions.

Dr. R. appends to his elaborate lecture, descriptive of this agent, the following account of its trial on the human subject. The whole paper is most valuable and interesting, but entirely too lengthy for transfer to our columns:

Since the lecture above written was delivered I have been enabled to test the action of the bichloride of methylene on the human adult subject in five long and severe operations. Four of these were cases of ovariectomy performed by Mr. Spencer Wells, and the period of narcotism in each case averaged from thirty-five to forty-five minutes. In all the cases, except one where Weiss's inhaler was used, the anæsthetic was administered from a simple mouth-piece made of a layer of parchment paper stretched over a light frame of wood, and lined on the inner surface with lin. The quantity of bichloride of methylene used in each case averaged a little more than a fluid drachm, each five minutes, two drachms being first used. In all the cases the administration has been safe, and the recovery from the effects of the narcotic good. I noticed especially, that in each case the transition from the first to the third degree of narcotism was very brief; that when the anæsthesia, which was complete in an average of five minutes, was well established, it was easily prolonged for six, and even seven minutes, without re-administering the vapor, and when recovery began to show itself, very brief re-administration quickly reproduced the insensibility. In one case after the operation, the patient continued twenty-seven minutes in unbroken sleep, and then awoke with entire consciousness.

It happened that one of the ladies to whom I gave the anæsthetic had once been under chloroform, Dr. Snow having been the administrator. This lady was therefore able to compare the effects of the two agents, and she gave her verdict strongly in favor of the bichloride. She said it caused no sense of suffocation, no ringing sounds in the head, no nausea, and no after depressing effect whatever, as chloroform in her case did; but it allowed her to drop into sleep precisely as in natural sleep, and to wake with all her senses aroused as after natural sleep.

On the whole, the results of practice, in so far as they go, have fully realized my expectations. Only two adverse points, and those minor, occur to me. In one case—after operation for vesico-vaginal fistula—the patient, who recovered from the anæsthesia without any nausea, had, I learn, ten hours afterwards, a bilious

vomit. It would be unfair to put this against the anæsthetic, but the fact should be stated. In another case, the anæsthesia having been carried very deeply, the tongue of the patient was retracted into the throat, and after pulling it forward, there was a free secretion of saliva, followed by an eructation and about a dessert-spoonful of fluid from the stomach. This might have been excited by the irritation communicated to the throat in pulling up the tongue, or it might have been from the anæsthetic. In all the cases the recovery from the anæsthetic was in every sense satisfactory.

It is already stated in the lecture that bichloride of methylene mixes with ether. I have tried this mixture in experiments as an anæsthetic, using equal parts of ether and bichloride. The compound anæsthetics quickly, and the action is characteristically modified. The ether materially shortens the duration of the insensibility, there is less freedom of respiration, and more excitement. On the whole, I do not at this moment see any advantage in the mixture over the simple bichloride. I leave the point open, however, for future study.

I leave the Bichloride of Methylene with the profession for its observation and experience. I have proved the agent, by experiment on the lower animals, to be a good general anæsthetic. I have inhaled it myself with safety, and I have administered it to the human subject with success in the extremest operations for which general anæsthesia is demanded. Here, as an individual inquirer, I come back into the ranks and rejoin the rest of my brethren as an observer. Having no other ambition than that of being a physician in the widest sense; having even a painful aversion to speciality, and having no desire to press my subject unduly, I have produced this lecture as a contribution to pure science, and nothing more; holding myself as free as any one else to condemn, improve, or approve, as future knowledge, framed and squared and fitted by wisdom, shall determine. When twenty thousand persons shall have slept away pain under the influence of "Chloromethyl," as Mr. Spencer Wells has tersely named the Bichloride of Methylene, and those of them who have slept too deeply shall be counted as fewer than ten, an advance over chloroform will have been proved, but not sooner, nor with less of that tribulation through which we must ever attain to the good that is great and persistently beneficent.—*Medical Times and Gazette*.

## Editorial Department.

### Meeting of the American Medical Association.

It will be seen by the notice of the Secretary that the American Medical Association holds its annual meeting, this year, in Washington, and it was last year voted to make Washington its place of meeting every second year. Since the outbreak of the Rebellion the profession in the South have been but feebly and at times not at all represented. Washington is a central location, and from its position invites a full and universal representation. The South is now professionally "re-constructed," and we can greet our Southern friends with a hearty cordiality. Science knows no party, sect, creed, or nationality, and the real bond of brotherhood in the American medical profession has never been broken or weakened by our political and sectional strifes; our avenues of communication have been blockaded, but the chain of sympathy and good-fellowship has never been separated. Whoever has faithfully labored for the truth, made discovery in science, or added to the value of our art, is always and everywhere recognized with pride and pleasure. If the physicians of the South do not hold to our political views they will not be "impeached;" they may "worship God according to the dictates of their own consciences," and while they practice rational medicine, and seek to advance it, "they can have our hand," as physicians.

But this is no part of what we designed to say when this meeting was introduced to the attention of our readers. We only propose to say a word of what this Association has already accomplished, what still remains to be done, the claims it has to support, and how these obligations should be discharged. To show what this Association has accomplished and what remains to be done, it is only necessary to remember the objects had in view at the time of its organization, now, some twenty-two years since, and observe how much remains to be done—the progress which has really been made. The American Medical Association was designed to be instituted upon a plan and conducted in such manner as to give frequent, united and emphatic expression to the views and aims of the medical profession in this country, to at all times have a beneficial influence and supply more efficient means than had hitherto been available here, for cultivating and advancing medical knowledge, for elevating the standard of medical education, for promoting the usefulness, honor and interests of the medical profession; for enlightening and directing public opinion in regard to the duties, responsibilities and requirements of medical men, for exciting and encouraging emulation and concert of action in the profession, and for facilitating and fostering friendly intercourse between those who are engaged in it." There are few physicians who will not cheerfully and gladly acknowledge that these objects have already been answered in greater or less degree. Its code of medical ethics, its annual volume of transactions, containing many of the most valuable contributions to medical literature, made in this, or any other country, its efforts and influence in raising the standard of medical education, its opportunities of

friendly intercourse, and the influence it has always had in "directing and enlightening" public opinion in regard to the duties, responsibilities and requirements of medical men, all show how wisely it was planned, and how successfully it has accomplished the objects held prominently in view.

It will not be thought that any of these objects have been fully and satisfactorily accomplished, so that nothing more remains to be done; its work is a reformation of progress which shall be eternal, slow but sure. Impatient and dissatisfied grumblers charge upon it incapacity for good to the general profession, and useful only to a few, failure in accomplishing its proposed objects, and of no importance in its general influence with either the profession or public. This is all very well, it only furnishes additional and positive proofs of its prosperity, usefulness and success. We most sincerely hope that the profession of the country will be fully represented, and should be proud if the transactions of the Association should be enriched by contributions from some of the earnest, thinking, practical men of our own city and of Western New York.

AMERICAN MEDICAL ASSOCIATION.

Office of Permanent Secretary,

WM. B. ATKINSON, M. D.,

S. W. cor. Broad & Pine sta.,

Philadelphia, Pa.

The Nineteenth Annual Meeting of the American Medical Association will be held in Washington, on Tuesday, May 5th, 1868, at 11 o'clock A. M.

The following Committees are expected to report:

On Ophthalmology, Dr. Joseph S. Hildreth, Illinois, Chairman.

On Cultivation of the Cinchona Tree, Dr. J. M. Toner, D. C., Chairman.

On Surgical Diseases of Women, Dr. Theophilus Parvin, Indiana, Chairman.

On Rank of Medical Men in the Navy, Dr. N. S. Davis, Illinois, Chairman.

On Insanity, Dr. C. A. Lee, New York, Chairman.

On American Medical Necrology, Dr. C. C. Cox, Maryland, Chairman.

On Leakage of Gas Pipes, Dr. J. C. Draper, New York, Chairman.

On Medical Ethics, ———, Chairman.

On Plan of Organization, Dr. C. C. Cox, Maryland, Chairman.

On Provision for the Insane, Dr. C. A. Lee, New York, Chairman.

On the Climatology and Epidemics of Maine, Dr. J. C. Weston; of New Hampshire, Dr. P. A. Stackpole; of Vermont, Dr. Henry Janes; of Massachusetts, Dr. Alfred C. Garrett; of Rhode Island, Dr. C. W. Parsons; of Connecticut, Dr. E. K. Hunt; of New York, Dr. W. F. Thoms; of New Jersey, Dr. Ezra M. Hunt; of Pennsylvania, Dr. D. F. Condie; of Maryland, Dr. O. S. Mahon; of Georgia, Dr. Juriah Harris; of Missouri, Dr. Geo. Engelman; of Alabama, Dr. R. Miller; of Texas, Dr. T. J. Heard; of Illinois, Dr. R. C. Hamil; of Indiana, Dr. J. F. Hibberd; of District of Columbia, Dr. T. Antisell; of Iowa, Dr. J. W. H. Baker; of Michigan, Dr. Abm. Sager; of Ohio, Dr. J. W. Russell; of California, Dr. F. W. Hatch; of Tennessee, Dr. Joseph Jones; of West Virginia, Dr. E. A. Hildreth; of Minnesota, Dr. Samuel Willey.

On Clinical Thermometry in Diphtheria, Dr. Jos. G. Richardson, New York, Chairman.

## EDITORIAL.

On the Treatment of Disease by Atomized Substances, Dr. A. G. Field, Iowa, Chairman.

On the Ligation of Arteries, Dr. Benj. Howard, New York, Chairman.

On the Treatment of Club-Foot without Tenotomy, Dr. L. A. Sayer, New York, Chairman.

On the Radical Cure of Hernia, Dr. G. C. Blackman, Ohio, Chairman.

On Operations for Hare-Lip, Dr. Hammer, Missouri, Chairman.

On Errors of Diagnosis in Abdominal Tumors, Dr. G. C. E. Weber, Ohio, Chairman.

On Prize Essays, Dr. Charles Woodward, Ohio, Chairman.

On Medical Education, Dr. A. B. Palmer, Michigan, Chairman.

On Medical Literature, Dr. George Mendenhall, Ohio, Chairman.

Secretaries of all medical organizations are requested to forward lists of their delegates as soon as elected, to the Permanent Secretary.

W. B. ATKINSON.

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## Books Reviewed.

**Spermatorrhœa: its Causes, Symptomology, Pathology, Diagnosis, Prognosis and Treatment.** By Roberts Bartholow, A. M., M. D. Second edition, revised and enlarged. New York: Wm. Wood & Co., 61 Walker street, 1867.

The rapid exhaustion of the first edition within scarcely a year, is certainly evidence of the great attention which the author's views have elicited amongst medical men. Strongly opposed to Lallemand's conceptions of the pathology of this disease, but regarding it as essentially a *neuroses*, a functional derangement of the excito motor spinal nerves, the writer would limit the use of local applications of nitrate of silver to the prostatic portion of the urethra to those cases in which other less painful and dangerous practices are of no avail. The adoption of these views by the profession we believe is becoming more general, and we doubt not the work of Dr. Bartholow has largely been instrumental in their dissemination. We would bespeak for it a careful perusal of all those who may desire to investigate this malady as one of the very best, most careful and reliable treatises upon this subject.

**Annual Abstract of Therapeutics, Materia Medica, Pharmacy and Toxicology for 1867; followed by an original Memoir on Gout, Gravel and Urinary Calculi.** By A. Bouchardat, Professor of Hygiene to the Faculty of Medicine, Paris, etc. Translated and edited by M. J. De Rosset, M. D. Philadelphia: Lindsay & Blakiston, 1868.

The comprehensive title of this work conveys to the reader its character and scope. For many years this "Annual Abstract" has been published in Europe and it is the favorable reception and the high estimation in which it is held that induced the translator to lay it before the profession of this country. The sections have been made with a special regard to the useful and practical information which they may convey, and from a careful examination of them we are fully prepared to endorse the hopes of the editor, that the work will meet



requirements of physicians whose engagements do not permit of their searching over the immense field from which these fruits have been gathered, to practitioners in the country, as conveying the results of the active labors of the 'toilers' in our profession; and to medical men generally in the amount of original information from sources not hitherto available."

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*Studies in Pathology and Therapeutics.* By Samuel H. Dickson, M. D., LL. D., Professor of the Practice of Physic in the Jefferson Medical College, Philadelphia, Pa., etc., etc. New York: Wm. Wood & Co., 61 Walker street, 1867.

From the introductory note we learn that four of the six essays contained in this volume have been delivered before a class in the Jefferson Medical College. These essays embrace a consideration of, 1st, disease, its character and tendency; 2d, the causation of disease; 3d, of certain morbid conditions of the sensorial system; 4th, pneumonia; 5th, scrofulosis and tuberculosis; and 6th, therapeutics. The views which the author entertains upon these topics, are in many respects original and contrary to those generally accepted by the profession, yet they are logical deductions from his observations, and they will not fail to carry conviction and re-mould the opinions of many. In the essay (scrofulosis and tuberculosis) the author assumes the position that marriages of consanguinity do not predispose to scrofulosis or other degeneracy where both parties are free from constitutional disease, but that the physical and mental degeneracy so often met in marriages of consanguinity is to be attributed to an existing predisposition to this disease in a family. For the support of this view Dr. Dickson cites the prevalent customs of intermarriage among the Jews, the Arabs, etc., without any deterioration of these races, they formerly in fact being regarded as one of the best intellectually developed races, while the latter are physically considered athletic, energetic and active. Again; he does not regard the fair-haired and blonde-complexioned races as especially predisposed to this malady, but rather seeks for the causes in the climate, temperament and individual constitution. We could wish to present to our readers the author's views upon this and other subjects by more extensive citations would space permit it.

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*Plastics: a new Classification and brief Exposition of Plastic Surgery.* By David Prince, M. D. Philadelphia: Lindsay & Blakiston, 1868.

This work is a carefully considered and eminently practical *resumé* of the existing state of the science and art of which it treats, presenting the whole subject in clear and concise language, thus making it especially adapted to the wants of physicians engaged in the active duties of their profession, who cannot well spare the time to read the more voluminous treatises upon these subjects. The author has adopted a new classification which he believes "will greatly aid in a better appreciation and application" of the principles of plastic surgery, which are included in the following six general methods:—1. Sliding in a direct line. 2. Sliding in a curved line. 3. Jumping. 4. Inversion or eversion. 5. Taliacotion; the part being obtained from a distance by grafting. The various operations the author describes by the recital of cases, pointing out the comparative value of the various operative procedures, and illustrating the whole subject with appropriate wood cuts.

Obstetrical Clinic; a Practical Contribution to the Study of Obstetrics and the Diseases of Women and Children. By George T. Elliot, M. D., etc., etc. New York: D. Appleton & Co., Broadway.

Dr. Elliot's fourteen years' service in Bellevue Hospital furnished the clinical experience embodied in this work. The cases which interested him most deeply, and which are believed to be most highly instructive to the profession, have been reported in detail, with such remarks as were made to the medical classes which were from time to time in attendance, together with such other practical hints as have suggested themselves during the preparation of the work.

This method of teaching obstetrics must prove exceedingly popular, really possessing advantages which will be apparent upon perusal. Reported cases of all the more difficult and perplexing diseases and accidents incident to the parturient state are embodied in the work, thus giving the student and practitioner a concise and practical guide to the symptoms, modes of treatment and termination of all, or nearly all these various conditions.

Many of the cases reported, have not been in Dr. Elliot's care alone, and we observe that in giving the details of treatment he has faithfully reported the facts, leaving us in ignorance, in some cases, whether the treatment adopted by his associates received his approval or not. Upon the 154th page, in the report of a very interesting case of *placenta previa*, where there had been great loss of blood, vomiting, sighing, etc., etc., with feeble pulse and many alarming symptoms, he says:

"June 5th, 10.30 A. M. Since the last note, Dr. F. has carefully fed the patient on beef-tea, brandy and opium, and she has rallied. Ergot kept in readiness, quinine and sul. acid given, and a blister has been applied over the abdomen, to anticipate metro-peritonitis."

We do not conclude that Dr. Elliot recommends a "blister to anticipate metro-peritonitis," or that he regards it as proper treatment even if it is present, but we fear that some physicians who believe in blistering every woman's belly which may appear tender or painful after labor, will infer that he approves of such treatment. It is by no means probable to us, that blistering would anticipate peritonitis, or relieve it in the slightest degree, if present, and we dislike to have any seeming countenance given to such plan of procedure by so distinguished an author and teacher.

In answering the question: "Should pelvic abscess from cellulitis always be opened promptly?" he says: "For my own part, now-a-days, as a rule, I rarely find it necessary to open mammary abscesses, abscesses in tonsillitis, and in cellulitis. Mammary abscesses must of course be opened, if their anatomical site, or the great vital tenacity of the skin, or very severe pain from tension, demand the operation; and abscesses in the deeper tissues of the throat may imperitively demand the knife; while if the pelvic abscess break into the peritoneal cavity one may well regret that the vaginal or rectal wall had not been previously punctured." "While I believe that this expectant plan is the best adapted as a rule, to secure good results in a large number of cases, I yet regard the decision as elective." This quotation is made for the benefit of conservative practice, and to show how careful our author has been of the opinions of others, and how fair and reasonable in the expression of his own.

As a guide in everything of which it treats, as a practical, candid, truthful and complete presentation of the present pathological and therapeutical history of the diseases and accidents incident to pregnancy and parturition, this work is unexcelled, unequaled in many respects. Clinical observations in obstetrics, reported with the greatest fidelity and faithfulness, as has been done by Doctor Elliot, cannot fail to interest every practitioner, and prove not only a guide in practice, but a standard by which the experience of others may be compared and their successes estimated.

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**Principles and Practice of Obstetrics.** By Gunning S. Bedford, M. D. Fourth edition, carefully revised and enlarged. New York: William Wood & Co., 61 Walker street, 1868.

We are most happy to announce the appearance of the *fourth* edition of Prof. Bedford's work on Obstetrics. In the short period of six years, it has passed to its present and most complete edition, and has been everywhere received by the profession with unusual favor. When this work first made its appearance it was our privilege to speak in detail of its arrangement, contents, illustrations and other attractions, but it can now hardly be appropriate to mention its points of excellence; it is too well known to our readers and to the whole profession to make such notice acceptable.

Everything which can be said in favor of a work upon Obstetrics has been already expressed in regard to this in its former editions; it now commends itself to still higher approval in its present revised and enlarged form. The subjects of anaesthetics and twin pregnancies have been dwelt upon more extensively in this than in former editions, and a lecture has also been added upon the complications of pregnancy, in which are discussed chorea, jaundice, paralysis, etc., etc. The illustrations so far as we observe remain unchanged; they could hardly be improved by change. Four colored lithographic plates and numerous wood cuts have added greatly to the value of the work, and make it much better fitted to the wants of both students and practitioners. Prof. Bedford has done a real service for the profession, and his work richly deserves the reputation it enjoys and the support it has so universally received.

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### Books and Pamphlets Received.

**A Manual of the Dissection of the Human Body.** By Luther Holden, F. F. C. S., Assistant Surgeon of and Lecturer on Anatomy at St. Bartholomew's Hospital, London, with notes and additions by Erskine Mason, M. D., Demonstrator of Anatomy at the College of Physicians and Surgeons, etc., illustrated with numerous wood engravings. New York: Robert M. De Witt, Publisher, No. 13 Frankfort street.

**Contributions to the Causation and Prevention of Disease and to Camp Diseases, together with a report of the Diseases, etc., among the Prisoners at Andersonville, Ga.** Edited by Austin Flint, M. D., New York. Published by the U. S. Sanitary Commission, by Hurd & Houghton, 459 Broome street, 1867. For sale by Martin Taylor.

*The Endoscope and its Application to the Diagnosis and Treatment of Affections of the Genito-Urinary Passages. Lessons given at Necker Hospital, by A. J. Desormeaux, Surgeon of the hospital, etc. Translated by R. P. Hunt, M. D.*

*Address delivered before the Philadelphia County Medical Society, by William Maybury, M. D., at the close of his official term as President.*

*Report of the Massachusetts General Hospital for the year 1867.*

*Report of the Buffalo General Hospital for the year 1867.*

*Annual Report of the Board of Health of the City of Toledo for the year 1867.*

RICHMOND AND LOUISVILLE MEDICAL JOURNAL.—We would call the attention of our readers to the advertisement of the Richmond and Louisville Journal, to be found this month, in our advertisement sheet. We hope the liberal offer, to furnish the Richmond and Louisville Journal to all subscribers to the Buffalo Medical and Surgical Journal, for \$3.00 per annum, will be accepted and appreciated. This Journal is edited with much labor and ability, and published at great expense, containing one hundred pages of the choicest and best-selected material. Prof. E. S. Gaillard, formerly of the Medical College of Virginia, now of the Kentucky School of Medicine, is the editor and proprietor, and does not fail to make every number of the Journal highly interesting and instructive.

APPOINTED TO THE U. S. NAVY.—We are pleased to notice the appointment of Dr. P. P. Bielby, as Ass't Surgeon U. S. Navy. We understand that the examining board have been in session since January, and have examined over thirty candidates, of which number only five have passed. The rigid examination made by this board, and the high standard of attainment required makes it a real triumph when a young physician receives its approbation. Dr. Bielby was a member of the last graduating class in the Buffalo Medical College, and his numerous friends in Buffalo and vicinity will take much pleasure in this early recognition of his high merit.

RECEIVED.—We have to acknowledge the receipt of bottles of California Brandy, Port Wine and Angelica Wine, from Perkins, Stern & Co., 14 and 16 Vesey street, New York, and 103 Tremont street, Boston. The specimens received are very fine indeed, so far as we are able to judge; they seem to us perfect in all respects except one—the BOTTLES are a great deal TOO SMALL.

We have also received a very beautiful and valuable box of the finest maple sugar we have ever seen, with the following note, which explains to others all we are permitted to know ourselves:

*Sappytown, April 13, 1868.*

To the Editor of the Buffalo Medical and Surgical Journal:

My Dear Doctor:—Please find enclosed "Sugar Pills" for old school physicians, to be taken with hot cakes or waffles, warranted free from calomel or any deleterious drug, purely vegetable, pleasant to take; children cry for them; they correct acidity of the stomach and disposition; the Mahomedan Life Insurance Company issues a free policy to every person who eats these pills during the month of April. Please give them a trial and send for more if you like them. They may be, and probably are, a little sappy, but don't pronounce them an "immeasurable swindle."

Yours recuperatively and homœopathically,

F. A. C.

BUFFALO  
**Medical and Surgical Journal.**

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No. 10.

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Original Communications.

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

TUESDAY EVENING, April 7th, 1868.

The meeting was called to order by the President. Members present—Drs. Eastman, White, Lockwood, Miner, Ring, Greene, Dayton, Diehl, Little, C. F. A. Nichell, Henry Nichell, Mackay, Gay, Samo, Phelps, Rochester and Johnson.

The minutes of the last meeting were read and approved.

The annual report of the Treasurer was read, and on motion of Dr. Johnson the report was adopted and referred to the auditing board.

DR. WHITE moved that a vote of thanks be tendered to Dr. T. T. Lockwood for the efficient manner in which he has discharged the duties of the office of Treasurer. Carried.

The Secretary's report was read, and by vote accepted and ordered placed on file.

DR. MINER moved that the thanks of the Association be tendered to the Secretary for the efficient and acceptable manner in which he has performed the duties of his office. Carried.

Election of officers being next in the order of business the following officers were elected for the ensuing year:

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For President,	-	DR. J. R. LOTHROP.
" Vice President,	- "	T. T. LOCKWOOD.
" Secretary,	- "	T. M. JOHNSON.
" Treasurer,	- - "	C. F. A. NICHELL.
" Librarian,	- "	JAMES B. SAMO.

DR. GAY read the following paper:

*Placenta Previa.*

February 8th, 1860, visited along with Dr. Storck a German female, aged 30 years, residing near Delaware Place, been flowing three days. A midwife had been in attendance for two days; pains had ceased for some time previous to our visit; patient quite exsanguinous; pulse feeble; attacks of syncope frequent. On digital examination found os fully dilated and the placenta presenting left laterally. No hemorrhage at present time. The child was easily turned, the feet brought down, and the woman delivered. Forceps were used in delivery of the head. A great deal of blood had evidently been lost during the early stage of labor, but during the process of delivery but little additional blood escaped. This patient died fifteen days afterwards from puerperal fever.

Mrs. A., aged 28 years, English, had three children, no difficulty at their birth. This woman was very plethoric and limbs somewhat edematous. She had taken the upright position for her confinement and insisted upon her right to maintain this position during her labor. On examination found the os partially dilated and the placenta presenting left laterally; pains vigorous, and at every pain profuse hemorrhage. The emergency seemed pressing, and not knowing what better to do, resorted to venesection, and to my surprise and gratification, discovered that the venesection had entirely arrested the uterine hemorrhage, and as the presentation was normal, labor progressed rapidly until delivery was naturally accomplished, there being no post-partem hemorrhage. This case dates back to the time when venesection was more in vogue than it is at the present time. Date not recorded in my note-book.

Mrs. B., German, aged 26 years, the mother of three children. Visited this patient along with Dr. Hauenstein, August 15, 1867. The doctor had diagnosed placenta previa, before having made an examination, for during the latter weeks of utero-gestation, there had been frequent recurrence of hemorrhage, and at our visit

the hemorrhage was considerable, so much so as to measurably prostrate the patient; pains feeble. The tampon had been introduced at the doctor's first visit. Dilatation to the extent of a crown-piece, os rigid. The placenta was centrally implanted; presentation of child not ascertained. In consultation we decided to deliver at once. Patient under influence of chloroform, Dr. H. brought down one of the legs and delivered a still-born child; the placenta immediately followed; much blood was lost, but patient appeared cheerful and hopeful. Pressure with both hands upon the abdomen was constantly maintained, but in spite of persistent pressure, the uterus dilated and continued to dilate until it mounted up above the umbilicus, when the flooding became copious and fatal. The patient at once became conscious of approaching death; soon became comatose without any apparent intermediate syncope, and died in an hour and a half after delivery of post-partem hemorrhage.

We decided then and there, that if so unfortunate as to be ever called to another case of central implantation, that we would adopt another plan of procedure—a plan not recognized as authoritative. We had not long to wait, for on February 23d, another case presented itself, very nearly in the same locality of the city, and on April 4th, still another case, both of central implantation.

The first, a multipara, German, aged 38 years. Hemorrhage first occurred on January 23d, at eight months' utero-gestation. The air-ball was at once used, and the vagina effectually tamponed. At precisely four weeks to a day after the first attack of hemorrhage she was again attacked with flooding, and was now at the completion of her full period of utero-gestation. Labor pains soon commenced.

The patient was visited at 5 A. M. The air-ball again placed and retained in situ and the abdomen tightly bandaged. We resolved to wait in this case to the extreme point of waiting for efforts of nature to accomplish what she might be able to accomplish unaided, save appropriate means for the arrest of hemorrhage, and we did thus wait even beyond the verge of apparent safety, and did thus delay until the os was fully dilated. We had ascertained from external palpation that the position of the child was transverse. Pains had been considerable at noon, but now, at night at nine o'clock there were none. Hemorrhage had been

controlled by the tampon; at 9½ P. M. the tampon was removed; the os found fully dilated; entrance of the hand within the uterine cavity easily made, the patient having been previously anaesthetised; one foot seized, brought down, and when the breach became engaged, hemorrhage which had just before been considerable, was now arrested, and the further delivery, as the pains had become active, was left to the unaided efforts of nature. This woman gave birth to a living child, and had, herself, a good recovery. I should add that pressure was constantly made with both hands upon the abdomen, and maintained for some considerable time after delivery.

The other case occurred on April 4th; was the mother of three children, the youngest being nine years of age; the age of the patient was 40 years. Hemorrhage first occurred either at 8 or 8½ months utero-gestation. At 9 P. M. April 3d, copious hemorrhage commenced; at 2 o'clock A. M. April 4th, labor pains set in. The air-ball was promptly used; the patient bandaged tightly and hemorrhage was controlled. Visited the patient along with Dr. Hauenstein at 1 P. M. At this time there was some hemorrhage in spite of the tampon; pains regular; pulse feeble; nearly nominal in frequency; tendency to syncope. Examination had been previously made and central implantation diagnosed; dilation was sufficient to easily admit one finger. Advised continuance of treatment. 5 P. M. patient much in same condition; counseled delay. 8½ P. M. no material change; general condition of patient same; labor progressing; removed tampon; found dilatation of os about one-half completed; introduced air-ball; applied bandage, and was called again in haste at 3¼ A. M. April 5th. There had been some hemorrhage in spite of the tampon during the past hour. The position of the child was found on palpation to be transverse, as in the other case; pulse feeble and frequent. Patient under the influence of chloroform the child was turned and delivered, the os having been completely dilated and entrance of the hand within the uterine cavity easily made. Mother and child both saved and doing well. Constant pressure with both hands, as in the former case, was maintained during and for some considerable time after delivery.

At 11 A. M. April 5th, no untoward symptoms.

I am permitted to allude to another case occurring in the practice of Dr. Hauenstein, which was fatal, and the doctor assures me



that very little blood was lost. This was a case of placenta previa lateralis, and I am assured by the doctor who was in attendance from beginning to end of labor, that he had seen as much blood lost in an ordinary case of labor as he saw in this case. The child was turned and delivered.

It is worthy of note that six cases of placenta previa have occurred in the practice of Dr. H. in the space of the last eight months. Another fact worthy of note is, that three out of five cases seen by myself occurred within a few yards of each other.

These cases, their termination and management are suggestive, and incitive to thought. They suggest in regard to their management a suspension of pre-conceived views. They call to mind the principle long since laid down and acted upon generally by authors and practitioners of the danger of intermeddling midwifery, and suggest a greater reliance upon the provisions of nature and less dependence upon art. They also suggest that delay is not so much to be deprecated, and that it is not so hazardous as precipitous haste would be, and that if a woman must die within one or two hours after forcible entrance has been effected within her womb, and the child speedily delivered, that it may be better to wait for complete dilatation even if she must necessarily die a few hours later. In the one form of procedure the shock is much greater than in the other.

Taking these imperfectly reported cases as a basis for remarks, I have proposed to myself the task of making some clinical observations upon the subject of placenta previa, and have now in process of completion a paper which I hope to present to the Society at a future meeting.

DR. WHITE said:—Mr. President, the gentleman who has just taken his seat has introduced to the consideration of the members of this Society a subject of the gravest importance. Unavoidable hemorrhage, or placenta previa, though of rare occurrence, is sufficiently frequent, and the danger so imminent that it is of the first importance that every practitioner should be familiar with the best course to be pursued in its management. It is, in my opinion, therefore, our imperative duty to brand such crude doctrines as those just advanced, as heterodox, and disclaim on the part of this Society all endorsement of the treatment pursued in the cases related, and of the "new" rule of practice which the doctor finally

recommends as the result of his experience. Not doubting that the sole purpose of the member, Dr. Gay, in writing the paper to which we have just listened, was the advancement of medical science, I shall feel free to speak plainly in my comments upon the points discussed without fear of giving offense or being suspected of having the least personal feeling. The proposition, however, to leave all cases of unavoidable hemorrhage to nature; or in other words, the medical attendant sitting by, supinely folding his hands and permitting the poor woman to flow until death comes to her relief, is too startling to permit it to go out to the world from this Society unchallenged.

Let us first examine for one moment some of the cases related by Dr. Gay and the treatment pursued by him producing results which impelled him to this "new" method. The first case lost so much blood before art interfered for her relief that she apparently never rallied from her exhausted and exsanguine condition. The reasons for this extraordinary delay are not very clearly stated, and perhaps as the woman was in the hands of a midwife during the early part of her labor, the only criticism which it would be fair to make is, that turning was resorted to too late to save the patient.

Proceeding to the second case, we find that having the unfortunate result from *delay* in the first case, staring him in the face, the doctor resolved not to be behindhand in this instance, and as he informs us proceeded "forcibly" to turn. I am astonished, Mr. President, to hear the word "forcible" used at this late day to describe any of the manipulations practiced for the delivery of the parturient. The patient died, and as no *post-mortem* is reported, it is impossible to determine the condition of the organs after this "forcible" resort to version of the child in utero.

In the third case, not content with the course pursued in either of the preceding, finding the hemorrhage terrific, and "not knowing what to do," he resorted to free "venesection." A remarkable remedy with which to overcome the exhaustion consequent upon excessive uterine hemorrhage. Notwithstanding this superadded loss of blood, the woman survived. Can there be any difficulty, Mr. President, in accounting for the mortality in the cases related by Dr. Gay? It is only wonderful that any could have survived.

Dissatisfied with the result of the practice pursued in the fore-

going cases, the doctor concluded that "meddlesome midwifery was bad midwifery," and determined thereafter to "leave all to nature," simply inserting an "air-ball" into the vagina to lessen the hemorrhage. The wisdom of his course is demonstrated by lessened mortality in the cases which follow in his report, and in which little or no effort was made to interfere with nature in this *unnatural* position of the placenta.

Thus, Mr. President, does Dr. Gay propose to revolutionize the practice in all cases of placenta previa, and instead of making all cases, or nearly all artificial, as is the established practice, he would by his "new" course leave all these labors to nature, unaided. The course which I have thought, and taught, as the best to pursue, and to which opinion I must still adhere, notwithstanding the lucid arguments of the honorable member to whose paper we have just listened, is briefly this: that all cases of placenta previa should be treated as *artificial* from the moment the placenta was ascertained to occupy the uterine outlet, whether partially or completely, no matter whether labor came on at the full period of utero-gestation, or anticipated that time by a few weeks, as not unfrequently happens. Postponing delivery if the hemorrhage does not demand earlier interference, to the completion of gestation; at the commencement of the labor, and if possible, before much blood has been lost, *effectually* tampon the vagina and wait *only* until the uterine orifice is dilatable by gentle distension, and then at once proceed to turn and deliver, taking measures to secure uterine contraction at the same time.

As to the kind of tampon which the doctor recommends for the purpose of controlling the hemorrhage, it is not so good as soft, old muslin, torn into small slips and united by candle-wicking or tape, and then introduced through a cylindrical speculum. The latter can be made, if carefully introduced, and packed, to fill the vagina more completely than the ball, making more pressure upon the lateral aspects of the uterine outlet, and should fill the vagina thoroughly, so as to form a cylinder extending down to the os externum. Then making pressure upon the uterine tumor, over the abdomen, by a bandage or by the hand of an assistant, and applying a T bandage or a napkin held by a nurse to the external orifice of the vagina, pressure is made upon this cotton column which completely controls the bleeding. There is an additional advantage in the muslin tampon over the "new" one, or at least

such it seems to me; it absorbs more the fluid or serous parts of the blood, and promotes the formation of coagula, and thus contributes to the arrest of hemorrhage.

Having thus protested against the adoption of the course recommended in the doctor's paper and briefly alluded to the orthodox mode of treating cases of placenta previa, I will not longer trespass upon the time of the Society.

DR. ROCHESTER said, the subject is a very important one, and I would like to occupy more time in the discussion than I can now spare. Have seen a large number of cases of midwifery during my professional life, but have never had but one case of placenta previa occurring in my own practice. Have seen two or three cases in consultation. It occurred to me that in one of the cases related by Dr. Gay, death might have occurred from rupture of the uterus. The fact that considerable force was used in the delivery and the post partem phenomena mentioned, lead me to suspect that there may have been rupture of the uterus. I am quite surprised that forcible delivery was resorted to in any of the cases mentioned, and am also surprised that ergot was not used in any of the cases.

DR. MINER said that whatever might be his surprise at the treatment adopted in the first cases related, or proposed for future instances of placenta previa should they occur, it could not equal his astonishment at the statement that six cases had been met by any one physician in private practice, in the short space of eight months. He had now practiced his profession over twenty years, and had during all this period been as largely engaged in obstetrical practice as almost any of his associates, and as often called in cases of unnatural labor, or those requiring operative interference, and in his recollection had met with but a single case, and that not in his own practice. He could not state the exact proportion of cases as reported by authors, but it could not be greater than 1 in 2000. One case in the practice of either Dr. Gay or Hauenstein would be the full average; if they have by accident seen two or three during their professional lives, it would be greatly over the usual percentage. To expect the profession to accept the declaration that one of these physicians has treated six cases in eight months is too much; it can hardly be credited; it must be looked upon as a mistake; to think it, when there are so many sources

of error is almost impossible. We must first conclude that the usual course of nature has been reversed, and that the placenta is being placed over the os uteri almost as a rule, rather than as a rare, very rare exception. The statistics of authors and the experience of the profession will not admit of such conclusion—it will appear much more likely that a physician, however experienced and capable, is mistaken in his diagnosis. The only motive in suggesting doubt as to the point of frequency consists in a desire to make the record of our reported cases as perfect as possible, and to show that we are not insensible of the influence statistics of disease may have upon the opinions and practice of others.

DR. T. T. LOCKWOOD said, that in the course of a practice of thirty years he had attended two thousand cases of midwifery. Of these, there were three cases of placenta previa, one of which was of central implantation; the other two were of lateral implantation, and the diagnosis in these cases was not positive; it was judged by the profuse hemorrhage and general symptoms. In the case of central implantation the patient died. Both the other cases terminated favorably. The head presented in every case. Turning was resorted to as soon as the os was easily dilatable. The use of ergot was resorted to early. Was greatly surprised to hear of so many cases occurring in the practice of one practitioner in so short a space of time, and surprised that so great a degree of force was used in delivery.

DR. L. also stated that of the two thousand cases attended by him he had used forceps in sixteen cases, perforated in two cases, and resorted to turning in twenty cases; a majority of cases of turning were of arm presentations. Has had twenty-six cases of puerperal convulsions, and been quite unfortuate in these cases, having lost about fifty per cent.

DR. GAY remarked, in reply to the gentlemen who take exceptions to the views offered in the paper read, that these papers which are read before the Society, are of themselves perhaps but of little value, but the discussions that grow out of them are of very great value, and should always be conducted in a courteous manner. The cases of placenta previa reported to-night, are cases transcribed from my note-book, and the few observations made at the conclusion of the reported cases were such as the few leisure moments permitted me to make just previous to entering the room of the Association.

The central idea intended to be brought out by the reporter was simply this: that *delay* in placenta previa, until *complete* dilatation of the os, is justifiable; that if hemorrhage can be controlled, as we assume it may be, by the introduction of the air-ball, until complete dilatation, that delay is advisable, and that forcible entrance of the hand of the accoucheur through a rigid and undilated os, and the turning and delivery of the child, is more fatal to both mother and child, than to delay the efforts of art until nature had accomplished all she could toward the delivery by the full and complete dilatation of the os.

These views are sustained by the evidence furnished in the first case reported. Here was a woman in labor with placenta previa lateralis, for two days. According to the report this woman was under the care of a midwife when Dr. Storck and myself made our first visit. She lived fifteen days after her delivery, notwithstanding this delay, and in the absence of the appropriate means for the suppression of hemorrhage, for a period of two days previous to our visit. It is not unreasonable to think that possibly physicians make too great haste in their intermeddling, not only when treating placenta previa, but also when treating a case of puerperal convulsions. It is not unreasonable to think that perhaps women in either of these perilous situations may have been sacrificed to hasty interference.

I am certainly not an advocate of venesection in placenta previa; 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. Venesection in unavoidable hemorrhage when this case occurred, received the sanction of the highest authority.

The third case of placenta lateralis was merely referred to as a suggestive case. It suggests the idea that there are other causes beside actual hemorrhage which are at work conspiring toward a fatal result. I have the authority of Dr. Hauenstein for saying that no more blood was lost, or not so much even, as we were formerly accustomed to abstract from the arm for pneumonia, or no more than is lost in an ordinary normal labor.

It was the purpose of the reporter to call attention more especially to the three cases of central implantation, in the manage-

ment of which I was associated with my friend, Dr. Hauenstein, from beginning to end. In the first case there was no delay; the os was not fully dilated by the efforts of nature, but was forcibly dilated by the hand of the accoucheur; death of the woman occurring soon enough thereafter to satisfy the claims of any one who may be an advocate of the doctrine of no delay. If I may have used here to-night the term forcible delivery, I mean just this, and no more, viz: the forcible entrance of the hand within an undilated and rigid os.

Of the other two cases, in spite of an almost uncontrollable desire to deliver these women at once, to get them off our hands and to go home to bed and rest, non-interference was advised and complied with, until the os was completely dilated, and the result was safety both to the mothers and their offspring.

The notable fact which I have stated, that Dr. Hauenstein had seen six cases of placenta previa during the last eight months, seems to be received with some incredulity, or to state the case more concisely, is denied in toto. Leaving out of the discussion entirely the question of my own truth and veracity, permit me to say of Dr. Hauenstein, that he is a practitioner of twenty-five years, and that he is a gentleman. He enjoys a large obstetric practice, is called by a dozen or more midwives in as many different directions in the city, and always in difficult cases. If there be any other man more reliable in character for truth and veracity, show me the man. Dr. H. was called to these cases and diagnosed them as reported, and his diagnosis was confirmed by myself, therefore for gentlemen here this evening who saw not the cases at all, to cast any shadow of doubt upon the diagnosis is simply absurd and unprofessional.

The first case of central implantation died from post-partem flooding in an hour and a half. Two physicians examined the woman and tell you she had placenta previa. Do you doubt the correctness of the diagnosis? Hemorrhage occurred in the other two cases at eight months; the position of the child in either case was transverse, which position is common in placenta previa; their labors commenced and ended with hemorrhage, and two physicians on examination pronounced them to be cases of placenta previa. Can you doubt the correctness of the diagnosis? If you still doubt, then let me add the evidence of the sense of sight to

that of the sense of touch. After detachment of the placenta they were minutely examined, and the presenting portion was clearly recognized and separated from the portion which did not present; but my friend on my left, Dr. Miner, who at first positively stated his doubts of the truthfulness of the statement of Dr. Hauenstein, now disclaims any intention of calling in question the truth and veracity of the doctor, but thinks the doctor and myself in error. Dr. White, also, does me the justice to say that he does not call in question our veracity, but thinks an error has been committed. Gentlemen, I accept of no such version of the subject matter. I repel it; there was no error; there was no mistake committed; it was impossible to commit error, and the diagnosis was correct beyond the shadow of a doubt, and there is no profit in caviling over a question from which no good can be derived and contributed to science.

We all agree in belief as to the extreme peril of the woman in child-birth with placenta previa. Twenty years ago I remember to have heard Dr. Meigs say that he had rather take the chances of his life with a loaded pistol, pointed directly at his head, at the distance of five paces, and fired off with deliberate aim, than take the chances of life of the woman with placenta previa; and he facetiously added that he had rather be up a gum-tree than called to a case. It is because of this extreme peril that has led my friend, Dr. White, to say there should be no delay. I do not misquote him here, although misquoting the doctor in the use of the word "forcible," for I have written down his words as they were uttered. These words have led me to suppose that he was in favor of immediate delivery so soon as the hand could be pressed forward through a rigid os, the child seized and delivered; but I am happy to stand corrected, and to say that I have misapprehended the doctor, who, although deprecating delay, is favorable to the plan of waiting until the os is *dilatable*. He who acts upon this plan acts rightly and wisely. When labor has so far progressed that the os is dilatable, or what is synonymous to this, when the os is completely dilated, then nature can accomplish no more. She should be left to her own unaided efforts up to this point, beyond which she cannot go; her task is completed; then art comes in to her aid, and any delay beyond this point would be inexcusable.

DR. MINER replied, that Dr. Gay must accept the statement as



it was, both for himself and Dr. Hauenstein. It was only claimed that error in diagnosis was much more probable than the occurrence of the cases. He did not question the veracity of any one, but remembering the sources of error—the difficulty of determining the place of implantation when situated laterally or posteriorly, the liability of firm coagulum filling the os and lower portion of uterus, and of a detached placenta to descend and present in front of the child, he had expressed his doubts, but not with any intention of intimating otherwise than possibility—probability of error in diagnosis.

DR. RING had been interested in the paper read by Dr. Gay. The number of cases reported was *extraordinary*. To make a correct diagnosis in placenta previa was not difficult; could not think there had been a mistake in this respect; had implicit confidence in any matter of fact that Drs. Gay or Hauenstein might report. Obstetric practice among our German population was almost entirely in the hands of midwives, and they called on physicians as a *dernier resort*. It followed that our German practitioners had a much larger proportion of dangerous and difficult labors under their care than the average of the profession. It was probably the experience of all present that occasionally one labor after another would be unnatural and complicated. We frequently see in quick succession diseases which occur as rarely as placenta previa. The members of this Association will remember that within a few months several cases of pelvic hæmatocele were reported here. Had been in practice over twenty years. Had attended about a thousand cases of labor. Placenta previa had occurred but once in his practice. Prof. White, who saw this case in consultation, will remember that our patient died after delivery by turning, from post partem hemorrhage. To suppress hemorrhage after delivery, we gave ergot, applied cold, made pressure with the hand, and at last stimulants, which he thought correct practice. Regarded it as dangerous to delay delivery after the uterus was dilatable.

The profession had been familiar with the able essay of Prof. Simpson of Edinburgh, and the line of practice proposed by him. He enquired of those present if they had ever treated any cases in the manner proposed by Prof. S., and if so, with what result? or, if it would be justifiable with our present experience to resort to that mode of treatment?

DR. WHITE said, my friend, Dr. Ring, inquires as to the treatment of Radford and Simpson, which attracted a good deal of attention a few years since, and which has now passed into disuse. The hypothesis upon which it was recommended by these gentlemen to completely detach the placenta, and then leave the labor to nature, except hastening delivery by the administration of ergot, etc., assumed that the blood in this form of hemorrhage came from the vessels made patulous in the *placenta* by its partial detachment, and not from the uterine orifices thus laid open. It is difficult to determine how large a proportion of the blood comes directly from the open uterine vessels and how much from the ruptured placental vessels. It is certain that the uterine orifices bleed freely until contraction can take place and close them, therefore the less the surface separated before delivery the less the danger to the woman from hemorrhage. That *fatal* hemorrhage may occur after delivery of the child and placenta, when the blood can only be discharged from the uterine vessels is well known, and was demonstrated indeed in a case of placenta previa occurring in the practice of himself, (Dr. Ring) in the treatment of which I was associated. In the case referred to the woman was very comfortable after delivery, and subsequently sunk, notwithstanding all our efforts to arrest it, from post-partem hemorrhage. This case alone is sufficient to disprove the assertion of the advocates of this doctrine, that hemorrhage is arrested by completely detaching the placenta from its connection with the uterus. Indeed there is great doubt whether the safety of the mother is promoted by thus severing the utero-placental connection in the early stage of labor, and it is conceded by all that the child is doomed to certain destruction, and the practice is therefore pretty nearly abandoned. In an interview with Sir James Simpson, who has done more to bring this mode of procedure into favorable notice than any other man, he remarked that he "now resorted to it less frequently than formerly, and only in exceptional cases."

I regret to hear any of the members lay so much stress upon the extraordinary fact that so many cases should have occurred in so short a period in the practice of an individual. The frequency of their occurrence but increases the importance of adopting correct views in their management. There can be no question of veracity entertained, and the principles governing the treatment is the same, whether they occur in every first or in every

second thousand. In an extensive obstetrical practice extending over thirty-six years, and during the last twenty having a large number in consultation with my fellow practitioners, I have seen but nineteen cases of placenta previa. Four of these only occurred in my own private practice, the remainder were in the hands of others, (several of whom I see present,) living in the city or its vicinity. Two of the nineteen only proved fatal to the mother. The practice pursued has invariably been to turn and deliver at the earliest period compatible with safety to the mother's tissues, and during the last twenty years administering chloroform or some other anæsthetic while performing the operation of turning.

One word more, Mr. President, and I have done. Dr. Gay seems to have become so confused that he entirely misapprehends the plainest statements. As all the members present are aware, I have, in my remarks, used the word "forcible" *only* to protest against the use of *force* under all circumstances. Again, how he can get himself into such a muddle in relation to my use of the word *delay*, for I insist I did not say "no delay." when, as you all know, I distinctly stated that he should, in all cases, *delay* until the mouth of the uterus was dilated, or dilatable with gentle effort, at which time, but not sooner, the accoucheur should proceed to turn and deliver. I *insist*, Mr. President, on being correctly quoted upon so important a question.

DR. GREEN said he was sorry that Dr. Hauenstein was not present to report the cases mentioned by Dr. Gay. Have no doubt but these cases may have been seen. In the location in which I practice there are many midwives, and I am often called in difficult cases that have been attended by midwives in the early stages of the labor. Have seen two cases of placenta previa in a practice of sixteen years. The mother and child have been saved in both cases. Turned and delivered in both cases as soon as the os was sufficiently dilated. Although the number of cases reported as occurring in the practice of Dr. H. is quite remarkable, still I think they may have occurred.

DR. DIEHL said, I have had but few cases of midwifery, but have nearly always had difficult cases, and believe that it may and often does occur that practitioners have a succession of difficult and remarkable cases. It is the custom among the German people to employ midwives and send for help when they have difficult

cases. This fact probably accounts for the large number of these cases seen by Dr. Hauenstein.

DR. EASTMAN said, have been in practice fifteen years, and have had fully my share of midwifery, and have had but two cases of placenta previa. Have never known so many cases reported by any practitioner. It is not only remarkable, but *remarkably* remarkable, that so many cases should occur in the practice of any practitioner within so short a time.

DR. WHITE called for the reading of the By-Laws in regard to dues and membership, and moved that said By-Laws be enforced. Carried.

Scarlatina, pneumonia and rheumatism were reported as prevailing.

Adjourned.

T. M. JOHNSON, Sec'y.

ART. II.—*Clinical Remarks upon Surgical Cases in the Buffalo General Hospital—Operation for Vesico-Vaginal Fistula—Entropion.* BY J. F. MINER, M. D.

*Gentlemen:*—The effort to show you vesico-vaginal fistula and the operation for its cure, cannot be successful without great patience on your part, since what you can see is only to be observed through the speculum, and you will be obliged to organize in "Indian file," and pass singly in front, when the parts will be shown you. There is enough of interest in this case to insure your earnest attention, and reward you for all your patient, I may say, tedious effort.

*Vesico-Vaginal Fistula* is a communication between the bladder and vagina, and may be small and only seen with care, or, as in the present case, large and capable of admitting the finger readily into the bladder. Similar openings are liable to form communicating the bladder of the female with other organs—the uterus and rectum for instance—called vesico-uterine and vesico-rectal fistula. Vesico-vaginal fistula is much more frequent than any of the other forms, the common cause being the accidental laceration of the parts during parturition in consequence of the pressure of the child's head. The unskillful use of instruments have been known to cause it, but long continued pressure, as in very tedious labors, much more frequently results in sloughing and a communication

such as you now observe. Some authors have stated that the vesico-uterine form of fistula is most frequent. I think, however, this must be a mistake.

*Diagnosis* of vesico-vaginal fistula is generally unattended with difficulty; careful inspection of the vagina will generally reveal the nature and extent of the lesion. By placing the patient so as to rest upon her knees and face, very little separating of the vaginal walls will admit of quite perfect inspection without the aid of instruments, and the point where urine escapes into the vagina will be plainly seen. The escape of urine through the vagina instead of through its natural channel will point out the nature of the lesion, no matter what may have been the causes operating to produce it. If there should be difficulty in finding the opening, on account of its small size, a catheter introduced into the urethra, by making the walls tense, may enable you to find it, when otherwise difficult.

*Prognosis* cannot be difficult when the true nature of the case is understood. If spontaneous recoveries have been known to occur when the accident was caused by a simple punctured wound, such termination in a case in any degree resembling the one you now observe, cannot be expected; it can only be remedied by operation.

This patient, Mrs. Odalum, is seventy-eight years of age, and she has suffered from this condition for thirty-eight years. Thirty-eight years ago, when this accident happened, caused by the birth of a child and instrumental delivery, it was scarcely regarded as possible to close these openings, the main and essential difficulty being the constant discharge of urine through the fistula, thus preventing adhesion of the edges. Improvements have been made in the plan of operation, and in the after treatment, so important as to remove most of the difficulties experienced by the older surgeons, and now we propose to attempt a restoration of parts after so long continuance, and in a very aged patient, an operation which was refused thirty years ago by a most capable surgeon, showing how great a change has taken place in the views of the profession, and the progress which has been made in perfecting the modes of operation.

There are but two points in the manner of operating to which I will call your special attention, viz.: paring the edges, and introduction of the sutures; do everything else in your own way, or

after the advice of any one you choose to follow; but listen to one word from me upon those two points, vital to the success of your operation. Provided with suitable instruments, those now made for this purpose, consisting of a hook, three pairs scissors, short needles and silver wire, you may rely upon your own dexterity in their use, and proceed to do the operation as adroitly as you can. You can use such speculum as you find exposes the parts best, you can place your patient as you please, and change as you find convenient, but the two important steps in the procedure must be well taken or you fail of success. First then, you are to pare the edges of the aperture so deeply and thoroughly that the hardened cicatrix is removed, beveling off the edges towards the vaginal surface, making this paring more free, much more free, than you would be likely to do if unadvised upon this point. You will make this freshening with knife or scissors of whatever pattern you please, but above all, be sure to do it properly, safely, and thoroughly. There is no difficulty in doing it with the curved scissors now made for this purpose. The knife, in all forms yet proposed, is not as convenient. When this step has been completed, and the hemorrhage ceased, your sutures are to be introduced. Short needles, armed with silver wire, are to be inserted from before backwards. They are to extend down to the mucous membrane of the bladder and be placed at suitable distance back from the beveled edge. When all the sutures you need, have been introduced, placed not more than one-sixth or one-eighth of an inch apart, the wires can easily be drawn sufficiently tight to perfectly approximate the wound. They are not to be drawn too closely, lest you strangle the parts, not too loosely lest you fail of complete and perfect coaptation and union. Now do not go off after any new or complicated method of tying up this wound; twist the wire gently until it is secure and sufficiently tight, and nothing better or more satisfactory can be desired. It is a simple, safe, and usually successful operation; it has been complicated by great refinement of description and parade of preparation, but paring the edges thoroughly and sewing them together nicely is all that is necessary to insure success. This patient is very old and infirm; success not so certain as in younger and more vigorous patients. Though but a few years more to live, still she thinks she is yet "worth mending," and as the operation involves but little risk, and, if successful, will add so

much to her comfort and happiness, we have made it without hesitating as to its propriety; of its success or failure, I will inform you hereafter.\*

*Entropion.*—We have an operation upon the eye-lid, which I suppose is the last of our operations before you during the present term. I will detain you but a few minutes longer, in describing its nature and showing you our method of cure. If the tarsal margins of the lids turn inwards against the surface of the eyeball, the rubbing of the eye-lashes against the conjunctiva causes constant irritation and discomfort. This turning in of the lid, from whatever cause, is called *entropion*, and in cases of any extent and severity can only be remedied by operation. You will observe that to remedy this case I have removed what I judge to be a sufficient amount of the skin of the lid and of the muscle beneath it, and after this unimportant hemorrhage has ceased, shall very accurately unite the wound with sutures. It is a matter of great importance to rightly estimate the amount of tissue to be removed; too much might cause the opposite deformity, turning outwards of the lid called *ectropion*; you will hence see the necessity of judging rightly in this, as in all other surgical operations.

After thanking you, gentlemen, for your constant and earnest attention to the clinical opportunities afforded you during the past term in the Buffalo General Hospital, and for all the repeated evidences you have given of appreciation of the value of such opportunities of observation, offered you mainly by the favor of the Trustees and Superintendent of this institution, allow me in conclusion to express the hope and expectation, that you will hereafter engage in the practice of surgery, with greater confidence and better preparation, and will remember these simple and plain clinical lessons in operative surgery.

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At a recent trial in the United States Court in the city of Chicago, Judge Drummond sustained a physician in refusing to testify as an expert without having first received honorary fees therefor. — *Chicago Journal*.

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\* Examination of the patient May 14th, eight weeks after operation, shows the closure of the fistula complete. At no time after the sutures were adjusted has there been the least escape of urine. It now requires the most careful examination to detect the site of the old fistula, so perfect is the union. There is slight incontinence of urine, and it is necessary to urinate every two or three hours when up about the house, or there is apt to be involuntary escape of urine through the urethra; during the night there is no trouble, and she rests without disturbance.

## Miscellaneous.

### Annual Meeting of the American Medical Association.

The nineteenth annual session of the American Medical Association was held in Washington, commencing Tuesday, 6th inst. The Convention was called to order by the President, Dr. L. D. Gross of Philadelphia, who introduced Dr. Grafton Tyler of Georgetown, who delivered an address of welcome, after which Professor Gross delivered his inaugural address. He returned his profound gratitude for the distinguished honor conferred upon him in placing him in a position so often occupied by the distinguished men of the profession. For this mark of respect and confidence he could only promise to do his duty impartially, and, as far as possible, expedite the business of the Association. The Professor then, at length, explained the object and ends of the Association, the duties of the profession, the advancement of the science, the brilliancy of the rank attained by the American faculty in the ranks of the profession throughout the world, the great good the Association has done in the past twenty years by its annual gatherings, and the continued good promised by its uninterrupted meetings. He gave at length his views on the reception of prize essays on medical subjects, and of the duties of professors of colleges, the management of hospitals, etc. He spoke in eloquent and impressive language of the departed members of the Association, and was exceedingly brilliant in his hopes and sanguine expectations of a bright future for this great Republic; entreated the great fraternity to go on doing good, as usual, throughout the length and breadth of the land, and concluded by again returning thanks to the Association for the honor they have conferred upon him.

At the conclusion of the address, on motion, it was ordered to be printed.

The regular business next followed—and the committees were called. Most of the committees responded as they were called, and their reports were referred to their appropriate sections.

The Committee on Medical Ethics, on consultation with female practitioners, made a report, closing with the following resolution:

*Resolved*, That the question of sex has never been considered by this Association in connection with consultations among med-



ical practitioners, and that in the opinion of this meeting, every member of this body has a perfect right to consult with any one who presents the "only presumptive evidence of professional abilities and requirements" required by this Association, viz: "a regular medical education."

The Committee on Prize Essays reported that four essays had been submitted, and the two prizes of \$100 each were still in the hands of the committee, as no award had been made. They recommended that both should be offered for the best essay, but the subject was indefinitely postponed.

## SECOND DAY.

A number of papers were received and referred to the various committees.

The Association took a recess of fifteen minutes in order to give the various State delegations an opportunity to select a member from their respective States to form the nominating committee for the ensuing year.

At 10½ o'clock the Association re-assembled, and the names of the delegates selected were sent in. They are as follows:

Maine, Dr. N. P. Monroe; New Hampshire, Dr. C. B. Twitchell; Massachusetts, Dr. H. R. Storer; Rhode Island, Dr. O. Bullock; Connecticut, Dr. A. Woodward; New York, Dr. Arnesby; New Jersey, Dr. S. Lilley; Pennsylvania, Dr. S. Pollock; Delaware, Dr. H. Askew; Maryland, Dr. T. J. Hellsby; Virginia, Dr. Owen; West Virginia, Dr. Cummings; Georgia, Dr. R. D. Arnold; Ohio, Dr. W. H. Mussey; Illinois, Dr. Hildreth; Tennessee, Dr. Kellar; Alabama, Dr. Wetherly; Indiana, Dr. Sutton; Iowa, Dr. Clever; Michigan, Dr. Palmer, District of Columbia, Dr. F. Howard; U. S. Army, Dr. G. A. Otis.

Prof. John Gange, veterinary surgeon from Prince Albert College, London, was introduced to the Convention, and delivered a very interesting address. Senator Drake, of Missouri, who was present, was invited to the stand, and he delivered an interesting address.

The report of the Committee on Medical Ethics was submitted. A lengthened debate then ensued in relation to the admission to practice of female physicians. Dr. Davis, of Chicago, moved that the question be indefinitely postponed, which motion was carried unanimously.

The resolution of acceptance of the resignation of Dr. Homberger was next taken up. Dr. Sayre moved that the name of Dr.

Homberger be stricken from the rolls because he had violated the code of ethics. After a lengthy debate as to whether the resignation should be accepted or the member expelled, the question was finally taken, and Dr. Homberger was expelled.

Dr. Hartman, of Baltimore, offered a resolution censuring those physicians of Baltimore who endorsed a certain foreign specialist by permitting the use of their names in his behalf. Referred to the Committee on Ethics.

The Convention then adjourned to meet at 9 o'clock on Thursday morning.

The Medical Association united in a body on Wednesday night, at the United States Medical Museum on Tenth street, where Dr. Woodward, of that institution, delineated the microscopical views of the intestines as affected by dysentery, and the eruption of the skin as caused by camp-fever and small-pox, which views were, in many instances, thrown upon a screen or piece of canvass twelve feet square and magnified to nearly that extent. This exhibition was very fine and received the admiration of the members present. The entertainment at the Army Medical Museum was one of the greatest attractions of the session.

The medical fraternity proceeded from the Museum to the residence of Senator Morgan, corner of Fifteenth and I streets, where they were received in fine style by the distinguished Senator and the accomplished ladies of his household.

#### THIRD DAY.

The Convention resumed its session, Dr. Gross in the chair.

The report of the Committee on Nominations was presented and accepted. The report names New Orleans, La., as the place to hold the next meeting of the Convention, and fixes the time for May next.

The following officers of the Convention were nominated by the committee:

President, Dr. William O. Baldwin, of Alabama; first Vice President, Dr. George Mendenhall, of Ohio; second Vice President, Dr. Noble Young, of Washington, D. C.; third Vice President, Dr. N. P. Monroe, of Maine; fourth Vice President, Dr. S. M. Bemis, of Louisiana; Treasurer, Dr. Caspar Wistar, of Philadelphia; Committee on Publication, Dr. Francis G. Smith, jr., of Philadelphia, chairman; Dr. Wm. B. Atkinson, of Philadelphia;

**Dr. H. F. Askew**, of Delaware; **Dr. Richard M. Cooper**, of New Jersey; **Dr. J. H. Lovejoy**, of the District of Columbia; **Dr. Wm. Marbury**, of Pennsylvania.

The Committee on President's Address made their report, accompanied by a series of resolutions in relation to the appointment of various committees, five of which were adopted, and the sixth was referred to a special committee. The Chair appointed the following committees:

Commissioners to aid in trials involving Scientific Testimony—**Drs. John Ordenaux**, of New York; **A. B. Palmer**, of Michigan; **Stephen Smith**, of New York; **J. W. Dunbar**, of Baltimore.

Annual Medical Register—**Drs. Packard** of Philadelphia, **Wm. B. Bibbins** of New York, and **Ellsworth Elliott** of New York.

Devising a Plan for the Relief of Widows and Orphans of Medical Men—**Drs. J. H. Griscam** of New York, **N. S. Davis** of Illinois, and **A. C. Post** of New York.

Veterinary College—**Drs. Thomas Antisell** of Washington, D. C., **C. C. Lee** of New York, and **John C. Dalton** of New York.

The Chair appointed the following delegates to represent the American Medical Association in Canada, to meet in September next:—**C. C. Cox**, M. D., LL. D., of Maryland; **Drs. John Atlee**, of Pennsylvania; **N. S. Davis**, of Illinois; **Charles C. Lee**, of New York, **Grafton Tyler**, of D. C.; ——— **Wood**, of the Navy, and **S. D. Gross**.

**Dr. C. C. Cox** of Maryland, read the report on American Medical Necrology, which was ordered to be printed.

**Dr. Baldwin** of Alabama, the newly elected President of the Association for the current year, was introduced, and returned his thanks in appropriate terms. At the close of **Dr. Baldwin's** remarks, **Dr. Gross**, the retiring President, arose and said that he desired to correct a misapprehension which existed at the South, that the Medical Association during the war had requested Congress to enact a law making all medicines and surgical instruments contraband of war. No such resolution had ever been introduced.

An invitation was read from the Young Men's Christian Association of this city for the Association to visit their library and reading rooms.

**Dr. N. S. Davis** of Illinois, offered a resolution instructing the Chair to appoint a committee of three to report at the next ses-

sion on the practicability of establishing a library of American medical works, including books, monograms and periodicals.—Adopted.

About 8 o'clock in the evening the Association visited the Capitol, which had been illuminated for the occasion. Some time was spent in examining the electrical apparatus, the workings of which were explained by Prof. Gardner. The distinguished party then proceeded to Chief Justice Chase's residence. Dr. D. W. Johnson of this city, and Dr. Grafton Tyler of Georgetown, introduced the party, who, after an exchange of courtesies, sat down to a bounteous supper. From Justice Chase's the Association visited Mayor Wallach, where they were cordially received, and enjoyed themselves in social converse, concluding with a fine collation.

This Association concluded its fourth and last day's deliberation on Friday in signal harmony and good feeling. Representing nearly all the States, and including the most distinguished members of the profession, no body ever assembled in the National Capital entitled to more respect or wielding a larger influence in and out of the circle of their labors. Their sessions were attended by choice audiences, and they were the recipients of many elegant hospitalities. The President of the United States, Chief Justice Chase, Speaker Colfax, Mayor Wallach, Hon. E. D. Morgan, and others, entertained them with refined and considerate generosity. The annual meetings of this Association, numerous attended before the war, were confined almost exclusively to the adhering States, during hostilities, and ever since the overthrow of the rebellion, various reasons, political and personal, have conspired to prevent the general harmony of other and happier days. The Convention which adjourned on Friday, however, was essentially larger than on any occasion since 1860.—*Abstracted from the Daily Washington Chronicle.*

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#### Use of Counter-Irritants.

Prof. Hebra, the celebrated dermatologist, declares his opposition to the use of counter-irritants (revulsives,) which form so large a part of ordinary medical practice. He professes to show that the theory by which their use was originally suggested and is now maintained, is erroneous; and he brings forward clinical and

experimental facts and arguments to demonstrate the evils which result from the practice. Physicians were, he maintains, led to adopt counter-irritants for the cure of internal diseases, by observing the alterations and apparent antagonism of cutaneous affections and internal lesions. When, for example, a patient, the subject of a skin disease (as psoriasis,) was attacked by fever, the chronic cutaneous eruption was observed to fade and disappear while the febrile state lasted, but re-appeared during convalescence. Again, in exanthematous fevers the febrile symptoms often subside on the appearance of the specific eruption; and, moreover, the eruption continues fully out only under a favorable condition of the internal affection; while, on the contrary, if the internal symptoms are aggravated, the cutaneous eruption diminishes, and, before a fatal issue, becomes altogether invisible. Hence the popular idea among physicians and the laity, that the suppression or metastasis of the cutaneous affection is the cause of the fatal issue of the general disease. But these opinions are erroneous, for the chronic skin disease does not vanish first, to be replaced by the fever; but, on the contrary, the dermatosis only begins to fade after a prolonged continuance of an intense febrile state. In like manner, in every general disease of great intensity and prolonged duration, the anæmia which supervenes is first noticed on the skin, and hence the fading and disappearance of red eruptions in these cases, since even syncope will cause their temporary vanishing. Another erroneous opinion, prevalent from ancient times till the present day, which probably lent support to the use of counter-irritants, was the idea that every disease consisted of something material, which attacked sometimes one part, sometimes another, and which it was the physician's chief aim to eliminate; hence the terms *materia peccans*, acrimonies of the blood, acids, phlegm, black and yellow bile, etc. These notions, in spite of modern pathology, still retain their influence on practice. It is, however, certain, that we cannot judge of the use of remedies on such grounds, but only by a knowledge of the action of the remedy on the healthy body on the one hand, and an acquaintance with the natural course of disease, uninfluenced by remedies, on the other. This was first stated by Gideon Harvey, in his work, "*Ars Curandi Morbos Expectatione, Amstelodami, 1695*," where he says boldly that "it would be proper to write on the patient's prescription

only the word, *Expecta.*" But this expectant method seemed a neglect too cruel to be practiced in dangerous diseases, until Hahnemann showed that fevers and inflammations were often as successfully treated by decillionths as by the Hippocratic apparatus of venesection and counter-irritation; whereupon physicians and clinical professors, convinced of the real nothingness of decillionths, resorted to the treatment of febrile and non-febrile diseases by the pure expectant method, and were thus enabled to study accurately the natural course of disease. Wherever their results were as successful as the older heroic practice pursued "*lege artis,*" it was obvious that the latter was at least unnecessary, that the cure was done by nature in spite of heroic remedies: "*Natura et morbum et medicum vincit.*" Nevertheless, some practitioners, who admit all this in regard to certain diseases, plead for counter-irritants to the skin in the class of affections called *rheumatism*, believing that the peripheral irritation will relieve the deeper seated parts. But how often do these remedies, from simple rubefacients up to the "horrible invention of the moxa," fail; so that where cases improve, it is rather *during* than *by* the treatment. An impartial examination would show that as many rheumatic affections get well under homœopathy hydrophathy, electricity, or the plasters of quacks, as under counter-irritants.

Moreover, the excuse that it is necessary to do something to relieve suffering, and that blisters, etc., do no harm, is incorrect, as they often leave indelible marks on the skin, while hot and cold douches, lotions, liniments, and plasters do not, and yet afford as much relief. In diseases of the eye, also, the applications of leeches and blisters, which were formerly always used, are now condemned by many ophthalmologists. Clinical experiments in Hebra's practice gave similar evidence. Suppose on the thigh of a patient an eczema rubrum of the size of a crown-piece; place at two inches distance on one side a blister of the same size, on the opposite side a sinapism, and at the two other poles, tartar emetic ointment and croton oil. The artificial irritants will produce here bullæ and redness, there pustules and vesicles, but without at all diminishing the intensity of the central eczema. On the contrary, the latter often spreads to and includes the irritated surfaces, and becomes larger than before. Now, if in the same organ or tissue (the skin) a peripheral irritant cannot draw away and disperse a central affection of a similar kind, how can cutaneous irritation be

Expected to dissipate the morbid condition of the pleura, lungs, brain, peritoneum, eyes, sheaths of nerves, etc. ? What new path to revulsives open up for the elimination of morbid products deposited in these cavities and organs ? But cutaneous irritants, continues Prof. Hebra, are not only useless, but often do harm, and their pernicious effects may either last long, or even put life in peril. It is, for instance, a well known fact that the exanthemata, small-pox, measles, and scarlet fever, are more fatal in proportion to the intensity and amount of the cutaneous eruption. And experience teaches that the eruption is more abundant on parts of skin where an irritation or dermatosis (e. g., an eczema) previously existed. A sinapism, applied to the chest on account of dyspnoea, will cause a larger amount of pocks to appear there, and if there were a counter-irritant large enough to cover the entire integument, a simple varicella might be converted into a fatal variola. Indeed, even the irritation of cold water in excess, applied hydropathically around an eczema, will cause its extension over the whole skin ; and often the abuse of acaricidal remedies—e. g., the sulphur fumigations in vogue a few years ago—produces a horrible eczema over the whole external surface ; often hot baths, pushed by some as an infallible remedy, diffuse instead of arresting a skin disease. The tartar emetic ointment, applied to the scalp in chronic hydrocephalus, causes no diminution of the effusion, while the pustular eruption is very painful, and may give rise to purulent absorption and erysipelas. A blister behind the ear is often the starting point of an eczema which affects the concha, the face, and hairy scalp, and which, under unsuitable treatment, may last for years, causing great pain, as Hebra has often seen, without improving an ophthalmia in the least. Leech bites on the temples are followed by incurable white triangular cicatrices, which certainly are no ornament to a pretty face. The marks of cupping, too, on the neck and arms of women, are often a serious disfiguration. Issues in the arm to prevent relapses of ophthalmia, or of cerebral congestions, or as derivatives from skin diseases, are not only useless for their intended purposes, but are very troublesome and frequently become the source of eczema which spread over the surrounding integument. Even the discolorations which sinapisms leave behind, entail a lasting defect when applied to the neck or chest in females. Sometimes, indeed, a fatal result may be caused through the application of counter-

irritants in typhoid fever, pneumonia, or small-pox, in consequence of the blistered surface being the seat of *cutaneous diphtheria*. The tinct. of arnica, introduced by homœopaths, if diluted, as they use it, is harmless; but if applied in a concentrated form, it causes redness and swelling of the skin, which in sensitive individuals develops into an eczema which spreads over a large surface and even the whole skin, and requires months to heal, confining the patient to bed for a longer period and a worse condition than the affection would have done for which the arnica was administered. Many of these artificial skin eruptions, bullous, vesicular, and pustular, do not cease when the counter-irritant which caused them is removed, but last for weeks, months, or years. They can then no longer be distinguished from the idiopathic skin diseases, eczema, pemphigus, ecthyma, impetigo; and were the common theory true of the protective influence of counter-irritation, these skin diseases ought to afford a security against internal diseases in proportion to their amount. In that case, no persons should be healthier than the subjects of general chronic pemphigus, which should afford means of eliminating all kinds of peccant matters from the system. On the contrary, however, experience teaches that exudative eruptions covering large surfaces, especially in the form of vesicles, blebs, or pustules, not only exhibit no preservative power, but the reverse, exerting a disastrous influence on the general health, and becoming a frequent source of fatal issues. *Lazarus* was always regarded as a collection of all kinds of diseases, requiring providential intervention for his cure! Veterinary art exhibited similar prejudices till a few years ago. Diseased animals, especially horses, used to be tortured with all kinds of cauteries and corrosives; and farriers were in repute with the ignorant in proportion to the cruelty of their treatment. But thanks to the heads of the medical department in the Veterinary Institute of Vienna, such practice is now obsolete there, and results equally satisfactory are now obtained by the expectant method as were formerly got by those cruel manœuvres. Veterinarians, in this respect, according to Hebra, might serve as a model for physicians. "It would be desirable," he says in conclusion, "that every physician, before applying a counter-irritant to his patient, should ask himself the question, whether, if he were ill, he would treat himself in the same way? Indeed, it has rarely happened to me to see physicians who would have subjected



their own persons to the application of issues, moxas, and setons. Yet, let not the physician forget the commandment, 'Do not that to others which you would not have done to yourself,' when, at the bedside of his patient, he finds other remedies unavailing, and is tempted to have recourse to epispastics as his last resort. He ought always to remember that his mission is to relieve pain, and wherever his attempts to do so fail in spite of all his efforts, he can console himself with the assurance that he has at least caused no superfluous suffering."—*Edinburgh Med. Journal*, Nov., 1867, from *Allg. Med. Zeit.*

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### On the recent Outbreak of "Febris Nigra" in Dublin.

BY ROBERT D. LYONS, M. B., DUBLIN.

(*British Medical Journal*, July 6th, 1867.)

At a meeting of the Epidemiological Society on July 1st, Dr. Lyons communicated the notes of several cases, and exhibited specimens of the spinal cord from two cases. He proposed to designate the disease "*febris nigra*." He believed that the malady is allied to yellow fever, cholera, and in a certain sense to typhus, and to other diseases in which, without necessary physical lesion, a profound prostrating effect is exercised on the nervous centres, and through these on the blood. As to the causation of the disease, he referred to the general sanitary state of Dublin, which he described as bad as bad can be. When cases of this disease occurred in 1866, Dr. Lyons called the attention of the Lord-Lieutenant and local authorities to them as an indication of a marked change in the epidemic constitution, and predicted an epidemic possibly of cholera, which came in due time. This year he made a similar prediction, and he remarked that at least one case of cholera had already occurred in Dublin.

Dr. Edwards Crisp related the circumstances attending a case of purpuric fever which had occurred at Chelsea on the 16th June. There was no doubt it was a case identical in nature with the cases described by Dr. Mapother, Dr. Marston and Dr. Lyons. He dwelt upon the purpuric affection observed among pigs in Dublin, and offered some suggestions for the experimental study of both the human and brute purpuric disorder.

Mr. Heather Bigg briefly stated certain facts respecting a rapidly fatal case of purpuric disorder which had occurred on the 26th ult. in Bethnal Green, the circumstances having been mentioned to him in a recent conversation with Mr. Humphrey, the coroner.

Dr. J. Burdon Sanderson expressed some surprise at the suggestion of Dr. Mapother, that there might be two diseases confounded together in the recent outbreak in Dublin—a malignant typhus and cerebro-spinal arachnitis. Both forms of disorder insensibly passed the one into the other; the analogy of the virulent form with typhus had no existence in fact either as to the course of the disease, eruption, or post-mortem appearance. The conclusion rather was that we had to do with different grades of the same disease. He expressed regret at the paucity of post-mortem examinations, but thought that the general symptoms afforded strong grounds for the belief that the disease was identical with cerebro-spinal meningitis which had been observed in Prussia in 1865. He read a note from Dr. Stokes, descriptive of the different forms of the disease which had occurred in Dublin.

Dr. Marston remarked that the opinion that the malady might be typhus in a scurvy-affected subject clashed altogether with experience. Typhus in the scurvy-stricken had been largely observed in the Crimean war, but no such symptoms had been manifested as were observed in the purpuric fever of Dublin. There was an entire absence of evidence to attach any of the phenomena of the disease to scurvy, and the opportunity for ascertaining the fact had been largely furnished during the late war in the United States. The question was one, however, not to be lost sight of.

Dr. Camps pointed out the dissimilarity of the disease from the specific fevers with which we are acquainted.

Dr. A. P. Stewart, as showing the difference of typhus from the malady in Dublin, remarked that the latter carried off large numbers of well-to-do people. More than one-third of the cases in Dublin, he observed, occurred in the better parts of the city. In America, also, the well-to-do suffered equally perhaps with the ill-to-do. No proper typhus had, moreover, been noted. In scurvy no form of disease like the Dublin disease had hitherto been noticed; and in diseases affecting persons affected with scurvy no like series of symptoms had been recorded. Our familiarity with

the course of the latter disease, under many and varied circumstances, would lead to the conclusion that the purpuric spots in the Dublin disease owned some other origin. Dr. Stewart had seen within the last two years, in many cases of disease, and especially in rheumatism, copious dark purpuric blotches. He had noticed the same phenomena in 1858. During the last three or four years, in fact, he had observed a purpuric tendency in several maladies; and he was inclined to think that in the Dublin affection, the purpuric spots were not characteristic of the disease, while the lesion of the cerebro-spinal centres was. In the majority of the cases he had seen, there were indications of morbid action in those centres.

Dr. Yandell (United States) observed that, although he had not had an opportunity of witnessing cerebro-spinal meningitis, the spotted fever of some American authors, he had during the war seen thousands of cases of scurvy among the troops at Corinth. Nothing, however, like "spotted fever," or comparable to that disease, came under his notice, although the disease so called prevailed in other localities, and especially among the Federal forces. Very many men were lost from scorbutic diarrhœa. He gave some details, also, of epizootics in Tennessee.

Dr. Bowen referred to the title "Black Death," which had been adopted by some to designate the malady in Dublin, and observed that it was a singular coincidence that the same plague was reported to have broken out among some of the tribes on the banks of the Euphrates.

Dr. Trader (United States) had seen several sporadic cases of cerebro-spinal meningitis, but had never had the opportunity of witnessing the disease in an epidemic form. He had been led to form the opinion that the petechial spots were not characteristic of, although frequently accompanying, the disease.

Dr. Jenner remarked, as regards typhus and the Dublin disease, that, while the latter affected children much and was very fatal to them, children rarely suffered from typhus, and the latter disease ~~still~~ more rarely killed them. The difference was startling.—  
In, in typhus, a deposit in lymph about the brain was so rare a occurrence that he had never seen a case in which it had occurred. In a deposit appeared to be characteristic of the fully-developed Dublin disease. The latter disease, in fact, taking it

to be a disease *sui generis*, had a close analogy to all diseases of its order. It will kill suddenly; so will small-pox and scarlet fever; typhus rarely. And when the last named diseases kill suddenly, as in the Dublin disease, they exhibit much petechial eruption, purpuric spots and blotches, and even hemorrhage from the nose, mouth and bowels. If the blood-poison kills the patient at once, the special lesion of the disease is masked or undeveloped. If the blood-poison do not kill at the outset, the characteristic lesion is developed, and should the disease in the end prove fatal, kills the patient. The names which had been given to the Dublin disease since its appearance were gratifying, as far as they indicated the activity of thought with which the new to us and as yet ill-comprehended malady was regarded. The name by which the disease was best known (cerebro-spinal meningitis) was bad, but the new names proposed were worse. "Purple fever," "purpuric fever," were names better applicable to certain forms of continued fever, and which it would be impossible to limit to the disease under consideration. The terms "malignant purpuric fever" and "neuro-purpuric fever" exaggerated the erroneousness of the previous terms. "Cerebro-spinal typhus" was a still worse form, as it was undesirable to attach a definitely understood word like "typhus" to a disease which was imperfectly known, and which had certainly little in common with typhus. "Black fever" was an equally unsatisfactory name, and might with as much justice be applied to other forms of disease.—*Half-Yearly Abstract.*

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### Forms of Continued Fever, and their Definitions.

BY JAMES STARK, M. D., F. R. S. E.

(Edinburgh Medical Journal, July, 1867.)

From the want of good definitions of the various forms of continued fever, many medical practitioners find themselves at a loss to distinguish one from another, and so confound all together. It is, however, very desirable that every one should be able to recognize all the several forms, as each requires its own special treatment. Despairing of the Royal College of Physicians of London completing the work, in which it has for years been engaged, and knowing how unwilling a public body is to commit

itself in print, Dr. Stark has, on his own responsibility, drawn up the following summary of the forms of continued fever, and has appended definitions in such terms as have always enabled him to recognize them in his own practice. The distinctive names have been chosen as unlike each other as possible, inasmuch as great confusion occurs when the titles of the respective forms only differ in their terminal syllables, as is the case when the term typhus, typhoid and typhina are used.

**First.**—*Typhus Fever* (also called spotted, maculated, low, putrid, brain, and nervous fever.)—A continued fever, characterized by great prostration; with a mulberry or measly rash appearing early on the skin, but not in successive crops, and generally remaining visible during the course of the disease. Bowels generally confined, and no lesions therein found on dissection.

**Second.**—*Enteric Fever* (also called typhoid, typhoid, gastro-enteric and gastric fever, abdominal typhus, and dothineritis.) A continued fever, characterized by rose-colored spots appearing chiefly on the trunk of the body about the end of the first week, and in successive crops, each crop disappearing in three or four days. Bowels often loose, and stools light colored. Enlargement and ulceration of the aggregate glands of the ileum usually met with on dissection.

**Third.**—*Relapsing Fever* (also called short, or relapsing typhus, bilious typhoid fever, typhina, and synocha.)—A continued fever of short but varying duration, characterized in general by an absence of eruption, but by an intermission of all the symptoms, and an apparent temporary return to health for a longer or shorter period; by the fever relapsing after five to eight or more days, and by more than one relapse occurring before health is restored. Skin often dark, or more or less yellow. As occurs in intermittents, there is a strong tendency to enlargement of the liver and spleen.

**Fourth.**—*Gastric Fever* (called also bilious fever.)—A continued fever attended by gastric and biliary derangement, with no eruption, and no tendency to relapses. Skin often more or less yellow.

**Fifth.**—*Simple Continued Fever* (also called simple typhus, and simple fever.)—A continued fever, without eruption, and without a tendency to relapse.

Sixth.—*Febricula*. A simple fever, without eruption, of from one to, at the most, three or four days' continuance.

Seventh.—*Infantile Fever* (also called infantile remittent fever.) Fevers occurring in childhood, characterized by daily exacerbations and remissions, with a tendency to diarrhoea. Cases of enteritis are often mistaken for this form.

Though these are the forms which prevail in this country, there is an eighth form, which is common on the continent of Europe, and which is the most fatal of all, usually cutting off 40 per cent. of those it attacks, and proving fatal on the third or fourth day of the attack. This is the epidemic brain fever or cerebro-spinal meningitis, so well known in Russia, Norway, Sweden, etc., and which constitutes no small portion of every epidemic of fever which attacks these countries. Occasional cases occur in this country; but we still want a good definition of the disease.—*Half-Yearly Abstract*.

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#### Treatment of Empyema in Children.

Dr. Thomas Hillier, F. R. C. P., Physician to the Hospital for Sick Children and to the Skin Department of University College Hospital, writes upon the subject of empyema in children to the *British Medical Journal* for August 3d, 1867, p. 80:

Pleurisy is a much commoner disease of children than would be supposed from reading the ordinary treatises on children's diseases. Its presence is often overlooked; the symptoms are referred to "infantile remittent," to "congestions of the brain," or to "disordered liver," and, if it become chronic, to phthisis or atrophy. Pain is either not complained of at all, or else it is referred to the abdomen, or shows itself in a general tenderness of the body; hence the chest is not examined. When a physical examination of the thorax is made, from the frequent absence of friction and the presence of bronchial breathing, with the difficulty of getting much information from the voice in young children, the case is often mistaken for inflammation of the lung or tubercular consolidation.

Idiopathic pleurisy is not at all rare in children; pleurisy, secondary to tubercle, to pneumonia, or to real disease, is equally

common, or even more so. Pleuritic effusion in children, even when idiopathic, has a great tendency to become purulent at a very early period. When pus exists in the pleura, as a general rule, the sooner recourse is had to paracentesis the better. Even when the effusion is not purulent, if the pleura is much distended, and dyspnoea is increasing, in spite of diuretics and counter-irritation, it is unadvisable to postpone the operation. If the empyema be of very long standing, and the dyspnoea be not great, and rather on the decrease, it is better to leave the case to nature; and the purulent collection will probably excite no irritation, and its fluid portion may be absorbed. In one case of this kind, in a boy five years old, where the disease was of three years' standing, I operated with the patient's chest under water. The lung, which had been long collapsed, was atrophied; a communication was established between the bronchi and the pleural cavity; this caused decomposition of the contents of the pleura, and the patient died in a fortnight of irritative fever.

Of seventeen cases of empyema of which I have notes, in six there were spontaneous openings or pointing of matter requiring operation; of these, five recovered with permanent fistula; the other died, after fourteen months, with necrosis of the sternum and amyloid degeneration of the viscera. In eleven cases, paracentesis was performed; of these, six recovered completely, one had a permanent fistula, and four died. Of the four fatal cases, one was a child only five months old, who died of collapse of the lung; one was twelve months old, and died of pneumonia; one was the child whose case I referred to just now; and another died of septicæmia, whose case will be reported presently.

I believe it is of great importance to prevent the entrance of air into the pleura. I once put the patient into a warm bath, and opened the chest under water. The result in this case has been above mentioned, but was not due to the mode of operation. In some cases I have evacuated the contents of the chest by means of a long, narrow, elastic tube, whose free end opened under water. Unless air is admitted, and if the lung does not expand very readily, the contents of the cavity are but partially evacuated. To promote more complete evacuation, the employment of an exhausting syringe, as recommended by Dr. Bowditch (*American Journal of Medical Science*, vol. xx, October, 1850, p. 325; and *Gairdner's Clinical Medicine*, pp. 380 and 718,) is of great service.

Of the last six cases in my wards at the Children's Hospital, in which this syringe has been used, five recovered, and only one died. This was a child, twelve months old, who died of pneumonia. He had been previously leeches on his head at a London Hospital, and, when admitted, was extremely anæmic and exhausted. These results are probably more favorable than one can usually expect to meet with. Of Bowditch's cases, in twenty-six the fluid was serous, and twenty-one recovered; in twenty-four it was purulent—of these, eight recovered, nine were relieved, and seven died.

Dr. Hillier then gives a detailed account of his successful cases and comes to the

*Conclusions.*—Paracentesis thoracis is not a dangerous operation in children; if performed early, the chances of a favorable result are very great. The cavity should be evacuated as completely as possible without the admission of air, and then closed. If the contents of the cavity become fetid, a counter-opening should be made, and a drainage-tube introduced, as recommended by Chassignac and Dr. Goodfellow. Injections of iodine tend to diminish fetor, but have no effect in promoting the closure of the cavity. Change of air, nutritious food and tonics, are the main agents in favoring recovery. Very great deformity of the chest from contraction after pleurisy in children may be completely removed if the lung have not been too long disabled by compression.—*Half-Yearly Compendium.*

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## Editorial Department.

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### Books Reviewed.

A Practical Treatise upon the Diseases of Women, by T. Galilard Thomas, M. D. Henry C. Lea: Philadelphia.

A great deal is being said and written upon the Diseases of Women; and physicians everywhere appear desirous of shedding new light upon this department of medical practice. We have examined this work by Dr. Thomas upon most of the points in controversy, and take this opportunity to announce that physicians will find everything scientific and useful in this department, described and represented far better than they can do it themselves, if they try, and perhaps until the art has made some more progress, had better not try to add to, or change the



text, as given us by this author. We do not mean to say that the subject is closed, but the discussion is as complete as present knowledge will permit. Dr. Thomas' ideas are doubtless as correct as any ones, and his manner of communicating them to others is admirable. Two hundred illustrations add very much to the value of the work, and leave, in this direction, nothing more to be desired.

The *Diseases of Women*, by T. Gaillard Thomas, M. D., is a book not only to be owned, but to be read and followed. Perhaps this is saying a little too much for a book—books are not to be followed with unreasoning adhearance; they are guides, which point us the right way, but every true physician seeks in some respects his own path; certainly in the diseases of women he must be allowed to take his own way. We regard the work as an embodiment of the present knowledge in this department, and as eminently deserving the confidence of the profession.

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**Atlas of Venereal Diseases.** By A. Cullerier, Surgeon to the Hospital Du Dieu, Member of the Surgical Society of Paris, etc. Translated from the French, with notes and additions, by Freeman J. Bumstead, M. D., Professor of Venereal Diseases in the College of Physicians and Surgeons, New York, etc. With one hundred and fifty beautifully colored figures on twenty-six plates. Part 1, 2. To be completed in five parts. Philadelphia: Henry C. Lea; 1868. Price, \$3.00 per Part.

We would direct the attention of our readers to Parts 1 and 2 of the "Atlas of Venereal Diseases," designing to present an extended review when the work shall have been completed. Judging from the parts already received, we predict that this work will be the most elaborate and practical treatise ever presented upon venereal diseases. Its author is favorably known as a specialist in this department, while the name of Dr. Bumstead, the translator and editor, enjoys the highest reputation as a careful observer and close student, both at home and abroad.

The introduction of the work is devoted to a discussion of how to study syphilis; its history, evidence, contagion, evolution, inheritance, pathological anatomy and treatment. Parts 1 and 2 discuss the subjects of *Blennorrhagia* and *Blennorrhœa*, as these diseases occur in the male and female, together with their various complications. The chromo-lithographic illustrations representing the parts as they appear in these diseases are accurate and true to nature, surpassing any similar representations we have yet seen in this department.

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**Signs and Diseases of Pregnancy.** By Thomas Hawkes Tanner, M. D., F. L. S. Philadelphia: Henry C. Lea.

This work is comprised in twelve chapters, upon the following subjects, making a volume of about five hundred pages: General observations on the state of Pregnancy; Signs and symptoms of Pregnancy; the Diseases which simulate Pregnancy; the Duration of Pregnancy; the premature expulsion of the fetus; the examination of substances expelled from the uterus, etc.; extra-uterine gestation; superfœtation—missed labor; the diseases which may coexist with pregnancy and reciprocal influence; the sympathetic disorders of pregnancy; the diseases of the urinary and generative organs; the displacements of the gravid uterus. Under these several heads the author has discussed with great minuteness and care all the numerous questions within the scope of the work, and it seems to us that nothing of any interest has been omitted; indeed, it is so com-

plete in this respect that in some cases even the most obviously absurd and inconsistent views are shown to be unfounded, as if physicians might yet believe and adopt them, unless again shown to be irrational. This work sustains the well-known reputation of the author, and contributes to his deserved popularity as an earnest thinker and clear and instructive writer. The illustrations are most excellent, and contribute greatly to the value of the work. Whoever desires to be in possession of all that can be said upon the general questions involved will not fail to possess this work, which is full, complete, and carefully prepared, well worthy attention from medical students and physicians.

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**A Manual of the Dissections of the Human Body.** By Luther Holden, F. R. C. S., Assistant Surgeon of and Lecturer on Anatomy at St. Bartholomew's Hospital, London, with notes and additions by Erskine Mason, M. D., Demonstrator of Anatomy at the College of Physicians and Surgeons and Surgeon to the Charity Hospital, New York; illustrated with numerous wood engravings. New York: Robert M. DeWitt, publisher, No. 13 Frankfort street.

The author claims but little originality in the preparation of this work, the material being almost entirely extracted from the standard works on anatomy, compiled and arranged to serve the student in the pursuit of his studies in practical anatomy, and also to refresh the memory of the surgeon in the surgical relation of parts. With this object in view the vessels, nerves, lymphatics, muscles, etc., are described as they present themselves in each region upon dissection, their surgical bearings especially pointed out, and wherever practicable and consistent with the character of the work, operations upon the cadaver described. The editor has made such additions relating to the anomalies of vessels and muscles, as in his opinion, the student should become acquainted with, also added the measurements and weights of organs. One hundred and thirty-four illustrations of unusual merit embellish the work, and greatly add to its value. Altogether the work of Dr. Holden is one of the best and most perfect anatomical guides we have yet seen, and its merits cannot be too highly commended; it is neither too concise nor too diffuse. The publisher has furnished the work in a highly creditable manner.

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### Books and Pamphlets Received.

**Therapeutics and Materia Medica.** A systematic Treatise on the Action and Uses of Medicinal Agents, including their Description and History. By Alfred Stillé, M. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania, etc., etc. Third Edition. Revised and Enlarged. In two volumes. Vols. 1 and 2. Philadelphia: Henry C. Lea; 1868. For sale by Theodore Butler.

**On the Diseases of the Skin; A System of Cutaneous Medicine.** By Erasmus Wilson, F. R. S. Seventh American, from the Sixth Revised English Edition. With twenty Plates and Engraving on Wood. Philadelphia: Henry C. Lea; 1868. For sale by Theodore Butler.

**The Indigestions; or Diseases of the Digestive Organs Functionally Treated.** By Thomas King Chambers, Honorary Physician to H. R. H., the Prince of Wales, etc., etc. Second American, from the Second and Revised English Edition. Philadelphia: Henry C. Lea; 1868. For sale by Theodore Butler.

- Materia Medica for the Use of Students.** By John B. Biddle, M. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, etc. Third Edition Enlarged, with Illustrations. Philadelphia: Lindsay & Blakiston; 1868. For sale by Theodore Butler.
- Atlas of Venereal Diseases.** By A. Cullerier, Surgeon to the Hospital Du Dieu, etc., etc. Translated from the French with Notes and Additions, by Freeman J. Bumstead, M. D., Professor of Venereal Diseases, in the College of Physicians and Surgeons, New York. With about one hundred and fifty beautifully colored figures, on twenty-six plates. Philadelphia: Henry C. Lea; 1868. Parts 2 and 3. For sale by Theodore Butler.
- The Neuroses of the Skin: Their Pathology and Treatment.** By Howard F. Damon, A. M., M. D. Philadelphia: J. B. Lippencott & Co.; 1868. For sale by Breed, Lent & Co.
- Odontalgia, commonly called Tooth-Ache. Its Causes, Prevention and Cure.** By Parsons Shaw. Philadelphia: J. B. Lippencott & Co.; 1868. For sale by Breed, Lent & Co.
- Cases of Ovariectomy, by Warren Green, M. D.**

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OVARIOTOMY.—Samuel Cole, M. D., writing from Heidelberg, March 4th, to the *Chicago Medical Journal*, reports in full, a case of ovariectomy, operation having been made in the hospital by Prof. Friederich of the University of Hiedelberg. The tumor removed was a unilocular cyst. Patient healthy and vigorous, not suffering much from the presence of the disease. Patient died at the end of the third week, the following being the anatomical diagnosis: "Peritonitis diffused, encapsuled collections of pus in the vesico and recto-vaginal culs-de-sac. (Douglas'), lobular accumulations in the left lung, fibrinous pneumonia in the right, acute intestinal catarrh and parenchymatous degeneration of the abdominal glands." On the ninth day the "clamp hanging by only a few necrotic shreds, was removed." Spencer Wells clamp was applied to the pedicle, the cyst amputated, and stump cauterized by *ferrum candens*. He says the operation was done in a "masterly manner." The *Chicago Journal* in its "News and Gossip" says: "Prof. Peaslee's last case of ovariectomy died on the fourth day, although apparently doing well until a few hours before death." Hamilton does not like ovariectomy; J. R. Wood, ditto. Too uncertain; it it a kind of surgery you can tell nothing about, etc., etc., as we extract from a private letter from New York. The letter from our Hiedelberg correspondent on this subject will attract attention. So far as present appearances go, the operation is speedily to become much less frequent, if not pass into disuetude."

The operation in Hiedelberg may have been done in a masterly manner, masterly stupid manner, it appears to us. Why leave on the clamp if the pedicle is cauterized? or, why cauterize the pedicle if clamp is to remain? The most "masterly" absurdity ever practiced in making the operation was applying clamp and leaving it outside the incision, dragging upon the pedicle. If in Hiedelberg they still operate in this manner, we think they better suppress their reports and operations. All operations in surgery are "too uncertain." Will they be abandoned? Will capital operations be abandoned because they are uncertain in results? Is it of any use to tell us that Hamilton and Wood do not like it? not in the least in the world; the impartial record of facts can alone establish or dissuade; ovariectomy does not rest its claims or merits upon being liked or disliked.

**HOMOEOPATHY "PUTTING ON AIRS."**—Dr. F. H. Krobs, of Boston, recently read a protest against a woman being admitted as member of the Massachusetts Homeopathic Medical Society, and quoted several texts of Scripture to show that woman was, by divine law, expected to occupy a subordinate place in human society—that she was not to teach or usurp authority, but to keep silence in the churches. He thought her deficient in talent for the abstract sciences, lacking originality and genius, and affirmed that women, when misplaced, became bold, arrogant, tyrannical and full of folly. The society voted thirty-one for, and thirty-three against, admission.

**CREW'S MUSTARD PLASTER.**—Improvements in the minor matters pertaining to the sick room are often practically the most important. There are few physicians who, on the simple application of a sinapism, have not met with vexatious delays and disappointment, owing to the inertness of the article used. The mustard of the shops is almost universally an adulteration, as well as the larger proportion of that sold at drug stores. A fair trial of Crew's Spread Mustard Plaster proves it to be perfectly reliable, and superior to either M. Riggollet's "Papier Sinapié" or "Cooper's Sinapié Tissue," which owe their virtue to Cayenne pepper. Crew's plasters are made from the best English mustard and warranted to retain their qualities for an indefinite period.

**AMERICAN JOURNAL OF OBSTETRICS.**—The first number of the American Journal of Obstetrics has been received. It is edited by E. Næggerath, M. D., and B. F. Dawson, M. D. It contains four original articles, editorial and miscellaneous articles, abstracts, etc. It is published by Moorhead, Bond & Co., New York. The first number leads us to predict a popular and valuable journal, though we cannot fully appreciate the occasion for a journal devoted wholly to obstetrics and the diseases of women and children; perhaps such division is desirable, but we have never yet seen how the various departments of medicine can be more profitably cultivated when separated from each other.

**Medical College in Detroit.**—The physicians connected with the Harper Hospital and the public-spirited and wealthy citizens of the city, are engaged in the establishment of the Detroit Medical College. The enterprize will doubtless prove a success, as those engaged in the effort are earnest and successful in their undertakings. Its professorship will, we learn, be filled for the most part by Detroit men. Dr. S. G. Armor, Dr. E. W. Jenks, Dr. T. A. McGraw, Dr. G. P. Andrews, Dr. D. O. Farrand and Dr. S. P. Duffield, are all spoken of in connection with certain departments of instruction. Other resident physicians will probably be invited to fill chairs in the college.

**OBITUARY.**—Died in Dunkirk, N. Y., May 8th, John C. Matteson, M. D., aged 38 years.

At a meeting of the Physicians of Dunkirk, appropriate resolutions were passed expressing their sense of loss and their sympathy for the family of the deceased.

*The Hahnemann Medical College* building in Chicago, has been seized by the officers of the United States government, it having been used as a cover to a *vinegar factory*, in which the shrewd detectives found a concealed still, with all its appurtenances. It is claimed, however, that the still was only in use for preparing "mother tinctures" and attenuations. There is much consternation in homoeopathic circles in the city over this *mesalliance* of vinegar, whisky, law and infinitesimals. The Faculty refuse to testify as *experts* in the litigation which is to follow unless allowed honorary fees.—*Chicago Medical Journal*,

BUFFALO  
*Medical and Surgical Journal.*

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Original Communications.

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

TUESDAY EVENING, May 5th, 1868.

The meeting was called to order by the President, Dr. J. R. Lothrop. Members present—Drs. Lothrop, Congar, Shaw, Smith, Abbott, Potter, Trowbridge, Wetmore, Samo and Johnson.

Report of the minutes of the last meeting accepted. After which Dr. J. R. Lothrop made the following remarks:

This occasion does not call for, nor does my inclination lead me to much speaking, at this time. Your time can be better employed and suggestions had better follow than precede service. Especially would they be inopportune now, when we hope soon to receive them more practical, fit, and wise from our retiring President. But I will say a few words, more to show that I do not slight the occasion, than from any feeling that they may profit you in any degree.

Entering upon the duties of the office to which you have chosen me, I desire to express my sincere thanks for this proof of your generosity and confidence. That you have deemed me fit for it ought to be enough to lead me to work to the extent of my ability to promote the great object for which this Association was formed. I hope I may be able to do this, but I am impressed with a becom-

ing distrust when I remember the highly useful and honorable history of this Association. Many things have been said here which have been widely read and much thought of. This Society has had a broad utterance, and may with just pride speak of its work and claim its share of honor. It is entitled to receive this in equal measure with any kindred association in the land, for none has been more earnest or progressive. But not alone for what it has done should we cherish it; nor yet because what is said here may be read by many and exert a wide influence. We should remember that the best thing it may give us, is self-improvement. We should prize it as a source of instruction to ourselves.

The prime object of our meetings here is to derive benefit and instruction from our related experience and the discussion and remarks which grow out of it. The discussions are not for the purpose of setting up or maintaining mere pride of opinion, but to elicit truth. And while for that object difference of opinion is more or less to be looked for, all opinions should meet with just consideration. Nothing is more difficult than rightly to interpret experience. It may convey to different minds equally candid, equally earnest to know what is actually true, lessons very unlike, if not indeed directly opposite. The fallacies of experience are familiar enough to all of us, and while we must not allow ourselves to be drawn into skepticism on the one hand, or exclusiveness on the other; nay, while we must not give these fallacies of experience too cordial reception, and thereby fall into the bad habit of looking at experience rather for its fallacies than its truths; we may and ought to question hasty conclusions and opinions, although they claim to be founded upon experience. Careful observation alone makes experience valuable, and its deductions sound, and consequently no contributions are more interesting or instructive than cases. Even the most common cases, well stated, are instructive always, and especially a well-arranged collection of such. Every member can give his share of these, the younger as well as the older, and there is no necessity for waiting for novelties or strange things, while the ordinary experience is always repeating itself and always teaching something new. Time, and better methods of study, are every day proving to us that what seems best known is yet capable of yielding to us new truths, and there are but few things of which it can be said they

are as well known as they can be. None are more ready to admit this than medical men, and hence the immense stimulus which directs all their studies. Every young man may feel that to be thoroughly progressive there is no need that he should travel into new regions, for by faithfully going over the old ground, he can add to our knowledge, and if he fails to make himself a discoverer, he can furnish those well-considered and conscientious labors from which discoveries arise.

It will not, I trust, be out of place to suggest a more frequent relation of well-observed cases, which will profit him who observes and relates, and him who hears. But there is no need that I should seem to urge you to that effort for mutual improvement—that effort of which you, the present members, and those now no longer associated with us, have given such conspicuous proof. Each should remember that, whatever his gifts or opportunities, he deserves well, yes the *best*, who is true to the best that there is in him. And, I may say, deserves better than he who is willing to give us less than the best of which he is capable.

Dr. M. G. Potter read the following paper, for which he received a vote of thanks:

Your attention is this evening invited to a brief review of the arguments already advanced, both for and against the theory which attributes to mercury the power of promoting the secretion of bile, and also to a new method of determining whether mercury possesses this power. Until within a few years no theory in medicine was more strongly corroborated by the concurrent belief, universal practice and experience of the medical world, than that mercury increases the biliary secretion. The general *malaise* and indefinite symptoms which were universally attributed to torpidity of the liver were relieved by it. Clay colored stools which were thought to denote absence of bile were rendered green or dark by the employment of mercury, and this green or dark color was attributed to the presence of bile. Indeed this change of color in the *faeces* was confidently relied upon by most practitioners, and it is still relied upon in the U. S. Dispensary, as a certain proof that mercury stimulates the liver and promotes the secretion of bile.

Another argument in support of this theory has been adduced from what is known of the action of mercury on the other glands

of the body. It is believed that mercury is not a component part of the body, and that nature therefore strives to get rid of it, and that it is accordingly eliminated from the system, passing out through the glands. Mercury is eliminated through the bowels. This is shown, not by internal administration, for all know that a portion only of certain of the mercurial preparations is absorbed, the remainder passing into the condition of feces. But when administered by inunction mercury has been detected in the alvine discharges. It probably gains entrance into the intestines through the liver in the bile, and through the pancreas in the pancreatic liquid. Certainly as it exists in the blood it is soluble in the bile and pancreatic liquid, and it has, I think, been detected in both these secretions. Mercury is also eliminated from the system through the kidneys. It can be found in the urine of persons taking it. Mercury likewise passes out of the body through the parotid glands in the saliva. It has been repeatedly detected in the saliva of persons while ptyalized; and the point worthy of special notice in this connection regarding the action of mercury on the parotid glands is, that coincident with the appearance of mercury in their secretions the quantity of saliva is perceptibly augmented. In its exit from the body through these glands mercury therefore excites them to increased secretion. As this effect is capable of ocular demonstration, none can be found to deny that it belongs especially to the drug under consideration.

But mercury quits the system through the kidneys and skin and pancreas, and their secretions are respectively increased by it. Mercury is therefore diuretic and diaphoretic, and by its action the pancreatic liquid is augmented. Few can be found to deny these effects of mercury. And it is claimed that mercury increases the flow of bile precisely as it increases the flow of saliva, and of urine, and of perspiration, and of pancreatic liquid. In other words that mercury is eliminated from the system through the liver in the bile, and the rule of other eliminatives is not departed from, the biliary secretion being augmented.

Opposed to this theory, however, is the belief at present entertained by many that mercury not only does not increase the biliary secretion, but that this secretion is, if anything, diminished by its employment. It is affirmed that the green color of calomel stools is due not to bile, but to the sub-sulphide of mercury, precisely as



the black color of stools following the administration of iron is due to the sub-sulphide of iron. It is likewise affirmed that the intestinal contents are not of this green or dark color before passing the ilio-cæcal valve; and hence that this color is so far independent of bile that it is acquired in the large intestine, especially the colon. And it is still further affirmed that the dark colored fæces in the colon yield upon analysis less bile than the lighter colored contents of the small intestine.

And furthermore, with a view to settling this question, experiments have been made upon dogs by five different and competent observers, these experiments consisting in the establishment of a biliary fistula, the closure of the common bile duct, and then determining the quantity of bile secreted without mercury, and comparing this with the quantity secreted under its influence; and these experiments indicate pretty clearly that mercury does not increase the amount either of fluid bile, or bile solids in the dog, after a biliary fistula has been established. But there is possibly a difference in the action of mercury on dogs and on men, and certainly these experiments cannot be said to prove that mercury does not increase the biliary secretion in men. And, it seems to us, that those who deny the cholagogue action of mercury have most signally failed in substantiating their denial, so far at least as that denial is based on their analysis of the fæces. For the position of those claiming the biliary secretion to be increased by mercury, is not in the least invalidated by a proof that the dark colored fæces in the colon contain less bile than the lighter colored contents of the small intestine. Nor is this position shaken by a proof that the green color of calomel stools following clay colored stools does not depend upon bile. Nor is the position made untenable even by a proof that bile is absent from the fæces after calomel has been administered. These statements, if true, (and I have no doubt they are,) simply prove that the old argument, from change of color in the fæces to prove the cholagogue action of mercury, is invalid. But a conclusion is not always false because one or both the premises which have been associated to sustain it are proved false. It may be intrinsically true, and still the argument advanced to prove it may be most unfortunate. And this, it seems to me, may be the case with the premises from which the proof of the cholagogue action of mercury has hitherto

been drawn. They may be false, but to prove the action itself false requires additional investigation. And why do these statements not disprove the cholagogue action of mercury? Those who claim this for them have, it seems to us, taken too superficial a view of this matter. For what becomes of the bile in health after it passes into the intestines? Were it simply excrementitious, were it secreted, simply to be eliminated from the system unchanged with the fæces, these statements would be conclusive proof that mercury does not increase the biliary secretion.—Unfortunately for the objectors, however, this is not the truth with reference to the behavior of bile. For, says Dalton, p. 192, “The results thus obtained (from experiments which he had performed to determine what becomes of the bile) show that under ordinary circumstances the bile, which is quite abundant in the duodenum and upper part of the small intestine diminishes in quantity from above downward, and is *not to be found* in the large intestine. The entire quantity of intestinal contents also diminishes and their consistency increases, and at the same time their color changes from a light yellow to a dark bronze or blackish green, which color is always strongly pronounced in the last quarter of the small intestine.” The conclusion further on is reached that the “biliary matters disappear in their passage through the intestine.” And these views are confirmed by the researches of Prof. A. Flint, jr., vol. 1, p. 34, “In our examination of human fæces we have failed by Pettenkoffer’s test to detect the slightest trace of the biliary salts.” And Wehsarg has shown that the color of the fæces varies with the diet; a mixed diet producing a yellowish brown color; a milk diet, a more decided yellow, while an exclusively flesh diet gives color much darker than either. Therefore examinations of the fæces for bile are not to be relied on to determine whether the secretion of the liver is diminished, for if bile cannot be detected in the fæces when its amount is normal, it is most improbable that it can be detected when its amount is less than normal. Nor can these examinations be relied on to determine whether the biliary secretion is increased; for if increased, we have no reason to believe that the excess would not do as the normal amount does, namely: “*disappear* in its passage through the intestines.” In other words, there is no reason to believe that this excess would appear in the fæces. But suppose that this excess does appear in the fæces and is recognized by Pettenkoffer’s

test, what would be the logical deduction from this state of things? If that there was an excess of secretion the fact would tend at least to prove the cholagogue action of mercury. But clearly, this conclusion does not necessarily follow, for the presence of bile in the fæces could result from such a derangement of the intestines as would prevent the natural process by which the bile disappears in its passage through them.

This problem is, therefore, most difficult of solution, for its solution cannot depend on the result of fæcal analysis for bile, nor can it be aided by those results; nor can mere inspection of the fæces throw any light on this matter, for there is certainly as much reason to believe that the green color of calomel stools is independent of bile as to believe that this color is caused by bile. We must therefore seek our answer to this question in a different way. And it seems to me that it is possible to determine accurately whether the biliary secretion is increased by mercury. You are aware that there is in the bile an excrementitious principle, cholesterine, and that this substance, either naturally or by processes employed for its extraction, is converted into stercorine, being found as such in the fæces. Now there is a definite relation between the amount of stercorine discharged and the amount of bile secreted. If, therefore, we determine the amount of stercorine discharged before the administration of mercury, and compare this with the amount discharged after mercury has been given, we can determine the effect of mercury on the biliary secretion, so far at least, as increase or diminution is concerned. I am not aware that examinations of the fæces for stercorine have been made with a view of determining whether the flow of bile is promoted by mercury. But if the physiologists have taught us correctly concerning this substance these examinations can scarcely do less than settle the question.

DR. LOTHROP said that he had listened to the paper with much interest. It seemed very clear that the color of the discharges from the intestines could not be relied upon to prove an excess or deficiency in the amount of bile secreted. He had touched upon this matter in a paper read before the Society some time since, but he was pleased with the fuller and clearer statement of it in the paper just read. Moreover it did not appear that the quantity of stercorine, which escaped from the body, gave any absolute measure of the quantity of bile. Stercorine is the representative

of the excrementitious portion of the bile alone. The bile is a double fluid, a secretion and an excretion, and there is no reason to believe that the two elements exist in a definite proportion. There might be an excess of one or the other, at any rate the proportion may be, and probably is variable, hence the amount of one for a given time would not enable us to estimate certainly the amount of the other.

DR. CONGAR said he had long been convinced that mercury stimulated the flow of the bile. It occurs to me that the test mentioned by Dr. Potter would apply to all the cholagogue medicines.

DR. TROWBRIDGE said that he was educated to believe that a certain change in the condition of the stools was positive evidence of the action of mercury. In cases of cholera my father and most, if not all, the physicians of his day, considered calomel and opium the sheet-anchor, and looked for a change in the color of the stools as an indication of action of mercury on the liver and the safety of their patients.

DR. LOTHROP said that the change in the appearance of the discharges in cholera was undoubtedly a favorable symptom. It was not, however, to be taken as an indication that the calomel had acted favorably. There was no good reason for believing that calomel had any agency in causing it. The re-appearance of the other excretions was equally favorable. Of the fact there could be no doubt, but he could not admit that it had any clear connection with the calomel made use of.

DR. CONGAR remarked that the experiments of Dr. Little of London, proved that the injection of salines into the veins caused a similar change in the stools to that caused by the administration of mercury.

DR. TROWBRIDGE replied that, the statement of Dr. Congar is not proof that mercury may not change the character of fecal matter. I must continue to believe that mercury has its action upon the liver, stimulating it to increased action, one of the results of which is a change in the fecal matter.

DR. SMITH said he had been interested in the paper read. The author has mentioned a good method for detecting bile in the feces. I have always found a change in the fecal matter in diarrhoea, cholera infantum, etc., a favorable symptom. Have

often remarked the change after giving calomel. Believe it will be found that calomel has a decided action upon the liver.

DR. JOHNSON reported the following case: Was called last week to attend a man about forty-five years of age, whom I found in a nearly insensible condition, could articulate but one or two words; pulse quite rapid and feeble; the skin and conjunctiva were very much jaundiced. He had considerable cough, and on examination found pneumonia of the left lung. His condition was such as to convince me that he could live but a few hours at most. Ordered stimulants to be given freely, which, however, had but little effect upon him. He died eight hours after my first visit.

*Post-mortem* examination showed a pneumonial condition of nearly the whole of the left lung and considerable adhesion of the left pleura. The liver was enlarged to about once and a half its normal size, and presented all the usual appearances of cirrhosis, except the external lobulated or hobnail appearance. On making incisions into it the tissue was found firm and hard, and thickly studded with lobules of yellow cheesy matter. The spleen, which I here present for your inspection, weighs twenty-six ounces, and is therefore nearly four times the normal size of this organ. On bi-secting we find the cut surface thickly studded with the yellow cheesy matter like that found in the liver; the lobules being rather more prominent than they were in the liver. We have comparatively often seen cirrhosis confined to the liver, but have never seen it involve both the liver and spleen to this extent. The man was an entire stranger in this city, and being unable to converse, his former history could not be obtained. All the indications in the case warrant the belief that he was an intemperate man, and that the disease of the liver and spleen was caused by an intemperate use of alcoholic stimulus.

DR. LOTHROP thought that the enlargement was due to the deposition of an anomalous fibrous substance in the tissues. He supposed the liver was affected in a corresponding manner, and that had life been prolonged gradual diminution in size would have occurred, while the induration would have become greater. In other words, it was the enlargement which often, if not always, takes place in that disease known as granular liver. The increase in size in the spleen he supposed had no necessary connection

with that of the liver; though, occurring together, they probably arose from the same cause.

No special disease was reported as prevailing.

T. M. JOHNSON, Sec'y.

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ART. II.—*Uterine Displacements and their Surgical Treatment.*  
BY C. C. F. GAY, M. D., *Buffalo, N. Y.*

In an article published in the March number of the Journal for 1868, we briefly called attention to the subject of displacements or misplacements of the uterus, venturing therein the opinion that the time was not far distant when dislocations of this organ would most certainly become amenable to surgical treatment or operation, and that the temporizing methods of treatment hitherto employed would give way to the more efficient and radical means afforded by operative interference, and therein cited an instance whereby one of the displacements, viz: procidentia uteri, the treatment of which had heretofore been palliative only, had within a very brief period, by the distinguished labors of Sims and Emmet, become amenable to radical cure by operation.

After briefly alluding in that article to uterine displacements, we promised to resume the subject and speak more fully of them in a future article.

Uterine displacements, then, or to use a term which I like full as well or better, uterine dislocations, the means of diagnosis, and a hint merely at their radical cure by surgical operation, will be the subject of the present paper. The uterus entire may be dislocated in any direction, upwards or downwards, laterally, anteriorly and posteriorly. Three of these dislocations only, for obvious reasons, will demand our present attention, and one of these three misplacements, viz: procidentia uteri, will require only a passing notice until we come to the subject of treatment, for the reason that no new light can be shed upon the subject matter since the cure of this mal-position of the uterus has been so recently brought to perfection by the genius of Dr. Thomas Addis Emmet of the Woman's Hospital, New York.

We are left, then, to treat only of the two remaining essential mal-positions which constitute anti and retro-versions and anti and retro-flexions. Now what do we understand by uterine ver-

sion? Meigs, writing so far back as 1851, says that retroversion exists when the womb has fallen over backwards, that when the womb tips over in an opposite direction it is antiverted; the former he believes constitutes seventy-five per centum of uterine deviations, and that the retroversion is caused by a distended bladder, and the stretching of the ligamenta rotunda that the fault is in the ligaments and not in the womb. He does not so easily account for the cause of anti-version, but believes this uterine deviation scarcely ever occurs, but when it does occur, is caused not by the *stretching* of the round ligaments as in retroversion, but by their *contraction*. The distended bladder cannot, of course, be brought into requisition as an aid in his explanation of causes.

The definition and causes of version given by this distinguished author are not here produced because they are the best, but for the purpose of contrast between the knowledge of the profession of seventeen years ago and the knowledge possessed by the profession of the present day in relation to the pathology of uterine deviations. The definition is sufficiently correct, but the causes alleged, viz: expansion in the one case and of contraction in the other of the ligamenta rotunda, will not be considered satisfactory to the profession of the present day.

Sims, in his work on uterine surgery, describes anti-version to be that displacement of the womb which is found when the fundus lies just behind the symphysis pubes and when the os is far back towards the hollow of the sacrum. The uterus is retroverted when the fundus falls backward under the promontory of the sacrum, or whenever it passes an angle of forty-five degrees in that direction from its normal position. There are, he says, different degrees of this version.

Anti-version, says Sims, is dependent on a variety of causes, the chief are the shortening of the utero-sacral ligaments and the presence of a fibroid, a small tumor of the body of the uterus posteriorly will produce retroversion, while the same sized tumor of the cervix posteriorly will produce anti-version, and *vice versa*. Granular engorgement of the anterior or posterior lip accompanied by a corresponding engorgement or hypertrophy of the walls of the uterus are included among the causes of these deviations.

Again, sometimes the uterus bends upon its own axis in consequence of an abnormal elongation either of the supra or infra-

vaginal portion of the organ. Sometimes the uterus is undeveloped, entirely too small, and it is not uncommon to find it overdeveloped, with the supra-vaginal portion of the cervix long and slender, and when this is the case the fundus must of necessity fall one way or another, producing anti-version or flexion. The diagnosis of these versions is made easy, and the means of diagnosis are well understood, therefore we need not dwell upon them here.

We desire to call attention to the views of one other authority as corroborative evidence of the rapid change taking place among specialists in uterine diseases and deviations, and also for the purpose of comparison with the views entertained by those who cultivated this special department of female maladies but a few years since.

Dr. Pallen of St. Louis, may be regarded authority, as he is the author of the Prize Essay upon Uterine Abnormalities, published in the Transactions of the American Medical Association. As the views enunciated in our former article on "uterine surgery," published in the March number of the Journal for 1868, are in some respects quite similar to those published by Dr. Pallen in his Essay, it would be considered a somewhat suspicious coincidence did we not state that our paper was written two months and published one month before the Prize Essay fell under our observation.

Dr. Pallen, if he does not state it in so many words, at least intimates his belief that versions singly, alone, and uncomplicated with flexion, never exist as a general rule, but if they do happen, they stand as exceptions to the rule, and that the uterine deviations met with are those of flexions and not of versions. I quote him; he says: "Version without flexion in a greater or less degree is rarely met with, in fact such a condition has never existed *absolutely* in any case I have seen, unless it were due to the presence of a fibroid either in or on the body of the uterus, and which caused the misplacement by mere force of gravity."

Whether these views ought to be accepted by the profession as well-founded or not we do not undertake to say, but we do think that there are good and sufficient reasons for the belief that the progress of our knowledge upon the pathology of uterine deviations will soon bring us up to, and in harmony with these views,



but that any advance in our knowledge of these uterine deviations will compel us to strike from the present vocabulary the term version, we cannot at present believe; at all events we must accept the fact that the profession is at present in a transition state upon the subject of the so-called versions. It is very true that one cannot readily conceive how version may exist without some degree of flexion, but we have greatly erred if we have not correctly diagnosed version uncomplicated with flexion, and doubtless we have sometimes erred by calling version what should have been named flexion. The position of the os in versions ought to enable any one to decide and diagnose correctly without the uterine sound even. The touch is sufficient to ascertain what direction the os takes, and knowing the direction which the os takes, cannot fail to know the direction of the fundus. We have examined women said to have had uterine version, and have concluded the examination with the positive knowledge that a flexion existed.

I am therefore inclined to believe with Dr. Pallen, that in the future we shall perhaps hear less of versions and more of flexions; indeed recent writers upon uterine abnormalities say but little comparatively about versions, while great emphasis is placed upon uterine flexions, and it is for this mal-position of the uterus that most, if not all, operations are made at this time. And this leads us to define uterine flexions, and to state concisely what we understand by the terms anti and retro-flexions.

The best and most recent writers differ somewhat, but not essentially in defining these deviations. Pallen says anti-flexion exists when the body of the uterus is bent forward upon the neck of the uterus, the latter remaining in its normal position, or when the neck is bent forward upon the body of the uterus, the latter remaining in its normal position, or when both body and neck are bent forward; it follows therefore that, when the bending of either body or neck, or both together, is backwards, we have what constitutes retroflexion. The definition here given may not be the most acceptable, but it seems to me as good as any, and shall therefore adopt it as our own.

We think now that we have sufficiently defined the misplacements of the uterus, and made clear the views of some of the most recent writers upon the subject matter to enable any one to have intelligent views in regard to the present state of our knowledge bearing upon the subject of uterine dislocations. We shall, there-

fore, advance to the subject of diagnosis and causation, and upon this portion of our subject need not occupy much time, for there is little to be said upon the subject of diagnosis of uterine displacements, but the little that need be said is all-sufficient, and may be included under the two heads of the manner and means of diagnosis; of the first, the patient should be placed upon a suitable table or chair, and be instructed to take the left lateral semi-prone position recommended by Sims, and next by means of the Sims' speculum with an assistant, or Emmet's speculum without an assistant, the silver uterine probe and tenaculum, the parts to be examined are readily brought into view and diagnosis accurately made beyond a shadow of doubt or difficulty by bi-manual palpation and the introduction of the sound.

Different views have been advanced by members of the profession touching the causes of anti-flexion and retroflexion. Emmet believes atrophy and fatty degeneration at the seat of flexure to be among the chief causes. Sims, that the flexure is dependent upon many causes, some of which are given under the head of anti-version, and therefore will not be repeated in this place. Other authors, according as they have had different facilities for observations assign different causes, but all agree in locating the primary cause at or upon or within the neck of the uterus. Whatever the primary cause may be which produces the flexure, it is quite easy to comprehend the fact that if a flexure have existed for some considerable time, that the portion of the neck looking toward the flexure must become atrophied, absorbed and its tonicity impaired, while the muscular fibres, of that portion of the neck looking away from the flexure, or in other words the convexity of the flexure, having maintained for some considerable time a partially tense condition, lose at length their contractile power. In a word, the equilibrium existing in a normal state, between the muscular force of either side the neck being destroyed, by whatever cause, cannot now be regained or restored by any inherent power the unimpregnated uterus or the muscular tissue thereof may possess, hence the surgeon's art is evoked to do one of two things—to straighten the cervical canal, an operation which is at present often made with success for the purpose of relieving dismenorrhœa and the sterile condition, still permitting the uterus to remain flexed, or the surgeon's art must be evoked to devise and perform an operation which shall be sufficient to accom-

plish more than the mere straightening of the canal, but which shall be sufficient to restore the organ to its normal position and its normal relation to other viscera contained within the female pelvis.

Flexures, simply of themselves, I am not aware, are a cause of physical disability when the climacteric period is once passed, and I am quite sure that in many instances flexions may exist for considerable length of time without inconvenience or impairment of health before this period arrives, but in many women flexure is a prolific source of evil of both physical and mental, of local and constitutional derangement. It is believed by some author—I cannot just now say whom, but I think Dr. Emmet—that anti-flexions and retroflexions are a cause of phthisis pulmonalis.—Flexions in the main impair the powers of digestion, and during the menstrual excitement, caused by the attendant pain, nervous prostration, and in this way in due process of time may lay the foundation for and lead to the development of tuberculosis, especially should there be any constitutional tendency to such development.

The two misplacements of the uterus known by the names procidentia and flexure, demand our consideration, only, when we come to speak of treatment, especially surgical treatment, for these two deviations have latterly occupied the profession more, and greater progress has been made in the knowledge of the pathology and treatment of these abnormalities than in any and all other deviations to which the uterus is liable. The treatment of procidentia uteri is palliative and radical. The first, as all know, consists in reducing, so to speak, the dislocation of the womb, and when reduced to maintain it in its normal position by the use of a pessary. The use of astringent washes is recommended, for astringents tend to diminish the vaginal calibre and to prevent the inversion of the vagina. More or less vaginal inversion takes place whenever the os protrudes beyond the vulva into the external world.

For the purpose of retaining the os in its normal position within the vaginal canal, a pessary made of gutta-percha tubing from one-quarter to one-half inch in diameter is as good as any. When bent in the form of a ring the ends of the gutta-percha may be secured by means of cork. A pessary thus made will possess

the merits of cheapness, if no other, but thanks to the distinguished services of Dr. Thomas Addis Emmet, women are not now obliged to carry through life a pessary within the vagina. The operation which he devised, and has so many times successfully performed, is so simple in itself, so painless in its performance, and attended with so little danger, that we marvel that any one, unless ignorant of the benefits to be derived from the operation, would hesitate for one moment to submit to the radical cure.

As, perchance, some of our readers may not know the character of the operation, we will state in general terms and in the use of the fewest possible words of what it consists, without describing the operation in detail. The woman is placed upon the table in the left lateral semi-prone position of Sims, the tips of the fingers of both hands are placed against the protruding os, and as the os is crowded upward within the vagina, folds of mucous membrane will enclose it and help keep it in situ when restored to its proper position. Emmet then produces anti-flexion of the womb by means of bi-manual palpation. For this step in the process of the operation Emmet claims originality, and also claims that the anti-flexion facilitates the operation greatly. Then, with the curved scissors the mucous membrane, nearly one-half inch in width, is denuded, beginning at a point near the meatus urinarius, and running up to either side the os by two divergent lines, the termini of the two divergent denuded surfaces may now be two or even three inches apart, and are connected, by denuding the mucous membrane transversely just below the os, and when complete will leave a triangular space untouched by the scissors; the opposing raw surfaces are brought together by fifteen or more silver sutures secured by twisting over the wire-holder, when the operation is completed without the use of chloroform or pain. When the parts have healed the os will have good firm support by partially resting upon a floor of mucous membrane and by reason of the diminished calibre of the vaginal canal.

This operation, which is of recent date, is one of the most important and successful of any in the annals of modern surgery. We wish we could say as much for operative interference in flexions. The treatment of flexion is at present only palliative; we wish we could say it was radical and curative. The time is not far distant, we apprehend, when we may be able to set up clamps

for the radical treatment of flexions, treatment we mean by operation; this certainly is not too much to expect or to say when we call to mind the present increased facilities and resources of the profession, and the greater activity of original and independent thinkers at present, prosecuting studies in the science of gynaecology.

It would necessitate the writing of a hundred pages or more, instead of a single page, should we attempt to give the present state of our knowledge of all the various means which have been and are now used, or to indicate our own views upon the subject matter of the palliative treatment of flexions. We should not know where to begin or where to leave off; to properly write up the medical literature of this branch of our subject would require of us to describe pessaries of divers forms and patterns, and to accompany our description with diagrams until a book might be filled from preface to fly-leaf with them, and this done no good would accrue to any one from the task.

Operations upon the uterus, or, to be more specific, operations upon the os or cervix for the mal-position called flexion, are at present limited in their use to straighten the canal for the purpose of preventing dismenorrhœa and relieving the sterile condition, but I do not understand that this operation relieves the flexure proper, for that remains, though the cervical canal be made straight. I am not unconscious, however, that the operation is called an operation for the rectification of flexure. We want an operation which shall supercede the necessity of the performance of an operation for the mere and sole purpose of rendering the cervical canal straight, and we believe as we before indicated, that such operation is almost within the grasp of the profession. We have recently made some experiments with this object in view, but have been too limited in our opportunities to accomplish any thing tangible or worthy of record. We are at present treating a retroflected womb, and can easily replace the fundus in its normal position with the delicate silver probe or Sims' sound, but the moment the sound is withdrawn over goes the uterus again; if now we seize with the tenaculum the anterior lip and make slight traction, and then reposit the womb with the sound we are able to hold the womb in position with our tenaculum. It does not require much acumen to see that if the womb could thus be long

enough supported to enable the muscles, so long tense and stretched upon the cervix anteriorly, and the muscles which have become atrophied upon the cervix posteriorly, to regain their tonicity, strength and contractile power, that if the equilibrium of the muscular power anteriorly and posteriorly, which has been long lost, could now be regained, that the womb would as certainly remain in its normal position as that it ever occupied such position.

The question arising, then, in the mind of any original thinker would be this: might it not be possible by denuding the cervix near its junction with the vagina, or infra-vaginal portion of the cervix of sufficient amount of mucous membrane to enable us to obtain the requisite amount of traction for holding the uterus in place? In retroflexion denude upon the cervix anteriorly, and *vice versa*; double the tissue upon itself and secure the parts in apposition by silver suture, and possibly the cicatricial contraction would be sufficient, after the womb has been repositied by the probe, to hold it in situ. An operation of this character would have the merit of simplicity, if nothing more, but need not be ignored on that account, for if an operation is ever to be devised for the restoration of a flexed uterus, it must of necessity be a simple one.

In speaking of this operation we do not know that we have been clear in trying to convey to others our ideas; probably we may have succeeded in making ourselves well *misunderstood*. We are constantly embarrassed with the thought that we are making our paper too prolix, and are ever striving to be brief. Thus have we striven to the best of our ability to fulfill our promise made in the article upon "uterine surgery."

We hope it may not be considered an indelicacy in us to state in this connection that since our former paper was published, we have been gratified to know that the views therein enunciated have received the sanction of such authority as Emmet, and Bozman and Pallen. We never claim perfection for any paper emanating from our pen, but if anything were wanting to add to the sanction of the authority of such names as are above mentioned, to show that the paper alluded to possessed some degree of merit, it could be found in the fact that the paper covering eight pages of the Journal had called forth a so-called review, covering nearly *seven*

pages of the Journal—space sufficient, one would think, for the review of a goodly sized book. We must, therefore, accept as a high compliment, the generous attentions paid us, and tender sincerest thanks to our reviewers, individually and collectively, in the abstract and concrete.

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ART. III.—*Complete Exsection of the Median Nerve, with restored sensibility—Exsection of the Musculo-Spiral Nerve with loss of both sensation and motion—Division of the Ulnar Nerve; sensation and motion regained.* BY J. F. MINER, M. D.

Some of our readers may have noticed in the *London Lancet* of last November, report of a case in the wards of Prof. Richet at *La Pitie*, of complete division of the median nerve, with preservation of sensibility, a case which is said to be exciting much interest and giving rise to considerable speculation on account of the numerous physiological problems that it involves. This case is now going the rounds of the various medical journals in this and other countries, and on this account I am led to report two or three cases of division and exsection of this nerve, and other large nervous trunks which have come under my care within the last year, believing them similar in some respects, and equally interesting in a physiological point of view.

The history of the case, as it is re-published in the *New York Medical Journal*, is briefly as follows: On the 23d of October, the patient, a female, aged 24, fell heavily on some sheets of copper, and was severely wounded at the wrist. She was taken to the *Hôtel Dieu*, where the radial artery was tied by the house surgeon. Twenty-four hours after M. Richet examined the wound. It measured six centimetres across the wrist, and was situated about six centimetres above the radio-carpal articulation. The superficial muscles were found divided. The radial artery was completely cut through, *as was also the median nerve*, and the flexor profundus itself bore marks of injury, yet sensibility of the lower end of the nerve was unimpaired. The patient screamed with pain as M. Richet excised a minute portion of it for microscopical examination. All the parts to which the median nerve is distributed retained their sensibility.

The following cases have come under my care, and two of them have been previously referred to by my friend and assistant, Dr.

C. F. A. Nichell, in the Buffalo Medical Association. The important questions involved had not so much attracted my attention until I observed how much speculation had been caused in Europe by the case in the wards at *La Pitié*, under Prof. Richet.

The first case which I desire to mention in this connection is Mr. W. C., who received accidentally a gun-shot wound in October, 1867, the ball passing directly through the median nerve about two inches above the condyles of the humerus. The wound healed, but the fingers became flexed, and five months after injury, false ankylosis had formed. The pain from receipt of injury was most intense and indescribable. At the end of the twenty-second week, when seen by me, the pain had become unendurable that the poor man was begging to be shot, or in some way killed, in order to put an end to his sufferings; indeed he had made several efforts to help himself out of the world. The excruciating pain together with the large quantities of opium taken to relieve it, impaired digestion, producing great emaciation. An incision was made upon the inner margin of the biceps muscle, four or five inches in length, exposing the median nerve in its course over the brachial artery; the nerve was found closely involved in the cicatrix of the wound, and was with some difficulty dissected out; the surrounding tissues carefully separated and three inches of the nerve removed. The wound united rapidly, pain ceased immediately, and artificial motion was employed to restore the mobility of the joints of the hand and fingers which now are nearly as perfect as ever. Sensation has at no time been absent; there was at first some diminution of sensibility along the anterior portion of fore-arm and hand, but never complained of except in reply to careful questioning. Sensation and motion are now perfect.

It appears that some physiologists in Europe have suggested possible mistake, that the whole nerve might not have been divided in the case in *La Pitié*. In this case there can be no doubt. The specimen, now preserved, shows beyond all question that three inches of the median nerve has been removed. The question of union in nerve filaments when simply divided is also excluded, and the only alternative is this: the median nerve does not so exclusively supply any of the integument or muscles as that when excised, either sensation or motion is wholly destroyed.

*Resection of the Musculo-Spiral Nerve.*—The second case proposed



is that of Mr. M., who presented himself for removal of a tumor occupying the lower portion of the arm. The growth presented the general appearance of an encysted tumor, movable, elastic to the touch, and well defined. Its history extended over a period of five years, growing slowly, and at no time interfering with the functions of the arm, or causing any very great inconvenience until within the last two months, when it rapidly increased in size and became exceedingly tender on pressure, and finally too painful for endurance. An incision of three inches in extent over the tumor, and careful displacement of the tissues, revealed a cystic growth developed in and embraced or surrounded by the nerve fibres. Finding it impossible to separate the tumor from the nerve, the nerve was divided both above and below the tumor, when it was easily separated from the tissues and removed. The extensor muscles of the hand and fingers were paralyzed, and numbness was felt over the whole back portion of the fore-arm and hand. Exsection of the musculo-spiral nerve, one of the largest nerve trunks in the arm, had been made, and was followed by loss of motion and in great degree of sensation in all the parts it supplies.

*Division of the Ulnar Nerve.*—Mr. M. N., in March, 1868, fell upon some glass-ware and divided all the flexor tendons of the middle, ring, and little finger, the ulnar artery and nerve. The artery was ligated on both sides of the division; the wound approximated with sutures and united rapidly. The tendons were involved in the cicatrix and did not allow motion in the tendons except so far as permitted by the movement up and down of the whole cicatrix. Sensation was nearly lost immediately after receipt of injury, but has been perfectly regained, showing union of the nerve.

It would appear from these facts that the *median nerve* does not exclusively supply any portion of the hand or arm so exclusively as to make its removal inconsistent with almost perfect sensation and motion. In the above instance it was followed by impaired but not destroyed sensation, while motion remained normal. The *musculo-spiral nerve* was exsected, followed by greatly impaired sensation and loss of motion in the parts supplied. Division of the ulnar nerve impaired sensation, almost destroyed it, but that motion is lost is not shown, since the tendons were involved in the cicatrix and flexion of the fingers would not have remained even if the nerve had not have been divided.

It is no part of the intention in reporting the above cases to draw any conclusions as to the functions of nerves, their re-union after division, or the capacity of nature to afford nervous supply from neighboring trunks when the original one has been in any way interrupted or destroyed; to relate the main facts, as briefly and accurately as possible, comprises the whole purpose. The practical and physiological questions which may be involved will be left for others, or for future consideration.

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## Miscellaneous.

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### Value of Arsenic in the Treatment of Pulmonary Phthisis.

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In a memoir read before the Academy of Medicine, by Dr. M. Martin, upon the "Value of Arsenic in the Treatment of Pulmonary Phthisis," he arrives at the following conclusions:

1. Arsenical medication has an effect very marked upon phthisis pulmonalis.
2. Its efficacy is more manifest where the progress of the disease is slow and sluggish than in phthisis accompanied by fever.
3. Phthisis, rapid in its march, or acute in manifestation, is not at all modified by arsenic.
4. In a large number of cases, even advanced into the state of hectic fever, the general condition of the subjects may be favorably modified for quite a lengthy period.
5. The modifications of local lesions are only produced very slowly.
6. A number of recoveries should be attributed to arsenical medication, which would have accomplished more if those patients, who fancying themselves well, had not desisted in the medication.
7. In order to be efficacious, the treatment should be continued for a long time.
8. The arsenic should be administered in fractionally small doses.
9. The daily doses should not exceed two centigrammes, (equivalent to two-tenths gr. apothecarie's.) [M. Moutard Martin employs arsenious acid in granules of one millegramme each.—

Commencing with one or two millegrammes he gradually increases the dose by granule, according to the tolerance of the individual.]

10. Arsenic is better borne by those in whom the disease has made but little progress than by those far advanced in consumption.

11. When the doses can be augmented from 15 millegrammes to 2 centigrammes, the tolerance may be, so to speak, unlimited.

12. The arsenical medication is primarily restorative in its action and secondarily modifies the pulmonary lesion. However, certain facts show that arsenic exercises a direct power over the respiratory function, and acts, doubtlessly, upon the pulmonary tissue itself and upon the tubercule.—*Le Mouvement Medicale*, 1868.

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### Alimentation in Disease.

The *Lancet* thus speaks of Dr. Flint's article on "Alimentation in Disease," in the February number of this Journal:

"Among American physicians there are few who speak with more authority than Dr. Austin Flint. The February number of the *New York Medical Journal* contains an admirable paper by him on the subject of 'Alimentation in Disease,' read at a recent meeting of the Medical Society of the county of New York. We regret that we can only give an idea of the drift of this paper. Beginning with a eulogium on Chomel's definition of the art and practice of medicine as the application of good sense to the treatment of diseases, he proceeds to a personal vindication of that excellent, if not 'common' quality, and thereafter to his subject. It is painful to think how many errors scientific men would have been kept from if they had given a little more play to their own good sense. On the subject of alimentation Dr. Flint is in practical accord with those physicians who have lately insisted on the importance of nourishment in the treatment of disease. After briefly summarising the natural history of starvation, he goes on to show that the phenomena of starvation are not confined to cases in which there is a complete deprivation of aliment—in other words, that there are all degrees of innutrition—that degrees of it may be produced in diseased persons as well as in healthy ones, 'that starvation is sure to occur in cases of disease in a degree proportionate to the lack of material for nutrition in the blood,' with the same effects and phenomena which attend

starvation in persons in previous health. Further, Dr. Flint shows that this starvation may supercede the disease, and kill the patient when the disease itself would not do so, or kill him sooner than if the effects of starvation had not been added to those of disease. Dr. Flint treats of the question of limitations of nourishment. He believes that, excepting perhaps in the early stage of acute disease, there is never any risk of hyper-nutrition, and thinks it 'always desirable to supply aliment to the fullest extent of the capacity of the organism for appropriation.' In both acute and chronic disease he recognizes the importance of nourishment. 'In acute diseases the failure of the vital powers is forestalled in proportion as nutritive supplies are assimilated.' In chronic diseases, 'no matter what may be the seat or nature of the chronic affection, a diet fully up to the capacity of the organism for nutrition promotes recovery, if recovery be possible; and if recovery be not possible, by increasing the ability of the system to endure the affection, contributes to prolong life.' It is, of course, desirable to avoid over-alimentation; but this can easily be done, and, at the worst, the evils of it have been exaggerated. As practical rules for avoiding on the one hand over-alimentation, and on the other disorder of digestive organs, he suggests that alimentation must often be regulated without regard to indications afforded by appetite or taste. He advocates the allowance of a sufficient period for digestion and for rest, pleasant changes of food, great consideration for the peculiar cravings of patients as representing generally a want of nutrition. He opposes many popular errors on the subject, and speaks happily of the pampered idiosyncrasies of many persons on the subject of diet as a 'strange manifestation of egotism.' We have said enough to show that this paper contains a great amount of wisdom on an important branch of therapeutics, expressed in a happy and aphoristic style. Probably Trübner & Co. could supply our readers with the *Journal* which contains the article, which is one well worth both reading and keeping."—*New York Journal*.

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Dr. John Davy, brother of Sir Humphrey, died lately at the age of 78. Until a short time before his death he held the post of surgeon in the British army, and to the last he was engaged in important chemical researches.

### Immature Observations.

BY GEO. B. WILLSON,\* M. D., PORT HURON, MICH.

There is incalculable injury done the profession every little while whenever a new remedy is introduced, by a host of superficial observers and ready writers, who rush into print through the medical journals to give their evidence in favor of the efficacy of the new medicine in every conceivable form of disease or injury. In many cases—nay, I might say in a majority—the writers have only tried the remedy once or twice, and then, instead of waiting to see if the cure be permanent or not, they publish a report of it, perhaps the same day; very often, at all events, while the patient is yet in the convalescent state and before recovery is complete. The report of cases in such a manner, or even very soon after what is regarded as complete recovery, is highly reprehensible. These persons seem fearful that some one else may have had a similar case and will publish it before they do. But it is with regard to new remedies, or the trial of old remedies in some new way, that the greatest nuisance arises. It will be recollected how, on the introduction of glycerine into general use a few years ago, the journals were crammed to overflowing with accounts of its wonderful effects and the variety of its applications. From every part of the country, and in every medical journal, and in every number of every journal for about a year, there came accounts of the uses made of glycerine, and of its efficacy in diseases when applied externally or exhibited internally. It is no exaggeration to say that it was recommended in every disease ever heard of as prevailing in this country. As an external application in skin diseases of every kind there came reports of its trial with successful results. Its soothing and anodyne properties as an eye wash devoid of all irritation were duly vouched for; and its efficacy, in short, in every disease, not excepting consumption, in which some one found it an excellent substitute for cod liver oil. Any one giving credence to one-half of what was written about it could come to no other conclusion than that nearly or quite one-half of the materia medica could now be dispensed with and glycerine substituted. Admit all this flood of positive evidence not one word of negative found its way, nor

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\* Deceased.

even to this day, though hundreds must have seen the fallacy of most of the statements, has there been anything of the negative kind published. Now where such a course is pursued about a remedy, and every new remedy goes through the same round that glycerine has, how is one to know from journals or books what the remedy is good for at all? To say that a remedy is equally good for everything, is to say that it is really good for nothing. Most of those letters and notices concerning its varied powers were written after only one successful case. At the present time, and then also, a chapter of negative evidence on the effects of glycerine and kindred articles was much more needed than that of a positive kind. To such an extent has this mistake been carried, that the same is true of almost every article of the *materia medica*. The most valuable paper that could be published on any one of them would be an enumeration of what it would *not* do.

The very valuable medicine perchloride of iron had to run the gauntlet like glycerine, and came near being swamped with the flood of evidence in its favor. Both of these articles now require a long chapter of negative evidence to restore them to their proper place and estimation. But in fact every article of the *materia medica* needs the same. As an instance of the confusion to which so much positive evidence leads, I give my own experience:—A few years ago I was appointed by our State Society chairman of a committee to report on *the action of quinine*. I set about my task by attempting to collect and classify what had been written on the subject, but I soon found that impossible. I became satisfied that I could produce good authority (members of the profession in good standing) proving it to possess almost every power attributed to each of the common classes of medicine, and also proving it to be a specific in every disease of the nosology, and in every stage of each disease. There was little or no conflicting evidence to be found—all the evidence was of the positive kind. There were one or two writers who ventured a negative as to its exhibition in large doses in the second stage of typhoid and continued fevers, but their opinions met with much opposition from other observers. Hence quinine had all powers and virtues, and cured all diseases, and was admissible and desirable in every stage and every condition of every disease. This was the inevitable conclusion derived from consulting the written

authorities—text books, monographs, and medical periodicals. What was I to do under such circumstances? To give the amount of our knowledge on the action and virtues of quinine as derived from positive evidence would require a volume. Acknowledging my inability therefore to do justice to the subject, I began to write down what I thought quinine would *not* do. The chapter of positive evidence was full; it would do everything. The chapter of negative evidence was a blank, so I commenced the filling of it. I could get no assistance in that work; I had merely to write from my own experience and observation. But my observations were so limited that I did not deem them worthy of presentation.

Let any one take any other valuable remedy and see if he does not meet with the same difficulty that I did with quinine. We really know less of the therapeutic powers of our valuable medicines now than we did ten years ago—and why? Because what we knew then, and what we have learned since, is so overrun with unreliable statements that we find it impossible to separate the true from the false. About two years ago a physician reported in a journal that he found lupulin to be a specific for *delirium tremens*. He gave it in large doses, having in one instance given as high as six pounds! The enormous dose caused some parties to make inquiry for further information, which came in the next issue of the journal, to the effect, that not the lupulin itself, but a tincture made with six<sup>1</sup> ounces of lupulin, and six pints of brandy, had been given!

I also saw it stated in one or two journals that gonorrhœa could be cured effectually in forty-eight hours by extract of conium, administered in twelve grain doses every two hours. Notwithstanding the enormous doses, the editors never expressed suspicion or gave a hint of caution. And to this day I have not seen a contradiction or explanation of the statement.

Again, wonderful cures of every disease were effected all over the country by tincture of cannabis Indica during the first few months after its introduction. Where are they now? Those who reported most of them could not tell the effects of the medicine from the workings of nature, and so became discoverers, and must needs astonish the world forthwith by publishing their discoveries.

I could publish a long list of negative evidence with regard to cannabis Indica, but it is unnecessary now as the article seems to be

sinking into obscurity. Of perchloride of iron, too, a long list of negative evidence is wanted. The article is a valuable one, and ought to be disencumbered from the trash that correspondents have heaped upon it.—*Boston Medical and Surgical Journal*.

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### Amputation at the Knee-Joint.

Dr. Thomas M. Markoe, of New York, has succeeded in collecting records of 51 cases of amputations through the knee-joint performed in this country since 1856. In the year mentioned he published an account of 18 cases operated upon by American surgeons, with only 5 deaths. Of the 51 operations now mentioned in his paper to the *New York Medical Journal*, 39 were necessitated by accidents or injuries, and of these, 20, or more than 51 per cent. died; of the remaining 12, operated upon for conditions arising from disease in the leg or joint, but 2, or about 17 per cent. died. This is a very favorable showing, and would be still more so if 4 successful cases, the notes of which had not arrived in time for publication, were included. There would then be 55 cases, with 40 per cent. of deaths. And here let us revert to what appears to be an error; 22 of the 55 recent cases died, and according to Gross' Surgery, 5 deaths took place among the 18 reported in 1855. This would make 27 instead of 25 deaths in the total number, and would raise the per cent. from 34, as given by Dr. Markoe, to 37. Dr. Markoe looks very favorably upon the disarticulation as compared with amputation through the thigh, but we conceive that he makes a serious error in taking into his calculations all cases of amputation of the thigh, whether of the upper, middle or lower thirds. Every one knows how much more fatal operations are as they approach the trunk; indeed, Dr. Markoe claims this as a reason why disarticulation should be preferred, yet he fails to exclude all but amputations through the lower third, to which alone, it is manifest, disarticulations should be compared. Again, his comparisons, it strikes us, would be more valuable if made with reference to whether disease or accident necessitated the amputation. A preponderance of either of these classes would greatly modify the result, as may be seen at a glance, by turning to the figures quoted above. The points made



by Dr. Markoe are: 1st, That the ancient prejudice against this operation and the objections to it on the ground of the danger of opening so large a joint as that of the knee, are unfounded, at least, in the degree to which they are practically important. 2d, There seems good reason to believe that the shock to the system, and the demand upon its reparative power, are less in amputation at the knee-joint, than in amputation higher up. 3d, The condition of the stump during the progress of cure, is more favorable and less distressing to the patient because the muscles not having been divided, voluntary motion is not prevented nor is it painful, and retraction, by which the end of the bone may be uncovered, cannot take place. 4th, The bone being unwounded, the dangerous and troublesome accidents likely to follow exposure of the medulla by the saw, such as necrosis, osteo-myelitis and pyemia, are avoided. 5th, The stump remaining after knee-joint amputation, is much more serviceable than those following operations higher up, permitting the whole weight of the body to be borne upon it with ease and comfort.—*Pacific Medical Journal*.

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#### Renewal of Prescriptions by Druggists.

Various societies in America have now passed resolutions respecting the practice of druggists renewing prescriptions without authority; and the Medical Societies of the City and County of New York have notified the same to the druggists of the city; and the following legal opinion has been given on the subject by Mr. J. D. Harnett, attorney and counsellor-at-law:

“In answer to your inquiry, ‘Have physicians a right of property in the prescription given by them to their patients?’ I state, first, the prescription is a direction from a physician to some druggist to put up for and prepare for the patient’s use, a certain medicine. When the druggist performs this act, and files away the prescription, he has no right to again put up and prepare medicine from that prescription, unless he do so by the orders of the physician who originally gave it. He has no more right to do so, than a merchant would have to deliver, on a written order for one barrel of flour, sundry barrels after the one called for had been delivered. A more important feature is, however, involved in the

matter of physicians' prescriptions being duplicated by a druggist without the physician's authority or instruction, which is, that the medicine so duplicated may be entirely unsuited to the patient's changed condition of health, of which the druggist has no opportunity of knowing. No one is capable of judging in such matters but the attending physician. The druggist who duplicates a physician's prescription without the physician's orders, commits a crime against society, inasmuch as he permits medicine to leave his store which may cause the death of the person to whom it is administered. Second: medical societies have a right, (and, indeed, I think it is a duty which they should attend to) to prescribe and establish a rule for the government of druggists in such matters, which, no doubt, druggists would carefully observe. This would save the medical profession from many charges of mal-practice, and many persons from the injuries resulting from the continued use of a medicine not advised or prescribed by a physician."—*British Medical Journal*.

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#### Treatment of Disease by Faith and Prayer, instead of Medicine.

In the current number of *Good Words*, is an account by Mr. William Gilbert, of visits paid by him to two of the Continental establishments at which "the treatment of disease by faith and prayer instead of medicine" is carried out systematically.

The institution first visited was that of the Lutheran pastor, Christoph Blumhardt, in the Black Forest; and here Mr. Gilbert found a handsome house, with gardens, etc.—in fact a bankrupt water-cure establishment converted into a semi-religious house, with the gambling and dancing *salon* turned into a chapel. Here were assembled just that class of valetudinarians who might be met with at any fashionable but quiet resort of invalids, averaging a hundred and sixty in number, who promenaded, attended chapel, took regular meals, and kept early hours, and went away benefited accordingly. A conversation with the pastor elicited that "he did not deny the efficacy of medicine, but at the same time had a much greater reliance on the efficacy of prayer, being fully convinced from his own experience, which was great, that the majority of diseases could be cured by prayer and faith, with-

out the application of scientific remedies. In surgical cases he did not deny the necessity of calling in a skillful surgeon." Our surgical brethren will feel complimented at this admission, which is not in strict accordance with the views of one of the "peculiar" witnesses at the recent inquest. Mr. Gilbert did not see any cases of cure, nor were there in the institution any persons suffering from serious diseases; he was assured, however, that there had been "some wonderful cases" during the preceding months.

Dorothea Trudel was a young woman who resided at Männedorf, on the banks of Lake Zurich, and who, being of a pious disposition, betook herself to prayer when some members of her family had been given over by the physicians. They recovered, and on sickness again breaking out in the village Dorothea was called in to pray over the sick, who recovered without any medical advice. Unfortunately, medical jealousy appears to have been excited by the reputation she thus obtained, and a prosecution followed, with the imposition of a fine, which, however, was remitted on appeal. Persecution naturally gave publicity, and publicity only increased reputation, so that Dorothea became the rage, and sick folk flocked together from all sides. In the midst of her successes, and in spite of them, Dorothea unfortunately died, (in 1862,) and her "system" is now carried on by others, with what success we are not informed.—*Lancet*, March 7, 1868.

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#### Abstract of the Proceedings of the Erie County Medical Society.

The semi-annual meeting of the Erie County Medical Society was held in Buffalo on the 9th instant. The following gentlemen were elected to membership on compliance with the by-laws:— Drs. Eddy, Hopkins, Schuyler, Willoughby, Nichols and Chace, of Buffalo; Dr. W. D. Murray of Tonawanda, and Dr. Newman B. L. Parker of Akron.

The literary exercises consisted of an oration by Dr. Henry Lapp of Clarence, and a memoir of the late Dr. Cyrenius Chapin by Dr. G. F. Pratt of Buffalo. After the applause which followed the reading of Dr. Pratt's paper, Dr. James P. White said in substance, as follows:

I have been more than gratified in listening to the memoir that has been read in our hearing. The excellencies of the pioneers of

our profession in Western New York, are indeed well calculated to fill our hearts with pride. The record of these excellencies, unless preserved for us in papers like the one to which we have listened, must soon be beyond our reach. The lives of such men should not thus cease to exert their influence upon us. One such memoir, that of Dr. Marshall, has been deposited in the archives of this Society, and permit me to express the hope that this Society may have, and urge its right to have, and that at no distant day another memoir of our honored dead from the pen of his surviving son. No man is so fitly prepared to perpetuate the memory and influence of my departed friend, Dr. Trowbridge, and none more willing to do us this high honor.

After other appropriate remarks by Drs. Boardman and Snow, it was, on motion of Dr. James P. White,

*Resolved*, That the thanks of this Society be tendered Dr. Pratt for his very interesting memoir; that at the expense of this Society 1000 copies be published in pamphlet form for gratuitous distribution, and 600 copies for distribution with the Buffalo Medical Journal, and that a copy be presented to the State Medical Society, accompanied with a request for its publication.

The committee appointed to select orators for the meeting in January next, reported the names of Dr. William C. Phelps for orator, and Dr. C. F. A. Nichell for substitute.

M. G. POTTER, Sec'y.

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#### Genesee County Medical Society—Semi-Annual Meeting.

BATAVIA, June 9th, 1868.

The semi-annual meeting of the Genesee County Medical Society was held at Batavia, June 9th, 1868. Present—O. R. Croff, President. in the chair, L. B. Cotes, J. R. Cotes, M. W. Townsend, A. P. Jackson, E. B. Lounsbury, G. W. Croff, L. L. Tozier, H. D. Benham, J. C. Watson, J. Root, J. S. Billings, A. G. Ellenwood and M. C. Potter.

The following communication was received:

To the Secretary of the Genesee County Medical Society:

Sir:—The undersigned, a member of the Genesee County Medical Society, has to respectfully report, that a fellow member of this Society has been guilty of a violation of the code of ethics

of the National Medical Association and of the By-Laws of this Society in the following manner, to-wit: Dr. N. G. Clark did in the month of April or May, 1868, consult with a homœopathic practitioner by the name of Hutchins, in the family of Wm. Terry of Batavia. The undersigned has the honor to submit this case for the action of the Society, praying that the code under which we live may not be violated without just notice.

Your obedient servant,

M. W. TOWNSEND.

On motion, the subject matter of the above communication was referred to a committee of three, M. W. Townsend, J. Root and M. C. Potter, who made the following report:

The committee appointed to report on the charges preferred against Dr. N. G. Clark, have the honor to submit the following:

*Whereas*, Dr. Clark has been guilty of gross violation of the Code of Ethics and By-Laws of this Society in consulting with an irregular practitioner in the manner and form mentioned in the charges;

*Resolved*, That Dr. N. G. Clark ought to be, and hereby is, expelled from this Society, and that the Secretary be instructed to give him official notice.

Respectfully,

M. W. TOWNSEND,  
J. ROOT,  
M. C. POTTER,  
Committee.

The report was accepted and the resolution *passed unanimously*.

Dr. Townsend also moved that hereafter it shall be considered dishonorable for any member of the regular profession to hold medical consultation with Dr. N. G. Clark, and that the proceedings of this meeting, signed by the President and Secretary, be published in the Buffalo Medical Journal. Passed unanimously.

L. L. TOZIER, Sec'y.

O. R. CROFF, President.

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DEATH FROM NICOTINE.—A case of death from nicotine recently occurred at Cohoes, N. Y., under the following circumstances:—The father of a little girl, in an endeavor to “heal a sore on her lip,” applied to it the contents of a “rank” pipe stem. The victim was almost immediately seized with the peculiar symptoms of tobacco poisoning, and died a few hours afterwards.

## Editorial Department.

### Medicine as a Business and Business in Medicine.

The practice of medicine as a business, in no way favorably commends itself to the attention of those about to choose a profession. It demands exclusive, unremitting and earnest attention, and with all this, offers but the very poorest return. It does, it is true, afford a few who are faithful and active enough to gain distinction, a fair income, but the great mass of hard workers receive "small wages." Attention is not enough directed to the causes of this poor return for medical services. It has been common for physicians themselves to place little pecuniary value upon their services, and to demand little or nothing from the community. There are few cities or towns in which cannot be found men who are called *because* they never *demand* any pecuniary return, perhaps indifferently guess at the amount due them if by chance some active business man values their services enough to insist upon payment. The great fault in medicine, as a business, arises mainly from the fact that so many who practice it, are not "business men;" have no rational idea of exchange. We have never known a physician habitually selling himself for nothing, but received, really, *all* he was worth. The men who value their time and advice are almost always appreciated. Business men respect a consistent, straight-forward, reliable, prompt, business man; indeed, everybody appreciates such men. A careless, indifferent, unsystematic man, who never has system in his pecuniary matters, is the poorest, and as a rule, most unscientific, careless, unprogressive and unsatisfactory medical adviser in the world. It is all right that they expect nothing for their services; they are really of no value; a poor business man is a poor doctor.

But we were about to suggest the importance to the profession and the advantages to the community of *early* and prompt presentation and settlement of medical bills. There is no other man who devotes his personal time to any pursuit or calling, but expects and demands his reward. There is nothing in the conditions of physicians' necessities and wants which justify delay in obtaining the rewards of their services. If by chance any are able to neglect collections, it constitutes no reason for so doing, and is a disadvantage to both physicians and the public. The time has fully come when medical men should expect immediate return, and when the public should understand that the physician is to be paid immediately, before anybody else—that his is a debt of honor, that bankruptcy does not effect the obligation, that the grocer and the dry goods merchant may be put off a little, but a physician who attends them at all seasons and hours, adds his sympathies and personal interests to theirs, bears the anxieties inseparable from his calling and faithfully advises them in times of pain and peril is to be rewarded. The public can never appreciate these facts and conditions until instructed to do it, and will undoubtedly be slow to learn, but the public can learn it, would have known it long before this, if the "slipshod" business manners of physicians had not been constantly inculcating the opposite doctrine of delay. Who in the profession are best and soonest paid? Certainly those who are highest prized and most extensively patronized. The real business men of

the profession charge for their services and collect their bills, and men say, "here is your claim; thank you, sir, for your kindness and attention; I feel thankful that I could obtain your services." The "slipshod" physician receives pay after the following manner, by the hand of a child: "Dr. Waitforever: Dear sir: I am no better, and feel anxious about myself. I hoped, when I called you, that my sickness would be trifling, and that I might avoid expense, but as I do not improve, I desire to call Dr. ———, who is, as you say, very high in his charges and expects his pay down, but who is distinguished in the care of such cases. Yours, truly, True E. Conomy."

"The poor ye have with you always, and may do them good when ye will." It is wrong, and often cruel, to accept pay of the very poor when they are sick. If physicians will cultivate system and promptness in their business, they can advise and help the poor and be respected, and paid, or thanked, by all.

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### Preparation and Publication of the Medical and Surgical History of the War.

It will be seen by the following extract from Congressional proceedings, that \$30,000 have been appropriated for the preparation and publication of the Medical and Surgical History of the War. The work is to be compiled and completed by Dr. J. H. Baxter, which is sufficient guarantee that it will be made in every respect as perfect as possible:

§ 3. *And be it further enacted,* That of the appropriation of \$60,000 for publishing the medical and surgical history of the rebellion and the medical statistics of the Provost Marshal General's office, made in an act approved July 28th, 1866, \$30,000 shall be devoted to the preparation and publication of five thousand copies of the medical statistics of the Provost Marshal General's Bureau, and that the work shall be compiled and completed by Assistant Medical Purveyor J. H. Baxter, under the immediate direction of the Secretary of War, and without the interference of any other officer.

MR. ANTHONY. There was a proposition made to change that appropriation and to make it applicable to the preparation of the whole work. I believe, as the resolution was passed by Congress originally, this money was made applicable to the publication of the work; at any rate it was so construed by the Congressional Printer; and I have been trying for months to get a resolution passed through Congress to make the appropriation applicable to the preparation of the work, so that the ordinary appropriation for printing may be applicable to the publication of it. If those who have charge of this matter—I have not—have taken it into consideration, I do not wish to interpose any objection.

MR. CONKLING. If the Senator from Rhode Island will allow me, I desire to suggest to him that this proposition has no effect one way or the other upon the idea which he now submits. This does not touch at all the question whether money shall be appropriated to the preparation and not to the printing of the work, or whether it shall be applicable alike to the preparation and the printing. That question is left entirely untouched and open for the resolution of the Senator or any other treatment which the Senate may see fit to bestow upon it. This is simply a proposition that the appropriation shall be divided. It is direc-

tory in its nature and divides the appropriation precisely as I have the evidence in my hand to show both Houses intended that it should be divided originally as between the two works, namely, the statistics of the Provost Marshal General's Bureau, and the medical and surgical history of the war being separate things, and the purpose being to devote half of the appropriation to one and the other half to the other; but the language of the bill left it, as it was supposed, obscure, and this is simply to draw the dividing line.

The amendment was agreed to.

The bill was reported to the Senate as amended, and the amendments were concurred in.

The amendments were ordered to be engrossed, and the bill to be read a third time. The bill was read the third time, and passed.

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### Annual Session of the Association of Medical Superintendents of American Institutions for the Insane.

The Medical Superintendents of the American Institutions for the Insane commenced their twenty-second annual session at the American House in Boston, June 3d, at 10 o'clock.

The first subject taken up by the Association was "The project for a general law for determining the legal relations of the Insane," and Dr. Ray was called upon to make some remarks in regard to the history and treatment of this question. Dr. Ray alluded to the necessity for having a general law which should be in force in every State. In order to facilitate the work in preparing such a law, a committee was some time ago appointed and the laws in the different States were considered and compared. This committee reported at the meeting at Washington in 1864. The points covered in the law were partially discussed at that meeting, and since that time the whole matter has been in abeyance. Experience is every year demonstrating more and more the necessity of such a law, and cases are constantly occurring which urge the subject upon the attention of all persons interested in the treatment and cure of the insane. The general sentiment of the community is that no one class of persons ought to have entire and absolute control in regard to cases of insanity. Such a law as is proposed need not cover all the points in question in regard to the treatment of insanity, and the principal thing to be considered is in regard to the committal of persons to the insane asylums. He would not advocate the relinquishment of the authority which has long been vested by common consent in the families and friends of insane persons, but some legal process is necessary for the care of those persons who have no families, or whose families do not care to take such a step. For these and kindred cases it is very desirable that the matter should be attended to legally and properly. Such a law, too, is necessary for the pauper insane, for the authorities who have them in charge are generally likely to avoid the expense of committing them to asylums as long as possible. Such a law, too, is necessary for the care of the vagrant insane, who have no regular residence, and whose confinement is an act of humanity to themselves and a means of safety for the community.



At the re-assembling of the Association in the afternoon, Prof. Charles A. Lee of New York, made an address of welcome as a delegate from the American Medical Association. He alluded in the strongest terms to the progress that has been made in recent years in the treatment of the insane, and congratulated the Association upon all that its members had been able to do for the advancement of one of the most important departments of medical science. The address was very cordial in its tone, and the Association manifested great pleasure at the interest taken in it and its work by the Association represented by Dr. Lee.

**EVENING SESSION.**—The consideration of the question of making provision for commitments of patients to Insane Asylums was resumed, when the Association re-assembled at 8 o'clock. Dr. Earle withdrew the motion for the postponement of the discussion until next year, and Drs. Chipley and Hills withdrew the substitutes for the first section of the proposed object of a general law, which had been offered by them. Dr. Hills then offered the following, which was adopted as a sense of the Association by a yea and nay vote, Dr. Harlow of Maine alone voting in the negative:

Insane persons may be placed in a hospital for the insane by their legal guardians, or by their relatives and friends, in case they have no guardians, but never without the certificate of one or more responsible physicians, after a personal examination made within one week of the date thereof; and this certificate to be duly acknowledged before some magistrate or judicial officer, who shall certify to the genuineness of the signature and of the respectability of the signer.

The remaining sections of the proposed model for a law, as reported by Dr. Ray, were then successively considered and adopted, most of them with but little change of form and with little debate. The first section was the only one upon which there was any very decided diversity of opinion, and the substitute for that section finally adopted seemed to give general and almost unexpected satisfaction to all the members of the Association.

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## Books Reviewed.

Stillé's Therapeutics and Materia Medica. Third edition, revised and enlarged, in two volumes. Philadelphia: Henry C. Lea, 1868.

Stillé's Therapeutics and Materia Medica requires no general description from us; its character and standing are too well understood by all intelligent physicians to admit of it. The simple announcement of the appearance of a third edition will at once suggest the inquiry, what new subjects have been added? About one hundred pages of new matter have been added, mainly upon the subjects of: *Chromic Acid; Permanganate of Potassa; the Sulphites of Soda, etc.; Carbolic Acid; Nitrous Oxide; Rigoline, and Calabar Bean.* There has also been added an article upon *Bromine*, and that on *Electricity* has been enlarged by an account of recent improvements in apparatus, and the application of this agent to the cure of diseases.

Speaking of the Sulphite of Soda, one of the new substances treated, he says: "Although the power possessed by the sulphites of controlling fermentation had

long been known and usefully employed, it was not generally recognized or applied in medicine until attention was attracted to the subject by Dr. Polli of Milan.

Assuming as correct the hypothesis that in all contagious and infectious diseases their phenomena are due to a process of zimosis, or fermentation, and recognizing the power of sulphurous acid to check fermentation and putrefaction, he concluded that this acid or its salts, must be capable of curing radically the diseases in question. By experiment he found that the fatal symptoms occasioned by the introduction of putrid substances into the veins of animals were modified, suspended, or neutralized by the injection of solutions of the sulphites into the blood. It was also demonstrated that gangrenous and fetid suppurating surfaces, and all foul-smelling discharges were speedily rendered inodorous by the application of these salts in solution. But the clinical proof of their efficacy in disease, which would have gone far to justify the hypothesis of Polli, was not adduced by him, nor has it been conclusively adduced by later observers."

The author now proceeds to relate what a great number of physicians have published of the effects of these salts in *erysipelas*, in *intermittent fever*, *typhoid fever*, *yellow fever*, *purulent infection* or *septicæmia*, and other similar diseases, but finally expresses incredulity in regard to the efficacy of a remedy which has hardly been sufficiently tested. The good sense and discrimination of the author is finely illustrated in this newly added chapter, as indeed is shown everywhere in the pages of the book. We regret that we cannot follow up the newly added pages and speak in detail of their contents, but must close, by assuring our readers, that the subjects are treated in a most masterly manner. Stillé's Therapeutics and Materia Medica stands unrivaled in our language; it furnishes all the positive evidence for the materials of medicine required. The negative results of medication have never yet been collected; immortal honor to the author who shall collect and publish the opposite side. The arrangement and general plan of the work before us has contributed to its popularity. The happy combination of therapeutics with materia medica adds greatly to its value, and has established its reputation. It may very truly be regarded as a fountain of all knowledge in its department, and as presented in its third edition embodies what is known in therapeutics and materia medica.

The work of the publisher must not be omitted in this notice, when so many of our new books in medicine are bound in inferior manner. This work comes to us in two volumes, beautifully bound in leather of most enduring and permanent quality, while the typographical execution is unsurpassed. It is truly in all respects a model for imitation and admiration.

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Chronic Diseases of the Larynx, with a special reference to Laryngoscopic Diagnosis and Therapeutics. By Dr. Adelbert Tobold. Translated from the German and edited by George M. Beard, A. M., M. D. New York: Wm. Wood & Co., 1868.

Until quite recently the diagnosis of all diseases of the larynx rested upon the greatest uncertainty, arising from the unsatisfactory manner in which the pathological changes occurring in this organ could be observed; since the introduction

however, of the laryngoscope, the diagnosis of this class of diseases has attained to a degree of positiveness and certainty equal to that attained by the ophthalmoscope in the diseases of the eye. The development of this science has been so rapid that our text-books treat this important agent (the laryngoscope) in the "local diagnosis" of laryngeal affections in the most cursory manner, rendering a work which would fully treat this class of diseases an absolute necessity. This necessity appears to us to be fully supplied by the work of Dr. Tobold, and with the extensive and valuable additions by the editor to fully meet all requirements.

The first eleven chapters of the work have been devoted to a general consideration of laryngoscopy; the description and mode of application of the apparatus; the manner of conducting an examination; the laryngeal image, and a chapter on rhinitis by the editor. The apparatus described is one of the author's own invention, in which a powerful artificial light for the purpose of illumination, replaces the solar, which latter is regarded as impracticable and unreliable on account of its variableness, the great desideratum in laryngoscopy being a powerful and constant light.

The second part of the work is devoted to a consideration of the chronic diseases of the larynx, and it is here that we would wish to present some of the views of the author upon the interesting subject of tuberculosis laryngitis. The teachings of Trouseau and Belloc have been that phthisis laryngealis may be of spontaneous development. The author's observations are decidedly opposed to this statement, he regarding "*tuberculosis laryngitis only as the effect of general tuberculosis;*" and furthermore, he says: "*I hold that tuberculosis of the larynx as exclusively a product of tuberculosis of the lung.*" The theory that the breaking up of the cavernous secretion should favor the formation of laryngeal tuberculosis, according to the view of Louis is also opposed by the author, since he says "there are very numerous cases where an affection of the larynx has already far advanced before cavities have been formed in the lungs. Just as little could tuberculous bronchial sputa through contact with yet healthy laryngeal membrane excite analogous processes unless ulceration of any other kind already existing in the larynx, favors the absorption of tuberculous matter."

We should be happy to place further extracts upon this and other subjects before our readers, would space permit our so doing. The work highly commends itself to the attention of physicians, since it is the only one in our language fully discussing diseases of the larynx, diagnosed and treated by means of the laryngoscope.

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DEATH OF DR. THOMAS C. BRINSMAD OF TROY, N. Y.—We are pained to learn of the death of Dr. Thomas C. Brinsmade, one of the most widely known and highly esteemed members of the profession. He died suddenly June 22d, aged 65 years, of disease of the heart, while presiding at a public meeting called in aid of the Rensselaer Institute. He has held many offices of trust and honor; was Vice President of the American Medical Association, President of the State Medical Society in 1857, and was one of the delegates to the Paris Scientific Congress in 1867. He was held in highest respect by the profession and the community in which he lived and labored, and his death will be widely felt and deeply mourned by all who knew him.

## Books and Pamphlets Received.

Circular No. 1.—War Department, Surgeon General's Office, Washington, D. C., June 10, 1868. Report on Epidemic Cholera and Yellow Fever in the U. S. Army, in 1867. Lessons in 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, etc. New York: Robert M. De Witt, Publisher, No. 13 Frankfort street.

The Institutes of Medicine. By Martin Paine, A. M., M. D., L. L. D. Eighth Edition, Revised. New York: Harper & Brothers, Publishers. 1867.

Twenty-fifth Annual Report of the Managers of the State Lunatic Asylum, for the year 1867.

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## New Sydenham Society's Publications.

Having made arrangements with the Hon. Local Secretary, Richard J. Dunglison, M. D., by and with the approval of the Society's Agent in London, to act as Agents in the United States for the publications of the New Sydenham Society, announce that they are now prepared to receive subscriptions for the year 1868, at *Ten Dollars*, payable in currency and invariably in advance, and to furnish any of the previous years at the same rate and on the same terms.

The Practical Character and Permanent Value of these publications and the very low price at which they are furnished, commend them to the favorable attention of the Medical Profession in the United States.

Four Volumes will be issued for 1868. The following works are now in preparation:

A Collected Edition of the Works of Dr. Addison; with Preface, Notes, Portrait and numerous Lithographs.

A Descriptive Catalogue of the Portraits already issued in the Atlas of Skin Diseases.

The Eighth Fasciculus of the Atlas of Skin Diseases.

The Second Volume of Hebra on Diseases of the Skin.

The Second Volume of Trousseau's Clinical Medicine.

The First Volume of Lancereau's Treatise on Syphilis.

Subscribers at a distance can have the Volumes as they appear, forwarded to them by mail, upon remitting to Lindsay & Blakiston, Medical Publishers and Booksellers, No. 25 South Sixth street, Philadelphia, in addition to the subscription, 50 cents per volume for the postage, which must be paid in advance.

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TO SUBSCRIBERS OF THE LONDON LANCET.—The subscriber begs to inform his patrons, that he has entered into an arrangement with the London publishers, for the advanced sheets of The Lancet. The work will appear on the first of the month hereafter.

*All subscriptions should be sent in at once*, so as to enable the Agent to meet his enhanced home and foreign expenses.

WILLIAM O. HERALD,

Agent for the London Lancet.

BUFFALO  
**Medical and Surgical Journal.**

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VOL. VII.

JULY, 1868.

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Original Communications.

ART. I. *The Use of Pepsine in "Alimentation in Disease."* By  
JAS. S. HAWLEY, M. D.

One of the most marked changes which has come over the practice of medicine during the last quarter of a century is the diminished confidence in the power of drugs to antagonize or remove disease. The advanced physician of the present day prescribes few and simple medicines; his efforts are protective rather than curative; he does not so much attempt to destroy the disease as to protect his patient against its ravages; his efforts are conservative more than aggressive.

Perhaps, in no one particular is this change more perceptible than in the prominence given to alimentation in disease. The importance of this subject is most clearly and ably set forth in a lecture delivered by Prof. Austin Flint, Sr., and published in the New York *Medical Journal*.

He says "starvation may be produced in persons affected with different diseases, as well as in healthy persons. There is nothing in disease to prevent starvation or its immediate effects. Starvation is sure to occur in cases of disease in a degree proportionate to the lack of material for nutrition in the blood; in other words, in proportion as the requisite amount of aliment is either not injected or not assimilated.

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"The immediate effects and the attendant phenomena are the same where starvation occurs in connection with disease, as when it is produced in persons previously in health. Impoverishment of the blood, emaciation, febrile movement followed by a reduction of the animal temperature, feebleness of the circulation, vigilance, perversion of the moral sentiment, delirium, diarrhœa, and foetor of the breath may be attributable in cases of disease to starvation. In connection with all diseases, more or less of the morbid phenomena present arise from starvation, and these phenomena are prominent and grave in proportion to the degree in which either alimentation or assimilation is defective.

Chossat has enunciated truths in language which enforces their importance when he says, "Starvation is a cause of death, marching silently in front of every disease in which alimentation falls below the natural standard. It reaches its natural termination sometimes sooner and sometimes later than the disease which it covertly accompanies; and it may supercede the disease, of which, at first, it was merely an incidental element." Starvation is often the immediate cause of death, when diseases destroy life by slow asthenia or exhaustion.

If a fatal termination be not due to a direct interference with the action of the heart, or with respiration, it is correct to say that the patients die because they are starved to death. Certain it is that diseases which do not compromise directly the function of either the heart or lungs, *cannot kill so long as the nutrition of the body is maintained at a point compatible with life.* Starvation, associated with disease, may be inevitable; that is, the disease may involve an insuperable obstacle either to the ingestion of aliment or its assimilation. Then it is that, in the language of Chossat, inanition may reach its termination sooner than the disease. On the other hand, and here is a fact full of practical import; starvation may not be a necessary effect of the existing disease, but may be due to insufficient alimentation. In such cases *inanition may prove a cause of death when the disease need not have destroyed life; the patient, indeed, may die of starvation, notwithstanding the progress of the disease per se, be favorable.* Then, in the language of Chossat, "inanition reaches its natural termination later than the disease which it covertly accompanies, and it may supercede the disease of which at first it was merely an incidental element."

The importance of this object in the treatment of individual cases of disease, is to be estimated by the amount of impending danger from starvation as an incidental element. If to die by slow asthenia be often virtually to starve to death, then no matter what the disease may be, *it is an object of fundamental importance to promote, as far as practicable, the assimilation of blood.*

In acute disease the failure of the vital powers is forestalled in proportion as nutritive supplies are assimilated. This is simply saying that *the assimilation of nourishment is indispensable for the preservation of the powers of life.*

No matter what may be the seat or nature of the chronic affection, a diet fully up to the capacity of the organism for nutrition promotes recovery, if recovery be possible, and if recovery be not possible, by increasing the ability of the system to endure the affection, contributes to prolong life. *The limitations to alimentation, therefore, relate wholly to the physiological processes which are preliminary to nutrition, namely: digestion and the other processes by which aliment is converted into food.*

I have made these lengthy quotations because they graphically set forth the importance of alimentation in disease, in much stronger language than I could command, and because the high source from which they proceed give them great weight.

Now, if nutrition holds the rank in the treatment of disease which is above set forth, then any agent or article of the *materia medica* which will enable the practitioner to increase the power of digestion and assimilation in the patient, must be acknowledged of primary importance. The difficulty to be encountered, is not generally in the ingestion of food. The patient retains the power of deglutition long after he has lost or suffered the impairment of his digestion and assimilation. And here we come to the object of this communication, to carry the point urged by Prof. Flint, one step further, and resort to artificial digestion. The skill and perfection with which the gastric fluid of animals is now extracted and preserved for medicinal use, puts it in our power to assist the sufferer at any and every stage of his struggle with disease. Pepsine may be administered with his food and new power and efficiency imparted to his failing functions.

To whatever degree starvation may be a cause of death in disease, to whatever extent disease may overwhelm the powers of

life in consequence of insufficient nutrition to that degree and to that extent is artificial digestion important. We may, and do, "feed fevers," we do attempt to mitigate the emaciation of the consumptive by the administration of cod liver oil, but how painfully do we often witness their failure in consequence of the impairment of the digestive powers of our patients. Here, pepsine freely administered, is our only resource. Nor is this merely a temporary expedient. The stomach participates in the nutrition which it has been enabled to accomplish. Its own natural powers are gradually restored, and at length it performs its office unassisted. The use of pepsine also frequently prepares the way to the successful administration of other medicines, as is exhibited by the following quotation from Dr. Chambers' *Renewal of Life*. Speaking of the administration of pepsin in tubercular consumption, he says: "You will generally find that the repugnance of the patient to meat has been overcome, and that a small quantity of it at a time can be relished and digested; the morbid fetor of the stools diminishes, and flatulence and distress arising during their passage through the bowels ceases. A renewed strength and a renewed power of assimilation commences, the sleep becomes more natural with the diminution of night sweats and hectic; while at the same time the pulmonary symptoms of cough, dyspnoea, etc., relax, and a step at any rate is taken in the right direction towards the cure of the disease. *It is remarkable too, what a slight improvement in the digestive powers will often enable the patient to take iron and cod liver oil.* These are, you know, the main stays in the treatment of tubercular consumption, and *any expedient, however temporary, which will pave the way for their administration is a great boon.*"

We cannot even know the natural history of disease until we have eliminated those elements and phenomena which appertain to starvation or deficiency in assimilation. In many instances this feature in the progress and development of disease can only be removed by the successful accomplishment of artificial digestion. In thousands of instances, doubtless, physicians imagine that they are liberally supporting their patients, when in fact they are filling their stomachs with substances which, from lack of ability to digest them, become foreign bodies, undergoing decomposition, engendering offensive and injurious gases, and inducing by their presence irritation of the entire alimentary canal.



It is not necessary further to push this argument. The object of this communication was confined to one point, the mere successful accomplishment of "alimentation in disease by artificial digestion." The only question remaining to be answered to complete the argument is this: Can artificial digestion be successfully accomplished by the administration of pepsine? Undoubtedly it can. This is now a matter of recorded experience, sufficiently extensive to remove all doubt. Doubtless many have met with disappointment. Many articles of pepsine are inert and unworthy of confidence, but with an active preparation success is certain.

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

TUESDAY EVENING, June 2d, 1868.

The meeting was called to order by the President. The report of the minutes of the last meeting was adopted. Members present—Drs. J. R. Lothrop, Rochester, Trowbridge, Hauenstein, Little, Phelps, Gay, Greene, White, Cronyn, Abbott, Samo, Jansen, C. F. A. Nichell, Smith, Wetmore, Potter, Kamerling and Johnson.

DR. C. C. F. GAY, as a delegate from this Association to the American Medical Association, made a brief report of the proceedings of the last meeting of the American Medical Association.

DR. HAUENSTEIN presented the following:—Mr. President, it appears that I have, unexpectedly, and entirely unsought by me, attained quite a degree of notoriety, the character of which, however, is anything but complimentary. I refer to the proceedings of a meeting of this Society, held in April, and which were published in the June number of the *Buffalo Medical and Surgical Journal*, which I received yesterday. On that occasion, it appears, my friend Dr. Gay, read a paper on the subject of Placenta Previa, in which he reported a number of cases, some of which had occurred in his own practice, and some in the practice of other physicians, to whose assistance he had been called. Among the cases reported are three, which occurred in my practice.

In the same paper, Dr. Gay stated the fact that in the brief period of eight months, six cases of placenta previa had occurred in my practice; this statement was rather too much for some of

the members to believe, indeed, it so shocked their sense of professional propriety as to put them off their guard, and they permitted themselves to indulge in some most "remarkably remarkable" charges and insinuations.

Mr. President, I came here this evening to answer those charges, to repel those insinuations and to vindicate my honor. First, permit me to give a brief history of the cases as they happened in the order of time.

CASE I.—The first of the six cases in question occurred on August 15th, 1867, and has been reported by Dr. Gay. The doctor will, however, please permit me to question the propriety of the use of the term "os rigid," which he uses. In order to enable the gentlemen present to judge for themselves as to the degree of rigidity of the os, at the time I entered it for the purpose of delivery, let me explain. I could readily enter the os with my hand, (the fingers held in the form of a cone,) to the heads of the metacarpal bones, when I found some resistance, but, keeping my hand *in situ* for a moment, it yielded and permitted it to pass comparatively easy. This was the degree of rigidity which it was necessary to overcome in order to get at the child in utero.

CASE II.—November 2d, 1867, at 10 o'clock, P. M., was called to Mrs. S. H., on Batavia street, aged 39 years, in her tenth pregnancy at full term. Found her in a syncope, the pulse not perceptible; extremities were cold and respiration feeble. On inquiry, I learned that three weeks ago she commenced flowing, and continued flowing with now and then two or three days of intermissions; the last six days had lost a large quantity of blood. Not knowing the danger of her condition, she would still, at times be up and about, attending to household affairs. Upon examination found os uteri dilated to size of a twenty-five cent piece, patient still flowing, and from appearance of bedding had already lost a large quantity of blood. Diagnosed placenta previa, inserted air-ball, (the first time I had ever made use of it in placenta previa,) administered stimulants, and sent for the assistance of Dr. Storck. No more loss of blood, yet no reaction took place, except a merely perceptible pulse; patient unconscious. Stimulants were freely given as also a dose of ergot. Feeble pains were occasionally observed, and at 1 o'clock, A. M., on the 3d of November, the air-

ball being removed, the os was found dilated. Nature had wasted her strength and could not effect delivery unaided. Stimulants had accomplished nothing. To abandon her to her fate was death; we therefore concluded to deliver, as giving our patient the only chance of recovery. I introduced my hand and found placenta adherent to uterus all around; it was centrally implanted. After separating a portion from its attachment, to permit the passage in of my hand, the feet were brought down and the woman delivered. No apparent impression on the condition of the patient was noticeable; she had the same almost imperceptible pulse now as before. She lingered in this condition for two hours longer and died.

CASE III.—Mrs. S., on Walnut street, in the eighth month of her fifth pregnancy, was taken in labor with hemorrhage, on Friday morning, December 20th, 1867. A midwife was sent for who, finding herself inadequate to manage the existing complication, deserted the patient. Was called to see her for the first time on the evening of the next day, about 8 o'clock. Found patient had already lost considerable blood, none, however, during her pregnancy to commencing labor. Upon examination diagnosed placenta previa; os undilated. Inserted air-ball which completely controlled the hemorrhage. Remained with her all night, during which time she had feeble pains at long intervals. At about 8 o'clock in the morning pains increased, and blood began to flow rather freely. On removing the air-ball found os uteri dilated; introduced my hand for the purpose of delivering and found a segment of the placenta to her left side, and the feet of the child presenting; brought the feet down and delivered a still-born child; mother doing well.

CASE IV.—Mrs. B., on Madison street, near the end of the eighth month of her eighth pregnancy. Five weeks before confinement, after a copious loss of blood, came to my office to consult me. Three weeks afterwards had another attack of hemorrhage, and for the last week previous to her confinement, suffered from loss of blood every day or two. She had lost very much of blood before commencement of labor. February 8th, about noon, I was notified to attend her; found her in labor with feeble pains, attended with hemorrhage. On examination found the os uteri dilated, a segment of the placenta and the head of the child presenting. The hemorrhage being moderate, I gave her a dose of

ergot and ruptured the membranes; to accomplish which, the membranes not being on a stretch during the slight pains she had, I introduced my hand into the vagina and ruptured them. The head soon engaged the inlet of the pelvis, after which she lost no more blood. Labor henceforth went on naturally and the child was born about 2 o'clock, P. M., and lived for five hours thereafter; mother doing well.

CASE V.—Occurred February 23d, as reported by Dr. Gay.

CASE VI.—The last case is also reported by Dr. Gay, and occurred on April 4th, 1868.

These are the cases to which Dr. Gay referred when he stated that six cases had happened in my practice in the short period of eight months.

Mr. President, in regard to the discussion which the treatment of my first case provoked, permit me to say a few words. In his remarks on the paper read by Dr. Gay, and in reference to the case where I delivered the woman, Dr. White—the first gentleman that spoke—said: “I am astonished, Mr. President, to hear the word ‘forcibly’ used, at this late day, to describe *any* of the manipulations practiced for the delivery of the parturient.”

Mr. President, when a physician is called to assist the parturient, and from the nature of the case it becomes necessary to make use of manipulations, more or less force will necessarily have to be used, and sometimes very considerable force must be used. Take, for instance, a case of transverse presentation, where, through ignorance, the midwife fails to detect the position of the child, and after the escape of the water and the lapse of many hours will yet administer one or several doses of ergot. To deliver such a woman requires force. To deliver a woman with forceps frequently requires the use of force for many hours in succession. Therefore, to deliver a woman forcibly need not necessarily be bad practice. But I agree entirely with the doctor when he modifies his assertion to cases when rigidity of the os uteri exists.

In the same paragraph the Doctor remarks: “The patient died, and as no *post mortem* is reported, it is impossible to determine the condition of the organs after this “forcible” resort to version of the child in utero.” What is the simple meaning of this remark? Can it be construed into anything else but that I have made my-

self liable to a criminal prosecution? It is rather a strong insinuation. Dr. White is rather inclined to ridicule the practice of the use of the air-ball, and says that "it is not so good as soft old muslin, torn into small slips, and united by candle-wicking or tape, and then introduced through a cylindrical speculum." Mr. President, I consider the air-ball better than the tampon, which the gentleman is in the habit of using, based upon the fact that its introduction can be accomplished in a much shorter time, that no waste of time is necessary in its preparation, and that it completely fills the vagina. Whereas the tampon which he uses is open to the objection that when introduced through the speculum, each successive portion so introduced will be saturated with blood, and but an imperfect packing of the vagina can be accomplished. In future, however, I would accept of an improvement suggested by Dr. Greenhalgh, of London, which consists in surrounding it with a substance like spongiopilinc, or, in the absence of which, I would use a piece of patent lint, so covering the ball as not to prevent its inflation.

"To expect the profession," said Dr. Miner, "to accept the declaration that one of these physicians has treated six cases of placenta praevia in eight months, is too much; it can hardly be credited; it must be looked upon as a mistake." The plain interpretation of this remark would sound somewhat harsh, I will therefore not attempt it. It is indeed strange that I should have had so many cases of placenta praevia in so short a time, I admit; but it is nevertheless a fact. I have no fault to find with the gentleman to be somewhat incredulous, but such is the language of expressing his incredulity that it conveys the insinuation of questionable veracity. The doctor's generosity, however, inclines him to be charitable, and he is forced to look upon it as a mistake. In all the six cases it was found necessary to introduce the hand into the vagina, and in the majority of the cases, into the womb; in all the six cases I performed whatever, manipulations were necessary, and I cannot comprehend the possibility of a mistake in the diagnosis, since I came in contact in each case with the placenta, and could feel it most distinctly—had it between my fingers. My practice in ordinary cases of midwifery is not large; I am called perhaps nine times in ten to cases where there is a midwife in attendance.

DR. GAY said, it may perhaps be thought by some that there may have been an arrangement between Dr. Hauenstein and myself in the matter of this report, but there has been no conference or agreement in regard to what action should be taken in this matter.

DR. WHITE said that he did not intend to make any remarks, but would ask indulgence to say that he was glad to find that there is no difference of opinion between us. My remarks to which Dr. Hauenstein refers, were based upon what Dr. Gay said in his paper upon Placenta Previa. I supposed from the reading of his paper that forcible delivery was made while the os was rigid. The word forcible was used by Dr. Gay upon that occasion, and he admits here and now, that he used it. I use the terms *forcible* delivery and *artificial* delivery. I say that it is bad practice to undertake to forcibly deliver when the os is undilated and rigid. The use of the air ball is good practice, but not new at all. Accoucheurs differ in regard to the kind of tampon to use. I prefer the kitetail variety; others may prefer the air-ball. The number of cases of placenta previa reported by Dr. H. is large and very unusual, but they undoubtedly occurred. Dr. Hauenstein's veracity in the matter was not doubted—was not called in question, and the Doctor has this evening cleared up all the seeming differences of opinion in regard to the subject.

Scarlatina and rubeola were reported as prevailing.

DR. J. R. LOTHROP asked if it was the opinion of the members present that kidney affections oftener follow mild cases of scarlatina than severe cases. The prevailing opinion seemed to be that mild cases were most likely to be followed by these disorders.

DR. J. S. SMITH was elected to read an essay at the regular meeting of September next.

Adjourned.

T. M. JOHNSON, Sec'y.

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Died, in Philadelphia, on the 11th of June, Nathàn Shoemaker, M. D., aged 80 years. Dr. S. had for some years retired from the active duties of the profession, but at one time he enjoyed an extensive practice, and was universally respected for his skill and high moral character.

## Miscellaneous.

“Non Omnes Eadem Mirantur Ament Que.”

NASHVILLE, TENN., June 16, 1868.

The undersigned, in response to the request of a number of physicians and of the relatives and friends of the unfortunate subject of this investigation, give the following testimony: The infant, J. Myrtle Corban, *has four legs and two distinct external female organs of generation, with two external openings of the urethra and two external openings of the double rectum.* The external genito-urinary organs are as distinct as if they belonged to two separate living beings. The fæces and urine are passed (most generally simultaneously, particularly the urine,) from both external urinary and internal openings, situated respectively between the left and right pairs of legs.

The head and trunk are those of a living, well-developed, healthy, active infant of about five weeks, whilst the *lower portion of the body is divided into the members of two distinct individuals, near the junction of the spinal column with the os sacrum.* As far as our examination could be prosecuted in the living child, we are led to the belief that the lower portion of the spinal columns is divided or cleft and that there are *two pelvic arches supporting the four limbs*, which are situated upon the same plane.

Photographs of this infant have been made by the advice and under the supervision of one of our number.

The reality in this case surpasses expectation, and we are of the opinion that this most interesting *living monstrosity* exceeds in its curious manifestation of the powers of nature in abnormal productions, the celebrated “Siamese Twins.”

JOSEPH JONES, M. D.,

Prof. of Phys. and Path. University of Nashville,

PAUL F. EVE, M. D.,

Prof. of Surgery, University of Nashville.

Further remarks by Professors Jones and Eve, for this Journal.

Josephine Myrtle, is the third offspring of W. H. and Nancy Corban, aged twenty-five and thirty-four, the wife being the senior by nine years. They are so much alike in appearance, having red

hair, blue eyes and very fair complexion, as to produce the impression of their being blood kin, which, however, is not the case. Mrs. Corban is from North Alabama, had borne one child to a former husband, the child having dark coloring, and resembling mostly the father, who had black hair and eyes. Her three children are all girls; the one already alluded to, now six years old, another three, and this *infant monstrosity*, now to be more minutely described, born the 12th of May, 1868, in Lincoln county, Tennessee, five weeks ago.

Mr. Corban is a Georgian, served in the Confederate army through the war, and was severely wounded in the right arm and left hand. The parents are in fair health, though the mother is anæmic. She recollects no fright or disturbance during her last pregnancy. The presentation was fortunately the head, which accounts for the preservation of the life of the child. It would be curious to speculate on the trouble, which might have been produced had the feet or breech presented, while the result, in all probability, would have proved fatal to the infant, and possibly to the mother. Mrs. Corban says that there was nothing peculiar in the labor or delivery. When three weeks old the child weighed ten pounds. It now nurses healthily, is thriving well, and we saw it urinate simultaneously, between the *two pairs of labia of the two vaginae*, situated about six inches apart. From the crown of the head to the umbilicus the child measures twelve inches, and from this point to the toes of the right and left external feet, eleven inches. From the umbilicus up, all is natural and well formed; all below this, extraordinary and unnatural. An inch below the navel is a mark of an apparent failure for a second one. *There are four distinct, pretty well developed, lower extremities.* They exist in pairs on both sides of the median line which resembles the cleft of an ordinary pair of legs; but here there are no marks whatever of arms or genital organs, and upon pressure we discover no os coccygis or sacrum. The outer legs of both sides are the most natural of the four, (though the foot of the right one is clubbed,) but are widely separated by the two supernumerary ones, which are less developed, except at their junction with the body, from which they taper to the feet and toes more diminutive and which are turned inwards. One toe is bifid on the left extra inward



extremity. At birth these extra legs were folded flat upon the abdomen. We are led to believe that there are *two uteri as well as two recti*; in fact, that the pelvic organs are double. Of course, a minute dissection would alone expose the true condition of these parts.

Should this infant reach maturity and the internal generative organs be double, there is nothing to prevent conception on both sides. The first difficulty will, however, be in her walking. The outer, or external legs, may be used for progression; the inner or inturned ones, probably never. These might be successfully amputated at the knees, or higher up.

One of us recollects being in London, in January, 1830, at an exhibition of the Siamese Twins, when Sir Astley Cooper gave an opinion adverse to an operation with a view to separate them, but which has always appeared to us as feasible and without much risk of peritonitis; an operation too, which should undoubtedly be performed in case of the death of one of them, for no medical man believes in the vulgar impression that they must die simultaneously. In the present case all surgical interference is, of course, out of the question, except that alluded to—removal of the extra legs.

Cases somewhat similar to the above have occurred and been described. Rokitsansky refers to two completely distinct bodies conjoined at their ossa sacra or coccyges, as in the well-known Hungarian sisters, Helena and Judith, born in 1701, who survived their twenty-second year.

Geoffrey St. Hilaire alludes to cases of a trunk with two heads, some even Janus-like, having four upper and four lower extremities.

The case, however, recalled most vividly by Josephine Myrtle, is that of Rita Christina, well known in Europe, and accurately described in this country years ago by Prof. Meigs. In this wonderful instance, there were *two heads, two necks, four arms*, but only two legs; and was thus the reverse of our case. In fact, the *two* children would, if properly organized, have made *two girls*. From the umbilicus down, there was one well-formed child, but above this all the organs were double; in reality, there existed two beings. The rectum and bladder were common to both, but all else in the

trunk was double and distinct. One would sleep while the other played, etc., for they had *two spinal marrows, two brains, two hearts*, but which occupied a common pericardium. Unfortunately, after surviving a little over a year, one sickened and died, when the other, then in health, instantly expired.

Rita and Christina were born in Sardinia, 1829, and described by Dr. De Michaelis, Professor of Surgery in the Royal University of Sassari, and lived eighteen months.

The late Prof. J. C. Warren, of Boston, first described the Siamese twins brothers, when purchased of their mother by Capt. Coffin and Mr. Hunter (joint owners) and brought to that city, in 1829.

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### Instrumental Diagnosis—Sphygmography.

BY PHILIP S. WALES, M. D., SURGEON U. S. NAVY.

The sphygmograph, derived from two Greek words, signifying *pulse* and *pen*, was first applied in physiological researches upon the circulation of the blood, but recently has been turned into another channel—the investigation of disease.

The difficulty of accurately appreciating and estimating the properties or qualities of the pulse in health and disease by the unassisted senses, has always stood in the way of progress in the knowledge of the value of its indications, and therefore has prevented the attainment of much accurate and reliable prognostic and diagnostic information from its examination in disease. The tactile power, by means of which we gain such knowledge, is, however, so various in different persons, that with the same pulse different impressions as to its qualities of fulness, force and volume, may be conveyed to them, and therefore different conclusions will be arrived at, though the conditions of the observation be the same. To appreciate the innumerable variations of the pulse, and their import in prognosis and diagnosis, a long individual training is absolutely required, when the sense of touch is alone employed in the investigation. Even after this knowledge has been acquired, it is of that sort of individual possession which cannot be transmitted to another, or taught by any form of words you choose to adopt, while the tactile power is so various, except in the most imperfect manner.

From this imperfection of the sense of touch in accurately determining the character and import of the pulse qualities, the working physician will gladly welcome any extrinsic aid from physics, in giving more certainty to his observations and deductions in the daily pursuit of his profession. This important desideratum is now promised him in the sphymograph.

As early as 1837, King, of London, in order to make more evident the motion of certain veins presenting the phenomenon of rhythm, employed a lever for amplifying its extent. Later, Vierordt, a German physiologist, applied the same happy idea to the ascertainment of arterial rhythm, and by means of the lever was enabled to make evident to the eye in the form of diagrammatic sketches, the qualities of arterial action; but the great objection to his instrument is that the lever is too heavy, and so poised that its tracings were too uniform, and the component lines nearly vertical and parallel under all variations in the arterial current, and so far they did not represent the various pulse-forms correctly, or possess sufficiently distinctive and characteristic properties as to enable the physician to draw any conclusions as to the various morbid states of the circulating and other organs.

With a view of correcting this manifest imperfection in the instrument as a diagnostic mean, Dr. E. J. Marey, of Paris, well known for his scientific attainments as a physiologist, and as an acute observer, modified it in many material points, so as to produce almost an altogether new instrument. He simply retained the lever motion of the instrument of Vierordt to multiply the extent of arterial action, and then appended other portions to it, so that the complete apparatus worked in such complete harmony, and with such accuracy, as to enable him to present to the eye the most faithful representations of the pulse-forms under the most varying conditions of disease.

A metallic plate, furnished with movable lateral wings, forms the frame of the instrument, and is in the shape of a section of a hollow cylinder, the concavity of which may be altered at pleasure to fit it accurately to the fore-arm. At the sides of this frame there are six hooks, three upon a side, which enable the instrument to be fastened to the part securely by means of a cord passing around them alternately from side to side. The end of a steel spring is attached to the back part of the plate, and projects for-

ward to the position of the artery, being brought perpendicularly in contact with it by a little ivory plate interposed between them. The motion of the artery is transferred from this steel spring to the tracing lever, by a metallic stem bent upon itself placed between them, connected by its long arm to the spring and touching the lever near its centre of motion, which is at the anterior edge of the metallic frame, by the distal end of its short arm; the relation of these three parts to each other and to the artery are regulated by two milled-headed screws. The tracing lever carries at its distal end a pen which marks upon a paper, supported upon the oblong plate the tracings; the paper is moved its whole length every ten seconds, as the writing goes on, by the watch work, which is wound up by a button key, and started or stopped at will by a regulator placed at the side of the instrument.

Variation of arterial tension, which is the agency in producing the difference in the pulse-form, is due, according to Dr. Marey, in a great measure, to causes which may be arranged in two principal groups. In the first, are those causes which facilitate the passage of the blood through the capillaries, thereby inducing a *low arterial tension*; in the second, those which obstruct its course in the capillaries giving rise to a *high tension*. The physical condition culminating in these variations of tension are, according to these views, 1st, either mechanical, as the alteration of the position of the subject, and by compressing the arteries so as to arrest the free flow of the blood through them; 2d, or by causing the constriction or relaxation of the smaller vessels so as to obstruct the blood in its course to the veins. Every cause which contracts them, as for instance, the application of cold will result in an *elevation* of the arterial tension; every cause which relaxes them, as warmth will *lower* the tension. It follows from all this, that the principal conditions for alterations of tension are induced by causes acting upon the periphery of the animal body.

The pulse-forms corresponding with these two states of arterial tension, are well marked and characteristic. With a low tension the first element of the pulsation, or the *line of ascent*, will be steep and ample, while the third element or *line of descent*, will present the form of undulations.

With a strong tension the characters of the tracings will present a strong contrast with the preceding; the line of ascent will be

less long and abrupt, while the line of descent will move off obliquely in a straight line.

The above two traces show that the frequency of the heart's action is also affected according as the tension is greater or less; being more frequent with less tension and the reverse.

Two forces, *systolic acceleration* and *increased arterial tension*, are transmitted through the arterial system, and acting simultaneously and conjointly, produce the pulsations in the aorta and great vessels, at the root of the neck. Passing further on in the divisions and sub-divisions of the vessels, these forces are no longer coincident, and separate more and more as they proceed.

Pulse-traces taken at a time when ventricular contraction and natural tension are active and physiological, present a number of continuous curves, each representing a complete cardiac revolution. Each curve consists of three parts—a *line of ascent*, a *summit*, and a *line of descent*, which require individual notice, inasmuch as they are the factors which varying in character as to form, length, regularity and height, furnish the indication, in their different combinations, of the state of the circulation in health and disease.

The line of ascent is produced by the systolic contractions of the ventricle, which propagates an instantaneous pressure-wave from the heart to the artery upon which the sphygmograph is placed. This line varies in height, according to the facility with which the pressure-wave overcomes the arterial tension—being greater, if this is easily effected, and less under reverse circumstances. The position of the line as to verticality is determined by the rapidity of the efflux of blood into the arteries; the greater this is, the more quickly will arterial tension be established and nearer will the line approach a vertical position. When the entry of the blood is languid the line is described in an oblique direction and sometimes in a curved one.

The first change in the direction of the tracing lever forms the summit of the curve. It corresponds to that period when the blood is passing into the artery and thence onward, or when the *afflux* and *efflux* mutually balance each other. According as this period is longer or shorter, the summit will present either a point or a line of some height; in the latter case if the afflux predominates, instead of a horizontal line, we should have one with an upward slope, and under reverse circumstances one with a downward slope.

The line of descent presents a greatly waved form with three deviations form a rectilinear course, reckoning the apex of the curve as the first. The second wave represents an expansible movement in the arterial walls, and marks the termination of the systolic portion of one cardiac revolution. The notch following the second wave answers to the period of closure of the semilunar valves. The third wave succeeding the aortic notch is caused by a renewal of the action of the arterial walls. After describing the third wave, the tracing bar falls until it reaches the point which marks the period of *minimum* arterial pressure. In the normal condition of the circulation a straight line should just touch the pieces of the successive curves, which indicate the points of *maximum* tension, and runs parallel with a similar line connecting their bases, which are the points of *minimum* tension.

In certain cardiac diseases and in febrile derangements, the second wave is effaced, the aortic notch deepens, and the third wave is somewhat exaggerated, thus a two-waved line of descent is formed and the pulse-form is said to be *dicrotic*. *Dicrotism* varies in degree with the nature and intensity of the febrile disease; if the bottom of the aortic notch reaches half way to the base-line of the curve, the pulse is designated *subdicrotous*; if the notch touches the base line, *full dicrotism* is established; and in exceedingly bad cases of fever the notch extends below this line giving a *hyperdicrotic* pulse-form.

The pulse-forms of valvular disease will vary very much, according to the nature of the alteration and its situation. These morbid conditions are rarely single, but are associated in various degrees of complexity, and the pulse-forms must necessarily be also complexed in their forms; these may, however, be analyzed into their simple forms, and these forms connected with special anatomical changes.—*N. O. Journal of Medicine*.

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SUTURE OF NERVES.—At the Society of Surgery, M. Paulet has read a very elaborate paper on the Immediate and Indirect Consequences of Traumatic Lesions of Nerves. Two cases here recently have excited interest in this subject. In one, M. Langier united by suture the cut ends of the median nerve; and on the same day there was a commencement of restored sensibility and

voluntary movement. In the other, M. Richet demonstrated, notwithstanding the complete section of the median nerve, that tactile sensibility persisted in the thumb, index, medium, and ring fingers. These clinically observed facts are entirely opposed to the teachings of experimental physiologists who have divided and resected nerves. To explain them, reference has been made to peripheral anastomoses, such as M. Robin has pointed out between the median and radial, for the nervous filaments distributed to the tactile corpuscles. But M. Paulet points out that, if the explanation lies here, the function should have been carried on by them immediately after the section of the nerves, not slowly re-established. After a very long literary research and a great number of experiments, he confesses himself unable to elucidate the difficulty and discord.—*British Medical Journal*, May 16, 1868.

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### Experiments Showing the Occurrence of Vegetable Organisms in the Human Blood.

BY JOSEPH G. RICHARDSON, M. D.,  
Union Springs, Cayuga County, N. Y.

In the course of my examinations of nearly one thousand specimens of human blood during the past year, I have, in a large proportion of cases, met with the molecular substance denominated by Prof. Salisbury "*zymotosis translucens*." In severe cases of rheumatism and neuralgia I have found long strings of these transparent granules, and occasionally homogeneous filaments; in the blood of patients afflicted with some other diseases, and of individuals enjoying comparative health, these particles were single, or adherent in rows of two to five or more, such rows often showing a tendency to become branched. They are doubtless identical with the so-called "globulins" of Donn  (*Cours de Microscopie*, p. 85, Paris, 1844,) and the "molecular substance" of Griffith and Henfy (*Micrographic Dictionary*, 2d edition, p. 92, London, 1860.) But, in addition to them, I was at first surprised to find in a few instances, that the blood contained in almost every field numerous minute, rounded particles, much more distinct than those above mentioned; not, like them, fading rapidly from view; having an active rotary or erratic motion, and strongly resembling the pri-

mary stage of certain infusoria, as seen in solutions of decomposing animal matter. They appeared in cases where the pulse was feeble and intermittent, the blood anæmic, and the powers of life at a low ebb; and diminished in number under tonic treatment, especially the administration of tincture of chloride of iron. It occurred to me that by this property of independent movement we might be able to recognize the existence of independent organisms within the blood, and thus obtain a strong presumptive evidence in favor of Prof. Salisbury's novel theories concerning the vegetable origin of disease; and in order to test the correctness of this surmise the following investigation was undertaken:

*Expt. 1.*—A drop of blood drawn from my own arm was placed upon a slide, and a minute portion of water, which had been standing four days upon some fragments of beef, and which, examined a few minutes before, exhibited multitudes of vibriones, was mixed with it, and the whole covered with a thin glass. Upon adjusting it under the microscope, the vibriones were found to be moving, some rapidly, some slowly, and some only as borne by the currents among the blood-corpuscles, apparently unaffected by the change of world which they had undergone. By arranging a filament of thread from the reservoir upon the growing slide, so as to supply the loss of fluid by evaporation, I was able to watch their progress, at short intervals, for about nine hours, which was, as far as I could judge, uninterrupted toward the formation of vibratile filaments resembling the early stages of development in the so-called *Leptothrix Baccalis*, found so abundantly in the tartar on the teeth. One particular filament, which was carefully watched, and of which drawings were made from time to time, whose movement, when first observed, was very active and constant, grew from a length of about  $\frac{1}{1500}$ th of an inch to that of about the  $\frac{1}{1000}$ th of an inch in eight hours, to that of about  $\frac{1}{800}$ th of an inch in seventeen hours; and at the end of twenty three hours, when the experiment was interrupted, had attained a length of about  $\frac{1}{500}$ th of an inch. The process of development seemed to be accompanied with a disposition to bend sharply at intervals of perhaps  $\frac{1}{2000}$ th of an inch, and shoot forth from the salient angle a branch equal in size to the parent trunk. As the organism increased in length, its movement diminished in rapidity.



until towards the close of the experiment it nearly or quite ceased; its breadth continued the same throughout, and appeared to be about  $\frac{1}{100000}$ th of an inch.

According to the conclusions of Prof. J. Wyman, in his paper on the existence of living organisms in heated water,\* neither vibrions nor bacteriums appeared (in water containing beef-juice) if the boiling was prolonged beyond the period of five hours; and the Professor quotes Pasteur† to the effect that the spores of some kinds of cryptogams (even those most salamander-like, he appears to mean) perish at a dry heat of 266° F., so that the slides and covers used in the following experiment, being, after thorough cleansing, burnt off in the flame of an alcohol lamp, may probably be considered free from any such impurity.

*Expt. 2.*—January 6, 1868, at 8½ P. M., two hours after a slight supper, I drank a fluid ounce of water, which, having stood upon some fragments of beef for two days, contained, as counted under the microscope, on an average (the mean of ten enumerations) about 14 vibriones and bacteria to each square  $\frac{1}{10000}$ th of an inch; a drop (or minim) being spread out under a thin glass one inch square, so that the f3j included, in round numbers, 7,000,000,000 of living organisms. This compound, although sufficiently repugnant to the palate, had no nauseating effect upon the stomach beyond that fairly attributable to mental disgust, and probably possessed no higher aroma than a professed gourmand used to enjoy in the saddle of venison which had garnished his larder until it acquired the true game flavor. Half an hour after the imbibition of the mixture, a drop of blood drawn from my arm, and examined on a slide simply wiped clean, showed, on rigid scrutiny during another half hour, but a single moving molecule. At 9½ P. M. a glass and cover heated far beyond the limit above given as compatible with organic life, and scrupulously protected from exposure to deposits from the atmosphere, were used for the examination of another drop of blood, in which four molecules in active motion, precisely resembling that of infusoria seen in Expt. 1st, were visible. A drop drawn at 10 P. M., and examined between a glass and cover prepared with the same precautions, exhibited six specimens of moving bodies; while in a drop drawn at 10;

\* See this Journal, p. 263, January, 1868.

† Am. Journ. Sc. and Arts, p. 164, from Ann. de Sci. Nat., t. xvi, p. 81, 1861.

P. M., only two were detected during a careful search of half an hour's duration.

*Expt. 3.*—At 7 P. M., January 7, 1868, four hours after dinner, I swallowed four fluid ounces of water which had been standing some seventy hours upon fragments of beef, and which, according to the data of experiment 2d, contained at least 27,000,000,000 living organisms. As this test was intended to be as far as possible a crucial one, at 8 o'clock I prepared a slide and cover in the following manner: after washing them thoroughly and drying them on a clean cotton cloth I applied a drop of strong hydrochloric acid to the middle of the slide and laid upon it the glass cover, taking care that by suitable pressure the acid was evenly distributed between the surfaces; raising the cover after about a minute I held it by means of forceps in the flame of an alcohol lamp until all the acid was volatilized and then placed it carefully under a small bell glass—the slide itself was similarly treated, and when both were quite cool a drop of blood (obtained from an incision made through integument painted with tr. ferri chlor.) was touched to the slide which was quickly transferred beneath the bell glass applied to the glass cover, and the whole reversed and placed upon the microscope stage. The lenses being adjusted, I found the blood remarkably full of moving particles precisely resembling to my eye specimens of vibrio bacillus; these were so abundant that I counted twelve in about as many minutes, and at one time three were visible in the same field. At a quarter before nine another drop of blood drawn from a new incision near the last was examined between a slide and cover prepared exactly as the previous one, and with the same result except that the revolving particles were fewer in number, only four being observed whose motion was unmistakable. At half-past nine another drop from the second incision re-opened was examined between a slide and cover that had been simply heated without the application of acid, and on careful scrutiny for about half an hour only revealed three moving molecules. In examining for these I found a satisfactory method, after discovering one which changed its place under the lowest eye-piece, was to put on that containing the cobweb micrometer, by which at least mistakes proceeding from oscillation of the head or vibration of the instrument were readily corrected.

But such investigations being made with only a one-eighth inch objective, and the lowest eye-piece of a Powell and Lealand's instrument, could not furnish positive proof that these moving particles were not merely inorganic matter undergoing molecular movement, or that if organized they were not the primary constituents or disintegrating residuum of white blood-corpuscles, and I therefore obtained from Mr. Wm. Wales an "Immersion" lens, having nominally but one-twenty-fifth inch focal length, for the purpose of verifying and extending my conclusions. This glass affords a power of about eleven hundred diameters with very clear definition, and after some preliminary study of the organisms in decomposing beef-juice, I made with its aid the following researches:

*Expt. 4.*—At 7.45 P. M., May 17, 1868, I drank four fluid ounces of water similar to that employed in the preceding investigations, and containing multitudes of bacteria. At a quarter past eight I examined a drop of blood drawn with a cataract needle from the tip of my finger, and confined between a slide and cover cleaned with strong hydrochloric acid as above described; under the field of the one-twenty-fifth inch glass, the interspaces between the rows of blood-corpuscles were found to contain multitudes of apparently spherical molecules in rapid and erratic motion—but so very minute as to readily escape notice even with this high power, except under the closest scrutiny; in the course of half an hour not less than one hundred were observed. At nine P. M., another drop of blood examined with the same precautions exhibited in addition to these minute particles, other bodies less active in their movements, of much greater magnitude, and which under an amplification of eleven hundred diameters, appeared precisely similar to the bacteria I had been studying a few hours before in the identical decomposing beef-juice imbibed. Five of them were thus enlarged sufficiently to exhibit an unmistakable organized structure totally different from their associated aggregations of Beale's "germinal matter." (Plate xxvii, Fig. 208, *Microscope in Practical Medicine.*) Three of these bacteria were each about  $\frac{1}{17500}$ th of an inch in length and  $\frac{1}{25000}$ th of an inch in width, very distinctly constricted in the middle; a fourth was obviously composed of four and a fifth of six joints, arranged in a straight line, whose motion was of that peculiar waving character so universal

among the Oscillatoriaceæ—the last two were most clearly visible when they happened to lie vertically to the surface of the glass, and would probably escape observation under the one-eighth inch, except in that position, and be therefore mistaken for simple globular bodies, although in several cases I detected in the second and third experiments a shadowy elongation of one diameter in the revolving molecules then observed.

In view of the statement of M. Davaine to the French Academy of Medicine (*Medical News and Library*, vol. xxvi, p. 28,) asserting a close connection between the appearance of bacteria in the blood and the occurrence of carbuncular disease, it is worthy of remark that neither at, nor subsequent to, either of the three occasions in which I thus impregnated my blood with infusoria, were there any symptoms of carbunculous or other inflammatory malady. The only disturbances of the economy observed were headache, furred tongue, dryness of the throat, and slight diarrhoea, which all passed off in a day or two, the offending organisms being apparently soon eliminated by the various outlets for effete or noxious materials; even these deviations from health may have been accidents, the results of other causes.

Although I am well aware that the plans adopted do not preclude the possibility of error through the introduction of living organisms into the blood after it has left the walls of its vessels, yet I think most candid inquirers will admit that the fact that an increased number of moving particles were visible after an increased dose of vibriones (contained in the draught above mentioned *whose swarming population exceeded more than twenty times the sum total of every man, woman and child, who walks upon our earth,*) and at the same time *in spite* of increased precautions which the most stubborn skeptic must acknowledge would have a tendency to diminish the chances of deception, goes far to prove that multitudes, probably millions, of infusoria, thus entering the stomach, find their way into the blood in a few hours, and, retaining their independent vitality, circulate with that vital fluid through the minutest ramifications of the arteries, and penetrate to every portion of the human system. And if this be true, how strong becomes the presumption that there are other plants more deleterious in their growth or more poisonous in their nature, which also thrive under certain circumstances within the blood, and each

constitute the essence, the real *contagium*, of some so-called zymotic disease, as, for example, diphtheria and scarlet fever, small-pox and measles, as declared long ago by Prof. Salisbury, of Cleveland, and recently by Prof. Hallier, of Jena.—*Am. Jour. of Medical Sciences for July, 1868.*

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### History of the Florence Nightingale Ward in the King's College Hospital.

The author commenced by relating the circumstances under which the Nightingale Ward was founded, for the purpose of instructing duly-qualified midwives to be employed in attending on the poor under proper medical supervision. He referred to the condition upon which Dr. Arthur Farre, at that time physician accoucheur to the hospital, had insisted, before consenting to take charge of the ward, and described the arrangements for securing, as far as possible, the safety of the patients. The most elaborate precautions had been taken by Dr. Farre for the purpose. The long ward was only employed for convalescent patients. There were two separate delivery wards, which were used alternately for three weeks at a time, and in the interval the empty room was thoroughly cleansed and disinfected. Each patient had 3200 feet of breathing air. All students engaged in dissecting, or in attending the surgical practice of the hospital, were prohibited from entering the ward. Mr. Rowling then proceeded to give the statistics of the deliveries, and showed that, in spite of every care, the mortality had increased each year; the average mortality since the ward was opened having been 1 in 28 9 cases. He described the causes of two deaths that had occurred and their most prominent symptoms, and finally mentioned that this great mortality had determined the hospital authorities to close the department altogether.

Dr. Barnes said that no paper was more deserving of record in the Transactions than this, in order that it might stand as a warning against the repetition of the most disastrous experiment related. It had been said that history repeats itself; but why did history repeat itself? Simply because her plainest lessons were willfully disregarded. Was it necessary, at the sacrifice of the lives of so many women, to repeat an experiment which ample

experience in every country had over and over again proved to be so fatal? He felt bound to say that this tendency to repeat a fatal mistake was more the fault of the lay members of society than of medical men. He did not suppose that any physician in the room would now advocate the establishment of a lying-in ward in a general hospital. Dr. Farre had never approved of it. He himself had strenuously resisted a proposition at one time contemplated to establish a similar ward in the new St. Thomas's. A lying-in hospital was bad enough, but a lying-in ward attached to a general hospital was a sin against humanity. Was it not shocking to offer in the name of charity to poor women looking to you for help, a succor that would only too probably be charged with death. So deeply had the mortality of lying-in hospitals, even of those constructed with every care that modern research could devise, impressed many of the most eminent men in Paris, that, the expediency of suppressing these hospitals and of substituting home-midwifery was now admitted. In his conversations with continental professors he had found few who contended that hospitals were desirable for the patients. The general argument for hospitals was that they were necessary for the purposes of instruction. Well, we taught midwifery here and we saved our women.

Dr. Graily Hewitt wished to make one remark on this subject. Lying-in hospitals, as they had been organized up to the present time, were most undoubtedly objectionable. The secret of the successful treatment of lying-in cases was isolation. The moment cases were congregated together in one apartment, puerperal fever was likely to be generated. If the patients were isolated from each other by suitable means, and in suitable buildings, there was no reason why the mortality should be higher in a lying-in hospital than elsewhere, but in the existing hospitals these precautions had not been attended to.—*Lancet*.

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THE MILK OF SYPHILITIC NURSES.—Dr. Padova has inoculated this milk on some healthy individuals, and, as the result of the operation was negative, he hastily concludes that this fluid has no infectious properties; forgetting that the milk placed under the skin, and the same secretion obtained by suction, and reaching the stomachs of children, are widely different in their effects.—*Lancet*.

### The Doses and Actions of Medicines.

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He considered that the prevalent distrust in the efficacy of drugs might all be resolved into the three following formulæ:—1. The natural reaction from the overweening confidence in medicine, and from the wholesale and indiscriminate administration of drugs which prevailed at the beginning of the present century. 2. The discovery that certain disorders, if left to themselves, in many instances tend to recovery. 3. The prevalence of extreme ignorance as to the dose in which each drug is tolerated by the system, and as to the dose in which it must be administered in order to obtain its curative effect. After enlarging somewhat on these points, Dr. Fuller concluded an able paper by remarking that by one means or another distrust had come to prevail, and discredit had been thrown on the curative action of drugs. Disease was left to take its natural course, and homœopathy was practiced under the guise of scientific medicine. The public, who see by the reports of cases in our periodical literature how little heed some men pay to medicine, were becoming indoctrinated with the belief that drugs are of no avail, and were consistently betaking themselves to the professed homœopath. For this belief Dr. Fuller maintained that there were absolutely no grounds, and urged the Society to appoint a committee for the purpose of investigating the subject of therapeutics and the action of medicine. If, he said, it should prove, on inquiry, that drugs are of no avail in modifying the course of disease, let us, as honest men, avow our mistake, alter our practice, and admit that homœopaths have had just cause for their vilification of the legitimate practice of medicine; but if, on the contrary, the labors of the committee resulted in establishing the curative action of medicines, where properly administered in doses and in combinations suited to the exigencies of each case, the profession might fairly hope to obtain as the result of the investigation some trustworthy therapeutical data. The investigation must necessarily be coeval with the existence of the healing art; but the labors of the committee, if carefully conducted, would serve as a model to future inquirers; the conclusions at which they arrived would be a nucleus to which other facts might be added from time to time, until information was obtained in the healing art which would be indispensable to

every practitioner; and meanwhile the Harveian Society would have the honor of inaugurating an inquiry which would not have been unworthy of the Royal College of Physicians.—*Lancet*.

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## Editorial Department.

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### Close of Volume Seven.

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As the present number closes the volume, we take this opportunity to thank the contributors and supporters for their generous aid, and ask a continuance of the favors we have so long and kindly received. We propose to offer a medium of communication to the members of the profession, and shall be glad to receive contributions from all who may have suggestions to make or observations to record. We have endeavored to conduct the Journal impartially in the interest of the whole profession; if it has few merits and attractions it simply shows the indifference and stupidity of the profession, and but slightly reflects upon us. The members of the profession have no right to complain of it, for it is what they make it, and if they do not regard it satisfactory, they are earnestly invited and urged to make the Buffalo Medical and Surgical Journal all they desire it to be—replete with the most valuable suggestions, the most recent discovery. We are most happy to believe that success in evidence, proof we may say, of merit, and that through all changes and embarrassments the Journal has constantly extended its scope of influence and is now stronger with its old friends and more rapidly adding new supporters, than at any previous period of its history. We are often asked for various purposes, who are the best and most reliable physicians in the various towns and villages of Western New York and adjoining parts of other States. We can turn to our subscription list, and give the desired information with most unerring certainty.

We are glad to add new names to the list of Journal supporters, and hope our friends will aid us in this object, but we do not propose any "raid" upon the profession for this purpose. In the city we have the names of nearly all we want, a few of the younger men who have but recently commenced practice here would be kindly received, while those who have read the Journal seven years without expense, who have never appeared upon the subscription list, or have long since *disappeared*, never giving us a manly support, are entirely welcome to *borrow* whatever more there may come to be of it; we hope its careful perusal may yet do them some good.

We anticipate for the future still greater success and usefulness, and shall spare no effort on our part to make the Journal all that its friends can desire. We shall receive the aid of the intelligent and active men of the profession, and with their assistance success is certain.



### University of Michigan.

The medical department of the University of Michigan still remains in a very unsettled and unsatisfactory condition; indeed must ever remain an element of contention and discord. It seems to us that State support is not necessary or desirable for a professional school, not desirable or well for either school or State. It is obvious to all experienced observers, that a medical school, situate away from opportunities for clinical study, labors under a fatal disability. Such schools have everywhere fallen to the very lowest point of vitality and are certain to expire. If the State offer almost gratuitous instruction, require no preliminary standard of attainment, and induce young men to graduate in the medical profession because they can do it cheaply and easily, the State must suffer, and the profession must also suffer. While it is well for the State to place general education within reach of the masses, well to found and foster institutions for scientific and literary education, it may now safely leave the professional schools to provide for themselves. Legitimate medicine certainly requires no such aid, and absurd and inconsistent systems of practice would not in the end be gainers by support; it would be no favor to either. We have always believed the medical department of the Michigan University not conducive to the true interests of the profession, and the action of the Legislature has proved this opinion correct. The Faculty were men of the highest merit and their action in promptly resigning their professorships reflects upon them the highest honor; to have retained them would have proved a lasting disgrace. Discord between the Legislature and University can be remedied with advantage to all parties by discontinuance of the medical department, and this seems to be the only desirable and satisfactory manner in which it can be settled.

P. S.—As we go to press we receive and notice the following in the Circular of the Michigan University, and most cheerfully retract what is said above, in any way disparagingly of this school. It is to be hoped that the Michigan Legislature will never again show itself complete fool, in making its appropriations for its educational institutions, and that its past imbecility may not injure the medical department of the University:

“In consequence of an Act of the Legislature of Michigan at its last session, granting aid to the University on the condition that a Professor of homœopathy should be introduced into the Medical Department, much agitation and annoyance have been experienced by its friends; but the Faculty are now happy to announce to the Medical Profession and all the friends of legitimate medicine, that the Board of Regents, who control the University, at a recent meeting resolved, with but a single dissenting vote, that under no circumstances should such professor be introduced into the Medical College at Ann Arbor; and the Supreme Court of the State having since decided that all previous action of the Board making provision for the establishment of a School of homœopathy at another place, is not in compliance with the law, and such action thus becoming null and void, the Faculty are enabled to assure the profession that the *Medical Department of the University of Michigan is entirely free from the remotest connexion with homœopathy*—that its curriculum will not be changed, and that it will remain as heretofore unaffected by any form of irregular teaching or practice.”

### Induction of Premature Labor.

Undoubtedly the best way of inducing premature labor is that known as Cohen's. In this plan fluid is injected between the uterine walls and the membranes by means of a catheter. A great improvement on this is to use a tube with a single aperture at the end instead of with side apertures. The object of this is that the fluid may pass directly upwards to the fundus of the uterus. Experience shows that for sure action of injection, it is necessary that the fluid injected should approach as near as possible to the fundus of the uterus, this being the most sensitive to irritation. (Prof. J. Lazarewitch.)

The following is the mode of application of the douche for the purpose of inducing premature labor. Place the patient in the usual obstetric position, with the hips drawn well over the edge of the bed; by passing a full sized Ferguson's speculum the os may then be brought into view and the nozzle of an ordinary syphon syringe inserted into it. A continuous stream of water must then be injected into the cavity of the uterus. Before using the syringe care must be taken to fill it completely with water, so as to exclude the admission of any air into the uterine sinuses. Tepid water answers very well, and it is unnecessary to use alternately hot and cold water. (Dr. T. Telford.)—*Braithwaite's Retrospect*.

The above method is dangerous, and is the very last to be practiced. Several deaths have been caused by it, and though it has some advantages, still the liability of air being conveyed into the uterine sinuses and thus into the circulation, should cause this method to be abandoned, or adopted under the most careful supervision and from great necessity; indeed we would never adopt or recommend it.—Ed.

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DRUGGISTS RENEWING PRESCRIPTIONS.—The Academy of Medicine, New York, after a long and impartial discussion of the various points at issue, adopted unanimously the following preamble and resolution, and referred to the State Medical Society:

*Whereas*, The attention of this Academy has been called to the repetition of prescriptions, containing active ingredients, by druggists, without the written order of physicians; and whereas, serious consequences to patients are liable to ensue; therefore,

*Resolved*, That we respectfully request the druggists of this city not to repeat such a prescription without the written order of a physician, he being the only competent judge of the propriety or necessity of such renewal.

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SUSTAINING THE BOARD OF REGENTS.—The Am. Institute of Homœopathy,

*Resolved*. That the action of the Board of Regents in appointing Prof. C. J. Hempel to the chair of Homœopathy in the University of Michigan, receives the hearty and unqualified approval of this Institute.

*Resolved*. That should any or all of the Allopathic chairs of the medical department of said University be vacated, and the Board of Regents see fit to appoint Homœopathic medical men to fill these chairs, the Homœopathic profession of America will pledge its influence to the medical department of that University in sustaining such action.

## Books Reviewed.

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Chambers on Indigestion. Second American from the second London edition. Philadelphia: Henry C. Lea, 1868.

Everybody has read the first edition of this work, and probably everybody will read the second and regard it as a great deal better than the first. It contains twelve chapters, the first being an introduction, in which the author has told us many things which could not have properly been presented under any other head. The second is upon the digestion of various kinds of food. Third, upon habits of social life leading to indigestion. We then have abdominal pain, vomiting, flatulence, diarrhoea, constipation and costiveness, nerve disorders connected with indigestion, analysis of cases, and alphabetical index completing the remainder of the book. This is a practical work upon indigestion. Cases are related showing nearly every phase of the disease and the treatment adopted, or that best calculated to restore the functions to natural action. This feature of clinical observation lends great attraction and adds value to the work; it brings the theoretical and practical in so close relationship that both are modified and improved. Dyspepsia includes and fathers a host of maladies, and Dr. Chambers has found them all and placed with them the proper remedies. It is a very good book, and every physician can read it with advantage.

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Wilson on Diseases of the Skin, with plates and illustrations. Philadelphia: Henry C. Lea, 1868.

The early appearance of another edition of this work indicates the favor with which it is received by the profession. This seventh edition has received addition of the plates prepared by Mr. Wilson to illustrate his work on "Constitutional Syphilis and Syphilitic Eruptions." The recent editions of this work have treated the affections arising from syphilis somewhat extensively, making these plates illustrative of the disease very appropriate.

It is quite unnecessary to speak at all in detail concerning the contents or merits of this book; it is too well known and too highly appreciated by the profession to make such notice proper. No work upon this subject is better or more reliable, and no one has better arrangement or more thorough illustration.

Upon the subject of classification upon which so much has been written, the author in his preface says: "After much study of the principles of classification, we have succeeded in framing one, which, deriving its origin from the nature of the diseases themselves, will, we believe, after careful analysis, be found to be the most simple and the most practical that could be adopted. The suggestion of this arrangement arises from our experience at the bed-side of the patient; hence we have termed it *The Clinical Classification*." The author goes on to show how he has followed up his plan, and the manner in which he has formed his various groups of diseases. We accept his classification as being as good as any and like the name he has given to it; it seems to us a very common-sense name, and that it is well bestowed.

**Biddle's Materia Medica for the use of Students.** Third edition, with illustrations. Philadelphia: Lindsay & Blakiston, 1868.

This is a condensed treatise upon the materia medica, designed to contain all that the student of medicine requires to learn, so arranged that he finds only what he really requires, freed from extraneous and unimportant matter. Several substances not introduced in previous editions have been added, viz: Calabar Bean, Woorara, Coca Guanara, Mate, Regoline, Bichloride of Methylene, Compounds of Amyl, Tetrachloride of Carbon, Nitrous Oxide, the Sulphites and Hydrosulphites, Carboic Acid, Ammoniated Hydrogen, Iodide of Ammonium, Iodide of Sodium, and Iodoform. The hypodermic method of introducing medicine and the *atomization* or pulverization of fluids are treated at length. The work contains a succinct account of nearly all articles of the materia medica, and is eminently suited to the student while attending lectures and to the busy practitioner who desires to find the useful and thoroughly practical, with as little expenditure of time as possible. The author appears to have constantly in view the wants of medical students, and has to our mind, really conferred a great favor upon them in the preparation of the work. He very considerably and appropriately dedicates it to the gentlemen in attendance upon the various medical schools in the United States, and we earnestly and heartily recommend it to their attention and study.

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**Hewett on the Diseases of Women.** First American from the second London edition, revised and enlarged, with one hundred and sixteen illustrations. Philadelphia: Lindsay & Blakiston, 1868.

This work is founded upon lectures delivered at St. Mary's Hospital School, and in its present edition is designed to form a complete treatise upon the diseases of women. The second edition differs from the first in its arrangement, as well as in addition to the text and of numerous valuable illustrations, many of them original with the author.

All the various topics belonging to this division of medicine receive attention by the author, who not only gives his own opinions and the grounds upon which they are based, but also the opinions of others upon all controverted or doubtful points, and the arguments and evidences by which they are sustained. This is the first American edition of the work, though the first London edition has been for a long time in the hands of the profession, its character well known, and its worth appreciated. We have been carefully reading its pages to learn if any new views were presented to the medical public. While we fail to find anything especially new or unheard of, yet we see that all the more recent advances in the knowledge of uterine diseases, are fully embodied in this work, and that it is presented in a most masterly manner. There is no pretension, no show of self, no undue claims to discovery or priority; the presentation of truth is plain, simple, well illustrated and convincing. We cannot but admire the general style of the author, and manner in which he has arranged his work. Many books have recently appeared upon this subject, but no physician should regard his library complete in the recent literature of uterine disease until Hewett on the Diseases of Women has been added.

The Neuroses of the Skin; their Pathology and Treatment. By Howard F. Damon, A. M., M. D. Philadelphia: J. B. Lippincott & Co.

In this monograph the author proposes a new classification of cutaneous affections depending either upon lesions to sensation, secretion, nutrition or structure, perversions in nutrition being regarded as the foundation of all of these. It is of lesions to sensibility to which this work is devoted, which lesions the author regards as dependent either upon the sensitive or vaso-motor nerves. The affections classed under hyperæsthesia or exalted sensibility are dermalgia, prurigo, urticaria and zoster, the symptoms, causes, pathological condition and treatment to each of these being exhaustively discussed. Anæsthesia or diminished sensibility, the author regards of less frequent occurrence than the former, the local varieties of this disease occurring principally in lepra and elephantiasis. At the close of the volume the history, etc., of twenty-six typical cases are recorded which greatly adds to its practical value.

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United States Sanitary Commission Memoirs. Edited by Austin Flint, M. D.

This is the first of a series of volumes, intended by the United States Sanitary Commission to be published with a view "to lessen the evils of warfare as far as possible by a systematic and efficient employment of sanitary measures." Topics relating to the Causation and prevention of Disease, Camp Disease, and an elaborate Report upon the Diseases of the Federal Prisoners at Andersonville, Ga., being an official account of personal observations made by Prof. Joseph Jones, upon the authority of the Surgeon-General of the Confederate army, constitute the contents of the present volume. The contributions have been from men distinguished as careful observers and from such as had "opportunities for special studies in hospitals and in the field." The arrangement and selection of the monographs have been made by Prof. Austin Flint, which fact is a sufficient guarantee to the profession that its compilation is perfect. Upon all the points noticed it is highly instructive. The experience of the late war is to be carefully gathered, and when fully collected, will furnish a standard more valuable for comparison and more complete than has ever before been obtainable.

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Institutes of Medicine. By Martyn Paine, A. M., M. D., LL. D. Eighth edition, revised. New York: Harper & Brothers, 1867.

The philosophy of medicine as presented by Prof. Paine in his well known work, is again brought to our notice in the appearance of the eighth edition, and we believe all true students of medicine will appreciate the fact that a great store-house of medical philosophy is thus again opened up to the profession. It would be pleasant and well worth the effort, had we space, to present the author's views upon a great many subjects, but it is wholly inconsistent under the circumstances to attempt anything of this sort. The work embraces a wide range of topics and deals in the occult, explaining as far as possible the obscure and undetermined, in connection with well demonstrated truth. The mature thought and reflection of a masterly mind, given to a long life of careful study is com-

prised in the work before us, and we cannot peruse its pages without being more and more impressed with the immense labor which has been bestowed upon it. It will richly repay the careful, reflective reader, and nothing but attentive study can afford any adequate idea of the chain of medical philosophy which has given the author his merited distinction.

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HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE—S. W. Butler, M. D. and D. G. Brinton, M. D., Editors. The first number of this work was issued in January, 1868. It has met with a cordial reception from the profession of this country, many of whom have given strong testimony to its value, both intrinsic and comparative. It fills a void in American Medical Literature, and aims to be *second to none of its class published*. One feature that emphatically recommends it to the medical profession everywhere, is the fact that while it contains a carefully prepared synopsis of foreign medical literature, that of our own country, which is annually growing in importance, is not neglected. None of the foreign abstracts do justice to American medical literature, being content with using the material found in scarcely half a dozen of our periodicals, thus practically ignoring by far the largest number, and many of the best of our medical writers.

The Compendium is published in January and July, containing nearly 300 royal octavo pages, and is printed with good type on good paper, and is altogether gotten up in a *readable, attractive form*. Each department is paged independently, so that after a few years, title pages and indexes for each can be issued, thus giving the reader *separate volumes* on the several departments of medical literature. The consecutive paging of each number is at the bottom of the page.

We earnestly hope that this National undertaking will be heartily supported by the profession. Those wishing to subscribe, are requested to address Dr. S. W. BUTLER, 115 South Second street, Philadelphia, at once, *and not be backward about asking your neighbors to join you*.

The second number—for July—is in press, and will be ready about the middle of the month.

B.

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PURE BOURBON WHISKY.—It will be seen by the readers of our advertisement sheet that our market is now supplied with a pure and reliable stimulant in the article of whisky from William T. Cutter, who was induced to furnish the same in New York by request of several of the leading physicians who have set their seal of approbation upon it. We have received samples from the agent, William King, jr., and can assure the profession that it is a very pleasant, and we have no doubt a very pure and reliable article, well suited for medicinal purposes.

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The two sons of Dr. R. Ogden Doremus, of New York, the well-known chemist, while playing in a wooden play-house at the back of their residence, on the 26th ult., accidentally set it on fire. They were unable to escape immediately, and the younger of the boys perished in the flames.

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LONG ISLAND COLLEGE HOSPITAL.—Professors Austin Flint, Senior and Junior, and Foster Swift, have resigned their respective chairs in this institution.

### The London Lancet.

The undersigned take pleasure in announcing to the medical profession in the United States that, after considerable expense, they have arranged with the Proprietors for the publication of a special edition of the Lancet on thin paper, for circulation in America, thereby enabling them to make the above great reduction in price.

Subscriptions can commence with the new volume, which begins with the July number; copies of which will be sent regularly every week from this office.

Our edition of the Lancet besides containing nearly *one thousand* more pages than the re-print, (?) will include a number of original articles which no medical journal in this country can re-produce without violation of law.

We are maturing arrangements by which we will secure the contributions of original articles of the highest value to the profession. Such contributions will emanate only from the most distinguished Physicians and Surgeons in the United States. This plan, besides enhancing the excellence of the Lancet, already acknowledged as the ablest publication of its class in Great Britain, will operate as a legal barrier against the appropriation of the American articles by any publishers in the United States.

Taking into consideration the amount of valuable matter which we shall furnish our subscribers every week, the Lancet will be found not only the *best*, but the most *valuable* Medical Journal in the world.

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### Books and Pamphlets Received.

Lessons in Physical Diagnosis. By Alfred L. Loomis, M. D. New York: Robert M. DeWitt, publisher, No. 13 Frankfort street.

Catalogue and Announcement of the Medical Department of the University of Pennsylvania. Of the Missouri Medical College. Of the Bellevue Hospital Medical College. Of the Medical Department of the Washington University. Of the Medical Department of the Williamsville University. Of the Albany Medical College. Of the Annual Announcement of the University of New York.

A Medical Report upon the Uniform and Clothing of the Soldiers of the United States Army, Surgeon-General's Office 15th April, 1868.

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LITERARY JOURNALS.—*The Atlantic Monthly*, never failing in its regular appearance and never failing in interest and instruction, is to be commended to all lovers of intellectual pleasure and progress. The August number contains for its first article "A Remarkable Case of Physical Phenomena," to which we call the attention of our readers.

*The Nation*, as a secular and political paper stands first in the world, and we are always glad to exchange a little medicine for so much common sense in politics and variety in everything which pertains to the common and public affairs of the world.

### Unusual Effect of Subcutaneous Injection.

BY F. WOODHOUSE BRAINE, F. R. C. S., ETC.

Mrs. H. C., aged 35, in good health otherwise, had been kept awake for seventy-two hours by intense neuralgic pain on left side of head, face, and neck, arising from a carious molar tooth on the left side of lower jaw. She was injected with morphacet—1.3 gr. At 1 A. M. on June 28th last, the morphis, dissolved in about four drops of water, was introduced under the skin of the left arm, just over the insertion of the deltoid. No blood appeared at the puncture. In about fifteen seconds, tightness of the chest and difficulty in breathing was complained of, and the patient asked to be raised, saying she felt as if she were dying. Her face and lips now became pale; speech became indistinct (not audible;) pulse irregular; some spasm of the facial muscles took place, and she fell back to all appearance dead. Cold water was freely dashed over face and chest, and, as she was unable to swallow, her tongue was rubbed over with sal volatile, and ammonia rubbed to her nose, artificial respiration being kept up at the same time. During this time her face was blanched, pulse not to be felt, and respiration not to be perceived. Insensibility continued for about three minutes; then happily, one or two feeble beats of the pulse, and a shallow inspiration or two, showed returning animation. She then became conscious; pulse feeble but regular; respiration slow; fingers remained numbed, and both thumbs were firmly drawn into the palms of the hands. This passed off in about six minutes, leaving her feeling very ill, but free from the neuralgic pain, which did not return. There was no feeling of nausea and no attempt at vomiting during any part of the time *Medical Times and Gazette*.—*Monthly Medical Reprint*.

THE DUTIES OF HOSPITAL PHYSICIANS AND SURGEONS.—The needless increase of free dispensary and hospital treatment is an abuse. It is a vital injury to the young physician, who must live on small fees obtainable from just those middling classes of the community whom the dispensary system invites to a gratuitous treatment.

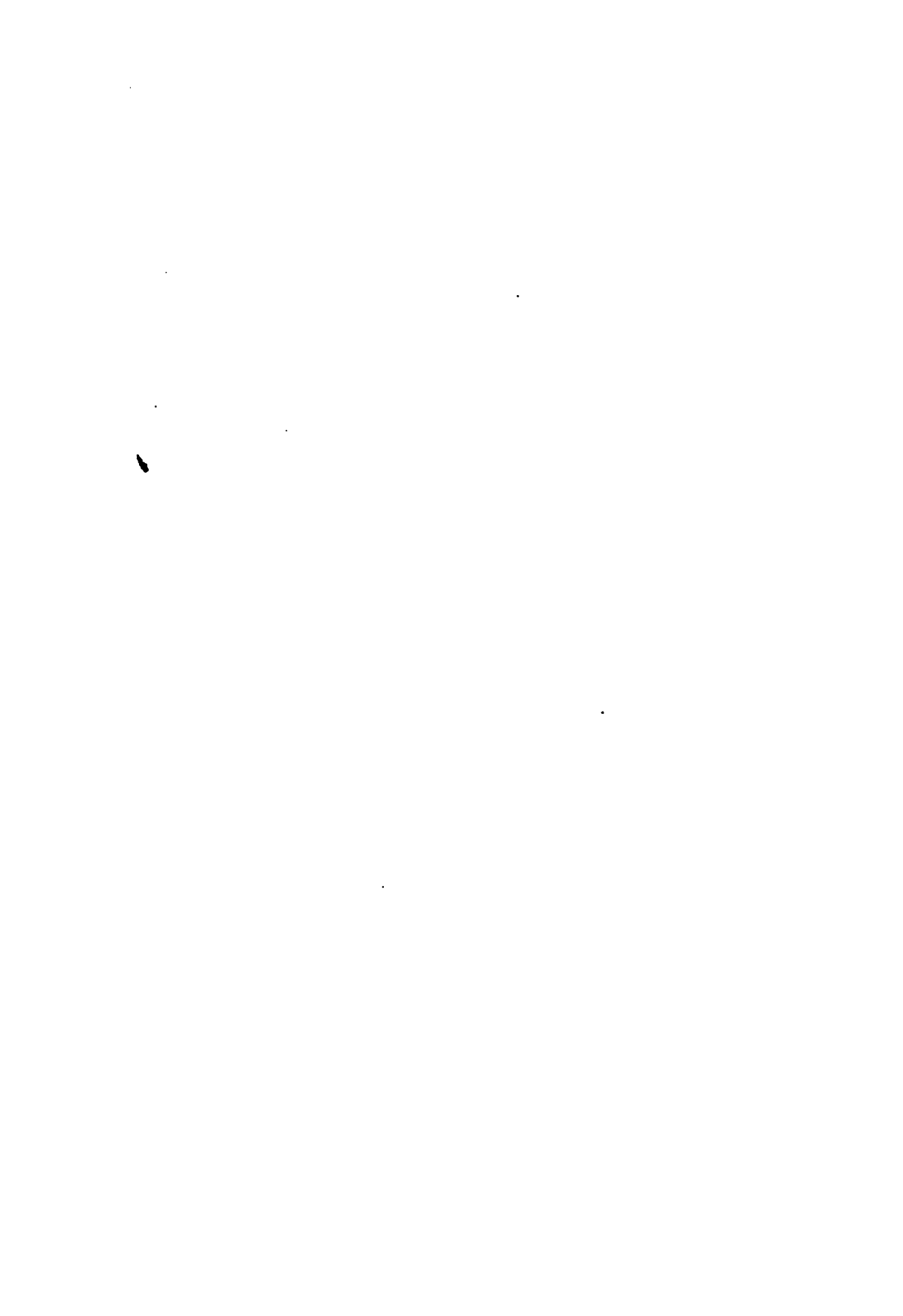
We hold it, therefore, to be strictly the duty of the dispensary physician, or the physician to out-patients at a hospital, to distinguish carefully between those applicants who should pay something and those who cannot; and either to exclude the former, or to enforce the payment of suitable fees for the support of the charity which is to feed the poorest class.

We hold, also, that it is the right and duty of the hospital staff to be paid for their services, a moderate salary; not in proportion to the work they do, for no hospital could afford that; but just enough to furnish an acknowledgment of the fact that their services are recognized and compensated.

Such a claim could not be considered venal or narrow on the part of our profession, unequaled and unapproached by any calling in life in the amount of gratuitous service it unavoidably and cheerfully renders to the world.—*Boston Medical and Surgical Journal*.

NEW MEDICAL JOURNAL.—As we go to press, we have received the first number of the *Monthly Medical Reprint*, published in New York, by John Hillyer, 14 South William street. This journal proposes to be a reproduction of the most valuable articles published in the latest issues of the British medical journals, and some translations from the French and German medical press. It is to be published monthly at \$5 per annum. We have no space to notice the contents of this number, but shall speak of it hereafter.







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